

ALL ABOUT HOME CARE SERVICES

A Guide for Older Adults and Caregivers

CENTER FOR ADVOCACY
C | A | R | I | E
FOR THE RIGHTS AND INTERESTS
OF THE ELDERLY
100 South Broad Street
Suite 1500
Philadelphia, PA 19110

©2008 CARIE, the Center for Advocacy for the Rights and Interests of the Elderly

ACKNOWLEDGEMENTS

CARIE wishes to thank the following people who have contributed their time toward the development and updating of this guide:

CARIE's Home Care Advocacy Project staff

CARIE LINE staff

Claudia Averette

Jean Langenbach

Peter Hernard

Betty Jo Robinson

The APPRISE program

Moira Kelly

As with any publication of this nature, information may become outdated. We will make every attempt to keep the information provided in this guide as up to date as possible. Should you have any questions, we encourage you to call CARIE at 215-545-5728.

CARIE, established in 1977, is a non-profit organization dedicated to improving the quality of life for older adults. If you would like to join CARIE's mission by making a donation, you will help ensure that we can continue to provide much needed problem solving, educational, informational, and advocacy services for the frail elderly population. Please call us for more information on how you can make a contribution toward CARIE's important work.

Executive Director: Diane A. Menio

TABLE OF CONTENTS

Introduction.....	1
What is Home Care?.....	1
Types of Home Care.....	2
Long Term Care Options	4
How to Decide What Care is Needed	5
How to Pay for Home Care	6
Area Agencies on Aging	6
Private Pay	13
Medicare.....	15
Medicare Managed Care Plans/HMOs	17
Medicare Supplemental Policies/Medigap Insurance	17
Medicaid/Medical Assistance	18
Long Term Care Insurance.....	20
Community/Charitable Organizations	21
Informal Support.....	21
Referral and Assessment Procedures	22
How to Choose a Home Care Agency	25
Adjusting to Receiving Home Care Services	27
Problem Solving	29
Appendices.....	31
I: Important Factors in Choosing a Home Care Agency.....	31
II: Information Necessary to Apply for Home Care Services through Long Term Care Access (LTCA) at Philadelphia Corporation for Aging (PCA)	33
III: Area Agencies on Aging (AAAs) in the Greater Philadelphia area	34
IV: Philadelphia In-Home Support Program Community Sites.....	35
V: Your Rights and Responsibilities as a Consumer of Home Care Services	36

INTRODUCTION

This booklet is designed to help with the often-difficult process of choosing a home health agency. In this booklet, information is provided on alternatives to home care, financing home care services, referral and assessment procedures, what to look for in a home health agency, adjusting to the home care provider, and lastly, problem solving.

Opting for home care can be an important and often-complicated decision for the older adult and those involved with his or her care. Allowing a stranger to come into one's home to provide home care services can seem overwhelming.

However, home care can offer the older adult and their caregiver:

- an opportunity for the older adult to stay in his or her home
- an opportunity to receive care in familiar and comfortable surroundings
- a less costly alternative to nursing home care
- relief to the family caretaker
- the ability to maintain or enhance functional abilities of the older adult
- the ability to provide a sense of security

Before considering home care for you, a family member, or a friend, what's important is to evaluate whether or not home care is the best option. A variety of long-term care services are available to older adults that may offer more suitable arrangements. If home care is appropriate for you or your loved one, several factors should be considered when choosing the right services.

Should you have any questions about this booklet or home care, please contact CARIE, Center for Advocacy for the Rights and Interests of the Elderly, at (215) 545-5728.

CARIE's advocates provide information about in-home and community based care and resources for consumer rights and responsibilities. The advocates at CARIE also offer mediation services to resolve problems or disputes.

WHAT IS HOME CARE?

Home care can meet short-term needs after a hospital stay or short illness, or long term needs due to a chronic condition. Home care involves a variety of services, such as:

- skilled nursing care to assist the older adult with household chores
- assistance with performing some or all of the older adult's Activities of Daily Living (ADL's). (ADL refers to routine tasks like bathing, dressing, toileting and meal preparation)
- services designed to meet the person's needs over a period of time
- services delivered at home
- services delivered in community-based facilities such as adult day care centers.

A person may need home care after an operation or a serious illness that requires skilled nursing or therapy until his or her condition improves. Chronic conditions, such as diabetes, Alzheimer's disease, or arthritis, can also result in the person needing help with ADL's.

A range of medical, dietary, therapeutic and social services may be provided to meet the physical, social and emotional needs of home care consumers. Services are also available to improve and/or alter the home environment to maximize independence.

Different home care agencies provide various levels of care. Understanding your needs, or the needs of your loved one, is important to determine if home care is appropriate and, if so, which agency will provide the best possible care.

TYPES OF HOME CARE

There are several levels and kinds of home care services available. Familiarity with the different types will help you choose what services will best suit the needs of you or your loved one. Home care services are considered skilled or supportive in nature. The following are descriptions of various home care services:

Skilled Care is a term that describes health services ordered by a physician and rendered by licensed professionals.

Registered Nurses (RNs) and Licensed Practical Nurses (LPNs):

- trained professionals that can manage and administer medication
- monitor vital signs and perform skilled procedures such as catheter care and wound care
- educate patients and their caregivers about their diagnosis and treatment

Therapists (Physical Therapist - PT, Occupational Therapist - OT, Speech Therapist - ST):

- assist in the rehabilitation of patients
- provide therapy addressing physical, occupational or communicative needs
- a PT can help someone learn to walk, climb stairs and increase strength and muscle tone
- an OT can provide assistive devices or teach those who have a permanent disability how to perform routine activities in a manageable and comfortable way
- a ST can help individuals learn to communicate or improve their ability to swallow

Durable Medical Equipment:

- may enhance an individual's mobility and increase their level of independence
- Medicare covers wheelchairs, walkers, hospital beds and commodes
- Medicare covers adaptive equipment for the bathroom, such as grab bars or tub seats
- medical equipment companies and/or community programs provide adaptive equipment

Supportive Services enable people to remain in their homes and maximize their independence. The various types of supportive services are listed below.

Companions:

- provide friendly visits
 - assist with simple chores, like housework and shopping
 - offer caregivers the opportunity to take a short break
- * please note support service providers are not trained to provide any "hands on" care*

Home Health Aides/Homemakers:

- should be trained paraprofessionals
 - provide personal care, including assistance with ADL's (grooming, eating, toileting)
 - additional duties include meal preparation, light housekeeping and shopping
- * please note that the duties home health aides and homemakers provide or perform may differ among agencies and the area in which you live *

Home Delivered Meals:

- available for those who have difficulty shopping and/or cooking meals
- can be delivered hot daily or several frozen meals can be delivered at once

Chore Services:

- include heavy cleaning, extermination and garbage removal

Emergency Response Systems (electronic buttons):

- when pressed call emergency contacts such as 911, neighbors and/or nearby family.

Telephone Reassurance/Friendly Visitor Programs:

- provide regular contact for people who live alone to ensure their health and safety
- volunteers telephone or visit the older adult on a regular basis
- volunteers are trained to alert an emergency contact if there is a problem

Adult Day Care:

- services are offered outside of the home
- offers a safe, structured and supervised program for frail older adults
- provides a respite for the caregiver, bolstering the caregiver to provide care and enabling the older adult to continue living at home
- there are typically two types of adult day care: therapeutic and recreational

Hospice Care:

- provides support and services for people with terminal illnesses and their families
- is made available in the client's home or at a hospice facility
- is designed to make the client as comfortable as possible, both physically and psychologically, until death

Care Management:

- services are provided either by a social worker or a nurse who is responsible for assessing, coordinating and monitoring in-home or community based services.

Informal Support:

- can be an invaluable resource for older adults who need help.
- support may come from neighbors, local churches and/or family members who agree to help out when an older person needs assistance.

