



# An Introduction to Live-In Care

Compliments of Always Best Care Senior Services  
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## Live-in Care Explained.....

*This guide is designed to answer many common questions people have when they arrange Live-In Care for themselves or for a loved one.*



Live-in care is a special service offered to people who need the help and security of a full-time caregiver living on the premises with them. It can be very rewarding for families and caregivers alike, because caregivers and their clients really get to know each other well. However, it is also important to remember the professional nature of the relationship, and that caregivers are there to do a specific job.

### **What *Exactly* is Live-In Care?**

“Live-in care” is a 24-hour period that a caregiver spends with their client in the client’s home. Live-in shifts come with the expectation that over the 24-hour period, the caregiver gets 8 hours of sleep, meal or other breaks, including at least 5 hours of uninterrupted sleep per night. Caregivers should have a bed to sleep in and accommodation for some privacy. A spare bedroom is ideal, but not necessarily required. Clients are billed a daily rate for care.

### Why Do People Need Live-In Care?

Live-in care is needed because it is no longer safe or desirable for someone to live alone. People needing live-in care are usually healthy enough that it is not appropriate for them to be in a hospital or skilled nursing home, but it is not safe or desirable for them to live alone. Live-in care can be arranged for a few days or weeks while someone is recovering from an injury or illness at home. Similarly, it can be arranged for a family caregiver needing a break (respite care). Or it can be more permanent for clients who need help with most activities of daily living, or who have a high risk for falling. Other times, a person may be experiencing cognitive issues and requires someone in the home to help keep the environment safe and provide general supervision. Live-in care also helps those who have become isolated at home because they no longer drive or have family in the area. Finally, live-in care is commonly needed at the end of life when a person is home with hospice.

### How is Live-In Care Different from 24-Hour Care?

24-hour care provides round-the-clock coverage – usually two 12-hour shifts per day. Caregivers are awake and on duty the entire time. Clients are billed hourly for the full 24-hours in the day.



### Who Provides These Services?

**Option 1: families can hire a caregiver directly**, but must be realistic about their ability to manage employees, file all state and federal employer taxes, and make sure their homeowner’s insurance provides adequate coverage for “domestic employees”. A caregiver cannot legally be defined as an “independent contractor,” and so families assume all the liabilities of an employer, and must comply with minimum wage and other requirements.

**Option 2: You can engage a home care agency** that employ caregivers to work in people’s homes. Caregivers are employees of the agency, and the agency is responsible for their compensation, taxes, workers compensation insurances, and other employer liabilities.

**Option 3: You can work with a home care registry.** These companies match up caregivers and families, but the family hires the caregiver and assumes all liability. Usually, there is a premium on wages paid to the registry so long as that employee is working in the home.



### **How Many Caregivers Would Be Coming my Home?**

There are several ways that families and agencies staff live-in care. If it is a short-term arrangement, a single caregiver may live full-time in the home – 7 days a week. Always Best Care will do this if the duration of the assignment is less than two weeks. Some agencies

will staff live-in care this way on a more permanent basis. The down side to having a single caregiver in the home over a long period is that eventually they will need time off, may become ill or just become “burned out.” Such an arrangement can be socially isolating for the caregiver, and they may become too invested or attached to the client or their family in a way that can become uncomfortable or even detrimental to the care of the client.

