



Home Care in Illinois

Introduction

Most families weighing their options on receiving care at home have never had to deal with this before. Having managed hundreds of home care cases, I hope this guide helps families make an educated decision on the best solution for their unique needs.

Care at home is less expensive, more convenient and can be as effective as the care you would receive in the hospital or at a skilled nursing facility. With a focus on lowering costs and staying within tight budgets, it's important to understand and weigh your options carefully to receive care in the comfort and safety of your own home.

Quick Glossary

Home Health – is a term frequently used for short-term rehabilitative care funded by Medicare or health insurance coverage. It is meant to help you recover from an injury or illness. A physician must sign off on (certify) the need, and your situation must meet all the following conditions:

1. The patient must be receiving care from a physician who regularly reviews a plan of care
2. The physician must certify that the patient has a need for skilled nursing, physical, occupational or speech therapies
3. The patient must be homebound (which means either the condition requires the patient to stay home, or it is difficult for the patient to leave home)
4. The provider must be Medicare-certified (to bill Medicare). The services provided may include periodic nurse visits, nurse aid bath visits, and physical, occupational and speech therapy.

Note that these are all visits that typically last an hour or less. A treatment plan is put in place and progress will be periodically measured against a goal. Medicare or insurance coverage will last if progress is being made toward recovery. Coverage lasts no more than 100 days. Any ongoing care after this coverage period is considered long-term or custodial in nature. The necessary medical equipment, such as a walker, wheelchair, etc. is also covered.

Home Care – is a term used for long-term care or custodial care. This kind of care is paid for privately or

may be covered by long-term care insurance. Long-term care services generally include personal care, housekeeping, and transportation. Personal care is “hands-on” care, such as assistance with bathing, dressing, grooming, walking, and eating. These are also referred to as the “activities of daily living” (ADLs). Housekeeping services typically include meal preparation, light housekeeping, laundry, vacuuming, dusting, changing bed linens and tidying up the bathroom/bedroom. Medication reminders, transportation services to and from appointments, errands and events may also be included.

Hospice – is a term used for end-of-life care and can be provided either in a facility or at home. Services provided by hospice companies are billable to Medicare or insurance, with very little out-of-pocket expenses to the family. The focus here is no longer on recovery or rehabilitation, but rather on comfort care and pain management. Like Home Health, a physician must certify (and periodically re-certify) the need for care based on the patient’s condition and prognosis. Necessary medications and medical equipment, such as a hospital bed, oxygen, etc. are also covered. Services provided may include periodic nurse visits, nurse aid bath visits, physician visits for pain management, social workers, chaplains, and spiritual and bereavement counselors. Hospice is a wonderful and free resource that many families tend to shy away from or engage in later than they should. Note however that the above services are all visits. Families in need of additional support (such as hourly or live in care) for additional assistance with the activities of daily living (as defined above) can supplement hospice care with home care as needed.

Is home care the best option?

Most people would prefer to stay at home. After all, as the saying goes, “there’s no place like home.” Home care is comfortable and is frequently the least expensive option (based on circumstances). Also, for those suffering with dementia, staying home or returning home from a stay in the hospital or skilled nursing facility commonly reduces disorientation. However, each person’s situation is different, and there are several factors to consider as to whether home care is the best option:

- 1. Accessibility** – What is the access like in and out of the home? Are there lots of steps, a steep walkway or driveway? There are companies that specialize in improving access both in and out of your home (ramps, etc.) and within your home (chair lifts, etc.).
- 2. Support** – What is the support system? Friends or helpful neighbors nearby? Realistically, how much bandwidth do they have to help? Many people rely on family members to help. Family caregivers represent a growing and sizable portion of the population. Being a caregiver without appropriate backup and support can be very stressful. (I know from family personal experience). It’s human nature to want to help. Unfortunately, it’s also human nature to sometimes bite off more than we can chew. Make sure your plan is realistic.
- 3. Finances** – What is your budget? Do you have long-term care insurance? Are there any other funding options available, such as family members? I have seen families figure out ways to split up the costs, so it is not so burdensome at one party. There are also some limited veterans benefits available based on financial need. Another possible source of funding is to tap into home equity, either through a home equity line of credit or a reverse mortgage. *We are happy to point you to reputable providers to explore these options.*
- 4. Medical Condition** – How much assistance is needed based on your current condition? What is your physician saying about your long-term outlook with your condition? What are the common complications that may occur with your affliction? At some point it may no longer be appropriate to remain at home. It is wise to have a short-term game plan and a long-term game plan. *We conduct free, no obligation in-home assessments to determine the appropriate level of care needed.*
- 5. Socialization** – An important ingredient to a healthy lifestyle is socialization. Living in isolation is a recipe for depression and declining mental and physical capability. If you or your parents are planning on staying at home, how will socialization occur? Are there friends and relatives that will

