Understanding Home Care Options
Making Informed Decisions

Presented by: Atlanta Home Care Partners, Inc.
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My Story
Things to consider when faced with recuperative care needs:

- What is the culture of the care recipient?
  - Does that culture value family and elders?
  - Will that culture rally around the frail person to assist with care needs?

- What is the financial situation of the care recipient?
  - Can he or she afford to pay out of pocket for care?
  - Is there a family member or friend who might want to assume the responsibility for paying for care at home?
Things to consider when faced with recuperative care needs:

- What are the formal and informal support systems of the care recipient?
  - Is there someone who can assist with the instrumental activities of daily living to make running a household possible?
  - Are there neighbors and friends who are available and willing to assist?
Things to consider when faced with recuperative care needs:

• What is the level of care needed now?
  – What is the prognosis for future care needs?
  – If the frailty is temporary and the aging person is expected to recuperate, the chances of returning home are greater than if the prognosis is degenerative or terminal.
Things to consider when faced with recuperative care needs:

• What is the mental status of the care recipient?
  – It is far easier to care for an alert and mentally sharp, but physically frail person at home than it is to care for a cognitively impaired but physically active person.
Things to consider when faced with recuperative care needs:

- Can the frail person get up and down out of a chair or bed and use the toilet without assistance?
  - This is crucial to being able to return home.
  - Needing assistance in transfers and toileting means that care is needed constantly and will be charged hourly, 24/7.
  - However, if the person is able to get out of a chair or bed and use the toilet without assistance, then the care needed is sporadic and home care should be considered first.
Understanding the Differences Between Home Health Care, Hospice and Private Duty

- It is important to understand the differences between home health care and home care services.
- Although they sound the same (and home health care may include some home care services), home health care is more medically-oriented.
Understanding the Differences

- While home care typically includes chores and housecleaning services, home health care usually involves helping seniors recover from an illness or injury.
- Thus, the people who provide home health care are often licensed practical nurses, therapists or home health aides.
- Most work for home health agencies, hospitals or public health departments that are licensed by the state.
Medicare Home Health is generally called “Home Health Care” and is a term used to refer to Medicare-certified agencies that provide services which are paid for by Medicare.

Medicare is not, and was never intended, to provide long term in-home care.
**Home Health Care**

*Home Health Care* is skilled nursing care and certain other health care services one receives in a home setting for the treatment of an illness or injury. Medicare covers some home health care if all the criteria below are met:

- A doctor decides medical care at home is needed and makes a plan for that care at home; and
- At least one of the following: intermittent (and not full time) skilled nursing care, or physical therapy or speech language pathology services; or a continued need for occupational therapy is needed; and
The patient is homebound—meaning being normally unable to leave home and leaving home is a major effort. If one does leave home, it must be infrequent, for a short time.

The patient may, however, attend religious services or leave the house to get medical treatment, including therapeutic or psychosocial care.

Receiving care in an adult day-care program that is licensed or certified by a state or accredited to furnish adult day care services is also permitted while receiving home health benefits paid for by Medicare, and
Certified Home Health Agencies

- Certified agencies can also be accredited by the Joint Commission for Healthcare Organizations (Joint Commission), the Community Health Accreditation Program (CHAP) or the Accreditation Commission for Health Care (ACHC)—any of the three have “deeming authority”.

- If an agency meets the criteria for accreditation, it also covers the Medicare certification.
To get help with your Medicare questions, call 1-800-MEDICARE (1-800-633-4227), TTY/TDD: 1-877-486-2048 for the speech and hearing impaired or look on the Internet at Medicare.gov.
Hospice Care

- **Hospice Care** is a special concept of care designed to provide comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments.
- Hospice care neither prolongs life nor hastens death.
- Hospice staff and volunteers offer a specialized knowledge of medical care, including pain management.
Hospice Care

• It is generally depicted as end-of-life care and can be in a home or a hospital setting, but one requirement is that someone be with the dying patient at all times.
• Most hospices accept patients who have a life expectancy of six months or less and who are referred by their personal physician.
• The goal of hospice care is to improve the quality of a patient’s last days by offering comfort and dignity.
Hospice Care

