

NJ Guide to Home Care



HELPING FAMILIES ACHIEVE
HOME CARE SUCCESS.

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Preface

This guide was created to support individuals who are navigating the challenges of senior care decisions. Whether you have already chosen home care services, are actively considering them, or are simply seeking to educate yourself, this resource is designed to provide comprehensive information on home care options available throughout New Jersey.

At Boardwalk Homecare, we have witnessed firsthand the emotional toll that long-term care decisions can take on families. Through our daily interactions, we have identified recurring feelings of stress, uncertainty, and overwhelm -often driven by the desire to do what is best for a loved one without knowing where to begin.

Families commonly ask:

- How can I ensure I am making the best decision for my loved one?
- What can I do to encourage my loved one to accept care for their safety?
- Is it better for them to remain at home, or would a long-term care facility be more appropriate?
- Where can I turn for help with making this decision?
- What contributes to a healthy and effective care relationship?
- How do I build trust with someone caring for my loved one?
- Will my loved one be happy with the choice we make?

This guide was developed with those questions—and many more—in mind. Our goal is not only to provide answers, but also to address the concerns you might not have thought of yet. Most importantly, we hope this serves as a valuable starting point in creating a safe, positive, and fulfilling home care experience for your family.

Sincerely,

Boardwalk Homecare

Section 1: An Introduction to Home Care Services

Common Challenges Families Face

In 2007, around nine million Americans aged 65 and older received long-term care. By 2020, that number rose to approximately 12 million—and it continues to grow. Making long-term care decisions is rarely easy, and it's completely normal to feel overwhelmed by the process.

When a loved one begins to lose their ability to live independently, the responsibility of arranging their care often falls on close family members. This can be daunting, especially when the person in need is someone who has played a significant role in your life—someone who may have once cared for you. Naturally, you want nothing but the best for them. You are motivated and ready to help, but the path forward is not always clear. Now, you are being asked to make life-changing decisions without formal expertise in long-term care planning, and without knowing how those decisions will play out in the future.

In many cases, families postpone making care decisions until a serious event occurs—a fall, a diagnosis like dementia, or the progression of a chronic illness. At this point, the conversation about care options becomes unavoidable. These options typically include home care, assisted living, or nursing homes.

Initially, family members often step in to assist with daily tasks. But as a loved one's needs grow, the caregiving role often becomes more demanding—turning family members into full-time caregivers. This transition can be difficult, especially when you are trying to balance caregiving with work, parenting, and other responsibilities. The emotional and physical demands during this time can be intense, particularly when long-term care solutions are delayed.

Understanding Caregiver Stress

Caregiver stress is a real and well-documented phenomenon. Studies show that caregivers are more likely to suffer from depression and chronic health issues such as heart disease and diabetes. Many caregivers struggle to prioritize their own well-being, often neglecting exercise, healthy eating, and medical checkups due to time constraints and fatigue.

Caregivers for individuals with Alzheimer's or other forms of dementia are especially vulnerable to burnout. These caregivers commonly report feelings of isolation, anxiety, and emotional exhaustion. Women, in particular, tend to face greater emotional strain and often experience more work-related and financial challenges

than their male counterparts. In addition, spouses caring for one another tend to be more susceptible to health declines than caregivers supporting other relatives.

You Are Not Alone

If you are facing difficult decisions about long-term care, it is important to know you are not alone. These choices are incredibly personal and rarely straightforward. Acknowledging the complexity of the situation and accepting that there is no perfect answer can actually be comforting.

We have seen heartbreaking situations where people in declining health have no one to advocate or care for them. Your willingness to step in makes a difference—even if your loved one is not able to express their gratitude. The goal is not to recreate the past but to do the best you can in the present circumstances.

Take a moment to breathe. Use available resources to educate yourself. Like countless others before you, your heart is in the right place—and that will guide you toward the right decision.

Understanding Long-Term Care

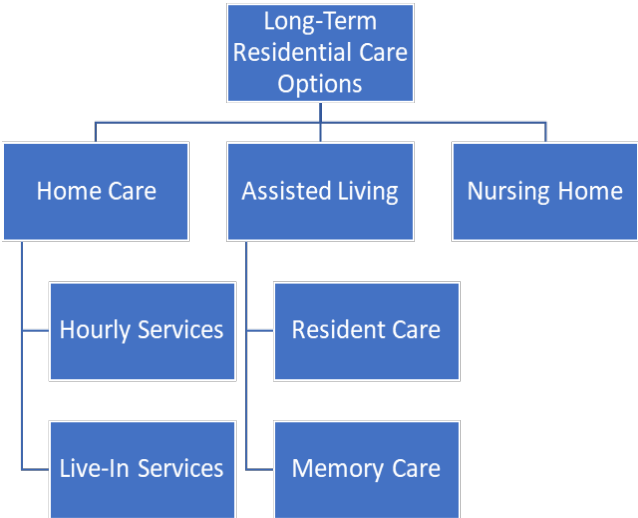
Long-term care involves support for individuals dealing with prolonged health conditions or disabilities—care that extends beyond the typical short recovery period after an illness or hospital stay. It is important to distinguish between temporary rehabilitative care and extended care needs, especially since both may be offered in the same setting, such as a nursing home or skilled nursing facility.

