

Senior Guides

Staying in the Home



Welcome

Two factors are driving the home health care market:

1. More seniors wish to stay in their homes where they are comfortable
2. Early hospital discharges to home environments have become the trend.

Home health care can help many patients who prefer to recover from an illness or injury at home, but may still need daily care. A wide range of health and social services is now delivered at home to recovering, disabled, chronically ill, and terminally ill people of all ages.

Home care is appropriate whenever a person prefers to stay at home, but needs ongoing care beyond what can be provided by family and friends. Many aging people take advantage of home care services to remain independent and stay in their communities.

This booklet will hopefully provide some guides, resources and explanations of the many options available to help you make well-informed decisions.

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Home and Bath Modifications and Home Monitoring Systems Services Can Extend Independent Living

A variety of home modifications are available, such as wheelchair lifts, elevators, stair lifts and portable ramps, for people with short- or long-term disabilities. Renovations to widen doorways, lower countertops and replace bathtubs with sunken shower units can help those who use wheelchairs stay at home.

Medical alarms and assistance monitoring are also increasingly popular with seniors who live alone, hospital discharge patients and physically challenged individuals. These home security systems are linked to monitoring stations where operators can summon emergency medical personnel to the home.

A keypad can be programmed for medical emergencies as well as monitoring for intruders or fire, or an elderly person can wear a medical pendant with a panic button on their neck. This helps many seniors feel more independent in and around their homes. New wireless technology requires no special wiring and can be programmed to call either the police or a central monitoring station.

Home health agencies are certified by Medicare and Medicaid and have met federal minimum requirements for patient care and management.

Who Provides Home Care?

Home health care services are provided by physicians, registered nurses (RNs) and licensed practical nurses (LPNs), physical therapists, social workers, speech pathologists, occupational therapists and dietitians. Certified nursing assistants (CNAs) provide health and home care services under the supervision of a nursing professional.

Many elderly or disabled people also use the services of non-medical home care aides and homemakers to assist them with non-medical activities of daily living (ADLs) and household duties. Companions may also provide adult sitting services for those who are unable to stay home alone.

Home care providers that operate assisted living facilities or skilled nursing facilities may also offer elder day care or respite care on-site, with or without skilled nursing care.

Types of Home Care Providers

Home care services are usually provided by home care organizations but may also be obtained from registries and independent providers. Organizations include state licensed home health agencies, home care agencies (HCA), staffing and private duty agencies durable medical equipment and supply dealers.

Home health agencies are certified by Medicare and Medicaid and have met federal minimum requirements for patient care and management. The State of Idaho, Department of Health and Welfare, Medicaid Division, Bureau of Facility Standards, licenses them to provide skilled nursing care and other professional services. Hospices have similar regulations.

Home care agencies employ homemakers or chore workers, home care aides, and companions to provide non-medical care such as meal preparation, bathing, dressing and housekeeping. These “in-home care” providers are not licensed in Idaho, and their custodial services not reimbursable under Medicare (health insurance for the aged and disabled) or Medicaid (health and long-term care for low-income individuals).

However, some HCA programs in Idaho are Medicaid approved personal care services (PCS) providers, with contracts to deliver personal care and homemaker services. The Home and Community Based Waiver Program in the state also allows Medicaid coverage for those in home health or community-based care that need less than 24-hour skilled nursing care.

Staffing and private duty agencies also provide nursing, homemaker, home care aide and companion services. Along with registries, these agencies are not licensed or regulated by government. Registries are employment agencies that match providers with clients for a finder’s fee. Clients then pay the home care nurse or aide directly.

Durable medical equipment and supply dealers provide wheelchairs, walkers, catheters and wound-care supplies. Pharmaceutical and infusion therapy companies deliver drugs, equipment and professional services for patients who receive intravenous or nutritional therapies through specially placed tubes. In order to bill Medicare, they must also meet federal minimum standards.

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Durable medical equipment and supply dealers provide wheelchairs, walkers, catheters and wound-care supplies.

Who Pays for Home Care?

Medicare – Most Americans 65 and older are eligible for the federal Medicare Program. If an individual is homebound, under a physician’s care, and requires medically necessary skilled nursing or therapy services, he or she may be eligible for services provided by a Medicare certified home health agency. This may include intermittent skilled nursing, physical, occupational and speech therapies, medical social work, home care aide services, and medical equipment and supplies.

Hospice services are available to individuals who are terminally ill and have a life expectancy of six months or less. There is no requirement for the patient to be homebound or in need of skilled nursing care. A physician’s certification is required to qualify an individual for the Medicare hospice benefit.

Medicaid – A jointly-financed federal-state program, Medicaid is the primary source of health care for low-income families with children, the low-income elderly, and people with disabilities. States administer the program, but federal law and policy require states to cover specific categories and types of benefits.

States are required to provide Medicaid home health benefits that include skilled nursing, home care aide services, and medical equipment and supplies. Idaho also provides a home- and community-based waiver program that provides home health services for individuals who would otherwise be institutionalized. The state has also established a personal care attendant program.

Commercial Health Insurance Companies – Health insurance policies typically cover some home care services for acute needs, but benefits for long-term services vary from plan to plan. Individuals with Medicare sometimes find it necessary to purchase Medigap insurance or long-term care insurance policies for additional home care coverage.



The Idaho Department of Insurance offers a Senior Health Insurance Benefits Advisor (SHIBA) program, and advocates for Idaho Medicare beneficiaries. While long-term care insurance was originally designed to cover nursing home costs, some policies may now cover home health care.

How to Select the Right Home Care Provider

The following is a checklist of questions to ask home care providers:

- How long has this agency or individual provider been serving the community?
- Does this provider supply literature explaining the services, eligibility requirements, fees, and funding sources? Many providers furnish patients with a detailed "Patient's Bill of Rights" that outlines the rights and responsibilities of the providers, patients, and caregivers. An annual report and other educational materials can provide helpful information about the provider.
- How are employees selected and trained? Does the provider protect its workers with written personnel policies, benefits packages, and malpractice insurance?
- Are nurses or therapists required to evaluate the patient's home care needs? If so, what does this entail? Do they consult the patient's physicians and family members?
- Is the patient and his or her family members included in developing a plan of care? Are they involved in making care plan changes?

How long has this agency or individual provider been serving the community?

How to Select the Right Home Care Provider (cont.)

- Is the patient's course of treatment documented, detailing the specific tasks to be carried out by each professional caregiver? Does the patient and his or her families receive a copy of this plan, and do the caregivers update it as the changes occur? Does this provider take time to educate family members on the care being administered to the patient?
- Are supervisors assigned to oversee the quality of care patients receive in their homes? If so, how often do these individuals make visits? Who can the patient or family members call with questions or complaints? How does the agency follow up on and resolve problems?
- What are the financial procedures of this provider? Are written statements furnished, explaining all of the costs and payment plan options associated with home care?
- What procedures are in place to handle emergencies? Are caregivers available 24 hours a day, 7 days a week?
- How does this provider ensure patient confidentiality?
- Ask the home care provider to supply a list of references, such as doctors, discharge planner, and community leaders who are familiar with the provider's quality of service