Seniority HEALTHCARE

FREE FAMILY GUIDE

Is Mom or Dad Needing More Help?

A Family Guide to Care at Home

INSIDE THIS GUIDE

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Physician-led care at home · PA · NJ · NY · DE

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BEFORE WE BEGIN

If you're reading this, you're already doing the hard part

Maybe you noticed something on your last visit. The mail was piling up, or Dad seemed thinner, or Mom asked the same question twice in ten minutes. Maybe there was a fall, a hospital stay, or a phone call that left you uneasy. Or maybe nothing big has happened yet, and you just have a feeling that things are getting harder for them.

Most families start right where you are: worried, a little unsure what's normal, and not quite ready to pick up the phone. That's okay. This guide is here to help you make sense of what you're seeing, understand your options, and feel more prepared for whatever comes next.

SECTION 1

Signs a parent may need more help at home

Changes in an aging parent rarely arrive all at once. They tend to build slowly, which is why they're easy to miss or explain away. No single sign means something is wrong, but if you're noticing several of these, or they're getting worse over time, it's a good time to look closer. Check off what you've noticed.

Health and medications

- [ ] Pill bottles that are too full or empty too early, or confusion about which medicine to take when
- [ ] More frequent falls, near-falls, or unexplained bruises
- [ ] Recent trips to the ER or a hospital stay, especially more than one in a year
- [ ] Chronic conditions such as diabetes, heart failure, COPD or Parkinson's that seem harder to keep under control
- [ ] Missed doctor appointments, or trouble getting to them at all
- [ ] Unplanned weight loss or weight gain

Daily life and personal care

- [ ] Wearing the same clothes for days, or changes in hygiene

Around the house

- [ ] Spoiled or very little food in the refrigerator
- [ ] Unopened mail, unpaid bills or late notices
- [ ] A home that's noticeably less tidy than it used to be
- [ ] Scorched pots, a stove left on, or doors left unlocked
- [ ] New dents or scrapes on the car

Mood, memory and behavior

- [ ] Forgetting recent conversations, or repeating the same questions and stories
- [ ] Pulling away from friends, church, clubs or hobbies they used to enjoy
- [ ] Seeming sad, anxious, irritable or flat more often than before
- [ ] Getting lost in familiar places

- [ ] Trouble with stairs, getting out of a chair, or getting in and out of the shower
- [ ] Struggling to keep up with shopping, cooking or laundry
- [ ] Sleeping much more or much less than usual

If something feels off, trust that feeling. You know your parent better than anyone.

In an emergency, call 911. If you ever see signs of a medical emergency, such as sudden confusion, chest pain, trouble breathing, or signs of a stroke, call 911 right away.

SECTION 2

What care at home can look like

One of the most confusing parts of this process is the vocabulary. "Home care," "home health" and "in-home medical care" sound alike, but they're different things, and knowing the difference helps you find the right fit.

Home care (non-medical)

Aides or companions help with everyday tasks: bathing, dressing, meals, light housekeeping, errands and company. This kind of help is usually paid for privately or through long-term care insurance, and Medicare generally doesn't cover it on its own.

Home health

Short-term skilled care at home, such as nursing visits or physical therapy, usually after a hospital stay, surgery or a change in health. It requires a doctor's order and is meant to help someone recover, then it ends.

WHAT WE PROVIDE

In-home medical care

Ongoing medical care that comes to your parent, instead of your parent going to an office.

In-home medical care through our COMPASS program

This is the kind of care Seniority Healthcare provides through our COMPASS program (Collaborative Outpatient Management for Palliative and Aging Support Services). Every patient is assigned a physician or provider, a nurse case manager and a care coordinator. A physician is typically there when your parent is admitted, and after that, visits happen weekly, every other week or monthly, depending on what your parent needs. Your parent's provider can serve as their primary care team or work alongside the doctor they already see. Care can include:

- **Primary care at home:** regular checkups, follow-ups and treatment for everyday health concerns, without the drive, the waiting room or the stress of getting out the door.

