



Many situations can prompt the need for home care services for an elder in your family:

- **Medical emergency:** *My mother fell and broke her hip. She was in the hospital and in a rehab center. Now it's time for her to come home, but she can't manage by herself and still needs physical therapy. What should I do?*
- **Changes in a chronic illness:** *My dad has Parkinson's. He gets easily confused, can no longer drive, and has a hard time cooking for himself. I'm increasingly afraid to leave him alone while I'm at work during the day. What should I do?*
- **Natural aging process:** *My parents are lucky to be healthy and fairly active, but they are both in their early 80s, and it's getting harder and harder for them to get groceries and keep up their house and yard. They want to remain in their home. What should I do?*

The goal of home care services is to allow elders to remain at home and to maximize their ability to be independent without jeopardizing their safety. The term “aging in place” has become a catchphrase for describing this goal, and there is increasing support among health care professionals and policy makers for keeping elders in their communities with appropriate services.

Many elders need only a small number of services to function independently at home, such as help with home repair, cleaning, and cooking. However, with hospitals and rehab centers shortening the length of patient stays, some elders need a fairly high level of home health care services, either for a limited period of time following an illness or accident, or as ongoing care to manage decreased abilities or a chronic health condition.

What Is Home Care?

Home care services fall into five general categories, although some home care agencies may offer multiple services and have more than one service provided by the same person from their agency.

- 1 **Homemaker Services** provide home management assistance, such as grocery shopping, light housekeeping, laundry, and changing beds.
- 2 **Personal Care Services** provide assistance with daily routines, such as bathing, dressing, grooming, eating, using the bathroom, and getting around.
- 3 **Meal Services** provide meals to seniors either in their own homes (“Meals on Wheels”) or in senior centers, churches, synagogues, schools, and other community locations (“Congregate Meal Programs”).

- 4 **Home Health Care Services** assist people with health and medical conditions that are being treated at home. Home health aides will assist with basic health care such as taking vital signs (temperature and pulse), changing bandages and dressings, and assisting with medications.
- 5 **Skilled Health Care Services** provide registered nurses, licensed practical nurses, and physical, occupational, and speech therapists who give skilled nursing care and rehabilitative therapies at home. Medicare will pay for short-term home care when skilled services are needed, usually following surgery or acute care stay in a hospital. For more information, see the Health Care and Insurance sections.

When Is Home Care Needed?

Getting a “care assessment” is the best way to determine when an elder needs home care services. Caregivers can do it by themselves or get help with the process by calling their Area Agency on Aging (AAA) or a geriatric care manager.

Activities of Daily Living (ADL)

An assessment is based on different kinds of information, starting with your elder’s ability to manage ADLs. These are the basic tasks involved in personal care and household work. See the [Checklist of Activities of Daily Living \(ADL\)](#) to help you determine what assistance is needed. The checklist can help you answer questions about physical limitations and memory problems affecting an elder’s ability to:

- Do housework, laundry, shopping, and cooking
- Maintain personal care, such as bathing, dressing, and using the bathroom
- Manage medical appointments and medications
- Handle personal finances and legal issues

Filling in the checklist before calling your AAA or a home care agency will make the conversation more useful and productive, so that you can move ahead with home care decisions.

Physical Health Considerations

Planning for home care also involves an assessment of health issues affecting both physical and mental health. Caregivers may want to consult with the elder’s primary care physician (PCP) or a geriatric specialist to evaluate an elder’s physical capacities. Issues to consider include:

- **Mobility:** The ability to safely move around one’s own home and neighborhood is often compromised with advancing age. For a professional assessment, ask the elder’s doctor or get a referral to an occupational therapist. To make your own assessment, you can use a tool

developed by the Society of Hospital Medicine at www.hospitalmedicine.org/geriresource/toolbox/mobility_assessment_tools.htm.

- **Vision:** Vision impairment is common among the elderly and often leads to reduced social interaction and quality of life, depression, and injuries from falls. But since elders often do not report their vision problems to their health care providers, vision screening is recommended. Treatment for many vision problems common in older adults, such as cataracts and refractive errors, is available and can greatly improve quality of life.
- **Hearing:** Hearing deficits are also common among older adults and can affect quality of life. Assistive technology, such as hearing aids and cochlear implants, can be used to help basic hearing loss, while more serious conditions may require specialized medical attention.

