

# Accessing Home Care

In the state of New York

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# What is home health care?

**Home health care** describes skilled healthcare delivered in your home. This may be called **skilled nursing** or **private duty nursing**.

Examples include (but are not limited to):

- Physical, occupational, or speech therapy
- Wound or catheter care
- Enteral nutrition (tube feeds)
- RN services to check vital signs
- Medical social work



Skilled health care providers usually have a license to practice their profession.

# How is that different from a home health aide?



A **home health aide** (HHA) is a person who provides unskilled, nonmedical care for someone with a disability. Your insurance plan may call this **custodial care** or **personal care services**.

An HHA may assist with daily activities like bathing, dressing, toileting, and/or transferring. They may also assist with housekeeping and shopping.

They cannot administer medications or assist with medical care like dressing wounds.

# Who is eligible for home health care under Medicare?

Medicare will pay for home health care if a person requires **skilled** care for:

- Fewer than 8 hours a day
- Fewer than 7 days a week
- Fewer than 28 hours a week
- No more than 21 days

The coverage for skilled care may be extended for more than 3 weeks *if* a doctor can foresee when the person's need for skilled nursing will end.

Source: [Medicare.gov](https://www.medicare.gov)

# How many hours of (unskilled) personal care will Medicare cover?

A short-term HHA is covered by Medicare **only if you're also getting skilled home health care at the same time.**

Generally, a short-term HHA covered by Medicare will come between 1-5 hours per week to assist with bathing. The HHA will end when the skilled service ends.

Medicare **doesn't** pay for:

- 24-hour-a-day care at your home
- Home meal delivery
- Homemaker services (like shopping and cleaning) unrelated to your care plan
- Custodial or personal care that helps you with daily living activities (like bathing, dressing, or using the bathroom), **when this is the only care that you need**

Source: [Medicare.gov](https://www.medicare.gov)

# I have a commercial insurance plan. How does this affect my eligibility for a home health aide or skilled home care?

Commercial insurance plans tend to follow the same coverage guidelines that Medicare does. **This means that your commercial plan is unlikely to pay for a long-term personal care.** You should contact your individual insurance plan to ask about what they will cover.

Some good questions to ask are:

- Do I have coverage for a home health aide\*?
  - If yes, does it have to be paired with skilled nursing or another skilled service?
  - Do you cover short-term or long-term care at home?
- What are the eligibility requirements for home care?
- What documents do you need from my doctor?

\* May also be called personal or custodial care, depending on the insurance plan

# What insurance will cover a home health aide?

## Medicaid

- New York has many types of Medicaid programs.
- The one that applies to home care is called **Community Medicaid or a managed long-term care (MLTC) plan.**
- Community Medicaid covers home health aides **without** the need for concurrent skilled nursing.

## Long-term care (LTC) insurance

- If you have an LTC policy, contact the plan to file a claim.
- Depending on your policy, you may have coverage for a home health aide.

# How much does self-pay personal care really cost anyway?

Many home health agencies in New York City charge between \$35-45 per hour and usually have a 6- or 8-hour daily minimum.

Number of hours	Hourly cost (Median)	Daily cost	Weekly cost	Monthly cost
6 hours per day, 5 days a week	\$38	\$228	\$1,140	\$4,560
8 hours per day, 7 days a week	\$38	\$304	\$2,128	\$8,512
24 hours per day, 7 days a week	\$38	\$912	\$6,384	\$25,536

Source: [Heart to Heart](#); [Care Scout by Genworth](#)

If you have a brain tumor, you should **not** rely on Medicare or commercial insurance to meet your potential needs for long-term care.

In our experience, families wrongly assume that their insurance will provide a few hours of home health aide care per day and are shocked to learn that the opposite is true.

By planning ahead, you can protect the assets and resources you have worked hard for, while ensuring that you can access the care you need.



# A Common Scenario: Jenny's story

Jenny is 67 years old and was diagnosed with GBM 5 years ago. She and her husband Steve have Medicare part A&B with a Medigap plan. She was doing well for some time but now she is very forgetful and has trouble moving around. Steve works full-time at home, but because he is working, he can't keep an eye on her as much as he'd like.

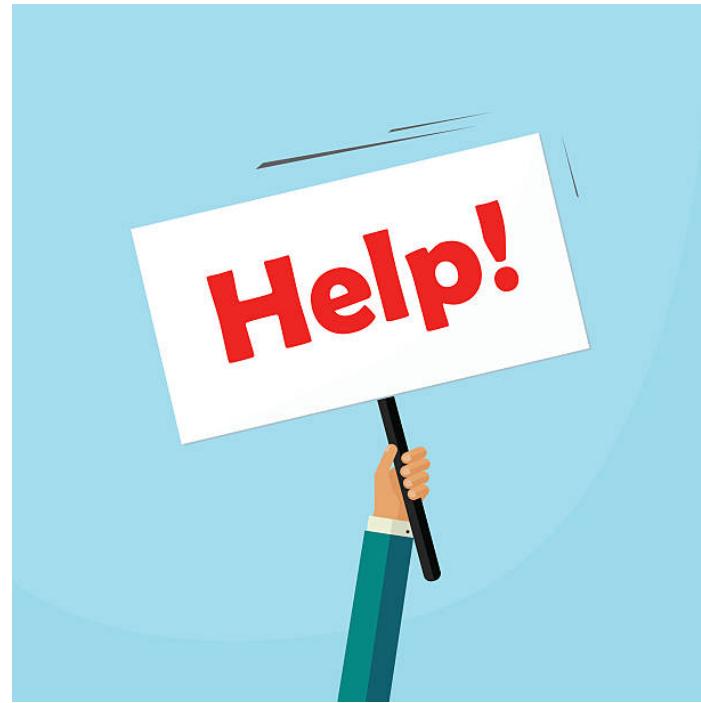
After speaking with a social worker, Steve feels overwhelmed by the idea of Medicaid. He already has so much to do! He agrees to home PT so he can also get a short-term HHA. Steve feels that what he really needs is someone to watch Jenny so he can do other things, but he understands that because of his insurance, he can't get one service without the other.



