

Understanding Your Options For Care

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- Agency established by Kerry and Rob Massie in 2012
- Serving Northern Virginia, Lynchburg and Roanoke
- Providing private pay care for infants through seniors



Goodwin Home Health

- Acquired by Goodwin Living in January 2020
- Part of the Goodwin Living Organization
- Serve older adults in our residential buildings, but also throughout the Northern Virginia footprint

What's the Difference? Home Health vs. Home Care

Aspect	Home Health Care	Private Duty Home Care
Type of Care	Medical	Non-medical
Provided By	Nurses, therapists, MSW	Caregivers, aides
Requires a Doctor's Order?	Yes	No
Paid by Medicare/Insurance?	Yes	Usually private pay, LTC/ VA benefits
Goal	Recovery, safety, independence	Support, comfort, independence

What Does Coverage Look Like?



Home health is covered by insurance

Covered under Part A benefit of Medicare at 100%

Commercial insurances and Medicare Advantage Plans also cover home health services

Homebound status required

Frequency-typical Plan of Care is 60 days

Individualized based on needs of patient and DX



No requirements

Home Care is paid by private pay funds, Longterm care insurance or VA Community Care Network

Home Health - Nursing





Wound care



IV management



Education and training on feeding tubes, ostomies, and drains



Education on heart failure and respiratory diseases such as COPD, CHF.



Management of urinary catheters.



Medication education for safe self-management

Private Duty Skilled Nursing



While most private pay agencies only offer caregiver services, BrightStar Care also provides **private pay skilled nursing** to supplement home health services—offering additional nursing visits as needed.



- Services are private pay or contracts with insurance
- Services provided by LPN or RN
- Physician's orders are required

Physical Therapy

Standardized assessments of balance and gait.

Fall risk assessment

Home exercise program for lower extremity strength and balance.

Assistive device training

Rehab after joint surgeries (hip/knee)

Endurance training

LSVT BIG Therapy for Parkinson's Disease

Occupational Therapy

Training to improve independence with daily tasks (bathing, dressing, grooming)

Home safety and fall prevention education.

Recommendations for grab bars and safety modifications.

Upper body and pelvic floor strengthening

LSVT BIG therapy for Parkinson's Disease

Speech Therapy



TRAINING ON VOICE PRODUCTION



SWALLOW ASSESSMENT



EDUCATION ON SAFE SWALLOWING STRATEGIES



ASSESSMENT OF LANGUAGE DEFICITS



EDUCATION ON COMMUNICATION STRATEGIES



Goals of care discussions

Coordination of resources

Discussion on advanced care plan (medical POA, advanced directives, DNT, DNR) Assistance with set up of additional care needs, private aide services, hospice

Home Health Aide

Assistance with sponge baths, partial baths or showers

Assistance with bathing once or twice a week only for one hour maximum.

Progressing patients in bathing to increase overall independence with task.

Home Care: Assistance with Activities of Daily Living (ADLs)





Bathing, dressing, toileting, meal prep, light housekeeping, laundry, nonmedical transportation, range of motion exercises, medication reminders

All services are provided by CNA, PCA, or HHA

What to Expect when working with a home care agency:

Care can be ongoing or short-term based off individual or family needs. No doctor's order is needed. Client contacts the agency directly.

Flexible scheduling – hours can range from part-time to 24/7 – including weekends and holidays

Individual assessment by an RN

Caregiver matching

Coordination available 24/7

Case Study: Meet Hazel

- 85 years old, diagnosed with Parkinson's, living alone.
- Struggled with daily tasks and could no longer drive.
- Daughter lives out of state;
 neighbor occasionally checks in.
- Found after a fall → Hospitalized with pneumonia.

Hazel's Recovery Journey:

- Discharged from hospital with Home Health
- Home health nurse and social worker identified need for additional support in Hazel's home
- Referral was made to home care provide a full range of services to support Hazel daily





Increased safety awareness at home

Reduced risk of rehospitalization

Brought peace of mind to Hazel's daughter who lives out-of-state

Improved quality of life and social interactions

Recognizing When Care Is Needed

Asking for help is a sign of strength and planning.

Being a patient advocate- Signs of needing help can include things like reoccurring falls or hospitalizations, weight loss, caregiver burnout, social withdrawal or missed medications.

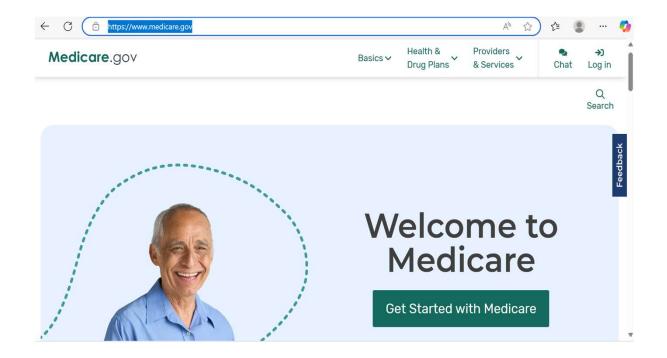
Proactive approach to remain independent

Questions to ask when looking for care

 Home Health: Readmission rates, star rating, google reviews

Medicare.gov

- Home Care: Rates, Caregiving matching, back up coverage, licensing and accreditation, background checks
- Referrals From Trusted Sources: hospitals, physicians, family, friends



Final Thoughts and Questions:

- Know your options: Home Health vs.
 Home Care
- Plan early to stay independent longer
 - Both types of care can work together

Questions??

