

## The Secret of Staying at Home

There are now almost 40 million people aged 65 and older in the U.S. As only 5% of these seniors reside permanently in nursing homes, there are 38 million seniors living in the community who experience increasing needs for home based services as they grow older and more frail. This rapidly aging population has created an unprecedented and expanding need for home based services, and in some areas of the state, the business community has responded with a plethora of options. The availability and affordability of home services has a large impact on whether seniors are able to remain in the community or whether they must move into a care facility to ensure their safety and well-being. But the “secret” of their remaining successfully at home is their ability to obtain appropriate services on an ongoing basis to meet their changing health and social care needs.

Home services encompass many different types and levels of services

and care. While there is a wealth of services available in many areas of the state, there is also a wide variance in both quality and price of services. However, it can be difficult for seniors to obtain the services they need for several reasons. First, they may have problems with accurately identifying their specific needs if they have problems with physical health, depression, forgetfulness, loneliness, isolation or other issues associated with loss and aging. Others fear being moved from their homes if they can’t handle things independently, and so deliberately don’t ask family or friends for assistance. Even when they know they need help with certain tasks, such as shopping or snow removal, they may be unable to problem-solve in an effective manner to secure the needed service. Some people are very reluctant to allow services providers into their homes, which can be due to a justified fear of exploitation or physical assault. And sometimes seniors are

### MAJOR REASONS FOR FAILURE OF HOME CARE SERVICES

- Client’s needs are not accurately or thoroughly identified.
- Client doesn’t perceive a need for services.
- Inappropriate type or level of services provided.
- Incompetent and/or dishonest service providers.
- Client is resistant to having services.
- Client is resistant to paying for services.

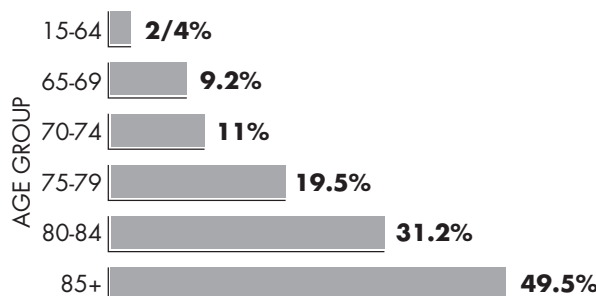
extremely reluctant to pay for services despite their ability to do so.

The first step in overcoming these issues is to determine exactly what type of services are needed, in what frequency and in what duration. Many people have found that the most effective manner to help seniors obtain necessary health and home based services is to secure the assistance of a professional geriatric care manager or care consultant. Along with the established professions of accounting, law, and financial planning, care management is a profession which has emerged since the mid-1960s. It’s mission is to assist vulnerable individuals in securing necessary and appropriate services to maximize their independence and well-being.

Case management is defined by the Commission for Case Manager Certification as follows:

“Case management is a collaborative process which assesses, plans,

**Percent of people needing assistance with everyday activities**  
(1991 data)



Source: U.S. Bureau of the Census, 1991 data

implements, coordinates, monitors, and evaluates the options and services required to meet an individual's health needs, using communication and available resources to promote quality, cost-effective outcomes.”

The skilled geriatric care consultant will be able to evaluate each client's specific needs for health and social services, including any of those listed in the Home Based Services chart on page 4, and then develop a plan of care which thoroughly considers all possible care options. The client, family or responsible party must then select the preferred care options before the care consultant can implement the chosen plan.

To obtain the most objective assessment and care options, consumers should consider hiring a care manager who is not affiliated with other providers, such as hospitals, clinics, home care agencies, etc. and who does not benefit personally or corporately by the services recommend. For example, a care manager might determine that a client who requires 24 hour supervision could employ live-in home health aides at a cost of \$195 per day or \$5850 per month, or the client could move to an assisted living unit which provides that level of supervision as well as meals, housekeeping, activities and other amenities, at a cost of \$1900 per month. If the care manager, his/her company or subsidiary stands to make a 20% profit of \$1,170 per month on 24 hour home care services, the care manager may not even offer the assisted living option.

