



What is Home Care?

Home Care: What does it mean to you?

For some people it may mean having only occasional help with the laundry, grocery shopping, or simple housekeeping tasks. For others, it might mean having skilled care provided in their home every day by nurses and/or therapists.

Home care is also sometimes referred to as *in-home care*, *home health care*, *home nursing care*, *senior care*, and so forth.

However, if we were going to give you an 'official' definition of professional home care, it would sound something like this:

- Professional home care covers a broad range of services, from the medically complex (changing wound dressings, respiratory therapy, etc.) to the routine, everyday activities of daily living (cooking, cleaning, dressing, bathing, etc.) and it falls into two general types: *skilled* and *unskilled* (or medical and non-medical) care.
- These services are provided in your own home by a full complement of caregivers: nurses, physical/occupational/respiratory/speech therapists, nutritionists, home health aides, homemakers, companions, and medical equipment suppliers—all working together under the plan of care your doctor has written (if applicable) to return you to the best health and well-being possible as well as help you maintain it.

Who is using Home Care?

According to a recent industry report, at least **12 million** people (children and adults) are currently using home care services for a variety of medical conditions and living situations—acute, chronic or terminal illness, as well as permanent or short-term disabilities, and other related day-to-day needs.

This number will continue to increase as more and more people seek to avoid costly institutional care and remain in the comfort of familiar surroundings—their own home.

The Evolution of Home Care

While it once may have been limited to basic, non-medical services, home care today continues to evolve as client needs also evolve, requiring more medically complex support.

Now, both medical and non-medical services can be provided in your home—everything from short-term care (e.g., while recovering from surgery) to longer-term care for individuals suffering from Alzheimer's or a Traumatic Brain Injury.

Skilled professionals, including nurses, physical/ speech/ occupational/respiratory therapists, and medical social workers, are available to provide the *medical* care and services your doctor has prescribed.

- **Nurses** are licensed, board certified health care professionals who provide routine as well as highly specialized medical care in-home. Your home care nurses are responsible for ensuring that the treatment plan your doctor has written for you has been implemented appropriately to ensure you receive the required care.

- **Medical Social Workers** are licensed professionals who counsel home care clients and their families on many issues related to illness and recovery. They coordinate home care treatment plans with other community-based providers and programs that will assist the home care client.
- **Physical Therapists** work with home care clients to develop and implement an organized program of physical exercises that focus on the basic physical abilities we learn as children—to stand up, walk, run, walk up stairs, etc. These involve the body's large muscle groups that move the entire body. These exercises are designed to help you return to optimum physical condition after a surgery or illness or to address physical limitations caused by a permanent disability or a chronic illness.
- **Occupational Therapists** teach home care clients who are (or who have become) disabled, effective ways to manage their everyday activities/needs, and how to regain or improve their independence. This therapy focuses on physical abilities involving the hands and fingers, and these abilities usually work in conjunction with our eyes, as in hand-eye coordination. Improvement of manual dexterity is often a goal of this therapy because it involves the small muscle groups and fine motor skills.

What is Home Care?

- **Respiratory Therapists** treat home care clients who have breathing difficulties. They use respirators, ventilators, and also administer oxygen or medicine (inhalation therapy).
- **Speech Therapists** treat home care clients who have speech disorders due to chronic health conditions, illness, etc. They often use special exercises and audio-visual aids to help clients develop new or improved speech skills and habits. They also assist those who are experiencing mild, moderate, or severe eating, feeding, and swallowing difficulties, including dysphagia.
- **Nutritionists** are experts in food and nutrition. They advise home care clients on which foods to eat so they may improve their health and lifestyle or achieve a specific nutritional goal.
- **Home Medical Equipment Suppliers** deliver and set up durable medical equipment in a client's home. This is equipment a doctor has prescribed to help you live more comfortably and independently. Some examples of this type of equipment include items to assist with mobility (walkers, wheelchairs) bath and safety aides (shower chairs, grab bars), home oxygen, and hospital beds.

Caregivers who provide *non-medical* services are also there—to give you not only routine assistance with such things as bathing, dressing, laundry, housecleaning, but also to provide more complex hands-on care as well.