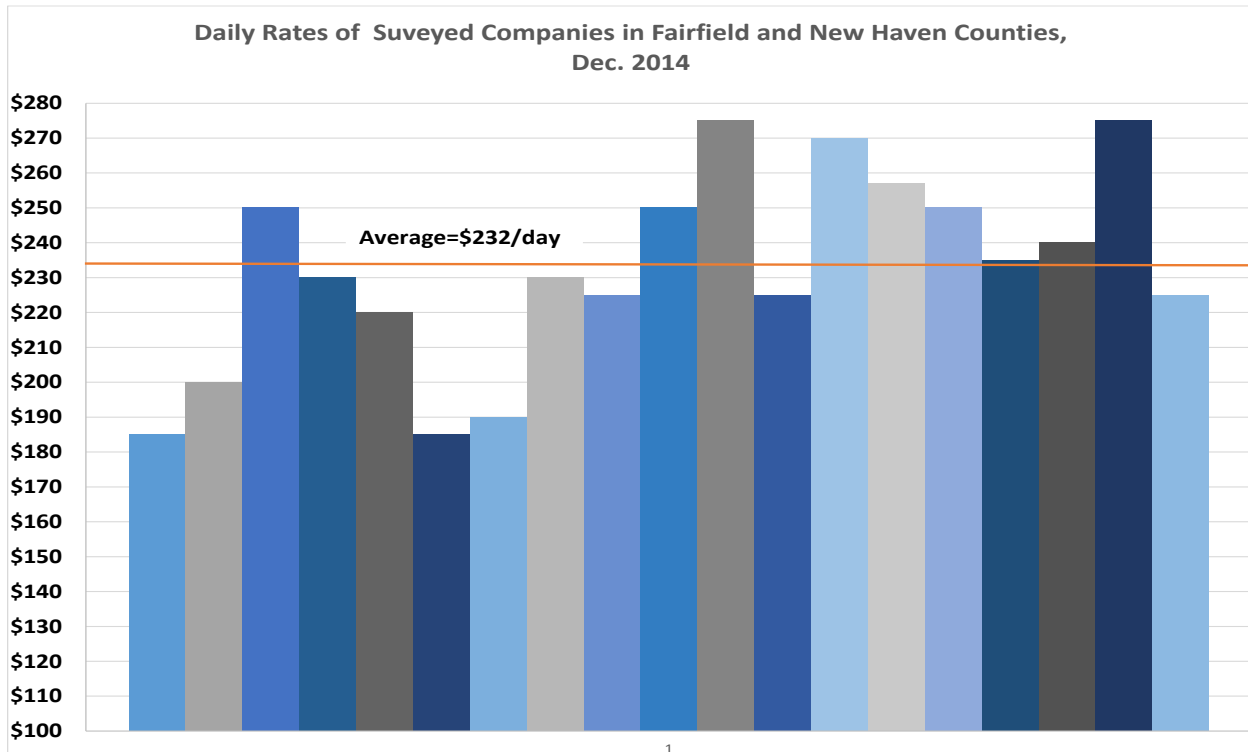
More commonly, live-in care will be staffed by 2-3 people per week. Caregivers will have a regular schedule of days on and days off. Having a few caregivers involved helps ensure that caregivers get the break they need and are able to carry on with their personal lives. It also provides backup coverage should any caregiver get sick or need other time off.

### **What is the Cost of Live-In Care?**

The cost of live-in care will depend on whether or not you work through and agency or hire a caregiver directly. Agencies will cost more, but they assume all of the employer liability, business taxation, administration and other costs and tasks associated with being an employer. Agencies offer a bench of qualified, vetted caregivers and assume all of the scheduling and staffing headaches that come with managing employees. Rates can also vary depending on the level of care needed.

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Because of the preponderance of hours associated with live-in work, most agencies will discount their hourly rates for live-in care. Because live-in care is discounted, there comes a “break point” where the cost of hourly care approaches the same cost as live-in care. This will differ among agencies, but if your needs are approaching 12-hours of care per day, you are likely nearing similar costs as live-in care. Below is the results of a non-scientific survey done in December 2014 of local area rates quoted over the phone for live-in care for a typical client.



### Does My Insurance Cover This Type of Care?

Medicare and medical insurance generally do not cover **non-medical** home care. Long-term care insurance may cover it, but the amount of reimbursement and requirements for eligibility will depend on the individual policy. Veterans and people who meet low-income thresholds may be eligible for various state and federal programs to assist with non-medical in-home care. Most often this type of care is paid for privately. There are a number of mechanisms people use to help provide the funds for care from their assets. The cost of live-in care is generally less expensive than private pay for a nursing home, but depending on the specific circumstances of the individual, it may or may not be less expensive than moving to an assisted living or memory care community.

## **Frequently Asked Questions (FAQs)**

### **Q: Can the caregiver drive me to appointments or do other errands?**

A: If driving is what the client needs, most agencies will match a caregiver that has a valid license and a clean driving record. Agencies and individual caregivers will differ on whether or not the caregiver can transport clients in their own cars, or if they can drive the client's car. If driving is an important consideration, be sure to address it with the agency up front.

### **Q: Will the caregiver cook meals?**

A: Most agencies expect that live-in caregivers will prepare meals for the client, but if you have specific dietary needs, or if meal preparation is an important activity, discuss it directly with the agency to ensure they find someone well-suited. Many caregivers say they will cook, but their repertoire is very limited. If you get assigned a caregiver that does not meet your cooking requirements, discuss it with the agency. For example, Always Best Care will work directly with the client, the caregiver, and if needed, a nutritionist, to come up with meal plans, recipes and shopping lists at no extra cost to the client.

### **Q: Do I have to feed the caregivers?**

A: Often, meal planning and preparation is a central part of the day's activities, and to the extent that caregivers and clients enjoy preparing meals and eating together, it's fine. There is no standard expectation about whether caregivers bring their own food and eat separately from clients, or if they eat together at the client's expense (meaning the caregiver eats what the client eats). As a result, this will be a topic you want to specifically discuss when talking with agencies.

### **Q: Who decides what to watch on TV?**

A: First and foremost, the home remains the home of the client. Clients should *always* choose both when the television is on, and what will be watched. Clients should not feel that they have to entertain the caregiver, or compromise their viewing habits. However, caregivers cannot and should not be forced to watch programming that makes them uncomfortable, and the client should use discretion if viewing sexual or other controversial content.

