

The Home Care Solution

A Guide to the Best Choices for Seniors
and Those Who Care About Them



Table of Contents

What is Home Care?	3
Why Home Care?	4
Non-Medical Home Care	6
Home Health Care	8
Team Approach	9
Who to Call for Non-Medical Home Care	10
Who to Call for Home Health Care	12
Resources	14
About Home Instead Senior Care	15

What is Home Care?

The term home care actually describes two very different types of care:

- Home health care provided by licensed medical professionals, in which you need a prescription.
- Non-medical home care, such as personal care, homemaker or companionship services provided by professional caregivers.

In broader terms, home care that seniors require often revolves around the Activities of Daily Living (**ADLs**) and the Instrumental Activities of Daily Living (**IADLs**). These are provided under non-medical home care.

ADLs are basic activities and functions performed on a daily basis that are usually done without assistance. The six ADLs are:

- eating
- dressing
- bathing
- toileting
- transferring
- continence

IADLs, on the other hand, are those activities instrumental to our daily routines such as:

- driving
- preparing meals
- doing housework
- shopping
- managing finances
- managing medication
- using the telephone



Why Home Care?

A Home Instead Senior Care® study found an overwhelming majority of seniors (86 percent) want to continue living at home for as long as possible. Seniors appear to be willing to seek help to do that. The study found that 54 percent of seniors who live alone are four times more likely to use professional care than those who live with their children. The users of in-home care tend to be older: 42 percent of seniors over the age of 80 rely on professionals.

*SOURCE: Home Instead Senior Care White Paper, online at homeinstead.com

Family caregivers and senior care professionals may notice changes in their loved ones, which send up a red flag that an otherwise healthy older adult needs more assistance to remain safely and independently at home. These signs are an indication it might be time to call for help:

When More Help is Needed

- 1. Household bills piling up.** Seniors can feel overwhelmed by the simple task of opening and responding to daily mail.
- 2. Reluctance to leave the house.** Rather than ask for help, seniors who are having trouble with such functions as walking, remembering and hearing will pull away from their community and isolate themselves.
- 3. Losing interest in meals.** Seniors who suddenly find themselves alone, perhaps after the death of a spouse, can be easily discouraged by such tasks as cooking and tend not to eat properly.
- 4. Declining personal hygiene.** Changes in appearance, such as unkempt hair and body odor, failing to change clothes for days on end or clothes inappropriate for the weather, are among the most obvious signs that a senior needs assistance.

When More Help is Needed (continued)

- 5. Declining driving skills.** Look for evidence of parking or speeding tickets, fender-benders, dents and scratches on the car.
- 6. Scorched pots and pans.** Cooking ware left forgotten on top of an open flame may be a sign of short-term memory loss or even Alzheimer's disease.
- 7. Signs of depression.** Feelings of hopelessness and despair, listlessness, fewer visits with friends and family, a change of sleeping patterns and lack of interest in the usual hobbies and activities are indicators of depression.
- 8. Missed doctors' appointments and social engagements.** These can be signs of depression or forgetfulness. But they can also be the result of no longer having a driver's license and not knowing how to get alternative transportation.
- 9. Unkempt house.** Changes in housekeeping may come about because the senior is physically tired. They could also result from depression.
- 10. Losing track of medications.** Seniors often take multiple prescriptions for various health conditions. Keeping track without reminders and assistance can be confusing.

SOURCE: Home Instead Senior Care www.caregiverstress.com Web site.

Non-Medical Home Care

Just because a senior is having more problems at home does not mean it's time to recommend a move elsewhere. Such a circumstance could, however, signal the need for more help at home.

The first step in determining if care is warranted is to take a senior's needs and desires into account. Sometimes these are difficult conversations to have with an older adult who is convinced he or she does not need help. The best way for a family caregiver to start these conversations is to acknowledge the senior's desire to stay at home:

“You know, Mom, I want you to stay at home, too, however that might be more difficult if you fall or get sick. A little extra help could keep you safe and independent at home for a longer time.” (For more tips about talking with seniors about sensitive subjects, go to www.4070talk.com.)

Non-medical home care might be ideal for an older adult who is recovering from an illness or a surgery, such as a knee replacement, and does not need medical assistance, but rather help around the home with ADLs and IADLs. The need can be just as much for emotional and mental support, as well as physical assistance. A senior who loses a spouse can become depressed and lonely to the point her own health suffers. Or a widower's increasing forgetfulness can put him at risk of forgetting to pay the bills, or worse, to take his medications.

Enhancing Lives

The companionship component of a professional caregiver's job can be just as vital as the physical assistance a professional will provide. Seniors need conversation and one-on-one contact to keep their minds alert. They can thrive with someone to participate in their favorite activities such as gardening, baking or woodworking, or someone to go to the grocery store or attend a concert.

Many seniors need help to get their day started with assistance showering, preparing breakfast and taking their medications. Likewise, help before bedtime, or even overnight, can be an important safety net for seniors at home who often are more apprehensive at nighttime. A reputable non-medical caregiving company will provide caregivers who can meet all of those needs.

