

# What should you do when health becomes a challenge?



According to the National Council on Aging, 92% of seniors over 65 have at least one chronic disease, and 77% have two or more. Common chronic health cause two-thirds of the deaths among aging seniors each year.<sup>1</sup>

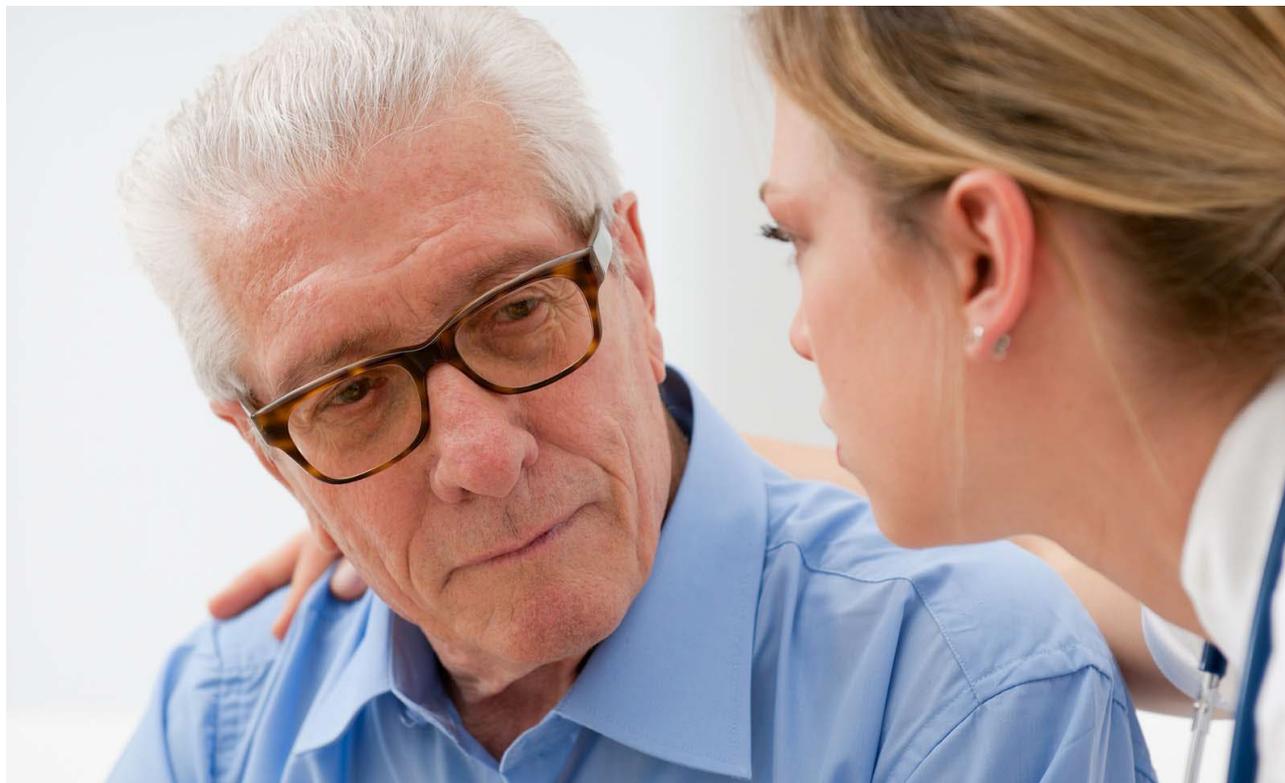
The **Utah Hospice and Palliative Care Organization (UHPCO)** and **Utah Association for Home Care (UAHC)** created this brochure to answer important questions about in-home services for seniors, medical teams and caregivers.



Please contact your local members of UAHC and UHPCO. They can come right to your home and answer your questions. Member agencies are listed on the back of this brochure



# Want to stay safe at home?



Some services designed to help you live safely at home may be available at little or no cost to you when health challenges arise. Depending on your individual needs and health condition, Medicare, Medicaid, your local county health department or health insurance may pay all or part of needed in-home services. These home-based services are:

**Home Health**  
**Palliative Care**  
**Private Duty Care**  
**Hospice**

This brochure describes these services and answers many questions about which may meet your needs, who pays, and much more.

# Home Health Services

If your doctor orders one of the following services, *and* you are *home-bound*, you might be eligible to receive treatment from a licensed professional right in your own home.

“Traditional” Medicare benefits cover 100% of medically necessary home health services for those who qualify.

