Home Care 101

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Estimated Course Length:
45 minutes

Learner’s Objectives:

1. Define home care.
2. List the “Medicare and Medicaid Certified Home Care Criteria.”
3. List the “Medicare and Medicaid Hospice Care Criteria.”
4. Discuss the credentials, roles and responsibilities of various home care clinicians.
5. State the types of Home Care Services that are available.
6. Recall indications that identify patients who may be appropriate for Certified Home Care.
7. Recall indications that identify patients who may be appropriate for Home Care Palliative or Hospice Services.
Introduction

In the broadest sense, "home care" is the provision of health services and/or support services to individuals (patients) in their home, or other non-institutional settings, because of a health related condition or disability.

It is a true benefit for homebound patients to have their healthcare needs met in the comfort and familiarity of the place they call home. Homebound patients often rely on family members for care, and these family members frequently feel “stretched” as they deal with taking care of their loved one while at the same time also taking care of their own personal and family needs. Home care providers not only support and provide healthcare services to patients in their home, but they also enable the patient’s care providers to continue with the at home arrangement by providing, often times, desperately needed support.

Clinicians caring for patients in this setting find their work to be very rewarding, as they have the opportunity to provide true "holistic" healthcare. It is also very rewarding to build a rapport with a patient and their family members in the home setting.

Patients and their family members tend to retain more education and information delivered to them in the home environment. Patients do receive education in the hospital setting, but they often do not retain the information. Why? Because their symptoms are acute, they are often in pain, anxious, and in an unfamiliar environment. Often, the patient does not have members of their social support system present when need-to-know information about their own self-care is delivered. Home Care services can bridge this gap.

It has been said, for every day a patient spends in the hospital, it takes three days to recover at home and to be able to function at the pre-hospitalization level. Hospitalized patients are often sleep deprived and bedbound. They do not exercise and often lack stimulation. For these reasons and others, it is very important for the patient, especially the chronic re-admission patient, to have home care as an option. Some goals of homecare are to reduce re-hospitalizations, improve the patient’s knowledge about symptom and medication management, and to help the patient return to, at the very least, their pre-hospitalization level of functioning.
Medicare, most state Medicaid programs, and many commercial and private insurance plans include coverage for certified health related home care services. The criteria for a patient to receive home care may vary for each type of insurer.

See “Medicare and Medicaid Certified Home Care Criteria” and “Medicare and Medicaid Hospice Care Criteria.”

**Medicare and Medicaid Certified Home Care Criteria**

Medicare and Medicaid criterion for certified home care includes the verbiage of a patient being “homebound.” Being “homebound” is defined as:

- Has a normal inability to leave home (short infrequent events are acceptable—i.e., weddings, funerals, beauty shop)
- Cannot leave the home except with the aid of supportive devices such as crutches, canes, wheelchairs, walkers, special transportation
- Needs assistance of another person to be able to leave the home
- Leaving home is medically contraindicated (i.e. post op restrictions)
- Leaving home would require a considerable and taxing effort

**NOTE:** “Homebound” does NOT mean “bedbound”

**NOTE:** A relative’s home, shelter, residential senior living apartment, and/or nursing facility are all acceptable settings for a patient to receive home care.

**Medicare and Medicaid Hospice Care Criteria**

- The Certifying Physician and the Hospice Medical Director certify that the patient has a prognosis of 6 months or less given the normal course of their disease.
- The patient (or designee if the patient is unable to make decisions) must elect to receive hospice palliative care in place of curative care.
- The patient must have Medicare Part A for Medicare Hospice and Medicaid for Medicaid Hospice benefits.
- Hospices must provide care regardless of a patient’s insurance or their ability to pay.
- A hospice may not deny access based on a patient’s code status or lack of primary caregiver.
- A patient’s home is wherever they call home: relative’s home, shelter, adult foster care, independent living, residential senior living apartment, and/or skilled nursing facility are all acceptable settings for a patient to receive hospice care.
Home Care Services

The needs of the patient dictate the types of home care services provided. The following describes the typical services offered by home care service providers.

