

# NJ Guide to Home Care



HELPING FAMILIES ACHIEVE  
HOME CARE SUCCESS.

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## **Preface**

This guide has been written with the intention of helping people who are facing senior care decisions and who have either decided to utilize home care services, are seriously considering the option, or at the very least are looking to educate themselves on the topic. The content contained within this guide aims to cover all aspects of home care in the state of New Jersey.

The owners of Boardwalk Homecare believe in a profound need for the creation of this resource. Through our own participation of interacting with families on a daily basis, we have recognized some common emotions people often experience when faced with long-term care decisions including stress. The genuine desire to care for a loved one, coupled with a lack of knowledge regarding how to go about doing so, will often result in feelings of uncertainty. Common questions include:

- How do I do what is best for my loved one?
- How do I convince my loved one to accept care for their own safety?
- What is the best care option for my loved one - to stay home or relocate to a long-term care facility?
- How do I get help with the decision-making process?
- What factors will contribute to a healthy care relationship once the decision has been made?
- How do I trust a stranger to care for my loved one?
- Will my loved one be happy?

As mentioned earlier, this educational guide has been designed to assist people who are interested in exploring home care in New Jersey. Our hope is that you will find answers to all of your questions as well as to the questions you may have never thought to ask. Above all, we hope this guide is a starting point to helping you secure a happy and fruitful home care setting.

Sincerely,

Boardwalk Homecare

# Section 1: An Introduction to Home Care

## Common Difficulties for Families

In 2007 approximately nine million men and women over the age of 65 received long-term care. By 2020, 12 million older Americans will need long-term care. Long-term care decisions can be extremely unnerving and feeling uneasy is not abnormal.

Your loved one has become limited in their ability to function independently and you have been assigned the responsibility of arranging for their care. This person has been a significant part of your life. Perhaps this person has given much of their life to your own well-being. They need your help! Naturally you will settle for nothing but the best. You are willing. You are ready. Now what? Now you are expected to make a life-changing decision for this person and you do not have the expertise in long-term care planning or a thorough understanding of possible outcomes.

More often than not, people tend to delay on making a definitive decision as to the best residential care option for a loved one to address their inability to care for themselves independently. In most cases, these long-term residential care options will include home care, assisted living or a nursing home. This decision is typically preceded by a period of noticeable health decline. During this period, a variety of events or conditions can contribute to one's decline in health or inability to remain independent. Some common examples include the development of cognitive impairment such as dementia (e.g. Alzheimer's), a fall due to a decrease in physical ability, a debilitating illness or the development of a chronic condition. This decline in one's ability to function on their own frequently leads to a discussion about long-term care options.

Prior to making a highly personal and critical decision, family members take it upon themselves to assist their loved one in the areas of diminishing independence. As the situation becomes more extreme, a supporting family member usually transitions into the role of the *primary caregiver*. It is a difficult and highly stressful role, which often requires balancing time between one's own family, their career and the needs of their declining loved one. This period of time can be lengthy due to the previously mentioned tendency to delay long-term care options until absolutely necessary. In many cases, the need for outside assistance becomes inevitable and the difficult situation is compounded by the task of deciding which long-term care option is best suited for your loved one. This type of scenario is very common throughout the United States and its effects on the primary caregiver can be tangible.

*Caregiver Stress* is the emotional strain of caregiving. Studies show that caregiving takes a toll on physical and emotional health. Caregivers are

more likely to suffer from depression than their peers. Limited research suggests that caregivers may also be more likely to have health problems like diabetes and heart disease than non-caregivers. Additionally, most caregivers are trying to juggle caregiving with full-time jobs as well as parenting responsibilities. In the process, they put their own needs aside, often reporting that it is difficult to look after their own health in terms of exercise, nutrition, and doctor's visits. Caring for another person takes a lot of time, effort and sacrifice.

Caregivers are particularly vulnerable to burnout when caring for people diagnosed with Alzheimer's disease or other forms of dementia. Research shows that most of these caregivers suffer from *depression, stress, anxiety* and *isolation*. Female caregivers, in particular, tend to have more emotional and physical health problems, employment-related troubles and financial strain than male caregivers. Other research shows that people who care for their spouses are more prone to caregiving-related stress or a decline in their own health than those who care for other family members.

The purpose of this section is to let readers know they are not alone in facing the difficulties associated in having to make long-term care decisions which are not an easy part of life. Experience has taught us that acceptance of this reality can actually be somewhat therapeutic. Choosing a long-term care option is not an exact science and no one has a crystal ball to predict future outcomes. We have seen many sad instances in which people of declining health have no one to look after them. Your presence in your loved one's life, although they may not be in a position to acknowledge it, is certainly a big help to them. Keep in mind that your goal is not to re-create the life they once had years earlier but rather to make the best of an imperfect situation.

Take a deep breath. Use available resources for education. Like millions before you, your heart is in the right place and you will arrive at a correct decision!

### **Long-Term Care**

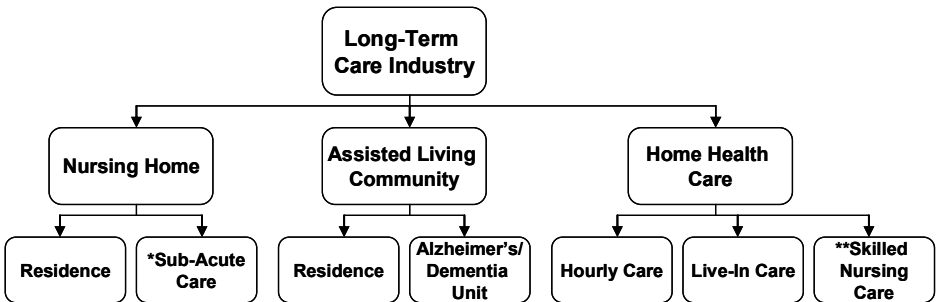
“Long-term care typically refers to chronic, long-lasting care rather than care that is more or less completed in a few weeks or months following an illness or hospitalization. This time dimension is important to recognize because some of the care services and facilities (e.g., a nursing home/long-term care facility/skilled nursing facility) can offer both short-term rehabilitative care after surgery and long-term residential care in the same building. Knowing that ‘nursing home care’ is not mutually exclusive to ‘long-term care’ and understanding this difference is financially important.

In particular, most health insurance will pay for care in a nursing home that is short-term, post hospital recuperative care but will not pay for chronic long-term care that may be provided in the same facility. The national

Medicare program, for example, embraces such a distinction: it pays for short-term care after surgery that can take place in a nursing home but does not pay for chronic care. Because of confusion surrounding this distinction, national studies of financial literacy concerning health, finance, and long-term care have found that many people incorrectly believe that Medicare will pay for chronic long-term care—a mistake which can have severe financial consequences for those who hold this view.

The term ‘long-term care’ most often (but not exclusively) concerns older people whose increasing physical or mental frailty leaves them unable to fully take care of themselves. At its most basic level, long-term care refers to a broad range of supportive services which includes personal, social, residential as well as medical services. Variations on long-term care include the number and intensity of these kinds of services as well as the residential context in which they are delivered. For some older people, long-term care may begin and end with assistance with shopping or cooking as well as transportation to the doctor as they continue to live in their own home or apartment. For others, long-term care is full-time, medically-driven nursing care in a government-licensed residential institution. Different points on this continuum of course imply different levels of cost and financial planning.”<sup>1</sup>

The residential long-term care industry consists primarily of three categories including nursing homes, assisted living communities and home health care which are listed in the diagram below.



\* **Sub-Acute Care:** Rehabilitation services that are not considered long-term care. The time range of care provided in a sub-acute setting is contingent upon several factors, beyond the scope of this manual.

\*\***Skilled Nursing Care:** Includes a wide range of services that include both long and short-term care. Services provided are contingent upon several factors such as patient needs and insurance coverage.

This diagram presents a very broad overview of the primary types of long-term care options available to most people. Other terms associated with long-term care options include independent living, continuous care retirement communities, residential healthcare facilities and alternate family care. For more information on these topics administered in the state of New Jersey, we recommend you visit the [www.hcanj.org](http://www.hcanj.org) website.

## **Home Health Care**

The majority of older persons prefer to remain in their own home rather than move to a long-term care facility. To help them achieve this goal is a matter of identifying the loved one's care needs as well as having a good understanding on the capacity of family, community and financial resources required in the home setting to ensure their care, safety and overall happiness.

When researching home health care you will likely find a wide variety of terms associated with two primary types of care. These terms include: skilled care and non-skilled care, formal care (provided by a hired third party) and informal care (provided by a family member), professional care and paraprofessional care, home health care and home care services, medical care and non-medical care, sub-acute care, custodial care, Activities of Daily Living (ADLs), Instrumental Activities of Daily Living (IADLs), etc.

This guide will refer to the two types of care available in the home setting: a) skilled care and b) non-skilled care. In most instances, skilled care is provided on a short-term basis while non-skilled care is often needed on a long-term basis for individuals suffering from chronic illnesses or disabilities. It is worth noting that non-skilled care is also often provided on a short-term basis as a support service for individuals returning home from a rehab facility or a 72 hour stay in a hospital.

### *Skilled Care*

Skilled care encompasses a wide variety of services provided by licensed professionals. According to *Medicare and Home Health Care*, a document published by Centers for Medicare and Medicaid Services (CMS), skilled care is defined as "A level of care that includes services that can only be performed safely and correctly by a licensed nurse (either a registered nurse or a licensed practical nurse)...Home health care includes skilled nursing care, as well as other skilled care services, like physical and occupational therapy, speech-language therapy, and medical social services. These services are given by a variety of skilled health care professionals at home. The goal of short-term home health care is to provide treatment for an illness or injury. It helps you get better, regain your independence, and become as self-sufficient as possible. The goal of long-term home healthcare (for chronically ill or disabled people) is to maintain your highest level of ability or health, and help you learn to live with your illness or disability."

Skilled care services are often provided on a short-term basis to an individual who has sustained an injury or illness resulting in a hospitalization. As a hospital discharge date approaches, a discharge planner (often referred to as a case manager) at the hospital will work with



the medical staff and the patient or patient's family to make necessary arrangements for continued care. Usually the patient is either admitted to a skilled nursing facility in which rehabilitation services are provided or they are sent home with skilled care arrangements in place to assist with the rehabilitation process.

Many of the services provided during the rehabilitation process are covered by Medicare or private health insurance for a finite period of time but are contingent upon the individual situation. These services include nursing care, personal care (non-skilled, usually 4-6 hours per week for 4-6 weeks) and physical therapy. Per their definition, Medicare does not cover home health aide services unless the patient is also receiving skilled care such as nursing or therapy. This type of care would be considered "short-term care" according to Medicare, as the objective is to help people get better and become as self-sufficient as possible.

When people are unable to fully regain their independence, they may decide to obtain non-skilled care to help them with their daily activities. Non-skilled home care can be provided on either an hourly or live-in basis.

#### *Non-Skilled Care*

While skilled care is generally focused on helping with recovery from an illness or injury, non-skilled care is usually centered on helping individuals with debilitating conditions. In these situations, the goal of long-term home health care is to maintain the highest level of ability and health as well as to help the individual learn to live with their illness or disability.

While Medicare does provide reimbursement for skilled services on a short-term basis, it is not available for non-skilled home health care provided on a long-term basis. The needs of each patient are assessed individually and skilled care is usually covered for a 4-6 week period. When Medicare benefits expire, the cost of continuing skilled care can become exorbitantly high and quite frankly unaffordable for most. This is why many families explore non-skilled care as a long-term home health care solution.

Non-skilled care is further broken down into two levels of assistance commonly referred to as *personal care* and *homemaker services*. An easy way to determine if the service is considered personal care is whether or not it involves 'hands-on' assistance by the caregiver. Conversely, 'hands-off' assistance would be considered a homemaker service.

Medicare definitions for personal care and homemaker services are as follows:

### Personal Care

- Activities of Daily Living (ADLs) include assistance with: bathing & dressing, hygiene, feeding, ambulation, transferring, elimination and maintaining continence.

### Homemaker Services

- Instrumental Activities of Daily Living (IADLs) include assistance with: light housekeeping, meal preparation/diet, medication reminders, laundry, linen changes, shopping/errands, companionship, communications, safety precautions and other household duties.

### **Live-In Home Care**

More often than not, a spouse, child or extended family member will prefer their loved one remain at home in familiar surroundings for as long as possible. Sometimes the need for care can be overwhelming and the family is unable to provide it on their own. If funds are available, one option is to hire a caregiver privately or select a licensed home care agency whose caregivers are experienced in providing various levels of personal care and homemaker services.