stop by on a regular basis? This can also be remedied by either senior day care or by using a private duty agency that provides transportation. Having the ability to get out and see friends and family or just simply getting out of the house for a short while is important stimulation for mind and body. *Again, we are happy to provide names of reputable local senior day care services or assist with private duty home care services.*

Finding a Home Care Provider – Private Hiring, Registries and Full-Service Agencies

Private Hiring – Hiring a caregiver directly is certainly the low-cost option. But there are several considerations and potential pitfalls you will want to avoid. In this case, you become the employer, figuratively, literally, and legally. You will be doing the interviewing, screening, hiring and firing. What happens when the caregiver has a last-minute family emergency or illness? You will need to have a backup plan. There are also tax and legal considerations, to be discussed in a moment.

Registries – Registries can help with finding caregivers, but once again there are several factors to consider. When using home caregiver services, it is important to know whether you are the employer, or whether someone else is the employer, to avoid potential tax and legal issues. Here is some helpful insight, provided by Victoria E. Knight in the Wall Street Journal:

“Families need to be aware of all the ramifications,” says Bernard A. Krooks, a certified elder-law attorney and founding partner of Littman Krooks LLP, a New York law firm. Some families elect to privately hire a caregiver because they want to choose the person they think will be the best to provide the care. Others go to an outside party, such as a home healthcare agency, to find the help they need. But that doesn’t always mean they are off the legal hook.

Many nurse registries and employment agencies don’t employ or supervise workers; they simply find them and place them in a home setting. Under such arrangements, the family may end up being the official employer, responsible for pay, taxes and other obligations. Employing a relative or friend can put a family in the same situation. If you dictate when the caregiver is on duty and supply the equipment to provide care, you’re building an employer-employee relationship. Even a part-time caregiver can be considered an employee, especially if the caregiver doesn’t provide the same type of service to others, according to Mr. Krooks.

If you pay a household caregiver who is your employee more than \$1,700, the tax code requires you to withhold and pay Social Security and Medicare taxes. (The Internal Revenue Service makes some exceptions, but they typically don’t apply to situations in which adult children hire caregivers for aging parents.) If you pay the caregiver wages of more than \$1,000 in any quarter, federal unemployment taxes must also be paid. State and unemployment taxes must be withheld and paid as well. If the taxes are unpaid, the taxpayer must pay what’s owed, and will face late filing penalties of between 5% and 25% of the underpayment plus interest, according to the NATP.

Employee injuries pose one of the biggest financial risks. Federal and state laws require employers to take out workers’ compensation insurance. If there is none, and a caregiver is hurt on the job, the family is responsible for medical expenses and disability payments. Consumers shouldn’t assume homeowner’s insurance will cover.

this, as policies may exclude household help. They may need to buy general liability insurance. Discrimination or harassment suits from caregivers pose another risk. An umbrella policy with a

discrimination rider can provide protection, but it's expensive, says Mr. Krooks.

The bottom line here is that consumers can avoid tax snags if they pay an agency directly and if the agency is the caregiver's official employer. And they can avoid liability for on-the-job injuries if (as the caregiver's official employer) the agency has workers' compensation insurance.

Hiring a Home Care Agency – First, Do Some Prep Work

Before you make your first phone call to an agency, be sure to consider thoroughly what your care needs are. Paint a realistic picture so that the right caregiver match can be made.

General Considerations

- Does the caregiver need to provide transportation to appointments, social events or run errands?
- Do you need a caregiver that has been specially trained in dementia care, hospice care, transferring (walker to wheelchair, bed to walker, etc.) or mobility issues?
- Are there nighttime safety issues due to frequent trips to the bathroom, wandering, agitation or restlessness? These conditions, coupled with mobility issues, may require nighttime caregiver support.
- Does the patient have significant hearing loss? If so, a caregiver that speaks clear English is going to be important.

