In-Home Care: Non-Medical and Medical

Clearing up the confusion
Presented by:

Don Lalonde, CSA, Owner
Comfort Keepers
(281) 978-2600
Why In-Home Care?

• Home is where most people want to be when they are sick, recovering from surgery, infirmed, disabled, or just need help with activities of daily living.
• The ability to get help with certain activities of daily living (ADLs) or instrumental activities of daily living (IADLs) may make it possible to remain living at home rather than move to a facility.
• Most elderly seniors want to age independently at home and not burden their family.
• Receiving care in the comfort of their own home reduces the recipient's stress level and the inconvenience associated with recovery or covalence.
• Family members are able to participate in and assist with their loved ones’ care.
Why In-Home Care?

Definitions:

• Activities of daily living (ADL) refers to six specific activities (bathing, dressing, transferring, using the toilet, eating, and walking) that reflect an individual's capacity for self-care.

• Instrumental activities of daily living (IADL) refers to six daily tasks (light housework, preparing meals, taking medications, shopping for groceries or clothes, using the telephone, and managing money) that enables the individual to live independently in their home.
What is the difference between non medical (in-home care) and medical (home health care)?

There is confusion about whether or not “home health care” and “in-home care” are the same. The phrases are often used interchangeably because both services are types of care that are provided in the home and they tend to be complimentary in nature.

Typically, “home healthcare” refers to the provision of skilled nursing care and other care such as speech, physical, or occupational therapy while “in-home care” refers to non-medical care such as companionship/homemaking services and personal assistance care services.

• The main distinction between the services is whether the care is considered medical or non-medical.

While there are significant differences between skilled home health care and non-medical in-home care; in reality, most elderly individuals needing one type of care may need both types of home care.
What is Medical Home Health Care?

Home health care is medically ordered health care provided in the home by licensed nurses and therapists. Medical personnel perform the ordered medical procedure and then depart the home. Home health care is also referred to as home care, skilled nursing, or formal care and can be paid by Medicare or other health insurance.

- Provides home assistance to patients with medical needs.
- Handles specific medical needs in a patient’s home through doctors’ orders.
- The nurse or therapist administers the ordered procedure and departs the home upon completion of the procedure(s).
- Generally include medical or psychological services, wound care, pain and medication management, disease management, nursing care services, medical supplies and equipment, physical therapy, speech therapy, occupational therapy and home health aide care.
- Licensed and generally paid for by Medicare, Medicaid, and private health insurance. Patients must meet strict criteria (be homebound – must be a taxing effort to leave home, etc.) for payment authorization. May also offer medical home health services to the public on a private duty or private pay basis.
What is Non-Medical In-Home Care?

In-home care is non-medical assistance provided in the home for anyone needing help with everyday activities such as feeding, dressing, personal hygiene, mobility, and more. In-home care can fulfill many tasks to relieve the family providing care for a loved one. In-home care includes a full array of practical services described above and can include companionship, light housekeeping, and transportation/escort to appointments or other events. In-home care is also referred to as personal care, custodial care, home care, senior care, or private duty home care.

• Provides persistent care based on family needs; caregivers can stay to provide as much care as the client or family needs.
• Provided in the home by trained caregivers specializing in personal assistance care, companion care, and homemaker services.
• Services do not include therapy, medication prescription, or other medical services.
• The client pays for private in-home care services. Private in-home care is not covered by Medicare or Medicaid. Long-term care insurance policies may cover some or all of the costs of in-home care services.
What are some examples of Home Health care?

- Physical and occupational therapy
- Speech Therapy
- Intravenous or nutrition therapy
- Tube Feedings
- Wound care/Dressing changes
- Injections
- Catheter care
- Ostomy/Colostomy care
- Durable Medical Equipment referrals
- Monitoring serious illness and unstable health status
- Medication set-up
- Patient and caregiver education
What are some examples of In-Home care?

- Bathing, Grooming and Hygiene
- Mobility Assistance
- Transferring and Positioning
- Toileting and Incontinence Care
- Feeding and Special Diet
- Conversation and Companionship
- Meal Preparation
- Laundry
- Light Housekeeping
- Grocery Shopping/Errands
- Incidental Transportation
- Medication Assistance
- Grooming Guidance
- Live-In Services
- 24-Hour Care
- Respite Care or Relief for Family
- Dementia Care
- Hospice/End-of-Life Care

(281) 978-2600
Non-Medical In-Home Care Delivery Models

Private Hire of Independent, Freelance Caregivers

- Nurses, therapists, aides, homemakers, and companions who are privately recruited and employed by those who need their services.
- Family must recruit, hire, and supervise the employee.
- Family pays the caregiver directly and is responsible of all payroll taxes, proper withholdings and filings, worker's compensation and background checks, arranging replacement staff for time-off and emergencies.
- Independent caregivers are not necessarily licensed or certified.
- Ensuring the caregiver is a safe hire is not easy.
- Additional responsibility, liability, financial risk, and safety risk may not offset any reduced costs.
- If there is not a formal record of paying the caregiver, future Medicaid applications could be jeopardized.
- Single point of failure.
Non-Medical In-Home Care Delivery Models (continued)

