

Utilizing Home Health Services

Presented by



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Alzheimer's Texas

A privately funded voluntary health organization formed in 1982 to serve Central Texans with Alzheimer's disease and their caregivers.

MISSION

To eliminate Alzheimer's disease and related disorders through the advancement of research and to enhance care and support for individuals, their families, and caregivers.

VISION

To create and sustain a dementia capable Texas in which persons with Alzheimer's and related disorders, and their families, receive quality care, effective treatments, and meaningful support.



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Learning Objectives

- Define and understand the spectrum of services covered under home health care.
- Learn strategies for identifying when and how caregivers and family members can advocate for home health services for their loved one based on changes in condition.
- Understand key differences between home health and attendant care services.
- Think about and share ways we are supporting ourselves or others who might benefit from utilizing home health services.



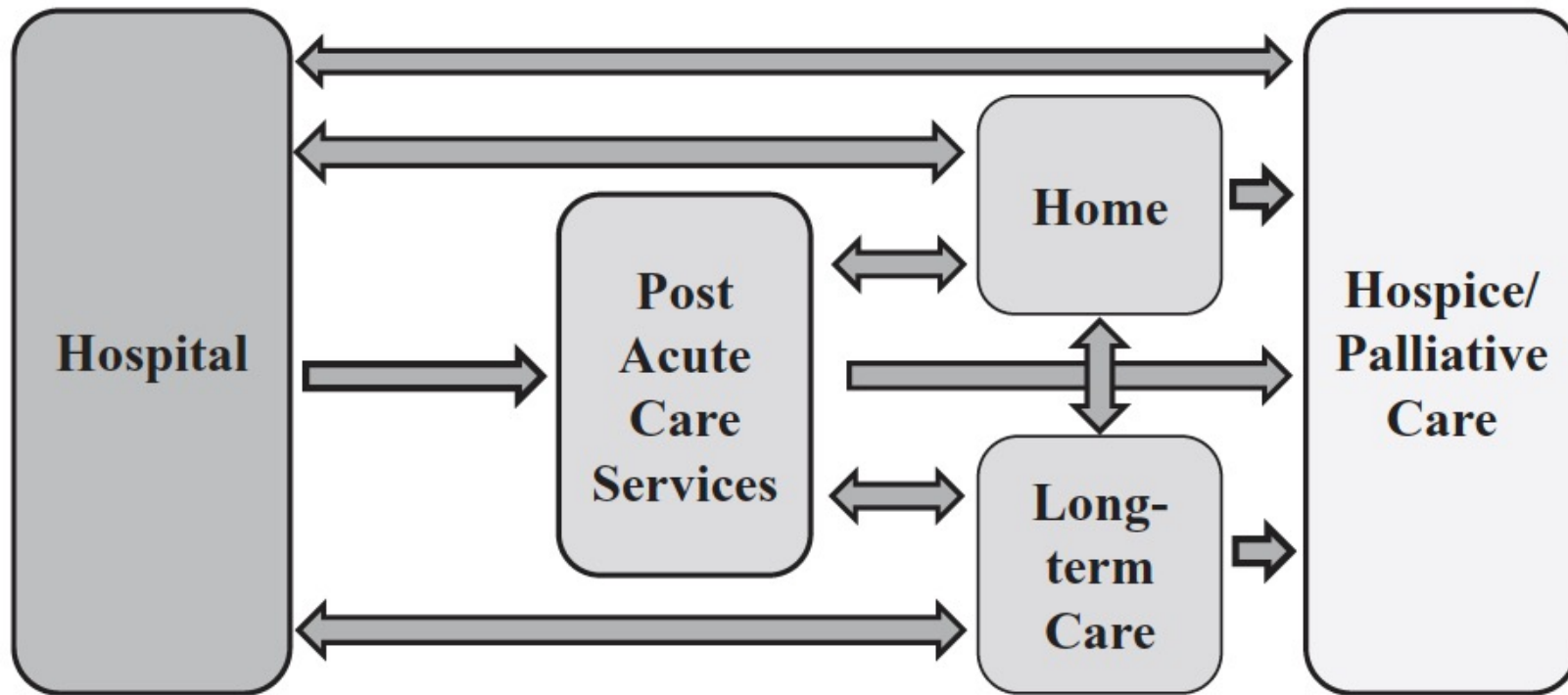


Figure 1. Common transitions in care across and between settings and providers.

(Hirschman and Hodgson, 2017)



Which Services are Covered Under Home Health Care

Medicare covers medically necessary:

- ✓ Part-Time Or "Intermittent" Skilled Nursing Care
- ✓ Physical Therapy
- ✓ Occupational Therapy
- ✓ Speech-Language Pathology Services
- ✓ Medical social services
- ✓ Part-time or intermittent home health aide services (personal hands-on care)
- ✓ Injectable osteoporosis drugs for women
- ✓ Safety assessment of the physical home environment



What are the Potential Benefits of Home Health Care?

People Living with Dementia Can Benefit from Home Health Care

- May improve a range of important outcomes for people with living with dementia, including:
 - improvement in ability to engage in activities of daily living
 - reduction in behavioral and psychological symptoms.
(Bennett et. al, 2019; Sampaio, et. al, 2021).
 - reduction in falls/improvement in walking & balance (Brett, et. al, 2021; Begde, et. al, 2021)
 - Increased safety in the home
 - possible reduction in the need for (re)hospitalization
 - socialization

Caregivers Can Benefit from Home Health Care

- stress reduction (Sampaio, et. al, 2021)
- potential for temporary reduction in formal caregiving responsibilities (bathing, grooming)
- education on safety measures, medication management, and other best practices



What are the limitations of Home Health Services?