Mental Health Considerations

Assessing the mental health of the elder in your care can be challenging. The line between memory problems that naturally occur with aging and memory problems that occur in the early stages of dementia and/or Alzheimer's can sometimes be hard to distinguish. If an elder seems more confused than usual, has trouble completing daily routines, or has difficulty keeping track of daily medications, house keys, and other personal items, these may be signs that some level of cognitive impairment has occurred.

The signs of depression are also difficult to sort out; low energy, loss of appetite, and lack of interest in others can have a variety of sources. Getting a geriatric mental health assessment can help you get a clearer picture of what is going on and whether home care is advisable for this reason. For advice on how to get this kind of assessment done, ask your PCP, your local Area Agency on Aging (AAA) or Council on Aging (COA).

Nutrition Considerations

Nutrition can be a major issue for elders remaining at home. Caregivers need to consider several questions about the elder in their care:

- Is the elder getting the right kinds and amount of food to meet daily health requirements?
- Is the elder capable of shopping for the right foods and preparing them?
- Is the elder eating the food he or she prepares or that is prepared for him or her?

Healthy eating is a challenge for all of us, and elders may have additional issues that make healthy eating even harder: poor health, difficulty shopping or cooking, food insecurity (hoarding), loneliness, or depression. Malnutrition is one of the primary reasons that many elders can no longer live on their own. If the elder in your care is having difficulty managing proper nutrition, there are meal services available.

The Elderly Nutrition Program is a federal- and state-funded program which allows local elder agencies to provide meals, nutrition screening, assessment, health education, and counseling. People age 60 or older and their spouses are eligible. There is no income requirement. A small voluntary donation is requested for those who can afford to pay. Your local senior center or Area Agency on Aging (AAA) can help you locate the appropriate type of meal program. There are two types:

- 1 The “Congregate Meal Program” provides at least one meal per day at senior centers, churches, schools, and other locations. The group setting offers many elders an important opportunity for socialization and companionship. Transportation is often available for those who have trouble getting around on their own. Some programs also offer meals on weekends.
- 2 “Meals on Wheels” are home-delivered meals of nourishing food for elders who are homebound and not able to prepare their own food. This subsidized home delivery program can also be supplemented with meals purchased through private services.

Putting It All Together

Combining information on these five elements—ADLs, mobility, vision, hearing, and nutrition—can help you make your own assessment about the need for home care services.

A useful assessment tool can be found in the *Caregiver’s Handbook: A Guide to Caring for the Ill, Elderly, Disabled...and Yourself* at www.health.harvard.edu/special_health_reports/Caregivers_Handbook.htm, produced by Harvard Health Publications. It includes a four-page questionnaire to determine needs.

Who Provides Home Care?

There are different types of home care service providers. Each provider offers a different level and/or kinds of care, may vary in price, and may require more or less of your caregiving time.

- **Certified Home Care Agencies and Hospice Agencies** provide both medical and nonmedical services and have met strict federal requirements for patient care and management. In some cases they can provide home health services covered by Medicare and Medicaid. These agencies take care of all benefits and tax requirements for their employees.
- **Non-certified Agencies** also provide medical and nonmedical home services, but are not licensed.
- **Placement services** provide medical and nonmedical services. The providers are self-employed independent contractors, not employees.
- **Independent Workers** are employees hired directly by the elder or family caregiver, who is then legally responsible to pay state payroll taxes and worker’s compensation. There is no oversight or licensing for these services, and no source of coverage to pay for them.

Finding Home Care

Caregivers can find services in several ways:

- Contact your local Area Agency on Aging (AAA) or Council on Aging (COA). These groups keep information on home care agencies in your community. They may also be able to provide a free initial assessment.
- Go directly to a private home health care agency. Begin your research with your local phonebook and the Internet.
- Ask your primary care physician or geriatric specialist to recommend agencies. They may have firsthand, recent information based on the experiences of other elders they treat.
- Ask other family members, friends, and co-workers.
- Check with your employer or insurance company to see if they offer referral services.

Paying for Home Care

Paying for home care services is one of the most challenging issues for caregivers because most elders and families must pay for services out-of-pocket. This is a harsh reality for many working- and middle-class families, yet home care services may be the only way to keep an elder out of a nursing home. Since home care can become a major expense, it is a key issue to consider while doing long-term financial planning. (See also the Finances section.)