LONG TERM CARE OPTIONS

As previously mentioned, home care is one of the long-term care options available to older adults. When trying to decide if home care is appropriate, it is important to review all of the available alternatives. The following is a description of other long-term care options for people who need assistance:

Assisted Living:

- a relatively new housing alternative available to older adults
- provides independent housing accompanied by various levels of support
- offers household maintenance and personal care

Personal Care Boarding Homes:

- residents of personal care homes do not require the intensity of care provided in a hospital or nursing home
 - provide room, meals, supervision and assistance with routine ADL's
 - assist with medication management and bathing in a residential setting
- * please note costs vary according to facility*

Domiciliary care (DOM Care)/Adult Foster Care:

- provide services similar to personal care boarding homes
- rooms are located in the provider's home
- provide some form of consistent supervision
- provide assistance for older adults who have difficulty performing routine ADL's
- differs from most personal care boarding homes in that there are fewer residents

Continuing Care/Life Care Facilities:

- provide varying levels of care ranging from independent living to nursing care
- the resident needs to be able to care for him or herself upon admission

Nursing Homes:

- facilities that offer 7 day-a-week, 24 hour-a-day supervised services
- provide a wide variety of assistance to meet physical, dietary, therapeutic, social and recreational needs

- may be a temporary placement for individuals who, after hospitalization, are not yet ready to return home
- there are instances when a nursing home is a more permanent situation

HOW TO DECIDE WHAT CARE IS NEEDED

Many of these terms and the services provided may seem confusing and somewhat overwhelming. Below are several suggestions to help determine which services or living arrangements are appropriate for you or your loved one.

Call the Area Agency on Aging

- Philadelphia's Area Agency on Aging (AAA) is the Philadelphia Corporation of Aging (PCA)
- PCA provides a Long Term Care Options (LTCO) Program
- PCA's LTCO program offers help in determining what kind of care is needed
- PCA's LTCO program provides free, comprehensive assessments for those contemplating long-term care services
- Within Philadelphia, call the PCA Helpline 215-765-9040 to have a social worker visit and evaluate your or your loved one's situation
- Other Area Agencies on Aging (AAA's) in the Philadelphia area are listed in Appendix III of this booklet
- For areas not listed, call CARIE at 215-545-5728 for the phone number to your local Area Agency on Aging (AAA)

Collect Information

- You may find it helpful to involve other people in the process of getting the help you need.
- Talk to your or your loved one's doctor for guidance about the precise level of care needed
- Check with CARIE about what programs are available to meet your needs and how to access them
- Talk to friends, clergy members and senior citizen groups - as many people as possible - and ask about their experiences with these programs

Most importantly, if you are assisting a loved one, talk to the individual for whom the service is needed. Prospective care recipients often know best what services they want and need. Unless legally incapacitated, care recipients have the right to determine what they want, even if everyone else disagrees.

Recognize this is a difficult and stressful time for you or your loved one. Not including the older loved one in the decision-making process can often create anger, distrust, and bad feelings toward those who are arranging the care.

Make a List and Investigate Options

- Make a list of all the services that seem to fit your needs and call to investigate.
- There may be waiting lists for community programs or restrictions on the amount of services available.
- Finding out the specifics about programs will help you eliminate some options and give you a much clearer idea of what is appropriate, and available, to you or your loved one.

Find Out How Much Services Will Cost

- Determine your financial situation. Many services that provide comprehensive care are expensive.
- Investigate methods of payment and compare them to your resources. Information on financing home care is discussed fully in the next section of this guide.

HOW TO PAY FOR HOME CARE

Your or your loved one's ability to pay for home care will be a large factor in determining the agency you choose or how you will receive home care. The following is a description of the various ways of financing home care and what services are available through each payment method.

Area Agencies on Aging (AAA's)

The Older Americans Act is a federal mandate providing for in-home and other supportive services for older adults 60 and over. Funds are allocated to each state and are coordinated by the state agency on aging. In Pennsylvania, the state agency on aging is the Pennsylvania Department of Aging (PDA). Each Pennsylvania county or region has an Area Agency on Aging (AAA) that provides in-home and supportive services to older adults. The Pennsylvania Department of Aging coordinates federal money, proceeds from the lottery, and state funding to pay for the services AAA's provide. These sources provide additional funding of benefits for older adults, such as the PACE program (prescription drug assistance) and rent rebate program. Area Agency on Aging services may be provided free of charge or may be partially subsidized with a Cost Sharing Component, depending upon the income and assets of the older adult in need of care.

The Area Agency on Aging in Philadelphia is called the Philadelphia Corporation for Aging (PCA). PCA is responsible for administering subsidized in-home services for older Philadelphians including the following services:

- assessment of need
- care management
- various levels of home health and homemaker services
- adult day care
- family caregiver support services
- home delivered meals
- heavy cleaning and extermination
- a senior companion program
- Older Adult Protective Services

The services are provided only to those who are evaluated by a PCA assessment worker as eligible by age, income, and need requirements (except Older Adult Protective Services, available 24 hours a day at 215-765-9033, which serves any older adult over 60 in Philadelphia county reported to be at imminent risk). The services may be provided free of charge or may require cost sharing, depending on the individual's income and savings. If the older adult does not wish to disclose their monthly income and/or assets, PCA will still provide assessment, care management and home delivered meals free of charge, if appropriate.

PCA contracts with home health agencies and other providers pre-chosen to serve the older adults receiving PCA services. Consequently, consumers of PCA services are unable to choose their provider of service. Exceptions are the Family Caregiver Support Program and the Waiver Program. Even though the older adult cannot always choose their care provider, the older adult retains all his or her rights as a consumer of in-home services (for more on consumer rights, see Appendix V of this booklet), and is still able to make complaints and ask for changes in services.

Keep in mind, the care plan provided by any AAA might not provide all the care necessary or desired. There may be maximum service limits due to financial constraints of the AAA. It is best to start with an AAA assessment and find out what the AAA can provide. From there, you can investigate what other resources are available to help provide additional services.

Below are descriptions of services available through PCA. The other AAA's in Pennsylvania also provide most of the services listed:

Community Choice –

- In January 2004, PCA introduced Community Choice in Philadelphia.
- Community Choice is designed to help older adults and people with disabilities to live independently in their home and community and avoid going into a nursing home.
- When a consumer requests services, (see phone number below) *someone* from the program will visit the consumer, in their home or the hospital, within 24 hours.
- Consumers are then provided with medical & non-medical services *within 72 hours*.
- Eligibility requirements of this program are unique in that the consumer self declares his or her savings and monthly income to the County Assistance Office (CAO) to determine eligibility.
- The CAO then has 60 days to verify the consumer's self-declared information to determine need for initial and continued services. Medical and non-medical services will still be offered during those 60 days.
- If determined by the CAO to be ineligible, the consumer will be informed in writing and has the right to appeal the decision.
- If the applicant's financial information is found to be inaccurate, the consumer may have to reimburse the program for the costs of receiving care.
- Community Choice will be implemented in all Pennsylvania counties if the program proves successful.

To contact Community Choice, call 1-888-482-9060 any time to ask for help (24 hours a

day, 7 days a week).

Intake and Assessment of Need - The intake and assessment unit at PCA is called Long Term Care Access (LTCA). Their telephone number is (215) 765-9040. You must call LTCA in order to access in-home care services provided through PCA, except In-Home Support Program services which are accessed through a community site and discussed later in this section. To find out how to access an AAA in a county outside of Philadelphia, please consult Appendix III of this booklet. Again, the services available are free to those who are age, income and need eligible, but may not provide a comprehensive plan of care.

When you call Long Term Care Access (LTCA) to refer you or your loved one for services, they will gather a lot of information from you in order to assist the assessment worker in making a thorough determination of needs and eligibility for services. The list of information you will need is in Appendix II of this booklet. Once the intake is complete, an appointment will be scheduled for an assessment worker to visit the potential care recipient in his/her home to fully evaluate the situation. Detailed information about the intake and assessment process is available in the "Referral and Assessment Procedures" section of this booklet.

Care Management:

- Any person receiving long term care services through PCA is assigned a care manager to monitor his or her services.
- This care manager can act as a problem solver for the older adult, and is a good place to start when having problems with home care.
- The care manager can access other needed assistance and social services for the older adult as necessary.
- The care manager calls the client every month.
- Every six months, the care manager is required to visit the older adult in the home to re-evaluate the level of need for service.
- If an event transpires where the older adult needs to be assessed more often, this can be arranged.
- Please note that people on the waiting list for services at PCA will not be assigned a care manager until services are initiated.

The Options Program: Personal Care Services - Older adults who are assessed as needing assistance with personal care/ADL's (bathing, dressing, grooming, toileting, etc.) may be able to receive Options services from PCA.

