The Costs of Aging in Place
By Kate McCarthy

Image abandoning the place you've called home for the past 40 years, surrendering all your income and moving into a long-term care facility, a nursing home. There you must share a room with a stranger, follow the facility's schedule and spend the majority of your time alone or with nursing staff. Of course this is a stereotype, many long term care facilities are lovely places, but this lonely scenario is what many older Americans fear to be waiting for them when they are too ill, injured or grow

Most adult children people are under informed and unprepared for the many needs of their ageing parents.

to frail to live independently. The majority of elderly are adamant that they do not want to end up in an institutional setting. Today, with the rising costs of care, there is an increasing interest in home health care as an alternative to long term facilities.

Age in Place

Home Health Care provides health care and support services that can be received at home and is available for ill or disabled people of all ages. The main goal of Home Health Care for the elderly and frail is to allow the individual to age in place. Home Health services allow aging individuals to maintain their independence and remain comfortable in a familiar setting. With Home Health Care, the aging can avoid moving to institutionalized long term care facilities. Studies have shown that Home Health Care can actually improve the quality of care received and many times will reduce the need for hospitalization.

Benefits of Home Health Care

With outcomes often as effective as care received in assisted living, rehabilitation and skilled nursing homes, Home Health Care brings a lot of benefits to those who use it. Home Health Care providers get to really know their patients and families and can tailor their services to best meet the Client's health care needs, finances and family preferences. They can help families navigate the confusing web of health care resources and can effectively advocate the needs of their patients. Another advantage is family is invited to become more involved and can participate in providing support and hands on care for their loved one. In addition patient morale is often better at home and people tend to recover faster with less incidents and safety issues in a home setting. Finally, there can be significant cost savings when using Home Health Care as there are no room and board costs compared to nursing home, rehabilitation centers and other institutional care settings.

Types of Home Health Care

There are two types of Home Health Care options available; Skilled Home Health Care and Non-Medical Home Health Care.

Skilled Home Health Care is medical in nature and is used to provide skilled care or treatment or rehabilitation services to homebound patients. This type of care is usually initiated by a physician and provided by a licensed medical professional such as an RN, LPN or Physical, Speech or Occupational Therapists. Providers must follow specific federal guidelines and criteria regarding patient care. Skilled Home Health Care providers are usually Medicare certified and can accept 3rd party billing of health insurance which is great because out of pocket expenses range from $85 - $150/hour.

Non-Medical Home Health Care provided home services which are not considered to be skilled care but help the individual be safe and comfortable at home. Services are usually initiated by social workers, family members or by the aging person in need. Care is provided by trained Caregivers and CNAs (Certified Nursing Assistants). Providers can be licensed by the state but requirements vary state to state. Non-Medical Home Health is usually an out of pocket expense and ranges from $20 - $30/hour in cost. Non-Medical Home Health Care can be covered by Medicare if

coupled with Skilled Home Health Care. Long term care insurance policies as well Veterans Aid and Assistance benefits can be used to pay these Non-Medical services.

How they work together

Let's work through a scenario to see how Skilled and Non-Medical Home Health Care work together. Margaret is an 83 year old female who was hospitalized due to a fall. She was released after 3 days in the hospital. Upon her discharge, the physicians and social workers agreed that Margaret could not be home alone during her recovery even though she was expected to make a full recovery in time. Margaret elected to use Home Health Care rather than move into an assisted living or stay at a skilled rehabilitation center.

Skilled Home Health Care was set up to monitor Margaret's recovery and ensure she would not have to be readmitted to the hospital. Weekly, 30 minute RN visits were scheduled to check her vitals, medications and general health. Physical Therapists visited her at home biweekly to work with Margaret on her walking and balance skills to prevent future falls. Non-Medical Home Health Care was set up to visit Margaret twice a day. A 4 hour AM and a 2 hour PM shift came daily to help with companionship, medication reminders, assistance with exercise routines, transfers, showering, toileting and dressing as well as household chores and meals. Within a month Margaret no longer needed the Skilled Home Health Care which was discontinued. She retained the Non-Medical Home Health Care long term but reduced the hours to only 3 per day. Margaret's combined use of the services cost her very little compared to moving into a facility to recover. The fact that she retained the Non-Medical Home Health Care means that she will be able to remain at home in the future even as her care needs increase.

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