

Home Health Care Benefit under Medicare and Illinois Medicaid

What is Home Care and Hospice?

Home Care

Home Care is a broad term that describes a range of health and social services. These services are delivered at home to recovering, disabled, chronically or terminally ill persons in need of medical, nursing, social, or therapeutic treatment and/or support and assistance with the essential activities of daily living.

Generally, home care is appropriate whenever a person prefers to stay at home but needs care that cannot easily or effectively be provided solely by family and friends. More and more older people, electing to live independent, non-institutionalized lives, are receiving home care services as their physical capabilities diminish. Younger adults who are disabled or recuperating from acute illness are choosing home care whenever possible. Adults and children diagnosed with terminal illness also are being cared for at home, receiving compassionate care and maintaining dignity at the end of life. As hospital stays decrease, increasing numbers of patients need highly skilled services when they return home. Other patients are able to avoid institutionalization altogether, receiving safe and effective care in the comfort of their own homes.

Hospice

Hospice is a major type of home care that provides care and support for persons in the last phases of incurable disease so they may live as fully and comfortably as possibly. Hospice recognizes dying as part of the normal process of living and focuses on maintaining the quality of remaining life. Coverage includes drugs, medical and support services from a Medicare-approved hospice, another services not otherwise covered by Medicare (like grief counseling) for terminal and related conditions.

Hospice is not only caring for the terminally ill, but also a philosophy that affirms life, dignity, and choice until the end. Although some hospice services may be provided in a facility (hospital, skilled nursing facility (SNF), or inpatient hospice facility) most services are provided in the patient's home. Medicare covers some short-term inpatient stays (for pain and symptom management) and inpatient respite care (care given to a hospice patient so that the usual caregiver can rest).

Who Pays for Home Care Services?

Payment for home care can come from many sources. Depending on your age, diagnosis or financial status, Medicare or Medicaid may pay for care in the home. Persons who are under age 60 and have severe disabilities may qualify for the Illinois Department of Human Services' Home Services Program. Persons age 60 or older may qualify for such programs as the Illinois Department on Aging's Community Care Program or other programs listed below. Also, private insurance offers coverage of homecare services and of course, you can pay yourself for care in the home.

Home health agency staff help verify coverage before services are provided. Most home care agencies take care of all paperwork and billing.

1. Medicare

Most Americans older than 65 are eligible for home care services through the federal Medicare program. If an individual is homebound, meaning he/she cannot leave the home without physical assistance, is under a physician's care, and requires medically necessary nursing or therapy services, he or she may be eligible for services provided by a Medicare-certified home health agency.

Depending on the patient's condition, Medicare may pay for intermittent skilled nursing; physical, occupational and speech therapies; medical equipment may also be paid for. The referring physician must authorize and periodically review the patient's plan of care. With the exception of hospice care, the services the patient receives must be part time and provided by a Medicare-certified home health agency for reimbursement. This means a nurse, therapist or home health aide comes to the patient's home for brief periods. Medicare does not cover care in the home for shift-type care - only specific tasks performed by a nurse, therapist or home health aide.

Hospice services are available to individuals who are terminally ill and have a life expectancy of six months or less; there is no requirement for the patient to be homebound or in need of skilled nursing care. A physician's certification is required to qualify an individual for the Medicare Hospice Benefit. Hospice is covered by most insurance plans, including Medicare and Medicaid, with few out-of-pocket costs to the patient. The Medicare hospice benefit covers costs related to the terminal illness, including the services of the hospice team, medical equipment and supplies

2. Medicaid

Medicaid is a joint federal-state health care program for low-income individuals. Illinois' Medicaid program, administered through the Department of Healthcare and Family Services, pays for home care and has other programs for in-home supports if people meet eligibility requirements.

3. Private Insurance

Commercial health insurance policies typically cover some home care services for when a person is recovering from surgery or illness. But benefits for long-term services vary from plan to plan. Commercial insurers, including Blue Cross and Blue Shield and others, generally pay for medical care in the home with a cost-sharing provision. Such policies occasionally cover personal care services such as help with meal preparation and light housekeeping. Most commercial and private insurance plans will cover comprehensive hospice services, including nursing, social work, therapies, personal care, medications, and medical supplies and equipment. Cost sharing varies with individual policies, but sometimes it is not required.

4. Long-Term Care Insurance

As the public's need and preference for home care has grown, private long term care insurance policies have expanded their coverage for in-home care as well as nursing home care. Home care benefits vary greatly among plans but most plans today cover home care.