As mentioned earlier in this section, home care services can be provided 24/7 on either an hourly or live-in basis. Equivalent in cost to 8-10 hours per day of hourly care, live-in home care can often times be a more beneficial option. For one, it can be quite comforting to family members (some of whom may not live nearby) to know their loved one has an additional person in the home to watch over them. Another common advantage is to better preserve continuity of care which is easier to accomplish when having one live-in caregiver in the home as opposed to several caregivers working multiple shifts.

Knowing when the time is appropriate for live-in home care can be difficult to determine. Some indicators might include: your loved one requires upwards of 8-10 hours per day of care at different intervals, living with family is not an option or long-term care facilities are not desired. It is important to note that if your loved one requires more than 13 hours of vigilant or continual care per day, then hourly home care or a long-term care facility might be a more suitable option.

Frequently, a physician, case manager or social worker will determine if a family member would benefit from live-in home care. In the absence of such a determination, you should examine the safety factors involved in leaving your loved one unattended. A first step would include evaluating their ability to provide self-care based on activities of daily living (ADLs) as

defined in the previous section. The second step would then evaluate their ability to manage instrumental activities of daily Living (IADLs) required to live independently in the community.

In addition to evaluating ADLs and IADLs, it is equally important to assess whether or not a loved one is at risk of wandering or falling. Frequently, the issues involved in leaving a family member alone are not always clear. The potential for falling is an area of concern for many families. A care recipient may be able to get out of bed and negotiate their residence but an unsteady gait often times results in a fall which can result in a fatal or serious injury. Likewise, it can be difficult for family members to notice the slight memory impairment of a loved one which could result in leaving the stove on, water running or going for a walk and becoming unsure of one's whereabouts. A family discussion about the benefits and risks of a loved one managing care on their own will help in determining the overall needs of the family. Live-in home care is frequently provided by a dedicated family member, friends or formal home health care providers.

### **Hourly vs. Live-In Home Care**

When a family decides to seek additional at-home care for a loved one, they have the option of either setting up hourly or live-in home care services. Both options present certain benefits but there are also significant differences. Families need to understand how the services are different before deciding which one is the most suitable for their situation.

Hourly home care is typically set up on a schedule of care which is created by the family. The family will identify 'days of the week' as well as 'critical times of the day' for when a caregiver will provide personal care and/or homemaker assistance. As part of the planning process, families should be made aware of some industry distinctions associated with hourly home care. These include:

**Geography:** Most 'hourly' caregivers find work close to where they live. For this reason, we suggest hiring a caregiver that resides within 5 miles of the care recipient. Geographic proximity will play an important role at increasing the odds of a caregiver maintaining a consistent attendance record.

**Per Visit Minimum:** The shorter the visit, the more challenging it is to staff with a dependable caregiver. Most agencies and private caregivers will require a minimum number of hours per shift. Oftentimes the caregiver's employer may need to increase the hourly wage in order to incentivize caregivers in accepting shorter visits.

**Continuity of Care:** Continuity of care is concerned with quality of care over time. Reducing the number of caregivers assigned to a care recipient helps

improve the quality and continuity of care. Because availability throughout the week will differ among caregivers, families are encouraged to offer flexibility on the start and end times of a shift.

**Unforeseen Circumstances:** No one is able to prevent unforeseen events that can disrupt a home care schedule. Some examples include: inclement weather, vehicle breakdowns, illness, emergencies, etc. It is important for families to understand that the home care system is not perfect. Accepting the fact that disruptions will occur and figuring out a 'Plan B' should help in managing expectations.

Live-in home care can be a very beneficial service for the right care recipient and family. Members of the medical field (physicians, nurses, case managers, social workers, therapists, etc.) and families alike are less familiar about this service and so it is not as frequently discussed with families. Unlike creating scheduled shifts, live-in home care is arranged by identifying a compatible caregiver that resides in the care recipient's home on a full-time basis. A typical live-in home care candidate will typically have one or more of these characteristics:

- Suffer from memory impairment
- Experience an unsteady gait or are non-ambulatory
- Need assistance with personal care on an intermittent basis
- Do not have family assistance readily available

Like hourly home care, live-in home care also presents its own challenges to families in need of assistance. Some of these include:

**Acceptance of Full-Time Care:** Being agreeable to a stranger living in your home and on a full-time basis may cause a lot of anxiety. This is a highly personalized service and can be difficult for care recipients or spouses to accept. The fear of admitting a higher degree of dependence, coupled with a lack of privacy or knowing how personalities and behaviors will synergize can be a lot for seniors to come to terms with.

**Cultural/Language Differences:** The vast majority of live-in caregivers are representative of an immigrant population. This means some cultural differences will inevitably exist based on the caregiver's own life experiences and their adaptation in providing care for seniors in the U.S. Language barriers can exist with varying degrees. In some cases, families might hire caregivers that have emigrated from a country where English is not taught in school. In other cases, families choose to hire caregivers with an accent but have a good command of the English language. The ability to communicate with a caregiver is truly pivotal when it comes to providing care to seniors.

**Backup Caregivers:** Regardless of whether families choose to hire a caregiver privately or through a licensed home care agency, they should have a plan to address the following circumstances:

- Replacing full-time caregivers that are not a good fit
- Scheduling fill-in caregivers when full-time caregivers take breaks

While this area is usually more difficult to handle when hiring privately, families will always want to make sure the care recipient retains the same level of care regardless of the caregiver.

Hourly care is more suitable for seniors living independently but who require partial assistance. On the other hand, live-in care is likely a better option for when higher levels of care are needed. Factors such as cost, the set up of the home environment and a clear understanding of care requirements will help families choose the level of service that is acceptable and appropriate for their loved one.

### **Home Care Benefits**

*Social Work Today*, a leading newsmagazine for social workers, recently interviewed three eldercare experts who offered their following thoughts on the benefits to home care:

“Aside from potential cost savings, continuity of care, not having to worry about shared recreational activities, eating facility-planned meals or picking up an infectious disease from another resident, there are psychological benefits associated with home care that have caused families to rethink their options for long-term care.

A primary benefit of home care is psychological—being able to maintain some degree of independence and sense of control over one’s life. ‘You simply cannot put a price on being able to remain in the home ... especially those who have lived in their homes for many, many years. But even for others who do not have ties to a particular residence, the ‘sentiment of home’ is significant and defining for most people, and it signifies independence to many,’ says Black.

Hong prefers that care recipients who require hospitalization return home to convalesce. ‘I believe the psychological benefit is greater from the one-on-one [home care], and there is a greater sense of control. They feel their needs are responded to quicker, and they will feel the level of care is better,’ says Hong. The results of a recently published study found that older adults with acute conditions, such as pneumonia, chronic heart failure, and chronic obstructive pulmonary disease, benefited more from hospital-level care provided in their home (Leff et al., 2005; Leff et al., 2006). Researchers reported that hospital at home care was less expensive, and patients had

fewer complications than for in-hospital care; patients and their families reported being more satisfied with care at home.

Living in a familiar environment while recovering allows older adults to feel independent. 'Choosing to receive care in their home helps them feel a sense of control—they can select who they want to provide care for them, whereas in a facility, they would have little to no choice,' says Hong. Routine and familiar surroundings can facilitate recovery. There are benefits associated with a familiarity with surroundings and retaining control of routine, he says.

'The benefits of home care are unmistakable. People heal better in their own homes, sleeping in their own beds. The familiarity of the home setting is comforting,' VanBooven adds. Aging adults with Alzheimer's may have trouble learning anything new (i.e., in moving to a long-term care facility), but can often, with the right care, thrive in their own familiar home environment, she says. 'Maintaining some level of independence and control is also very important to seniors. Sitting in their own recliners with their own remote controls, watching their own shows is very positive, especially for those who have an impairment,' VanBooven notes".<sup>2</sup>

*1. Kathy Black, PhD, MSW, assistant professor in the School of Social Work and Hartford geriatric social work faculty scholar at the University of South Florida at Sarasota/Manatee.*

*2. Forrest Hong, PhD, LCSW, CMC, chair of the aging practice section of the National Association of Social Workers and president and CEO of Senior Savvy*

*3. Valerie VanBooven, RN, BSN, PGCN*

## **Caregiver Duties**

According to New Jersey state regulation, caregivers should be licensed as Certified Home Health Aides (CHHA) when performing personal care. We have included a more detailed list of caregiver duties as well as addressed caregiver limitations to help determine suitability and manage expectations.

### Personal Care

- Care of bathing in bed, in tub and in shower
- Care of teeth and mouth including set-up, brushing and rinsing (including denture care)
- Care of hair including shampoo and grooming
- Care of skin including lotion, shaving (electric only) and demonstrating appropriate preventive skin care techniques
- Care of nails (no cutting)
- Assist with dressing
- Assist with eating
- Assist with elimination including toilet, commode, bedpan and urinal
- Utilize aseptic techniques to clean around and secure the client's Foley catheter or condom catheter
- Assist with incontinence management

- Assist with guarded ambulation including walking, cane, walker, wheelchair and motorized scooter.
- Assist with all transfers (including the use of a Hoyer Lift)
- Assist with changing position to prevent decubiti
- Assist with Range of Motion (ROM) exercises as directed by RN or PT
- Taking and recording temperature, pulse, and respiration when advised and reporting all variations from normal

### Homemaking Services

- Preparing and serving meals according to diet or instructions
- Providing medication reminders
- Making and changing the care recipient's bed
- Dusting and vacuuming the rooms the care recipient uses
- Washing the care recipient's dishes
- Tidying up the care recipient's kitchen, bedroom, bathroom and personal environment
- Washing the care recipient's personal laundry, including ironing
- Sending the care recipient's linen to laundry if necessary
- Making a list of needed supplies
- Shopping for the care recipient if no other arrangement is possible (caregivers should never purchase alcohol or non-prescription drugs for the care recipient)
- Safely accompanying care recipient to obtain medical care

### **Caregiver Limitations**

Caregivers are able to help with many things but there are some boundaries. These boundaries have been set by industry and legal authorities so as to protect both the care recipient and the caregiver.

Medication Management: The New Jersey Board of Nursing has mandated that home health aides are not allowed to administer medication. The Board employs a very conservative definition of medication including over the counter pills and non-prescription lotions such as Ben Gay. The RN will make decisions on a case-by-case basis as to what is deemed assisting (permitted) or administering (not permitted) medication. Under no circumstances is a caregiver permitted to remove pills from a container, fill up a pill box or directly administer any type of intravenous medication.

Skilled Nursing Services: Caregivers are not permitted to administer skilled nursing care. Some common requests we receive in this area include: testing blood glucose levels and administering insulin for diabetics (although they are permitted to assist with the blood glucose level reading), administration of feeding tubes or tracheotomy tubes, urinary catheterizations, wound care, setting up and maintaining a pill box, etc. Assistance with certain aspects of some of these processes may be permitted at the discretion of the supervising RN.

**Interpretation of Light Housekeeping:** Light housekeeping is frequently required as part of a caregiver's duties. While the term "light housekeeping" can cover a variety of different tasks, there are limits on what is included with home care. The general rule is that caregivers are not to be misconstrued as maidservants. The following is an example list of duties a caregiver is not responsible for: washing windows, moving furniture, painting, carpentry/construction of any kind, cleaning out garage/basement/attic, washing a car, tidying up after other household members, pet care, snow removal and outdoor yard work.

**Gourmet Meals:** While meal preparation is a common duty provided by caregivers, they are not trained as gourmet chefs or nutritionists. Based on the diversity of cultures, caregivers cannot be expected to know exactly how food ought to be prepared for every client. Care recipients and their families are encouraged to spend time with the caregiver to help them understand favorite foods, meals, recipes and dietary restrictions.

**Live-in Caregiver Workday:**

While a live-in caregiver is on-call 24 hours/day, they are not expected to work all day without rest. A live-in caregiver is typically compensated based on working a schedule of 8-10 hours per day. Since live-in caregivers often perform their care recipient duties intermittently throughout the day and sometimes at night, the Departments of Labor requires that hours worked must be recorded which includes hours the caregiver is 'engaged to wait'. Live-in caregivers, hired through a third party employer, can agree to have meal, sleep and off-duty periods scheduled where they are completely relieved from duty and able to use the time for their own purposes. If the live-in caregiver is called to duty any of the excluded time, the work performed during the interruption must be recorded as compensable hours worked for which the live-in caregiver must be paid.

