



Representing home and community-based care

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What is Home Care?

The scope of home care is broad. It encompasses a wide array of both health and supportive services delivered at home. Clients cross the spectrum of care—from seniors who need assistance with activities of daily living to remain in their homes, to new mothers, discharged quickly following childbirth with a few postpartum nursing visits for mom and newborn, to postsurgical patients needing assistance with wound care, to the chronically ill who are maintained with skilled supervision, support services, home modification and equipment.

Frequently, the term “home health care” is used to refer to skilled clinical treatments, such as the services of a registered nurse or physical therapist, or to receive in-home glucose monitoring or intravenous therapies. In fact, the generic term “home care” is a more apt description of the range of both medical and supportive services designed to bolster the post-acute, chronically ill, disabled and elderly populations that home care providers serve. For such patients, homemaking, personal care for nutrition and hygiene, and adaptive devices to prevent slips and falls are as important to their rehabilitation and functioning as the more sophisticated health technologies that are also delivered at home. Both in-home clinical care and support services are cost-effective, often preventing emergency or urgent care events, reducing the number of days spent in a hospital and preventing or delaying institutionalization in a nursing home.

New York’s Medicaid home care programs provide this wide range of services to over 191,000 homebound sick and elderly patients throughout the State (2005 data) while over 169,000 New Yorkers receive home care funded by the Federal Medicare Program (2002 data). And of course, thousands of New York State residents purchase home care services privately and through private insurance coverage in both indemnity and managed care benefit plans.

The average home care visit costs significantly less than a day of nursing home or inpatient hospital care. Clearly, home care is the solution to help decrease rising health care costs, offering opportunities for achieving **real cost savings** for a broad variety of patients. New York has and must continue to look to home care as the primary source of long-term care services to keep patients in their homes and communities. In an effective continuum of care we should expect to see increasing levels of home care utilization, not as a result of “over-utilization” of home care, but as a result of shifting utilization away from more costly settings into home care.

Types of Home Care Agencies

New York State licenses or certifies a variety of home care program types. Home care agencies and programs differ in the services they provide and the State agency that oversees their operation. The New York State Department of Health (DOH) sets standards for and regulates all home care agencies that provide supportive, health or medically-related services to people in their homes. DOH and the Federal Centers for Medicare & Medicaid Services (CMS) jointly regulate agencies participating in the Medicare and Medicaid programs. DOH regulations require all home care agencies to meet the same standards relating to agency establishment, paraprofessional training, quality of care and consumer protection standards including service delivery and personnel requirements. The following types of home care agencies require either a license or certification issued by DOH:

- **Licensed Home Care Services Agencies (LHCSAs)** can offer home care services including all levels of nursing care, various therapies, home health aides and personal care aides to clients who pay privately, have private insurance coverage or are covered through a variety of government payers. Many LHCSAs also deliver services under contract with local departments of social services or other service-authorizing agents. In particular, services through the Medicaid Personal Care and Private Duty Nursing programs are delivered in this way. Licensed agencies also subcontract with other home care providers to deliver services to patients throughout New York State. LHCSAs may offer a full range of services from skilled to paraprofessional or may choose to focus on the delivery of one service or population, such as high-tech pediatrics or aides for seniors.
- **Certified Home Health Agencies (CHHAs)** provide care and support services to individuals who, for the most part, have home health care needs for a limited duration (part-time, intermittent). These agencies provide nursing and home health aide services and provide or arrange for other professional services, including physical and occupational therapy, speech pathology, medical social work and nutrition services. They are generally reimbursed through both Medicare and Medicaid, with additional reimbursement from third party insurers, other government payers and private pay.
- **Long Term Home Health Care Programs (LTHHCPs)**, also known as “Nursing Homes Without Walls,” are CHHAs operating under a specific Federal Medicaid waiver. They offer health care and support services to the disabled and chronically ill who are medically eligible for admission to a nursing home, but who choose to be maintained at home. These programs provide a full range of professional and aide level health care services as well as waiver services such as home adaptation, case management and transportation to those in need of care over a long period of time, at a budgeted amount of 75% of the cost of nursing home care.
- **Hospices** offer home and inpatient care and counseling for the terminally ill and their families. Hospices offer palliative care rather than curative care to treat disease. Under the hospice program, dying persons and their families receive physical, psychological, social and spiritual support and care.

All together, there are approximately 900 home care agencies in New York State, employing over 250,000 workers. In addition to professional nurses, therapists and assistants, home care agencies hire and train workers as home health aides and personal care aides, and offer these paraprofessionals additional opportunities for career growth.

Home Care Paraprofessionals

- **Personal Care Aides (PCAs)** provide services to persons needing some or total assistance with everyday tasks, including such things as personal hygiene, dressing, feeding, walking, meal preparation, light housekeeping and laundry. PCAs provide services to help clients stay in the home and live independently. There are two levels of PCAs, Level I and II. PCA I employees perform homemaker functions and have no physical contact with the client. PCA II employees are responsible for all of Level I functions as well as personal care tasks, including assistance with personal hygiene, dressing, walking and transferring. PCA II employees are required to complete a 40-hour basic training course and attend in-service training throughout the year.
- **Home Health Aides (HHAs)** are the highest level of paraprofessional worker in home care. HHAs are responsible for health-related tasks as well as personal care activities. These health-related tasks include monitoring the client's health status by taking temperature, pulse, respiration and blood pressure, and assisting with basic health tasks that allow the client to remain at home. HHAs must follow a plan of care and perform tasks outlined by a registered nurse and if problems or changes occur in the client's condition, they are responsible for immediately notifying the supervising nurse. HHAs are required to complete a 75-hour training program, which includes both classroom and laboratory/in-home training and attend in-service training throughout the year.