- Hospice deals with the emotional, social and spiritual impact of the disease on the patient and the patient’s family and friends.
- Hospice coverage is widely available—offered by most private insurance providers and through Medicare nationwide as an optional Medicaid service covered by 47 states (excluding Connecticut, New Hampshire and Oklahoma).
Home care, sometimes called private duty, defined:

“Private duty services are basically any supportive type of services. They run the gamut of errands and transportation, to companionship, to personal care, to nursing. Basically, whatever services someone needs to stay at home, or to supplement care in a facility for which they have the resources to pay, can fall under private duty or privately paid services. There is not usually a doctor’s order needed, nor is there necessarily even a medical component to the services. The definition of private duty is therefore hard, as it really can be any type of service that is provided to someone who is frail or elderly to allow that person to have more independence in his or her lifestyle or choice of living situation.”

Excerpt from *Caring Magazine*, August 2008, Merrily Orsini, MSSW, Author.
Choices in Home Care

- **Private duty agencies**, like personal care and companion sitting services, provide caregivers who are **employed**, bonded, insured and licensed. We do the accounting/bookwork, provide training, supervision and discipline, carry insurance and ensure shifts are covered.
Choices in Home Care

- **Registries**, also known as referral services or nursing registries, match independent contractors to clients and patients. These workers **are not employed** by the registry as employees; instead the registry serves as a middleman to match independent workers to clients seeking home care.
Choices in Home Care

• **Private Hires** are those caregivers hired out of a newspaper or through a referral from family, friends, or associates—and who sometimes request to be paid in cash only.

These caregivers are sometimes referred to as participating in the “Underground Economy” since they are outside of the legal system, either already on a government program or an illegal immigrant.
Private Hires

- The same risks and liabilities are present for a “private hire” as through a registry.
  - unanticipated expenses and costs at a future point in time
  - caregivers file for unemployment
  - caregivers incur in-home injuries that become the responsibility of the client
- More risks, however, come with the private hire. The potential for instances of abuse and exploitation are increased.
If an independent home care provider is hired, understand that the person hiring becomes the legal employer of the caregiver.
Quality Care versus Cost

• At first glance, the hourly rate for a registry caregiver or an independently hired provider might be substantially lower than an agency employed caregiver, but **does not** include the additional client expenses of:
  - worker’s compensation
  - taxes and employer mandated coverages
  - peace of mind for those who need to know someone is actually working when scheduled
  - monitoring, supervision and intervention as necessary
Quality Care versus Cost

• An agency’s hourly fee **does include** the required taxes and worker’s compensation payments because the agency fully employs its caregivers. Plus an agency assumes responsibility for the care and provides back-ups in emergency situations, allowing peace of mind for family or responsible parties.
Independent employer’s responsibilities and obligations

- **Payroll**—As the employer, the consumer is responsible for maintaining a payroll system including withholding state and federal payroll taxes, unemployment, Medicare and Social Security. When the consumer fails to do this, the government may assign the individual, family or estate back taxes and penalties.
Independent employer’s responsibilities and obligations

- **Worker-Related Injuries**—Most states require employers to provide worker’s compensation protection. Many consumers of home care, who are aware of this, incorrectly assume their homeowners’ insurance will cover worker related injuries, when in fact, homeowners’ insurance usually specifically excludes employees in the home.
Independent employer’s responsibilities and obligations

• **Abuse and Exploitation**—Without the security of an agency or company acting as a supervisor of the employee, consumers can set themselves up for abuse and/or other issues that result from the lack of or improper screening and monitoring of the caregiver. It is important to check references and conduct a criminal background check prior to hiring a caregiver. It is also extremely important to separate the personal care of the client from the financial management and responsibilities of the care recipient.
Other Issues

• **Undue Influence**
  
  – When caregivers are not supervised and monitored they can sometimes assert undue influence over the client. Stories of clients giving caregivers houses, cars, changing wills, etc. are not unusual because clients become so dependent on the care and the caregiver.
  