Home Health Aide and Homemaker Services:

- This would entail the intermittent help of a home health aide for personal care assistance, and the amount of help provided would depend upon the assessment of the person's need.
- If a person is eligible for personal care help through the Options Program, and homemaker assistance (light cleaning, cooking, etc.) is also needed, then such

assistance may also be provided by the aide.

- (Please note that in counties other than Philadelphia, a person needing only homemaker services and not personal care may be eligible for the Options Program.)

Adult Day Care:

- Adult day care may be substituted for personal care services if this option would be more helpful to a caregiver than home health aide services.

Home Delivered Meals:

- Home delivered meals may be provided to someone who cannot get to the store.
- If the older person can heat the meals, then the meals are delivered frozen.
- However, hot meals are available for those with physical or mental impairments that prevent their being able to heat the meals.

Care Management: A care manager is assigned to each Options Program client to implement and monitor the services every other month.

While services provided through the Options Program vary depending on individual needs and the care plan determined, the amount of service offered is typically limited to a couple of hours per day, a few times a week.

The Options Program: Skilled and Intermediate Care Services - If an assessment determines that the older adult needs a nursing home level of care, and he or she can be supported safely with services in his or her own home, then they may be eligible to receive Options Program services as well.

Nursing and Therapy Services: Services provided through the Options Program are skilled services, such as nursing or therapy, to address the person's specific needs as determined in the care plan.

Other Services: Any other services available through the Options Program, as described above, can be provided to those needing skilled and intermediate care. The amounts of services available per person are provided according to the older adult's needs as determined in the care plan. **Depending on income and resources, there may be a co-payment for seniors.**

Care Management: A care manager is assigned to implement and monitor services.

Waiver Program:

- This program is coordinated by PCA, but uses Medicaid dollars instead of Older Americans Act funding.
- Older adults over the age of 60 who need nursing home level care and are eligible for Medicaid may be able to receive home care services through the Waiver Program.

- Services similar to the Options Program are provided, however the funding per person is greater allowing for more home care services if needed.
- Also, the care recipient may choose their care provider from any Medicaid certified provider.
- The client must meet financial criteria and estate recovery guidelines.

For more detailed information about the Waiver Program, please see the Medicaid segment of this section of the guide.

Please note that those older adults who apply to PCA for services and are found to be eligible for the Waiver Program will only be eligible for the Waiver Program, and not the Options Program. Other counties may not have this same requirement. *Please see the “Referral and Assessment Procedures” section of this booklet for further details.* The Waiver Program is available in many counties in Pennsylvania, and will eventually expand to become available statewide. **If consumers are not willing to share financial information, meals and case management will still be provided.**

Cost Sharing –

- Cost sharing differs from the Bridge and Waiver programs, and other Medicaid-funded programs (such as home delivered meals, assessment, care management and protective services).
- The consumer’s cost is determined by a sliding scale based on the consumer’s countable monthly income and on the status of the consumer on the Federal Poverty Level (FPL), which should be between 125% and 300%. **EXAMPLE:**
- Consumers who fall under 125% of the FPL do not have to pay for services, while consumers who reach 300% of the FPL will pay for all their services, except programs funded by Medicaid, as mentioned above. **EXAMPLE:**
- The monthly service plan cap is \$625 per month.
- The cost-sharing program is limited to consumers who entered the program on or after January 1, 2002.

Family Caregiver Support Program –

- This program provides caregivers with care management and financial assistance.
- Financial assistance is based upon household income (380% of Federal Poverty Level).
- Available to caregivers of people 60 and over as well as for people between the ages of 18-59 if they have a diagnosis of dementia.
- Caregivers can receive up to a maximum benefit of approximately \$200 per month for services or supplies that can lend them support, such as home health or companion services, adult day care, durable medical equipment, or incontinence products.
- Older adults and their caregivers in Philadelphia may not receive Family Caregiver Support Program Options or Waiver Program Services at the same time.
- Funding for this program is provided through the state as well as through the Older Americans Act.

Chore Services –

- Services such as heavy cleaning, excessive trash removal and extermination can be provided to an older adult receiving Options or Waiver services.
- Please note: Heavy cleaning and trash removal can be provided through PCA once a year per client, and extermination can be scheduled intermittently as needed.
- The assessment worker can integrate chore services into the care plan initially, or the care manager can order the services when the need arises.
- An older person who does not require any long term care services through PCA, but is in need of chore services, should request chore services at the PCA In-Home Support Program community site (see segment on In-Home Support Program later in this section).

Senior Companion Program - Homebound senior citizens who would like companionship can receive regular intermittent visits from an older adult trained by PCA to be a friendly visitor. The companions are not health professionals, and cannot perform any "hands-on" care. However, companions are very valuable for socialization that can improve an older adult's orientation, as well as do errands and light housework to assist caregivers. Senior companions are trained to report any emergencies should a crisis arise during their visit.

Older Adult Protective Services –

- If an older adult 60 years or over is at risk of being harmed, or in imminent danger due to physical, verbal or financial abuse, caregiver neglect, or self neglect, a report to PCA's *Older Adult Protective Services (OAPS) 24 hour hotline (215) 765-9033* should be made immediately.
- OAPS will investigate, and can respond, by providing services or facilitating placement in a facility according to the older person's wishes if he or she agrees and is able to make decisions.
- OAPS intervention is designed to prevent further abuse or neglect of the older person while respecting the older person's autonomy and dignity.
- Many cases are resolved by initiating home care services to support the person safely in the home and alleviate crisis.
- In some cases, nursing home placement is the only remedy for a person who needs intensive 24 hour care.
- OAPS seeks to implement the least restrictive, least invasive care plan possible.
- If an abuser resides in the home, that person may have to be removed with a court order before services can be initiated.
- Whatever care plan is recommended by the Protective Services caseworker, the older person, if mentally capacitated, must be consulted and give consent to implement the plan.
- PCA's OAPS help line is only available in Philadelphia. OAPS in other counties can be accessed 24 hours a day through the county AAA (see Appendix III).

In-Home Support Program –

- The In-Home Support Program (IHSP) is coordinated by five senior community centers in the city of Philadelphia.
- IHSP provides brief or limited services for older persons who have lesser needs than those served by PCA and the Long Term Care Access (LTCA) Unit.
- IHSP can provide home delivered meals or chore services, to older persons needing these services, as long as personal or skilled care services are not needed.
- Funding is available for older persons in need of short term home care, such as homemaker assistance during recuperation from a hospital stay, as long as the care recipient does not need long term care services and the need for care is strictly temporary or sporadic.
- Older adults needing limited on-going homemaker assistance, but no other long-term care services, may also be assisted by the IHSP. The maximum grant available per person is \$1200.00 per year, but efforts are made to conserve and spend less per person in order to serve more people in need.
- The IHSP can provide the assistance of a social worker as necessary to older persons who are on a waiting list for long-term care services at PCA.
- The IHSP also coordinates a senior companion program that provides companions for older adults needing friendly visits and/or help with light chores.
- IHSP community sites each serve a particular area of Philadelphia, and an older person or caregiver should call the community site in which the older person lives.
- For a list of the Philadelphia IHSP community sites, please see Appendix IV. Philadelphia's IHSP structure is unique. In most cases, other county AAA's provide services directly.

In summary, the AAA is a good place to start, along with an assessment by a physician, because the assessment will provide insight into what type of care is needed. After it is clear what care will be provided through the AAA, you can begin looking for other sources of help complement that plan of care, if necessary. A list of AAA's in the Greater Philadelphia area is available in Appendix III. The "Referral and Assessment Procedures" section of this guide provides comprehensive information about intake and assessment protocol at PCA. If you have any questions about the AAAs, their services, or intake and assessment procedures, feel free to call CARIE at (215) 545-5728.

Private Pay

Privately paying for home care will often offer the most flexibility in scheduling and coverage since you choose the agency and set the terms according to how much service you order. Private pay means paying for a service from your own funds. Fees are usually based on an hourly rate, except for live-in help which is based on a daily rate, and depend upon the skill level of the home care worker you employ.