Once the care consultant has identified the needs, presented care options and obtained the responsible party's approval to implement a plan, new challenges are presented. In arranging for approved services, the care consultant should convey the client's specific requests and concerns to potential providers to ensure

that the provider is willing and able to meet the requests. Elderly home care clients are often fearful of having male caregivers or caregivers of different ethnicity than their own in their homes. While home care agencies must comply with state and federal anti-discrimination laws, clients do retain a right to decide who may come into their homes to provide care. Some agencies will allow the client to interview carefully selected candidates prior to initiating services. Then, to overcome the client's resistance to having “strangers” in the house, the care consultant will usually meet the the new provider at the client's home for the first visit to introduce the caregiver to the client and ensure that the home care program begins in a positive manner.

Because so many seniors are loathe to spend their money for their own services, it is sometimes necessary to have a family member or attorney-in-fact (Power of Attorney) sign the provider's contract or service agreement, as well as receive and pay the bills for the service providers from the client's funds. This can minimize the client's tendency to cancel services upon receipt of the first invoice, a common occurrence.

Because of previous abuse and exploitation of vulnerable seniors, Minnesota has licensure requirements for all home health care providers, both individuals and agencies. Licenses are granted through the Minnesota Department of Health, and licensees must maintain certain standards of care and documentation. They must comply with all state and federal regulations regarding tax withholding, worker's compensation insurance, unemployment compensation, and other employment laws. Companies providing only companion services are not required to be licensed, but must be registered with the Minnesota Department of Health, and meet the state and federal employment regulations.

While consumers can hire private individuals to provide home health care services, these paraprofessionals are required to have a Class C license and to be supervised by a registered nurse. In Minnesota, tasks carried out by paraprofessional home care providers are designated as Home Care Aides (HCA) tasks and Home Health Aide (HHA) tasks. HHAs are allowed to care for more dependent and ill individuals than HCAs, and require more frequent nursing supervision. Registered nurses, including nurse case managers, can determine whether a client's care needs include HHA tasks or HCA tasks, and recommend services accordingly. The major factors in determining whether clients require HHA tasks or HCA tasks and what HHAs and HCAs are allowed to do are:

<b>Criteria</b>	<b>Home Health Aide Tasks</b>	<b>Home Care Aide Tasks</b>
<b>Medication Assistance</b>	Medication administration with RN supervision every 14 days	Medication reminders only
<b>Client's ability to walk</b>	Clients may be non-ambulatory	Clients must be ambulatory
<b>Client's degree of illness</b>	Clients may be acutely ill	Clients may not be acutely ill

Home care aides and home health aides are never allowed to “set up” medications in med reminder boxes, or to administer them from bottles. This must be done by a registered or licensed nurse, who is to instruct the HHA on proper administration of medications, possible side effects and when to notify the nurse of concerns. This rule is for the protection of the consumer, as home health aides do not have the education and training to identify needs and problems and take appropriate steps to remedy these concerns. This type of supervi-

sion is consistent with that provided to paraprofessional nursing staff by registered nurses in hospitals and nursing homes.

There are significant issues to consider in deciding whether to hire home care providers privately or through an agency. Consumers should carefully consider the benefits and drawbacks of each option before making a decision, especially when it comes to choosing people who provide direct caregiving services. (See summary chart to the right of this column.)

<b>PRIVATELY HIRED CAREGIVERS</b>	<b>AGENCY CAREGIVERS</b>
<p>Client advertises and hires, giving more control over choice of caregivers.</p> <p>Caregiving done by a “care team” hired by client/responsible party, provides consistency.</p> <p>Client must handle employment issues: criminal background checks, worker’s comp insurance, tax withholding and payment of FICA, etc.</p> <p>Client must obtain RN supervision or care-givers must function without RN supervision.</p> <p>Client must secure RN for medication setup or do without RN medication management.</p> <p>Client must be responsible for scheduling and for providing own backup for sick calls, etc.</p>	<p>Agency advertises and hires. Some agencies allow client to interview caregivers.</p> <p>Few agencies use “care team;” may assign any available caregiver, resulting in less consistency.</p> <p>Agency handles all employment issues, including criminal background check, tax withholding, FICA payment, worker’s comp, etc.</p> <p>Agency provides RN supervision as part of caregiver’s hourly fee.</p> <p>Agency provides RN medication management and setup, usually as part of hourly fee.</p> <p>Agency is responsible for scheduling; some provide backup in case of sick calls, etc.</p>