5. Self Pay Insurance

People can arrange to pay for home care services themselves if they desire. Home care providers coordinate arrangements and billing. Rates and services available vary by provider.

6. Waivered Programs

These are programs for the elderly, children, developmentally disabled or disabled and handicapped adults. The Illinois Department on Aging and the Illinois Department of Human Services administer Medicaid waived programs for those who meet certain eligibility requirements related to their physical and financial needs. Waivers may not claim the parental or spousal income in order to provide the services for an individual client. Authorization for this service is made by conducting an appropriate assessment. For information on services contact the Illinois Department on Aging at 1-800-252-8966 or the Illinois Department of Human Services at 1-800-843-6154.

7. Worker's Compensation

Following an injury or accident, home care services may be ordered for rehabilitation and recovery. Each insurance company has information on the policy coverage. Services provided vary upon the policy and nature of injury or illness.

8. Veteran's Benefits

A veteran may be eligible for home care services through authorization of skilled and custodial services. Often the order for home care services is made through a Veteran's hospital or clinic.

Eligibility

There are 4 eligibility requirements for a Home Care agency to provide skilled, intermittent care to a participant:

1. The participant must be homebound. This means that:

Leaving home is a major effort.
You are normally unable to leave home unassisted.
When you leave home, it must be to get medical care, or for short, infrequent non-medical reasons such as a trip to get a haircut, or to attend religious services or adult day care.

Note: Being Homebound is a Medicare requirement but NOT an Illinois Medicaid requirement.

The following are examples of homebound patients:

- Beneficiaries paralyzed from a stroke and confined to a wheelchair or requiring crutches to walk.
- Blind or senile beneficiaries who require another person's assistance to leave their residence.
- Beneficiaries who have lost the use of their upper extremities and are unable to open doors, use stairway handrails, etc., and therefore require another person's assistance to leave their residence.
- Beneficiaries recently released from the hospital following surgery, who may be suffering from resulting weakness and pain, and whose activity is restricted by their physician to certain specified, limited activities (such as getting out of bed only for a specified period or walking stairs only once a day).
- Beneficiaries with arteriosclerotic heart disease of such severity that they must avoid all stress and physical activity.
- Beneficiaries with a psychiatric problem that is manifested in part by a refusal to leave their home environment or that makes it unsafe for them to leave their home unattended, even if they have no physical limitations.

Elderly beneficiaries who do not often travel from their home because of feebleness and insecurity brought on by advanced age would not meet Medicare's criteria for homebound unless their condition is analogous to those above.

2. The participant's doctor must decide that the participant needs medical care in the home and must make a plan for that care.

3. The participant must need at least one of the following: intermittent skilled nursing care, or physical therapy or speech-language therapy. These qualifying services will support occupational therapy, medical social work and home health aides.

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

What Types of Services Do Home Care Providers Deliver?

Home care providers deliver a wide variety of health care and supportive services, ranging from professional nursing and HCA care to physical, occupational, respiratory, and speech therapies. Services for the treatment of medical conditions usually are prescribed by an individual's physician. Supportive services, however, do not require a physician's orders. An individual may receive a single type of care or a combination of services, depending on the complexity of his or her needs. Home care services can be provided by the following professionals, paraprofessionals, and volunteers.

Physicians visit patients in their homes to diagnose and treat illnesses just as they do in hospitals and private offices. They also work with home care providers to determine which services are needed by patients, which specialists are most suitable to render these services, and how often these services need to be provided. With this information, physicians prescribe and oversee patient plans of care. Under Medicare, physicians and home health agency personnel review these plans of care as often as required by the severity of patient medical conditions at least once every 62 days. The interdisciplinary team reviews the care plans for hospice patients and their families at least once a month or as frequently as patient conditions and/or family circumstances require.

Registered nurses (RNs) and **licensed practical nurses (LPNs)** provide skilled services that cannot be performed safely and effectively by nonprofessional personnel. Some of these services include injections and intravenous therapy, wound care, education on disease treatment and prevention, and patient assessments. RNs may also provide case management services.

RNs have received two or more years of specialized education and are licensed to practice by the state.

LPNs have one year of specialized training and are licensed to work under the supervision of registered nurses.

The intricacy of a patient's medical condition and required course of treatment determine whether care should be provided by an RN or can be provided by an LPN.

Physical therapists (PTs) work to restore the mobility and strength of patients who are limited or disabled by physical injuries through the use of exercise, massage, and other methods.