Certified Home Care

Admission to a Certified Home Care can only be made under the direction of a physician, based upon the patient’s identified care needs, homebound status and the type of services required. Services can be provided directly or through coordination with other organizations. Working with the physician, qualified home care staff will plan, coordinate and provide care tailored to the patient needs.

Home Care services include:

- Skilled Nursing Care
- Physical Therapy
- Occupational Therapy
- Speech Therapy
- Medical Social Services
- Home Health Aide Services
- Infusion Therapy
- Nutrition Therapy
- Medical Supplies & Equipment

Specific patient needs should be considered when ordering home care services. Some home health agencies provide additional programs designed for specific conditions.

Specialty programs provided by McLaren Homecare Group include:

- **Maximum Mobility**—designed to improve functional mobility for those facing balance problems (PT & OT).
- **Senior Sight**—designed to improve home safety and independence for visually impaired patients (OT).
- **Joint Express at Home**—designed to assist hip and knee replacement patients to return home safely with therapy services prior to outpatient therapy (PT, OT).
- **Palliative Care at Home**—this patient goal directed program focuses on symptom management for advanced illness while continuing curative treatment and disease management (Palliative).
- **Chronic Care**—designed to help patients manage their heart failure or COPD to prevent hospital readmissions. Includes disease protocols, telehealth monitoring, and patient education and “coaching” (RN, PT, OT)
- **Stroke Care**—rehabilitative home care program designed to help stroke patients manage their therapy and perform activities of daily living while they focus on healing.
**Hospice Services**

In 1983, Medicare added the Hospice benefit, modeled after the experience of hospice providers in England and in the United States. These early pioneers initiated what is now standard protocol for hospice providers throughout the United States - a team approach, of "interdisciplinary care" for terminally ill individuals and their caregivers in the home setting.

The Hospice team provides:

- Nursing Care (RN, LPN/LVN)
- Physician care by the Medical Director and Attending Physician
- Social Work
- Hospice Home Health Aide
- Counseling—Psychosocial, Spiritual, Bereavement and Dietary
- Physical Therapy
- Occupational Therapy
- Volunteer Support

There are four levels of Hospice care:
Routine Care, Inpatient Care for respite up to 5 days, General Inpatient for pain and symptom control and Continuous Care in the home for times of short-term crisis.

Hospice must provide medications and medical supplies and equipment related to the patient’s hospice diagnosis.

**Palliative**

Unlike hospice care, palliative care is appropriate for patients in all disease stages, including those undergoing treatment for curable illnesses and those living with chronic diseases, as well as patients who are nearing the end of life. Like hospice, “palliative care” utilizes a multidisciplinary approach to patient care, relying on input from physicians, pharmacists, nurses, social workers, and other allied health professionals in formulating a plan of care to relieve suffering in all areas of a patient's life. This multidisciplinary approach allows the palliative care team to address physical, emotional, spiritual, and social concerns that arise with advanced illness.

Home palliative care services are paid for when the patient meets Medicare/Medicaid Certified Home Care Criteria, or specific commercial insurance criteria.
**HME/DME**

The Home Medical Equipment (HME) service is also referred to as Durable Medical Equipment (DME). Products and services provided by HME/DME include:

- Clinical respiratory services by respiratory therapists
- Oxygen equipment/supplies and education needed to administer oxygen safely
- Medical supplies such as sleep apnea equipment/supplies, bandages, catheters, ostomy and diabetic supplies, support hose
- Medical equipment such as beds, wheelchairs, walkers, crutches and shower benches
- Other items and services—nutrition supplements, tube feeding products, diabetic shoes, mastectomy garments, and fitting of appliances and prosthetics

McLaren Home Medical also provides custom-fitted orthopedic bracing and supports. These may include wrist splints, knee stabilizers, elbow straps, ankle bracing and spinal bracing to assist with recovery after injury or surgery.

**Home Infusion Therapy (HIT)**

HIT relates to the administration of intravenous (IV) products and solutions to patients in their home setting and includes:

- Pharmacy and Clinical Pharmacist consultation
- Products, such as IV antibiotics, parenteral feedings (TPN), infusion supplies and equipment

McLaren Home Infusion allows patients to receive the vital medicines and fluids they need at home instead of in the hospital. Home infusion therapy is safe and effective and it also enables your patients to avoid long hospital stays and to remain in the comfort of their own surroundings.

