

HDSA Long Term Care Series

Understanding In-home Care Options

“Home health” is often used very generically but has important distinctions as far as payor source, level of care and length of care. Below is an overview of home care options. For more information, contact your local HDSA social worker here: <https://hdsa.org/about-hdsa/locate-resources/>

There are three basic types of in-home care: Home health, private duty, and hospice

- Home health
 - Temporary, intermittent, time-limited nursing or rehab services in the home with the goal of treating an illness or injury and regain independence
 - Typically covered by Medicare Part A, Part B, and Medicare Advantage Plans
 - Requires a doctor’s order; patient must be under a doctor’s care.
 - You must be homebound
 - What home health ISN’T: more than an hour or so per visit, home delivered meals, homemaking, custodial or personal care
 - Costs under Original Medicare—\$0 for home health, 20% for equipment. May vary with other insurance types.
- Private duty
 - Non-medical assistance with housekeeping, personal care, meal prep, medication reminders, shopping, companionship
 - Not covered by medical insurance
 - MAY be covered by Medicaid (must meet very stringent medical and financial criteria which varies from state to state) or VA
 - Usually covered in Long Term Care insurance policies
 - Cost: ~\$25 per hour through an agency. Usually a minimum of 3-4 hours up to 24 hours. Less expensive when you hire outside of an agency.
 - Advantages of hiring an agency: screening/hiring/firing, liability, training, taxes, back-up, skill set can change as needs change, more likely to be covered by an outside payor source
 - Advantages of hiring a private aide: cost, consistency of having one worker, more choice in who you hire, flexibility in scheduling (e.g. no minimum number of hours)

- Hospice
 - Intermittent care to people who are approaching the end of their life
 - Care includes nurse and nurse aide (typically twice a week each, roughly for an hour per visit), plus 24 hour on-call availability, social worker, chaplain, volunteers, and more
 - Care can be provided at home but also in NH or hospice facility
 - Cost—medical insurance almost always covers the cost of hospice care in full
 - Staff, medications and DME paid for by hospice
 - Covers occasional respite and may cover continuous care in period of crisis

- Additional resources:

- Huntington’s Disease Society of America: <https://hdsa.org/about-hdsa/locate-resources/>
- Medicare and Home Health Care: <https://www.medicare.gov/what-medicare-covers/whats-home-health-care>
- Family Caregiver Alliance www.caregiver.org/
- Home Health- <https://www.medicare.gov/care-compare/>
- National Area Agency on Aging: <https://www.n4a.org/>

What is “respite”?

- Short-term, time limited break for caregivers
- Helps to reduce burnout, lengthen the time care recipient can remain at home, and preserve the physical, emotional and financial stability of the caregiver.
- Self care is important; don’t wait until the brink of exhaustion or your health fails
- Can be provided in the home or a facility
- Can be a once a week “day off,” an occasional weekend, two weeks in a facility...however you conceive of it!
- Best when planned in advance—“Emergency” respite isn’t really respite for the caregiver but rather a response to a crisis
- Cost—depends on type of care—utilizes the same payment models already discussed
- Some agencies and community organizations have limited funds for respite
- Some religious institutions may offer volunteers.