



# Skilled Home Health Care vs. Non-Medical Home Care

What Families Need to Know

How to tell the difference, who provides what, and how each is paid for.

## Medical Care

For short-term recovery, ordered by a doctor and covered by Medicare.

## Non-Medical Care

Everyday help with tasks, personal care, and companionship at home.

## Often Used Together

Many families combine both for complete support at home.

# Understanding Home Care

When a loved one needs help at home, it can be hard to know whether you need skilled medical home health services or non-medical caregiving support. Skilled home health care is clinical, ordered by a doctor, and delivered by licensed professionals like nurses and therapists. Non-medical home care focuses on everyday tasks, personal care, and companionship—helping people stay safe, comfortable, and independent at home over the long term.

Picture this: an older parent is finally discharged from the hospital after a fall, and the family is suddenly trying to coordinate rides, manage new medications, help with bathing, and still keep up with work and kids. In the rush, 'home health' and 'home care' can sound like the same thing—but they aren't, and choosing the wrong type of support can leave important needs unmet.



## Why the Distinction Matters

- › Match services to your loved one's needs and medical condition to avoid gaps in care.
- › Prevent avoidable trips back to the ER by having the right support in place.
- › Plan realistically for costs — skilled care may be covered by Medicare; non-medical care is usually private pay.
- › Use both together — skilled clinicians for treatment, caregivers for day-to-day support.

**Why it matters:** It has a major impact on how care is paid for. Skilled home health is doctor-ordered and may be covered by insurance or Medicare under specific rules, while non-medical home care is usually paid for privately.

# The Two Types of Home Care

## Skilled (Medical) Home Health Care

Medically necessary, short-term care provided in the home by licensed clinicians such as registered nurses (RNs), physical and occupational therapists, speech therapists, and medical social workers.

It is ordered by a doctor and follows a formal plan of care. The focus is on treating an illness or injury, monitoring unstable health conditions, and helping the patient regain strength and independence after a health setback.

## Non-Medical Home Care (Personal Care)

Non-clinical support that helps with the everyday tasks of living at home. Caregivers assist with personal care (bathing, dressing, grooming, toileting), household tasks (meal preparation, housekeeping, errands, transportation), and companionship.

The primary goal is to support safety, dignity, independence, and quality of life at home over the long term.

## Who Actually Comes to the Home?

Type of Care	Who Provides the Care	How the Agency is Set Up
<b>Skilled Home Health</b>	Licensed professionals: RNs, LPNs, physical/occupational/speech therapists, home health aides.	Operates as a medical provider meeting strict Medicare Conditions of Participation.
<b>Non-Medical Home Care</b>	Caregivers, personal care aides, CNAs, or companions; may be supervised by a nurse.	Licensed by state as private/personal care providers; typically do not bill Medicare directly.



Left: A caregiver assists a client with daily activities. Right: Friendly support keeps seniors active and engaged.

# Services & Eligibility

Skilled Home Health Services		Non-Medical Home Care Services	
<b>Skilled Nursing</b>	Wound care, IV medications, catheter care, monitoring vitals, complex medication management, and patient/family education on conditions like heart failure or diabetes.	<b>Personal Care &amp; ADLs</b>	Bathing, grooming, oral care, toileting, incontinence care, dressing, and safe transfers between bed, chair, and bathroom.
<b>Therapy</b>	Physical therapy (strength & mobility), occupational therapy (daily tasks), and speech therapy (swallowing, communication).	<b>Household Support</b>	Meal planning and preparation, housekeeping, laundry, medication organization, shopping, errands, and transportation.
<b>Home Health Aide</b>	Hands-on personal care as part of a clinician's plan of care.	<b>Companionship</b>	Friendly conversation, activities, safety checks, and simply being present — giving family caregivers regular respite.
<b>Other Supports</b>	Medical social workers, certain medical supplies and equipment ordered by the clinician.	<b>Health-Related Tasks</b>	Medication reminders, cueing for exercises, encouraging hydration and nutrition, observing and reporting changes to family or nurse.
<b>Not Included</b>	24-hour care, ongoing housekeeping, long-term custodial care without a skilled medical need.		