This distinction is critical from a financial standpoint. Many health insurance policies, including Medicare, will cover short-term recovery services following hospitalization, even if provided in a nursing home. However, they generally do not cover extended, ongoing care for chronic conditions. Misunderstanding this difference is common and can lead to serious financial strain—numerous studies show that many people mistakenly believe Medicare pays for long-term care.

Typically, long-term care is associated with aging and the decline in physical or cognitive abilities that make daily self-care difficult. However, it encompasses a wide array of services that go beyond medical assistance, including help with personal hygiene, meal preparation, transportation, and household chores. These services may be provided in the home, in community settings, or in full-time residential facilities.

The level and type of care needed can vary greatly—from minimal support that allows someone to remain in their own home, to intensive medical care provided in a licensed institution. Each level of care comes with its own financial considerations, making early planning essential for both individuals and families.

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



Home Care

Most older adults prefer to remain in their own homes rather than relocate to a long-term care facility. Supporting this goal requires a thoughtful evaluation of the individual’s care needs, along with a realistic understanding of the family, community, and financial resources available to ensure their safety, well-being, and quality of life at home.

As you explore home care, you will encounter a range of terms that generally fall into two primary categories: skilled care and non-skilled care. These may also be referred to as formal (third-party provided) vs. informal (family-provided) care, professional vs. paraprofessional care, or medical vs. non-medical care. Other related concepts include sub-acute care, custodial care, Activities of Daily Living (ADLs), and Instrumental Activities of Daily Living (IADLs).

This guide focuses on the two main types of in-home care:

- a) Skilled Care
- b) Non-Skilled Care

Typically, skilled care is short-term and medically focused, while non-skilled care is often ongoing and aimed at assisting with daily living for individuals with chronic conditions. However, non-skilled services may also be provided short-term, such as after a hospital stay or rehabilitation.

Skilled Care

Skilled care includes services performed by licensed healthcare professionals. According to the Centers for Medicare & Medicaid Services (CMS), skilled care refers to treatments and procedures that must be delivered by a licensed nurse (RN or LPN). Home health care often includes skilled nursing, physical and occupational therapy, speech-language therapy, and medical social services. These services are designed to treat an illness or injury, restore independence, and promote self-sufficiency. For individuals with chronic illness or disabilities, long-term skilled care aims to maintain health and manage the condition effectively.

Following a hospital admission, a discharge planner or case manager typically helps coordinate ongoing care. Patients may be transferred to a skilled nursing facility or return home with services in place for continued recovery. Medicare and many private insurers will cover skilled care for a limited period, depending on the individual's condition. Covered services may include nursing care, limited personal care (typically 4–6 hours weekly over 4–6 weeks), and rehabilitation therapy.

Importantly, Medicare will only cover home health aide services if the individual is also receiving skilled nursing or therapy. These short-term benefits aim to support recovery and increase independence.

When recovery is incomplete, families often transition to non-skilled care for continued support with daily activities.

Non-Skilled Care

Non-skilled care, also referred to as custodial care, is primarily intended for those with chronic or degenerative conditions. Its focus is not on medical recovery, but on helping individuals maintain their daily routines and maximize their independence and quality of life.

While Medicare does reimburse short-term skilled services, it does not pay for long-term non-skilled care. Typically, skilled services are covered for 4–6 weeks. After that

period, ongoing care costs may become prohibitively expensive for many families—prompting a shift to non-skilled care as a more sustainable option.

Non-skilled care, which is available on an hourly or live-in basis, is typically classified into two categories as defined by Medicare:

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.

Many spouses, adult children, and extended family members prefer to keep their loved ones in the comfort of their own homes for as long as possible. However, the demands of care can quickly become overwhelming. When family support alone is not enough and resources permit, hiring a private caregiver or working with a licensed home care agency becomes a practical solution. These professionals offer varying levels of personal and homemaker care.

Home care services can be arranged 24/7, either on an hourly or live-in basis. Live-in care, which is generally comparable in cost to 8–10 hours of hourly care per day, can be a more advantageous choice for many families. One of the main benefits is peace of mind—knowing that a caregiver is present around the clock. Another is continuity of care, which is easier to achieve with one live-in caregiver versus multiple caregivers working in shifts.

Hourly vs. Live-In Home Care

Families exploring home care will often choose between hourly and live-in services. Understanding their differences is essential for making an informed decision.

Hourly Home Care

Hourly care is scheduled based on the family's preferences—specific days and times when caregivers assist with personal or household tasks. Key considerations include:

- **Geographic Proximity**: Caregivers often work near their own homes. Hiring someone within five miles of the care recipient may increase reliability and attendance.

- **Visit Minimums:** Short visits can be hard to staff. Most agencies or private caregivers require a minimum number of hours per shift, and shorter shifts may demand higher wages to attract staff.
- **Continuity of Care:** Fewer caregivers mean better consistency and quality of care. Families can support this by being flexible with shift times.
- **Unplanned Disruptions:** Weather, illness, or emergencies can interrupt care. A backup plan (“Plan B”) can reduce stress when schedules are disrupted.

Live-In Home Care

Live-in care is best suited for individuals needing ongoing oversight, especially those who:

- Have memory loss or cognitive decline.
- Are at risk of falling or have difficulty walking.
- Require intermittent personal care.
- Lack family caregivers nearby.