PTs often alleviate pain and restore injured muscles with specialized equipment. They also teach patients and caregivers special techniques for walking and transfer.

Social workers evaluate the social and emotional factors affecting ill and disabled individuals and provide counseling. They also help patients and their family members identify available community resources. Social workers often serve as case managers when patients' conditions are so complex that professionals need to assess medical and supportive needs and coordinate a variety of services.

Speech language pathologists work to develop and restore the speech of individuals with communication disorders; usually these disorders are the result of traumas such as surgery or stroke. Speech therapists also help retrain patients in breathing, swallowing, and muscle control.

Occupational therapists (OTs) help individuals who have physical, developmental, social, or emotional problems that prevent them from performing the general activities of daily living (ADLs). OTs instruct patients on using specialized rehabilitation techniques and equipment to improve their function in tasks such as eating, bathing, dressing, and basic household routines.

Dietitians provide counseling services to individuals who need professional dietary assessment and guidance to properly manage an illness or disability.

HCAs/home health aides assist patients with ADLs such as getting in and out of bed, walking, bathing, toileting, and dressing. Some aides have received special training and are qualified to provide more complex services under the supervision of a nursing professional.

Supportive Services

Homemaker and chore workers perform light household duties such as laundry, meal preparation, general housekeeping, and shopping. Their services are directed at maintaining patient households rather than providing hands-on assistance with personal care.

Companions provide companionship and comfort to individuals who, for medical and/or safety reasons, may not be left at home alone. Some companions may assist clients with household tasks, but most are limited to providing sitter services.

Volunteers meet a variety of patient needs. The scope of a volunteer's services depends on his or her level of training and experience. Volunteer activities include, but are not limited to providing companionship, emotional support, and counseling and helping with personal care, paperwork, and transportation.

Home care services are usually provided by home care organizations but may also be obtained from registries and independent providers. Home care organizations include home health agencies; hospices; homemaker and home care aide (HCA) agencies; staffing and private-duty agencies; and companies specializing in medical equipment and supplies, pharmaceuticals, and drug infusion therapy. Several types of home care organizations may merge to provide a wide variety of services through an integrated system.

Types of Home Care Providers

Home care services generally are available 24 hours a day, seven days a week. Depending on the patient's needs, these services may be provided by an individual or a team of specialists on a part-time, intermittent, hourly, or shift basis. Following are descriptions of the various types of home care providers.

Home Health Agencies

The term home health agency often indicates that a home care provider is Medicare certified. A Medicare-certified agency has met federal minimum requirements for patient care and management and therefore can provide Medicare and Medicaid home health services. Individuals requiring skilled home care services usually receive their care from a home health agency. Due to regulatory requirements, services provided by these agencies are highly supervised and controlled. Some agencies deliver a variety of home care services through physicians, nurses, therapists, social workers, homemakers and HCAs, durable medical equipment and supply dealers, and volunteers. Other home health agencies limit their services to nursing and one or two other specialties. For cases in which an individual requires care from more than one specialist, home health agencies coordinate a caregiving team to administer services that are comprehensive and efficient. Personnel are assigned according to the needs of each patient. Home health agencies recruit and supervise their personnel; as a result, they assume liability for all care.

Hospices

Hospice care involves a core interdisciplinary team of skilled professionals and volunteers who provide comprehensive medical, psychological, and spiritual care for the terminally ill and support for patients' families. Hospice care also includes the provision of related medications, medical supplies, and equipment. It is based primarily in the home, enabling families to remain together. Trained hospice professionals are available 24 hours a day to assist the family in caring for the patient, ensure that the patient's wishes are honored, and keep the patient comfortable and free from pain. Most hospices are Medicare certified and licensed according to state requirements.

Homemaker and Home Care Aide Agencies

Homemaker and HCA agencies employ homemakers or chore workers, HCAs, and companions who support individuals through meal preparation, bathing, dressing, and housekeeping. Personnel are assigned according to the needs and wishes of each client. Some states require these agencies to be licensed and meet minimum standards established by the state. Most homemaker and HCA agencies recruit, train, and supervise their personnel and thus are responsible for the care rendered.

Staffing and Private-duty Agencies

Staffing and private-duty agencies generally are nursing agencies that provide individuals with nursing, homemaker, HCA, and companion services. Most states do not require these agencies to be licensed or meet regulatory requirements. Some staffing and private-duty agencies assign nurses to assess their clients' needs to ensure that personnel are properly assigned and provide ongoing supervision. These agencies recruit their own personnel. Again, responsibility for patient care rests with each agency.