- **Nurse case management:** regular in-home visits from a dedicated nurse case manager who gets to know your parent, keeps an eye on changes, and helps catch small problems before they turn into ER visits.
- **Chronic condition management:** ongoing support for conditions such as dementia, congestive heart failure, COPD, Parkinson's, diabetes and high blood pressure.
- **Symptom and medication management:** relief for pain, shortness of breath, fatigue, nausea, depression and anxiety, plus a careful review of every medication your parent takes.
- **In-home and telehealth visits:** regular, convenient care that helps your parent avoid unnecessary trips to the hospital.
- **24/7 on-call access:** every patient can reach a provider any time, day or night.
- **Behavioral health:** a team that includes a psychiatrist, psychiatric advanced practice clinicians and behavioral health care managers, offering support for depression, anxiety, memory concerns, and emotional and spiritual well-being.
- **Palliative care:** comfort and symptom relief for serious illness, at any stage, alongside other treatment.
- **Care coordination:** care coordinators handle orders, scheduling and referrals, and keep specialists, pharmacies, hospitals and family on the same page, so you're not the only one holding it all together.
- **Referrals to other support at home:** help arranging home health, physical and occupational therapy, and hospice when your parent needs them.

COMPASS is designed for

- Older adults living with several chronic or complex conditions, such as dementia, congestive heart failure, COPD or Parkinson's
- Anyone who wants relief from symptoms and a better quality of life during a serious illness
- Parents who have a hard time leaving home and want to stay independent and out of the hospital
- Families and caregivers who need support, education and help coordinating care

Many families use more than one of these at the same time. For example, a parent might have an aide for daily help and in-home medical care for their health. The right mix depends on what your parent needs today, and it can change as their needs change.

SECTION 3

What Medicare generally covers

Cost is often the biggest worry, and it stops many families from even asking about care. The good news is that Medicare covers more care at home than most people expect. Here is a general overview. Every plan is different, so always confirm coverage for your parent's specific plan.

Usually covered

- **Medical visits at home:** Medicare Part B covers medically necessary visits from doctors and other providers, including visits in the home.
- **Chronic care management:** for people with two or more long-term conditions, Medicare covers ongoing care management services. A coinsurance may apply.
- **Home health care:** part-time skilled nursing and therapy for people who have trouble leaving home, with a doctor's order.
- **Behavioral health:** Medicare covers many mental health services, including depression screening and counseling.
- **Hospice care:** for people with a terminal illness who choose comfort-focused care.

Usually not covered

- Around-the-clock care at home
- Help with bathing, dressing and daily tasks when that's the only care needed
- Housekeeping, meals and companionship on their own

How costs are shared

Original Medicare usually pays 80% of the approved cost for covered care, and your parent is responsible for the other 20%. If your parent has a supplemental (Medigap) plan, it typically covers that 20% after Medicare pays. Medicare Advantage plans work differently: each one has its own network, copays and rules, and some include extra in-home benefits.

Plans Seniority Healthcare accepts

We accept Medicare and most PPO and Medicare Advantage plans, including Aetna, Humana, UnitedHealthcare, Highmark, Horizon and Blue Cross Blue Shield. Not sure about your plan? We'll check your coverage before anything else.

Here is the full list. We accept Medicare in Pennsylvania, New Jersey, New York and Delaware, including Railroad Medicare (Palmetto). For Medicare Advantage, we accept PPO plans only, except Humana, where we accept both HMO and PPO plans. We also accept:

- Aetna (PPO plans)
- Advantra
- Clover
- Coventry
- Highmark (PPO)
- Horizon (PPO, including Braven)
- Out-of-area Blue Cross Blue Shield plans, including Independence Blue Cross (PPO)
- Humana (PPO and HMO)
- Tricare
- UnitedHealthcare (PPO)

Each state has its own plans, and we work with plans in Pennsylvania, New Jersey, New York and Delaware. If your parent's plan isn't listed, we may still be able to accept it (Tango is one example), so it's always worth asking. For plans with out-of-network benefits, we'll confirm what your parent's share of the cost would be. Send your parent's insurance information to **referral@senioritythealthcare.com** or call **1-888-982-8594**, and our team will check eligibility and follow up with you.

