Primer on Home Care
Who, What, When, Where and How
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Overview

Matching client needs with appropriate care means understanding:

- Where the client/patient is in the spectrum of services needed
- The various models of home care and how those match with the client/patient needs
- The potential risks and liabilities involved in making an inappropriate referral

Objectives

This document will help you:

- Identify the various models of home care.
- Use a simple tool for identifying clients’ care needs.
- Match client needs with the appropriate model.
- Understand the hidden risks and liabilities in referring for home care.
- Prepare clients for the long-term financial ramifications of care.
- Be capable of making appropriate referrals based on the client situation.
Home Care Trend

- The trend towards in-home care is growing rapidly in the U.S.
- As people seek ways to avoid institutionalized care, the increase in home health care and non-medical home services is quickly taking the place of traditional care options such as nursing homes.
- With more than 17,000 providers delivering home care services to some 7.6 million individuals, the demand for quality home care is high (Health Care Financing Administration, Office of the Actuary March 2008).
- Understanding where to go for appropriate help is difficult without information.

Home Care Arguments

The best argument for home care is:

- Delivered correctly, it is a humane and compassionate way to deliver health care and supportive services.
- Home care can reinforce and supplement the care provided by family members and friends.
- Home care can help maintain the recipient’s dignity and independence in the least restrictive care setting.
With a little bit of background and an understanding of what type of home care is appropriate, and the risks and liabilities in the various models of home care, you can help your clients have a safe and positive experience with home care.

Who is a candidate for home care?

- Anyone who is having trouble performing basic activities that maintain daily living may benefit from home care.
- Assessing the need a person has for care is first.
- A standard way of doing that is looking at assistance needs based on ADLs and IADLs.

Examples of Activities of Daily Living (ADL)

- Bathing
- Dressing
- Transferring from bed or chair
- Walking
- Eating
- Toilet use
- Grooming
Examples of Instrumental Activities of Daily Living (IADL)

- Use of the telephone (looking up numbers, dialing, answering)
- Traveling via car or public transportation
- Food or clothes shopping (regardless of transport)
- Medication use (preparing and taking correct dose)
- Management of money (writing checks, paying bills)
- Meal preparation
- Housework

When assistance with activities of daily living are needed:

- Choices are limited for anyone who has a care need
  - Stay in one's own home with care
    - Family/friends
    - Hire help
  - Move elsewhere
    - Into a family or friend’s home
    - Into a nursing home
    - Into an assisted living or continuing care situation
- According to the National Association for Home Care, more than 2.2 million Americans receive Medicare-reimbursed home health services
- More than 8 million receive some sort of health care at home
- The sheer numbers of aged in the population increase
- The life expectancy increases
- Those with chronic conditions increase
- The need for care increases
Take a Look at the Government Funded Programs

Medicare and Medicaid

Medicare’s enactment in 1965 greatly accelerated the industry’s growth. It is this Medicare certified model that most people associate with home care. However, Medicare coverage is very limited. It was never intended for long-term in-home care coverage.

Medicare made home care services, primarily skilled nursing and therapy, available to the elderly. In 1973, these services were extended to certain disabled younger Americans.

Between 1967 and 1985, the number of agencies certified to participate in the Medicare program grew by more than three-fold, from 1,753 to 5,983.

The latest published statistics show that as of November, 2008, there were 12,340 total Medicare certified agencies in the United States.

Medicare

- Medicare provides some intermittent skilled nursing services, with some paraprofessional care when accompanying a skilled need.
- Medicare is age dependent as well as disability dependent.

Medicaid

- Covers some levels of in-home services in most states to keep people out of nursing homes.
- Medicaid is income and asset dependent.
- It is meant to cover the poorest of the poor.
Hospice

- Hospice is end of life care and is meant to cover the terminally ill with pain free death and support services to the patient and family.
- Hospice sometimes has grants allocated to supplement Hospice Medicare provisions and those cover private duty services.

State Licensure

- Medicare certified agencies deliver the Medicare entitlements and must be state certified.
- Medicaid agencies have special state requirements.
- Many states do not require agencies that provide funds not distributed by the government to be licensed or meet regulatory requirements.

As a person who works with the elderly, you may find yourself in the situation of referring your patients for additional non-medical services known as private duty home care.

A model of care that is not funded by the government is called “Private Duty”. This home care model has grown to be a substantial part of the spectrum of home care providers.

It is estimated that over 8,000 private duty home care providers are operating in the market. And there is no count as to the number of nursing registries and private referrals.
When assistance with activities of daily living is needed:

- Private duty assistance can come from:
  - An agency which employs its care providers
  - A nurse registry
  - A private hire
  - Family and/or friends

- For those who stay in their own homes or go to a congregate housing situation, when care needs elevate there is the option to hire private duty assistance to help with care.