Pharmaceutical and Infusion Therapy Companies

Pharmaceutical and infusion therapy companies specialize in the delivery of drugs, equipment, and professional services for individuals receiving intravenous or nutritional therapies through specially placed tubes. These companies employ pharmacists who prepare solutions and arrange for delivery to patients. Nurses also are hired to teach self-administration in patients'

homes. Some pharmaceutical and infusion therapy companies are home health agencies, certified by Medicare. In addition, some states require these organizations to be licensed. Each company assumes responsibility for personnel and the services rendered.

Durable Medical Equipment and Supply Dealers

Durable medical equipment and supply dealers provide home care patients with products ranging from respirators, wheelchairs, and walkers, to catheter and wound care supplies. These dealers employ staff who deliver and, when necessary, install these products as well as instruct patients on their proper in-home use. Durable medical equipment and supply dealers usually do not provide physical care for patients, but there are a few exceptions. Some dealers offer pharmacy and infusion services, where a nurse administers medication and nutritional formulas to patients and teaches them the proper techniques for self-administration. Some companies also provide respiratory therapy services to help individuals use breathing equipment. Durable medical equipment and supply dealers that bill the Medicare program are required to meet federal minimum standards. Some states require that these organizations be licensed. Each dealer is liable for its personnel and the services provided to patients.

Registries

Registries serve as employment agencies for home care nurses and aides by matching these providers with clients and collecting finder's fees. These organizations usually are not licensed or regulated by government. Registries are not required to screen or background-check the caregivers, but some do undertake these tasks routinely. In addition, although not legally required to, some registries offer procedures for patients to file complaints. Clients select and supervise the work of a registry-referred provider. They also pay the provider directly and must comply with all applicable state and federal labor, health, and safety laws and regulations, including payroll tax and social security withholding requirements.

Independent Providers

Independent providers are nurses, therapists, aides, homemakers and chore workers, and companions who are privately employed by individuals who need such services. Aides, homemakers, chore workers, and companions are not required to be licensed or to meet government standards except in cases where they receive state funding. In this arrangement, the responsibility for recruiting, hiring, and supervising the provider rests with the client. Finding back-up care in the event that the provider fails to report to work or fulfill job requirements is the client's responsibility. Clients also pay the provider directly and must comply with all applicable state and federal labor, health, and safety requirements.

How Do I Select the Right Home Care Provider?

Once you acquire the names of several providers, you will want to learn more about their services and reputations. Following is a checklist of questions to ask providers and other individuals who may know about the provider's track record. Their insight will help you determine which provider is best for the participant.



How long has this provider been serving the community?



Does this provider supply literature explaining its services, eligibility requirements, fees, and funding sources? Many providers furnish patients with a detailed "Patient Bill of Rights" that outlines the rights and responsibilities of the providers, patients, and caregivers alike. An annual report and other educational materials also can provide helpful information about the provider.

How does this provider select and train its employees? Does it protect its workers with written personnel policies, benefits packages, and malpractice insurance?

Are nurses or therapists required to evaluate the patient's home care needs? If so, what does this entail? Do they consult the patient's physicians and family members?

Does this provider include the patient and his or her family members in developing the plan of care? Are they involved in making care plan changes?

Is the patient's course of treatment documented, detailing the specific tasks to be carried out by each professional caregiver? Does the patient and his or her family receive a copy of this plan, and do the caregivers update it as changes occur? Does this provider take time to educate family members on the care being administered to the patient?

Does this provider assign supervisors to oversee the quality of care patients are receiving in their homes? If so, how often do these individuals make visits? Who can the patient and his or her family members call with questions or complaints? How does the agency follow up on and resolve problems?

What are the financial procedures of this provider? Does the provider furnish written statements explaining all of the costs and payment plan options associated with home care?

What procedures does this provider have in place to handle emergencies? Are its caregivers available 24 hours a day, seven days a week?

How does this provider ensure patient confidentiality?

In addition, ask the home care provider to supply you with a list of references, such as doctors, discharge planners, patients or their family members, and community leaders who are familiar with the provider's quality of service.

