Paying for the Care You Find

So much needs to be worked through when responding to care needs in the home, and sadly the cost of the care is a crucial consideration. As part of our on-going series, on Finding Care, we offer some important financial issues to consider as you put your plan together.

- The average **standard rate** in our area for Agency provided care is $**24/hr**. This rate may drop slightly for longer periods of time and rise for shorter durations. If you pay an individual directly, the rate is likely less, but there are tax and reporting implications. (*see previous article*)
- Care in the home is not covered by standard medical insurance.
- For those who might financially qualify for **subsidized care**, our local Agency Services Access Point is the Highland Valley Elder Services at 586-2000.
- **Veterans** might well qualify for assistance as part of the Veterans Health Administration long term care benefit, but you must be enrolled at the VHA and primary care would make the referral. From the VHA website: *Your eligibility for long term care services, provided in any long term care setting* [including the home], *will be determined based on your need for ongoing treatment, personal care, and assistance, as well as the availability of the service in your location. Other factors, such as financial eligibility, your service-connected (VA disability) status, insurance coverage, and/or ability to pay may also apply. Since* ***Homemaker Home Health Aide*** *services are part of a service within the VHA Standard Medical Benefits Package, all enrolled Veterans are eligible* ***if they meet the clinical need for the service****. A copay for Homemaker and Home Health Aide services may be charged based on your VA service-connected disability status. Homemaker Home Health Aide services can be used in combination with other Home and Community Based Services.*
- A **Long Term Care Policy** is designed to provide assistance with not only institutional care, but also care in the home. Your policy may differ slightly, but most share similar elements:
    - An elimination period, generally 90 days, in which you must pay for what is called **qualifying care** yourself before the benefits are provided,
    - Eligible (qualifying) care means needing assistance with two of the five Activities of Daily Living (bathing, dressing, toileting, transferring and eating). Most policies also cover in cases of certified cognitive difficulty,
    - Generally, certification is needed to support the claim. Most care agencies will provide documentation and assist with getting insurance reimbursement. Some policies require certification of a care plan prepared by a physician or other licensed clinician.
    - Some policies require care provision from licensed staff, or suggest providers must come from a licensed agency, though in Massachusetts currently no licensing in provided by the state.
    - In both the townhomes and at the Inn reimbursement would require a "*homecare"* benefit to receive reimbursement

  The Wellness office would be happy to meet with you to look at your policy to better understand the benefit.