Medicaid: We don't accept Medicaid at this time. If your parent has both Medicare and Medicaid, we can accept them as long as Medicare is their primary insurance.

SECTION 4

How to talk with a parent who doesn't want help

For many parents, accepting help feels like losing independence. Pushback is normal, and it usually comes from fear, pride or not wanting to be a burden. These approaches tend to go better than a single big conversation.

- **Pick a calm moment.** Avoid holidays, the middle of a crisis, or a time when either of you is tired or rushed.
- **Start with what they want.** Most parents want to stay in their own home. Frame help as the thing that makes that possible: “I want you to be able to stay here as long as you want.”
- **Talk about your feelings, not their failures.** “I worry about you when you're alone” lands better than “You can't take care of yourself anymore.”

- **Ask questions and listen.** “What's been hardest lately?” often opens the door more than any suggestion you could make.
- **Offer choices.** Let them weigh in on who, when and how. People accept help more easily when they're part of the decision.
- **Start small.** A single nurse visit or a medication review feels much less threatening than “getting care.”
- **Bring in someone they trust.** Sometimes a doctor, pastor, sibling or old friend can say the same thing and be heard differently.
- **Give it time.** It may take several conversations. That's normal, and it isn't a sign you're doing it wrong.

SECTION 5

Questions to ask before choosing any care provider

Whether you choose Seniority Healthcare or someone else, these questions will help you compare your options and find care you trust.

About the care

- [ ] Who leads the care team, and what are their credentials?
- [ ] Who will actually come to the home, and how often?
- [ ] Will my parent see the same nurse or clinician each time?
- [ ] What happens if my parent has a problem after hours or on a weekend?
- [ ] Can my parent keep their current doctors and specialists?

About cost and coverage

- [ ] Do you accept my parent's insurance, and will you check coverage before care starts?
- [ ] What, if anything, will we pay out of pocket?

About communication

- [ ] How will you keep our family updated?
- [ ] Who do I call with a question, and how quickly will I hear back?
- [ ] How do you work with my parent's other doctors, pharmacies and hospitals?

About getting started

- [ ] How soon can care begin?
- [ ] What do you need from us to get started?
- [ ] Do you serve our area?

SECTION 6

Taking care of yourself, too

If you're helping care for a parent, you may also be working, raising kids, or managing a household of your own. It's a lot, and it's common to feel tired, guilty, frustrated or alone, sometimes all in the same day.

- Share the load with siblings or other family members, even if it's just phone calls or paperwork.
- Keep one shared list of medications, doctors and important contacts so you're not starting from scratch in an emergency.
- Take breaks before you hit empty, not after.
- Look for a caregiver support group, in person or online. Talking with people who understand helps more than most people expect.
- Remember that asking for help for your parent is also a way of taking care of yourself.

NEXT STEPS

When you're ready, we're here

You don't have to have everything figured out before reaching out. Many families come to us with nothing more than a feeling that something needs to change. Care usually begins within one to two weeks of your first call, and sometimes sooner.

Seniority Healthcare provides physician-led care at home for families in Pennsylvania, New Jersey, New York and Delaware. Through our COMPASS program, our care team brings primary care, nurse case management, behavioral health and more to your parent's home, in person and by telehealth. We work alongside your family every step of the way, so your parent can live with dignity and your whole family can have peace of mind. We accept Medicare and most PPO and Medicare Advantage plans, including Aetna, Humana, UnitedHealthcare, Highmark, Horizon and Blue Cross Blue Shield. Not sure about your plan? We'll check your coverage before anything else.

When you're ready, you can:

CALL US
1-888-982-8594

EMAIL OUR CARE TEAM
referral@seniorityhealthcare.com

SEND US A MESSAGE
seniorityhealthcare.com/contact

TAKE OUR 2-MINUTE FAMILY CARE CHECK
seniorityhealthcare.com/quiz
See what kind of support may fit your parent.

Whatever you decide, thank you for caring so much about your mom or dad. They're lucky to have you.

This guide is for general information and isn't medical or insurance advice. Coverage varies by plan. Talk with your parent's doctor about their specific health needs. © Seniority Healthcare.