



HOME CARE: What it Is, Why it Matters

Home care includes a range of medical, social, assistive and other services provided in an individual's home when a person needs follow-up care after a hospital visit or requires long term care.

These comprehensive services are provided by nurses, therapists, home health aides and other direct-care staff under the direction of a physician's order. The focus of these patient-centered services includes prevention, recuperation, and/or an alternative to higher-cost institutional care that would otherwise be provided in a hospital or nursing facility. Generally, home care services are appropriate whenever a person prefers to stay at home, or is homebound, but needs ongoing care.

Patients receiving home care include: newborns and mothers eligible for maternal infant care services; young children and adults in need of at-home therapy or advanced technology-based care and support; elderly patients who benefit from the services of a skilled nurse to help treat chronic medical conditions; patients receiving wound care following surgery; or individuals with disabilities who may be homebound and require assistive services to meet activities of daily living, such as feeding, bathing, and other forms of self-care.

On the human level, home care allows patients to live independently, providing vital support for families while improving an individual's quality of life. Indeed, results from a recent AARP study of adults ages 45 and older "suggest that wanting to remain in one's home and one's community as one ages continues to be paramount."

On the health outcomes level, home care helps patients better manage a chronic health condition (i.e. congestive heart failure, diabetes, HIV/AIDS) at home, and recuperate after surgery. It allows elderly patients and patients with cognitive impairment to remain safely in their homes, as is their wish.

On the health systems level, home care means better care management. It prevents needless and costly initial and repeated hospitalizations and/or premature nursing-home admission. A 2009 study by Avalere found that early intervention post-acute home care services for patients with diabetes, chronic obstructive pulmonary disease, or coronary heart failure saved \$1.71 billion for Medicare and would have saved \$1.77 billion more with wider use.

Home care agencies today use leading-edge disease-management tools, like home telehealth technology, that further enhance monitoring of patients while saving health care dollars. Home telehealth allows for video monitoring of patients and/or remote transmission of vital signs to a home care agency's central offices where the information is reviewed by nursing staff as a supplement to home health visits.

Nationally, approximately 12 million individuals receive home care services. According to the U.S. Census Bureau, the number of Americans age 65 and older is expected to double by 2050 – a sign that the demand for home care is on the rise as more and more Americans seek to age in place.

New York State data finds that there are approximately 175,000 Medicare home health patients and nearly 190,000 patients receiving in-home services through New York's Medicaid program, for a total of about 365,000 patients served.

How Home Care Works: Three Scenarios

1.

Filling the gap, and breaking a cycle of repeat hospitalizations

Without preventive care management provided by home care, a patient suffering from a chronic condition is at great risk of being hospitalized, having to visit the ER in an emergency, or requiring care from a physician specialist once a condition worsens.

These more intensive-level services can often be avoided through effective home care management, especially for patients at greatest risk, including those who may be suffering from multiple conditions at once such as heart disease, respiratory illness, diabetes, immune system disorders, etc.

Without home care, many of these patients would have two options: 1. go without care (or receive an inadequate level of care) and risk repeat hospitalizations; or 2. enter an institutional setting, which may not be necessary or, indeed, wanted.

For these patients, a doctor has the option of ordering home care services which can be arranged by the home care provider into a plan of care that is custom-tailored to the patient.

A patient whose health condition is closely monitored, who is assisted in following his or her medication regimen, and whose care needs are assessed within the context of his or her home surroundings will be less likely to face hospital or ER admission.

2.

Coming back home from the hospital sooner and safer

Your elderly father has just undergone major reconstructive knee surgery in the hospital.

Like many patients his age today, he is otherwise healthy, independent, and wants nothing more than to return home. However, his knee is tender and swollen from the procedure, he is unable to drive a car, and he now requires weeks of physical therapy and assistive care to get back on his feet again.

In addition to the physical therapy he needs, without proper monitoring, you worry that he may have a fall at home, putting him at greater risk of injury and possibly requiring him to return to the hospital. While he doesn't need to be in the hospital any longer after surgery, he still requires a certain level of skilled and assistive care to enable him to be properly discharged and cared for at home.