  – In a reputable model of private duty home care, this does not happen. Responsible agencies separate day-to-day financial issues from care issues. Ongoing monitoring assures that the client-caregiver relationship will not become inappropriate. The burden for care is on the agency, and the client has less to lose should the caregiver need to be replaced.
Other Issues

• Lack of Socialization
  – Being alone in a home for hours with a person who may not share the same interests as the client is overcome with a good plan for socialization. An agency can offer information on activities, and assist with entertaining and cleaning up for family and neighbor visits.
  – Another solution is supplementing the in-home care with some care at an adult day care center. Senior centers and church groups can all provide outlets for the frail person to socialize, and these activities can be arranged so they are a supplement to the in-home care.
Other Issues

- **Theft**
  - When initiating in-home care, good agencies counsel the client and family in moving expensive and dear items to a place for safe keeping so there is no question of their being taken. When extra staff is in a home, the opportunity for theft by others (family, repairmen, yard maintenance crews) increases because the more people who are working in the home means more possibilities for theft and more people to blame if an item turns up missing.
Other Issues

• The Accidental Employer
  – A classic article, “The Accidental Employer: Obligations of Trusts/Trustees When Using Placement Agencies to Meet Trust Obligations” by Gilliland & Caudill, Indianapolis, Indiana, reports that few consumers are aware of the obligations and potential liabilities that come with hiring a health care provider or a home care worker through a registry.
  – “Persons can be surprised with a greater legal liability than they expect, because for many purposes (such as tax liability, wage and hour, and worker’s compensation) they qualify as employers.”
Questions to Ask Home Care Agency

- **Business/Services Provided**
  - How long has your agency been in business?
  - What is the background/experience of the owner?
  - Does the agency have satisfied, long-term employees?
  - Does the agency have a fully staffed office?
  - Can I interview the caregiver before accepting care?
  - How do I know I can trust your employees?
  - Do your employees smoke?
  - Will your employee call before arriving?
  - Is caregiver reliability guaranteed in writing?
Questions to Ask Home Care Agency

– Does the agency have an automated telephone “time card” system to alert supervisors if a caregiver arrives late or leaves early?
– Is a personalized plan of care developed with me during the assessment?
– Is the care plan reviewed and updated with regularity?
– Does this plan of care include goals and expected outcomes?
– Does the agency coordinate care with other healthcare services?
– Do you provide temporary as well as long term assistance?
Questions to Ask Home Care Agency

— Does the agency have the capacity to accommodate a full range of home care needs – from light duty companion care to heavy care, including end of life care?

— What kind of care is provided?
  • Nursing care
  • Non-medical care
  • Personal care
  • Chore
  • Companionship

— What happens if I need different tasks done each week?

— How many hours in a minimum shift?

— How many hours is a maximum shift?
Questions to Ask Home Care Agency

- Can a shift be split (e.g., two hours in the morning and two in the evening)?
- How soon could your care start?
- Is assistance on a weekend available?
- Are there any restrictions against accompanying the client outside the home or driving a car?
- Are home care workers agency employees (with benefits and insurance)?
  - Or contractors (e.g., private individuals on a referral registry)?
- Is your agency bonded (insured against theft)?
- Are the workers who come into the home bonded?
Questions to Ask Home Care Agency

- Do you have proof of liability coverage?
- If I need a ride to a doctor appointment or shopping, is there insurance coverage for that?
- Is the agency licensed or certified (if required in your state)?
- Is the agency a member of any professional organizations?
- How are caregivers assigned?
- Is/are the caregiver(s) available for emergencies and/or on short notice?
- Are they available on holidays?
- Will I be able to indicate preferences for the type of caregiver I would like? (For example, male/female, non-smoking, etc.)
Questions to Ask Home Care Agency

• Caregiver Qualifications (Training, Licensing, Background Checks)
  – Are all your home care workers licensed or certified?
    • If not, what minimum qualifications do workers have?
  – Do you require that your employees renew their state licenses (if appropriate), keeping them current?
  – Do you screen your workers?
    • If so, what type of background checking is done?
  – What are the qualifications of the person who will do my initial assessment?
  – How long have each of your staff been employed with this company?
Questions to Ask Home Care Agency

- Does the agency require yearly physicals/TB tests, drug and alcohol screening and CPR training?
- Do caregivers receive a thorough orientation by a supervisor to safety issues, agency procedures, and care goals and standards before placement?
- Do caregivers write daily care notes with a copy left for the client and eligible family members?
  - Are care notes reviewed regularly?
- Does the agency have a quality care program to ensure the highest standards of care?
Questions to Ask Home Care Agency

