

## ABCs of Home Care

*From who needs it to who provides it and who pays for it, here are the basics*

By Brian Moore

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Even if there's no other choice, most folks would rather be the proverbial long-tailed cat in a roomful of rocking chairs than the next patient to cross the threshold of a nursing home.



Sheila Evangelista, a geriatric care manager, with the Manhattan-based SeniorBridge, checks up on 84-year old Jewel Baxter.

Not only is it prohibitively expensive, running about \$15,000 per month for a shared room, for many, it represents the surrendering of independence along with the privacy and the comforts of home.

So it's to nobody's surprise that home care is becoming an increasingly popular option for the elderly and the sick. It's cheaper. It's more comfortable. It's not a surrender.

And it's not just for grandma anymore.

"It can be anybody. [Home care] services people from birth to end of life," says Lainie Messina, vice president of private service at Partners in Care, a home-care provider. "The profile is not as cut and dried as one might think."

But many don't know the basics of home care. They don't know what services are provided, who qualifies for it, how to pay for it and how to convince a loved one that she should consider receiving it. Simply put, a lot of people don't even know what it is.

So, lighting a candle instead of cursing the darkness, we've interviewed some home-care experts for the skinny on in-home services in the city, to bring you this rundown on everything you need to know but may not have thought to ask.

### ▪ *What is home health care?*

Broadly speaking, there are three types of care given at home. The first is home health care, which refers to any medical service provided in a patient's home, including nursing and rehabilitation

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regimens such as physical therapy. The second is home care, which is non-medical help like cooking, assistance with shopping and general support in the bathroom given by a home health aide. The third is in-home hospice care, to ease the end of life.

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Some agencies provide only nursing services. Some provide only custodial services. Some provide both of those. Some provide all three of the above. And agencies vary — depending on how they're licensed by the state — in the length of service they can provide.

▪ ***What services are provided?***

"Any need the patient needs at home," says Elizabeth Initzki, an account manager and social worker at Partners in Care.

Short of surgery and MRIs, there are dozens of medical and custodial services that can be provided at home — everything from supervising medication to post-surgical wound monitoring to blood-pressure testing to making sure an apartment is free from dangerous obstacles. If it's a service a sick person could use, then it's probably available.

▪ ***Who qualifies for it?***

If a person's condition doesn't require nursing home or hospital supervision, home health care can be given to anyone who is ill and isn't physically mobile or mentally solid enough to make it to a doctor's office or a hospital.

"Doctors have to stipulate that the patient is homebound to get those services," says Claudia Fine, chief professional officer at SeniorBridge, a home care agency: "They don't give it to you if you just don't want to get your butt to the doctor's office."

Though the elderly receive a large slice of the pie, they aren't the only ones who take advantage of it. People with multiple sclerosis, folks recovering from surgery and parents learning how to take care of newborns — to name but a few recipients — all fall under the home health rubric.

▪ ***How do you pay for the services?***

It depends! Generally speaking, Medicare, Medicaid and private insurance will pay for most in-home medical services, such as post-operative nursing supervisions, but once an acute condition is remedied, paying for home care for dementia, disabilities or other chronic conditions becomes an out-of-pocket expense.

**Sometimes patients don't realize services they're entitled to, so consulting a social worker can help uncover benefits.**

The formula is similar to the system in nursing homes, says Fine. A patient is sent there to recover from hip surgery, but once a certain recovery threshold is met — say, the

ability to walk a certain number of feet — the coverage ends.

"You're plateaued. You go home. You may have a million other chronic needs, but you were there for that. You're done," Fine says.

**Sometimes having a nurse come in once a week to make sure medications are taken properly and essentially making sure that the diet is appropriate" is all that's needed**

The same holds for home care. The bottom line is that if skilled nursing care isn't required, then it's not covered.

▪ ***Is there no other way to pay for non-medical home care?***

There is if you buy long-term care insurance, which covers home care for chronic conditions not paid for by Medicare, Medicaid and private insurance. These policies, which were started in the 1970s, are becoming more popular, according to Fine.

"We're really starting to see the wave of that now. We see that a lot of adult children are purchasing it now having seen their parents exhaust their assets," she says, adding that she has a policy herself.

To keep the premium low, but early — many folks start paying for it when they hit the big 5-0 mark. Others pick it up even earlier, since it covers home care regardless of the person's age. Premiums range from \$5,000 to \$15,000 per year depending on the age and the condition of the policyholder.

▪ ***How long can someone receive services?***

As long as you can pay for it, someone will provide it. But, as noted above, it's not cheap: 24-hour in-home care from a licensed agency costs between \$6,000 and \$9,000 a month, and that's on top of rent and other expenses that come with living at home.

▪ ***What's the most economical way to receive home health care?***

Care management, also known as long-term managed care, is becoming the hot new thing in home health care, since it's a customized, cost-effective way to deliver the goods in a domicile. (Due to changes at the state level, it's also becoming mandatory for some long-term care recipients: see page 46.)

Under care management, a social worker and a nurse visit the patient in her home, ask a ton of questions and assess the situation. From there, a home care plan is drawn up — and commonly the plan doesn't require having someone supervise the patient 24-7.

"Most people don't get that. Sometimes having a nurse come in once a week to make sure medications are taken properly and essentially making sure that the diet is appropriate" is all that's needed, Fine says.

"You don't need somebody in there all the time. Things are much more customized, and you don't have to buy one great package to make it all work," she adds.

- ***What do you do if you can't afford home care?***

Sometimes patients don't realize the services they're entitled to, so consulting a social worker can help uncover benefits from Medicare and Medicaid. A social worker can also put a patient in touch with religious organizations and charities that provide help for the ailing, Ilnitzki notes.

- ***There are a lot of agencies and services. Who can help you navigate that thicket?***

Hospitals will provide referrals for patients being wheeled out the sliding doors. Doctors can also provide advice, though Fine says they may not be the greatest resource since they're unable to assess a patient's home situation and don't always have the time to ask all the important questions.

For the elderly, Fine says consulting with a geriatric care manager is often the way to go. Though they're not licensed by the state, they are certified by National Association of Geriatric Care Managers. A list of them can be found at [caremanager.org](http://caremanager.org).

- ***How is home health care different in New York than in other states?***

In terms of the services available home care in New York isn't much different from elsewhere — though, notes Messina, it tends to cost more in the Big Apple. The big difference is more generous Medicaid support in New York City than elsewhere, adds Fine.

Many families choose home health care to help a loved one, particularly the elderly. What do you do if mom is resistant to the idea?

"It's probably the most commonly asked question that we face," says Messina. "And the advice we typically give is you need to start the conversation with somebody as early as you can. People wait too long, until somebody does have cognitive impairment."

It helps to understand what the would-be patient fears from in-home care. Does mom think it's the first step on the road to a nursing home? Does a person with multiple sclerosis feel that he doesn't need help?

Once that's understood, "bringing in somebody who is more objective — a clinician or a nurse — is often the easiest way for a family member to introduce the idea to somebody," Messina says.

"Start slow. And make sure they understand that this is about them maintaining their independence and not taking it away."