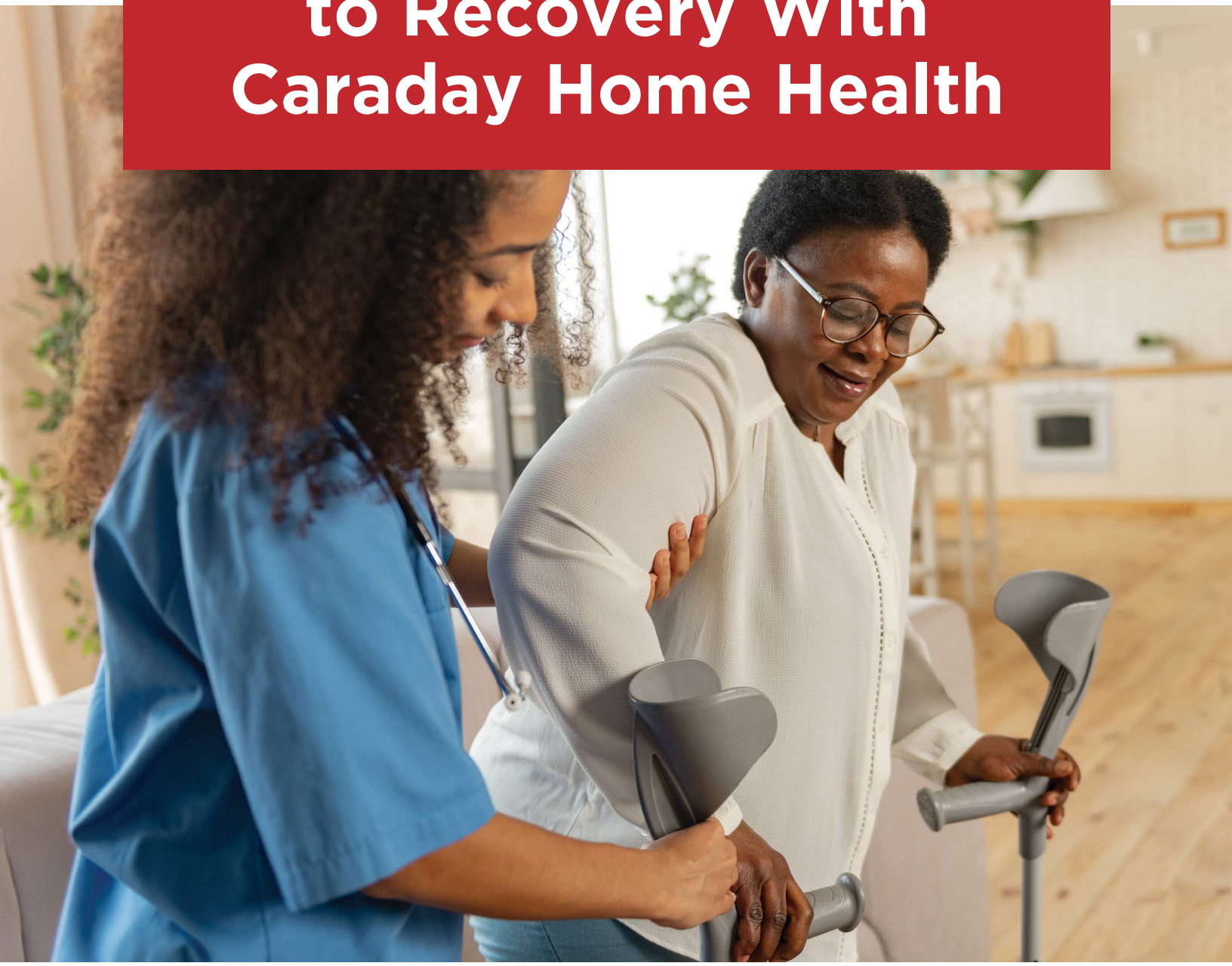
Continue Your Road to Recovery With Caraday Home Health



The professional and compassionate care you received during your hospital stay or at a Caraday community continues as part of the discharge process through Caraday Home Health.

Caraday
Home Health

Caraday Cares *for you at Home*

Continuing your recovery in the familiar surroundings of your home may be an option recommended by your physician as you are discharged from a hospital or a Caraday Healthcare community. Rest assured that the same specialized skilled care and therapy that you received at a Caraday community will continue in the comfort of your home.

A distinct quality of the Caraday Home Health team is an unwavering focus on helping every patient achieve optimal quality of life. Working directly with the physicians, nurses, and therapists who have designed your care plan, the Caraday team is focused on a positive and enriching experience that supports your recovery journey at home.

- **Recovering** from surgery or an accident
- **Managing chronic conditions** such as COPD, heart failure, diabetes, and high blood pressure
- **Building up strength, movement, or communication** through physical, occupational, and speech therapies
- **Assisting** with wound care and medication management
- **Understanding** your medical condition in the future
- **Education** on wellness and health including diet and exercise

Who will benefit from home health care?

Determining eligibility is an important first step and Caraday team members can help verify eligibility for home health care. Patients with Medicare are covered if they meet the following requirements:

- Must be under the care of a physician and receiving services as part of a care plan created and reviewed by a physician
- Certified by a physician that they need any of the following services:
  - Intermittent skilled nursing care (other than drawing blood)
  - Physical therapy, speech language pathology, or occupational therapy that are necessary for recovery from an illness or injury or as part of ongoing care
- Homebound (inability to leave the home without assistance)

The path to recovery

Once your physician has prescribed home health care, the Caraday Home Health team will meet with you to determine what services you may need, verify insurance, and establish a schedule to get started. More importantly, they will answer any questions or concerns.

Before any treatment begins, a clinical assessment will direct the development of a personalized care plan. As part of the clinical assessment, a clinician will go over your medical history, review prescriptions, and perform a physical exam. Once that's complete, your personal care plan will be created to best guide you to reaching optimal health.

All visits will be scheduled in advance. During each appointment, which lasts about 45 minutes to an hour, the home health team will work on specific therapies or skills, as well as provide the resources and tools to keep moving forward with your treatment plan.

The convenience of home health is further augmented with options for telemedicine and remote patient monitoring. This continuous care experience provides additional assurance and immediate access using the latest technology for virtual health care.

How do I get started?

There are several ways to start receiving Caraday Home Health benefits – alert your case manager/discharge planner that you would like an assessment by Caraday Home Health, tell your physician, or call Caraday Home Health and we will facilitate the process for you.

A comprehensive menu of services assures patients that all of their needs are taken care of *in the comfort of their homes.*

Skilled Nursing

- Post-Surgical Care
- Chronic Disease
- CVA/Stroke
- CHF
- COPD
- Diabetes Care
- Parkinsons
- Behavioral Health
- Wound Care
- Pain Management
- Catheter Care
- Tube Feeding
- Antibiotic Therapy
- Infusion Therapy

Rehabilitation Therapy

- Physical Therapy
- Occupational Therapy
- Speech Therapy

Home Health Aides

- Personal Care
- Bathing
- Grooming
- Dressing
- Ambulation
- Light Housekeeping

Chronic Care Management

- Comprehensive Care Management for patients with two or more chronic conditions
- Management of Care Transitions between and among healthcare providers and settings
- Home and Community-Based Care Coordination

Virtual Care

- Telehealth Visits
- Remote Patient Monitoring

Social Services

- Social Work Services

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