- Are workers trained, and is training ongoing? If so, does the training include:
  - Safe bending and lifting practices?
  - CPR/first aid?
  - Infection control?
  - Managing incontinence?
  - Catheter care?
  - Communicating with someone who is confused or forgetful?
  - Managing difficult behaviors (e.g. wandering, paranoia, or memory loss)?
  - Bathing someone in the tub/shower or in bed?
  - Preserving client dignity?
Questions to Ask Home Care Agency

– Is/are the caregiver(s) experienced in any special services?
– Can the caregiver(s) speak languages other than English, if needed?
– Can you furnish references for your workers that I can check? If not, do you have any client satisfaction survey results you can share with me?
Questions to Ask Home Care Agency

• **Service Quality**
  – Are workers supervised?
    • If so, by whom?
  – Is there a written care plan specifying the home care worker’s routine duties?
    • If so, can the family have a copy?
    • How often is the plan updated?
  – Does the elder (and involved family members) have input into the client service plan?
  – Do you arrange regular conversations with the family about the client’s case?
  – Will a supervisor visit or call the client’s home?
Questions to Ask Home Care Agency

- To whom can the client or family ask questions or make complaints?
- How do you ensure your clients’ confidentiality?
- How does the agency follow up on/resolve problems or complaints?
- Can a known agency worker be requested by name?
- Can a different worker be requested, if there was a problem with the first one?
- How fast can your agency respond to an emergency need?
- Are workers available 24 hours, 7 days a week?
- Is there always someone available at your office to take a call?
Questions to Ask Home Care Agency

– Can a replacement worker be called if the worker does not come or cannot complete a shift?
  • If so, how long does it usually take to get a replacement?
Questions to Ask Home Care Agency

• **Financing/Payment**
  – Do you accept private health care or long term care insurance?
  – Does the agency pay the worker’s social security and taxes?
    • If not, do I need to pay this?
  – What is the cost for overtime, if the worker stays late?
  – When is payment due? (e.g. at the end of each visit? Weekly? Monthly?)
  – Does payment go to the agency or the home care worker directly?
  – Are there any additional costs for travel time or extra services (e.g. doing laundry or errands)?
Questions to Ask Home Care Agency

- Are all costs and fees listed on a written statement?
- What is your initial registration fee?
- Do you charge for the initial assessment?
- Do you charge any other upfront fees or administrative costs?
- Do you have a reassessment fee?
- What is the hourly or daily charge for one person?
  - For a couple?
- Do you charge mileage to and from my home?
- Do you charge for staff time to and from my home?
- What is the mileage charge for trips to the doctor or shopping?
Questions to Ask Home Care Agency

– Are there extra fees for some of the services I might require?
  • If yes, how much are they?
– Are bills itemized?
– Are payment plan options provided?
– Do you assist with billing my insurance company for home care?

• As with any important decision, it is always a good idea to talk with friends, neighbors and trusted advisors or professionals to learn more about the in-home care agencies in the community.
The first step is to assess the situation
Normal aging, disease, and hospitalization can contribute to a decline in the ability to perform tasks necessary to safely live independently.

The information obtained from an assessment can assist in creating a plan for care services that might include in-home services such as meal preparation, nursing care, homemaker services, personal care, or continuous supervision. This type of functional assessment can also help establish a person’s baseline capabilities, facilitating early recognition of changes that may signify a need either for additional resources or a medical work-up (Gallo, 2006).
A first step might be simply monitoring

- For seniors who maintain a certain level of independence, simple monitoring and installations around the home may be all that is necessary to promote a safe, independent lifestyle.
When the Care Manager steps in...

- First a functional assessment is performed, taking into account care needs, medical conditions, support systems in place, and financial ability to pay for needed services.
- He/she takes on the role the child would play by arranging medical and household care.
- Children recognize the emotional benefits personalized care has on their aging parents.
Care Managers provide a Connection of Care

- As a person starts to become frail, the act of managing his or her care becomes increasingly difficult as the number of medical specialists involved in maintaining physical well being increases. With so many specialists micromanaging the senior’s health, the “big picture” often gets overlooked. It is important to maintain clear lines of communication between all of the healthcare professionals.
Care Managers conduct a very extensive initial assessment to gain an understanding of the big picture.
Questions/observations likely include:
(Past Health/Hospital History)

