



Home Care 101 — A Planning Guide for Family Caregivers

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A. Overview

1. What are some of the medical conditions issues I will have to face on a daily basis?

- a. Medical condition or illness
 - i. Cancer, Cardiac, Dementia/Alzheimer's, Mobility, Stroke/Brain, etc.
- b. Assisted daily living needs
 - i. Toileting, bathing, getting dressed, preparing meals, medication reminder, transportation, etc.
- c. In-home challenges
 - i. Security/safety
 - ii. Monitoring at a distance
 - iii. Loneliness/Isolation
 - iv. Tripping/falling

2. What are non-medical issues I might have to face?

- a. Family conflict/disagreements
 - i. Division of roles and responsibilities
 - ii. What kind of medical care should our love one receives?
 - iii. Balancing a loved ones desire for independence with their personal safety and security
- b. Limited financial and time resources
 - i. Options for a part or full time home care professional
 - ii. Having or using private health care insurance.
 - iii. Federal and/or state government assistance plans

B. What is Home Care?

Home care allows your loved ones to receive the care that helps them maintain their quality of life in the privacy and comfort of their home. Home care by a family member or professional caregiver can help a loved one recover more quickly from an illness and more easily receive help with their daily living needs.

Home care can encompass a wide array of services provided by a family member(s), aides, therapists, and nurses in home for a loved or you. Home care usually falls into the following:

- Recover from an injury or a hospitalization
- Supplement services from assisted living or retirement communities
- Remain healthy and independent at home, despite declining capabilities or chronic illness

Depending on the situation, you may need help around-the-clock, once a day, or a few hours a week.

The ABCS of Assessing Home Care Needs

It's best to determine what kind of care you need before learning to be a good caregiver or for hiring professional caregivers.

- Is there a need on a regular basis skilled care from a nurse or a therapist?
- Assistance with personal care services, such as help with bathing and dressing?
- Are there mental health issues that need to be addressed?
- Does your home need to be made safer and more accessible?
- If possible, do you have an idea of how long and often homecare is needed?
- Is your situation likely to change in the near future?

If you contact a home care agency that has staff with expertise in assessing your needs and developing plans of care, they will usually do at little or no charge. These professionals can also help you negotiate the maze of care resources and effectively communicate your needs to physicians, hospital staff, and nursing home managers. When appropriate, they can also help emotionally resistant clients understand and accept services. This type of assessment will help you make a determination if you can manage caregiving or you need to hire an agency or a trained home care aid.

Another option to determine the scope of need, you may also want to work with an independent Geriatric Care Manager (GCM). These trained professionals – most often nurses or social workers – can help assess needs, find resources, and monitor services. You can hire a GCM directly, though some agencies have GCMs on staff or have established relationships with some in their communities. You can find a list of licensed GCMs at www.gcmnewengland.org.

Hiring a Caregiver

There are several models for being or hiring a caregiver. With a direct hire, an aid or nurse is employed directly by you, make sure the legal responsibilities of an employer (training, liability, insurance, taxes, etc.) are handled properly according to state and federal laws. With a home care agency, they are legally responsible for onsite care of their employees. In any situation, good home care recognizes that you need an individualized care plan. Services vary, but the objective is always to support independence that allows you or a loved-one to remain at home.

Types of Home Care Providers

- **Home health care and hospice agencies**
Some agencies are Medicare/Medicaid-certified (which means they have met federal and state requirements). Home health care and hospice agencies vary. Some may offer a wide range of services, including doctor care, while others may just offer a few services, such as basic nursing care. Most home health care agencies assemble a care team for the patient based on his or her needs. Because home health agencies are responsible for their personnel, they assume liability for all care.
- **Home care aid agencies**
They provide patients with the assisted daily living needs in the home, such as cooking meals, bathing, and dressing the patient, cleaning the house, and providing companionship. They provide support from several hours a day to 24-hour care, and are supervised by qualified managers who track the patient care. Each state has their own licensing and certifications requirements. The main difference between home health care and home care aid agencies is, the home care aid agencies do not provide medical services.
- **Staffing registries and private duty agencies**
They are employment agencies for home health care workers. Workers are matched up with patients depending on need, such as nursing, homemaker, home care aide, or companionship. Usually the agency receives a “finder’s fee.”
- **Independent caregivers**
Health care professionals can also be hired outside of any agency. The patient can employ independent nurses, homemakers, companions, or other professionals. The hiring, supervision, and payment of these health care workers are the responsibility of the patient and family. In many states, there are programs available to assist with the cost of these services for individuals who qualify.
- **Medical equipment and suppliers**

They provide equipment to the patient at home. Equipment may include respirators, wheelchairs, walkers, catheters, and more. The equipment is often delivered to the home and installed if necessary. If the patient requires it, the company may also train the patient and family to use the equipment. Some companies are licensed, depending on state requirements.