Some health maintenance organizations (HMOs) and some health and long-term care insurance plans provide coverage for home health care, so be sure to check benefits statements and policies carefully. You may want to contact the insurance providers to clarify what is covered by the elder's plan. The provider may require the elder's written or verbal permission in order for you to be able to discuss his or her insurance, so be sure to find out from the provider what is required so that you can gather information.

Subsidized Home Care Services

Some or all of the cost for home health care services may be covered in these situations:

- **Follow-up care for elders who are homebound due to medical reasons.** Elders who need short-term skilled nursing care and physical or other therapy in response to an acute care stay in a hospital or rehab facility will receive Medicare coverage, regardless of their income level. (See the Insurance section for more information.)
- **Low-income elders.** Medicaid programs in most states support home care services as an alternative to nursing homes. (See the Insurance section for more information.)

- **Veterans of the U.S. military and their families.** Medically indicated home care services are available to eligible active-duty or retired veterans and their spouses, widows, and dependents through the CHAMPVA program. Call 877-222-8387 toll free to determine eligibility for these services. (See the Insurance section for more information.)

Your local AAA can help explain which services are subsidized on a no-fee or sliding scale basis in your community for the elder in your care. If you would like additional information about eligibility for state and federal subsidies, see the Benefits Checkup at <http://www.benefitscheckup.org/> from the National Council on Aging, or contact your State Unit on Aging.

Home Care Rates

For families who are paying out-of-pocket for home care services, it is wise to get information on cost from several different agencies. You will probably be faced with some difficult choices between quality and affordability, but you should not be paying less than the average hourly rate in your area.

The hourly rate for a home health aide varies by state, and sometimes by whether the agency is an urban area or not. To get information on the range of hourly wages in various states, go to the Web site of the **Bureau of Labor Statistics** at www.bls.gov/oes/current/oes311011.htm and click on “State Profile” for the occupation. According to the American Association of Homes and Services for the Aging, the national average hourly rate in 2008 for a certified home health aide was \$32. The average hourly rate for non-certified workers was \$19.

Paying Families for Home Care

The issue of paying family caregivers to provide home-based care is an ongoing debate among eldercare professionals and public policy makers. There is currently no federal policy in place, but there are a small number of state-level demonstration projects designed to test the costs and benefits of such an approach. These demonstration projects all require the elder to be Medicaid eligible.

- 1 **Cash and Counseling Programs:** These programs are based on a “consumer-directed care” model. They give an elder a cash allowance for her or his home care needs. The cash may be spent to hire a relative or friend who can provide personal and household care, purchase assistive devices, and/or pay for home modifications.
- 2 **Caregiver Homes:** These programs allow a family member, friend, or other unrelated party to be paid by Medicaid to provide home care for an elder. Caregivers are paid from \$10,000-18,000 a year and are given training for their job.

To find out if there is a demonstration project in your state, call your state Medicaid office. The **Eldercare Locator** at www.eldercare.gov/eldercare/Public/Home.asp can connect you with Medicaid counseling. Visit the Web site or call 800-677-1116 toll free.

Choosing a Home Care Agency

Once you have determined what home care services are needed, how to pay for them, and where to find them, you are ready to compare the quality and cost of the services offered by different agencies. There are essentially three stages to this process: screening, evaluating, and monitoring.

Screening Home Care Agencies

Before you take an in-depth look at a particular agency, you may want to screen a few agencies with these preliminary questions:

- Is the agency Medicare or Medicaid certified?
- Does the agency offer the specific care we need (e.g., skilled nursing care vs. personal care and meals)?
- Is the agency recommended by a hospital/rehab discharge planner, social worker, or doctor?
- Does the agency have staff who can communicate effectively in a language other than English, if needed?
- Does the agency do background checks on all staff?

Evaluating Home Care Agencies

When you have found several agencies that meet all these criteria, you may want to choose one or two for an in-depth evaluation. The following questions can guide you:

- **How will the agency assess needs?** Most agencies begin by sending someone to make an initial assessment of needs. Although you may have performed a needs assessment for the elder in your care, you should ask the agency how it determines the appropriate level of services. The elder's needs may increase or decrease over time, and the agency should have a process to assess any change in the services needed.
- **What is the training and experience of the caregivers?** Ask what training the agency provides to its caregivers, and if the home care aides are certified by the agency. Does the agency require that its caregivers participate in a continuing education program? Ask if the caregivers are trained to identify and report changes in service needs and health conditions.

