Understanding Who Pays For In-Home Care and Why

When an elderly or disabled person develops a need for care, most people prefer to receive that care in their own home. If the need is minor or short-term, family or friends can often provide the extra support required. But if the need is significant, longer-term or complex due to a recent discharge from the hospital or rehabilitation, family and friends may not be able to meet the need.

Fortunately, much assistance can be provided in home, including assistance with personal care, meals and housework, as well as skilled services provided by nurses and therapists... but who pays for in-home care?

Paying for in-home care is a challenging issue, because many people don’t realize that most in-home care has to be paid for by the client or client’s family. Seniors are used to Medicare covering a majority of their health care expenses, and many think that includes on-going care provided in the home or a nursing home. Although Medicare does provide coverage for some forms of in-home care under certain circumstances following a hospitalization, that coverage is limited in scope and in time-frame.

**Who pays for in-home care?**

**Most people pay for in-home care out-of-pocket.** While that seems challenging, depending on the level of need, in-home care can be much less expensive than the alternatives, which are usually assisted living facilities or nursing homes. While round-the-clock (24 hour) care is more costly in-home, many individuals can manage safely and comfortably with shorter increments of care.

**Long-term care insurance frequently pays for in-home care.** Policies vary greatly, but typically they include a daily benefit and in-home care up to that amount is reimbursed to the policy-holder. The insurance carrier will need to determine that the policy-holder is eligible to access the benefit, and will likely conduct its own nursing assessment to determine that. Many policies require documentation of a need for assistance with two or more activities of daily living, or a cognitive impairment. Policies usually have an elimination period (similar to a deductible in a medical insurance plan), during which the policy-holder must pay for the care themselves; after that, the policy begins reimbursement. Some long-term care insurers require the submissions of service documentation, so it’s helpful if your in-home care provider is willing to assist you with filing the claim.

**Medicaid may pay for in-home care** for low-income individuals who meet sometimes complex requirements, which vary from state to state. Some state Medicaid programs pay for in-home care if it keeps an enrollee from needing to move to the more expensive nursing home setting.

**Veterans may be eligible for reimbursement of in-home care expenses.** Veterans Services Officers can assist veterans in the process of determining whether or not they might qualify for these programs.

A CareLink Care Coordinator can help you determine what care is needed and source of payment. Contact CareLink to set up a no-charge informational visit.