Home Services – In the State of Illinois, the following services can be performed by agencies holding a Home Services license:

- Make a list of the personal (hands-on) care services that will be needed. Personal care includes dressing, bathing, feeding, grooming, toileting, transferring, assistance with walking, etc.
- Make a list of the household tasks that are needed: light housekeeping, meal preparation, laundry, changing bed linens, tidying up, etc.
- Are medication reminders needed? Please note the distinction between reminders and medication administration. Reminders are just that: "It's time to take your 3pm medications." Administration is not in-scope for a home services worker and includes measuring medication or determining how much medication to take.

Home Nursing - There is an additional (Home Nursing) license required to perform the following:

- Is medication administration needed? This may include setting up medications, determining how much medication is needed. (For example, determining the proper insulin dose based on blood sugar reading.)
- Is the patient bed bound? This will require frequent repositioning to prevent bed sores. Also,

the caregiver must be highly skilled with transferring, and skilled with changing bed linens and making a bed with the patient in the bed.

- Are passive range-of-motion exercises necessary? (Meaning patient cannot perform on his/her own.)
- Is taking vitals (pulse, blood pressure, temperature, respirations) to monitor results outside of an acceptable range important?
- Are blood sugar testing, wound care or tube/drain bag maintenance needed?
- Are g-tube feedings, trach or vent care needed?

Bottom line: Make sure the agency is licensed to perform the work you require. Many agencies hold only the Home Services license.

24-Hour Care – If round-the-clock care is needed, it is important to understand that there are two types of 24-hour care: live-in and hourly. Let's look at both.

Live-in care is more economical and provides better consistency (fewer caregivers) but there are some limitations. First, there must be adequate sleeping accommodation for the live-in caregiver. They must also be able to get adequate sleep and rest time (roughly six hours of sleep and at least four hours of down time). If they can't get their rest, they can't perform well. So, if the patient is up consistently more than twice during the night, live-in care is probably not appropriate. Also, the family typically supplies the caregiver's food, since the live-in is not able to come and go.

A live-in arrangement is usually two caregivers working as a team to provide one another some time off. This could be four days on and three days off, five days on and two days off, or any combination that works well for both caregivers and the care-recipient. Two caregivers also allow for flexibility and better coverage in case of emergencies.

Twelve-hour shifts are used when a live-in arrangement is not appropriate. In this case, the caregivers are being paid hourly to provide care as needed round-the-clock. At night they are to stay awake and be vigilant. It is more expensive but is the best solution when someone is wandering, agitated, restless or must make frequent trips to the bathroom coupled with mobility issues.

Questions for a Home Care Provider? – An Interview Guide

Here is a helpful guide to use when interviewing the agency:

1. Are you licensed for medical care or only non-medical care? Ask them what license(s) they hold.
2. Are the caregivers your employees or contractors? Do you take care of taxes and withhold taxes for your caregivers?
3. What happens if a worker is injured in my home? Do you have workers' compensation for your staff?
4. Are your caregivers supervised by a care manager? What is the ongoing care management

process? This is important. In other words, does the agency just “plug in” a caregiver and then walk away? Or is there a process in place to manage the care and adjust it if conditions are changing?

5. What happens if I need something on the weekends or evenings? Do they use an on-call service, or can you reach a staff member “live”?
6. Do you require a deposit? Is there a minimum length of service commitment? How much notice do I need to give you to terminate services? Personally, I would be wary of any operation that requires payment in advance of services. You’d have to ask yourself why... are they confident they can provide excellent service? It would seem to me that up-front money means that you have just given up your leverage.
7. Can I interview the caregiver(s) before I commit to using your agency? Interviewing can help the family or care recipient get more comfortable, especially for live-in situations. I can also tell you that some of the best caregivers are not the best interviewers, and conversely, as you can imagine, an interviewee can “talk a good game” but not be the best caregiver. The best indicator of success is a trial period. Ask the agency what flexibility you have, however you decide to go about it.
8. If there is a personality conflict or other problem with a caregiver, can a change be made? How is this handled? How large is your staff? How quickly can you respond to an emergency need? Are they bonded and insured? Illinois licensure requires employees to be finger-printed (there is a state fingerprint registry), background-checked and receive eight hours of training on specific topics within the first 30 days of employment with the agency. Bonding and insurance protect against losses from theft, injury, or property damage.
9. What kind of training do your caregivers receive?
10. What are your daily and/or hourly rates? Do your hourly/daily rates differ on weekends or holidays?



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