- **What specific caregivers will be assigned to your elder?** Do the caregivers have experience or receive special training in the type of care that is needed, such as Alzheimer's care? Do they have training with a particular type of assistive technology, such as a hooyer lift? How long have they been working in the home care field?
- **What services are provided?** Sometimes an aide who helps with bathing and dressing can't cook meals, or someone who cleans and does shopping isn't licensed to drive with the elder in the car. Aides also may not be able to administer medications.
- **How does the agency develop the elder's care plan and supervise the caregiver?** Does a medical professional or experienced supervisor evaluate and supervise the caregiver in the elder's home and get input from the elder? How much control and personal independence does an agency provide to its clients? How does an agency involve the elder and family members in the process of assigning and supervising caregivers? Does the agency seek input from the elder on his or her care plans?
- **How does the agency assure continuity of care?** Having your elder cared for by a limited number of people (and the same people if possible) is less confusing and more comforting for the elder. Can the agency reasonably ensure that the same caregiver(s) will provide the home care services each week? How long do caregivers stay with the agency? What is the turnover rate? If a substitute caregiver is sent, when does the agency provide notice to the client? Ask how the agency assures that the substitute caregiver will be familiar with the care plan and individual needs of the client and the family.
- **What special or support services are provided?** For instance, does the agency provide a 24-hour phone line?
- **How can the agency be paid?** If you will be paying for service, compare the billing process and payment plans offered by different agencies. Compare how often you will be billed and whether you will be required to pay in advance. Ask if there are additional costs, such as fees or deposits, not included in the price quoted. Will you have to pay extra for holidays and weekends? If the elder needs special equipment, will it be covered by the elder's insurance or will the agency pay for it?
- **How much will the caregiver be paid?** Does the caregiver earn enough to be dependable? Paying a decent wage, although costly for you, will minimize turnover. (Note: If you are paying for services directly, pay by check or get receipts for all cash payments.)

**These evaluation guidelines were adapted from the Home Care Alliance of Massachusetts' "How to Choose a Home Care Agency" guide ©2005.*

Monitoring Home Care Agencies

Once you choose an agency, your job as a caregiver is only half done. Now you must change hats from an evaluator to a monitor—an ongoing job as long as you are using home care services. The Center for Medicare and Medicaid Services (CMS) offers a useful publication, “Medicare and Home Health Care,” on the Medicare.gov Web site at www.medicare.gov/HHCompare/Home.asp?dest=NAV|Home|Resources#TabTop. The publication, which includes a checklist to evaluate staff once they start caring for an elder, can be downloaded for free or obtained by calling 800-MEDICARE (800-633-4227 toll free) for a free copy.

Don’t forget that the most important source of information on the quality of the home care service you have chosen is the quality of the relationship between the elder and the home health care provider. Check in with both the provider and the elder in your care on a regular basis. (See also the Legal Issues section.)

Geriatric Care Management

While family caregivers possess a great deal of knowledge about what their elder needs, sometimes making decisions about services *and* coordinating them over time can be overwhelming. Additional professional advice and expertise can be very helpful, especially when you are a first-time caregiver. You do *not* need to do this alone!

Geriatric Care Managers (“GCMs”) are nurses, social workers, counselors, or gerontologists. You can find one by calling your local Area Agency on Aging (AAA), hospital, rehab center, community service center, or multi-service private home care agency.

GCMs are experienced in working with families, evaluating needs, and dealing with complicated family dynamics. They will make home visits and assist in determining eligibility for resources. If you live in a different state from the elder you care for, a GCM can be very helpful in overseeing your elder’s care. GCMs can:

- Make an assessment about the need for home care services
- Develop a care plan about the specific services needed
- Coordinate home and medical care and hire home care workers, either through contracts with designated service providers or through workers of their own agency
- Monitor home care services, reassess them periodically and make needed adjustments
- Secure respite care for family caregivers, adult day programs, long-term care, and senior housing

- Provide assistance to families in addressing legal and financial issues
- Assist in dealing with complicated government benefits
- Assist with medical service and equipment providers

If you work with a geriatric care manager through a publicly subsidized program, the services will be free of charge or provided on a sliding scale. If you are paying for a geriatric care manager privately, the average hourly rate varies by location and experience, but in 2008 expect to pay from \$90–\$200 an hour out-of-pocket for assessments and care management.

A national organization of private geriatric care managers provides names and background information about care managers in every state. For more information visit the Web site of the **National Association of Geriatric Care Managers** at www.caremanager.org/ and click on “Find a Care Manager.”

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