Home Care Agencies

Caring for the sick at home is the oldest form of health care. Today, a wide range of health and social services can be given in the home. Whether a person is being treated for cancer, is recovering from it, or has advanced disease, home care might be an option. Through home care you can get expert, compassionate health care at your home instead of in a hospital or other facility.

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How can I find a home care agency for a cancer patient?

Finding a home care agency that meets your needs may take some research, but it will be time well spent. You’ll want to review the quality of their care, whether the services you need are included, staff training and expertise, and your medical coverage of the needed services. Most communities have many providers to choose from. Here are some ways to start your search for names and phone numbers of agencies:

Local resources

Talk with your doctor, social worker, or hospital discharge planner about home care agencies near you. They usually have worked with home care agencies and know which ones can be counted on to respond best to the needs of their patients.

Information and referral services may be offered through your local Area Agency on Aging, local United Way chapter, or the nearest chapter of your
American Cancer Society. Other good resources are:

- National Association for Home Care & Hospice (NAHC) Website: www.nahc.org
- Visiting Nurse Associations of America Website: www.vnna.org

Ask friends in your area about any home health care agencies they have used or heard about. You can also check your local yellow pages under “home care,” “home health care,” and “nurses.”

State resources

Contact your state’s department of health or social services to get a list of licensed agencies. If you’re looking for a Medicare-certified agency, call Medicare (1-800-MEDICARE [633-4227]) or check the blue pages of your phone book for your county or state health department.

Types of Home Care Agencies

Many providers offer home care services, including:

- Home health agencies
- Hospices
- Homemaker and home care aide agencies
- Staffing or private-duty agencies
- Medical equipment and supply companies
- Home infusion or pharmaceutical (medicine) companies

Some home care providers are professionals who don’t work for any kind of agency. Some agencies are registries that keep lists of professionals and workers for hire. Sometimes, several types of home care providers may work together for one company so they can offer a wide range of services.

The choice of a home care provider is an important one for you, your family, and your doctor. To help you make the best choice, we will review the types of home care agencies and suggest some questions you might want to ask. The type of agency you choose will depend on your health care needs. You should also know as much as possible about what your insurance will cover and what your out-of-pocket costs will be.

Home health agencies
If you need skilled home care services, they will usually be given by a home health agency. The same agency may offer different home care services through nurses, therapists, social workers, homemakers and home care aides, medical equipment and supply dealers, and volunteers.

Some agencies limit their services to nursing and 1 or 2 other specialties. If care is needed from more than one specialist, the home health agency will set up a team to provide care that covers your needs. Because home health agencies hire and supervise their personnel, they assume liability for all care. Home care services are usually available 24 hours a day, 7 days a week, though most home services are done during the day if possible.

**Hospice care**

This type of care involves a core team of skilled experts and volunteers who provide medical, psychological, and spiritual care when cure is no longer possible. Hospice care is usually based at home so that families take part in the patient’s care. Trained hospice professionals are on call 24 hours a day. They help the family care for the patient, help ensure that the patient’s wishes are honored, and keep the patient as functional and free from pain and other symptoms as much as possible. They also help provide emotional support for the family through this time. Many hospice programs are Medicare certified and licensed according to state requirements. You can find more information in [Hospice Care](#).

**Homemaker and home care aide agencies**

These agencies help patients by preparing meals and helping them bathe, dress, and keep house. They may also sit with patients who can’t be left alone for medical or safety reasons. This is sometimes called “companion service.” Some states require that these agencies be licensed and meet certain standards of care.

**Pharmaceutical and infusion therapy companies**

These companies deliver medicines, equipment, and nursing services for people who need intravenous (IV) fluids, nutrition, or treatments at home. They also give special feedings through tubes that are put in the stomach or intestine (tube feedings). Nurses teach patients and family members to give these medicines, fluids, or feedings at home. They often stop in to be sure everything is working well, and you can call them any time there are problems. Some pharmaceutical and infusion therapy companies are certified by Medicare.
Durable medical equipment and supply dealers

These companies provide products ranging from breathing machines (respirators), oxygen tanks, wheelchairs, and walkers, to catheter and wound-care supplies. They deliver these products, install or set them up, and teach patients and caregivers how to use them. Most of these companies do not give physical care to patients, but a few offer pharmacy and infusion services. They may provide a nurse to give medicine and tube feedings to patients and teach the patient and family the proper way to give these on their own. Some offer respiratory therapy services to help patients use breathing equipment. Those that bill Medicare must meet federal minimum standards. Some states require that these companies be licensed.