Medicare Advantage plans, Medicaid or private insurance may pay all or part of home health costs. Your doctor may order, for example:

- **Nursing care** to monitor one or more recently worsened medical conditions, assess your response to a new medication, treat wounds, administer I.V. or injectable medication, or teach about how to care for yourself.
- **Speech Therapy** to strengthen and develop muscles to help you safely swallow food, water and pills.
- **Rehabilitative Therapy** after surgery or during recovery from an illness or injury when treatment may help you improve in a measurable way and time. For example, to strengthen muscles, correct balance and walking problems, or control pain.
- **Maintenance Therapy** to prevent or slow decline once your functional ability is stable. Coverage does



not depend on your ability to improve, but on your need for specialized skills of a licensed home-health clinician.

If you qualify for and receive home health services like those listed above, you might get additional help, including:

- **Home Health Aides** to help with, for example, bathing, dressing, medication reminders, and exercises.
- **Occupational Therapy** to provide upper-body strengthening and other specialized services.
- **Medical Social Worker** to find community resources.

## **Is Palliative Care Part of Home Health?**

Palliative care relieves symptoms and stress due to serious, incurable illness. It provides comfort, not cures. If your palliative-care needs qualify as covered home-health services, and if you meet all other qualifying criteria for home health services, you may receive palliative care through a home-health agency. If you have a terminal illness that your doctor states may limit your life to six months or fewer, hospice care may serve you better and pay for more of your needs.

(See page XX for more hospice information.)

## **How can I get Home Health Services?**

- Consider whether you're homebound. This means due to illness or injury leaving your home requires:  
ONE OF THESE:
  - Help from another person.
  - Special transportation.

- Adaptive equipment.

OR

- Your doctor orders you to remain at home.

PLUS, BOTH OF THESE:

- You must be normally unable to leave home.
- Leaving home, even with help, is extremely difficult.
- If your last doctor visit was more than 90 days ago, visit your doctor to ask if home health care would help you.
- Your doctor must verify and document that you are home bound and provide an *order* for reasonable and medically necessary home health services before you receive them.
- Choose an agency (yes, you do have the right to choose which one) that is certified by Medicare<sup>2</sup> or in-network with your insurance carrier.

Remember to choose an agency your insurance plan will cover. The back of this brochure lists UAHC-member agencies in your area.

## **What if the services I need aren't covered by Home Health?**

Medicare and health care insurances do not pay for:

- 24-hour care at your home.
- Meals delivered to your home.
- Personal care, such as bathing, dressing and using the bathroom, if these are your only needs.
- Homemaker or house-keeping services.
- Transportation and shopping services.
- Services that your doctor orders, but that the payor doesn't agree are medically necessary or reasonable.



Ask questions to understand why your doctor recommends certain services.

Before starting services, ask if Medicare (or your insurance) will pay for them. For more information, call Medicare at 1-800-MEDICARE.

## **Personal Care**

Sometimes people need help with personal care, but don't need a nurse or a therapist. Or families need help meeting the personal hygiene, exercise, nutrition, housekeeping, transportation and other needs of aging or disabled persons.

Personal-care agencies specialize in providing qualified caregivers for hire.



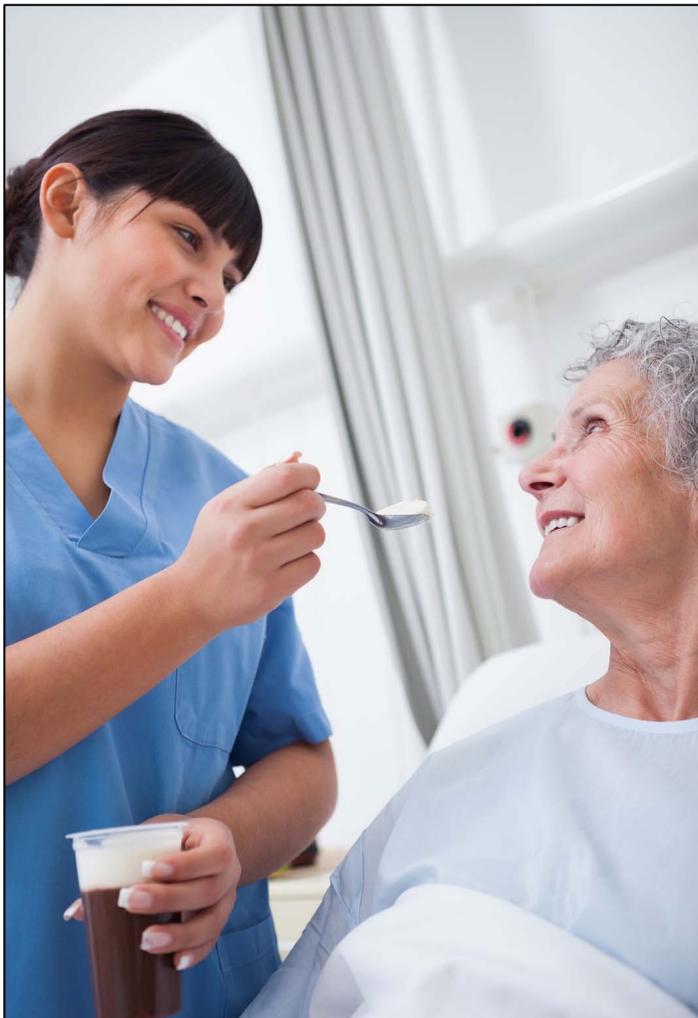
A hired caregiver can help with anything non-medical including: bathing, dressing, eating, meal preparation, medication reminders, walking, transfers, light housekeeping, companionship and transportation.