**Caregiver Labor Pool**

Later in this guide, we will offer advice on qualities that make up a good caregiver as well as ways to create a successful care recipient-to-caregiver relationship. We understand that caregiving can be very challenging but also essential for those in need. As part of the overview to home care, we did want to provide some information to help our readers better understand who chooses the profession of becoming an hourly or live-in caregiver. In describing the caregiver 'labor pool', we are relying upon our experience in dealing with thousands of caregiver applicants. Using a diversified approach to our recruiting practices, we feel this sample size has helped us develop a good understanding of the market in New Jersey.



### *Live-In Caregivers*

Early on, we learned of the cultural diversity present among live-in caregivers. As most of us would agree, the United States is a land of opportunity. Many American citizens are provided with the opportunity for higher education which opens doors to a wide variety of professions and career options. For an aspiring American student, live-in caregiving is simply not a popular employment option and is not a significant part of American culture. Very few Americans are willing to forfeit a separation between work and personal life, especially when so many other options are readily available. A live-in caregiver makes a tremendous commitment to a difficult task.

Many live-in caregivers come from countries in which the culture is comprised of extended families living together. These cultures also foster the notion that responsibilities of caring for the elderly and disabled are handled by family members starting at a very young age. Economic conditions in many of these countries are very different than here in the U.S. Families and communities must be very resourceful, and in many instances, live-in caregiving is a way of life. When people who grew up in a culture of caring for family members immigrate to the U.S., they often find their skills and experience needed in the area of live-in home care. They have been caring for others since they were young, they are comfortable with it and they tend to be good at it.

For other families that deem 'driving' as a necessary caregiver requirement, we will discuss some of the challenges including the labor supply and insurance concerns. The simple fact is that very few live-in caregivers are legally licensed to drive in the United States. Based on our own recruiting experience, we would estimate that less than 5% of live-in caregivers have a valid driver's license. Of the live-in caregivers with a valid driver's license, the majority of which are males, a fractional number actually possess their own vehicle. Additionally, many licensed home care agencies and live-in caregivers themselves are apprehensive about driving care recipients because of insurance liability or risk to the driver.

It is important to note that there is a relatively small labor supply of driving live-in caregivers. Those who do drive are usually aware of their unique advantage and will often demand a higher wage, thus increasing the care recipient's cost.

### *Hourly Caregivers*

Hourly caregivers represent a much larger percentage of the home care labor pool. From a cultural standpoint, hourly caregivers are comprised of both individuals born in the U.S. as well as those who have immigrated. Hourly caregivers prefer to work with care recipients in close proximity to where they live primarily due to travel time and cost. Many hourly

caregivers work with multiple care recipients or employers to obtain a full work schedule so having the flexibility to travel from one case to another is an advantage. Inverse to the live-in caregiver pool, the vast majority of hourly caregivers have valid driver's licenses and personal vehicles. While some might be apprehensive about driving care recipient's in their vehicles, there are still ample caregivers willing to handle this task without impacting the care recipient's cost.

To help provide continuity of care, it is important that home care agencies or families hiring privately try to limit the number of hourly caregivers assigned to the scheduled hours of care. Unfortunately, this can be difficult in situations when care recipients require schedules with large gaps of time in between (i.e. split shifts). Caregivers will have various availability which spans both hours of the day (early morning, afternoon, evening & overnight) as well as days of the week (weekdays or weekends).

## Section 2: Home Care Programs in New Jersey

### Selecting the Best Program

In anticipation of consumer demand, a variety of home care providers have surfaced to offer their supply of services and caregivers.

To help mitigate unnecessary risks, it is very important to understand the differences with each home care program. We will highlight each of these programs to help you make an informed decision about what is best for your loved one.

In the state of New Jersey, providers that assist consumers with arrangements for home care are regulated by the Division of Consumer Affairs, Regulated Business Section ([www.nj.gov/lps/ca/home.htm](http://www.nj.gov/lps/ca/home.htm)). There are a number of different types of providers licensed by Regulated Business, including employment agencies, temporary help service firms, nurse registries and health care service firms that may be involved in home care services.

Selecting the correct program is a key part of the process, so it is important to understand a few simple variations that can have a tremendous impact on care arrangements. *Above all - be sure to determine who will be the caregiver's legal employer.* Other questions to help distinguish between the various types of home care providers would include:

- Does the caregiver have legal working status in the United States?
- Is the caregiver able to provide personal care legally?
- Who is responsible for payroll tax liabilities? Tax withholdings?
- Does workers compensation coverage protect the care recipient if the caregiver suffers an injury while working?
- Does general and professional liability insurance protect the care recipient and their assets from any incidental events?
- Is there an RN or other safeguard to supervise the care recipient and the caregiver?

In you are unsure about what type of business license the home care provider you are speaking with has, visit the following website: (<http://www.njconsumeraffairs.gov/epservices/Documents/New-Jersey-Licensed-and-Registered-Employment-and-Personnel-Services.pdf>). If a company name has more than one 'agency type', we recommend inquiring about who is responsible for paying the caregiver's salary which will then determine who the legal employer is and any associated risks.

The following chart gives an overview of the three available home care programs available in New Jersey. We will also attempt to further discuss each of these three programs in greater detail.

<b>Programs</b>	<b>Employment Risk</b>	<b>Industry Regulation</b>	<b>Average Hourly Care Rate</b>	<b>Average Live-In Care Rate</b>
Private Hire	High	None	\$12-\$15	\$120-\$150
*Employment/ Internet Agency	High	Low	\$15-\$20	\$150-\$190
Health care service firm	Low	High	\$21-\$26	\$200-\$250

### **Private Hire**

A privately hire is a caregiver legally employed by the care recipient. The care recipient (or their guardian) is responsible for agreeing on an hourly rate and then making payments directly to the caregiver. Caregivers are permitted to perform a variety of tasks such as personal care, homemaking and even skilled home care services because care recipients are not subject to home care regulations set forth by Consumer Affairs.

#### *Advantages*

- Flexibility in tasks performed by the caregiver
- Lower costs

A private hire is often, but not always, the least expensive of the home care programs; however, the lower price inversely correlates to an increase in risk for the care recipient. Simply put, care recipients can often hire a caregiver privately at a lower rate but if something goes wrong the consequences can be devastating.

#### *Disadvantages*

- Lack of experience in recruiting, screening, hiring and supervising caregivers
- Difficulty in managing schedule changes, fill-in caregivers or the replacement of full-time caregivers
- No (or limited) insurance and tax protection to reduce employment risks

Most families that choose the private hire program do so because they have identified a caregiver from a word-of-mouth source such a family member or friend. Absent of a direct referral, some families may also decide to recruit, screen and staff their own private hire themselves with the use of job postings found in the classifieds section of a local newspaper or by reviewing caregiver profiles on various websites.

## **\*Employment Agency**

Note: As per New Jersey S667, Employment Agencies will need to follow the same regulations as health care service firms. This bill expands the definition of health care service firms to include firms that place or arrange for the placement of personnel to provide companion services. The bill further requires that health care services firms obtain accreditation and comply with annual auditing requirements.

The employment agency model uses a home care broker approach in which the employment agency assists the care recipient in locating a caregiver. Once the caregiver is identified, the care recipient or their guardian will pay a fee to hire the caregiver and then become that caregiver's legal employer.

Employment agencies that provide assistance with the placement of caregivers are usually compensated a few different ways. Let's use this live-in care situation as an example:

- 1) Family agrees to pay agreed upon rates for the caregiver and the employment agency. Example, \$150/day live-in rate is split so that family pays the caregiver \$120/day and the agency \$30/day.
- 2) Family agrees to pay internet agency a 20% service fee on top of the caregiver rate. Example, \$150/day live-in rate is split so that the family pays the caregiver \$150/day and the agency \$30/day ( $\$150 \times 20\%$ ).
- 3) Family agrees to pay internet agency subscription fee, \$12-\$40/month, to access and connect with caregiver profiles and then makes their own arrangement upon hiring a caregiver.
- 4) Family agrees to pay the agency a one-time referral fee which typically represents the equivalent to two weeks cost of service ( $\$150/\text{day} \times 14 \text{ days} = \$2,100$ ).
- 5) The agency demands the caregiver's first two weeks of pay as compensation or charges them an outright fee for the job placement.

With this program, care recipients are responsible for paying caregivers directly as they would a private hire. The hourly rate should always be agreed upon prior to the initiation of care, although families should be warned that many caregivers will accept a starting rate and then after a short period of time claim the work being performed demands a higher compensation.

### *Advantages*

- Assistance in managing the caregiver selection process
- Competitive costs

Similar to the private hire option, the care recipient will become the legal employer of the hired caregiver. Although employment agencies may be

insured and bonded, the insurance and tax liability rests directly on the individual responsible for paying the caregiver's compensation.

#### *Disadvantages*

- This program will no longer be legal in the State of New Jersey
- Difficulty in managing schedule changes, fill-in caregivers or the replacement of full-time caregivers
- No (or limited) insurance and tax protection to reduce employment risks

#### **Health care service firm**

According to New Jersey Consumer Affairs, any provider whose caregivers provide personal care services (ADLs) must be licensed as a *health care service firm*. Simply put, if the care recipient has personal care needs and prefers to hire a caregiver through a provider, a health care service firm is the only legal option in New Jersey.

Unlike the private hire or employment agency options, a health care service firm is the legal employer for all of their caregivers. Their caregivers receive an agreed upon rate of compensation and are paid directly by the health care service firm as part of a regular payroll process. At no point does a care recipient pay the caregiver directly. The health care service firm will in turn invoice the care recipient directly at an agreed upon rate.

#### *Advantages*

- Health care service firms carry workers compensation, bond protection, general and professional liability insurance as well as handle payroll and income tax liability
- Caregivers are all licensed (certified home health aides) and supervised by an RN
- Maximum knowledge and delivery of home care services
- Approved to handle long-term care insurance claims

Problems in any of these areas can lead to major headaches including potential financial and even legal penalties. Utilizing a health care service firm alleviates all of these risks because they are consumed by the agency.

#### *Disadvantages*

- Higher costs to offset home care risks

#### **Illegal Immigrants**

With today's complex immigration and labor laws, an employer with foreign workers must be careful to avoid violating immigration and anti-discrimination laws at all stages of the employer/employee relationship. Issues regarding immigration and anti-discrimination laws can occur during the hiring period, the employment phase and at termination. For example, if a worker presents a temporary work authorization document from the

Immigration Service at the time the worker is hired, the employer must not only make a good faith effort to verify the legitimacy of the document but also re-verify the employee's work authorization at the time the initial authorization expires.

There are civil and criminal penalties for hiring illegal aliens. Sec. 274A of the Immigration and Nationality Act (INA) and 8 U.S.C. 1324a, makes it unlawful for any person knowingly to hire, recruit or refer for a fee any alien not authorized to work. An employer that violates these laws can face steep penalties.

The criminal penalties for a pattern and practice violation can be up to \$3,000 for each unauthorized alien, imprisonment up to six months or both. It is important to note that these fines do not include additional fines or prison terms associated with tax evasion. You can find more examples beyond the two below by visiting the IRS website: [www.irs.gov](http://www.irs.gov).

## Section 3: Employer Protection: Insurance and Taxes

As mentioned, a care recipient has a few options with regard to the manner in which they set up home care. Of primary importance is the decision to either hire a caregiver privately or through a health care service firm. While the responsibility of that decision belongs to the care recipient, we believe it is important to discuss the insurance and tax liabilities that would fall on whoever is determined as the legal employer. We want care recipients and families in New Jersey to understand what you *are paying for* or what you *are not paying for* because we know cost will be an important aspect to your decision-making process.

Generally speaking, private hire caregivers can be hired at a lower cost than certified home health aides employed by a health care service firm. We would like to make sure you understand the factors which create the higher cost for hiring a health care service firm, most of which are related to risk reduction.

### Insurance Issues

In this section we will discuss four different factors impacting risk when arranging for home care. It should be noted that these insurances are in no way associated with benefits that pay for service, such as Medicare or long-term care insurance, but rather are closely associated with the provision of care. The four pertinent topics of focus include workers compensation, liability insurance, bonding and auto insurance.

#### *Workers Compensation*

Workers compensation provides medical treatment, wage replacement and permanent disability compensation to employees who suffer job-related injuries or illnesses and it provides death benefits to dependents of workers who have died as a result of their employment. The following reference provides details regarding workers compensation in New Jersey ([http://lwd.dol.state.nj.us/labor/wc/wc\\_index.html](http://lwd.dol.state.nj.us/labor/wc/wc_index.html)).