Health Care Professionals:

Skilled nursing (RN, LPN) or therapy (PT, OT, ST) is very costly:

- Registered nurses may charge between \$30 and \$50 per hour. (need to update)

- Licensed Practical Nurses may charge between \$20 and \$30 per hour. (need to update)
- Therapy can cost in the range of \$45 - \$70 per hour. (need to update)
- Home health aides and homemakers that provide supportive services average costs are \$18 an hour.
- Home agencies also have companions available, and their rates are similar to those for homemakers. Minimum hour requirements (2 or 4 hours per day) are not uncommon for agencies to set for companions; however, some agencies also have a special "bath service" rate for those wanting a short amount of personal care service per day.
- These charges will vary among agencies. It is best to check with your physician to see if Medicare or other insurance coverage will handle these costs.
- Be aware that taxes or insurance may not always be included in the rate for service (see the section "How to Choose a Home Care Agency" for more information).

It is important to note that if an individual exhausts his or her finances paying for home care services, the state or local AAA generally may not be able to pay to maintain the level of needed services. For example, the local AAA may only be able to offer 4 hours a day of home health aide services. Therefore, if an individual was able to pay for 24 hours a day home health aide services privately and exhausted his funds, he would be eligible for AAA in-home services, but only up to 4 hours a day. In this event, the state will pay for nursing home care. Individuals with no resources often have fewer choices when selecting a nursing home. Therefore, if nursing home care appears to be inevitable, the process of considering nursing home placement should begin immediately. Call CARIE at (215) 545-5728 for a guide to finding and applying for nursing home care.

Durable medical equipment (DME):

- Durable medical equipment, such as commodes, walkers, and wheelchairs, is available through some home health agencies, but also through specialized hospital and medical equipment companies.
- Prices will vary according to the type of medical equipment being purchased, and most companies offer home delivery.
- These charges will vary among agencies. It is best to check with your physician to see if Medicare or other insurance coverage will handle these costs.

Home delivered meals are available for private purchase, and can come delivered frozen in bulk amounts to be heated by the consumer, or fresh and hot each day. Meal delivery can cost \$2.75 - \$4.50 per meal, depending upon the type of meal chosen. Some providers can accommodate special diets as well, such as kosher or diabetic needs.

Chore services provide much heavier cleaning than homemaker services, and so are usually offered by a separate company that specializes in heavy cleaning, garbage removal and extermination. Prices will vary according to the amount of work that needs to be done, and prices can range from \$15 - \$20 an hour for service, with extermination being slightly more expensive.

Telephone reassurance programs or emergency response systems are provided by businesses or community agencies. Such services can be as simple as a phone call to the older person every day, or as complicated as an emergency button that when pressed summons emergency medical assistance and family contacts. Prices will vary according to the service provided, and can range from \$25 - \$40 per month. Note that some telephone reassurance services may be completely free of charge, offered as a community service. Emergency response system services may charge monthly rates, as well as an installation fee. However, some services have special deals or waivers for financial hardship so that installation can be provided free of charge.

Adult day care is often hospital-based, but can also be privately run. Prices are usually set as a daily rate, and normally include all services rendered by the adult day care provider. These programs charge approximately \$35 - \$55 per day for services. Some programs may offer special rates for low-income older adults.

Hospice is nursing and home health aide service for a terminally ill patient, but provided with an emphasis on comfort care and pain control. Therefore, specialized hospice providers are available for this unique kind of care. Costs tend to be about the same as regular nursing and home health aide service, but you should check with a physician about possible Medicare coverage for these services.

Private geriatric care management is a service that can help assess needs and identify a care plan, and can be provided through a home health agency that offers social workers, or through an organization that specializes in geriatric care management. Rates are usually hourly, and can be \$75 - \$150 per hour. Medicare can also be an option to pay for this service.

Rates will differ among agencies for many reasons, some of which may be important in choosing a quality service. The section of this guide entitled "How to Choose a Home Care Agency" will discuss these factors in depth. Make a list of duties you need performed and the hours of service required before calling agencies so that they can make a good match. A listing of home care agencies, or referrals for other specialized agencies that offer private pay home care services in the Greater Philadelphia area, are available by calling CARIE at (215) 545-5728.

Medicare

- Medicare is a federal health insurance plan for Americans who are age 65 and older or adults over age 18 who qualify as disabled individuals.
- Coverage for home care is restricted to physician-prescribed skilled services that are rehabilitative in nature and teach how to manage a disease or injury or monitor a patient's recovery after acute (usually hospital) care is needed.
- The patient must be homebound, and the agency providing the service must be Medicare certified.

- An assessment of the patient is done to ensure eligibility for Medicare reimbursed home care.
- These services are covered for a limited amount of time, averaging six to eight weeks, or less, in duration.
- After Medicare deductibles are met, there is no co-payment for home care services, and there are no lifetime maximums of benefits to consider.

Referral and Problem Solving: When a person is referred for Medicare home health services, the referring physician often provides the prescription to a Medicare certified home health agency with which he or she has a working relationship. However, patients should understand that if they experience problems with the home care agency, complaints should be reported. If a complaint cannot be resolved, it is possible for the physician to transfer the prescription for service to another Medicare certified agency. See the section of this guide entitled "Problem Solving" for more information on resolving problems.

Skilled Care: Physicians or hospital social workers will often be able to arrange Medicare coverage for home care upon a patient's discharge from the hospital, a skilled nursing facility or outpatient surgery. No hospitalization is required in order to be eligible for Medicare reimbursed home care services. For example, an older person may require therapy to restore his or her ability to walk due to severe complications of arthritis, or may need a registered nurse to monitor his or her vital signs (heart rate, blood pressure etc.). These services are monitored by the prescribing physician or a nurse care manager, and are terminated once a skilled need is no longer deemed necessary under Medicare's standards. Medicare requires that the patient continue to make considerable improvement in functioning to continue home therapy coverage, and therefore, does not provide coverage for maintenance of functioning.

Personal Care: If a person is receiving skilled home care services through Medicare, and has personal care needs, such as assistance with bathing, dressing or toileting, home health aide services can be ordered through Medicare coverage as well. The order must be made through the referring physician, and the service will only be provided for personal care needs (not homemaking needs) until the skilled care is no longer deemed necessary.

Social Services: in certain circumstances, Medicare can also cover the services of a social worker in conjunction with skilled services. For example, a family needing assistance with nursing home placement for a loved one receiving Medicare reimbursed home health services could benefit greatly from a social worker to assist with paperwork and placement location.

Durable Medical Equipment:

- Medicare covers durable medical equipment, such as commodes, walkers, and wheelchairs, with a physician's prescription.
- Certain items, such as a lift chair (a motorized chair that elevates and tilts forward to assist the person to a standing position) must be prescribed by a specialist that is treating

- the condition for which the item is needed.
- After a prescription is received, the provider can usually deliver the equipment to the person's home.
 - The consumer is responsible for a 20% co-payment for durable medical equipment, which is typically covered by Medigap supplemental policies.
 - Consumers may also be able to sign a release if the co-payment presents a hardship.

However, Medicare will only cover the purchase of one assistive device for mobility, such as a cane, walker or wheelchair:

- Therefore, someone needing a cane may opt to purchase it privately, and opt instead to have Medicare cover a wheelchair.
- Medicare also allows coverage for the rental of equipment up to the purchase price of the item.
- If there is a long- term need for the equipment, then purchasing is probably a better idea.
- Before deciding, you may wish to consult the Medicare hotline (1-800-633-4227 or 1-877-486-2048 for the hearing and speech impaired), or CARIE at (215) 545-5728.

Hospice Care:

- Hospice care is covered through Medicare when a physician has diagnosed a person with terminal illness and six months or less to live.
- The hospice benefit is a completely separate benefit under Medicare.
- Once a person decides to receive hospice care under Medicare, all of their care related to the terminal illness will be paid for and coordinated under the hospice philosophy of comfort care and pain control until death, rather than focusing on curing the illness.
- A person utilizing their hospice benefit can switch out of hospice back into the regular Medicare benefits.

Hospice services must be provided through a Medicare certified hospice agency in order to be reimbursed through Medicare. There is no deductible for services, except for small co-payments for prescription drugs and respite services.

Appeals Process: There is an appeals process for people who are denied coverage for home health services under Medicare. Please call CARIE at (215) 545-5728 to learn more about this process.

Medicare Managed Care Plans/HMOs

People who have Medicare can elect to enter managed care plans, or HMOs, provided they have Medicare Parts A and B (hospital and medical coverage). Medicare Health Maintenance Organizations (HMOs) frequently offer plans with small or zero co-payments, which can be an attractive feature to older adults on fixed incomes. However, these plans are also more restrictive because they require the insured person to have a primary care physician who acts as a gatekeeper. This primary care physician treats the insured person, and has the ultimate decision as to whether or not to refer to specialists or specific services. The most common Medicare HMOs in the

Philadelphia area are US HealthCare Golden Medicare Plan (Aetna US Healthcare product), Keystone 65 (Blue Cross/Blue Shield product), and HealthPartners.