In-home physical therapy and home health aide care make it possible for patients like him to receive post-acute services at home, getting him out of the hospital sooner while providing him with the appropriate blend of therapeutic and support services to help him recuperate.

The same goes for patients who have undergone a more intensive hospital intervention, such as for heart failure. Once they are stabilized, these patients can be effectively managed and monitored at home, allowing them to leave the hospital sooner and avoid hospital readmission. The result is good for the patient and for the health system, as resources are best put to their appropriate use.

3.

Avoiding premature or unnecessary nursing-home care

Years ago, the only option was nursing-home institutionalization if you were an elderly patient who needed assistance with self-care (i.e. feeding, bathing), or if you depended on life-sustaining technology to survive, or if you had suffered a severe disabling condition, such as traumatic brain injury, and required assistance with daily living activities.

Today, through care models like New York's Long Term Home Health Care Program (LTHHCP), Managed Long Term Care (MLTC), and the Traumatic Brain Injury (TBI) program, patients have the option to receive a sophisticated level of care at home, avoiding the unnecessary cost of institutionalization, and remain connected within their communities.

Who Provides Home Care, How it's Covered

Home care in New York is provided by different types of agencies which have different areas of specialty.

To find the right agency for you, the best solution is to consider the following:

The level and type of service needed: do you need skilled care (i.e. nursing or therapy) or more assistive care to help with activities of daily living (i.e. home health aide or personal care aide services)? Do you need longer-term care or shorter-term care following a hospitalization?

What kind of coverage do you have? Some private insurers may include coverage for home care. However, the majority of services are covered by Medicare and Medicaid, which have specific eligibility requirements and some limitations on coverage. For instance, Medicare, the program for individuals 65 and older, requires a patient to be "homebound" and need at least one skilled service. Medicare coverage is typically for care that is intermittent or shorter in duration. Medicaid does provide long-term assistive services but coverage is income-dependent and most recipients need to enroll into a Managed Long Term Care (MLTC) plan first before obtaining services. New York State law has begun a process of transitioning most of the Medicaid long term care services into a form of managed care.

Consult your doctor. Most home care coverage requires a doctor's order, so it is important to have a conversation with the physician about the level and type of service needed.



Once you have considered the type of service needed and the payment and insurance options available to you, your local home care agency's intake department can help you determine the next steps. In New York State, there are essentially five primary types of home care services agencies and programs.

Certified Home Health Agencies (CHHAs) provide skilled nursing, therapy and aide-level care and support services to individuals who need support after a hospital visit as well as preventive health care services, usually for a limited duration. These agencies are Medicare and Medicaid certified.

Long Term Home Health Care Programs (LTHHCPs), also known as "Nursing Homes Without Walls," offer comprehensive, coordinated long term care at home to disabled and chronically ill persons of all ages who are medically eligible for admission to a nursing home, but who choose to receive care at home. Services are budgeted at 75 percent of the cost of nursing home care, though the program has historically achieved 50 percent of the nursing home rate. Services are reimbursed under Medicaid, Medicare and private pay; but like nursing home care, Medicaid is the primary payor.

Licensed Home Care Services Agencies (LHCSAs) offer home care services, including nursing, home health aides and personal care aides to clients. Licensed agencies subcontract with other home care providers, government social services districts and managed care plans to deliver services to Medicaid and Medicare beneficiaries throughout New York State.

Personal Care Programs are Medicaid-only services provided by county departments of social services and Managed Long Term Care (MLTC) plans under contracts with LHCSAs. These programs offer assistance with Activities of Daily Living (ADLs), such as personal hygiene, mobility, toileting, feeding, meal preparation, housekeeping and laundry for people who require such support services based on a medical need. These services can be provided by a LHCSA or individuals can hire and direct their own "personal assistants" under consumer-directed services.

Managed Long Term Care. Many of the state's Medicaid home care services now require recipients to enroll into Managed Long Term Care plans, which have home care agencies and other providers within their networks to deliver services (providers in an MLTC network may include CHHAs, LHCSAs, LTHHCPs and others). If a patient is Medicaid-eligible and is in need of long term care, he or she may be required to first enroll into an MLTC depending on what region of the state or type of service is needed.

For more information on
Home Care, visit our website at
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