#### *Why is this topic important to a home care recipient?*

If a caregiver is injured while working, there is a high likelihood that the employer will be responsible for the associated expenses. These expenses can range from a trip to the doctor's office, to situations that include extended legal fees, long periods of compensation (if the caregiver is unable to work) and major medical expenses. Before expenses are incurred, the care recipient will want to be acutely aware of the worker's compensation insurance situation.

Choosing a health care service firm alleviates the care recipient's workers compensation liability; whereas, hiring a private caregiver places this



responsibility directly on the care recipient or guardian. We believe the potential for caregiver injuries is the greatest risk factor facing care recipients that choose to hire a private caregiver, due to the seemingly endless costs that may result. If you decide to hire privately, we strongly recommend asking your insurance broker, the state insurance commission or the worker's compensation agency in your state about purchasing worker's compensation for domestic employees.

### *Professional and General Liability*

Professional and general liability insurance is required for all health care service firms in the State of New Jersey. It covers bodily injury and property damage in the event a caregiver causes injury to a care recipient or damages to the care recipient's private residence. Detailed information about liability coverage for hiring a caregiver privately is beyond the scope of this guide. If you decide to hire privately, we strongly recommend contacting your home owner's insurance agent and asking if you can attach a rider to cover domestic employees. If your present homeowner's policy is not adequate, even with a rider, you will probably need a separate "umbrella liability" policy. It is highly desirable to provide for such protection since care recipients may face the potential liability for damages and lawsuit costs when these coverages are not maintained.

### *Bond*

At Boardwalk Homecare, we are often asked whether or not our caregivers are bonded. We assume care recipients would like to know they are covered should an incident of theft occur. To obtain an operating license in New Jersey, health care service firms and certain other types of agencies in the home care industry are required to obtain a 'surety bond'. The important question for the care recipient is what exactly the bond covers. A surety bond required by all agencies does not protect care recipients from theft.

According to New Jersey Consumer Affairs, Regulated Business Section, the required bond is in place to protect the care recipient from either "breach of contract" or "bankruptcy" on behalf of the agency. In a conversation with a state representative, there were no known cases of these surety bond proceeds being paid out to care recipients in recent history. The lack of bonds being called seems to make sense, as it is hard to imagine a scenario in which an agency going bankrupt would cause damage to a care recipient. While contracts will differ from one agency to the next, if something were to go wrong, a care recipient would be more likely to go after the liability insurance which potentially pays a far greater benefit.

Health care service firms do have the option to purchase an additional bond called a 'commercial crime bond', which directly reimburses the care recipient for losses suffered due to criminal activity undertaken by the

caregiver. The amount of coverage may vary. Bonds can be obtained for individuals by paying a fixed dollar amount. If an incident occurred and the court ruled the employee guilty, you should be able to collect the value of the property stolen from the bonding company, provided the value does not exceed the amount of the bond. For example, if a \$10,000 ring is stolen but the employee was bonded for only \$5,000, then \$5,000 would be all that you could recover.

When using a health care service firm, be sure to inquire about the details of the bond/s they carry. Obviously, if you are concerned with caregiver theft, make sure to use a health care service firm that will protect you. If you decide to hire privately we strongly recommend contacting a bond agent who can be found in the yellow pages or through popular search engines. While the bond would be purchased and therefore issued in the name of the private caregiver, the care recipient should consider reimbursing them for the cost of the bond.

### *Non-Owned Auto Insurance*

Some care recipients will require caregivers that are able to drive them around for various reasons such as errands or doctor appointments. The employer (health care service firm or care recipient) of that caregiver will want to focus on a few items in reducing their risk if an accident occurs and the driving caregiver is at fault. The following is a helpful article explaining some of the issues facing employers with driving caregivers:

([http://www.homehealthins.com/Auto\\_Insurance\\_Report.pdf](http://www.homehealthins.com/Auto_Insurance_Report.pdf)).

Keep in mind, New Jersey does not require health care service firms to purchase non-owned auto insurance. For additive protection, we do recommend asking the health care service firm if they have purchased this type of insurance. It should be noted that the primary auto policy in place on the vehicle being driven is always the first in line for liability and is the only policy that may fix damage to the caregiver's car. The non-owned auto policy takes over the liability expenses when the primary policy has been exhausted. As always, auto policies can offer a wide range of coverage.

From a care recipient's perspective, a good way to avoid auto insurance issues is to have the caregiver drive your vehicle and talk to your insurance agent so that you can be certain the proper protection is in place. Regardless of a private hire or health care service firm, the owner of the vehicle should be sure to add the caregiver as a driver on the auto insurance policy covering the owner's vehicle.

### **Tax Issues**

Please keep in mind that we are not tax experts and information regarding taxes is extremely complex and clearly beyond the scope of this guide.

We would simply like to point out that employers do have responsibilities regarding tax reporting for their employees. These responsibilities include reporting to the government the amount of wages that have been paid to the employee, which using a health care service firm does help alleviate. If you choose to hire someone privately, have a very clear understanding of your reporting responsibilities. While we definitely recommend speaking with a tax professional, we have listed a few items that you will want to keep in mind:

- Reporting income as either W-2 or 1099
- Pay any required amounts for:
  - Social Security (FICA)
  - Federal and State Unemployment (FUTA, SUTA)
  - Medicare
  - Local Wage Taxes
- If the IRS discovers the employee has not paid appropriate taxes, the employer may be held responsible. Civil and criminal penalties may result and tax agencies may demand the employer pay both the employer and employee back taxes.

*Caution:* If a caregiver decides to file a claim of any sort with the state – such as unemployment, worker’s compensation or disability - the respective state agency will most likely investigate the claim and contact past employers. If the caregiver lists you as an employer, the state agency will likely determine the nature of the employment relationship and may discover any tax issues, as well as possibly hold the employer responsible for unemployment payments or worker’s compensation funding.

### **Examples to Illustrate**

The following excerpts are from an article on [www.caregiver.com](http://www.caregiver.com). The excerpts provide valuable information for those facing the decision of whether to use a health care service firm or private hire. As mentioned, the hiring decision is yours – our aim is to provide education so that you are able to make a well-informed decision. Please refer to the following reference for the complete article: ([http://www.caregiver.com/channels/ltc/articles/hiring\\_private\\_duty.htm](http://www.caregiver.com/channels/ltc/articles/hiring_private_duty.htm)).

*Many home health aides will represent themselves as independent contractors, ostensibly relieving the hiring individual of these tax obligations. However, it is the responsibility of the hiring individual to be sure that the aide truly is an independent contractor and is therefore paying their own taxes. In many instances, the aide will not meet the legal criteria as an independent contractor. If the aide has not met his or her tax obligations, this responsibility falls to the employer. This can be a serious obligation because it may involve interest on back taxes, civil fines and the possibility of criminal penalties.*

*Potential private employers should seek the advice of a labor lawyer to assure appropriate hiring practices with respect to federal tax laws.*

**Case 1:** Mr. L hired a home health aide for his mother on a recommendation from a neighbor who also employed this individual. Mrs. L needed help because of a minor stroke that left her unsteady on her feet. Initially, Mrs. L only needed four hours of help per day to assure that she had a bath, that two meals were prepared and that the weekly shopping was completed. Occasionally, the aide also accompanied Mrs. L to some of her many medical appointments. As time went on, Mrs. L continued to have minor strokes that left her increasingly debilitated. After 18 months, Mrs. L was quite incapacitated and had lost her ability to speak. At that point, the family decided to ask the aide to live in full-time and provide total care to Mrs. L. This relationship was very loving and lasted until Mrs. L passed away. Because the aide had given up all of her other clients to care for Mrs. L full-time, she had no other immediate employment when Mrs. L died. Since she needed income to support her family, the aide filed for unemployment benefits. It was at that point, that the IRS became aware of the employer and filed a lawsuit for back unemployment taxes, penalties and a fine. The family of Mrs. L did not understand their responsibility as an employer and found themselves in a legal action that took over two years and many thousands of dollars to resolve.

*As the employer, the individual or family paying for the private home health aide would be held liable for any work-related injury that occurs on the job. This can include the cost of all medical expenses and any disability payments that might become applicable. Since the home-care industry is noted for work-related injuries, this can be a huge risk, especially if the caregiving tasks include lifting, transferring or bathing. There are also risks related to communicable diseases if the aide does not abide by universal precautions that are required by all licensed agency personnel.*

*Furthermore, the employer retains any liability that arises out of an injury to the person being cared for or any other person on the premises. If the home health aide were to cause an accident, for example, in which other family members suffered any harm or losses, the employer would bear the full responsibility for all costs and compensation.*

**Case 2:** Home health aide, Myra Jones had a history of back injuries after many years of work in rehabilitation facilities. Her injuries always responded well to treatment, and were kept at bay with back supports provided by her employer. When Mrs. Jones had the opportunity to follow one of her client's home from rehab as a private aide, she took advantage of the offer and worked privately for Mr. S. Mr. S didn't need a lot of physical care when he first left the rehab facility. He was there because he had had surgery that left him weak and a little confused. Unfortunately, the confusion

did not clear up as the anesthesia left his body. It seemed that he had begun to develop a dementing illness, and would need increasing supervision for safety. Over time, Mr. S began to need increasing amounts of physical care, especially for transferring and dressing. Mrs. Jones found herself increasingly taxed by the care of Mr. S, but she had become so attached to him that she did not express her concerns to the family that had hired her. One day, as Mrs. Jones was dressing Mr. S, she bent down to help him with his shoes and her back froze in place. She was unable to straighten up. She managed to creep to the phone to call a friend for help, but she had to insist that Mr. S not move out of her sight for fear that he would wander off. Mrs. Jones had found herself being treated in the rehabilitation facility in which she used to work. The doctor told her that she would not be able to work as an aide again. As she got stronger, Mrs. Jones filed for worker's compensation and disability insurance. Once again, the government became aware of the employment situation in which the injury occurred and they pursued the family for medical expenses and for disability coverage. This cost the family many times more than it would have if they had the appropriate insurances or if they had worked through a licensed home health agency.

*In Summary: The employer, whether a private individual or an agency, has a great deal of responsibility in hiring and managing a home health aide. This includes responsibilities that are financial, legal and involve governmental regulations. When a family is ready to hire home health aide services, they need to make a basic decision about the source of such assistance. This decision needs to take into consideration the type of help needed, the financial and tax implications, the need for supervision and the relative vulnerability of the person receiving the care. If the family is unwilling or unable to assume the full range of responsibilities, they would be better off working through an agency. If the family chooses to hire privately, they need to consult a lawyer and an accountant to assure that they make proper arrangements for all of their obligations. In addition, they need to stay involved in the relationship to assure proper care and a mutually supportive relationship.*

## Section 4: Reducing Out-of-Pocket Expenses

Long-term care can be very expensive. This section is intended to give a simple explanation of funding provided for a typical aging individual as they experience changing healthcare needs.

Often times, a typical situation usually begins with an adverse event such as a fall or a stroke. This event may lead to a hospitalization followed by a period of rehabilitation at a skilled nursing facility or at home. Medicare will cover most of these costs. If the individual goes to rehabilitation facility, 'hourly home care' provisions will be provided through Medicare upon returning home. These provisions typically include skilled nursing needs, physical therapy and some personal care support provided by a Medicare approved visiting nurse organization. The benefits are provided until the visiting nurse organization determines the need has been satisfied which is often less than 30 days.

*What happens if care is insufficient beyond this period?*

When Medicare benefits fall short for the related incident, an additional funding source will be needed to cover the cost of care. At this point families may be facing a decision to look into home care or a long-term care facility. These services are typically funded through private pay unless the care recipient has a long-term care insurance policy. If the need for such residential care services persists indefinitely, private funds will typically continue to pay for care until the assets have been depleted. When the care recipient's assets have been nearly depleted to a certain level, they can qualify for Medicaid benefits.

In a New Jersey home, the Managed Long-Term Services and Supports (MLTSS) programs can provide some hourly care benefits but not live-in home care benefits. Medicaid will also pay benefits for participating assisted living communities and nursing homes. On a side note, hospice benefits are also covered by Medicare for care recipients diagnosed with less than six months to live. To learn more about Medicaid and Medicaid 'spend-down' planning or programs, we would suggest contacting an eldercare attorney or geriatric care manager.