Durable medical equipment (DME), normally covered 80% by Medicare, is usually covered in full (100%) by Medicare HMOs, but only with a referral from the primary care physician. Note that while Medicare HMOs are required to provide the same home care and hospice benefits to their beneficiaries as traditional Medicare, people are sometimes denied coverage, or their services are terminated too quickly. Please see the above section on Medicare coverage for details on what should be covered. Anyone who is having difficulty obtaining home care services or believes their services are being cut off too soon is encouraged to call CARIE at (215) 545-5728.

Medicare Supplemental Policies/Medigap Insurance

Medigap insurance is private insurance that can be purchased by an individual on Medicare to cover deductibles and co-payments that are not covered by Medicare. Some Medigap policies may also provide extra benefits that Medicare does not cover at all, such as prescription drug coverage. The policies are called "Medigap" because they are intended to fill the "gaps" that Medicare does not cover. Policies are available through many large insurance companies like Blue Cross/Blue Shield, and through the American Association for Retired Persons (AARP). Information about Medigap policies is available through the Philadelphia Division of the Pennsylvania Department of Insurance at (215) 560- 2630, and the APPRISE Health Insurance Counseling Program (215) 456-7600 for Northwest and Northeast Philadelphia, (215) 686-8462 for other sections of Philadelphia.

There are many different levels of coverage, and premiums vary accordingly. However, a law was passed requiring the standardization of Medigap policies, which decreases the confusion when shopping for coverage. Policies are named "A" - "J", and each offers certain benefits. So, policy "A" at one company will offer the same benefits as policy "A" at another company. Once a consumer chooses the policy they wish to have, they can price shop from company to company. The only difference may be that some companies charge a higher rate because they process the paperwork involved, while others can charge a lower fee because they do not provide that service. The paperwork can be extremely involved and confusing, so consumers may want to consider that service as an added benefit worth the higher premium charged.

Insurance companies in Pennsylvania offer Medigap plans "A", "B", "C", "D", "H", and "J". Consumers should keep in mind when shopping for a Medigap policy that Medigap typically does not provide any extended coverage for home care services. Medigap will, however, pay the co-payments for durable medical equipment and hospice care.

Consumer information about shopping for Medigap insurance is available by calling the APPRISE Program at the numbers listed above, or CARIE at (215) 545-5728.

Medicaid/Medical Assistance

Medicaid is a federal health insurance program for low-income people administered by the

state. People must meet certain income and asset eligibility requirements to receive Medicaid benefits. People over 60 with high medical bills every month may also become eligible through a process called "spend-down".

Healthy Horizons: Older adults who have Medicare in Pennsylvania may also be eligible for "Healthy Horizons", a Medicaid program for low-income seniors. The income eligibility guidelines for "Healthy Horizons" are less strict, and allow many older adults to qualify for Medicaid who ordinarily wouldn't. "Healthy Horizons" can also pay for the Medicare premiums, deducted every month from a Medicare beneficiary's Social Security check. Medicaid, for older adults with Medicare, acts as a secondary insurance after Medicare benefits are exhausted for each claim.

However, Medicaid can act as primary insurance for low-income people without Medicare. For example, a low-income person who is 63 years old, retired and has no health insurance may be eligible for Medicaid. Contact your local County Assistance Office for more information about Medicaid eligibility, or call CARIE at (215) 545-5728 to learn more about Healthy Horizons.

Either Medicaid or the Qualified Medicare Beneficiaries (QMB) Program, known as "Healthy Horizons" in Pennsylvania, can act as a Medigap policy for low-income older Americans with Medicare as their primary insurance. Therefore, Medicaid will cover the co-payments not covered by Medicare for durable medical equipment and hospice care.

Medicaid and Home Health Care Coverage: Medicaid can also cover home health care. Like Medicare, Medicaid will provide coverage for temporary, rehabilitative skilled care and personal care (if needed, with skilled care). However, Medicaid will also cover medically necessary personal care without a requirement of skilled care service provision. The key is that if personal care is deemed necessary, a physician must prescribe the care. As with Medicare, services are subject to review and termination upon determination that services are no longer medically necessary.

Medicaid HMOs and Home Health Care Coverage: Older Philadelphians who receive Medicaid, and do not have Medicare, are required to receive their benefits through one of the Medicaid HMOs. These plans, including Americhoice, Keystone Mercy Health Plan, and HealthPartners, offer the same home care benefits as traditional Medicaid coverage. If you are interested in home care services through your Medicaid HMO, and think you may qualify, it is best to see your primary care physician for a consultation about your condition, and discuss his or her recommendation for your care.

Medicaid Waiver Program: The Medicaid Waiver Program provides older adults over age 60 who need nursing home level of care with in-home services to support them safely in their homes as an alternative to institutionalization. An older adult in Philadelphia interested in the Waiver Program must be assessed by the Philadelphia Corporation for Aging (PCA) through the Long Term Care Access (LTCA) Unit. The PCA help line phone number is

(215) 765-9040. PCA must certify that the potential care recipient is financially and medically eligible for the program.

Financial Assessment and Eligibility for Waiver Services: Financial requirements for eligibility for the program are as follows: the older person must receive less than \$1,869.00 per month (300% of the SSI level) in income (2007 guidelines for 300% of the SSI level); and must meet the current Medicaid restrictions on resources and assets (\$8,000 in 2007). There are higher asset and resource limits for married couples. The homes of individuals who receive Waiver services may be subject to "Medical Assistance Estate Recovery" after the individual passes away. Medical Assistance Estate Recovery is a law that requires the state to attempt to recover costs paid on behalf of certain individuals over 55 years old who received certain Medical Assistance/Medicaid benefits, including the Waiver program. However, there are certain exemptions and waivers to Medical Assistance Estate Recovery. For more information about Estate Recovery or for assistance in contacting Legal Services or in finding an attorney, call CARIE at (215) 545-5728.

Financial criteria are reviewed and approved by the County Assistance Office. An MA-51, a form completed by a physician to certify medical condition and level of care needed, must be completed and returned to PCA before services can be initiated. More detailed information about the form is available in the "Referral and Assessment Procedures" section of this guide.

The older adult must need nursing home level of care to be served by the Waiver Program. Once approved for Waiver services, the older person and care manager will develop a care plan, and the older person can choose any care providers as long as the provider is Medicaid certified. The funding maximum per person under the Waiver Program is up to 80% of what the state would reimburse for nursing home care. The Waiver Program requires that the older person be able to be served safely in their home within the service funding limits, and that the older person have a primary care physician.

Services Provided by the Waiver Program: Among the services available through the Waiver Program are:

- home health services (skilled, intermediate, personal care)
- homemaker services
- durable medical equipment and home adaptations
- respite services
- transportation
- home delivered meals
- mental health services
- emergency response systems

PCA, as the administrator of the program, provides each Waiver recipient with a care manager to coordinate and monitor the person's care. If you have any questions about accessing the Waiver Program, please call CARIE at (215) 545-5728.

Long Term Care Insurance

Long-term care insurance is a private insurance product available through many independent insurance carriers. Individuals who have a substantial amount of assets that they want to protect from the Medicaid spend down process for nursing home care, or the large expenses of private in-home care services, may want to consider purchasing a policy. Coverage can range from strictly skilled nursing facility coverage, to a wide range of supportive services including adult day care, private geriatric care management, in-home care, and assisted living facilities. The coverage provided depends upon the policy purchased and will affect the premium paid. Other factors that affect the long-term care insurance premium are inflation protection riders, prior hospitalization requirements for coverage, the maximum daily benefit chosen and the age and health of the applicant for the insurance.

Long-term care insurance can provide flexibility for the home care recipient:

- the beneficiary can control what services will be received and how often
- the long term care insurance policy will cover the services up to the maximum daily benefit
- the costs defrayed by the insurance help preserve the person's assets for other uses, such as provision for family members to receive it as inheritance after the person passes away
- long-term care insurance may also protect the person from needing Medicaid long-term care services
- therefore, the home would not become subject to estate recovery (forced sale by the state to recoup spent Medicaid dollars after the person passes away).

