The Home Care Solution
A Guide to the Best Choices for Seniors and Those Who Care About Them
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What is Home Care?

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

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

In broader terms, home care that seniors typically require often revolves around the Activities of Daily Living (ADLs) and the Instrumental Activities of Daily Living (IADLs). These can be provided by non-medical home care providers.

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

• eating
• dressing
• bathing
• toileting
• transferring
• continence

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

• driving
• preparing meals
• doing housework
• shopping
• managing finances
• managing medication
• using the telephone
Why Home Care?

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

*SOURCE: Paid In-Home Care: More Care & Better Care For Seniors, online at HomeInstead.com/WhitePapers

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

When More Help is Needed

1. **Household bills piling up.** Seniors can feel overwhelmed by the simple task of opening and responding to daily mail.

2. **Reluctance to leave the house.** Rather than ask for help, seniors who are having trouble with such functions as walking, remembering and hearing will pull away from their community and isolate themselves.

3. **Losing interest in meals.** Seniors who suddenly find themselves alone, perhaps after the death of a spouse, can be easily discouraged by such tasks as cooking and tend not to eat properly.

4. **Declining personal hygiene.** Changes in appearance, such as unkempt hair and body odor, failing to change clothes for days on end or wearing clothes that are inappropriate for the weather, are among the most obvious signs that a senior needs assistance.
5. Declining driving skills. Look for evidence of parking or speeding tickets, fender-benders, dents and scratches on the car.

6. Scorched pots and pans. Cooking ware left forgotten on top of an open flame may be a sign of short-term memory loss or even Alzheimer’s disease.

7. Possible signs of depression. Feelings of hopelessness and despair, listlessness, fewer visits with friends and family, a change of sleeping patterns and lack of interest in the usual hobbies and activities may be indicators of depression.

8. Missed doctors’ appointments and social engagements. These can be signs of depression or forgetfulness. But they can also be the result of no longer having a driver’s license and not knowing how to get alternative transportation.

9. Unkempt house. Changes in housekeeping may come about because the senior is physically tired. They could also result from depression.

10. Losing track of medications. Seniors often take multiple prescriptions for various health conditions. Keeping track without reminders and assistance can be confusing.
Non-Medical Home Care

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

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

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

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

Enhancing Lives

The companionship component of a professional caregiver’s job can be just as vital as the physical assistance a professional will provide. Seniors need conversation and one-on-one contact to keep their minds alert. They can thrive with someone to participate in their favorite activities such as gardening, baking or woodworking, or someone to go to the grocery store or attend a concert.
Many seniors need help to get their day started with assistance showering, preparing breakfast and taking their medications. Likewise, help before bedtime, or even overnight, can be an important safety net for seniors at home who often are more apprehensive at nighttime, or who have Alzheimer’s disease or another dementia. A reputable non-medical caregiving company will provide caregivers who can meet all of those needs.

Let’s say a senior does eventually need to make the move to a care community. If so, in-home non-medical care can continue with

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<tr>
<th>Eating</th>
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<td>Dressing</td>
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<td>Bathing</td>
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<td>Toileting</td>
<td>Light housekeeping</td>
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<td>Transferring</td>
<td>Medication reminders</td>
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When Non-Medical Care is Needed

- Errands
- Shopping
- Transportation
- Hobbies
- Laundry

that older adult into any community, from independent to skilled.

While more and more long-term care insurance companies are covering this option, it is still primarily paid for by the family or the seniors themselves.

Most care of this kind is provided for just a few hours a week. In fact, a Home Instead Senior Care network study indicates that 22 percent of the network’s clients employ caregiver services four hours or less per week and 20 percent employ them between four and eight hours per week.’

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

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

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

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

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

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

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

Medicare, as well as private insurance, may pay for some services, such as visits by nurses, and speech and occupational therapists.

If a senior is discharged from a hospital, Medicare may pay for a nurse, and occupational and speech therapist for the client at home, but only according to a doctor’s prescribed plan of care.
Team Approach

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

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

* SOURCE: Stages of Senior Care – Your Step-by-Step Guide to Making the Best Decisions
** For more information, visit Centers for Medicare and Medicaid Services. “Home Health Prospective Payment System.”
Who to Call for Non-Medical Home Care

Professional caregivers can generally be grouped into three different categories: agency employee, independent contractor with a registry and independent caregivers. As there may be different business models for each caregiver category in the marketplace, the following information is intended as a general summary of typical differences between these categories. This is not intended as an exhaustive description of every home care model. To confirm whether the descriptions below apply to the caregiver you are considering, please consult with the caregiver and/or the referring agency or registry.

Agency Employees

Most agencies hire caregivers who are screened, trained, bonded and insured. They are employees of the individual company for whom they work. As the agency pays these caregivers, it also typically handles all payroll-related taxes and other employment obligations such as obtaining workers’ compensation and liability coverage and addressing performance issues. The third party agency also usually provides additional support between the family, caregiver and client.

Independent Contractor with a Registry

An independent contractor with a registry is usually recruited, screened and referred to the client. Depending on the registry’s business model, the older adult may become the employer and may then become responsible for employment responsibilities such as hiring, scheduling, handling performance issues, and paying/reporting applicable taxes. The older adult may assume risk if the independent contractor is not covered by workers’ compensation, liability and bond insurance. While the contractor may have had a criminal background check and reference checks, he or she may not be receiving support, training and continuing education. A replacement caregiver may be unavailable depending on the registry’s model.
Independent Caregivers
Otherwise referred to as “the gray market,” the independent caregiver is usually responsible for marketing themselves and finding their own clients. On a case-by-case basis, they may have a criminal background, reference checks and training. The older adult may become the employer and may then be responsible for all employment responsibilities such as hiring, scheduling, handling performance issues and paying/reporting applicable taxes. The older adult may assume the risk as the employer since the independent contractor may not be covered by workers’ compensation, liability and bond insurance. The independent caregiver may not receive support, training and continuing education, nor may a replacement caregiver be available should the independent caregiver become unavailable.*

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

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

Questions to ask a non-medical home care provider:

• Is the individual an agency employee (recommended arrangement), an independent contractor with a registry, or are they working on their own/independent?