<b>Insurance Coverage for Home Care Services</b>		
<b>Insurance Type</b>	<b>Hourly Home Care</b>	<b>Live-In Home Care</b>
Medicaid	Yes	No
Medicare	Yes	No
Medigap	Yes	No
Private Health Insurance	Yes	No
<b>Long-Term Care Insurance</b>	<b>Yes</b>	<b>Yes</b>

## **Long-Term Care Insurance**

Long-Term Care (LTC) insurance is the primary insurance vehicle used to cover home care in New Jersey. It usually needs to be purchased as a separate policy from any other health coverage an individual may have, although certain life insurance policies may be offered with a long-term care 'rider'. Though the LTC insurance purchasing process will not be discussed here, it should be noted that if you are looking to buy this type of insurance, some of the information in this section will be very important. This section will discuss the process of utilizing your long-term care policy when it is needed and some important details regarding requirements and out-of-pocket expenses. While LTC policies often provide assisted living and nursing home related benefits, our discussion will focus on home care.

All LTC policy holders that are interested in filing claims should understand that every policy is different, and as such, the items mentioned in this section will vary from policy to policy. Obtaining a good understanding of these points as they relate to your policy is critical. Over time, we have witnessed people struggle with the claims process many times, often resulting in unnecessary out-of-pocket expenses.

At Boardwalk Homecare, we offer to handle all matters regarding the administration of the claim for our clients to alleviate these struggles. If you are using a health care service firm for your home care needs, they should be willing to do the same for you. Keep in mind you may be able to hire someone privately to provide service at your own discretion. The objective of this section is to maximize insurance payments and minimize any unnecessary out-of-pocket expenses. Regardless of who handles the claim, an understanding of the following items will be important:

*The Claims Process:* To initiate a claim, a few steps must be taken. While variances in this process can occur, the following steps are pretty standard:

- Contact your insurance company to notify them of your situation.
- The insurer will provide the necessary paperwork needed to open a claim. This paperwork usually consists of three sections:
  - **Personal Information:** Information pertaining to the policy holder and Power of Attorney (POA), such as name, address, age, etc.
  - **Physician's Narrative:** Must be completed by the insured's physician (primary care or specialist). The doctor must sign off on the insured's diagnosis & explain the recommended need for care.
  - **Provider Information:** Requires basic information regarding the health care service firm as well as a copy of their business license.
- Complete the forms quickly! They can usually be faxed (as opposed to direct mail) to the insurer to save time, especially if the need for care is pressing.

- Once the insurer receives the completed forms, they will validate the information including the legitimacy of the home care provider.
- The insurer will then schedule an RN to perform an assessment of the insured and submit the gathered information to the Claims Benefit Analyst (CBA) at the insurance company. The CBA will then use all of the information gathered to determine eligibility and to notify the insured of the analysis.
- At this point the claim has been initiated – now you need a clear understanding of exactly what is included in your policy.

*Elimination Period:* This can be defined as the number of days from the start of care until your benefits kick in. We have seen elimination periods ranging from 0 to 100 days. A 100 day elimination period means that the first 100 days of service are paid out-of-pocket. This cost can exceed \$15,000. As mentioned earlier, each policy is different and some may allow 1 day of service to count against 7 days of the elimination period, whereas other policies will be a 1 for 1 calendar day ratio. If you are unclear about your Elimination Period, talk to someone (such as an expert) who will help you understand it very clearly. We have seen so many misunderstandings related to this topic from our own experience that we highly recommend our clients allow us to speak to the insurer directly on their behalf. This will enable a full understanding of the Elimination Period and allow us to figure out best way to handle the situation.

*Daily Benefit Limit:* This is the daily dollar amount the policy will pay for approved services, as stated in the policy. Dollar amounts may be different for different services such as a nursing home benefit vs. a home care benefit. If the required care costs are greater than the daily benefit limit, the insured will be responsible for any amount above the daily benefit limit (Example: If the care costs are \$100/day and the daily benefit limit is \$90/day, then the insured is responsible for the \$10/day difference).

*Policy Benefit Limit:* This is the lifetime limit of the policy. This can be either a dollar or time amount, and can have a number of stipulations with regard to time and interruptions in service.

*Assignment of Benefits (AOB):* This is an option most policies will have that allows the health care service firm to receive payment directly from the insurer. Most policies reimburse the insured for incurred expenses. AOB allows for the insured to avoid paying for services out-of-pocket and then waiting for reimbursement - instead, the health care service firm waits for the reimbursement to come directly from the insurer.

*Inflation Adjustment Rider:* This will increase the daily benefit limit based on inflation by either a percentage or a dollar amount. Increases are effective on the policy anniversary date or as stated in the policy.



*Reimbursement Requirements:* The insurer usually requires copies of detailed invoices as well as caregiver activity or nursing sheets, which serve as evidence care is being provided. The insurer will not pay for services until they have received this paperwork. Additional paperwork may be required for policy holders who do not use a health care service firm. The insurer may also request copies of a nursing assessment and the plan of care. Be sure to discuss the requirements with the insurer or else you may experience problems receiving reimbursement.

*Waiver of Premium:* Most policies state that when the policy starts paying out benefits, the insured is no longer responsible for premium payments. Payments may become payable again if benefits are discontinued.

Again, we suggest speaking with someone familiar with LTC claims when initiating care. Your efforts may prove superfluous but a few extra minutes will likely offer some added protection against unnecessary out-of-pocket expenses.

### **Viatical and Life Settlement**

“Viatical and Life Settlement is the sale to a third party of an existing life insurance policy for more than its cash surrender value but less than its net death benefit. The industry generally uses the term ‘Viatical Settlement’ to refer to a transaction involving a terminally or chronically ill insured and a ‘Life Settlement’ to refer to a transaction involving an insured who is not terminally or chronically ill, generally over the age of sixty-five (65). However, as used in the laws and regulations of each state, these terms are not consistently used in this manner. For example, some states use the term ‘Viatical Settlements’ to refer to the sale of all life insurance policies, regardless of whether the insured is terminally or chronically ill or not, and at least one state uses the term ‘Life Settlements’ to refer to all transactions, including ones in which the insured is terminally or chronically ill.

The value of a life insurance policy is determined by a number of factors, including, but not limited to, the age and medical condition of the insured, type of insurance policy, rating of the issuing insurance company and amount of premium payments to keep the life insurance policy in force. Most types of life insurance policies can qualify; however, the most common are Universal Life, Whole Life, and convertible Term Life”.<sup>3</sup>

### **Home Equity Conversion Mortgage**

“A reverse mortgage enables older homeowners (62+) to convert part of the equity in their homes into tax-free income without having to sell the home, give up title, or take on a new monthly mortgage payment. The reverse mortgage is aptly named because the payment stream is “reversed.”

Instead of making monthly payments to a lender, as with a regular mortgage, a lender makes payments to you.

The amount of funds you are eligible to receive depends on your age (or the age of the youngest spouse in the case of couples), the appraised home value, interest rates, and in the case of the government program, the lending limit in your area. In general, the older you are and the more valuable your home (and the less you owe on your home), the more money you can get...

...You can choose to receive the money from a reverse mortgage all at once as a lump sum, fixed monthly payments either for a set term or for as long as you live in the home, as a line of credit, or a combination of these. The most popular option – chosen by more than 60 percent of borrowers – is the line of credit, which allows you to draw on the loan proceeds at any time”.<sup>4</sup>

### **Grant Programs and State Funds**

Our home care practice and research has brought three programs to our attention that would help families reduce some of their out-of-pocket expenses. They include:

- Caregivers Respite Care Assistance Program (Alzheimer’s Association)  
Phone: 1-800-883-1180  
<https://www.alznm.org/respice-care-wellness-program>
- New Jersey Traumatic Brain Injury Fund  
Phone: 1-888-285-3036 (press 2)  
<http://www.state.nj.us/humanservices/dds/oias/tbis/tbifund.html>
- Jersey Assistance for Community Caregiving (JACC)  
Phone: 1-877-222-3737  
<http://www.state.nj.us/humanservices/doas/services/jacc>

### **Veterans Benefits**

For veterans and their spouses, we would recommend contacting Boardwalk Homecare to help explain greater details about the Veterans Benefits which can be applied towards live-in home care services. For those who want to explore on their own, here are two programs we would recommend you research:

- Geriatrics and Extended Care Benefit  
<http://www.va.gov/geriatrics>
- Non-Service Connected Disability Pension Benefit  
<http://benefits.va.gov/pension>

## Section 5: Making the Necessary Preparations

Prior to getting into the details of how to implement home care, it is important to cover some topics on how a care recipient and/or their family can make important preparations.

Defining the need for care can be difficult. Different circumstances determine each individual situation. Decisions regarding home care and long-term care in general, should be made with a concentration on quality of life. For certain individuals who have become highly limited in their ability to perform activities of daily living, the need for action may be quite apparent - they need help bathing, going to the bathroom, getting in and out of bed, etc. In other cases, the need may not be as evident. Typically this type of situation falls in that 'holding off until the last possible moment' category. In this scenario, individuals are able to manage activities of daily living but do so in risky manner or they suffer from an undiagnosed neurological disorder such as dementia.

Unfortunately, these situations often result in debilitating injuries caused by falls, which then leads to hospitalization, time in a rehab facility and eventually greater difficulty managing everyday tasks. Safety and prevention of these types of injuries are critical to the quality of life of every elderly person. While a caregiver can never guarantee an injury will never occur, they can greatly reduce the risk of unsafe tasks that the care recipient would otherwise be performing independently.

*At what point does the risk of injury merit a long-term care decision? At what point should a family member intervene in arranging outside assistance?*

Unfortunately, no mathematical equation can answer these questions. Quality of life is the key element to keep in mind. Variables to consider are your loved one's decline in physical and/or mental abilities, the pros and cons of acquiring assistance, and the cost. You can seek professional assistance to help determine the risk levels of your loved one by contacting a health care service firm, a geriatric care manager, a nurse who has some experience in the home healthcare field or a primary care physician/geriatrician.

Requesting an assessment should not bind you to any long-term commitment (ask to make sure). You can then use the information from the professional assessment to help you make your decision. In many cases, a professional (either a registered nurse or a social worker) may be able to offer some simple suggestions to help avoid any dramatic changes. At the end of the day, the decision-maker usually has the most intimate knowledge of the big picture and will need to trust his or her instincts. Quality of life amongst

those contemplating long-term care is often directly related to the safety and comfort of the care recipient.

A family meeting is a good way to launch a cooperative effort for care of a loved one. As a forum for sharing information, feelings and thoughts on the best way to set up home care, it can also improve communication and cooperation as it relates to the care recipient, caregiver and other family members.

Be very clear about the purpose of the family meeting and about the topics to be discussed. Expect there to be some differences of opinion. It may be helpful to provide everyone with a checklist of items ahead of time. These might include:

- How much and what kind of care is needed?
- What tasks and routines will be assigned to the caregiver?
- Are there any special instructions in handling these tasks?
- What involvement is expected of other family members?
- Will there be a need for a fill-in caregiver for scheduled breaks or will family members provide gap coverage?
- Which family member will be listed as a single-point-of-contact for the caregiver and the home care provider?
- Which family members will be listed as emergency contacts?
- Who will be responsible for handling the medication setup?
- Who will be responsible for grocery shopping, running errands or taking the care recipient to doctor appointments?
- Which family member will take the responsibility of maintaining contact with the physician or skilled nurse?
- Which family member will be responsible for purchasing medical equipment or making arrangements to modify parts of the home if needed?
- Who will handle the finances?

Some family members may disagree with a caregiver's trained approach in providing personal care. In these situations, an objective mindset is the preferred method to help determine how best to provide care and support for their loved one.

### **Acceptance of Care**

As mentioned earlier, people have a tendency to delay long-term care decisions until absolutely necessary. Naturally, we can all understand how an individual of declining functionality might have difficulty facing the reality of waning independence. The concept of home care, in which a stranger is entrusted to care and/or live with someone in their home, can be challenging and it is often avoided due to the individual's denial of their need for care.

While it is very common for seniors to disagree with family members on their need for home care, it is just as common for seniors to refuse assistance from caregivers *after service has started* for a number of reasons. The primary obstacles to acceptance of live-in home care include:

- Fear of losing their independence
- Alarm about the cost of home care
- Distress of having a stranger in their home
- Conflict around other cultural backgrounds and/or language barriers

It is important for families to understand that a care recipient may have these feelings no matter how compassionate, caring, attentive and competent the caregiver may be. Some ways in which we have seen success in helping a care recipient overcome their anxieties include:

- Explain that assistance in one area may provide them with independence in another area
- Explain that the caregiver is there to provide a break for other family members directly involved with providing care to help avoid ‘caregiver burnout’
- Reinforce the advice of their medical professionals (e.g. physician, rehab facility, etc.) that home care is necessary in maintaining their health, safety, and independence even if it is for the short-term
- Refer to any friends, neighbors or relatives who have had a good experience
- Ask the care recipient to open up about their own fears or discomfort with home care and explain what measures will be taken or support included to overcome those objections

The process of implementing home care successfully takes a good amount of effort so families should expect to provide ongoing encouragement and to help target the causes of a care recipient’s opposition prior to and after the start of service. Being proactive to ‘solve the solvable problems’ will be a key ingredient in helping gain the acceptance of a caregiver when they offer a lending hand.