This could happen if a person receives Medicaid Waiver home care services, or Medicaid reimbursed nursing home care. However, long-term care insurance is not appropriate for everyone, as it can be expensive or may be unnecessary for certain individuals. To request more information about long term care insurance, please call CARIE at (215) 545-5728.

If you have a long-term care insurance policy, and are unsure about the home care benefits available through your policy, please call your insurance carrier and request an explanation of benefits for your policy. An insurance representative should also be able to review your policy benefits with you over the phone or in person if you have questions. If you are still unsure about your benefits, or are having difficulty receiving an explanation of benefits from the insurance company, please call CARIE at (215) 545-5728.

Community/Charitable Organizations

There may be resources in your community for in-home services that are provided through volunteers, special charitable grants, or on an ability-to-pay or fee-for-service basis. These programs are often provided by churches or synagogues; religiously-affiliated organizations such as Catholic Social or Jewish Family Services; disease-related organizations such as the American Cancer Society or the Alzheimer's Association; or community-based agencies like the YMCA. Some social service agencies, home health agencies and hospitals may also have grants available to provide in-home care services. These services may range from volunteers providing wellness visits or phone

calls, companionship, and grocery delivery, to home health personnel providing personal care services. To learn more about what may be available in your Philadelphia community, contact CARIE at (215) 545-5728. Also check the yellow pages in your phone book for local organizations that serve your community such as churches, synagogues, and social service organizations to investigate what is available in your neighborhood.

Informal Support

Help from family, friends and neighbors can be extremely valuable to an older person in need of in-home care. Often times, those who know the person provide support out of love and kindness, but those needing help can also seek out neighbors to ask for assistance. Sometimes help will be offered for free, and some people work out give-and-take agreements. It may feel difficult to ask family or friends for assistance, because they have children to care for or other obligations. However, those who love you will most likely not be offended by your request, and may be unaware that you would like assistance. It doesn't hurt to ask, and you may be happily surprised at the outcome!

Older people in need of light assistance with chores and housekeeping might also consider home sharing, where a more able-bodied senior citizen could have free room and board in the person's house in exchange for daily assistance. Please note that this is not an appropriate alternative for those who need "hands on" help. Housing counselors can assist with matching people who are interested in this sort of agreement. For information about housing counseling, please call CARIE at (215) 545-5728.

REFERRAL AND ASSESSMENT PROCEDURES

Referral and assessment procedures differ depending on the method of payment, as discussed in the section "How to Pay for Home Care". This section will give in-depth information and consumer tips on the referral and assessment procedures for accessing home care services through PCA, Medicare or Medicaid, and private pay.

Accessing PCA Services

Referral: In order to be eligible to receive services through the Philadelphia Corporation for Aging (PCA), the older person must have a needs assessment done by the Long Term Care Access (LTCA) Unit at PCA:

- The first step in this process is to call LTCA at (215) 765-9040 and ask to speak with an intake worker.
- The person making the referral should know the prospective client's basic identifying information (name, address, phone number, date of birth and social security number) and his or her physical condition (their physician's name and number, medical diagnosis, and any recent hospitalizations).
- Financial information may also be required, especially for referral to the Medicaid Waiver Program.
- A list of the information that is needed to make a referral to LTCA is available in

Appendix II.

Clinical Eligibility: If the older person is currently in a nursing home, in the hospital (or has been discharged within the past 30 days), being referred to the Options Program for skilled care or the Waiver Program, a medical form must be completed by the client's physician. The intake worker will send this form called the MA 51 (Medical Assistance Attending Physician Medical Evaluation) to the client's physician or to the client to give to his or her physician. It is important that the client's physician completes the MA 51 and returns it to LTCA in a timely manner because an assessment interview will not be scheduled until the completed form has been received by LTCA. Home Health Agencies making referrals must also provide an MA-51.

Assessment Process:

- Within 2 days after LTCA receives the completed MA-51, an Intake & Assessment Coordinator will contact the identified responsible person to schedule the assessment that will be completed within 5 days.
- During the interview, an assessment worker from LTCA will visit the client to determine which PCA programs might best accommodate his or her needs.
- The assessment worker will ask about physical health, including illness and health conditions, as well as any medications that the client is currently taking and any skilled services being provided.
- The assessment worker will ask questions to determine cognitive functioning and emotional status.
- The assessment worker will ask questions about nutrition including diet, appetite, allergies, ability to chew and swallow, and any special nutritional needs.
- If a MA-51 is not required, the assessment interview will be scheduled at time of referral and will be completed within 5 days.

The assessment worker will determine:

- the client's level of ADL (activities of daily living) functioning including the client's ability to perform personal care tasks (bathing, dressing and grooming), to eat, to walk, as well as bladder and bowel management.
- the client's level of IADL (instrumental activities of daily living) functioning including their ability to do housework, laundry, meal preparation, shopping, money management, access transportation, home maintenance (chores and repairs) and use a phone.
- the client's physical environment, financial resources, and names and numbers of any informal supports will be assessed.
- Also, if the client is already receiving formal services, the assessment worker will need to know how often the client receives the service and who is providing services.

Ask about which programs the assessment worker thinks you or your loved one may be eligible for and voice what program you would prefer. Read the section under the 'Area Agencies on Aging' describing the services available through PCA before the assessment interview. Familiarize yourself with the different programs and do not be afraid to discuss

your options and preferences with the assessment worker.

Mandatory Medicaid Application:

- Pennsylvania Department of Aging has a policy that a person applying for long-term care services and found eligible for Waiver services will be only eligible for Waiver services, and not Options services.
- Waiver services are paid for by federal and state Medicaid funds, and PCA does not allow those eligible for Waiver to choose the Options Program, since the Options Program has very limited funding and a long waiting list.
- Some people have expressed concern about the federal Medical Assistance Estate Recovery requirement associated with all Waiver Programs, and have decided not to accept services based on this. Please note that estate recovery may not affect all people who receive Waiver services or the nursing home grant, only those with personal property whose estate will go into probate upon their death.
- If you are concerned about receiving Waiver services and the possible estate recovery requirements, call CARIE at (215) 545-5728 for a referral to a legal services professional who can determine whether or not your home will be subject to estate recovery.

Development of the Care Plan: From the information gathered in this interview, the assessment worker will help develop a preliminary cost calculation to determine eligibility for either the Waiver or Options Programs. Medical Assistance regulations require that the cost for someone in the Waiver Program cannot exceed 80% of Medical Assistance's current nursing cost for one person. For someone in the Options program, it cannot exceed 45% of Medical Assistance's daily nursing home cost. After being assigned to a long-term care program, a Care Manager will visit the client and develop a comprehensive care plan. If the care plan includes homemaker services, it will list the tasks to be accomplished during each visit. You have the right to be involved in this process.

Information necessary to apply for long-term care services through Long-Term Care Access (LTCA) at the Philadelphia Corporation for Aging:

- Name
- Address in Philadelphia (also include the client's previous address if they have moved within the past year)
- Telephone Number
- Date of Birth
- Social Security Number
- Physician's Name and Telephone Number
- Basic description of the client's medical problems and recent hospitalizations
- Client's mobility and ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
- Names of informal support (friends, neighbors, family, etc.)

Accessing Medicare and Medicaid Coverage for Services

To find out if you or your loved one is eligible for home care services through Medicare or Medicaid, you need to consult a physician:

- If the physician determines that you could benefit from skilled care, then he or she can arrange the services.
- A social worker/discharge planner or a nurse acting on behalf of the physician can also arrange services with the physician's prescription.
- The home care agency will send a nurse to perform an assessment of need and develop a care plan, in accordance with the doctor's orders.

If you are in a Medicare or Medicaid HMO, you will need a referral in order to receive home care services. Only your primary care physician or your specialist treating you for the condition can submit the referral for home care. An agency that is in the HMO's network of providers must be used to ensure coverage. If you have difficulty accessing Medicare or Medicaid-reimbursed home care, call CARIE at (215) 545-5728.

Accessing Private Pay Home Care Services

If you are able to pay for your home care, you can contact the home care agency yourself and request services. Read the next section of this guide entitled "How to Choose a Home Care Agency" before hiring a worker. For a listing of some of the home health agencies in the Delaware Valley, please contact CARIE at (215) 545-5728.