Contact each reference and ask:

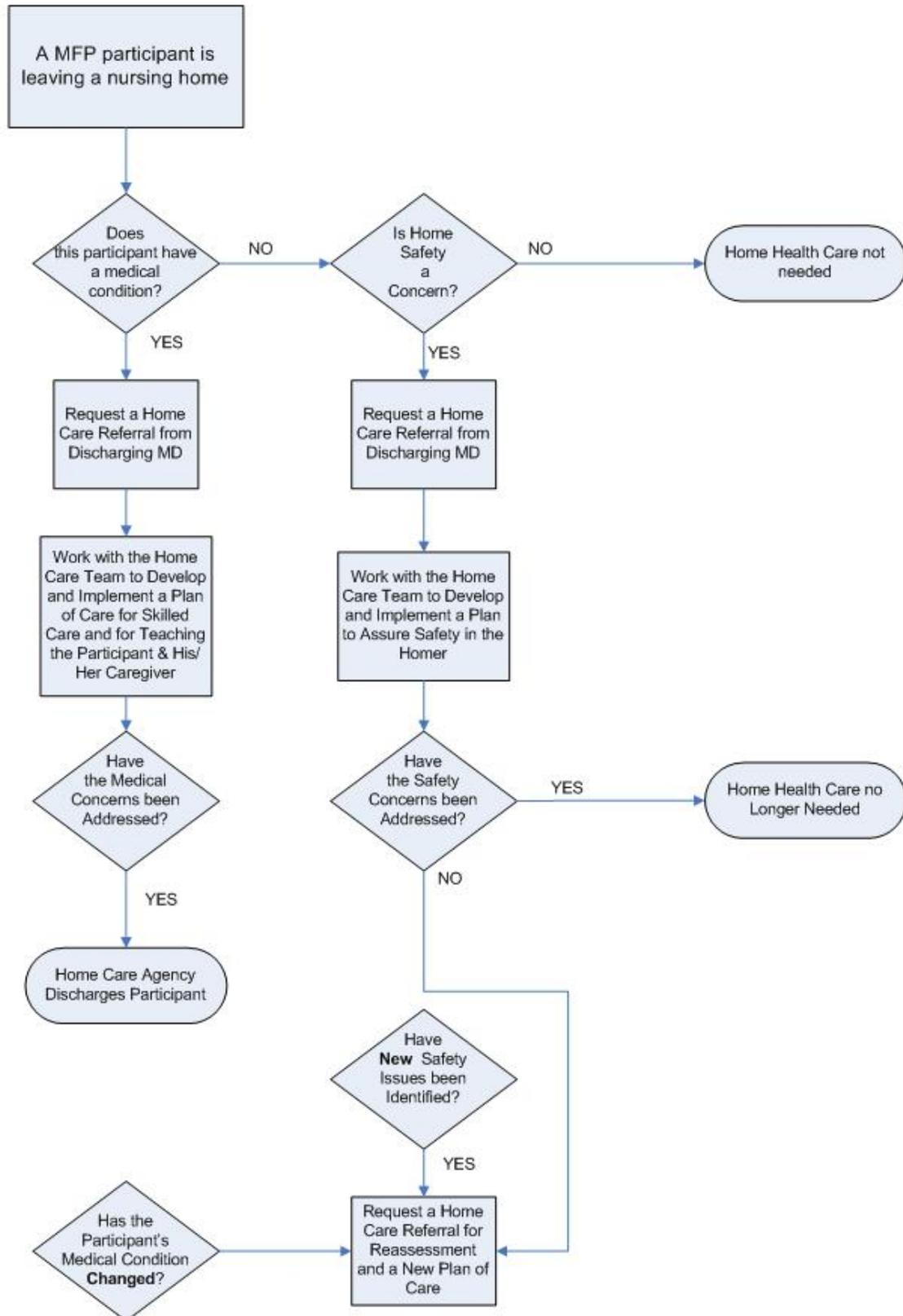
Do you frequently refer clients to this provider?

Do you have a contractual relationship with this provider? If so, do you require the provider to meet special standards for quality care?

What sort of feedback have you gotten from patients receiving care from this provider, either on an informal basis or through a formal satisfaction survey?

Do you know of any clients this provider has treated whose cases are similar to mine or my loved one's? If so, can you put me in touch with these individuals?

Should a Home Care Referral be a Part of the Participant Discharge Plan?



Ordering Medicaid Home Health Agency Services:

Step 1. Order a “Home Assessment” Visit for Nursing Services

- ❖ A “Home Assessment” Visit is a service provided by a Home Health Agency enrolled with HFS. The “Home Assessment” visit does NOT require prior approval. The “Home Assessment” is conducted by a registered nurse from the Home Health Agency who assesses the participants’ condition and determines the level of care needed based on information received from the attending physician and information from the home assessment.