This option involves a dedicated caregiver living in the home. While it offers many benefits, families should also be aware of potential challenges:

- **Accepting Full-Time Help:** Having a non-family member live full-time in the home can be emotionally and mentally difficult for care recipients. Issues like loss of privacy or concerns about compatibility may arise.
- **Cultural and Language Barriers:** Many live-in caregivers are immigrants. Cultural differences and language barriers may be present, though many are fluent or conversational in English. Clear communication is critical to delivering effective care.
- **Backup Coverage:** Whether you hire privately or through an agency, it is essential to have a plan in place for replacing caregivers who are not a good fit or for covering breaks, vacations, or emergencies. While agencies typically provide replacements, families hiring privately will need to coordinate this themselves.

Choosing the Right Type of Care

Hourly care often suits individuals who live independently but need help with certain tasks. Live-in care is ideal for those with more advanced or consistent needs. Factors

such as the home layout, budget, and level of care required all play a role in deciding which option works best for your loved one.

Benefits of Home Care

Home care has become an increasingly preferred option for many families exploring long-term care solutions. Beyond cost considerations and the convenience of receiving care in a familiar setting, home care offers a wide range of emotional, physical, and psychological advantages that often make it the most compassionate and practical choice.

One of the most significant benefits is the *sense of independence* it provides. Remaining in one's own home allows older adults to maintain a level of control over their daily routines, environment, and care choices. For those who have lived in their homes for years—or even decades—this continuity contributes to emotional stability and a higher quality of life. The feeling of autonomy and comfort associated with home life is difficult to replicate in a facility setting.

Another major advantage is *personalized, one-on-one care*. Home care allows caregivers to focus entirely on the individual's unique needs, which often leads to better responsiveness and a higher level of satisfaction. Many individuals recovering from illness or surgery find that recuperating in their own home leads to *quicker recovery times*, greater peace of mind, and reduced exposure to hospital-acquired infections.

Research supports this approach: studies have shown that for conditions such as pneumonia, chronic heart failure, and COPD, hospital-level care delivered at home can lead to *better outcomes and fewer complications* compared to in-hospital treatment. Families often report greater satisfaction with the overall experience and outcomes when care is delivered in the home.

Familiarity also plays a key role in cognitive health. Seniors living with Alzheimer's disease or other forms of dementia often struggle with changes in routine or environment. Remaining in a consistent, known space can help reduce confusion and distress while promoting a *sense of security*.

Lastly, home care allows individuals to enjoy the *comforts of their own space*—from sleeping in their own beds to enjoying familiar sights, sounds, and routines. Even small details, like choosing what to watch on television or having a beloved pet nearby, can make a substantial difference in emotional well-being.

In sum, home care is not just a convenient option—it is a meaningful and effective way to preserve dignity, independence, and personal choice while receiving essential support.

Caregiver Duties

According to New Jersey state regulation, caregivers should be licensed as Certified Home Health Aides (CHHA) when performing personal care. Below is a more detailed list of caregiver duties as well as 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

While caregivers provide essential support and assistance, there are important boundaries to what they are legally and professionally allowed to do. These limitations are in place to protect both the care recipient and the caregiver, and are set by state regulations and industry standards.

Medication Management

According to the New Jersey Board of Nursing, home health aides are not permitted to administer medication. This includes both prescription and over-the-counter medications, such as pain relievers or topical ointments like Ben Gay. The Board uses a very strict definition of "administration," which extends to tasks like removing pills from containers, organizing pill boxes, or giving intravenous medications.

In situations involving medication, a Registered Nurse (RN) will assess each case and determine what actions fall under "assisting" (which may be allowed) versus "administering" (which is not permitted). Only licensed healthcare professionals are authorized to carry out these tasks.

Skilled Nursing Services

Caregivers are also not allowed to perform skilled nursing duties. Some tasks that fall into this category include:

- Administering insulin (caregivers may assist with blood sugar readings)
- Using feeding or tracheostomy tubes
- Performing catheter care
- Providing wound treatment or dressing changes
- Setting up or managing pill organizers

However, in certain cases, a supervising RN may allow a caregiver to assist with non-invasive parts of these procedures, provided safety and training guidelines are followed.

Light Housekeeping – What’s Included and What’s Not

Caregivers often help with light housekeeping, but this does not mean they are responsible for deep cleaning or general household upkeep beyond the care recipient’s immediate needs. Examples of non-permissible tasks include:

- Washing windows or walls
- Moving heavy furniture
- Doing construction, painting, or repairs
- Cleaning garages, basements, or attics
- Car washing or yard work
- Snow shoveling or pet care
- Cleaning up after other household members

The primary purpose of light housekeeping is to maintain a safe and tidy environment for the client, not to serve the entire household.

Meal Preparation – Simple, Not Gourmet

Preparing meals is often part of a caregiver’s daily duties, but caregivers are not trained chefs or dietitians. Given the wide variety of cultural and dietary preferences, families are encouraged to guide caregivers by sharing favorite recipes, cooking methods, and any dietary restrictions. This collaborative approach ensures meals are both enjoyable and appropriate for the individual’s needs.

Work Expectations for Live-In Caregivers

Although live-in caregivers are present 24/7, they are not expected to work continuously. A typical live-in schedule involves 8 to 10 hours of active caregiving per day. These hours may be spread throughout the day, including occasional nighttime assistance.

Under Department of Labor (DOL) guidelines:

- Live-in caregivers must have designated periods for meals, rest, and personal time.
- Any interruptions during these off-duty hours must be recorded and compensated.
- Time spent “engaged to wait” (being available but not actively working) must also be tracked.

