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PRIVATE PAY

Home Care Referrals

ISSUES AND CHALLENGES

Assisting clients in determining the need for and choosing the type of private duty services can be confusing. This article provides

- *An overview of the types of private duty home care services;*
- *Key issues and challenges associated with each model;*
- *Referral guidelines for quality private duty agencies; and*
- *How the National Private Duty Association (NPDA) can assist in making quality referrals.*

As people seek ways to avoid institutionalized care, the increase in home healthcare and nonmedical home services is quickly taking the place of care options such as nursing homes. With more than 20,000 providers delivering home care services to some 7.6 million individuals, the demand for quality home care is high (U.S. Department of Health and Human Services, 2001).

Clinicians often refer clients for additional, nonmedical services known as “private duty home care.” The National Private Duty Association (NPDA), an organization developed to be the voice for private duty providers, has identified more than 8,458 private duty home care agencies in the United States.



Clinicians must be familiar with the types of private duty providers and the issues and challenges associated with each. With this background and an understanding of the risks and liabilities inherent in various private duty business models, clinicians can advise clients so that the private duty home care experience is positive.

Private Duty: Who Pays?

Private duty services can be paid directly by the patient, family, conservators, and by long-term care insurance or combinations of them all. Although most commonly pay from the patient's own resources or insurance, there are some public sources of assistance.

In most states, Medicaid, through the home- and community-based waiver program, covers some levels of in-home services with the goal of keeping clients out of nursing homes. Hospice may have monies through grants or donations allocated to supplement hospice Medicare provisions, which would cover private duty services. Because these services are funded by public funds, they are not considered private duty.

Long-term care insurance, workers' compensation, and some armed services funding may cover private duty services, if the agency qualifies for reimbursement under the policies. However, most often there are few sources that cover private duty services, and the cost of care is covered by the client and family.

Sources of private duty funds are:

- The patient's resources,
- Family members' resources,
- Long-term care insurance,
- Grants for supplemental hospice care,
- Workers' Compensation Insurance,
- Public sources of payment for private duty services, and
- Medicaid home- and community-based waiver programs.

Models of Private Pay Home Care

Unlike the regulations imposed on Medicare-certified home health agencies, private duty agencies in most states are not required to be licensed or meet regulatory requirements. Because of this, there are several levels or home care models within the private duty spectrum.

Private Duty Business Models

1. The full-service agency employs providers and

monitors and supervises them in care provided to the client.

2. The Nurse Registry or Healthcare Registry simply matches client and caregiver and allows the two parties to develop their work relationship. This organization does not employ, train, monitor, or supervise workers sent into private homes and simply receives a fee for the recruitment and match.

Both models may provide different levels of care, such as

- homemaker/companion (nonmedical);
- personal care services (bathing, dressing, ambulating, medication monitoring); and
- skilled nursing.

Homemaker/Companion (Nonmedical) Services

Nonmedical homemaker services include assisting with activities of daily living (ADLs) and providing companionship and supervision to patients who are lonely or need on-site supervision because of dementia or other cognitive disease. Depending on the state, these services usually are unlicensed. The caregivers hired by the clients often have no medical or home care training. Services include:

- companionship,
- general housekeeping,
- meal preparation,
- transportation/errands,
- standby assist with some ADLs, and
- medication reminders.

Personal Care Services

Personal care service agencies deliver a slightly higher level of care than the homemaker/companion agencies. Some states may license these agencies, although there are no uniform standards for caregivers, documentation, and record keeping. Their providers help clients with basic grooming and other ADLs. In addition, supervision of the provider typically does not have to be performed by a nurse. Services include:

1. homemaker/companion (nonmedical) services;
2. direct support with ADLs, including
 - ambulation,
 - transfer,
 - bathing, grooming, and mouth and skin care,



Key issues to consider before selecting a private duty home care provider

The levels of care provided by agency and type of agency

LEVELS

- Companion/homemaker
- Personal care
- Skilled care

TYPE

- Medicaid versus private pay only
- Licensed versus unlicensed
- Registry (independent contractor) versus employed staff

PROCEDURES USED FOR HIRING CARE STAFF

- Criminal background checks
- Credential and reference checking
- Competency testing
- State abuse registry checks
- Orientation procedures

CARE MANAGEMENT PRACTICES OF THE AGENCY

- Initial client/patient assessments
- Ongoing client/patient assessments
- Communication with family/medical providers
- Training of staff
- Written job descriptions for care staff
- Procedures for staff evaluations
- Disciplinary counseling procedures
- Scheduling procedures

BACKGROUND AND TRAINING OF CARE MANAGERS

- Does the agency have a nurse care manager available if providing personal care level or above?
- Does the care manager provide initial or ongoing assessments?
- Is care supervision available 24 hours a day?
- Are providers employees?