### **RN Assessment and Plan of Care**

As earlier discussed, a caregiver’s role can have a great degree of flexibility with regard to the different personal care and homemaker tasks that are needed by the care recipient. Experience has taught us the value of providing the caregiver with a very clear understanding of what will be expected. Health care service firms use an RN to gather a comprehensive understanding of their client’s needs as part of their *Initial Assessment*. At Boardwalk Homecare, our initial assessment includes an analysis of the client’s demographic, historical, physical, environmental, psychosocial,

functional, educational and service needs. Documentation of the initial assessment should minimally cover items such as:

- Past medical and social history
- Identification of significant others including phone numbers and relationship to the client
- Physician and medication information
- Identification of services already in place and additional resources needed
- Vital signs
- Nutritional information
- A home safety review
- Psychosocial review
- Fall risk assessment

At the conclusion of the initial assessment the RN will then formulate what is called a *Plan of Care*. This written document will highlight the activities and tasks required to meet the care recipient's needs and should include items such as:

- Plans for service, stating the persons to be involved
- The short-term and long-term goals of service
- Activities and tasks required by the caregiver
- Frequency with which the activities and tasks are to be performed
- Instructions for the caregiver regarding changes in the client's status that need to be reported to the RN (or family member)

In addition to the plan of care, it is important to provide the caregiver with a full understanding of the care recipient's *Daily Routine*. In the case of live-in home care, it is not feasible for anyone to work 24 hours/day so a little schedule planning is very useful in managing expectations. Providing documentation to the caregiver around various daily activities and tasks (meal times, meal preferences, personal care needs, activities, appointments, medication reminders, homemaker needs, etc.) as well as going over their scheduled off-duty periods (meals, sleep and breaks) throughout the entire 24 hour period will be extremely important.

If the caregiver is being overworked, they will eventually bring forth complaints. When complaints are not addressed, it will likely cause 'caregiver burnout' and lead to safety concerns or 'caregiver turnover'. It may also increase costs to the care recipient to compensate the caregiver for interruptions to their off-duty periods.

The schedule will likely need to be flexible to a degree. Be very mindful in determining the care recipient's most critical times of the day inclusive of needs during the overnight. We recommend you schedule downtime for the

caregiver away from these critical times when at all possible. The care recipient's schedule may be very unpredictable, which will make this process more difficult. Do your best to be flexible with the caregiver on this issue.

We have found these preparatory measures (e.g. Initial Assessment, Care Plan, Daily Routine/Workday, etc.) to be critical. While specificity is helpful, rarely can a sheet of paper capture every aspect of care that will be needed. It should also be noted that circumstances will likely change over the course of time and necessary duties of the caregiver will need to be adjusted. We implore you to keep channels of communication open so that changes and expectations can be monitored before problems arise.

### **Durable Medical Equipment**

A major part of ensuring a safe home environment is to arrange for all necessary medical equipment. Prior to the patient's discharge home, these arrangements are made by the facility's social workers or case managers sometimes referred to as 'discharge planners'. The discharge planner will usually work with a visiting nurse organization, durable medical equipment company as well as hospice provider to address the medical equipment needs. These professionals will make discharge arrangements based on in-depth knowledge of the patient's medical condition. If additional equipment is needed after discharge, the Medicare provider should be able to assist. Additionally, health care service firms that provide non-skilled care should always be able to direct you to the appropriate channels for equipment needs.

If safety concerns develop for the care recipient once they are home, certain types of medical equipment may prove helpful. We recommend calling your county Office on Aging to help locate a Medicare Provider or geriatric care manager in your area. If they are unable to help directly, they should at the very least be able to point you in the right direction. As the reader would likely expect, involving professionals with this process is strongly recommended. Look for them to help in the following areas:

- Experience in several types of durable equipment that may be unknown but appropriate for the care recipient
- Education on implementation, proper use and maintenance of that equipment
- Knowledge of funding sources which may save the care recipient some out-of-pocket expense

The following medical equipment, many of which may sound familiar, is commonly used to enhance safety and comfort for live-in home care recipients.

### *Transferring*

- **Standup Lift/Hoyer Lift:** These are devices that help people who are immobile. Caregivers use the lifts to help transfer the care recipient from a laying or seated position to another position. A caregiver will position a harness underneath them and use the lift to safely transfer them from the bed to a chair or wheelchair.
- **Lift Recliner:** A recliner chair moves up and down (with the use of a remote control) to assist the care recipient getting from the chair to their feet. It is designed to be comfortable and to increase safety.
- **Transfer Board:** A board connects from a wheelchair to a bed or chair and allows the care recipient to slide across it to the other apparatus.
- **Hospital Bed:** A bed with detachable side rails and a remote to move up and down. It assists with helping patient transfer out of bed or reposition in bed for a sponge bath, eating, etc., with minimal effort. The rails provide safety during sleeping hours so that patient is less likely to fall out of bed and experience a debilitating injury.

### *Toileting & Incontinence*

- **Commode:** Substitutes for a toilet for those who are immobile and have a difficult time ambulating to the bathroom facilities. It can be transported and emptied.
- **Pull-ups/Depends/Pads:** All devices designed to assist with incontinence issues.

### *Bathing & Dressing*

- **Shower Chair:** A chair is placed in the shower to support someone who has difficulty standing up.

### *Medication Management & Feeding*

- **ExactCare:** While some families substitute with a pill box, we recommend a newly made available service here in New Jersey. ExactCare Pharmacy (<https://www.exactcarepharmacy.com/>) provides a no added cost solution for multi-medication packaging and delivery. It removes the risk of sorting medications, keeping track of refills and having to pick up prescriptions at the pharmacy.
- **Oxygen/Nebulizer/Feeding Tube:** These items should always be installed by a professional nurse who can train family members to administer these devices.

### *General Safety*

- **Baby Monitors:** These are often used when a live-in caregiver is employed. One monitor is placed near the care recipient and one is kept near the caregiver during sleeping hours. This is done to alert the caregiver should the care recipient require assistance during the night. They can be very helpful, especially if the care recipient is considered a fall risk and has a tendency to get out of bed unassisted at night.



- **Medical Gloves and Hand Sanitizer:** Items used in universal precautions, which are measures taken to promote cleanliness, and limit the potential for infections. Caregiver hands should be washed vigorously and gloves should be worn during administration of personal care.

### **Home Modifications for Increased Safety**

Carepathways.com provides a very thorough checklist of ways to safeguard a care recipient's residence including:

#### *General Precautions*

- Make sure that there are working smoke detectors on every floor.
- Find a phone with large number pads and large speed-dial keys that can be programmed with important numbers.
- Post emergency phone numbers in large print on or near the telephone.
- Supply telephone with direct dialing system for emergency/important numbers.
- Hide house key outside or give to neighbor for emergencies.
- Put automatic door closing devices on doors to outside and alarms when needed.
- Notify local police department if your family member is memory impaired.
- Purchase a Medical Alert System in case of a fall or emergency.
- Be certain that there is adequate lighting throughout the house and install nightlights.
- Check that all electrical cords are free of frays. Put childproof plugs in outlets.
- Be certain that no outlets or switches are unusually warm or hot to touch.
- Reduce clutter; Remove furniture that is hazardous and may move when leaned on.
- Put reflector tape on furniture corners, hallways, bedrooms to create a path to follow at night.
- Avoid polished floors that may be slippery and remove all non skid resistant rugs and runners.
- Put opaque tape on glass door and picture windows
- Remove or lock up sharp objects/breakable ones and remove all firearms from home.
- Keep electric fans out of reach. Cover radiators with radiator guards.
- Supervise or restrict smoking, use safety ashtrays and keep matches/lighters out of reach.
- Use flame-retardant mattresses, pillows, and sheets and plan procedure for fire evacuation.
- Store all prescription and over the counter medications safely away and clearly labeled.
- Lock up cleaning supplies, chemicals and poisons and install a carbon monoxide detector.

- Lock up valuables, important papers and documents and have system for safe mail retrieval.
- Be certain plumbing and utilities are working.
- Remove poisonous houseplants and have first aid kit easily accessible.
- Take away car keys when necessary and disarm/hide controls for automatic garage doors.
- Inform neighbors of any safety features in home that may restrict entry.

### *Entrance*

- Ensure walkway is uncluttered and doorway accessible.
- Provide safe entry into the house or apartment with secure railing present.
- Provide viewing of visitors prior to entry when possible.
- Secure doors to outside with double key locks, or high or low locks.

### *Living Area*

- Furnish with chairs/sofas that can safely get up/down.
- Adapt seating with additional firm cushions to raise seat.
- Provide auto raising lift chair to assist getting up when necessary.
- Be certain safe opening/closing of windows or have key locked windows installed.
- Ascertain ability to operate the television and light switches.
- Keep cords out from under carpeting and furniture and clear of walkways.

### *Kitchen*

- Maintain appliances in working order.
- Ascertain ability to manipulate sink faucets with hot water temperature settings reduced.
- Make sure electrical cords aren't dangling near water.
- Ascertain ability to open/close refrigerator/freezer/stove door/ and cabinets.
- Ascertain ability to reach dishes, pots, utensils, and outlets.
- Store sharp objects safely away.
- Keep flammables away from the stove area.
- Remove small non-food items that could be swallowed.
- Cover stove burners, remove knobs/shut-off valves/ and install auto-pilots when needed.
- Unplug or put away kitchen appliances not in use.
- Disconnect or camouflage garbage disposals.

### *Bedroom*

- Locate bedroom near bathroom or furnish bedside commode.
- Use night-lights to provide nighttime orientation.
- Ensure safe transfer in/out bed and remove bed frame if bed is too high.

- Rent or purchase a hospital bed or a Hoyer lift if needed.
- Supply bumpers or padding to surround bed if needed.
- Install reverse locks on doors when needed.
- Use monitor to listen to activity, especially at night.
- Remove carpeting if incontinence becomes a problem
- Install room darkening blinds or shades when needed.
- Be certain that phone and light is accessible from bed.
- Be certain that clothes in the closet/dresser are reachable.

### *Bathroom*

- Install grab rails in tub or shower.
- Provide a tub bench or tub chair for sitting in tub.
- Install hand held shower nozzle.
- Remove any scatter rugs and furnish bath mat and non-skid strips in tub.
- Replace glass shower doors with unbreakable plastic.
- Install grab bars, safety frame, and/or raised seat on or near toilet
- Lock up razor blades, sharp objects, and store away electrical devices.
- Be certain that light switches, outlets and toilet paper are accessible.

### *Stairways*

- Widen treads or shorten risers.
- Replace outdoor stairs with ramps.
- Install sturdy handrail or grab rails along both sides of stairs.
- Put reflector tape on edge of treads.
- Install barriers or gates at stairs if needed.
- Provide adequate lighting and ensure steps are free of clutter.

## **Section 6: Selecting the Best Caregiver**

A key factor in achieving a favorable home care outcome is matching a care recipient's specific needs with the most qualified caregiver possible. This can be a difficult task for individuals new to the home care process on a few different levels. The primary challenge is the shortage of home health aides here in New Jersey. Another challenge is developing the most effective method to identify, screen, staff and manage elite caregivers.

If you decide on a home care program that involves hiring a health care service firm, they will utilize internal procedures to facilitate the caregiver selection process. While health care service firms share some common ground in following New Jersey regulations, it is important for readers to understand that there can be significant differences when comparing each provider's philosophy, experience, management team, customer service or home care procedures.

In this section, we will discuss some qualities to look for in a health care service firm as well as highlight some of the critical aspects to the caregiver selection process for families choosing to hire a private caregiver.

### **How to Select a Health Care Service Firm**

Once you obtain the names of recommended health care service firms, your next step will be to speak with a representative from one or more of the providers. At this point, you must rely upon your preferences and your knowledge of the care recipient to choose the provider with whom you are most comfortable. Some things to look for would include:

- Are they appropriately licensed as 'certified home health aides' with NJ Consumer Affairs based on your personal care needs?
- Are they bonded and appropriately insured for worker's compensation and liability?
- Do they carry additional coverage to further protect a care recipient from theft or auto accidents?
- Are their caregivers legally eligible to work in the United States? What are their caregiver screening practices?
- What are their live-in policies & procedures?
- Do they offer 24/7 on-call service?
- What type of ongoing case management do they provide? Is there a separate fee or is it built into their daily rate or hourly rate?
- Have they presented additional resources to reduce out-of-pocket expenses or to improve the quality of life for the care recipient with complementary services?