Understanding the Caregiver Labor Pool

We will explore the key qualities that define an effective caregiver, along with strategies for building a strong and supportive caregiver-care recipient relationship. While caregiving can be demanding, it plays a vital role in ensuring comfort, dignity, and quality of life for those in need.

As part of our broader discussion on home care, it is important to shed light on the individuals who make up the caregiving workforce—those who choose to work as hourly or live-in caregivers. Understanding this labor pool can help families feel more informed and confident as they navigate their care options.

Our insights are based on extensive experience working with thousands of caregiver applicants across New Jersey. Through a comprehensive and inclusive approach to recruitment, we have developed a deep understanding of the caregiving market and the diverse professionals within it.

This background gives us valuable perspective on who is drawn to this field, what motivates them, and the range of skills and backgrounds they bring to the role. It also helps us match families with caregivers who are not only qualified, but also compatible with the needs, routines, and values of each individual client.

Live-In Caregivers

Over time, we have developed a deep appreciation for the cultural diversity among live-in caregivers. In the United States—where higher education often leads to varied career paths—live-in caregiving is not a common profession for American-born workers. The role demands a significant commitment, often blending personal and professional life in ways that many prefer to keep separate. As a result, few Americans pursue live-in caregiving as a long-term vocation.

In contrast, many live-in caregivers come from cultures where multigenerational households are the norm, and caregiving responsibilities begin early in life. In these communities, caring for elderly or disabled family members is deeply ingrained, and resourcefulness in providing hands-on support is a way of life. For those who immigrate to the U.S. from such backgrounds, live-in caregiving is not only a familiar role—it is one they often excel in. They bring with them a wealth of personal experience, compassion, and cultural values that prioritize family care.

Driving Considerations for Live-In Caregivers

For families requiring a caregiver who can drive, there are important limitations to consider. Based on our recruiting data, fewer than 5% of live-in caregivers possess a valid U.S. driver's license. Among those who do, most are male, and only a small portion own a personal vehicle. Even when caregivers are licensed, many are reluctant

to drive clients due to liability concerns. Home care agencies and caregivers alike often avoid driving assignments unless proper insurance coverage and legal protections are in place. Because driving-capable live-in caregivers are in short supply, those with this skill set typically command higher wages, which can significantly impact overall care costs.

Hourly Caregivers

Unlike live-in care, hourly caregivers make up the majority of the home care labor force. This group includes both U.S.-born individuals and immigrants. Hourly caregivers often prefer working near their homes to reduce commuting time and transportation costs.

Many hourly caregivers work for multiple clients to build a full-time schedule, so flexibility and mobility are key advantages. In contrast to live-in caregivers, most hourly caregivers have valid U.S. driver's licenses and access to personal vehicles, making them more willing and able to assist with transportation needs. While some may be hesitant to use their own vehicles for client transport, many are comfortable with it, and the cost to the client remains unaffected in most cases.

Scheduling Considerations

Maintaining continuity of care is crucial to building trust and ensuring quality outcomes. Whether working with an agency or hiring independently, families should try to limit the number of different caregivers scheduled throughout the week. This can be challenging, especially when a care plan includes split shifts or varied hours. Caregivers' availability often differs by time of day (morning, afternoon, evening, overnight) and day of the week (weekdays vs. weekends), making consistent scheduling a balancing act.

Section 2: Home Care Programs Available in New Jersey

Selecting the Best Program

As demand for in-home care continues to grow, a wide range of home care providers have emerged, each offering different levels of service and caregiver support. Choosing the right provider is a crucial step in ensuring the safety, well-being, and satisfaction of your loved one.

To reduce potential risks and make an informed choice, it is important to understand the key differences between home care programs. In this section, we outline the most common types of providers and the essential questions families should ask before making a decision.

Home Care Oversight in New Jersey

In New Jersey, any provider assisting with home care arrangements must be licensed and regulated by the Division of Consumer Affairs, Regulated Business Section (nj.gov/lps/ca/home.htm). This regulatory body oversees a variety of provider types, including:

- Employment agencies
- Temporary help service firms
- Nurse registries
- Health care service firms

Each provider type operates under different legal, financial, and professional standards, which can significantly impact your experience and the quality of care delivered.

Key Questions to Ask Before Selecting a Provider

To better understand the structure and accountability of each home care program, consider asking the following questions:

- Who is the caregiver's legal employer?
- Does the caregiver have legal authorization to work in the U.S.?
- Is the caregiver legally permitted to provide personal care services?
- Who handles payroll tax responsibilities and withholdings?
- Is the caregiver covered by workers' compensation insurance in case of on-the-job injury?
- Is general and professional liability insurance in place to protect the care recipient and their property?

- Is there an RN or clinical supervisor overseeing both the care recipient and the caregiver?

These questions can reveal critical differences in accountability, financial responsibility, and legal protections.

How to Verify a Provider's License

If you are unsure what type of business license a home care provider holds or if they are accredited, you can verify their registration at the following site:

<https://www.njconsumeraffairs.gov/hcservice>

If a company is listed under multiple agency types, be sure to clarify who pays the caregiver's wages, as this will indicate the legal employer and highlight any associated liabilities.

What is Next

The following chart provides a side-by-side comparison of the three primary home care program types available in New Jersey. We will also explore each option in greater detail to help you make the most informed and confident choice for your family.