The family usually pays for hired caregiving –usually about \$25 to \$35 per hour.

Personal care can stand alone, or it can supplement care when families need more help than what home health agencies can provide.

To find out if other resources might help pay for hired caregiving, contact your local health department about its aging services provided through Medicaid waiver programs. If you have long-term health insurance, Veteran's Administration (VA) benefits, inquire what is available through those sources.

Nursing services, CNAs, temporary respite, and care management services are also available through some private-duty companies that also operate personal-care agencies.



Private Duty Home Care Agencies in Utah who show their commitment to quality through UAHC membership are listed on the back of this brochure.

## **Understanding the Benefits of Hospice**

One of the most misunderstood resources available Hospice services. People often wait to call Hospice until just a few weeks or days remain of a person's life. As a result, people associate Hospice with impending death.



A little-known fact about hospice is its

availability as often as needed when you are faced with a serious, life-threatening illness.

Hospice is available long before death is imminent. When a terminal illness causes a person's health to decline rapidly, a Medicare or Medicaid beneficiary can elect the hospice benefit (to replace all other Medicare and/or Medicaid benefits) as soon as the prognosis for survival is estimated at six months or fewer if the terminal illness runs its normal course.

That doesn't mean a terminally ill person only qualifies for six months of hospice care. Rather, hospice beneficiaries can continue receiving hospice care as long as they meet all qualifying criteria – including continued decline and continued physician certification of the terminal prognosis.

Sometimes, people who were once diagnosed as terminally ill improve so much while receiving hospice services that they are no longer considered terminal and return to the health-care coverage and benefits they had before electing hospice care.



Your primary-care provider or a hospice agency nurse can assess you for hospice eligibility. Conditions that, when advanced and persistent, may prompt a hospice evaluation include:

- Extreme dizziness
- Frequent falls
- Frequent Diarrhea
- Difficulty Dressing
- Difficulty eating
- Rapid weight gain
- Rapid weight loss
- Advanced dementia
- Alzheimer's disease
- Lung disorders
- Kidney Failure
- Heart disease
- Advanced Parkinson's Disease
- Cancer
- Any terminal illness

Hospice services provide comfort measures that allow nature to take its course rather than using extreme measures to cure disease.<sup>3</sup>

A team of medical professionals works together to serve you and your family through this difficult time. A hospice physician works with your primary-care provider (unless you

choose otherwise), nurses, social workers, chaplains, certified nursing assistants, housekeepers, and volunteers to provide services that can improve life's quality for both the terminally ill person and the family.

Hospice usually happens wherever you live, with occasional brief in-patient stays when needed, to give caregivers a rest or to bring under control severe symptoms that become unmanageable at home.



Hospice takes care of the whole person and the whole family. Hospice pays for all medically necessary medications and supplies needed for your personal care, including wound and incontinence care, and equipment like wheel chairs and hospital beds. Expensive treatments that patients pay for outside of the hospice benefit, and that are often associated with end-of-life care, are rare.

At any time, a person receiving hospice care may choose to revoke the hospice benefit and try again for curative treatment. Leaving hospice care doesn't affect a person's right to choose hospice services again in the future. No limit exists on lifetime hospice benefits.

Unlike people receiving home health services, individuals who elect hospice need not be homebound. Hospice recipients are encouraged to get out and enjoy life to the fullest.



<sup>1</sup> “Ten Common Elderly Health Issues” (2016, February 11) Retrieved from <https://vitalrecord.tamhsc.edu/10-common-elderly-health-issues/>

<sup>2</sup> “Home Health Services” Retrieved from <https://www.medicare.gov/coverage/home-health-services>

<sup>3</sup>[https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/durable\\_medical\\_equipment\\_%28dme%29.pdf](https://www.bluecrossnc.com/sites/default/files/document/attachment/services/public/pdfs/medicalpolicy/durable_medical_equipment_%28dme%29.pdf)

<sup>4</sup> <https://getpalliativecare.org/whatis/>



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ON BACK:

List of Home Health Agency members of UAHC  
List of Hospice Agency members of UHPCO  
List of Private Duty Agency members of UAHC  
List of Associate Business members of UAHC  
List of Associate Business members of UHPCO