Patients with many different illnesses or injuries such as infection, gastrointestinal disease or disorder, immune disorder, cancer and many other conditions can be treated with IV therapy in the privacy of their own home.

There are many advantages of home infusion therapy, including more privacy, increased comfort, greater convenience, personal attention and individualized education.
Home Telehealth Monitoring

This is the newest category of home care services available. Home Telehealth monitoring is offered by a variety of organizations, including home health and private duty agencies. Patients who receive Telehealth services remain in their homes and are monitored remotely from a central location through telecommunications and various health data collection technologies. Medicare does not currently pay for Telehealth, but it may be provided by home health agencies for their Medicare patients and is included in the visit cost. Telehealth can be ordered for the patient prior to being discharged from the hospital. Telehealth increases the patient’s quality of care by remote monitoring without requiring a "physical" visit from the healthcare team.

Devices/data collection may include:

- Glucose meters
- Weight scales
- Electrocardiogram (ECG)
- Blood pressure monitoring
- Pulse and Pulse Oxygen
- Peak Flow monitoring

Lifeline Emergency Response System

Lifeline Emergency Response service provides the home care patient and their families greater independence, peace of mind and dignity in the home. It also helps family caregivers balance the needs of their loved ones with the demands of their own busy lives. McLaren Homecare Group nurses assess each patient on their admission visit for risk of falling and risk for hospital re-admission. At that time, the nurse may suggest to the patient and/or caregiver the value of a home emergency response system. There are pendants and watches available, per patient preference, to activate their need for help.

How Lifeline works:

- Summons help to patient’s individualized emergency plan
- Patient hears a reassuring calming voice
- Patient gets appropriate assistance in a timely manner

Lifeline with AutoAlert technology enables patients to push the pendant-style button for help at any time. In addition, AutoAlert provides an added layer of protection by automatically placing a call for help if a fall is detected and a patient cannot push the button because they are disoriented, immobilized or unconscious.
Home Care Clinicians

Registered Nurse (RN)

RNs are licensed by the state and are responsible for assessing, planning, implementing/coordinating/directing and evaluating the delivery and the outcomes of care provided. Registered nurses in the home setting typically function as a "case manager," who develops and initiates the patient’s plan of care (POC) in conjunction with the physician.

The RN includes both the patient and their family members/care providers in the POC. Past and present illnesses, physical, functional, and psychosocial needs are addressed. As the case manager, the RN collaborates with the physician as well as other disciplines to ensure that the most consistent and complete care possible is provided.

Examples of skilled services that RNs provide in the home include (but are not limited to) the following:

- Assessments and monitoring
- Providing technical medical treatments such as complex dressing changes
- Administering medications by injection (subcutaneous, intramuscular or intravenously)
- Patient and family education about diagnoses, medications, treatments
- Identifying (and planning for) patient discharge needs
- Supervising home health aides.

Physical Therapist (PT)

PTs are licensed by the state and are responsible for assessing the rehabilitative and functional status of patients. The PT provides therapeutic interventions for muscle strengthening, mobility, gait and range of motion.

Physical Therapists also provide patient and family education, and instruct clients about how to correctly use assistive and prosthetic devices.

Examples of patient diagnoses that may require the services of a PT include (but are not limited to) the following:

- Fractures
- New prostheses
- Traumatic brain injuries
- Neurological disorders
- Bone or joint replacements

A certified physical therapy assistant (PTA/CPTA) may provide services under the supervision of a PT in home care.
**Occupational Therapist (OT)**

An OT is licensed by the state and is responsible for assessing the patient’s **functional and rehabilitative status with a focus on self-care ability, visual coordination, and muscle function**. The OT also assesses the home environment for hazards and barriers to independent functioning. The OT provides care to patients with functional limitation to improve their ability to care for themselves and enhance independence.