## Eligibility Requirements

**Skilled Home Health:** Must have a true medical reason (wound care, IV meds, rehab therapy). Patient usually must be considered 'homebound.' A physician must certify medical necessity and write a plan of care, and services must be provided by a Medicare-certified agency.

**Non-Medical Home Care:** Much simpler — families can contact an agency directly without a doctor's order. Eligibility is based on difficulty managing daily tasks (bathing, dressing, cooking, etc.) and the family's goals. Programs like Medicaid waivers or veterans' benefits may have additional functional and financial criteria.

# Paying for Care



## Paying for Skilled Home Health

Medicare Part A or Part B may cover intermittent skilled nursing visits, therapy, and part-time home health aide services – but only when specific medical and eligibility criteria are met, and only for limited hours per week.

Important: Medicare does not pay for long-term custodial care (ongoing help with bathing, dressing, meals, or housekeeping) when there is no qualifying skilled medical need. If your family needs many hours of daily hands-on support, that is usually considered non-medical care and is typically paid privately.

## Paying for Non-Medical Home Care

Non-medical home care is usually paid for privately, out-of-pocket, billed hourly based on level of care and hours per week. Some families use long-term care insurance, Medicaid waiver programs, Veterans benefits (Aid & Attendance), or state aging and disability programs to help offset costs. Standard Medicare does not cover ongoing non-medical custodial care.

Type of Service	Who Usually Pays
<b>Skilled Home Health Care</b>	Medicare Part A or B (when criteria are met) · Medicare Advantage plans · Private insurance
<b>Non-Medical Home Care</b>	Private pay (out-of-pocket, billed hourly) · Long-term care insurance · Medicaid waiver or state home- and community-based programs · Veterans benefits (e.g., Aid & Attendance) · Local/state aging or disability programs (limited)

## Duration & Goals of Care

<b>Skilled Home Health</b>	Short-term, delivered as intermittent visits (e.g., nurse a few times a week). Goal: improve, maintain, or slow decline of a specific medical condition. Under Medicare, care is reviewed and recertified in 60-day "episodes."
<b>Non-Medical Home Care</b>	Short-term or open-ended. Can range from a few hours a week to 24/7 coverage. Goals: ongoing support, safety, independence, and family caregiver relief.

# Side-by-Side Comparison

Topic	Skilled (Medical) Home Health	Non-Medical Home Care
<b>Primary Focus</b>	Treating an illness or injury, managing medical conditions, and rehab.	Helping with daily tasks, safety, comfort, and independence at home.
<b>Typical Providers</b>	Nurses, physical/occupational/speech therapists, home health aides.	Caregivers, personal care aides, companions, sometimes CNAs.
<b>Visit Frequency</b>	Short visits a few times a week for nursing or therapy.	Flexible: a few hours a week up to 24/7 coverage.
<b>Who Orders Care</b>	Ordered by a doctor or qualified provider with a written care plan.	Usually arranged directly by the family with the home care agency.
<b>Common Services</b>	Wound care, injections, IVs, therapy, patient education.	Bathing, dressing, meal prep, housekeeping, errands, companionship.
<b>Who Usually Pays</b>	Medicare, Medicare Advantage, or insurance when criteria are met.	Mostly private pay; sometimes LTC insurance, Medicaid waivers, VA, state programs.
<b>Length of Service</b>	Short-term, reviewed every 60 days; often after illness or surgery.	Short- or long-term; can continue as long as needed and affordable.

## Regulation, Licensing & Safety

For skilled home health, agencies operate as medical providers and are tightly regulated at both the federal and state levels – they must meet Medicare’s Conditions of Participation and undergo regular quality reviews.

For non-medical home care in Georgia, agencies are licensed as "private home care providers" by the state, which clearly defines tasks under nursing, personal care, and companion/sitter services. Always ask about caregiver background checks, training, ongoing supervision, and whether a nurse or clinical leader is on staff.

### Safety Checklist – Questions to Ask Any Agency

How are caregivers screened (background checks, references, drug testing)?