Programs	Employment Risk	Industry Regulation	Average Hourly Care Rate	Average Live-In Care Rate
Private Hire	High	None	\$20-\$25	\$150-\$200
Health Care Service Firm	Low	High	\$35-\$45	\$300-\$350
<i>*Employment/ Internet Agency</i>	High	Low	\$20-\$30	\$200-\$250

Private Hire

A private hire refers to a caregiver who is directly employed by the care recipient or their legal guardian. In this arrangement, the family is responsible for setting the caregiver's hourly wage and handling payments directly. Because the caregiver is hired privately and not through a licensed agency, they are not subject to the regulatory standards enforced by the New Jersey Division of Consumer Affairs. As a result, privately hired caregivers may legally provide a wider range of services—including personal care, homemaking, and in some cases, skilled care—based on the agreement between the caregiver and care recipient.

Advantages of Private Hire

- Greater flexibility in the types of services the caregiver can provide
- Lower overall cost compared to agency-based care options

Private hire is often the most affordable home care option. However, the cost savings may come at the expense of important safeguards, increasing the level of risk for the care recipient and their family.

Disadvantages of Private Hire

- Limited or no expertise in recruiting, screening, or supervising caregivers
- Challenges in managing scheduling conflicts, absences, or caregiver replacements
- Lack of insurance protections, including liability and workers' compensation
- Responsibility for employment tax reporting and legal compliance

Families who choose the private hire route often do so because they already know a caregiver—perhaps through a personal recommendation from a friend, family member, or community contact. In cases where no personal referral is available, some families attempt to find caregivers by placing classified ads or searching caregiver profiles on job listing websites. While this may work for some, it requires significant effort and carries potential legal and financial risks.

Health Care Service Firm

In New Jersey, any organization that provides caregivers to assist with personal care services—such as help with bathing, dressing, and other Activities of Daily Living (ADLs)—must be licensed as a Health Care Service Firm by the Division of Consumer Affairs. In short, if a care recipient requires personal care and prefers to go through a professional provider, a licensed health care service firm is the only legal option in the state.

What Sets Health Care Service Firms Apart

Unlike private hires or employment agency models, a health care service firm serves as the legal employer of its caregivers. Caregivers are paid by the agency through a formal payroll system, and the care recipient is never responsible for direct payment to the caregiver. Instead, the agency invoices the client at an agreed-upon rate.

Advantages of Choosing a Health Care Service Firm

- Comprehensive insurance coverage, including workers' compensation, bonding, general liability, and professional liability insurance
- All caregivers are licensed Certified Home Health Aides (CHHAs) and are supervised by a Registered Nurse (RN)
- Strong expertise in the delivery and coordination of home care services
- Authorized to manage and process long-term care insurance claims

Using a health care service firm significantly reduces the risk of legal, financial, or administrative complications. The agency assumes full responsibility for employment-related matters, ensuring peace of mind for families.

Disadvantage of Health Care Service Firm

- Higher cost compared to private or informal care arrangements, due to added protections and regulatory compliance

***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.

In New Jersey, internet-based home care providers that simply connect families with caregivers—but do not employ, supervise, or insure those caregivers—are classified as employment agencies under state law. According to the New Jersey Division of Consumer Affairs, these agencies are not authorized to place caregivers who provide personal care services in private homes. Doing so violates state regulations, making it illegal for such platforms to operate in this capacity. Families using these services may unknowingly assume full legal responsibility for wages, taxes, insurance, and liability related to the caregiver, without the protections offered by licensed health care service firms.

Employment and Immigration Compliance

In today's legal landscape, employers must navigate complex immigration and labor laws when hiring foreign workers. It is essential to remain compliant with both immigration and anti-discrimination laws throughout the entire employment process—from recruitment and onboarding to continued employment and termination.

For example, if a prospective employee presents a temporary work authorization issued by the U.S. Citizenship and Immigration Services (USCIS), the employer is legally required to:

- Make a good faith effort to verify the document's authenticity at the time of hire
- Re-verify the employee's authorization status once the initial authorization period expires

Failure to follow these procedures can expose the employer to significant legal and financial risks.

Legal Consequences for Employing Unauthorized Workers

Under Section 274A of the Immigration and Nationality Act (INA) (8 U.S.C. § 1324a), it is unlawful for any person or entity to knowingly hire, recruit, or refer for employment an individual who is not authorized to work in the United States. Violations of this law can lead to civil and criminal penalties, including:

- Civil fines for each unauthorized worker
- For repeated or intentional violations:
- Fines of up to \$3,000 per unauthorized employee
- Imprisonment for up to six months

These penalties do not include additional consequences that may arise from related offenses, such as tax evasion or fraudulent payroll reporting.

Further Guidance

Employers seeking to better understand their responsibilities and avoid penalties can find additional resources and examples on the Internal Revenue Service (IRS) website: www.irs.gov

Section 3: Protecting Yourself as a Household Employer

When setting up home care services, one of the most important decisions a care recipient or family will make is whether to hire a caregiver privately or go through a licensed health care service firm. While the final choice lies with the care recipient, understanding the legal and financial responsibilities—especially regarding insurance and taxes—is essential.

While hiring a caregiver privately can reduce costs, that affordability often comes with increased risk. In contrast, working with a licensed agency typically involves higher costs but provides significant legal protections and risk mitigation.