C. Different Types of Eldercare: An Introduction

The financial options available to help pay for senior care is dependent on, among other things, the type of care required. For example, some government programs will help pay for a skilled nursing facility, but not in-home care. If you are just beginning the research process on how to pay for care, it is helpful to have an idea about the type of care you or your loved one will require now and in the future as well as the associated terminology.

Skilled Care vs. Custodial Care

Regardless of the location in which they are provided, at the highest level there are two types of care, skilled care and custodial care. Skilled care describes services that can be given only by skilled or licensed medical personnel. Custodial care (also called non-skilled care) helps with activities of daily living (ADLs), such as bathing, dressing and eating. Custodial care is typical for seniors with Alzheimer's or dementia. Both skilled and custodial care can be provided at home, in adult day care or in a residential care setting such as a nursing home, assisted living community or adult foster care home.

Palliative Care vs. Hospice Care

Palliative is a type of care that focuses on relieving patients of their pain and suffering instead of medical care which has the objective curing or treating the underlying conditions. Hospice care, on the other hand is an encompassing approach to treating terminally ill patients in the last weeks or months of their lives. While hospice very often includes palliative care, not all persons receiving palliative care are in hospice.

Home Care vs. Home Health Care

These terms are sometimes used interchangeably and other times there is an important distinction. While both types of care are provided in the individual's home, home care generally means custodial or unskilled care is being provided. For example, assistance is provided to bathe and dress the individual, help with laundry, cook and accompany them to doctors' appointments or on other errands. One may also hear this type of care referred to as personal care although that term is not exclusively for care provided at home.

Home health care refers to a higher level of care which requires medical training. This includes procedures such as checking the individual's vitals, respiration and assisting with braces, artificial limbs and other medical equipment such as ventilators. To be clear, it is not unusual for home health care providers to also provide custodial care during their home visits.

Adult Day Social Care vs. Adult Day Health Care

The term adult day care is also used interchangeably and can refer to adult day social care or adult day medical care. Adult day social care provides seniors with supervision and care in a structured setting during daytime hours usually to allow their caregivers to go to work. A variety of activities, meals and some therapies are offered. Adult day health care typically provides everything adult day social care does but in addition has medical services equivalent or almost equivalent to those found in nursing homes.

Virtual Companion Care

This is a new way of providing home care using Internet technologies. Elderly persons living at home alone are provided with a tablet computer through which their safety and mood can be monitored, medication reminders provided and most importantly they can interact with others reducing feelings of

loneliness and isolation. Although hands-on care is not provided, virtual companion care holds great promise for reducing the cost of care and improving the lives of elderly persons living at home alone.

Care Management Services: Public and Private Options

Geriatric Care Managers (GCMs) help families create and implement long term care plans for their loved ones, they provide care management services instead of providing hands-on care themselves. Typically, this includes an in-person needs assessment, the development and review of a care plan and arranging and monitoring care services. Approximately one third of care managers also offer financial planning for eldercare.

GCMs are also referred to as elder care managers, case managers and service or care coordinators. In addition to a certification from the National Association of Professional Geriatric Care Managers (NAPGCM), many are licensed by their different professional backgrounds; which include social workers, nurses, therapists and assisted living or home care professionals.

There are both public and private care managers. Those in the public sector are usually referred to as benefits counselors or case managers while those in the private sector are called care managers. Medicaid will sometimes provide for care management services under a HCBS Waiver program. Some long term care insurance policies include coverage of care management as well.

In addition to the convenience, time-savings and security they provide, care managers can save families money because their needs assessments align an individual's present condition with only those services that are necessary at that time.

Types of Residential Care

Here are four categories of residential care communities and each is referred to by many different names.