• Have the caregivers been trained? Do they receive ongoing training?
  • By whom?
  • Extent of training?
  • Does this training include special dementia or Alzheimer’s training?

• Have the caregivers passed undergone a criminal background check and drug screening, and have personal references been secured on all caregivers?

• Are the caregivers bonded and insured? This means the company covers claims and insurance, so the home owner is not liable should something happen.

• Does the caregiver have workers’ compensation coverage?

• Can you check references on the company?
• Does the agency or registry offer back-up / replacement caregivers?

• How much input will you have in selecting the caregivers?

• What restrictions (if any) apply to the services provided?
  • Hours of service?
  • Lifting restrictions?

• Who pays the caregiver and pays/reports any applicable taxes?

• How much flexibility will you have in setting a schedule for services?
  Who schedules the caregiver?

• How much notice does the agency or registry need to begin or cancel service?

• What is the cost of service including:
  • Minimum hours of service per visit / week / month?
  • Special overnight rates?

• Does the agency or registry maintain a quality assurance or supervisory program?

• What is the agency’s or registry’s communication plan to keep families informed?

• Is a service deposit required and, if so, how much is it?

• Does the home care agency or registry offer the personal care services the patient needs, like assistance with bathing, dressing, and using the bathroom?

• Are patients’ special needs accommodated?
Who to Call for Home Health Care

When hiring home health care, some experts recommend seeking out licensed medical caregivers designated as ”home health agency”, advises James Summerfelt, chief executive officer of the Visiting Nurse Association. “This term often indicates the provider is Medicare-certified and has met minimum federal requirements for patient care and management.”

To learn whether your senior loved one may be eligible to receive Medicare coverage for home health services, visit http://www.Medicare.gov/coverage/home-health-services.html.

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

When interviewing an agency make sure you understand exactly what services it will provide and those it will not provide, including those it is forbidden to provide by law. Families are allowed to provide any care for a family member, but professionals have to abide by applicable law. For instance, in many jurisdictions, invasive procedures such as injections and maintenance of feeding tubes may not be administered by non-skilled professionals. You may need a doctor or a nurse to perform these procedures.*

Questions to ask a home health care provider:

- Is the individual an agency employee (recommended arrangement),
- an independent contractor with a registry, or are they working on their own/independent?
- Have the caregivers been trained? Do they receive ongoing training?
  - By whom?
  - Extent of training?
  - Does this training include special dementia or Alzheimer’s

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• Have the caregivers passed undergone a criminal background check and drug screening, and have personal references been secured on all caregivers?

• Are the caregivers bonded and insured? This means the company covers claims and insurance, so the home owner is not liable should something happen.

• Does the caregiver have workers’ compensation coverage?

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  • Who pays the caregiver and pays/reports any applicable taxes?

• How much flexibility will you have in setting a schedule for services? Who schedules the caregiver?

• How much notice does the agency or registry need to begin or cancel service?

• What is the cost of service including:
  • Minimum hours of service per visit / week / month?
  • Special overnight rates?

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

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

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

**Home Instead Senior Care:** HomelInstead.com

**Affiliated Web sites:**

- **Stages of Senior Care:** StagesofSeniorCare.com
- **Cooking for Seniors:** FoodsforSeniors.com
- **Talking with Seniors – The 40-70 Rule:** 4070Talk.com
- **Caregiver Stress:** CaregiverStress.com
- **Caregiver Distress:** FamilyCaregiverStressRelief.com
- **Intergenerational Living – Too Close for Comfort:** MakeWayforMom.com
- **Activities for the Mind, Body and Soul:** GetMomMoving.com
- **National Private Duty Association:** PrivateDutyHomeCare.org
- **Visiting Nurse Association:** vnaa.org
- **Centers for Medicare and Medicaid:** cms.hhs.gov
About Home Instead Senior Care

Founded in 1994 in Omaha, Nebraska, by Lori and Paul Hogan, the Home Instead Senior Care® network provides personalized care, support and education to help enhance the lives of aging adults and their families. Today, this network is the world’s leading provider of in-home care services for seniors, with more than 1,000 independently owned and operated franchises that are estimated to annually provide more than 50 million hours of care throughout the United States and 16 other countries. Local Home Instead Senior Care offices employ approximately 65,000 CAREGiversSM worldwide who provide basic support services that enable seniors to live safely and comfortably in their own homes for as long as possible. The Home Instead Senior Care network strives to partner with each client and his or her family members to help meet that individual’s needs. Services span the care continuum -- from providing companionship and personal care to specialized Alzheimer’s care and hospice support. Also available are family caregiver education and support resources. At Home Instead Senior Care, it’s relationship before task, while striving to provide superior quality service.

For a free no-obligation consultation, contact a franchise office near you by visiting HomeInstead.com.
Sorting through the surprisingly complex world of senior care can be overwhelming. That’s why Lori and Paul Hogan wrote *Stages of Senior Care – Your Step-by-Step Guide to Making the Best Decisions*, a practical, comprehensive guide to help you make senior care decisions for your aging loved ones based on their current needs and future desires. *Stages of Senior Care* provides tools to assess your loved ones’ care requirements and illustrates how to calculate costs, avoid pitfalls, identify scams, and choose the right options now and into the future. Lori and Paul Hogan are Founders of the Home Instead Senior Care network, one of the world’s largest providers of non-medical, in-home care for seniors.
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