Navigating the world of “home care” can really be a challenge! How is one to know the difference between home care, home health care, private duty care, non-medical home care, medical home care, live-in care, companion care, etc.? All of this terminology can be so confusing! When seeking home care services in the Phoenix/Maricopa county area it is important to understand the options available.

The demand for care at home for our senior loved-ones has increased significantly over the years. Although most in-home care is still provided by family and friends, many families are challenged when their loved ones live a long distance away or when their work and life circumstances prevent them from being the full-time caregiver that their loved one needs. In those situations, many people turn to home care agencies to provide care.

In the Phoenix Metropolitan area, there are several hundred agencies that offer varying levels of in-home care. This care ranges from brief visits to the home a couple of times per week to assist with personal care, to complex care provided by Registered Nurses around the clock. In-home care can be customized to each individual. Whatever the home care needs your loved one may have competent home care agencies can provide caregivers with the appropriate skills, experience and training to help him or her continue to live at home safely and comfortably.

**Home Health Care/Medical Home Care**

The terms “Medical Home Care” and “Home Health Care” are used interchangeably. This type of care is given in the home under a doctor’s order. It is usually less expensive, more convenient, and just as effective as care given in a hospital or skilled nursing facility. The goal of home health care is to treat an illness or injury, helping an individual to get better, regain independence, and become as self-sufficient as possible.

In general, home health care includes intermittent home visits to provide nursing care or other skilled services like physical therapy, occupational therapy, and speech therapy...
In order for Medicare or other insurance to cover home health care, there are generally four requirements that must be met.

1. Care must be ordered and overseen by a physician
2. The patient must have been seen by a physician for the condition requiring home health care no more than 90 days prior to the start of home health care services or no later than 30 days after the start of home health care services
3. The individual must be “homebound”, meaning that leaving the home to receive care is unsafe, requires the assistance of other people and/or requires considerable and exhausting effort
4. The care needed is “skilled” rather than “custodial” (see below for clarification these terms)

Skilled care is only provided by trained professionals. For example, skilled nursing care is required for a complicated wound and skilled therapy care is required for the development of a home exercise program to recover from a hip replacement operation.

Custodial care is care that can be given by a non-professional (i.e. nursing assistant or home health aide). Generally, it is the help given to an individual to complete daily activities, such as bathing, dressing, preparing meals, eating, using the toilet, walking, etc. This type of care is not provided with the goal of helping someone heal from an illness or injury, but to ensure daily activities are completed safely. While Medicare will cover a limited amount of custodial care given by a Home Health Aide during the time that someone is receiving skilled care, extended or ongoing custodial care is not paid for by Medicare. The Arizona Department of Health Services: [http://www.azdhs.gov](http://www.azdhs.gov) can be a helpful resource for questions about Medicare.
Many individuals require greater assistance than Medicare or other insurance providers will cover under the home health care benefit. They may need someone to be with them round-the-clock while they recover from an illness, or they may need care for a longer period of time than Medicare will cover – perhaps even until the end of life, when necessary. In these cases individuals usually utilize long term care insurance policies to meet custodial care needs, or they pay privately for this type of care. For many seniors, the unlimited options provided by home care services is more preferable than going into the unfamiliar surroundings of a skilled nursing facility.

**Non-Medical Home Care, Custodial Care, Companion Care, Live-in Care**

The terms “Non-Medical Home Care”, “Custodial Care” and “Companion Care” are all used to describe care provided at home by a non-professional. Caregivers that provide these types of care are not required to have any specific medical training. At Nightingale Homecare, all caregivers are required to have extensive experience providing care, including: measuring vital signs, bathing, transferring patients safely from bed to chair and back, and reporting concerning symptoms or changes in behavior/function that may signal that the health condition of the patient has changed. “Non-medical”, “custodial’ or “companion care” are usually needed when someone is requiring companionship, a minimal amount of help with managing daily activities and/or to assure safety, such as in the case of someone who might be forgetting to turn off the stove.

“Live-in” care is provided when someone needs care around the clock. For safety reasons, live-in care is not right for everyone. If a patient is not able to call for help during the night, a live-in caregiver will not be appropriate. This type of caregiver will be sleeping at night and may not hear the patient trying to get up. This can result in a fall or serious injury. The alternative to “live-in” care is when the agency provides caregivers that are required to remain awake at all times. In these cases, the same caregiver will not spend the night, but will be substituted for a caregiver that is rested and prepared to stay awake through the night to provide assistance when needed.

**Private Duty**

“Private Duty” is a broad term that encompasses all types of in-home care. It includes “custodial care”, “companion care”, and “live in care”. It also includes care provided by a nursing assistant, a nurse or another skilled professional, such as a physical therapist. Care is considered “private duty” when it is being paid for by a long term care insurance policy or by the patient or his/her family. It can be short or long-term and is often requested by patients that prefer to stay in the comfort of their own homes, rather than
in a nursing home. Private duty services range from companionship care to highly skilled nursing care, during periods ranging from a brief visit, to 24 hours a day. Private Duty caregivers are often enlisted to perform light home management, errands, meal preparation, housekeeping, or transportation to the grocery store, pharmacy or doctor’s office. Medical or ‘skilled’ Private Duty offers care to those who require medically intensive care for long-term chronic conditions, or skilled nursing care following a hospital stay, or at the end of life.

**Examples of Private Duty Home Care**

- Nursing Care
  - Long-term Care of Chronic Disease
  - Ventilator Care/ Trach Care
  - IV Administration
  - Tube-feeding administration
  - Ostomy and Stoma Care
- Grooming and dressing
- Recreational activities
- Incontinent care
- Oral Care
- Medication reminders
- Bathing or showering
- Light housekeeping
- Meal preparation
- Respite for family caregivers
- Errands and shopping
- Companionship
- Reading email or letters
- Transportation
- Changing linens
- Laundry and ironing
- Organizing closets
- Care of house plants
- 24-hour emergency response
- Family counseling
- Phone call checks

**To find the BEST home care for your loved one, look for these important criteria:**

A search on the Internet for “home care” or “private duty” care will reveal a large number of providers in the Phoenix Metropolitan area. When doing research on which agency to use, make sure that the provider does not use “independent contractors”. Select a provider that directly employs its caregiving staff and pays for worker’s compensation insurance. This assures that any liability for caregiver injuries falls on the
agency and not you. Also, check for general and professional liability insurance, and bonding (coverage for employee theft or damage to the home caused by a caregiver).

To be more familiar with the risks of hiring a caregiver outside of a certified agency, please review our informational page:

http://www.ngcare.com/how-to-choose

The leading association for Private Duty home care agencies is the National Private Duty Association. All member agencies are employer-based, carry liability insurance and provide worker’s compensation.

You may use the following link to find an NPDA Member in your area:

http://www.homecareaoa.org

The leading association for Home Health Care agencies is the National Association for Homecare and Hospice. For more information on members and the agency click here:

http://www.nahc.org

“Click here for more information from the National Association for Home Care and Hospice” on how to choose a homecare provider:

http://www.nahch.org/Consumer/contents.html

Please visit our friends and affiliates page to find other support services for your loved-ones special home care needs:

http://www.ngcare.com/resources/our-friends-and-affiliates

If you’re not sure about the type of care and home care services you or your loved one requires, a highly skilled and experienced Nightingale Homecare representative can answer your questions and custom-fit a plan to best fit your needs. Please call Nightingale Homecare today at 602.714.2233 or contact us online for more information. Our caring staff is available 24 hours a day, 7 days a week. We look forward to serving you!

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