Staffing registries/private-duty agencies

Private-duty agencies provide nursing, homemaker, home care aide, and companion services. In most cases, these agencies are not licensed or regulated by the government. Staffing registries often serve as employment agencies for home care nurses and aides. They match the provider with the patient and collect a finder’s fee. When you hire someone matched by a registry, it’s much the same as hiring them yourself – the person works for you, and you pay them. As an employer, you may also have to pay payroll taxes, Social Security, and unemployment insurance.

Independent providers

These are nurses, therapists, aides, homemakers, and companions who are privately employed by the people who need their services. The patient or family must recruit, hire, and supervise these providers. The patient or family pays them directly, and may also be responsible for payroll, Social Security, and unemployment insurance.

- Written by

Last medical Review: April 19, 2016 Last Revised: May 13, 2016

Criteria to look for in a home care agency

There are many things to look at in choosing the best agency to meet your
needs. First, you’ll want to talk with your cancer care team and figure out which services you’ll need. Then you can find agencies that offer those services. Ask the agencies you are looking into about their accreditation, licensing, and certification. You’ll also want to learn about the quality of cancer care, type of experience with providing cancer care services, and the skills and training of staff.

Here are some of the things you might ask about when looking at a home care agency.

**Accreditation**

Is the agency accredited by a nationally recognized accrediting body, such as the Joint Commission? The Joint Commission is an independent, non-profit organization that evaluates and accredits health care organizations and programs that wish to be reviewed. You can look up the agency on the Joint Commission website at [www.qualitycheck.org](http://www.qualitycheck.org).

Accreditation is an important measure in selecting quality health care services. You can also ask to see the results of the home care agency’s most recent Joint Commission survey.

**Certification**

Is this home care program Medicare-certified? Medicare-certified programs have met federal requirements for patient care and management. Because of legal requirements, services provided by these agencies are closely supervised and controlled. Medicare only certifies agencies offering skilled nursing care.

To find a Medicare-approved home health agency, go online at [www.medicare.gov](http://www.medicare.gov). Click the top right tab called “Forms, Help, & Resources.” You can find names, addresses, and phone numbers of nearby agencies. You can also look at quality measures, patient/family survey results, and compare the home care agencies you select.

**Consumer information**

Does the agency have written statements that list services (including cancer care services), eligibility requirements, costs and payment procedures, staff job descriptions, and malpractice and liability insurance? Ask that they send you any brochures or other information they can share about their services.

**References**
How many years has the agency been serving your community? Can the agency give you references from cancer care professionals, such as an oncologist, oncology nurse, cancer center, or an oncology social worker, who have used this agency? Ask for names and phone numbers. A good agency will give these to you if you ask. Talk to these people about their experiences.

You may also want to check with your local Better Business Bureau, your local Consumer Bureau, or the State Attorney General’s office. They can tell you if complaints have been filed against the agency.

**Admissions**

How flexible is this agency in applying its policies to each patient or working out differences? If the agency has up-front conditions that you don’t feel comfortable with, it may be a sign that it’s not a good fit for you.

Is the agency willing to help you find out whether you or your family member qualifies for Medicare-covered home care, or whether you even want it? This can be useful in finding out how willing they are to work with you.

**Care plan**

Does the agency create a care plan for each new patient? Is the plan carefully and professionally developed with you and your family, or is it based only on what you asked for? Is the plan written out? Are copies given to all involved? Check to see if it lists specific duties, work hours/days, and the name and phone number of the supervisor in charge. Is the plan updated as your needs change? Ask if you can see a sample care plan.

**Preliminary evaluation**

Does a nurse or social worker evaluate you before you are admitted to find out which services will be needed? Is it done in your home rather than over the telephone? Does it highlight what you can do for yourself? Does it include talking with oncology professionals, your family doctor, and other professionals who are already providing you with health and social services? Are members of your family involved?

**Personnel**

If you’re looking into an agency, are references on file for home care staff? Ask how many references the agency checks (2 or more should be required for each staff member who gives in-home care). Does the agency train,
supervise, and monitor its caregivers? Ask how often the agency sends a supervisor to the patient’s home to review the care being given to the patient. Ask whether the caregivers are licensed and bonded. Whom can you call with questions or complaints? How are problems resolved?