- Medicare does not provide this service.

- Government funding (local as well as national) is limited for this type of care; however, it is available.

Who utilizes private duty home care?

- Those with the financial resources to make choices.

- Those with long-term care insurance coverage.

- As previously stated, Medicare is not a long-term care option. The coverage under Medicare is sporadic and intermittent.
Insurance Coverage

- Long-term care insurance
- Workers’ compensation
- Some armed services funding

The agency and the patient’s condition must both qualify for reimbursement under the policies.

Private Sources of Funds

- The patient’s own resources
- Family members’ resources
- Long-term care insurance
- Grants for supplemental hospice care
- Workers’ compensation insurance
- Public sources of payment for private duty services:
  - Medicaid home and community based waiver programs

In order to provide your patients with referrals to quality private pay services, it is important to become familiar with the types of private duty providers and the issues and challenges associated with each.
Models of Private Pay Home Care

- **The full service agency** that employs caregivers, monitors and supervises care and provides W-2s to their employees.
  - Costs: more expense at outset because of value added services
  - Benefits: monitored care, supervision, back-ups to scheduling
  - Long-term results: following a care plan means appropriate care

- **The nurse registry or healthcare registry** that simply matches client and caregiver and does not employ, train, monitor or supervise workers sent into private homes.
  - Costs: usually less expensive at outset, but costs may be hidden
  - Benefits: only cost, as there is no training, supervision, monitoring
  - Hidden risks: client may be employer and liable for an in-home injury

- **Both of these models may provide different levels of care:**
  - Homemaker / Companion (non-medical)
  - Personal Care Services (bathing, dressing, ambulating, medication monitoring)
  - Skilled Nursing
Homemaker/Companion (Non-Medical) Services

- Services include care to help patients with some everyday activities of living (ADL), provide companionship and supervision to patients.
- Depending on the state, these services are usually unlicensed.
- Caregivers often have no medical or home health training.
- Typical services include:
  - Companionship
  - General Housekeeping
  - Meal Preparation
  - Transportation / Errands
  - Standby Assist with some ADLs
  - Ambulation
  - Medication Reminders
  - Some Assist with some IADLs

The key determinant as to whether or not 24-hour care is needed is the ability to get up out of bed and to the toilet.

- If this cannot be done, then more assistance is most certainly needed.
- Deciding on home care or institutional care is a cost benefit analysis in this situation.
Personal Care Services

Organizations that provide personal care services are providing a slightly higher level of care and help patients with basic grooming and other “hands-on” Activities of Daily Living.

- In states where these are not regulated, there are no uniform standards for caregivers, documentation and record keeping.
- Supervision of the caregiver typically does not have to be performed by a nurse.
- Typical services include:
  - Homemaker / Companion (Non-Medical) Services
  - Hands-on Support with Activities of Daily Living
    - Ambulation
    - Transfer
    - Medication Assist with Self-Administered Meds
    - Observation/Vital Signs Reporting
    - Bathing, Grooming, Mouth and Skin Care
    - Toileting
Skilled Nursing Private Duty Agencies

- Skilled nursing agencies usually offer the basic homemaker services and support with ADLs but also offer a higher level of skilled nursing care to address medical needs that a patient may have.

- Supervision within skilled nursing agencies is always performed by a nurse or other medical professional.

- Caregivers are employed by the agency and are bonded, insured and, if need be, licensed.

- These agencies are most often licensed, although not in all states, and most agencies meet accreditation standards.

- The agency also does the accounting and bookwork, provides the supervision and discipline of care partners, carries the insurance and ensures that shifts are covered.

- Skilled care including:
  - Nursing assessment
  - Catheter care
  - Enteral / parenteral therapies
  - Infusion therapies
  - Medication instruction and set-up
  - Monitoring of acute conditions
  - Therapies: PT, OT, ST
  - Teaching / education on disease management
  - Wound care / dressing changes
  - Venipuncture
  - Nutrition counseling
  - Ostomy management
Nursing Registries

- Provide services from basic homemaker services to skilled nursing care.
- Act as “matchmaker” services, assigning workers to clients and patients who need home care.
- The responsibilities of managing and supervising the worker are placed on the patient, family member, or a family advisor or care manager.
- Do not employ their care providers, so:
  - In-home placements pose a greater risk to patients in a variety of areas.
  - Nursing registries cannot supervise or train workers.
- Supervision, monitoring, government-mandated taxes and workers’ compensation coverage usually fall on the consumer or a trusted advisor.
- Unmonitored, unsupervised care means a greater chance that care providers can exert undue influence on a frail person for personal financial gain, or the possibility of emotional or physical abuse.
- People who choose to hire a caregiver from a registry or an independent provider should be aware that in most cases they are responsible for the following:
  - **Payroll taxes**, including Social Security, Medicare, and federal and state unemployment and payroll taxes. When the individual or family is the employer and none of these taxes are being paid, then the government may assign the individual, family or estate for back taxes and penalties.
Worker-related injuries. Many individuals incorrectly assume their homeowners' insurance will cover this type of loss, when in fact, homeowners' insurance usually specifically excludes employees in the home.