As with most industries, provider representatives should be professional, courteous and function in a consultative manner as opposed to coming off in

a self-promotional fashion. A health care service firm should help you with your decision-making process and offer ongoing support. They should help guide you through the entire home care process.

Because Boardwalk Homecare is a provider of both hourly and live-in home care services, we are always available to help with any questions or inconsistencies that may arise whether you use our services or not. We will not 'sell' you on our home care services. As mentioned in the introduction, we are here to help!

### **How to Select a Private Caregiver**

In this section, we want to point out the use of recommended screening methods when recruiting and interviewing caregivers. If a caregiver meets the legal requirements set forth by New Jersey, we recommend conducting personal interviews to analyze more closely. We have included a more descriptive account of what to look for during caregiver interviews. Most caregivers will not have all of these qualities but you should look for someone with a good mix as they are indicative to establishing a stable and long-term home care relationship.

#### *New Jersey Requirements (for health care service firms)*

- Criminal background checks
- Work history verification and work reference checks
- Proof of legal working status
- Educational background
- Up-to-date Mantoux Tuberculin Test or Chest X-ray
- New Jersey certified home health aide license

#### *Conducting Face-to-Face Caregiver Interviews*

**Professional Appearance:** A good caregiver takes their employment seriously. They understand the importance of making a good first impression, as it goes a long way towards establishing a care recipient's level of confidence. A lack of cleanliness or hygiene demonstrates the caregiver does not take proper care of themselves and therefore may not take good care of the care recipient.

**Communication Skills:** As mentioned earlier, a large percentage of caregivers in New Jersey are not born in the U.S. and so language and communication barriers can be an issue. There are three primary areas in which communication skills are absolutely critical: a) ability to very clearly understand all of the job requirements, b) ability to communicate with outside parties such as responsible family members, doctors, visiting nurses, social workers, 911, etc. and c) ability to provide cordial conversation and companionship with the care recipient.

**Work Experience:** Every care recipient's situation is different. When making a caregiver selection, have a very clear understanding of the care recipient's needs. Focus on the tasks that will be required and make sure the caregiver is experienced in these areas. If the care recipient has cancer, it is not absolutely necessary for the caregiver to have worked with a cancer patient before so long as they are able to perform the required personal care activities. That said, if the care recipient is diagnosed with dementia, then it is more important to find a caregiver with direct diagnosis experience due to the physical, emotional and mental challenges associated with caring for those with cognitive impairments.

**Attitude and Personality:** The best caregivers have a tremendous ability to 'go with the flow'. They are often working with elderly or disabled people who can be moody, resistant and difficult to care for. It is not uncommon for a caregiver to face accusations of theft, cultural slurs, phone calls to the police, waking up throughout the night and in some cases even physical abuse. Whereas most people would probably say "no thank you", a good caregiver has a lot of patience, a gentle natured personality to deal with the elements and the flexibility to adapt to the circumstances surrounding each individual care recipient.

### **Caregivers to Avoid**

Caregiver turnover is often a stressful and unpleasant experience for home care recipients and their families. A change in caregiver is usually preceded by a period of mounting disagreements or uneasiness between the caregiver and the care recipient caused by any number of different circumstances. As mentioned, the objective is to establish a consistent relationship in which the care recipient is well cared for, the caregiver is happy with their employment and the family members are comfortable knowing their loved one is in good hands. The process of establishing this level of consistency begins with caregiver selection. Finding a good caregiver is one of the most important steps in avoiding turnover. While going through the interview process, families should be aware of two common caregiver pitfalls which should raise a red flag:

**Need for Work:** Not recognizing the caregiver's need for employment is probably the single largest mistake care recipients make. In many instances, a family will find a suitable caregiver who will appear to be a good fit. A week later, the caregiver gives notice that they are leaving for another position which is either easier, pays more money or is more attractive for other reasons. They will likely tell you they have an emergency in a distant place, a family matter that needs immediate attention or some other event which may seem completely plausible. It may be true but most likely they have found another job.

*Why does this happen?*

Namely, because most people do not pay close enough attention to the truly important qualities that make up a good caregiver. You (or your provider) must make every effort to qualify the prospective caregiver in terms of their need for *this particular* assignment. No one wants to employ a caregiver that is constantly searching the classifieds for another job – believe us it happens!

You want to hire someone that is genuinely interested in working with your loved one. Someone who is thankful to have a job and who really depends on that job for their own livelihood. They are not looking for another position because they are committed to your family and have no reason to risk change. Before deciding on a caregiver, examine your time horizon. Ask the caregiver questions regarding their availability to meet that time horizon and any future events that may interfere with the continuity of care. A good provider will focus on this area and help the care recipient avoid the unexpected caregiver departures.

**Several Demands Upfront:** While it is perfectly normal for a caregiver to express their needs regarding the position, beware of the caregivers that request a number of demands. Some of these might include aggressive salary demands such as paying them for their vacation time, insisting they are to be paid in cash only or their unwillingness to pay appropriate taxes, etc. We are not saying it is inappropriate for a caregiver to express their wishes but a strong focus on the financial points can be a warning sign. The best caregivers are those unique people that derive pleasure from helping others. Everyone needs to pay their bills but the best caregivers are very special people with a deep rooted interest in helping those with whom they work. They need to be fairly compensated but they are not scratching and clawing for extra dollars. When a caregiver is heavily focused on the compensation rate, there is a good chance they will take the position and continue looking for another case that pays more.

## **Section 7: Valuing Your Caregiver**

After you have chosen the appropriate home care program and selected a caregiver based on your own criteria, it is important to have an understanding of the caregiver's own expectations. A successful home care relationship can be attained in many ways, contingent upon the unique circumstances of each situation. One aspect of the relationship on which almost everyone can agree is the importance of stability for the intended duration of the need. Avoiding interruptions and creating a stable relationship is essential to the well-being of the care recipient and their family. To foster stability, we must begin by examining the most common causes of interruptions in home care.

### **Acceptance of Cultural Differences**

No matter how hard you try to match a caregiver up with a loved one based on personalities and preferences, they are still two different individuals. In many cases, they may be of a different race, religion, culture or country which is more common with live-in home care. Additionally, they may have a separate set of beliefs based on their upbringing and personal experiences. It is extremely important for families and care recipients to understand these cultural differences will exist in almost all home care situations and so we implore families to show respect vs. disdain when dealing with these differences.

*For Example:* Meal preparation and dietary management is a very important component to ensuring one's health and nutrition. Not everyone will know exactly how best to prepare different foods that the care recipient may be used to, so it is important to be patient with the caregiver as they make adjustments in how and what they were taught to cook. Providing recipes and taking the time to demonstrate how to make certain meals to the caregiver will undoubtedly make things easier. It does not mean you will end up with a clone of Martha Stewart in your kitchen, but it is a step in the right direction to ensure your loved one is more comfortable in their home.

### **Providing Mutual Respect**

Mutual respect, understanding, compassion and guidance are very important for creating the baseline of a healthy relationship between the care recipient and the caregiver. We have included some recommendations for both the care recipient and their family for when service begins.

- Make sure to lay down all the ground rules and review the duties presented earlier during the interview. Spend time orienting the caregiver to your home, the daily routine and all aspects of your loved one's care.



- Treat the caregiver with respect, recognizing this can be difficult and stressful work. Reinforce that you value their dedication and are entrusting them with an important job.
- Give frequent positive feedback, as everyone needs to feel appreciated.
- Include your caregiver in all aspects of your loved one's care, as they are a vital part of the caregiving team. Listen carefully to their comments, observations and update them on changes concerning any of the care.
- Give credit for your caregiver's experience and knowledge and encourage them to share some tricks of the trade with you. Recognize that another's approach, although different at times, may have positive results.
- Consider feelings, preferences, needs and make your caregiver feels welcome in your home. Realize and try to understand that they have a personal life with its own problems outside of your home.
- Be as flexible as possible about caregiving routines and accommodating time off requests, as this will go a long way to promoting ongoing loyalty. Negotiate when possible about conflicting schedules that arise.
- Pick your battles and don't sweat the small stuff. Focus on the big picture, making certain the overall care of your loved one remains the foremost priority. These problems are situational and straightforward. Compromise is fairly simple and doesn't symbolize deeper problems. Some hints to solving conflict effectively are: softening your approach to a complaint; putting on the brakes when you feel a conversation getting heated; knowing how to calm yourself and your care recipient; compromising and being tolerant of each other's faults.

### **What Do Live-In Caregivers Want?**

“Perhaps the secret of worker retention lies in understanding what home caregivers are looking for in a job and in an employer.

Here are the results of an informal survey of workers taken a few years ago in Florida:

- Feeling ‘in on things’
- Tactful discipline
- Understanding attitude
- Appreciation
- Good working conditions
- Good wages
- Loyalty from employer

### *Feeling 'In On Things'*

Feeling 'in on things' is the difference between feeling, on the one hand, like a valued employee, and on the other, like plain hired help. The best way to make sure that your caregiver feels important and included is by regularly seeking out their insights and opinions.

One good way to accomplish this is to request that your caregiver keep a log book. Entries do not have to be lengthy, they can simply reflect the senior's daily moods or feelings: 'didn't finish lunch – said she wasn't hungry', 'in good mood today', 'had difficulty in getting him to dress'. The notes in the log book can serve as a summation, and a good reference, for daily or weekly conversations between you and the caregiver.

Home care work, by its very nature, is isolating; you can increase job satisfaction for your caregiver by making it a part of the job to talk or meet regularly with an interested and concerned member of the family. These conversations will give the caregiver a chance to communicate their needs or grievances to you, and for you to see if they are satisfied with their job and their relationship with your family.

A home caregiver is someone very significant to the well-being of your family and, as such, is much more important than 'hired help'. Give them the respect and attention that they deserve. With sensitive treatment, the best home caregivers will respond in-kind with dedicated, responsible and enthusiastic care that goes far beyond 'a day's pay'.

### *Tactful Discipline*

Everyone appreciates being told when they are doing a good job, but it is also necessary at times to talk about mediocre or poor performance. It is no secret that the small annoyances can cause large problems when swept under the rug. Tactful discipline is an essential component in a good working relationship.

Tactful discipline involves discussing performance problems in a friendly manner, out of the presence of others, and indicating why you are concerned, without anger or accusations. Tactful discipline is sensitive discipline which recognizes that, nine times out of ten, people are doing the best they can. They would like to do better, and they are willing to try, but they want to 'save face' at the same time.

It all boils down to kindness, fairness and being very specific about the behavior you would like to see changed. An effective technique is for you and your caregiver to tackle the problem *together*. After discussing both sides of the story, devise a solution (again, together) that works for both of you.

### *Understanding Attitude*

Other than liking older people, the job usually offers an attractive, self-paced workload that might be hard to find in more traditional work settings. For example, a caregiver may want to arrange their hours so that they will not interfere with leisure or family activities.

An understanding attitude is flexible, creative and forgiving. An understanding attitude is also one that allows the other party to wear clothes that they are most comfortable in, to set their own pace on the job, and to occasionally make minor mistakes without serious recrimination. After all, although you may need a miracle worker, your caregiver is only human.

### *Appreciation*

You have got to let your caregiver know what they mean to your family. Certainly, one easy and very effective way to do this is simply to tell them: 'You are a lifesaver. I simply do not know what we would do without you'.

Knowing that we make a positive difference in another person's life keeps many of us motivated, despite modest wages. Testimonials from currently-employed caregivers about the value of feeling appreciated, needed and wanted strongly support this principle.

### *Good Working Conditions*

It's your responsibility to provide a work setting, free from hazards, adequate food and supplies, and provisions for emergencies.

### *Loyalty from Employer*

Loyalty could be interpreted both as job security and as an employer who recognizes when performance falls into the 'above and beyond the call of duty' category. That is, if you have found an excellent caregiver, you have got to stand by them. This may mean juggling schedules to provide them with sick leave or a break. It could mean discussing a plan of raising their wages over time. Loyalty says, 'We are all in this together, for the long haul. I will treat you with fairness and respect, and in return, you will provide my relative/friend with the very best care'. Loyalty says, 'None of us are perfect. When I am displeased, I will let you know. And when I am pleased, I will let you know that, also'.<sup>5</sup>

## **Section 8: Orientating and Supervising Your Caregiver**

Because of our ‘do it yourself’ tradition on the home-front, most Americans have had little (if any) experience overseeing caregivers. Supervision of an employee can seem to be one of the most challenging aspects of home care.