Examples of patient diagnoses that may require the services of an OT include (but are not limited to) the following:

- Circulatory disorders
- Respiratory disorders
- Neurological disorders
- Fractures, bone or joint replacements
- Traumatic brain injuries and neuromuscular problems.

An **occupational therapy assistant (OTA/COTA)** may provide services under the supervision of an OT in home care.

**Speech-Language Pathologist (SLP)**

A SLP must meet the education or experience requirements for a Certificate of Clinical Competence granted by the American Speech-Language-Hearing Association and this person is responsible for **assessing the language deficits and rehabilitative status of patients**.

The SLP provides care for patients with **feeding, language and cognitive needs**. The SLP provides therapeutic interventions and functional communication strategies for speech, reading and writing problems. They make recommendations for feeding precautions and exercises and treatment for memory loss, problem solving and sequencing problems.

Examples of patient diagnoses requiring the services of an SLP include (but are not limited to) the following:

- Neurological and neuromuscular disorders
- Neoplasms
- Hearing deficits
- Traumatic brain injuries

A **speech therapy assistant (STA)** may provide services under the supervision of a SLP in home care.
**Medical Social Worker (MSW)**

A MSW is responsible for assessing the **psychosocial status** and needs of the patient and family related to the patient's illness and environment. The MSW **provides care for those patients with resource deficits**—no social support system (family, friends), inadequate finances and/or living arrangements. The MSW also deals with **end of life issues**.

Medicare-certified home health agencies are required to employ individuals with the following qualifications: a person who has a master's degree from an accredited school and has one year of social work experience in a health care setting.

The Medicare Conditions of Participation (CoPs) for home health agencies define a social work assistant as a person with a baccalaureate degree in social work, psychology, sociology or other fields related to social work, having at least one year of experience in a health care setting.

**Home Health/Hospice Aide**

The home health aide is a paraprofessional member of the home care team who works under the supervision of a registered nurse or therapist and is responsible for performing **personal care services** such as, assistance with bathing, toileting, ambulation, meal preparation and range of motion exercises, as well as light housekeeping. The home health/hospice aide is responsible for observing the patient, reporting and documenting observations and patient care performed.

**Registered Dietitian (RD)**

The registered dietitian is a person registered by the American Dietetic Association and is responsible for **assessing the nutritional needs** of a patient, **assisting with meal planning and suggesting dietary supplements** to improve the patient's nutritional status. Although many insurers, such as Medicare, do not pay for dietitian services, it is required that home health and hospice organizations supply RD services when patient needs arise.
The Following Indicators Identify Patients Who May Be Appropriate for Certified Home Care

- Patients with an exacerbation of a condition or new diagnosis (i.e. Heart Failure, COPD, Pneumonia, Diabetes, Acute Myocardial Infarction, Debility, Rehab)
- Patients who have new/changed medication or treatment regime
- A patient being discharged from the hospital requiring post-discharge treatment, assessment or teaching such as: Infusion Therapy, Wound Care, Post-Operative Care/Restriction (i.e., hip joint replacement/no driving)
- Multiple **co-morbidities and/or medications
- Changes in assessment and treatment plan requiring skilled intervention/education
- Require the skills of a professional for safe, effective treatment/environment
- Part-time or intermittent services, recurring less than daily or daily for a finite, predictable period of time
- Patients at a high fall/safety risk
- Elderly

**Co-morbidity (definition): either the presence of one or more disorders or diseases in addition to a primary disease or disorder.

The Following Indicators Identify Patients Who May Be Appropriate for Home Care Palliative or Hospice

- Questionable support system availability in the home setting
- A patient with a terminal diagnosis and/or prognosis
- A patient who received Inpatient Palliative services during their hospitalization
- A patient who has had multiple hospitalizations for management of disease progression and/or exacerbations

Conclusion

In this course, we defined home care and discussed the criteria defined by Medicare and Medicaid that qualifies an individual to be a recipient of either Certified Home Care or Hospice services. We discussed the types of Home Care services that are available and the credentials, roles and responsibilities of the clinicians who provide these services. Lastly, and most importantly, we identified indicators that will help us to identify patients who may be appropriate for Certified Home Care, Palliative and/or Hospice Services.
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