What is Home Care?

These roles have evolved too, and now the industry classifies them in the following way:

- **Skill Level I** caregivers, such as **Homemakers/ Companions**, provide in-home services that do not require any hands-on care. They typically assist home care clients with preparing meals, medication reminders, helping with mail and writing letters, light housekeeping, shopping, laundry services as well as accompanying them to appointments, leisure activities, and other routine daily activities.

- **Skill Level II** caregivers, such as **Personal Care Aides**, provide some hands-on services that are assistive in nature as well as all of the tasks of a Skill Level I caregiver. They help home care clients with basic personal services, including some hands-on care such as bathing, showering, grooming and other personal hygiene tasks.

- **Skill Level III** caregivers, such as **Home Health Aides**, provide the more complex hands-on services for home care clients, as well as all of the tasks associated with Skill Levels I and II. Often, the clients they care for may be immobile or unable to directly participate in their own care. Their duties may include transfers from a bed to a chair, toileting, taking and documenting pulse, blood pressure, and temperature, facilitating home therapy, or teaching family members how to directly assist in the client's care.

Cost Considerations

People who want to remain in their homes and receive care can often do so cost effectively with a few hours of care a week. For example, a recent industry estimate is that 20 hours of companionship a week currently costs approximately \$1,500 per month or an average annual cost of \$18,000.

Compared to the costs associated with a nursing home or assisted living, home care can be a very affordable option. Industry research puts the current average annual cost for one nursing home resident at approximately \$81,000, and the average annual cost for one assisted living resident (single occupancy) at approximately \$39,600.

Note: The level of service you need will determine the cost of assisted living. The base rate usually covers room and board, plus 2 -3 meals a day. There may be other charges for such things as housekeeping and laundry services.

How is Home Care paid for?

Paying for home care can be accomplished in several ways.

Government programs (Medicare, Medicaid, and the Veteran's Administration pension benefit and medical benefit programs) provide coverage when certain eligibility requirements are met, and traditional commercial health insurance, life insurance, and similar policies may also offer such benefits.

What is Home Care?

- **Medicare** - Americans 65 and older are eligible for health care coverage under the Medicare program. For those who require 'medically necessary' skilled nursing or skilled therapy care, *and* who are 'homebound' and under a doctor's care, Medicare may provide home care coverage. These services must be provided by a Medicare-certified home health agency.
- **Medicaid** - This is a state-federal health care program for those who meet certain income requirements. Every state has established their own eligibility standards; however, states are only required to provide home care services to those who also receive income maintenance payments from the federal government, such as Social Security, Aid to Families with Dependent Children (AFDC), and to those who have been designated as 'categorically needy.'
- **Veteran's Administration benefits** - To make sure that those veterans with the greatest medical and financial needs receive the services they require, **the VA has established 8 levels of priority** for veterans' benefits. **Those with service-related disabilities and those who meet low-income requirements qualify for a higher priority level.** A financial assessment is required prior to being assigned a priority level for benefits.

Regardless of the priority group a veteran qualifies for, all veterans enrolled in the VA health care system who are eligible for veterans' benefits have coverage under the **Uniform Benefits Package**, which includes skilled home health care, respite care, and the Community Based Home Health Aide program.

What is Home Care?

- **Home Health Care:** Veterans who meet eligibility requirements are eligible for skilled (medical) home care coverage. A physician must authorize these services, which must be delivered through the VA's network of home care providers.
- **Respite Care:** This service provides supportive care to veterans to give their regular caregiver a period of relief from the physical and emotional responsibilities of caregiving.
- **Homemaker/Home Health Aide Program:** This program provides community-based services as an alternative to nursing home care. The designated Homemaker/Home Health Aide Coordinator, along with the interdisciplinary team makes a clinical judgment that the veteran would, in the absence of Homemaker/Home Health Aide services, require nursing home equivalent care.
- **Veterans' Aid and Attendance Pension Benefit**

This is an important benefit for veterans and their families who require long-term care, e.g., home care, assisted living, or a nursing home. It is available to qualifying wartime veterans and their surviving spouses.