Obviously caregivers who provide dependable, efficient service for an older person can make a major difference in that person’s ability to live independently. If you accept all of the responsibility yourself, the key to getting high quality service lies with your own supervisory skills. You must create an environment in which the very best personal and job-related traits of your caregiver can flourish.

You can obtain what you want – the very best in home care – by giving a caregiver what they want – a satisfying and rewarding work environment. A true win-win situation! Good supervision begins with orientation and training sessions conducted with the caregiver at the start.

### **Case Management**

At Boardwalk Homecare, we employ dedicated ‘case managers’ to focus on developing the relationship with the care recipient, family and caregiver as the central point-of-contact. If your home care program does not incorporate a professional care manager, we would encourage a member of the family to take on that role. They should aim to:

- Learn about the care recipient’s interests, likes and dislikes
- Help smooth out rough edges and focus everyone’s efforts on maintaining a healthy relationship
- Instruct the caregiver to avoid things that are causing difficulty for the care recipient
- Reinforce to the care recipient that the caregiver is there to help
- Maintain a chronology of all case notes and events, which can be easily accessed by other family members or healthcare practitioners to monitor the care recipient’s progress and care requirements

At the start of service, we recommend the family elected ‘case manager’ arranges for a meeting with the care recipient, the caregiver and any other interested family members to provide introductions, go over expectations and establish ground rules for home care. While this meeting is not mandatory for every family member, their participation is always welcomed.

### **Policies and Procedures**

While there are a number of home care policies and procedures to consider in creating a successful experience, we will address some of the more common ones that if left unaddressed will most likely lead to caregiver

turnover. The case manager will be responsible for making sure everyone is made aware and fully understands each of the policies and procedures.

Caregiver Position Description: Explain the full range of tasks and activities that your caregiver must be able and willing to perform. Depending on the home care option you choose, these tasks may include skilled care as well as non-skilled care.

Caregiver Workday (Live-In): Live-in caregivers are expected to work roughly 8-10 hours per day dispersed throughout the 24 hour period so as to meet care recipient's needs. Explain to your caregiver that they are to remain on-call throughout the duration of the day, maintaining availability to assist the care recipient when needed. Breaks during the day should be coordinated with the care recipient so as to maintain patient safety at all times.

Caregiver Food Expense (Live-In): Provide guidelines for who is financially responsible for a live-in caregiver's food. A common approach to this issue within the home care industry is for the family to provide the caregiver with meals that are prepared in the normal course of the day. Any unique foods requested by the caregiver are the responsibility of the caregiver. Simply put, the caregiver is welcome to eat the meals prepared for the care recipient and the care recipient is responsible for this expense. The caregiver is responsible for items purchased solely for his or her own consumption unless the care recipient is agreeable in making the additional food purchases.

Driving and Gas Expense: This will only apply when a driving caregiver is employed and must use his or her own vehicle/gas. If the caregiver uses the care recipient's vehicle, mileage reimbursement is not an issue. In 2018, mileage reimbursement as stated by the Internal Revenue Service for this type of work is \$0.55/mile.

Use of the Telephone, Internet and Television: We recommend establishing a clear phone policy (e.g. when family or friends may call, how long to stay on the phone, paying for calls). Providing internet access for live-in caregivers is also a good way for them to stay connected to their friends and family in what can otherwise be a very isolating situation. If you have internet access, we recommend establishing a clear internet policy (e.g. what times of the day are most appropriate so as not to interfere with their primary duties). Finally, providing a second television in the caregiver's private quarters or bedroom is a good way for them to unwind and enjoy their downtime. As in the case of the internet, we also strongly recommend creating a television policy.

**Other Topics:** We would recommend creating policies and procedures around other topics such as:

- Emergency contacts and preparedness
- Interruption in service
- Incident occurrence
- Infection control and universal precautions
- Fall risk reduction
- Theft prevention
- Caregiver assistance with care recipient purchases
- Gifts and loans
- Caregiver time-off arrangements
- Sleeping arrangements
- Consumption or purchasing of alcohol

Providing the caregiver with a clear understanding of duties and expectations is very important. Difficulties often arise as a direct result of communication breakdown. Fostering open communication is very important to a home care relationship and the process should start at the outset of care. A strong initial working understanding will go a long way towards saving you some headaches down the road.

### **Orientation and Training**

“Get home care off to a good start by introducing the caregiver to the elder’s home instead of leaving him/her alone, forced to find their way around. Begin by giving him/her a tour of the house with the elder present. Briefly explain the layout of the rooms and where essential items can be found. Explain how to operate household appliances, air conditioning and heating units, door locks, and so on.

Step-by-step demonstration sessions are the best way to let the new employee see exactly what you require. Discuss your needs in detail, demonstrating the particular way in which you would like things done. Use the ‘Plan of Care’ created by the RN to outline the responsibilities of the job.

Help make the caregiver’s job easier by letting him/her know of any special routines or preferences you may have. What may be second nature to you may be second guessing to him/her. If you consider certain household areas off bounds, say so. Home care should complement an elder’s lifestyle as much as possible, so do not be timid about making your wishes known.

Provide the caregiver with all the information he/she will need in case of an emergency. Leave several emergency telephone numbers with your home caregiver. In addition to the names of several family members, it is also important to leave numbers for a close friend, a relative and your family physician. Include the phone numbers for your local police, fire, ambulance services, and your poison information center. Do not assume that the home

caregiver will know what to do in an emergency. *Discuss emergency routines in detail.* For instance, under what circumstances will the caregiver rush the elder to a hospital, call an ambulance, or call a family member?

After orientation and training, you must focus your full attention upon establishing a work setting that is conducive to productivity and job satisfaction. One of the most unsettling aspects of home care is the high turnover rate. Some families have been lucky enough to find the ideal caregiver on the first try and to keep him/her for many years. Other families experience the revolving door syndrome of a seemingly endless stream of short-term helpers who come, work for a few weeks or months, then quit.

Plan to spend time during the first few weeks he/she is on the job, helping the elder and caregiver establish a comfortable and effective working relationship. You will markedly increase the likelihood of success".<sup>5</sup>

## **Section 9: Related Services for Live-In Care Recipients**

The Caregiver's Handbook – A Helpful Planning Guide - published by Senior Long Term Care Insurance Brokerage, Inc. has provided the following list of additional resources to assist families faced with long-term care planning. We have added some of our own suggestions as well.

### **Elder Law Attorneys**

Elder Law Attorneys are a great resource for obtaining “Financial Power of Attorney”, Advanced Directives/Living Wills, Health Care Proxies, and Wills. They can assist in setting up trusts to provide care for the elderly and assist with the Medicare/Medicaid and/or Disability Process.

- Contact the National Academy of Elder Law Attorneys at [www.naela.org](http://www.naela.org) for more information.

### **Geriatric Care Managers**

These managers are Health Care Professionals, usually social workers, who assist in overseeing the care and management of the elderly person. They can assist in coordinating all services needed, including but not limited to: complete assessment, setting up plan of care, arranging services for home health care, adult day care and physicians' appointments. They can also assist by referring you to attorneys, trust officers and other professionals.

- The National Association of Professional Geriatric Care Managers website is [www.caremanager.org](http://www.caremanager.org).

### **House Call Physicians and Dentists**

Believe it or not, there are many physicians who now make house calls. Some of them, without having the traditional office space, only make house calls, and this is particularly convenient for persons having difficulty getting out of the house. These physicians are almost always equipped to do just about everything that can be done in an office, i.e., complete evaluations, blood work, EKGs (electrocardiograms), wound care and medication prescriptions. However, they may not be affiliated with a hospital, which will exclude them from certain patient privilege.

- The American Academy of Home Care Physicians can assist in locating physicians who make house calls, and their website is [www.aahcp.org](http://www.aahcp.org).

### **Medication Compliance**

To address medication compliance, ExactCare Pharmacy has established easy-to-use multi-medication packaging solutions for administering medications. By packaging and then delivering the accurately labeled medications at the correct time of day, families can avoid human errors commonly found in sorting pills and making sure medication is being re-filled to avoid expiration dates.

- Visit their website at [www.exactcarepharmacy.com](http://www.exactcarepharmacy.com).



### **Home Delivered Meals**

Local community-based volunteer organizations throughout the country provide meals to elderly homebound. These meals provide a nutritionally balanced meal, usually once a day. Contact your local town for information. Catholic Charities and the United Way are organizations that also can assist with this.

- Visit their website at <http://www.mealcall.org/meals-on-wheels/nj/>.

### **Online Grocery Shopping**

Peapod is an online service that allows you to shop online for your groceries. They put together your order and deliver it to you. As you shop you can compare items and check out the nutritional labels to see if the food fits your dietary needs. Peapod features sales and deals on select items every week and there are even coupons you can download and clip.

- Visit their website at <http://www.peapod.com/>

### **Transportation for Seniors & Disabled Persons**

Contact your local county's Department of Transportation to learn about their bus services used to provide trips for transportation dependant senior and permanently disabled residents. Some of them will also try to make special accommodations for life sustaining medical needs such as kidney dialysis.

### **Emergency Response System**

This is an electronic device that is usually worn by the elderly to use in case of an emergency. It is usually a pendant or wristband that when pushed will alert the local authorities that help is needed. Local pharmacy or medical supply companies can assist with this information.

### **Alzheimer's Tracking Device**

This is a national registry program that enables the police to track the person if they should wander away and become lost. Local Office on Aging or Police Departments can assist with obtaining a tracking device.

### **Additional Resources For Long-Term Care**

When making an effort to reach a long-term care decision, you will hold the intimate knowledge as to the preferences and characteristics of your loved one. The next step is to educate yourself regarding long-term care options in order help make your decision. You have read this guide, which should help educate you with regard to the option of live-in home care. Various educational resources are available for the long-term care industry at large. Please feel free to use the following resources to your advantage.

### New Jersey County Offices on Aging:

Nationwide Toll-Free Telephone: 877-222-3737

Atlantic: 609-645-7700 ext. 4700

Bergen: 201-336-7400

Burlington: 609-265-5069

Camden: 856-858-3220

Cape May: 609-886-2784/2785

Cumberland: 856-453-2220/2221

Essex: 973-395-8375

Gloucester: 856-232-4646

Hudson: 201-271-4322

Hunterdon: 908-788-1361/1363

Mercer: 609-989-6661/6662

Middlesex: 732-745-3295

Monmouth: 732-431-7450

Morris: 973-285-6848

Ocean: 732-929-2091

Passaic: 973-569-4060

Salem: 856-339-8622

Somerset: 908-704-6346

Sussex: 973-579-0555

Union: 908-527-4870/4872

Warren: 908-475-6591

### Associations/Information Centers:

- American Association of Retired Persons (AARP): 1-800-424-3410
- Alzheimer's Disease: 1-800-883-1180
- American Cancer Society: 1-800-227-2345
- Medicare Information (NJ only): 1-800-462-9306
- Medigap Insurance: 1-800-638-6833
- Veterans Hotlines: Counseling Hotline: 1-866-VETS-NJ4U or Benefit Hotline: 1-888-8NJ-VETS

### NJ State:

- State of New Jersey Department of Health & Senior Services: 1-800-792-8820
- <http://www.state.nj.us/health/seniors.shtml>

### Boardwalk Homecare:

- [www.boardwalkhomecare.com](http://www.boardwalkhomecare.com)

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Helen Susik, M.A.

## **About the Authors**

In 2006, Brendan Sullivan and Brendan Watson embarked on a mission to create a first-class organization dedicated to helping aging individuals during their time of need. With a shared sense of vision, values and dedication, Boardwalk Homecare was founded. Aware of the stress and uncertainty families face when trying to make an elder care decision, Boardwalk Homecare decided to offer a unique approach that other home care providers in New Jersey simply did not.

At Boardwalk Homecare, we believe in educating families about home care and spending the time necessary to explain the different options for setting up services in New Jersey. Our focus is on helping families - *not selling to them* - which results in their ability to make a well-informed decision best suited to meet their needs.

Learning from our experiences and studying every aspect of home care - factors that influence suitability, available options, costs, risks and best practices - Boardwalk Homecare has developed a simple yet effective process.

From a modest start in Monmouth County, Boardwalk Homecare has assembled a cross-functional team of nurses, case managers, staffing coordinators and home health aides required to support the home care needs of families throughout New Jersey.

Regardless of whether a family elects to hire Boardwalk Homecare as their trusted provider, we encourage them to learn and utilize our methods to achieve a successful home care outcome.

**Notes:**

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For more information please call

**877.341.6797**



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