MFP PROCESS:

- ❖ T.C. first requests the Nursing Home M.D. (or community primary care physician) to write an order for an initial “Home Assessment RN Visit” to be conducted upon transition.
- ❖ T.C. contacts a Home Health Care Agency that is enrolled with HFS to conduct the initial “Home Assessment Visit” which does NOT require prior approval.
- ❖ The Mitigation Plan/Plan of Care should state that “services are needed to facilitate transition from nursing home to community and prevent the necessity of in-patient long-term care”.

Step 2. Ordering Nursing Services

Skilled Nursing Services

- ❖ After the “Home Assessment” is done, the Home Health Agency will complete the Medicaid “Prior Approval” form and create a plan of care for all applicable services for that participant. The Home Health Agency will contact the physician for orders for these services.

- ❖ Skilled Nursing Services are services ordered by the physician and are provided in the participant's home by licensed nursing personnel. Services include initiation and implementation of restorative/palliative nursing procedures, coordination of plan of care and patient/family instruction.
- ❖ Services shall be provided for participant under direct order of the Primary Health Care Practitioner (MD, NP, PA) and in accordance with the Plan of Care (CMS/HCFA 485) and reviewed by the Practitioner at least every sixty (60) days.
- ❖ The Home Health Agency will revise the Plan of Care as needed.

Home Health Aide Services

- ❖ Home Health Aide services include the performance of simple procedures or services as an extension of therapeutic services; ambulation and exercise; personal care; household services essential to healthcare at home; and assistance with medications that are ordinarily self-administered.
- ❖ Home Health Aide Services can be provided by RN, LPN or CNA.
- ❖ Home Health Aide services need to be established in the initial "Home Assessment Visit", written in the Plan of Care, ordered by the physician and receive prior approval. The Home Health Agency conducting the "Home Assessment Visit" will write the Plan of Care, obtain the physician's order and obtain prior approval for the needed services.

Step 3 Ordering Therapy Services, PT/OT/Speech

- ❖ Order a "Home Assessment" Visit for Therapy Services. A "Home Assessment" Visit is a service provided by a Home Health Agency enrolled with HFS. The "Home Assessment" is conducted by a therapist (physical therapist, occupational therapist and/or speech therapist) from a Home Health Agency who assesses the participants' condition and

determines the level of care needed based on information received from the attending physician and information from the home assessment.

PROCESS:

- ❖ T.C. first requests the Nursing Home M.D. (or community primary care physician) to write an order for an initial “Home Assessment PT Visit” (or OT Visit or Speech Therapy Visit) to be conducted upon transition.
- ❖ T.C. contacts a Home Health Care Agency that is enrolled with HFS to conduct the initial “Home Assessment Therapy Visit” which does NOT require prior approval.

The Mitigation Plan/Plan of Care should state that “services are needed to rehabilitate patient to independent self-care” and “facilitate transition from nursing home to community and prevent the necessity of in-patient long-term care”.

- ❖ After the “Home Assessment” is done, the Home Health Agency will complete the Medicaid “Prior Approval” form and create a plan of care for all applicable therapy services for that participant. The Home Health Agency will contact the physician for orders for these services.
- ❖ Physical Therapy Services are ordered by the physician and provided to the participant by a qualified physical therapist or assistant under the supervision of the physical therapist. These services include but are not limited to, range of motion exercises, positioning, transfer activities, gait training, use of assistive devices for physical mobility and dexterity. These services must be provided by a Home Health Agency (with PT services) that is enrolled with HFS.
- ❖ Occupational Therapy Services are ordered by the physician and given by a qualified occupational therapist or occupational therapist assistant under the supervision of an occupational therapist for the purpose of developing and improving the physical skills required to engage in activities of daily living.

- ❖ Speech Therapy Services are ordered by the physician for individuals with speech disorders, or swallowing disorders, and provided to the participant by a qualified speech pathologist and/or speech assistant under the supervision of a speech pathologist for individuals with speech disorders which include diagnostic, screening, preventive or corrective services.

Durable Medical Equipment

- ❖ Ordered by physician.
- ❖ Provided by an HFS enrolled Medical Equipment Supplier.
- ❖ May or may not need prior approval, depending on type of equipment requested. . The HFS enrolled Medical Equipment Supplier can apply for Prior approval.