Before you leave the hospital, figure out what help you’ll need at home

When patients of Orly Avitzur, Consumer Reports’ medical director, are injured or need surgery, their first question often is “How long will my recovery take?” Those who have a sick spouse or who live alone immediately begin to worry about who will help care for them while they heal. If you’re in this situation, you need to know some things about getting assistance during at-home recuperation.

If the help you require is mostly medical, such as wound care or home intravenous antibiotic therapy, you will need skilled nursing care — visits from a registered nurse or a licensed practical nurse, often from one of the agencies in the nonprofit Visiting Nurse Associations of America. (Check with your insurance provider to see what’s covered.) When the needed services are
more personal than medical — but important for helping you heal — a home health aide may step in.

What an aide can do for you

Home health aides, who can be certified nursing assistants or personal care aides, usually work for Medicare-certified agencies, which meet certain health and safety requirements.

They are trained to assist with tasks such as bathing and dressing and to provide basic health-related services such as checking vital signs and keeping track of your symptoms.

Aides can also help plan doctor’s appointments and arrange for transportation. And they can aid with food shopping, prepare meals and follow a dietitian’s recommendations, as well as assist with laundry and light household chores.

From a doctor’s point of view, an aide can be an important partner in care. “When home health aides accompany patients to my office,” Avitzur said, “they’re often reliable sources of information about how their clients are progressing and setbacks they’re experiencing.”

Finding the right help

The quality of agencies that provide home health aides can vary, but these steps can help you choose wisely:

- **Plan ahead if possible.** If you’re hospitalized, a hospital staffer should meet with you or your family a day or two before discharge to discuss your needs for help at home. Otherwise, ask your doctor for a referral to a social worker, who can tell you about local agencies.

- **Get the lowdown on area agencies.** Go to medicare.gov/homehealthcompare and search by Zip code for local agencies,
a list of services they provide, ratings of their care, comparisons with other local agencies and national averages, and results of patient satisfaction surveys. (Some of the information is reported by the agencies themselves.) If you live in Arizona, Florida, Iowa, Maryland, Massachusetts, Nebraska, North Carolina, Tennessee or Washington, your state is part of a pilot program that is scrutinizing and evaluating agencies more closely for their quality of care.

- **Ask plenty of questions.** Go to [eldercare.gov](http://eldercare.gov) for a list of suggested questions to ask a prospective agency about the quality of its caregivers, screening procedures, fees and more. (Click on the Resources tab, then on “Factsheets” and “Home Health Care.”)

Covering the costs

When prescribed by a doctor or recommended by a visiting nurse, part-time help from certified home health aides may be covered by private health insurance and Medicare.

Be sure you know how many hours of care are covered and over what period of time. If the agency doesn’t specify, ask your insurer.

You’ll also have to meet certain specifications.

For example, traditional Medicare covers a home health aide when you’re under a doctor’s care for a particular condition; when your plan of care is reviewed regularly by a doctor; and when you’re getting skilled care such as nursing care or physical therapy, occupational therapy or speech-language pathology services from the home health agency. A doctor must also certify that you’re homebound, meaning that leaving the home is a major effort.

If all you need are homemaker services such as food shopping, cleaning and laundry, or personal care such as help bathing, dressing and using the bathroom, or if those services aren’t related to your plan of care, your Medicare coverage will be denied. In those cases, or if you simply need more
help than insurance will cover, you and your family will have to decide whether to pay out of pocket.

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For further guidance, go to www.ConsumerReports.org/Health, where more detailed information, including CR’s ratings of prescription drugs, treatments, hospitals and healthy-living products, is available to subscribers.