

Understand the Models of Care: Make Appropriate Referrals

There are many choices for in-home care that vary in types of care, payment options and services. Making an appropriate referral is dependent upon understanding the differences and how each fits the situation where care is needed: financial ability, acuity or needs, formal and informal support, to name a few.

Private Duty Home Care (care for which services are paid directly by client or representative.)

“Private duty services are basically any supportive type of services. They run the gamut of errands and transportation, to companionship, to personal care, to nursing. Basically, whatever services someone needs to stay at home, or to supplement care in a facility for which they have the resources to pay, can fall under private duty or privately paid services. There is not usually a doctor’s order required.” Excerpted from Caring Magazine, August 2008, Merrily Orsini, MSSW, author.

Private duty/private pay services are usually paid directly by the patient or his or her family members. Long term care insurance, workers’ compensation and some armed services funding may cover private duty/private pay services if the agency qualifies for reimbursement under the policies, and if the recipient has the policies.

Private duty home care varies according to state licensure and can range from non-medical custodial care services to skilled nursing services provided to clients in their place of residence.

For **Private Duty/Private Pay Services**, there are two models: a full service agency and a nurse registry. The full service model actually employs the caregivers. There is far more safety in this model and far less potential liability for the care recipient. The care provided is by employees of the agency who are screened, trained, monitored and usually bonded and insured.

Nursing Registries/Healthcare Registries are the other model of private duty/private pay services. Registries can provide a wide range of services from basic homemaker services to skilled nursing care. This model of agency acts as a “matchmaker” service, assigning workers to clients and patients who need home care. However, they place the responsibilities of managing and supervising the worker on the patient, a family member, or a family advisor or care manager. When a registry or privately placed care provider is in a private home, supervision, monitoring, government-mandated taxes and workers’ compensation coverage usually fall on the consumer. Since the registry does not employ the caregivers, the registry personnel cannot supervise the in-home workers and oftentimes the workers are not trained. In addition, the family assumes the burden on finding replacement caregivers for relief or upon resignation of caregiver.



410A Queen Street, Suite 374 • Southington, CT 06489
800.348.0485
www.AlwaysThereHomeCare-CT.com
info@AlwaysThereHomeCare-CT.com

Medicare Home Health generally refers to Medicare-certified agencies provide services which are paid for by Medicare. Medicare is not, and was never intended to provide long term in-home care. Services are “reimbursement driven”, meaning patient has to fit into a specific category for which care is reimbursed by Medicare.

Medicare Home Health Care is skilled nursing care and certain other health care service one receives in a home setting for the treatment of an illness or injury. Medicare covers some home health care if **all** the criteria below are met:

A doctor decides medical care at home is needed, and makes a plan for that care at home, **and**

At least one of the following: intermittent (and not full time) skilled nursing care, or physical therapy or speech language pathology services, or a continued need for occupational therapy is needed, **and**

The patient is homebound—meaning being normally unable to leave home and leaving home is a major effort. If one does leave home, it must be infrequent, for a short time. The patient may, however, attend religious services or leave the house to get medical treatment, including therapeutic or psychosocial care, **and**

The care must be medically reasonable and necessary. It must be related to problems encountered by the illness or injury and the care plan must address realistic outcomes. The plan and care needed has to shows potential for an improvement in health/activities of daily living, **and**

The home health agency providing the care must be approved by the Medicare program.

Hospice Care is a special concept of care designed to provide comfort and support to patients and their families when a life-limiting illness no longer responds to cure-related treatments. Hospice care neither prolongs life nor hastens death. Hospice staff and volunteers offer a specialized knowledge of medical care, including pain management. It is generally depicted as end-of-life care and can be in a home, facility, or a hospital setting, but one requirement is that someone be with the dying patient at all times.

Most hospices accept patients who have a life expectancy of six months or less and who are referred by their personal physician. The goal of hospice care is to improve the quality of a patient’s last days by offering comfort and dignity. Hospice deals with the emotional, social and spiritual impact of the disease on the patient and the patient’s family and friends.

Hospice coverage is widely available—offered by most private insurance providers and through Medicare nationwide, and as an optional Medicaid service covered by 48 states (excluding New Hampshire, and Oklahoma).