- Personal care needs alone do not qualify a person for home health services
- Time limited; Not a long-term solution
- Can be provided up to seven days a week for no more than eight hours per day (often less frequent)
- Services are discontinued when patient is no longer showing progress
- A person cannot receive hospice and home health services at the same time
- Caregivers often need attendant care services in addition to home health care



What's the Difference Between Attendant Care and Home Health Services?

- Attendant care includes medical and non-medically related personal care services provided to meet a person's daily care needs, such as grooming, bathing, meal preparation.
- Usually selected and hired by the person's family and is not covered by a person's health insurance, unless covered by long-term care insurance, Medicaid, and/or veteran's insurance.
- Does not require a doctor's order and can be initiated at any time.
- Attendant care agencies provide a wide range of services not covered under the home health care benefit, including care for longer periods of time, cleaning, cooking, etc.



When is a Person Eligible for Home Health Care?

- ❑ Medicare covers home health services when a person needs part-time or intermittent skilled services, experiences a change in condition and/or discharges from an inpatient setting, such as the hospital or skilled nursing facility.
- ❑ A doctor, or other health care provider, must see a patient face-to-face before certifying that they need home health services. Usually, a home health care agency coordinates the services ordered by a doctor.
- ❑ A doctor or other provider must order your care, and a Medicare-certified home health agency must provide it.
- ❑ Person must be “homebound” (can leave for medical treatment, religious services or adult day care)
 - ✓ A person has trouble leaving their home without help (like using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of an illness or injury.
 - ✓ Leaving their home isn’t recommended because of their condition.
 - ✓ They are normally unable to leave their home because it’s a major effort.

How Much Will Home Health Care Cost?

Medicare Part A (After Discharge from Inpatient Care):	Medicare Part B (After Change in Condition with no Inpatient Care):
Must spend three consecutive midnights in a hospital under inpatient care or have a Medicare-covered Skilled Nursing Facility stay	A doctor, or other health care provider, must see a patient face-to-face before certifying that they need home health services.
Part A covers your first 100 days of home health care with no copay or deductible, as long as the patient continues to make functional progress.	Patient must be recertified at a minimum of every 60 days; No copay or deductible.
You must receive home health services within 14 days of your hospital or SNF discharge to be covered under Part A.	Patient must continue to make functional progress.



Durable Medical Equipment

- Air-fluidized beds and other support surfaces (these supplies are only rented)
- Blood sugar monitors
- Blood sugar glucose test strips
- Canes (however, white canes for the visually impaired are not covered)
- Commode chairs
- Continuous passive motion (CPM) machine
- Crutches
- Hospital beds
- Infusion pumps and supplies (to administer certain drugs)
- Manual Wheelchairs and power mobility devices
- Nebulizers and nebulizer medications
- Oxygen equipment and accessories
- Patient lifts
- Sleep apnea and Continuous Positive Airway Pressure (CPAP) devices
- Traction equipment
- Walkers

*Patient pays 20% of the [Medicare-approved amount](#), and the Part B [deductible](#) applies. Medicare pays for different kinds of DME in different ways, depending on the type of equipment. Contact contracted DME companies for assistance.



When Should I Discuss Home Health Care with My Loved One's Doctor?

Frequent falls or injuries

Medical procedure with limited recovery

Health event, such as Stroke/Heart attack

Mood or behavioral changes

Discharge after hospitalization

General decline in cognition and/or physical functioning

Difficulty swallowing, eating, or feeding oneself

Difficulty ambulating or loss of balance



Where Can A Person Receive Home Health Services?

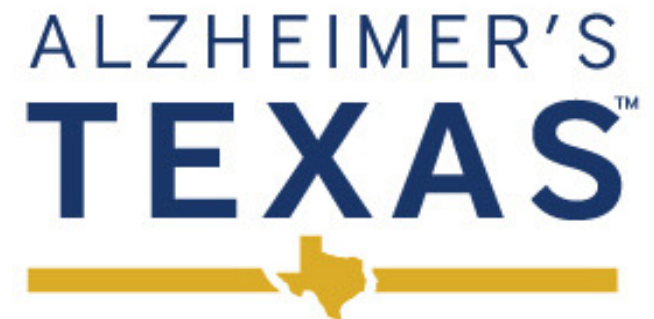
- Home/Independent Living
- Assisted Living/Memory Care
- Skilled Nursing Facility (If they are not already receiving rehabilitation services under Medicare Part A)
- Personal Care Home



Resources for In-Home Care & Assistance

- ✓ 1-800-MEDICARE; <https://www.medicare.gov/>
- ✓ Texas Health and Human Services – Community Attendant Services (CAS) – attendant care for persons with lower incomes
<https://www.hhs.texas.gov/providers/long-term-care-providers/community-attendant-services-cas>
- ✓ Austin Area Agency on Aging – Care Coordination and Caregiver Support:
<https://www.capcog.org/what-we-do/care-guidance-services/>
- ✓ Private Duty Attendant Care:
 - Aging Care: <https://www.agingcare.com/>
 - Care.com: <https://www.care.com/>
- ✓ Age of Central Texas: Durable Medical Equipment Closet
<https://ageofcentraltx.org/index.php/seniors/health-equipment/>





Questions?

What do you want us to know?

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