What initial training and ongoing education do caregivers receive?

Who supervises caregivers, and how often are supervisory check-ins done?

Is there a nurse or clinical supervisor available if needs change?

What happens if a caregiver is sick – how is backup coverage handled?

How do you handle emergencies or urgent concerns after hours and on weekends?

# Real-Life Scenarios



## Scenario 1: After Surgery at Home

Maria comes home after hip surgery. She has a large surgical incision needing regular dressing changes, new medications, and difficulty walking safely.

Skilled Home Health sends a nurse to manage her wound and medications and a physical therapist to help her safely rebuild strength and balance. Non-Medical Home Care steps in to help her shower, get dressed, prepare meals, and get to the bathroom between therapy visits.

## Scenario 2: Living Alone With Dementia

Mr. Johnson has moderate dementia. He is medically stable but forgets to eat, leaves the stove on, and sometimes wanders at night. He does not need a nurse or therapist for an active medical problem.

Non-Medical Home Care provides companionship, cueing for meals and hygiene, supervision for safety, help with bathing and dressing, light housekeeping, and much-needed respite for his adult children.



## Scenario 3: Managing a Chronic Illness Long-Term

Elaine has advanced heart failure and was recently hospitalized. At first, she needs skilled home health for close monitoring, medication adjustments, and education. As her condition stabilizes, skilled visits become less frequent.

Non-Medical Home Care then provides ongoing help with showers, laundry, meal prep, and getting to appointments — keeping her safely at home while her medical team checks in as needed.

## Which Care Might Fit Best?

New or changing medical issues a nurse or therapist needs to treat or monitor?	<b>Consider Skilled Home Health</b>
Main challenge is day-to-day tasks, safety, or caregiver burnout, while medical conditions are fairly stable?	<b>Consider Non-Medical Home Care</b>
Both sets of needs – active medical treatment AND lots of hands-on daily help?	<b>Many families use both, with skilled home health handling clinical care and non-medical home care covering longer-hour support.</b>

# How the Two Types of Care Work Together

In many situations, the best support at home is a combination of skilled medical care and non-medical caregiving. Skilled clinicians focus on clinical needs — wounds, IVs, complex medications, and rehab — while caregivers provide longer-hour support that keeps daily life running smoothly.

Families often start with more intensive skilled home health services right after a hospital stay. As the person stabilizes, skilled visits taper off while non-medical home care can step in — or expand — to provide steady help with bathing, dressing, meals, transportation, and safety.

Hospital  
Discharge

Intensive Skilled  
Care

Both Skilled +  
Non-Medical

Ongoing  
Non-Medical  
Care

## Questions Families Should Ask

### For Skilled Home Health Agencies

- Are you Medicare-certified?
- What services do you provide (nursing, PT, OT, speech, social work, HHA)?
- Which disciplines will visit, and how often?
- How long do visits usually last?
- How will you coordinate with my doctor and keep us updated on changes?
- How do you handle after-hours questions or emergencies?
- Which insurance plans do you accept, and what are my out-of-pocket costs?

### For Non-Medical Home Care Agencies

- Are you licensed in this state, and what can your caregivers legally provide?
- Do you employ caregivers directly or use independent contractors?
- How do you screen caregivers (background checks, references, drug testing)?
- What training do caregivers receive, and how are they supervised?
- Will the same caregivers come consistently, and how do you handle call-outs?
- What are your minimum visit hours, hourly rates, and weekend rates?
- What are your cancellation and rescheduling policies?
- How do you match caregivers to clients' needs and personalities?



## How Castleton Home Care Can Help

We specialize in non-medical home care that helps older adults and individuals with disabilities stay safe, comfortable, and independent at home.

Our professional private caregivers provide personalized support with daily tasks—bathing, dressing, meal prep, housekeeping, transportation, and companionship—while partnering with families and skilled medical providers.

We offer a FREE, no-obligation in-home consultation where we listen to your concerns and design a customized care plan that fits your schedule and budget.



### Schedule Your Free In-Home Consultation

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