

1

Home Care and the Healthcare System

1. Describe the structure of the healthcare system and describe ways it is changing

Matching

For each of the following terms, write the letter of the correct definition from the list below. Use each letter only once.

1. ____ Facilities
 2. ____ HMOs (health maintenance organizations)
 3. ____ Managed care
 4. ____ Payers
 5. ____ PPOs (preferred provider organizations)
 6. ____ Providers
- (A) Cost-control strategies employed by many health insurance plans
- (B) People or organizations that provide health care
- (C) Places where health care is delivered or administered
- (D) A form of health insurance in which the cost of care is covered only when a person uses a particular doctor or group of doctors except in case of emergency; seeing specialists generally requires referrals from the primary doctor
- (E) People or organizations paying for health-care services

- (F) A form of health insurance in which patients are encouraged to receive care from a network of approved providers, but can see other providers at an additional cost; patients can usually choose their providers without being referred by another doctor

Multiple Choice

Circle the letter of the answer that best completes the statement or answers the question.

7. Another name for a long-term care facility is
 - (A) Skilled nursing facility
 - (B) Home health care agency
 - (C) Hospital
 - (D) Adult day services facility
8. Assisted living facilities are for
 - (A) People who need 24-hour skilled care
 - (B) People who need some help with daily care
 - (C) People who will die within six months
 - (D) People who need acute care
9. Care given by specialists to restore or improve function after an illness or injury is called
 - (A) Acute care
 - (B) Subacute care
 - (C) Rehabilitation
 - (D) Hospice care
10. Care given to people who have approximately six months or less to live is called
 - (A) Acute care
 - (B) Subacute care
 - (C) Rehabilitation
 - (D) Hospice care

2. Explain Medicare and Medicaid, and list when Medicare recipients may receive home care

True or False

Mark each statement with either a T for true or an F for false.

1. ☐ To qualify for home health care, Medicare recipients usually must be unable to leave home.
2. ☐ Medicare pays for any care that the recipient desires.
3. ☐ Medicare only covers people aged 65 or older.
4. ☐ One reason that a person may qualify for Medicaid is that he has a low income.
5. ☐ Home health care is not covered by Medicare.
6. ☐ Medicare has two parts: hospital care and doctor services.
7. ☐ Medicare pays for 24-hour-a-day home health care.

3. Explain the purpose of and need for home health care

Fill in the Blank

Fill in the blanks with the correct word for each of the following statements.

1. Home care is less _____ than a long hospital or extended care facility stay.
2. The growing numbers of _____ people and _____ people are also creating a demand for home care services.
3. Healthcare professionals are focused on providing _____ care.
4. One important reason for home health care is that most people who are ill feel more _____ at home.

Name: _____

4. List key events in the history of home care services

Multiple Choice

1. What event happened in 1959 that identified the need for home health care?
 - (A) Homemakers were ordered to war so they were unable to help out at home.
 - (B) A national conference on homemaker services was held.
 - (C) The Medicare program was created.
 - (D) A national holiday commemorating homemakers was established.
2. When was Medicare created?
 - (A) 1912
 - (B) 1996
 - (C) 1965
 - (D) 1959
3. Why has interest in home health care increased?
 - (A) The population of elderly people and people with chronic diseases has grown.
 - (B) Many hospitals have closed due to lack of business.
 - (C) Healthcare costs have decreased.
 - (D) Insurance companies often cover 100% of the costs of home health care.
4. What is the function of a diagnosis-related group (DRG)?
 - (A) It pairs people with like illnesses together to form a support system.
 - (B) It offers formal training for people with disabilities to reenter the workplace.
 - (C) It specifies the treatment cost that Medicare or Medicaid will pay for various diagnoses.
 - (D) It provides financial assistance for people with debilitating illnesses.

5. Identify the basic methods of payment for home health services

Short Answer

Answer each of the following in the space provided.