Insurance Considerations

This section outlines four key areas of risk related to insurance. Please note: these policies do not pay for care services like Medicare or long-term care insurance. Instead, they protect individuals from liability during the provision of care.

1. Workers' Compensation Insurance

Workers' compensation covers medical expenses, wage replacement, and disability benefits for employees injured on the job. It also provides death benefits to dependents in the case of a work-related fatality.

Why It Matters:

If a privately hired caregiver is injured while working, the care recipient—as the legal employer—may be liable for all related costs. This could include medical bills, legal fees, lost wages, or long-term disability payments.

 Health care service firms carry workers' compensation policies, relieving the care recipient of liability.

 Private hires do not. If hiring privately, we strongly recommend speaking with an insurance broker or your state's labor department about securing a workers' compensation policy for domestic employees.

2. Professional and General Liability Insurance

Liability insurance covers injuries or property damage caused by a caregiver during their shift.

Why It Matters:

When a caregiver enters your home, unexpected incidents can happen. Professional and general liability insurance protects both the care recipient and their family from potential legal and financial fallout. This coverage ensures that if something goes

wrong—such as a caregiver causing property damage—you are not left paying out of pocket or facing a lawsuit alone.

✓ Agencies are required by law in New Jersey to carry this insurance.

! Private caregivers typically do not have coverage, and liability may fall on the homeowner.

If hiring privately, consult your homeowner’s insurance agent. You may need to add a rider for domestic employees or purchase a separate umbrella policy for adequate protection.

3. Surety Bonds

Many families ask if caregivers are “bonded” for protection against theft. In New Jersey, licensed home care agencies must carry a surety bond—but it does not cover theft. Instead, the bond protects clients from agency-related issues like breach of contract or bankruptcy.

4. Non-Owned Auto Insurance

When a caregiver is expected to drive a care recipient (for errands, appointments, etc.), vehicle liability becomes a concern.

✓ Some agencies may carry non-owned auto insurance—but New Jersey does not require it.

! The vehicle owner’s auto insurance is always the primary source of coverage. Damage to the caregiver’s car is only covered by their personal policy.

Recommendations:

- If the caregiver is driving your vehicle, contact your auto insurer to ensure they are added as a covered driver.
- If the caregiver is using their own vehicle, ask the agency (or the caregiver, if hired privately) about their auto coverage and liability limits.

Tax Considerations

While we are not tax advisors, we want to highlight the importance of employment tax compliance—especially when hiring a caregiver privately. Employers are responsible for reporting income and paying employment-related taxes, including:

- Social Security (FICA)
- Medicare
- Federal and State Unemployment (FUTA and SUTA)

- Local wage or payroll taxes (if applicable)

✓ Agencies handle all payroll tax obligations for you.

! If you hire privately, you're considered the employer and must report wages and pay applicable taxes, issuing a W-2 (not a 1099).

Potential Consequences for Non-Compliance

If the IRS or state agencies discover that appropriate taxes have not been paid, the employer can be held liable for both employee and employer portions, along with penalties or even criminal charges.

Additionally, if a caregiver files for:

- Unemployment
- Workers' compensation
- Disability benefits

...the state will investigate their employment history. If you are listed as the employer and have not met legal obligations, you may be held responsible for unpaid taxes or benefit contributions.

Hiring privately may offer upfront cost savings, but those savings can quickly vanish if an issue arises. A health care service firm not only provides professional care but also assumes the legal, tax, and insurance burdens—giving families peace of mind and legal protection.

Examples to Illustrate

The following excerpts are from an article on 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).

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: Minimize Out-of-Pocket Home Care Costs

Long-term care can be a significant financial burden for aging individuals and their families. This section provides a straightforward overview of how care is typically funded as health needs evolve over time.

How Care Often Begins

Many long-term care journeys begin with a sudden health event—such as a fall or stroke—that requires hospitalization. Following discharge, the individual may transition to a rehabilitation stay at a skilled nursing facility or receive in-home rehabilitative care. In these cases, Medicare generally covers the majority of costs.

If the patient returns home, Medicare may provide short-term home health services, including:

- Skilled nursing care
- Physical therapy
- Limited personal care support

These services are delivered through a Medicare-approved visiting nurse organization and are typically discontinued once the organization determines that recovery goals have been met—often within 30 days or less.

When Medicare Runs Out

If care is still needed after Medicare benefits end, families must explore alternative funding sources. At this stage, options may include private in-home care or placement in a long-term care facility.

These services are typically paid for through:

- Private funds (out-of-pocket)
- Long-term care insurance, if the individual holds a policy

If care needs continue over an extended period and personal assets are gradually depleted, individuals may eventually qualify for Medicaid to help cover ongoing expenses.

Hospice Care

It is also worth noting that Medicare provides hospice benefits for individuals diagnosed with a terminal illness and a life expectancy of six months or less.

Planning Ahead

To navigate Medicaid eligibility, "spend-down" strategies, or to explore personalized care planning, it is highly recommended that families consult with an elder law attorney or geriatric care manager. These professionals can offer expert guidance on legal, financial, and care-related decisions.

Long-Term Care Insurance

Long-Term Care (LTC) insurance is the primary type of private insurance used to pay for home care services in New Jersey. Unlike traditional health insurance, LTC coverage is typically purchased as a separate policy—although some life insurance policies may include an LTC rider. This section is designed to help you understand how to use your policy when the time comes and avoid unnecessary out-of-pocket expenses. While LTC policies also cover assisted living and nursing home care, this section focuses specifically on how to use them for in-home care.