HOW TO CHOOSE A HOME CARE AGENCY

Be Sure the Agency Accepts Your Payment Source

If your physician will be making a Medicare or Medicaid referral for service, it may be wise to double check that the provider is certified for Medicare or Medicaid, depending on what insurance will be reimbursing your care. If you are in a Medicare or Medicaid HMO, the provider must be in the HMO's network of providers. If you feel strongly about receiving services from a certain agency, or you have problems with the agency the physician referred you to for service, another referral can be made to an agency certified to accept your payment source.

If you need to choose a service provider, there are some important factors to consider when comparing agencies. After reviewing the "How to Pay for Home Care" section, you should understand how your care is to be reimbursed. If you will need to choose a provider for the Waiver services, then that provider must be a Medicaid certified agency.

If you will be privately paying for care, this will not be a concern unless you foresee using another reimbursement source in the future and want to ensure continuity of care by selecting an agency that accepts the insurance that you will use later. If you have a long-term care insurance policy, your insurance company will reimburse you for expenses. You will pay the provider and can choose a service provider, as if you were privately paying for service. Check with your long-term care insurance policy for any requirements or restrictions on choice of provider.

You will also want to be sure that the agencies you are considering provide the level of care you need. For instance, some agencies have skilled nursing and therapy services and some do not. Check with your physician or care manager to determine the level of care, and services you will require.

There are many factors to consider when evaluating the quality of a home care provider. The following segments discuss Medicare certification and other licensing affiliations; the difference between hiring agencies, registries and independent workers; and how to find and interview a potential care provider.

Quality and Medicare Certification

Most providers that have skilled nursing and therapy services available are Medicare certified, and are monitored by the Health Care Financing Administration (HCFA). Since the federal government administers Medicare, agencies that are Medicare certified must meet strict licensing guidelines and keep meticulous paperwork. However, Medicare certified agencies often have higher rates. Plus, Medicare certification may indicate, but not necessarily guarantee, a commitment to quality of care. Therefore, if you are privately paying for care, you should keep this in mind.

Quality and Other Licensing Affiliations

Agencies that are not certified for Medicare may or may not meet other licensing requirements. Consumers need to be cautious since there is little oversight. Some agencies are members of the Pennsylvania Association of Home Care Agencies. To obtain referrals of member agencies in your area, call 1-800-692-7254. The Joint Commission may also accredit agencies for the Accreditation of Healthcare Organizations (JCAHO) or the Community Health Accreditation Program (CHAP). Be aware that while certification by these organizations may indicate a commitment to quality on the part of the agency, it does not guarantee quality care. In addition, there are many quality providers who are not accredited by these organizations. Ask an agency representative what licensing requirements they meet, and, if you would like, where you can call to check their references.

The Difference Between "Agencies" and "Registries"

- Ask whether the provider is an agency or a registry.
- An agency screens and hires the workers as their employees, and often provides their own training before incorporating workers into the staff.
- Registries, on the other hand, do not employ the workers, but rather keep lists of individuals on file and refer them to people.
- Since registries do not consider the workers employees, the screening process may be less thorough than at an agency, and they may not provide training.
- In addition, they do not provide supervision. It is up to you to supervise the care provided.
- However, registries are most times less expensive and, if you use your own screening process and monitor the care closely, can be a good option if you have limited resources.

Hiring an Independent Worker

Some people consider hiring an independent worker from an advertisement in the newspaper or recommendation through word of mouth. Hiring someone who is not from an agency or registry may be less expensive because you are not paying for administrative costs, but is more risky because you will take on the entire screening and monitoring process yourself. Be aware that sometimes employee Social Security taxes and insurance are not included in registry fees, which you are ultimately responsible for paying. Also be aware that when you do not utilize an agency and hire someone on your own, you have the added potential problem of not having back-up care if the worker does not show up.

Ask Questions and Involve Others in the Selection Process

Remember that the care provider you choose will be entering your home, and perhaps assisting you with your personal care, so you should feel comfortable with the person. There is a list in Appendix I of important questions to ask when choosing a home care agency, registry or independent worker. Make choices carefully, and involve others if possible. Ask family or friends to help evaluate options, or conduct interviews. Call your church or synagogue for recommendations of providers in the area. Ask your local Area Agency on Aging (see Appendix III) for referrals, and call CARIE at (215) 545-5728. No one can give an iron clad guarantee about the care you will receive, but you might get recommendations about providers who are established, flexible, responsive and known to the community.

ADJUSTING TO RECEIVING HOME CARE SERVICES

Choosing home care means that you and your loved one need to feel comfortable with the idea that someone else will be taking on some or all of the tasks that you had previously done independently. Once the older adult feels comfortable with the idea of utilizing home care services, the next step is to determine what type of home care is needed. For instance, will you need a nurse to monitor blood pressure and change bandages, or will you need a homemaker to do light housekeeping? The level of home care services needed by the older adult is established in a comprehensive care plan.

The Role of the Care Manager

Many people need assistance in locating and arranging long-term care services. Care management services, also called case management, can help with this task:

- A care manager can help families and older adults in finding, arranging, and monitoring long-term care services.
- Care managers are usually social workers that coordinate the needed services for their older clients.
- If choosing a care manager, you should look for someone who is not only experienced in working with the elderly, but also someone with whom you feel comfortable.
- You should also feel that your care manager would answer your questions and respond to your requests and needs. Communication is essential in formulating a care plan that

- best fit your needs when receiving home care services.
- Once developed, the care manager should present and explain clearly the written care plan in a face-to-face meeting.
 - As a home care consumer, you should ask for a detailed explanation of anything you do not understand.
 - You should also make comments and be sure to agree with and understand the care plan before you formally accept it.
 - You have the right to refuse any part of the care plan and keep in mind that you can request a change at any time.
 - In addition, the care manager should be well aware and respectful of individual rights.
 - Home care consumers' rights and responsibilities are listed in Appendix V.

The care manager will implement the care plan by locating, evaluating and scheduling the services outlined in the care plan. The services will be monitored to ensure the quality and satisfaction of in-home care services received by the home care consumer. As a consumer, you should have regular contact with your care manager to discuss the care plan or to mention any problems you are having with your services.

Care management services are not usually covered by insurance. Those receiving Medicare or Medicaid home care services may receive the assistance of a care manager to help with needed tasks, such as nursing home grant applications or other care planning issues. Public agencies like AAAs (Area Agencies on Aging) provide care management at no cost, and hospital discharge planners often provide a similar, but time-limited, service. There are private care managers who charge fees for initial evaluations, locating and monitoring services, and providing ongoing supervision. The caregiver or consumer must take an active role even with the help of a private care manager. And since there are no regulations governing private care management, you need to check references and contact the Better Business Bureau at (215) 985-9313 or Bureau of Consumer Protection at (215) 560-2414.

Your Responsibilities and Role in the Care Plan

Good communication is also very important among the older adult, the caregivers and the home health providers. Providing regular feedback and input into what services are provided and how can help the provider understand you and your needs. However, it is also crucial to respect the provider and treat them with dignity. Good communication includes being aware of the other person's feelings. Those suffering from dementia have falsely accused some home care workers of theft, and some unscrupulous workers have actually stolen from clients. A good consumer tip is to keep all valuables, such as jewelry, money, and checkbook, in a safe place out of plain sight to avoid problems.

Home care services allow many older adults to remain in their home, get the assistance they need in order to perform their routine activities, and help maintain their independence. It is not only important for you to feel comfortable and safe in your own home, but it is also important for home care providers to feel that same level of comfort and security as they enter your home. If you have

anything in your home that you feel may make the home care provider uncomfortable, such as a large dog, please put the pet in another room until the provider leaves. Although pets can be valuable companions, you must keep in mind that some home care providers may be allergic to animals or feel very uneasy around them.

PROBLEM SOLVING

What is Quality Care?

Quality care happens when a home care consumer is receiving the best possible care through the services arranged by the care manager and outlined in the care plan. It also means that the care manager and home health agency which will deliver services to the consumer share a common goal--improving the quality of life of older adults by allowing consumers to remain in the comforts of their home and at the same time providing assistance with their daily tasks. Quality care should also involve the consumer's input in the development of the care plan and in the provision of daily assistance. Maximizing dignity and independence wherever possible should also be a primary goal of a quality home care service.

Your Rights and Responsibilities as a Consumer

As a consumer of home care services, you are entitled to be provided with certain information and services, and you also have obligations as a participant in home care services.

