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## Understanding Home Care

Our clients are frequently confused by the various types of services that fall under the general term “home care.” Generally, home care helps disabled adults and chronically ill or cognitively challenged seniors live independently for as long as possible, given the limits of their medical condition. It covers a wide range of services and is designed to delay the need for long-term nursing home care. To understand home care, it is important to first understand what is meant by the term **Activities of Daily Living (ADLs)**. This term is used by healthcare professionals to refer to routine activities that people can ordinarily do themselves, such as bathing, grooming, dressing, eating, ambulating (walking), toileting and transferring, i.e. moving from bed to chair. A person’s ability to perform ADLs is key in determining the type of care that may be required.

Next, it is helpful to understand the difference between **Home Health Care** and **Home Care Services**. They sound the same, and Home Health Care may include some Home Care Services, but Home Health Care is more medically oriented and usually involves helping a *patient* recover from an illness or injury. For this reason, the people who provide Home Health Care are often licensed or certified and most work for home health agencies, hospitals or public health departments licensed by the state.

So let’s distinguish the titles! **Registered Nurses (RNs)** are licensed by the New York State Education Department. While they can assist with ADLs, more often they perform skilled nursing care: monitoring vital signs, cleaning, dressing and caring for wounds, changing bandages, administering injections, administering tube feeding and dispensing medication. **Licensed Practical Nurses (LPNs)** are also licensed by the Education Department. They assist with ADLs and can accommodate some skilled nursing needs. **Certified Home Health Aides** are trained and certified by a training program approved by the State Department of Health to assist with ADLs.

There are also Home Health Aides who have not been certified. They may also be referred to as **Personal Care Attendants (PCAs)**. The services provided by PCAs vary based on the specific needs of their clients or care recipients. They regularly assist with ADLs and may also perform minor housekeeping (laundry and ironing, dusting and vacuuming), food shopping and meal preparation, or they may empty bedpans, change soiled bed linens and care for a bedridden or disoriented client. In addition to these designations, seniors and others also benefit from the services of **Companions**. Companions are usually untrained and offer conversation and social interaction, help

with hobbies, run errands, provide transportation to and from appointments, perform house-keeping and meal preparation and care for pets and plants.

**Home Health Care** is medical and/or skilled nursing care in the home for homebound patients. It is a benefit of Medicare, Medicaid and most health insurance policies, provided the patient meets very specific criteria. More specifically, Home Health Care may include physical, occupational and speech therapy, skilled nursing and helping the care recipient with ADLs. It may even include assistance with meal preparation and housekeeping but usually for a very limited time period. Home Health Care is typically initiated upon hospital discharge and is provided on a short-term, temporary basis. It must be ordered by a physician to be covered by insurance. Occasionally, a patient who has not been hospitalized can qualify, but only if there has been a significant change in health status, such as an acute illness or injury. For example, a patient who has extreme difficulty breathing as a symptom of congestive heart failure, or one who is physically debilitated due to an illness or injury and needs therapy to regain strength and balance, could qualify. The patient must be homebound, meaning they only leave the home for medical appointments.

**Home Care Services** is a nonmedical designation. The services are provided by private caregivers, Home Health Aides, Personal Care Attendants and Companions. They are considered custodial in nature and do not require a physician's order. Services are designed to help the care recipient remain at home. The scope of services is determined by the care recipient and/or family. Home Care Services are not covered by health insurance. Most services are paid for out of pocket, by long-term care insurance or by Medicaid.

A discussion of home care would not be complete without reference to **Hospice Care**. Hospice is care for the dying. It can be provided in the home, a dedicated hospice facility, a long-term care facility or a hospital. Medicare, Medicaid and most private health insurance covers Hospice Care. One must have a physician's order to qualify but the patient is not required to be homebound. Hospice is initiated based on a terminal diagnosis. It is no longer necessary that the patient have less than 6 months to live although it is understood that death is impending from a terminal diagnosis.

Hospice Care includes the services of nurses, home health aides, social workers, spiritual care providers, volunteers and even a bereavement counselor. Care recipients and their immediate family members may use all or some of the services based on their needs and preferences. Visits are short, typically between 45 and 90 minutes, although longer visits are typical if the patient is in need of pain control or other palliative care. Some Home Health Care agencies offer Hospice Care as well, and often have a transitional program. Care recipients may start out with Home Health Care and, as they decline, transition to Hospice services.

The focus of Home Health Care and Hospice are very different. Home Health Care concentrates on improvement while Hospice concentrates its efforts on the process of dying, pain management, comfort, support and quality of life for the remainder of the care recipient's life.