Getting Started with Your LTC Policy

Every LTC policy is different. Understanding the specific requirements of your plan is essential to receiving the full benefits you are entitled to. At Boardwalk Homecare, we offer to manage the claim submission process for our clients to ease the burden and help ensure timely payments. If you are working with a licensed health care service firm, they should provide similar support. Regardless of who is helping with the paperwork, you should become familiar with the following key components of your policy:

The Claims Process

To initiate an LTC claim, follow these general steps (some variation may occur depending on your insurance provider):

1. Notify the Insurance Company of your need to open a claim.
2. Complete Claim Forms provided by the insurer, usually including:
 - Personal Information (for the policyholder and Power of Attorney)
 - Physician's Narrative (signed by a doctor, detailing diagnosis and need for care)
 - Provider Information (details about the home care agency and proof of licensure)
3. Submit forms promptly, preferably by fax for quicker processing.

The insurer will arrange for a registered nurse (RN) to assess the policyholder. Then a Claims Benefit Analyst (CBA) will review the assessment and paperwork to determine eligibility. Once the claim is accepted, the insurer will clarify what services are covered and under what conditions. Some key policy terms to understand include:

Elimination Period

This refers to the waiting period between the start of care and when the policy begins paying benefits. Elimination periods vary (typically 0–100 days). Some policies use a calendar-day count, while others count only days services are rendered.

💡 Example: A 100-day elimination period could cost more than \$30,000 out-of-pocket before benefits start.

➡ If you are unsure how your elimination period works, speak to an expert or allow your care provider to contact the insurer on your behalf.

Daily Benefit Limit

This is the maximum amount the policy will reimburse per day. It may differ depending on the type of care (home care vs. nursing home care).

💡 Example: If your daily care costs \$300 and your policy covers \$200/day, you are responsible for the \$100/day difference.

Policy Benefit Limit

This defines your policy's lifetime maximum. It may be expressed as a total dollar amount or in terms of service duration (e.g., three years of coverage), and may include stipulations for interruptions in service.

Assignment of Benefits (AOB)

AOB allows your care provider to bill the insurance company directly, eliminating the need for you to pay out-of-pocket and wait for reimbursement.

Inflation Adjustment Rider

This rider increases your policy's benefit amount annually, helping to offset the rising cost of care. Increases may be based on a fixed percentage or indexed to inflation.

Reimbursement Requirements

Insurers typically require:

- Detailed invoices
- Daily caregiver logs or nursing sheets
- In some cases, a nursing assessment and a plan of care

Failure to submit proper documentation can delay or reduce reimbursement. These requirements may be more extensive if you are not using a licensed health care agency.

Waiver of Premium

Most LTC policies stop requiring premium payments once benefits are activated. If benefits are paused or exhausted, premium obligations may resume.

Navigating an LTC policy can be complex—but understanding the process upfront can help you avoid costly mistakes. Whether you are preparing to file a claim now or planning for future care, we strongly encourage you to consult with a care manager or insurance expert before initiating services. A few minutes of guidance can help you maximize your benefits and avoid unnecessary out-of-pocket expenses.

Veteran Benefits

The U.S. Department of Veterans Affairs (VA) offers several programs to help veterans and their families cover the costs of home care services. For veterans who need assistance with daily activities, programs available through the Geriatrics and Extended Care are valuable options. These programs provide monthly financial assistance to veterans and in some cases their surviving spouses who require help with personal care, such as dressing, bathing, or eating.

Skilled Home Health Care: Provides nursing care, therapy visits (physical, occupational, speech), patient education, IV antibiotics or home infusion, home safety evaluations, and social work support.

Home-Based Primary Care (HBPC): Delivers routine health care in a veteran's home when medical issues make it challenging to travel, including primary care visits, care management, social work, rehabilitation, psychology, nutrition, and pharmacy services.

Homemaker and Home Health Aide Care: Offers assistance with daily activities like bathing, dressing, eating, personal grooming, using the bathroom, moving around, and getting to appointments.

Respite Care: Provides short-term care to allow family caregivers a break from caregiving responsibilities.

Aid & Attendance Pension: Provides an increased monthly pension amount for veterans who need help with daily activities, are bedridden, live in a nursing home, or have limited eyesight.

Community Care Network Benefits: Veterans who qualify for Community Care Network benefits may be eligible for assistance with home-health care costs.

Program of Comprehensive Assistance for Family Caregivers (PCAFC): Offers support to family caregivers, including financial assistance, access to health insurance, mental health counseling, and caregiver training.

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 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
<http://www.va.gov/geriatrics>
- Non-Service Connected Disability Pension
<http://benefits.va.gov/pension>

Grant Through the Alzheimer’s Association

For individuals with Alzheimer’s disease or other forms of dementia, the Alzheimer’s Association offers resources and potential grants for home care services. These grants are designed to assist caregivers and families in securing the care their loved ones need while easing the financial burden.

Alzheimer’s Caregiver Support Grants can provide funding for services like respite care, adult day care, or in-home personal care. The grants may also be available to help with caregiver training and education.

Grant Through the Multiple Sclerosis Foundation

Individuals with Multiple Sclerosis (MS) may face unique challenges that require specialized home care. The Multiple Sclerosis Foundation (MSF) offers grants to help reduce the cost of home care services for people living with MS.