Family caregiver

Does the agency require a family caregiver or other in-home primary caregiver as a condition? How much is expected of the family caregiver? Can the home care agency offer help to coordinate and assist the family by filling in around job schedules, travel plans, or other responsibilities? If you live alone, what other options can the agency suggest?

Costs

How does the agency handle payment and billing? Get all financial arrangements such as costs, payment procedures, and billing in writing. Read the agreement carefully before signing. Be sure to keep a copy. What resources does the agency provide to help you find financial aid if it’s needed? Are standard payment plan options offered?

Equipment

If equipment such as a respirator, oxygen machine, or dialysis machine is used, does the agency teach you or a responsible family member how to use and care for it at home? Who’s available if equipment problems come up at night or on weekends?

Quality of care

Does the agency have a 24-hour phone number you can call when you have questions, problems, or complaints? How does the agency respond to your very first call? Does the telephone staff seem caring, patient, and competent from the first contact, even if they need to return your call? Do they speak in simple language, or do they use a lot of jargon? What’s their procedure for receiving and resolving complaints?

How an agency responds to that first call for help may give you a good idea of the kind of care to expect. You may also ask if the agency does customer satisfaction surveys. If so, ask to see the results of the last survey.

Emergency plan
Does the agency have an emergency plan in place in case of a power failure or natural disaster? Ask to see a copy of the plan. In case of an emergency, you need to know if the agency can still deliver services to your home.

**Services**

How quickly can the agency start services? Does the agency offer specialized services by rehabilitation therapists, dietitians, family counselors, or art therapists when these could improve your comfort? Does the agency offer to lend used medical equipment or other items that might also enhance your quality of life?

**Inpatient care**

What are the agency’s policies on inpatient care if you should need it? Where is such care provided? What are the requirements for an inpatient admission and how long can you stay? What happens if you no longer need hospital care but can’t go home? Can you tour the residential facility the agency uses? Which hospitals contract with the agency for inpatient care? What kind of follow-up does the agency provide for inpatients? Do nursing homes contract with the agency? Does the agency provide as much nursing, social work, and aide care for each patient in the nursing home as it does in the home setting?

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Last medical Review: April 19, 2016 Last Revised: May 13, 2016

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**What home care services are available for cancer patients?**

Through a home care agency, you can get many of the same care and
services as in a hospital. A doctor will work with your home health care providers to set up your plan of care. This plan includes the services you need, the type of staff best suited to provide those services, and how often the services are needed.

**Nursing care**

A highly skilled registered nurse (RN) can be very helpful to a cancer patient at home and can help relieve the burden on family members. A nurse comes to the home, looks at the care needs you and your family have, and sets up a plan of care along with the doctor. Services may include the care of wounds, ostomy care, giving intravenous (IV) treatments, giving and supervising medicines, and watching for side effects. Your care plan may also include giving supportive care, like pain control, as well as instruction and emotional support. The needs of both the patient and the family are covered.

**Physical therapy**

Physical therapists can help you to regain the use of impaired or weakened muscles. They also work with you to improve the range of motion in joints and learn to use any equipment needed for daily activities.

**Occupational therapy**

An occupational therapist can help you with problems that keep you from doing your daily activities. An occupational therapist will look at what you can do, and then teach you ways to do daily tasks, like eating, bathing, dressing, and household routines. If you need special equipment, you’ll be taught to use it. With the therapist’s help, you can learn to do more on your own.

**Speech therapy**

If you can’t talk the way you used to, a speech therapist can help you communicate again by teaching special techniques and helping you practice. They may also help if you have problems swallowing.

**Social workers**

Social workers look at social and emotional factors that affect patients. They serve as case managers for patients with complex needs and help find
sources of help in the community. This can include helping the family look for financial help if needed. They also counsel patients on coping with the demands of illness, family conflicts, and grief, all of which can affect the patient’s care.

**Home health aides/home care aides**

With the help of an aide, you can better handle personal care, such as getting in and out of bed, walking, bathing, and dressing. Some aides have had special training and are qualified to give more complex services if supervised by a registered nurse.

**Homemaker/attendant care**

A homemaker can do light household tasks for you, like laundry, meals, housekeeping, and shopping. These services are done to help maintain your house rather than give health care. Some agencies assign a home health aide for these tasks along with health services.

