

How to Choose a Home Care Provider



Step 1: Choosing an Agency to Meet Your Needs

Step 2: Questions to Ask of and About an Agency

Step 3: Knowing Your Rights

Step 4: How to Pay for Home Care

Step 1: Choosing an Agency to Meet Your Needs

There are different types of Home Care providers to consider:

Certified Home Health Agencies

A certified agency has met strict federal requirements for patient care and management and therefore can provide home health services that are paid for by Medicare or Medicaid. These agencies typically focus on medical-related care such as nursing, therapies, and home health aides, but can also provide a range of supportive services. Most commercial health insurers require that services they cover be provided by certified agencies.

The federal Medicare program provides comparative data on their website as to how certified home health agencies compare in providing care for some of their patients. Quality information that can be used to help you compare home health agencies can be found on Medicare's [website](#).

You can also check out the report that the Home Care Alliance has published on "[A Commitment to Caregiving: Eight Steps Home Care Agencies Are Taking To Ensure Quality of Patient Care.](#)"

Certified Hospices

Hospice care involves an interdisciplinary team of skilled professionals and volunteers who provide comprehensive medical, psychological, and spiritual care and support for the terminally ill and their families. Trained hospice professionals are on hand 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. Hospices are Medicare-certified and must be licensed by the state.

Non-certified Home Care Agencies

Non-certified agencies provide a wide range of medical and non-medical services. They employ their workers directly and must comply with workers' compensation, payroll tax withholding, fair labor standards, and other regulations. However, Massachusetts does not require these agencies be licensed. The services non-certified agencies offer range from nursing and various therapies to companions, homemakers, and just about anything else people need to help them remain in their homes.

Placement Agencies

Placement agencies differ from certified and non-certified agencies in that the nurses, therapists, or home care aides they provide are contractors, not employees. Using a placement agency may seem a less expensive alternative; however, placement agencies provide less supervision and oversight of their workers. In some cases, the agency offers only referral and screening services, with the client taking the responsibility to pay the worker directly. In that case, you act as the employer and may be responsible for paying workers' compensation and payroll taxes for the worker.

Independent Workers

Another - potentially risky - option is to directly hire an independent worker to provide home care services. With this option, there is no agency to provide screening, orientation, training, or supervision of the worker. The employing client is responsible for all these functions. The employing client is also legally required to pay the state payroll taxes, and workers' compensation insurance. Hiring an independent worker offers maximum flexibility at lower cost, but may also put a vulnerable client at risk of abuse or neglect. This model works best for clients who have physical limitations but no cognitive impairments.

Step 2: Questions to Ask of and About an Agency

Most people do not think of home care until they have an immediate need. Under such circumstances, choosing the right provider for you and your family can be overwhelming. Most people are not sure what questions they should ask potential providers when searching for home care. How can you be certain the provider you choose is one you can trust? Your doctor or hospital discharge planner can often help you find the right home care provider to meet your needs. Their recommendations are helpful, but the choice is up to you.

The following are a few questions to ask homecare providers and other individuals who may know about the provider's track record:

- Is the agency a member of the Home Care Alliance of Massachusetts? (Alliance members adhere to a strict [Code of Business Ethics](#) regarding business practices, and quality of care)
- Is the agency certified or accredited? This is especially important if the care is to be covered by Medicare, Medicaid, or other insurance.
- Is there a written plan of care that the patient, physician, and family participate in developing?
- Is this plan updated over the course of the treatment?

- Does the agency have literature describing its services, fees, and billing process?
- Does the agency provide a written explanation of your rights?
- Does the agency educate family members on the care being provided to the patient?
- Are agency caregivers and supervisors – including backup caregivers -- available 24 hours per day, 7 days a week?
- Does the agency require criminal record background checks and communicable disease screens for its staff members?
- What is the agency's procedures for resolving conflicts should they arise between home care staff and family?
- How does the agency ensure patient confidentiality?

Finally, ask the agency to provide a list of references of physicians, former patients, or family members who can speak to the agency's quality of service and care.

Step 3: Knowing Your Rights

Home care patients have certain rights that every agency should respect. Among these is the right:

- To be treated with courtesy and respect;
- To expect that all caregiving staff are qualified, adequately trained and periodically supervised;
- To expect that personal information is guarded and never shared with unauthorized individuals or discussed in public;
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- To be admitted for service only if the agency has the ability to provide safe, professional care at the level of intensity needed;
- To receive information necessary to give informed consent prior to the start of any treatment or procedure;
- To a fair hearing of any complaint;
- To advance notice of any termination or reduction in service;
- To be advised of any change in the plan of care, before the change is made;
- To be fully informed of agency policies and charges for services, including eligibility for insurance coverage;
- To be informed of what to do in the event of an emergency and to expect to know the agency's procedure for staff back-up in the event of illness; and
- To request a change in caregiver without fear of reprisal or discrimination.

Step 4: Paying for Home Care

When the need for home care arises, many questions may come to mind. One of the first questions you have may be, “How do I pay for home care?” or “Who pays for home care?” Payment can come from many sources. Home care insurance specialists employed by your home care agency can help to verify whether or not you’re covered before their services are provided. If your care is covered by your insurance, your home care agency can take care of all paperwork and billing for you.

Medicare

Most Americans aged 65 or older are eligible for the federal Medicare program. Medicare requires that the following conditions be met before reimbursing for home health services:

- A physician certifies the need for services and establishes a plan of care
- The beneficiary meets Medicare's definition of “homebound”
- The care is to be provided in the patient's place of residence
- The services are provided by a Medicare-certified home health agency
- The individual needs skilled nursing or physical or speech therapy on an intermittent basis

Depending on the patient's condition, Medicare will pay for intermittent skilled nursing; physical, occupational and speech therapies, home health aide services, and medical supplies and equipment.

Medicare covers hospice services for individuals who are terminally ill and have a life expectancy of six months or less. For hospice coverage, the patient need not be homebound or in need of skilled nursing care. A physician's certification is all that is required to qualify an individual for the Medicare Hospice Benefit.

Medicare beneficiaries do not have to pay any co-payment for covered home health or hospice services.

[Medicare rules](#) state that “a patient is free to choose any qualified institution, agency, or person offering him/her services.”

Medicaid

Medicaid is a joint federal-state healthcare program for low-income individuals. The Massachusetts Medicaid program – called [MassHealth](#)– pays for home care and hospice and has other programs for in-home supports if people meet clinical eligibility requirements.

Massachusetts Home Care Program

[The Massachusetts Home Care program](#) administered by the [Office of Elder Affairs](#) provides state-funded supportive services to elders and disabled individuals who meet income and functional eligibility guidelines. These non-medical supportive services are designed to enable frail elders to remain in their homes.

Commercial Health Insurance

Commercial health insurance policies typically cover some home care services for when a person is recovering from surgery or illness. However, benefits for long-term services vary from plan to plan. Commercial insurers generally pay for medical care in the home with a cost-sharing provision. Most commercial and private insurance plans will cover comprehensive hospice services. Cost sharing varies with individual policies. You should contact your health insurer for more information.

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.

Self Pay

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

Other

There are other sources of payment for home care services. These can include Workers Compensation, the [Veterans Administration](#), the [Military Health Program](#), the [Older Americans Act](#) and more. Many home care providers have foundations that will pay for home care for low-income families.