Registry or Staffing Agencies

- Primarily acts as an employment service for a variety of skilled and unskilled healthcare workers including nurses, nurse assistants (CNAs) and rehab therapists. Match the provider with the client and generally collect a finder's fee.
- The caregiver does not work for the registry but instead the family is the employer. The family member becomes the supervisor, usually pays the worker directly, and is responsible for payroll taxes, including social security withholdings along with related filings and reporting.
- Registry or staffing agency may sometimes provide some administrative duties on your behalf for a fee, but you assume all liability as the employer of record.
- An employee referral through this type of service is similar to hiring an individual privately on your own.
- If there is not a formal record of paying the caregiver, future Medicaid applications could be jeopardized.
- Single point of failure.
Non-Medical In-Home Care Delivery Models (continued)

Full Service, Non-Medical Agencies

• Provide a full spectrum of services and manage the entire in-home care experience for their clients including: carefully selecting, screening and employing their workers, conducting comprehensive background checks, and managing payroll and taxes, to name a few.
• Professionally hire, supervise, and monitor their staff with regards to the care their agency and caregivers provide.
• Arrange and schedule your caregivers for you and provide relief caregivers when necessary.
• Licensed and comply with employment, wage & hour, workers' compensation and other laws.
• Have proper and adequate levels of insurance (general & professional liability, worker's compensation and fidelity bonds).
• Oversees all your care needs and resolves any issues regarding your entire care experience.
• There is an official and legal record of payment.
How does home Hospice care fit in?

Home Hospice care essentially replaces Home Health care when the patient can no longer be helped by curative treatment, and is expected to live about 6 months or less if the illness runs its usual course. Home Hospice care enables Hospice patients to spend their final days in a familiar, comfortable environment, surrounded by loved ones who can focus more fully on their loved one with the support of hospice staff.

Hospice personnel regularly visit the patient to attend to their palliative care (pain and symptom relief) needs and then depart the home. Home Hospice care is paid by Medicare or other health insurance, if the patient qualifies.

- Provides palliative care (pain and symptom relief) to Hospice patients
- Handles special Hospice needs in a patient’s home through doctors’ orders
- The nurse administers the agreed upon protocol and departs the home upon completion
- Is usually paid for by Medicare or traditional health insurance
How do I arrange for Home Health care?

- Home Health care must be ordered by a physician, or equivalent
- They make referrals to a licensed Home Health provider
- The Home Health provider works with your Medicare or private insurance company and coordinates services with any other needed health care provider
- Providers are state licensed and most are Medicare and Medicaid certified.
- Many are also accredited by independent third-party review organizations such as JCAHCO, CHAPS or HHC
- Must strictly adhere to a physician approved plan of care that is deemed medically necessary in order for Medicare benefits to continue.
How do I arrange for In-Home Care?

- In-Home care is generally not ordered by physicians, or equivalent personnel, since the service is considered to be non-medical.
- Medical personnel may recommend In-Home care if they recognize there is a clear risk to the well being of the patient without supplemental help.
- Hospital, Rehab, and other medical facilities may suggest post-discharge non-medical assistance if the Discharge Planner, Case Manager, or Social Worker recognizes a risk to the discharged patient’s well being.
- Non-medical assistance is often sought by the loved one’s family after a crisis has occurred, as a result of an un-anticipated gap in care for their loved one.
- In-Home Care assistance is generally found through medical referrals, personal referrals, various resource guides, the Internet, and the Yellow Pages.

(281) 978-2600

[Logo] Comfort Keepers West Houston
How do I arrange for In-Home Care? (Continued)

Due Diligence for direct hires and Registry or Staffing Agencies

- Are you certified, can I get a copy of your DADS Texas Nurse Aide Registry card?
- Do you have experience with the type of care my loved one requires?
- Who were your last three employers and how can I contact them?
- Can I get three personal references?
- If I do a background check and drug test, will any issues pop up?
- Have you filed any Workers Compensation injury claims in the last three years?
- Conduct background check in every local county courthouse that they have lived for the past seven years and arrange for drug tests.
- Contact your insurance agent for coverage of the caregiver.
- Talk with you accountant about withholding payroll taxes on the caregiver.
How do I arrange for In-Home Care? (Continued)

• You should speak with several different In-Home Care providers and ask the following questions:
  • How long has your organization been in business?
  • How do you recruit your staff?
  • What training does the staff receive?
  • Is care available around-the-clock?
  • Do you provide backup coverage in the event a caregiver cannot make it to work?
  • What are your billing policies?
  • Does your agency carry full liability coverage?
  • Do you conduct national and local criminal background checks, driving records, and drug tests of all employees?
  • Are personal and professional references required?
  • Are caregivers employees of your company (not contractors) and protected by Workers’ Compensation?
  • Do you have a systematic method for tracking caregiver arrival and departure times at the client’s home?
  • Do your services include Personal Care such as bathing, incontinence care, and mobility assistance?
How do I arrange for In-Home Care? (Continued)

• You should speak with several different In-Home Care providers and ask the following questions: (Continued)
  • Are you certified or licensed by any government agency to provide homecare?
  • Do you provide 24/7 telephone service?
  • Does your agency require a minimum number of hours per shift? If so, what is the minimum?
  • Does your agency provide transportation services for clients?
  • Does your agency maintain a business office where I can meet you and the office staff?
  • Do you have an administrative staff I may contact for information?
  • Do you provide in writing the care services provided, and clearly describe all rates and fees?
  • Does your agency make periodic supervisory visits to a client’s home?
  • Can you provide documentation explaining the client’s rights, your code of ethics, Workers’ Compensation and HIPAA compliance?
  • Can you provide emergency monitoring systems, medication solutions and other safety technology?
  • Will your agency provide a free in-home assessment prior to starting service?
  • How quickly can your agency initiate service?
THANK YOU

(281) 978-2600