Aid and Attendance refers to the fact that to qualify for this higher pension level, the veteran or their surviving spouse must be able to show a regular, ongoing need for caregiver assistance or have a demonstrated need to live in a protected environment because of physical or mental impairment(s).

What is Home Care?

Four areas of eligibility are reviewed to determine if a veteran or their surviving spouse qualifies for this benefit:

- Wartime service
- Health of the veteran/spouse claimant
- Monthly family income relative to monthly medical expenses
- Household assets

The *Aid & Attendance* pension benefit is different from the VA's *Compensation benefits*.

- **Compensation** benefits are monthly income awarded to veterans to compensate them for an injury or illness incurred while in service to his/her country (a service-related disability).
- **Pension** benefits are supplemental income for wartime veterans with disabilities not related to military service and/or who are at least 65 years old. Pensions also provide similar income to a surviving spouse of a qualifying wartime veteran.

Other forms of insurance (e.g., commercial health insurance, Medicare, Medicaid) may be used in conjunction with veterans' benefits.

Veterans or their family members should contact **the Department of Veterans Affairs** directly at **1-800-827-1000** to discuss eligibility for benefits.

What is Home Care?

- **Area Agency on Aging** – This community agency is organized and structured to provide practical assistance to Americans age 60 and older in all *local* communities. A local Area Agency on Aging offers a variety of assistance for aging adults to help them maintain their independence, both in their homes and in their communities as long as is feasible.

Insurance policies such as traditional health insurance, long-term care insurance, auto insurance (through coordination of benefits for medical coverage), and Worker's Compensation coverage are some other potential sources of payment for home care services.

- **Traditional commercial insurance** coverage often includes benefits for *some* home care services and typically only for acute medical conditions. However, coverage for long-term care will vary from policy to policy.
 - Commercial health insurance policies usually pay for *skilled* home care services with cost-sharing (co-pays, deductibles) requirements. Some of these policies may also have some benefits for your other home care needs.
- **Medigap Insurance** is meant to cover many of the gaps in coverage that occur with Medicare. Some Medigap policies offer home care benefits during a defined recovery period.

Note: Medigap home health care coverage applies to those recovering from acute illnesses, surgery, or injuries. It is *not* intended for long-term home care.

- **Long-term care insurance** is a form of private pay insurance coverage originally used to protect consumers from the often financially devastating costs associated with lengthy stays in nursing homes. But because most people now prefer to receive care in their own home and not in an institution, **commercial long-term care insurance coverage has grown to cover more in-home services.**
- **Worker's Compensation** insurance may provide coverage for someone who needs medically necessary home care services as a result of an on-the-job injury.

Private pay is another option—this means you either pay directly (out-of-pocket) or through an insurance policy you have that specifically covers in-home care, i.e., long-term care insurance.

Service organizations that focus on a specific disease or condition are also possible sources for payment of home care services.

- The Alzheimer's Association, the National Multiple Sclerosis Society, the ALS Association, and others may offer programs to assist people with that particular illness. A local affiliate office of the organization may have resources for home care services.

The Benefits of Being at Home

Industry studies have repeatedly revealed that if given a choice, most of us would rather receive care in the comfort and safety of our own home than in an institution.

What is Home Care?

These same studies show that people are often more involved and more motivated when receiving treatment at home and thus, recover faster when in familiar surroundings. We eat better, sleep better, and overall, simply feel more comfortable there.

There is less stress because you're not in a strange place, and less risk for contracting illness or infections that abound in institutional environments.

Being able to receive care at home also allows your friends and family to more easily be a part of that process—either because they live nearby or because they can come and stay with you for extended visits.

Home care also affords you an important option: you can choose your caregiving agency. Being able to choose your caregiver(s) can give you a greater sense of control and independence at a time when you may have been feeling powerless as a result of an illness, surgery, or a disabling event in your life.

By choosing a home care agency that's right for *you*, you can ensure that the quality and consistency of care that you seek are built into your treatment plan. One agency, coordinating all the services you need, and working with you and your family to help you return to and maintain the best health possible.

Because...Isn't home where you want to be?

What is Home Care?



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