Home Care Programs and Services

The Centers for Medicare & Medicaid Services (CMS) regulates home care agencies that provide Medicare home health services to Medicare beneficiaries. The New York State Department of Health (DOH) regulates the home care service programs that are available to certain Medicaid-eligible people under the State's Medicaid program.

- **Medicare Home Health Benefit** provides care to Medicare beneficiaries who are unable to leave their homes without considerable effort or assistance and require part-time or intermittent skilled care to treat their illness or injury. Skilled care may include nursing and/or therapy and may be accompanied by aide services or social work. Medicare pays for home health benefit services based on a 60-day episode of care.
- **The Personal Care Program** provides assistance with Activities of Daily Living (ADLs), such as personal hygiene, mobility, toileting, feeding, meal preparation, light housekeeping and laundry for people who require such support services based on a medical need. Personal Care program clients receive services based on a doctor's orders and plan of care. The local social services offices determine the need for these services. In New York City, the Home Attendant Program delivers these services through participating agencies and is regulated by the New York City Human Resources Administration.
- **Private Duty Nursing Services** provide fee-based skilled nursing care to home care recipients. Many of the patients that receive services through this program are severely disabled children and adults, and AIDS patients. Most Private Duty Nursing patients are technology-dependent (for example, requiring the assistance of a ventilator) and would otherwise need to be placed in an institutional care setting. Agencies delivering this type of care must receive prior approval from DOH or their local social services district.

- **CHHA Services** parallel the part-time, intermittent, post-acute care services that are offered and delivered under the Federal Medicare home health benefit. Medicaid beneficiaries can receive a wide variety of medically necessary services including home health aide, skilled nursing and therapies, to assist in their recovery from an illness, surgery or hospitalization.
- **Care at Home (CAH)** is a Medicaid Model Waiver Program that enables physically and developmentally disabled children to be cared for at home at costs that are lower than those of institutional care. The CAH waiver enables middle-income families, who would not ordinarily qualify for Medicaid, to obtain nursing care, case management and other support services for their children. This program may also be accessed through the Office of Mental Retardation and Developmental Disabilities (OMRDD).
- **Consumer Directed Personal Assistance Program (CDPAP)** is a Medicaid personal care program for disabled adults and patients with long-term chronic illness who are self-directing. In the CDPAP, patients participate in care planning and are responsible for the hiring, training and supervision of workers to provide their care while home care agencies or other facilities act as a fiscal intermediary between the worker and the Medicaid program for payment. Local social services offices must conduct an assessment to determine if CDPAP is appropriate for the patient and also authorizes hours of service, in much the same manner as the Personal Care Program.

The New York State Office for the Aging (SOFA) regulates home care programs that are provided through county offices for the aging, including the Expanded In-Home Services for the Elderly Program for seniors who do not qualify for Medicaid.

- **The Expanded In-Home Services for the Elderly Program (EISEP)** provides nonmedical home care including homemaker/personal care and housekeeper/chore services, respite and other services designed to meet needs such as the removal of architectural barriers. Case management services, which help clients and their families assess their needs and develop a plan of care, are also an essential part of the program.

Increasingly, new technologies are being utilized in the delivery of home care services. Telemedicine/telemonitoring is becoming more commonplace and a growing number of technologies are now available for use in the home setting.

- **Home Infusion Therapy** is a rapidly expanding health care delivery alternative that includes chemotherapy, intravenous nutrition therapies, pain management and various drug treatment modalities. Its use is becoming more widespread to shorten inpatient lengths of stay or as an alternative to hospitalization altogether. Eligibility for Home Infusion Therapy is largely dependent upon insurance coverage and reimbursement practices vary widely with many private insurance plans covering patients on a case-by-case basis.

In addition to the specific programs described above, home care agencies provide a wide range of services, including the following:

AIDS Program	Housekeeping	Nursing Visits	Respiratory Care
Companions	I.V. Therapy	Nutrition	Respite Care
Continuous Care (Private Duty) Nursing	Industrial Nursing	Occupational Therapy	RN/LPN Staffing
Geriatric Alcoholism Counseling	Infant/Child Care	Paraprofessional Staffing	Shared Aide Program
High Tech Therapy	Infusion Therapy	Pediatric Care	Social Model Adult Day Care
Home Health Aide	Laboratory	Personal Care	Speech Therapy
Home Medical Equipment	Live-In Services	Personal Emergency Response System	Telemedicine/telemonitoring Training
Home Transfusion	LTHHCP Waivered Services	Pharmacy	Ventilator Dependent Services
Homemaker Services	Medical Social Work	Physical Therapy	
Hospice	Mental Health Services	Rehabilitation	