Abuse and exploitation. Whether an individual is hired personally or a nursing registry is used, it is imperative to be sure that not only have references been checked but also a criminal background check has been conducted on the worker.

**Referring Clients to Quality Private Duty Care**

- The private duty industry is growing at a rapid rate and chances are that you will refer many of your clients for private duty care.
- Information is needed to make educated choices when choosing a model of care from which to hire a caregiver.
- You can help create a positive and safe experience for your patients who require home care not covered by public funds.
- By educating your clients on the types of private duty home care available and encouraging them to seek caregivers from agencies that supervise, train and fully employ their workers, you can help create better quality of care for your clients.
- With your help, private duty home care can become a trusted and dependable option for Americans who need extra care.
Considerations

Key issues to consider before selecting a private duty home care provider:

- The levels of care provided by the agency and type of agency
  - Level of care:
    - Companion / homemaker
    - Personal care
    - Skilled care
  - Type of agency
    - Registry (independent contractor) vs. employed staff
    - Medicaid vs. private pay only
    - Licensed vs. unlicensed

- The procedures used for hiring care staff
  - Criminal background checks
  - Credential and reference checking
  - Competency testing
  - State abuse registry checks
  - Orientation procedures

- The care management practices of the agency
  - Initial client / patient assessments
  - Ongoing client / patient assessments
  - Communication with family / medical providers
  - Training of staff
- Written job descriptions for care staff
- Procedures for staff evaluations
- Disciplinary counseling procedures
- Scheduling procedures

- The background and training of care managers
  - Does the agency have a nurse care manager available if providing personal care level or above?
  - Does the care manager above provide initial or ongoing assessments?
  - Are care supervisors available 24 hours a day?

- The way the agency employs (or does not employ) staff
Costs of Care

- Cost should involve withholding taxes, paying state unemployment insurance, matching Medicare and paying for workers’ compensation coverage.
- Also added should be someone to figure out these costs and to generate the necessary paperwork.
- Monitoring from an outside person/service is essential when financial matters are involved.

Comparing Costs of Care

- Over the past 5–7 years, in-home care has had the smallest cost increase rate of all types of service providers.
- The cost of in-home care has had an increase of 5% over the past 2 years and only 17% over the past 7 years.
- The average cost of a nursing home can exceed $70,000 a year for a semi-private room.
- Assisted living facilities have seen the greatest increase in costs.
- The average cost for living in an assisted living facility rose to nearly $39,000 per year. This is an average daily charge of just over $100 per day.
- Nursing home costs have had an increase of over 30% in the past 5 years.
- There was an average of a 15% increase in rates for assisted living facilities that provide care for Alzheimer’s and dementia patients.
# Simple Tool for Care Needs

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<thead>
<tr>
<th>MENTAL STATE</th>
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<tbody>
<tr>
<td>Aware of time/place</td>
<td>Needs supervision</td>
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<tr>
<td>Not aware of time/place</td>
<td>Special finance and personal effects checking</td>
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<table>
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<tr>
<th>PERSONAL CARE</th>
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<tbody>
<tr>
<td>Bath/Shower/Sponge Bath</td>
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<tr>
<td>Hair/Shampoo</td>
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<tr>
<td>Nails</td>
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<tr>
<td>Mouth Care</td>
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<td>Teeth Dentures</td>
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<tr>
<td>Assist with Dressing</td>
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<td>Assist with Walking</td>
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<td>Assist with Toileting</td>
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<td>Transfer to Chair/Wheelchair</td>
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<td>Shave</td>
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<td>Skin Care</td>
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<td>Medications</td>
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<td>Food Shopping</td>
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<td>Meal Preparation</td>
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<td>Feeding Assistance</td>
<td>Major factor</td>
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<td>Clean up Dishes</td>
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For More Information…

Contact LightHouse Healthcare, Inc. for information and options for providing home care needs.

- **LightHouse Healthcare, Inc.**
  
  *Guiding the way at home*

  - 5427A Backlick Road, Springfield, VA 22151 (main address)
  - 11734 Bowman Green Drive, Reston, VA 20190
  - 703-550-1400
  - info@lhihome.com
  - www.lhihome.com

Additional Resources

- Prudential Insurance 2008 Long Term Care: Cost of Care Report

  - [www.ourparents.com/articles/comparing_costs_in_home_care_nursing_homes_and_assisted_living_and_adult_day_care](http://www.ourparents.com/articles/comparing_costs_in_home_care_nursing_homes_and_assisted_living_and_adult_day_care)