

# Options for Care at Home – Defined

**There are many choices for in-home care.** How does one know which in-home care choice is the right choice, and how does one determine if home care is the appropriate care choice to begin with? The information below can help in the decision-making process.

*Follow the subject titles on the left column and circle appropriate responses for each. Strongly consider the options where more responses fall. Be sure to consider culture, support systems and financial ability when making a decision.*

**Decision tree to assist when determining what is the best choice to meet care needs:**

	Care Options		Home Care with Monitoring, Possibly Move to a Facility		
	Independent/Minimal Care at Home	Minor Care at Home	More Care at Home/ Assisted Living	Full Time Care/ Home or Facility	Total Care/Facility
<b>Emergency Responsiveness</b>	Independent. Able to negotiate stairs, and call for assistance.	Able to respond appropriately.	Probably needs assistance.	Needs major assistance.	Needs total supervision and assistance.
<b>Mobility</b>	Walks and transfers independently.	Walks/transfers independently. If falls, infrequent.	Transfer: stand-by assist may be needed. Falls frequent.	Transfer: Needs assistance, one-person transfer.	Transfer: mechanical lift/ two-person transfer/bedfast.
<b>Activities of Daily Living</b> <ul style="list-style-type: none"> <li>• Bathe and dress</li> <li>• Toilet use</li> <li>• Grooming</li> <li>• Take medications</li> <li>• Feed self</li> <li>• Communicate</li> </ul>	Able to accomplish all without assistance.  May need assistance in meals and/or housekeeping.	Needs some assistance and reminders. <ul style="list-style-type: none"> <li>• Bathe and dress</li> <li>• Toilet use</li> <li>• Grooming</li> <li>• Take medications</li> </ul> Independent to: <ul style="list-style-type: none"> <li>• Feed self</li> <li>• Communicate</li> </ul>	Needs reminders and assistance.	May need heavy assistance for all.	Total assistance in all areas.
<b>Socialization and Recreational Activities</b>	Completely able to socialize and enjoys recreation.	Would benefit from socialization and activities. May need minor encouragement.	Needs reminders/ encouragement to participate in activities.	Needs escort to participate in social activities, maintain self at home.	Encouragement/ escort to activities or one-on-one activities or visits.
<b>Mental Status</b>	Oriented to place, time and self. No memory impairment.	Oriented to place, time and self. Slight or no memory impairment.	Mild memory impairment. Sometimes disoriented.	Impaired memory. Poor orientation. Mild confusion.	Needs 24-hour supervision.

**Continued on reverse →**

Understand that making a decision to move into a facility and sell a home is an unalterable decision, once completed. Care should be taken to perform a complete assessment of medical conditions and prognosis, formal and informal support systems available for assistance, financial ability for care, mental status and family customs prior to making any formal recommendation for long-term care that involves a move away from home.

Visiting Angels of Burlington & Mercer Counties can provide a complete geriatric assessment with a suggestion for care needs.

## Models of In-home Care Providers

**Private Duty/Private Pay Services:** Private duty services are usually mostly “non-medical” services and can range from companionship to housekeeping, transportation, personal care, dementia care to 24-hour or respite care.

- **Full Service Agencies** provide non-medical care by employees of the agency who are screened, trained, monitored and usually bonded and insured. There is far more safety in this model, and far less potential liability for the care recipient than with a nursing registry.
- **Nursing Registries/Healthcare Registries** act as a “matchmaker” service, assigning workers to clients and patients who need home care. However, registries place the responsibilities of managing and supervising the worker on the patient, a family member, or a family advisor. Supervision, monitoring, government-mandated taxes, and workers’ compensation coverage usually fall on the consumer and oftentimes the workers are not trained.

**Home Health Care** is skilled nursing care and certain other health care services one receives in a home setting for the treatment of an illness or injury. Examples are care for a wound (dressing changes), injections, monitoring of health conditions like diabetes or blood pressure or heart disease, assistance with medical equipment like dialysis, assistance with an indwelling catheter, assistance with a naso-gastric (NG) tube feeding or a ventilator.

Home Health Care can also provide rehabilitation services: speech, physical and respiratory therapies. Examples are exercises to improve the range of motion of arms and legs, physical therapy following an injury to improve functioning of the injured body part, speech therapy or help swallowing which might be due to a stroke, Parkinson’s disease or ALS, and respiratory therapy.

**Hospice Care** is a special concept of care designed to provide comfort and support to patients and their families when a life-limiting illness no longer responds to cure-oriented treatments. Hospice is generally depicted as end-of-life care and can be in a home or a hospital setting, but it is usually required that someone be with the dying patient at all times. How a family accomplishes this is up to the individual and the family. Hospice entails a range of services from nurses and mental health professionals to spiritual advisors.

**Medicaid Home and Community Based Care** is intended to provide services for those who cannot afford to pay for care with the goal of keeping the person out of a nursing home. Recipients do not need to be homebound or ill to receive the services. To access Medicaid services, the client must first be assessed by a state agency that gate-keeps the program and be approved for a specific number of home care hours or given a voucher for a certain amount of care.

**Geriatric Care Management** entails personal, daily money as well as household management that falls outside of the services of a direct care provider. Other services care managers provide fall into categories that bridge the gaps between direct care and ongoing care needs, which may include coordinating medical and other care providers, family communication, or assisting a move into another living arrangement and the closing up of a household.