Let's say a senior does eventually need to make the move to a care community. If so, in-home non-medical care can continue with that older adult into any community, from independent to skilled.

When Non-Medical Care is Needed

- Eating
- Dressing
- Bathing
- Toileting
- Transferring
- Continen
- Companionship
- Meal preparation
- Light housekeeping
- Medication management
- Errands
- Shopping
- Transportation
- Hobbies
- Laundry

The Cost of Non-Medical In-Home Care

The national average hourly rate for homemaker/companions was \$19 in 2009, according to the *2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*. While more and more long-term care insurance companies are covering this option, it is still primarily paid for by the family or the seniors themselves.

While that price tag might sound expensive, consider that most care of this kind is provided for just a few hours a week. In fact, a Home Instead Senior Care study indicates that 22 percent of their clients employ caregiver services four hours or less per week and 20 percent employ them between four and eight hours per week.

There's also the issue of a senior's preferences. If a parent or loved one is happiest at home, the cost of additional care may very well be worth it.

*SOURCE: Home Instead Senior Care White Paper, online at homeinstead.com

Home Health Care

It used to be that a medical crisis could spell the end for seniors in their own homes. But today, even older adults who suffer from chronic conditions or life debilitating illnesses can still remain at home. Advances in technology and life-saving equipment have kept many seniors at home.

What's more, home health care agencies can also provide licensed medical professionals to go to an older adult's home, offering a wide range of medical and therapeutic services.

Convalescing at home can actually help some seniors not only survive but thrive. For instance, seniors with dementia may be less confused at home where they will more likely know where everything is located.

As is the case with non-medical care, there are signs in a senior that can signal when it's time to call for help:

When Home Health Care is Needed

- Post-op Rehabilitation
- Skilled Assessments and Teaching
- Occupational Therapy
- Speech Therapy
- Wound Care
- Mobility Training
- Pain Management
- IV therapy/Injections

The Cost of Home Health Care

According to the Visiting Nurse Association (VNA), a home health agency is likely to employ a range of professionals, including physicians, registered nurses, licensed practical nurses, physical therapists, social workers, speech language pathologists, occupational therapists and certified aides.

The 2009 national average hourly rate for certified aides was \$21 in 2009, according to the *2009 MetLife Market Survey of Nursing Home, Assisted Living, Adult Day Services, and Home Care Costs*.

Medicare, as well as private insurance, will pay for some services, such as visits by nurses, and speech and occupational therapists.** If a senior is discharged from a hospital, Medicare will pay for a nurse, occupational and speech therapist for the client at home, but only according to a doctor's prescribed plan of care.*

Team Approach

It's possible for an older adult to have both non-medical and home health care services concurrently. That's because the services of a licensed medical professional will be considerably different from those of a professional caregiver. Both focus on the safety, well-being and healing of an older adult. The professional caregiver will also focus on building a relationship with a senior.

The licensed medical professional generally will have limited contact with a senior while the relationship with a professional caregiver may very well be longer term. For example, a senior recovering at home from heart surgery will likely see a licensed medical professional, as well as a professional caregiver, until their condition has improved.

* SOURCE: *Stages of Senior Care – Your Step-by-Step Guide to Making the Best Decisions*

** For more information, visit [Centers for Medicare and Medicaid Services](#). "Home Health Prospective Payment System."

Who to Call for Non-Medical Home Care

Professional caregivers can be grouped into three different categories: agency employee, independent contractor with a registry and independent caregivers.

Agency Employees

Most agencies hire caregivers who are screened, trained, bonded and insured. They are employees of the individual company for whom they work. The agency pays so that agency handles all taxes and other employment obligations such as workers' compensation, liability coverage and addressing performance issues. The third party agency also provides additional support between the family, caregiver and client.

Independent Contractor with a Registry

An independent contractor with a registry is recruited, screened and referred to the consumer who is the older adult. The older adult becomes the employer and is responsible for all employment responsibilities such as hiring, scheduling, handling performance issues and paying federal and state payroll taxes. The older adult assumes the risk as the employer since the independent contractor will not be covered by workers' compensation, liability and bond insurance. While the contractor may have had a criminal background check and reference checks, it is likely they are not receiving support, training and continuing education, nor is a replacement caregiver available should the contractor be sick.

Independent Caregivers

Otherwise referred to as "the gray market," the independent caregiver is responsible for marketing themselves and finding their own clients. They may have a criminal background and reference checks at the expense and effort of the consumer which is the older adult. The older adult becomes the employer and is responsible for all employment responsibilities such as hiring,

scheduling, handling performance issues and paying federal and state payroll taxes. The older adult assumes the risk as the employer since the independent contractor will not be covered by workers' compensation, liability and bond insurance. The independent caregiver does not receive support, training and continuing education, nor is a replacement caregiver available should the independent caregiver be sick.*

* SOURCE: Stages of Senior Care – Your Step-by-Step Guide to Making the Best Decisions

Following, from Home Instead Senior Care, are the questions to ask a non-medical home care service provider:

Questions to ask a non-medical home care provider:

- Is the individual an agency employee (recommended arrangement), an independent contractor with a registry (make sure you understand the implications), or are they working on their own/independent (be wary)?
- Have the caregivers been trained?
 - By whom?
 - Extent of training?
 - Does this training include special dementia or Alzheimer's training?
 - Does the agency train *all* its caregivers?
- Have the agency's caregivers passed criminal background checks, drug screening and have personal references been secured on all caregivers?
- Are the caregivers bonded and insured? This means the company covers claims and insurance, so the home owner is not liable should something happen.
- Does the caregiver have workers' compensation coverage?
- Can you check references on the agency?
- Does the agency offer back-up / replacement caregivers?
- How much input will you have in selecting the caregivers?
- What restrictions (if any) apply to the services provided?
 - Hours of service?
 - Weight restrictions?
- How much flexibility will you have in setting a schedule for services?
- How much notice does the agency need to begin or cancel service?
- What is the cost of service including:
 - Minimum hours of service per visit / week / month?
 - Special overnight rates?

- Does the agency maintain a quality assurance or supervisory program?
- What is the agency's communication plan to keep families informed?
- Do they require a service deposit?
- Does the home care agency offer the personal care services the patient needs, like assistance with bathing, dressing, and using the bathroom?
- Are patients' special needs, such as language preferences, accommodated?

Who to Call for Home Health Care

When hiring home health care, seek out a licensed medical caregivers designated as 'home health agency,' advises James Summerfelt, chief executive officer of the Visiting Nurse Association. "The term often indicates the provider is Medicare-certified and has met minimum federal requirements for patient care and management."

Eligibility for Home Health Care Under Medicare is Determined By the Following:

- You must require intermittent skilled nursing care, physical therapy or speech therapy.
- You must be homebound.
- You must currently be under a physician's care.
All home health services must be ordered by your physician.

Services are delivered at home to recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social, or therapeutic treatment and/or assistance with the essential activities of daily living.

When interviewing an agency make sure you understand exactly what services it will provide and those it will not provide, including those it is forbidden to provide by state law. Families are allowed to provide any care for a family member, but professionals have to abide by state law. For instance, in many states, invasive procedures

such as injections and maintenance of feeding tubes may not be administered by non-skilled professionals. You may need a doctor or a nurse to perform these procedures.*

Questions to ask a home health care provider:

- Is the home health care agency Medicare-certified? That means it is approved to provide services to patients with Medicare.
- Does the home health care agency offer a full range of home health care services including skilled nursing, physical, occupational and speech therapies, IV therapy and home health aides.
- How do I receive home health care agency services? A referral can be made by anyone involved in a patient's care – physician, family or others. If someone other than a physician makes referrals, many home health care agencies contact the patient's physician to approve orders for service.
- Does the hospital discharge planner, doctor or social worker recommend the home health care agency? Those recommendations can serve as a second reference.
- Does the home health care agency have the staff available at night and on weekends for emergencies?
- Where else could I find information about Medicare-Certified home health care agencies?
- Does the home health care agency have staff available to provide the type and hours of care as prescribed by the physician?

Information about Medicare-certified agencies in your geographic area are available online at www.medicare.gov, including Home Health Compare, which allows you to compare the home health care agencies in your area. You can also call 1-800-MEDICARE for more information.

* SOURCE: Visiting Nurse Association; online at www.thevnacares.org.

Resources

Following are resources that offer more information about home care or assisting seniors at home:

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Home Instead Senior Care: www.homeinstead.com

Affiliated Web sites:

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Stages of Senior Care: www.stagesofseniorcare.com

Cooking for Seniors: www.foodsforseniors.com

Talking with Seniors – The 40-70 Rule: www.4070talk.com

Caregiver Stress: www.caregiverstress.com

Intergenerational Living – Too Close for Comfort:
www.makewayformom.com

National Private Duty Association: www.privatedutyhomecare.org

Visiting Nurse Association: www.vnaa.org

Centers for Medicare and Medicaid: www.cms.hhs.gov

About Home Instead Senior Care

Home Instead Senior Care® is the world's largest provider of non-medical home care services for seniors, with more than 875 independently owned and operated franchises in the United States, Canada, Japan, Portugal, Australia, Ireland, New Zealand, the United Kingdom, Taiwan, Switzerland, Germany, South Korea, Finland, Austria and Puerto Rico. Non-medical services include assisting seniors with ADLs like eating, dressing, bathing, toileting, transferring and continence. CAREGiversSM also provide help with IADLs like companionship, meal preparation, medication reminders, light housekeeping and escort for errands and shopping. More than 65,000 CAREGivers are screened, trained, bonded, insured and have successfully passed thorough criminal background checks.

Services are available at home or in care facilities for a few hours per week, or 24/7, including holidays. Home Instead CAREGivers complete a multi-phased safety and caregiving education program.

To you, it's about finding trustworthy care for your aging loved one. To us, it's about providing the highest-quality in-home care services to fit you and your family's needs.

For a free no-obligation consultation, contact a franchise office near you by visiting www.homeinstead.com.



To us, it's personal.®

homeinstead.com

Each Home Instead Senior Care franchise office is independently owned and operated.

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