- Appearance
- Hearing
- Vision
- Speech
- Impaired mobility
- Incontinent
- Nutritional status
- Adjustment to situations
- Acceptance
- Inadequate understanding of illness/problem

- Understanding of treatment
- Inadequate ability to cope
- Denial
- Ambivalence
- Grief
- Mental assessment
  - Alert/Oriented
  - Judgment
  - Confusion/Memory
Questions/observations likely include:

- Marital Status
- Significant Other
- Children/Family
- Supporting Family
- Friends/Community
- Neighbors
- Friends
- Church
- Community Agency

- Home Environment
  - Adequate
  - Architectural
  - Safety
  - Housekeeping/Yard

- Legal Information
  - Will/Living Will
  - POA/Health Care POA
  - Trustee/Guardian
  - Name of Attorney
Agency Plan of Care

• An agency plan of care should cover the following prior to the caregiver being scheduled in the home:
  – Illnesses/injuries and signs of an emergency medical situation;
  – Likes and dislikes;
  – Medications, and how and when they should be taken;
  – Need for dentures, eyeglasses, canes, walkers, etc.;
  – Possible behavioral problems and how best to deal with them;
  – Problems getting around (in or out of a wheelchair, for example, or trouble walking);
  – Special diets or nutritional needs; and
  – Therapeutic exercises.
Agency Plan of Care

• The agency personnel should spend some time preparing the person who will be providing the in-home care.
Agency Plan of Care

• In addition, this information is helpful to the in-home care worker:
  – Clothing the senior may need (if/when it gets too hot or too cold).
  – How you can be contacted (and who else should be contacted in an emergency).
  – How to find and use medical supplies and medications.
  – When to lock up the apartment/house and where to find the keys.
How Can I Pay For In-Home Care?

- **Costs**
  - Nursing home care can be very expensive, and many times home care is a more cost-effective alternative.
  - The cost of in-home care varies across states and within states.
  - In addition, costs will fluctuate depending on the type of caregiver required for the situation.
How Can I Pay For In-Home Care?

• **Costs**
  – There are many ways to pay for in-home care:
    • private funds
    • family funds
    • long term care insurance
    • veteran’s benefits
    • worker’s compensation
    • Medicaid waiver programs
    • charitable organizations
    • religious organizations
    • reverse mortgages.
How Can I Pay For In-Home Care?

- **Costs**
  - Generally speaking, it is less expensive to stay at home with 8 hours of care or less per day than it is to move to another location.
Some Final Thoughts Regarding Cost from the National Institute On Aging:

- Once you have thought about which services you need, you can find out about Federal, State and local government benefits at [www.govbenefits.gov](http://www.govbenefits.gov). If you can’t get to a computer, call 1-800-FED-INFO (1-800-333-4636) for the same kind of help.

- Another Web site to search for benefits is [www.benefitscheckup.org](http://www.benefitscheckup.org) from the National Council on Aging. By typing in general information about yourself, you can see a list of possible benefits for which you might qualify. You don’t have to give your name, address or Social Security number in order to use this service.
Some Final Thoughts Regarding Cost from the National Institute On Aging:

- Are you eligible for veteran’s benefits from the Department of Veterans Affairs?
- The VA sometimes provides medical care in your home. In some areas, they also offer homemaker/home health aide services, adult day health care and hospice.
- You can learn more by going to [VA.gov](http://VA.gov), calling the toll-free VA Health Care Benefits number (1-877-222-8387) or contacting the VA medical center nearest you.
Where Can I Learn More about Home Care?

- There are several national organizations that can provide additional consumer information about in-home care services. These include the following:
  - National Association for Home Care and Hospice
    228 Seventh St., SE • Washington, DC 20003
    202-547-7424 • www.nahc.org
  - Visiting Nurses Associations of America
    601 Thirteenth St NW • Suite 610N • Washington, DC 20006
    202-384-1420 • vnaa.org
  - National Private Duty Association
    412 First Street, SE • Suite 3 • Washington, DC 20003
    202-480-2972 • www.homecareaoa.org
Where Can I Learn More about Home Care?

• To find out more about in-home care options here in Georgia, contact Atlanta Home Care Partners, Inc.
  - Atlanta Home Care Partners, Inc.
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