## MINNESOTA HOME CARE LICENSE INFORMATION

	<b>Class A</b>	<b>Class B</b>	<b>Class C</b>	<b>Class D</b>	<b>Class E</b>
<b>Type of services and providers</b>	RN, LPN, HHA, homemaker, PT, OT, Speech Tx, Respiratory Tx, Nutrition, Social work, Equipment	Home care aide (HCA); Homemaker	Individual Paraprofessional (HHA & HCA)	Hospice: RN, LPN, HHA, homemaker, volunteer, social worker, chaplain	Assisted living: Available only to residents of the residential center.
<b>Types of clients served</b>	All	Can walk and not acutely ill	HCA—can walk not acutely ill; HHA—all	Terminally ill	Resides in center; not acutely ill
<b>Criminal background checks</b>	Required prior to working	Required prior to working	Not required	Required prior to working	Required prior to working
<b>Employee or Independent Contractor</b>	Employees of agency	Employees of agency	Employees or independent contractors of client	Employees of agency	Employees of agency
<b>Worker’s Comp Ins.</b>	Required for licensure	Required for licensure	Not required for licensure	Required for licensure	Required for licensure
<b>Initial RN orientation</b>	Required prior to working	HCA—required Homemaker—not required	Required prior to working	Required prior to working	Required prior to working
<b>Ongoing RN supervision</b>	Every 14 to 60 days	HCA - every 60 days. Homemaker—no	HHA - every 14 to 60 days. HCA - every 60 days.	Every 14 to 60 days	Every 60 days

## HOME BASED SERVICES

TYPE OF SERVICE	SERVICES PROVIDED	SERVICES PROVIDED BY	CUSTOMARY COST
Care management services	Identify needs; Develop care plan; Find care options; Implement care plan; Adjust care plan; Advocate for client.	Registered nurse Social worker Gerontologist County agencies Charitable agencies	Free to indigent Minnesota residents; “fee for service” ranging from income- based sliding scale to \$100+/hour.
Home management services	Car and home repair/ maintenance; Lawn care; Snow removal; Opening/ closing of seasonal property	Family Neighbors Businesses Contractors Professional management firms	Free to “fee for service” to monthly or annual service contract.
Companion services	Visiting; reading; writing letters; paying bills; traveling, going on outings.	Family Friends Neighbors Private companion Companion agency	Free to hourly fee of \$12.00 to \$18.00 for paid companion.
Homemaking services	Cooking, sewing, shopping, laundry, cleaning, meal preparation, homemaking	Family Neighbors Private housekeeper Agency housekeeper	Free to hourly fee from \$14.00 to \$20.00 for paid housekeeper.
Personal care services	Bathing, dressing, grooming, help with walking, toileting, transferring, wheeling, and incontinence management	Family Private pay aide Personal care aide Home care aide Home health aide	Free to hourly fee from \$18.00 to \$21.00 per hour or live-in rate of \$170 to \$200 per day.
Professional care services	Skilled nursing Aide supervision Physical therapy Speech therapy Occupational therapy Dietician services Pharmacy services Respiratory services	Registered nurse Registered nurse Physical therapist Speech therapist Occupational therapist Registered Dietician Pharmacist Respiratory therapist	\$75 to \$125 per visit by each professional; all or part of fee may be covered by Medicare or health insurance.
Terminal care services	Skilled nursing Bath visits Respite care Medications Equipment Counseling Pastoral care Support groups	Registered nurse Home health aide Volunteers Pharmacy Equipment service Social worker Chaplain Hospice agency	All or part of fees usually covered by Medicare or health insurance hospice benefit. “Shifts” or extended hours are not covered.
Equipment provider services	Durable & disposable medical equipment & supplies; IV drugs & supplies; tube feedings & equipment; Oxygen & supplies	Home care equipment companies; IV pharmacies	All or part of cost for certain supplies and equipment covered by Medicare and health insurance when specific criteria are met.