1. Identify five basic methods of payment for home health services.

2. What happens when an agency's cost of providing care for a client exceeds the Medicare payment?

6. Describe a typical home health agency

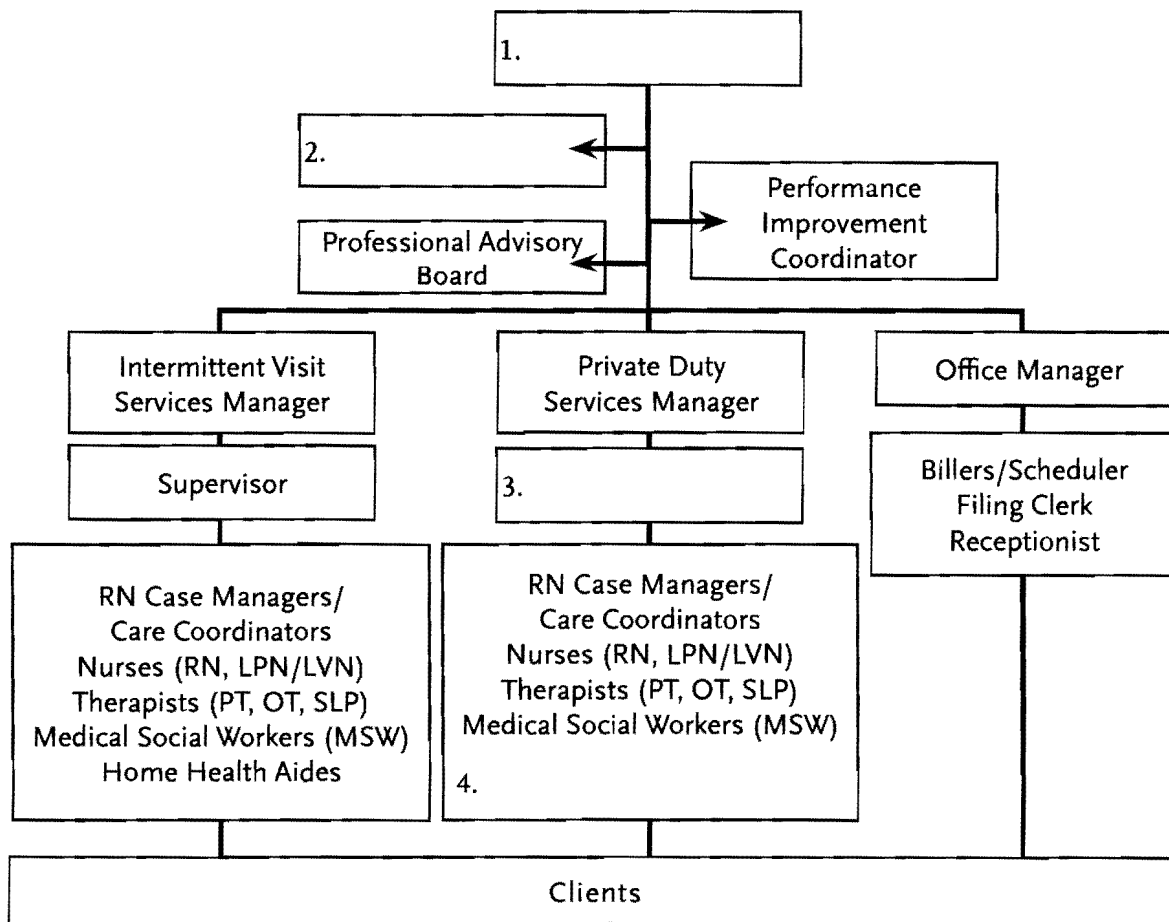
Labeling

Fill in the four blanks below to complete the organizational chart of a typical home health agency. Some blanks have already been completed.

7. Explain how working for a home health agency is different from working in other types of facilities

Fill in the Blank

1. A home health aide (HHA) must be aware of personal _____ when traveling alone to visit clients.
2. An HHA may have a lot more contact with clients' _____ in the home than he would in a facility.
3. A supervisor monitors an HHA's work, but the HHA will spend most of her hours working with clients without direct supervision. Thus, she must be independent and _____.
4. Careful written and verbal _____ skills are important.
5. An HHA needs to be _____ in order to adapt to changes in the environment.



6. In a client's home, the HHA is a _____ and should be respectful of the client's property and customs.