- You have the right to be fully informed about the provider, the provider's policies, the provider's charges and possible third party reimbursements.
- You have the right to be informed about and give consent before the start or change of any treatment.
- You are entitled to receive appropriate, quality and professional care according to the service/care plan, and physician's orders.
- You have the right to privacy and to be treated with respect.
- You also have a responsibility to treat your caregivers with respect. Keep in mind that there may be cultural and generational differences between you and your care provider.
- It is your responsibility to provide all needed supplies and a safe environment for the home care worker.

Common Problems and Good Communication

As with any service, problems can occur. Some of the common problems and/or complaints of home care consumers include dissatisfaction with their homemaker/home health aide due to absenteeism, tardiness and uncompleted tasks. You have the right to make complaints and ask for changes in staff without fear of retaliation. In some cases, you can change agencies if problems are not resolved.

It is important to inform your service provider about any problems with your service. Communicate your wishes and preferences to your service provider. If a care manager monitors your services, be sure to keep him or her abreast of any changes or problems that occur with your

services. A list of your rights and responsibilities as a consumer of home care services is in Appendix V.

Services Available through CARIE

If you have any questions about your rights and responsibilities as a consumer of home care services, are having difficulty resolving problems with your home care services or need assistance in accessing home care services, contact CARIE at (215) 545-5728. CARIE advocates for older adults who receive long term care services in their homes or the community, to promote their maximum independence, and protect their rights. CARIE serves older adults who need information about or are receiving in-home or community based long term care services, regardless of income level or reimbursement source. CARIE Advocates can provide telephone consultation, advocacy, and follow-up to resolve complaints about in-home and community-based long-term care. They can make home or site visits to meet with clients, to facilitate family meetings, or mediate disputes and help resolve problems. CARIE services are available to English and Spanish speaking callers. For more information on CARIE's services, call CARIE at (215) 545-5728.

Conclusion

We hope that this guide has been helpful in providing you with the information necessary to access and choose home care services, be a good consumer and resolve any problems with service. Should you have any questions about in-home care, or the information in this booklet, do not hesitate to call CARIE at (215) 545-5728. A trained advocate is available Monday through Friday, 9:00 am - 5:00 pm to answer your questions or help you resolve problems.

Appendix I

IMPORTANT FACTORS IN CHOOSING A HOME CARE AGENCY

When Selecting a Provider:

- Be certain that the provider accepts your insurance or reimbursement
- Make sure that the provider offers the level of care that you require.
- When paying privately, be clear and specific about your needs so the provider can send the most appropriate worker.

Questions to Ask When Considering a Home Care Agency or Registry

- What licensing requirements do they meet?
- What training is provided to staff?
- Are references available?
- Are criminal background checks performed?
- How are the workers supervised?
- Are the employees bonded and insured?
- What are the complaint handling procedures?
- Are caregivers and care recipients included in developing the care plan?
- What are the policies for providing back-up staff should your worker be absent?

When Hiring an Independent Worker:

- Get referrals from people you know or reputable community organizations.
- Be sure to interview thoroughly and request and check references. Make certain that you are comfortable with the person, and that he or she has an open, honest communication style.

- Request a criminal background check if possible.
- Write out a contract and a care plan so that everyone involved understands what is to be accomplished, and the method and amount of payment.
- Communicate your wishes clearly, and know your rights and responsibilities as a home care consumer.
- Check with an accountant or the Internal Revenue Service (IRS) about your responsibility, if any, to pay Social Security taxes. This is especially important when hiring from a registry, or when paying an independent worker.
- Check to see that your homeowner's policy covers theft or if the worker gets injured on the job.

Appendix II

INFORMATION NECESSARY TO APPLY FOR HOME CARE SERVICES THROUGH LONG TERM CARE ACCESS (LTCA) AT PHILADELPHIA CORPORATION FOR AGING

- Name
- Address in Philadelphia (also include the client's previous address, if they have moved within the past year)
- Phone number
- Date of birth
- Social Security number
- Physician's name and phone number
- Basic description of the client's medical problems and recent hospitalizations
- Client's mobility and ability to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs)
- Names of informal supports (friends, family, neighbors, etc.)

Appendix III

AREA AGENCIES ON AGING (AAAs) IN THE GREATER PHILADELPHIA AREA

Bucks County Area Agency on Aging
30 East Oakland Avenue
Doylestown, PA 18901
(215) 348-0510
Protective Services: 1-800-243-3767 (24 hours)

Chester County Office on Aging
601 Westtown Road, Suite 320
West Chester, PA 19382-4525
(610) 344-6350
Protective Services: 1-800-564-7000 (24 hours)

County of Delaware Services for the Aging (COSA)
206 Eddystone
Eddystone, PA 19022
610-490-1300
Protective Services: (610) 490-1220

Montgomery County Human Services Center
Aging and Adult Services
1430 DeKalb Street
P.O. Box 311
Norristown, PA 19404
(610) 278-3601
Protective Services: 1-800-734-2020 (24 hours)

Philadelphia Corporation for Aging (PCA)
642 North Broad Street
Philadelphia, PA 19130-3409
(215) 765-9000
Long Term Care Access (LTCA): (215) 765-6580
Older Adult Protective Services: (215) 765-9033 (24 hours)

To find out about any AAA in the United States not listed here, please call CARIE at (215) 545-5728. It is helpful to have the name of the county and the region of the state (North, South, West or East) in which the older person in need of services lives.

Appendix IV

PHILADELPHIA IN-HOME SUPPORT PROGRAM COMMUNITY SITES

For North Philadelphia residents:

North City Congress
1438 North Broad Street
Philadelphia, PA 19121
(215) 978-1300

For South Philadelphia residents:

Philadelphia Senior Center
509 South Broad Street
Philadelphia, PA 19147
(215) 546-3065 or 546-5879

For West and Southwest Philadelphia residents:

Haddington Multi-Services for Older Adults
5331-41 Haverford Avenue
Philadelphia, PA 19139
(215) 472-6600

For Northwest Philadelphia residents:

Center in the Park
5818 Germantown Avenue
Philadelphia, PA 19144
(215) 849-5100

For Northeast Philadelphia residents:

JCC Klein Branch Center
10100 Jamison Avenue
Philadelphia, PA 19116
(215) 698-7300

Appendix V

YOUR RIGHTS AND RESPONSIBILITIES AS A CONSUMER OF HOME CARE SERVICES

You have a right to:

- be fully informed of all your rights and responsibilities by the service provider.
- receive appropriate, quality, and professional care according to the service/care plan and doctor's orders.
- be informed about and give consent before the start or change of any treatment.
- refuse treatment, and be informed about the possible medical consequences of refusing the treatment.
- you have the right to privacy and to be treated with respect.
- be informed in a reasonable amount of time before termination of service, or transfer to another service provider.
- make complaints, and ask for reasonable changes in service or staff without retaliation.
- be fully informed about the provider, the provider's policies and charges and possible third party reimbursements.
- be referred elsewhere if service is denied based upon an inability to pay.

You have a responsibility to:

- express your wishes and preferences to the best of your ability to your service provider.
- inform your service provider about any problems with your service.
- let the provider know if you will not be home for a visit, or will not be attending the day care center, for one or more days.
- let the service provider know if you are admitted to the hospital, and let the provider know when you are discharged and will require services again.
- treat your caregivers with respect, and if the service is provided in your home, provide all needed supplies and a safe environment for the home care worker.

When reviewing your rights and responsibilities, it is important to know about abuse, although abuse does not usually occur between service providers and consumers like yourself. Please read the information below carefully, and call CARIE at (215) 545-5728 should you have any questions or concerns.

Abuse can be defined as any and all of the following:

- Physical: hitting, slapping, pinching etc.
- Verbal: yelling, threatening, degrading comments or racial slurs, etc.
- Psychological: deliberately ignoring, ridiculing, belittling, etc.
- Financial: theft of personal property or money, exploitation, improper usage or withholding of another's money.
- Sexual: sexual intercourse by force or without consent, sexual misconduct, or harassment.

If you are uncomfortable with the actions or behavior of your service provider, or feel that your rights are being violated in any way, please call CARIE at (215) 545-5728.

CARIE
100 South Broad Street, Suite 1500
Philadelphia, PA 19110
215-545-5728
www.carie.org