- Independent Living / Senior Living – homes within a complex that offers transportation, security and recreational activities, but no health care services.
- Assisted Living – residences provide help with activities of daily living including basic health services, recreational and social activities but not skilled nursing care.
- Skilled Nursing Homes – residences with 24/7 care by licensed health professionals including all housekeeping, medical and social needs.
- Continuing Care Retirement Communities – residences that provide a continuum of care from independent living to assisted living to skilled nursing. These are designed to enable seniors with progressively declining health to remain in a single residential location or give healthy seniors the peace of mind that all their future needs are covered.

D. For Massachusetts Residents

The state's Aging Service Access Point (ASAP) network is also a good resource. ASAPs are publicly-funded, local agencies that provide information and referrals for a range of elder services. Information is available at **(800) AGE-INFO** or <http://www.800ageinfo.com/>. Once you've identified your needs, it's much easier to make a decision on how you want to proceed with your caregiving needs.

Payment Options

The simplest way to pay for home care is to do so privately; i.e., out of pocket, as you would for any other service. This affordable option maximizes your flexibility and control over your care without requiring you to coordinate with third parties. If you have limited or no financial resources, you should still explore the following options. Massachusetts provides families information and support when applicable.

Government programs and private insurance will pay for home care under specific circumstances.

- **Medicare** covers home care when the client:
 - Cannot leave home without physical assistance;

- Is under a physician's care; and
- Requires skilled nursing or therapy services. The state Medicaid program covers home health for low-income individuals under similar requirements.
- The **Massachusetts Home Care program** provides state-funded, non-medical services to elders and disabled individuals who meet certain financial guidelines. These supportive services enable frail elders to remain in their homes and target those at risk of needing nursing home care. They can be accessed locally through one of the Aging Service Access Points (ASAPs) mentioned on page 4 by calling **(800) AGE-INFO** or <http://www.800ageinfo.com/>.
- **Commercial health insurance** typically covers some home care services when a person is recovering from injury, surgery, or temporary illness, but will not pay for most chronic conditions. Benefits vary from plan to plan and usually contain a cost-sharing provision. For details on coverage requirements, benefits, copayments, and deductibles, check with your policy and insurer.
- **Long-term care (LTC) insurance** policies almost always cover home care as an alternative to a nursing home. The home care benefits under these policies are usually capped at a certain dollar amount per day, week, or month; as always, check your policy.

Why hire an agency with accreditation?

While most states offer a specific license for private pay home care agencies, Massachusetts does not. In 2010, The Home Care Alliance of MA (Alliance) created an Agency Accreditation Program, with standards similar to those for licensure in most other states, both to establish quality standards within the industry and to help consumers make informed choices.

The accreditation program includes fifteen standards relating to: Client rights, privacy, and complaint procedures; Protections against abuse; Fair employment practices; Caregiver background screening; Competency, training, and supervision; Insurance coverage; and Compliance with all applicable federal, state, and local laws.

Accreditation is not the only indicator of an agency's competence. All Medicare certified agencies, for instance, must meet strict standards established by the federal government. To learn more, about the Accreditation program, visit <http://www.thinkhomecare.org/accreditation>.

Find & Interview Agencies

To get an agency go to www.800ageinfo.com. To qualify an agency, they should be able to answer the following questions:

- Can you provide documentation that your agency has been reviewed/accredited/certified by independent organizations? (Good answers include any of the following: Massachusetts Department of Health, the Home Care Alliance of Massachusetts, the Joint Commission, the Community Health Accreditation Program [CHAP], and the Accreditation Commission for Health Care [ACHC]).
- Does the agency have literature describing its services, fees, and billing? If so, will they send you copies?
- Does the agency work with the client to develop a written plan of care or service contract? If so, how often is this plan updated?
- Does the agency directly employ its workers or are they considered independent contractors? (They should be employed.)
- Does the agency pay workers' compensation insurance and payroll taxes for its workers?
- Does the agency provide written explanations of client and family rights?
- How do the agency screen workers and assess their competency?
- Are agency caregivers and supervisors – including backup caregivers – available 24/7/365?
- How does the agency investigate complaints and/or resolve conflicts between its staff and clients?
- Can the agency document that it carries professional & general liability insurance?
- Will the agency provide a list of local references?