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### **Q: When do the caregivers start and end their day?**

A: The caregiver's schedule generally revolves around the norms of the household. As a rule, the caregiver should be awake and dressed by the time the client wakes. Most people require help with their morning routines. Having an agreed upon waking time is helpful in making sure the caregiver is ready to go when you are. Similarly, having an understanding as to when caregivers can retire for the evening will help ensure they get a good night's rest.

### **Q: What do caregivers do when they are not working with the client?**

A: Caregiving is a stressful and physical occupation. Living one-on-one together with a client creates a need for private time – both for the caregiver and the client. Always Best Care recommends that the household have some area – preferably the spare bedroom, where caregivers can “get away.” We also encourage caregivers to rest when the client rests. If the caregiver is out of earshot of the client, we generally use either a monitor, a wireless doorbell or other mechanism to ensure that caregivers can respond to the client if needed. Caregivers tend to be avid readers, puzzlers, knitters or have other interests compatible with providing live-in care.

### **Q: Can the caregiver leave the premises?**

A: Caregivers should be specifically directed about their ability to leave the premises as part of the written care plan. Most agencies use a written care plan to define how services will be provided and to help communicate expectations among all parties. Many clients simply cannot be left unattended, and in that case, caregivers are not permitted to leave the premises during their shift. Other times, caregivers can leave the client for short periods to run errands on behalf of the client while they remain settled at home. There may be a limited period of time, for example 30 minutes, when caregivers are permitted to leave for a personal errand, or to take a walk, etc. Sometimes, caregivers are allowed to leave if a family member is visiting. The parameters for leaving the client alone should be specifically discussed up front and addressed in the care plan.

**Q: What can we do to make caregivers more comfortable in the home?**

A: The single most important thing is to always treat the caregiver with the respect and kindness they deserve as hard working professionals. Many caregivers have smart phones and iPads that they use to help entertain themselves or keep in touch with family and friends while on assignment (during their breaks). Having access to a wireless internet connection is nice, but not required. Most caregivers who do this type of work have developed habits and interests that keep them entertained while on duty with some down time.

**Q: Will caregivers do housework?**

A: Absolutely. Housekeeping is almost always part of the job, and specific daily and weekly tasks should be clearly outlined in the care plan. However, caregivers are generally not tasked with “deep cleaning” activities. For example, Always Best Care has caregivers vacuum, wash dishes, wipe down kitchens and bathrooms, mop floors, do laundry, make the beds, change bed sheets, take out garbage, and keep the refrigerator and cabinets clean, discarding expired foods, etc. In general, caregivers are not be tasked with any yard work, outside maintenance, window cleaning, scrubbing floor boards, or other such tasks. They are there to keep the premises free from any trip and fall hazards, clean and tidy, and to reduce risk of infection. They are generally not expected to clean up after members of the household other than themselves and the client.

**Q: Can caregivers help with pets?**

A: Agencies differ on their policies for pets. For Always Best Care, if pets care is needed, we will match caregivers comfortable with your pets. Under no circumstance will we place a caregiver into a home that has animals with a history of aggression or are potentially dangerous. Friendly pets, however, brighten most days for both clients and caregivers alike. Any assistance with pets must be spelled out in the care plan. Caregivers can help with things such as feeding, short walks, letting animals in and out of the house, and other activities that do not require any specialized expertise or that otherwise detract from the care needs of the client. Things like grooming, long walks, or hunting for an animal that has run away would not be the responsibility of the caregiver.



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### **Q: How do I arrange care?**

**A:** If you are being released from a hospital, nursing home or rehabilitation center, **ask your discharge planner for guidance** and information about local agencies. Most will have a list of agencies and some brochures on hand to share with you.

It can be confusing to patients, because often both medical and non-medical services are needed as you transition home. Medical services, such as a visiting nurse, physical therapist, wound care specialist, etc., are usually covered by Medicare and medical insurance. Companies that provide these “skilled-care” services at home are also call “home care agencies.” Like the hospital and nursing care facilities, these agencies will usually bill your insurance directly.



Non-medical home care agencies are not covered by your insurance. Discharge planners can also provide a list of local agencies, and will help you arrange for 1-2 agencies of your choice to come in and talk with you. You can then decide which agency to choose.

It is important that you engage the non-medical agency as soon as possible while still in the hospital or nursing facility - even if you do not know your exact discharge date. The more time the agency has to talk with you about your needs and to match up compatible caregivers, the more successful you will be transitioning home.



Written by Susan Oderwald, Care Coordinator and Owner, Always Best Care Senior Services with offices in Milford, CT. This brief is intended for informational purposes only does not constitute any guarantee of legal accuracy or pricing for Always Best Care or any other agency. Always Best Care is a leader in non-medical in-home care and assisted living community placement. We offer a wide-range of services for seniors who need help remaining independent at home or in a community.