**Volunteers**

A volunteer from a community organization, a home care agency, or hospice can sit with you, give emotional support, and help with personal care, paperwork, and getting to and from doctor visits.

**Others**

Home care services may also include some of these:

- Nutrition support and help with diet
- Medical equipment and supplies
- Lab and x-ray studies
- Pharmacy services
- Respiratory therapy
- Transportation
- Home-delivered meals
- Problem-solving or other help by phone
- Dentists, clergy, specialist doctors, and other health professionals
- Emergency alert or safety monitoring systems

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Who pays for home care for cancer patients?

Home care services can be paid for by:

- Public third-party payers such as Medicare, Medicaid, and the Veterans Administration (VA)
- Private third-party payers such as health insurance companies and managed care plans
- Patient and family (out of pocket)

For most home care to be covered by public and private payers it must be considered medically necessary. You must also meet certain coverage requirements. Different private insurance plans have different policies, and you may need to call them to find out what they cover. Medicaid coverage varies based on the state where you live.

For services that are not covered by insurance, you may choose to pay out of your own pocket if you can afford it. Some home care agencies get money from community groups or local and state governments to help lower the cost for patients who have no other way pay for their care. Some agencies get donations from individuals and charity groups so they can provide care to anyone who needs it, whether or not they are able to pay.

Public third-party payers

To qualify for the Medicare Home Care Benefit
Medicare Part A and/or Part B cover eligible home health services. To qualify for home care, a person with Medicare must meet all of the following:

- Your doctor must decide that you need medical care at home and make a plan for your care at home.
- You must need at least one of the following either part time or on and off: skilled nursing care, physical therapy, speech-language therapy, or occupational therapy.
- You must be homebound and unable to leave the house without help. To be homebound means that leaving home takes a good deal of effort. But leaving home for medical treatment or short non-medical trips (such as for haircuts or religious services) do not usually disqualify you.

If you meet all the above, you may be eligible for care from a Medicare-certified home health agency. The Centers for Medicare and Medicaid Services has a lot more information about this. Call them toll-free at 1-800-633-4227 (1-800-MEDICARE) or visit www.cms.hhs.gov.

**To qualify for Medicaid coverage of home care**

States are required to provide health services to people who get money from federally assisted income programs, such as Social Security and Temporary Assistance for Needy Families (TANF).

Others who may qualify for Medicaid help include “categorically needy” people. These are people who meet the income and resource requirements for TANF but aren’t getting it. (For example, certain children under the age of 21, and some elderly, blind, and disabled persons whose income is below certain levels.)

Under federal Medicaid rules, coverage of home health services must include part-time nursing, home care aide services, and medical supplies and equipment. At the state’s option, Medicaid may also cover audiology (hearing services); physical, occupational, and speech therapies; medical social services; and hospice.

**Department of Veterans Affairs**

Different types of services are available in different areas of the United States. Most Veterans Affairs (VA) regions pay for skilled home care and hospice, although the VA may not directly provide these services. The veteran must be referred by a VA doctor and meet medical requirements to qualify for skilled home care or hospice. The Social Services department of your closest VA medical facility should be able to answer questions about eligibility in your
area. To find VA-operated home health agencies call the Department of Veterans Affairs toll-free at 1-800-827-1000, or visit www.va.gov.

Community organizations

Some community groups, along with state and local governments, help pay for home health and personal care. Depending on a person’s eligibility and financial need, these groups may pay for all or part of services. Hospital discharge planners, social workers, local offices on aging, the United Way, and your American Cancer Society can help you find out what’s offered in your area.

Private third-party payers

Commercial health insurance companies

Most private insurance policies include some home care service for short-term needs, but benefits for long-term care vary from plan to plan. Be sure to contact your health care plan to get the details about your insurance coverage for home care.

Managed care organizations

These group health plans sometimes cover home care services. Managed care organizations that have contracts with Medicare must provide the full range of Medicare-covered home health services available. Coverage may be limited to doctor-directed medical services and treatments, but your choice of agency is restricted. Be sure to ask about your plan’s coverage.

Private pay or self-pay

If insurance coverage is not available or doesn’t cover all the care that you need, you and your family can hire providers and pay for services yourself. Keep in mind that you might be responsible for payroll taxes, Social Security, and unemployment insurance in some situations. (The IRS can tell you more.) It may help to shop around, as these services can cost a lot.

References