# Jenny's story, continued

The physical therapist sees Jenny once a week. The PT only spends about 20-30 minutes with Jenny, and sometimes she is too tired to participate in therapy. Steve is dismayed when the HHA arrives, sometimes unannounced, only to help Jenny shower! He was hoping to get a few hours to go to the grocery store, but the aide is only there for 30 minutes, and won't stay for any longer because she has other patients to care for.

After 4 PT visits, Steve is shocked when the home care agency tells him that the PT has discharged Jenny because she has, "met goals." He cannot see any change in Jenny's ability to move! Worst of all, because the PT has ended, he loses the little help he had with Jenny's care.



# What is Community Medicaid?



- Medicaid policy for seniors or people with disabilities who *could* reside in a nursing home because of their illness or age, but prefer to live at home
- Community Medicaid will not pay for care in a nursing home or facility. **It covers home health aides, medical supplies, transportation, and programs like adult day care.**
- Eligibility for Community Medicaid relies on your assets and income. This will be discussed later.

# What's the process for applying?

The process to apply for Community Medicaid differs based on your family's resources. Eligibility guidelines are on the next page. If you do not meet the financial criteria, you should speak with a specialist or attorney to learn about setting up a [trust](#).

In many states, there is a three- or five-year “lookback” period where the state reviews the patient's financial history for the past five years, which penalizes certain transfers from taking place.

As of May 2025, New York state has **not yet** reinstated its five-year lookback for Community Medicaid (only Institutional/Nursing home Medicaid is subject to this rule).

# What are the eligibility guidelines for Community Medicaid?

Currently (As of 02/2025) these limits are \$1,800.00 monthly per each individual and for couples the limit is \$2,433.00. The disabled, elderly, and/or blind applicants will be entitled to what is called a “disregard” of \$20 on any unearned income.

This disregard means it will not be considered or budgeted. When taking this \$20 disregard into account, individual income limits are \$1,820.00 per month and the couples limit is at \$2,453.00 per month. Resource (asset) limits are also in place. These limits are \$43,781.00 for couples and for individuals is \$32,396.00.

One's primary residence does not count towards the resource limit, as long as the residence is worth less than \$1.1M.

Source: [KTS Trust](#)

# Who can help me get Community Medicaid?

Medicaid planning specialist

- Senior Planning Services
- Home Care Planning Solutions

Elder law attorney

- More expensive, but can save money in the long run if you have complicated finances
- Look for someone who specializes or has experience in establishing pooled income trusts

# Are there any other options to pay for care?

Families finance home care through a variety of methods:

- Pay out of pocket
  - Cash
  - Reverse mortgage one's home
  - Use retirement funds
- Veterans' benefits
- Long-term care insurance

• Some financial aide programs may help to pay or offset the cost of care:

- Keep Punching
- Glenn Garcelon Foundation
- New York Cancer Foundation
- Kim's Hope
- One Catalyst Foundation

# Can you recommend an HHA agency?

We don't recommend a specific agency. You should interview aides from agencies to ensure that you find someone that your family can trust. Some agencies that you can contact are:

- [Senior Helpers](#) – Manhattan, Queens, Brooklyn, Bronx
- [VNS Health](#) – NYC, Long Island, Westchester county
- [Royal Care](#) – NYC, Nassau county
- [Alvita Care](#) – NYC, Long Island, Westchester county, New Jersey
- [Alliance Home Care](#) – NYC, Long Island, Westchester, and Putnam county
- [Constellation Home Services](#) – Connecticut
- [Right at Home Care](#) – NYC, Long Island, PA, NJ

# FAQ

What is considered “homebound”?

- Medicare defines [homebound](#) as having trouble leaving your home without help (like using a cane, wheelchair, walker, or crutches; special transportation; or help from another person) because of an illness or injury.

We have a supplemental “Medigap” policy (plan G or other). Does that change the eligibility for a home health aide.

- No. Medigap plans will not cover a home health aide.

My loved one needs full-time 24/7 care and we do not have time to plan for Medicaid.

- Your best option in this scenario is to seek privately-paid home care. A list of agencies is available in this guide.

# FAQ, continued

How much does Medicaid planning cost?

- The cost can vary depending on your family's resources, and whether you select a planning specialist or attorney to assist you. Best practice would be to get multiple opinions from both. Patients report paying between \$5,000-10,000.

Where can I get more information on these Medicaid rules?

- [NY Health Access](#) is a great resource for all things Medicaid. [Triage Cancer](#) is a resource that can offer free, individualized legal and financial guidance. We also have printed resources in the Neuro-Oncology office.

What happens after I have Medicaid?

- The state will contact you to schedule an initial assessment through their independent assessor, NYIA to confirm the patient's eligibility for personal care services.