- toileting,
- medication assist with self-administered medications, and
- observation/vital signs reporting.

Skilled Nursing Private Duty Agencies

Skilled nursing agencies that provide private duty services usually offer basic homemaker services and client support with ADLs but also offer a higher level of skilled nursing care to address specific medical needs. Supervision is always performed by a nurse or other licensed professional.

Caregivers are employees and are bonded, insured, and, if need be, licensed. These agencies are most often licensed, although not in all states, and most agencies meet accreditation standards. The agency completes accounting and bookkeeping, provides supervision and discipline, carries various insurance coverages, and ensures that shifts are covered. Typical services include:

1. companion/homemaker;
2. support with ADLs;
3. skilled care, including
 - nursing assessment,
 - catheter care,
 - enteral/parenteral therapies,
 - infusion therapies,
 - medication instruction and setup,
 - monitoring of acute conditions,
 - therapies (physical, occupational, and speech);
 - teaching/education on disease management;
 - wound care/dressing changes;
 - venipuncture;
 - nutrition counseling; and
 - ostomy management.

Nursing Registries

Nursing registries also provide services from basic homemaker services to skilled nursing care. These types of nurse registries and employment registry agencies act as “matchmaker” services, assigning workers to clients and patients who need home care and placing the responsibilities of managing and supervising the worker on the client, a family member, a family advisor, or care manager.

Because registries and companies that place private personnel do not actually employ the care providers, their in-home placements pose a greater client risk in a variety of areas:

- When a registry or privately placed care provider is in a private home, supervision,

monitoring, government-mandated taxes, and workers' compensation coverage usually fall on the consumer.

- Because the registry does not employ the caregivers, they do not supervise them, and the workers are not trained.
- Unmonitored, unsupervised care means a greater likelihood that care providers can exert undue influence on a frail person for personal financial gain, or the possibility of emotional or physical abuse.

People who choose to hire a caregiver from a registry or an independent provider should be aware that in most cases they are responsible for the following:

- Payroll taxes and other employer-mandated liabilities, including Social Security, Medicare, and federal and state unemployment insurance. When the individual or family is the employer and none of these taxes are being paid, the government may assign the individual, family, or estate for back taxes and penalties.
- Worker-related injuries. Many individuals incorrectly assume their homeowners' insurance will cover this type of loss. Homeowners' insurance usually specifically excludes employees in the home.
- Abuse and exploitation. Whether an individual is hired personally or a nursing registry is used, it is imperative to be sure that not only have references been checked, but a criminal background check also has been conducted on the worker.

Referring Patients to Quality Private Duty Care

Given the wide variation in types and quality of care among private duty agencies, it is essential that clients have the information to make well-informed choices. The NPDA is a valuable resource when looking for quality private duty agencies. Formed in 2002, the NPDA has been actively educating the public about the potential pitfalls of unregulated home care.

NPDA is a national voice for organizations that provide private duty home care services and an advocate for services that benefit home care consumers: seniors, children, persons with disabilities, those with chronic health conditions, and people whose quality of life can be improved by having a care worker help in their home.

With an ever-growing membership of agencies in 45 states and Puerto Rico, NPDA member agen-

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cies are held to high standards and always employ their workers and provide training and supervision. In addition, as part of a national public education campaign that emphasizes consumer safety and informed decision making in private home care, the NPDA provides brochures and information about how to make informed choices.

A position paper about the risks associated with registries, an extensive informational white paper on independent contractors versus employees, industry standards and codes of ethics for home care providers all can be obtained from the NPDA. The NPDA Legislative Committee is working to influence legislation to protect consumers and employees and set standards for the industry. Legislation is under way in many states and has been passed in Illinois and Indiana. The NPDA is poised to work with all states as the movement spreads.

By educating clients on the types of private duty home care available and encouraging them to seek caregivers from agencies that supervise, train, and fully employ their workers, you can ensure quality of care for your clients and improve the image of home care as a whole. With clinician assistance, private duty home care can become a trusted and dependable option for Americans who need extra care. ■

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