MSF Grants can be used for home care services such as personal assistance, respite care for family caregivers, and equipment modifications to make the home more accessible for individuals with MS.

Medicare

Medicare is a federally funded program that primarily provides health coverage for individuals aged 65 and older, as well as certain younger individuals with disabilities. Medicare can help cover some of the costs of home care services, but it does have limitations.

Home Health Care: Medicare Part A covers inpatient care, and Part B covers outpatient care, including skilled nursing services and therapy. Medicare may also pay for some medical home health services, such as physical therapy or home health aide assistance, but it typically only covers skilled care, not long-term personal assistance.

Medicare Advantage Plans: These plans, offered by private insurance companies, may provide additional coverage for home care services not covered by traditional Medicare.

Medicaid

Medicaid is a joint federal and state program that provides healthcare coverage for low-income individuals, including those who require long-term care. Medicaid in New Jersey (Managed Long Term Services and Supports – MLTSS) offers more comprehensive coverage for home care services compared to Medicare, especially for personal care and custodial services.

Home and Community-Based Services (HCBS): Medicaid offers HCBS waivers, which allow beneficiaries to receive home care rather than being placed in a nursing home. These services can include assistance with activities of daily living (ADLs), such as bathing, dressing, and meal preparation.

New Jersey Traumatic Brain Injury (TBI) Fund

In New Jersey, the TBI Fund is a state program designed to help individuals with traumatic brain injuries access the care they need at home. This program provides financial assistance for a variety of home care services, including personal care aides and equipment modifications.

Eligibility: Individuals with a documented traumatic brain injury who meet certain income and care requirements may qualify for funding.

New Jersey State Firemen’s Association Health Care Assistance Program

The New Jersey State Firemen’s Association offers a health care assistance program specifically for firefighters. This program helps cover the costs of rehabilitation and home care services for qualifying individuals.

Eligibility: The program is available to all active and qualified members of this Association regardless of what state they retire to or decide to live in within the continental United States.

Jersey Assistance for Community Caregiving (JACC)

The Jersey Assistance for Community Caregiving (JACC) program is another resource available to New Jersey residents. This program provides financial assistance to family

caregivers who are taking care of individuals with disabilities or chronic health conditions.

Eligible Services: JACC grants can be used to cover home care services, respite care, medical supplies, and other caregiving-related expenses.

Viatical and Life Settlements

Viatical and life settlements are financial options that allow individuals with terminal illnesses or chronic conditions to access the value of their life insurance policy before death. By selling a life insurance policy, you can receive a lump-sum payment that can be used to pay for home care services.

Viatical Settlement: This is an option for individuals with a life expectancy of two years or less.

Life Settlement: This is available for individuals over the age of 65 who no longer need their life insurance policy.

Home Equity Conversion Mortgage (HECM)

A Home Equity Conversion Mortgage (HECM), also known as a reverse mortgage, allows homeowners aged 62 and older to convert a portion of their home equity into cash. This money can be used for home care services, medical expenses, or other financial needs.

Eligibility: The homeowner must live in the home, and the loan must be repaid when the home is sold or the homeowner moves out.

There are numerous options available to reduce the out-of-pocket costs associated with home care services. By exploring VA benefits, long-term care insurance, grants from organizations like the Alzheimer's Association and Multiple Sclerosis Foundation, and government programs like Medicare and Medicaid, families can access financial assistance to ensure their loved ones receive the care they need. Additionally, alternative options such as viatical and life settlements or home equity conversion mortgages may provide further financial relief. Each option has its own eligibility criteria and processes, so it's important to carefully research and seek professional guidance to determine the best approach for your situation.

Section 5: Steps to Prepare for Care at Home

Before diving into the logistics of home care implementation, it's important to first address the critical steps that individuals and families can take to prepare thoughtfully and proactively.

Recognizing the Need for Care

Identifying when it is time to seek help is not always straightforward. Each situation is unique, and the decision to begin home care should be centered around preserving and improving quality of life.

In some cases, the need for care is clear—an individual may struggle with basic activities of daily living (ADLs) such as bathing, dressing, using the restroom, or getting in and out of bed. In other cases, the signs may be more subtle. Families often delay care until a crisis occurs, even when early signs of decline—such as unsteady mobility or undiagnosed cognitive issues (e.g., dementia)—are present. These delays can lead to preventable injuries, hospitalizations, and an overall decline in the care recipient's independence and well-being.

While no caregiver can prevent every accident, having professional support in place significantly reduces the risk of injury by providing guidance and assistance with tasks that may otherwise be unsafe.

When to Step In

There is no formula for determining the exact moment to intervene with home care. However, key factors to evaluate include:

- A noticeable decline in physical or cognitive function
- Increasing difficulty with routine tasks
- Concerns about safety and fall risk
- The emotional and physical toll on family caregivers
- The financial feasibility of long-term care options

If you are unsure about the level of care needed, consider reaching out to a professional. A registered nurse, geriatric care manager, home care agency, or primary care physician can conduct a risk assessment and provide guidance—often without requiring a long-term commitment. A professional may even offer simple suggestions or preventive solutions that delay the need for more intensive care.

At the end of the day, those closest to the care recipient—often a spouse, child, or close relative—must rely on their own observations and intuition. In most cases, safety, comfort, and quality of life should guide the decision-making process.

The Role of the Family Meeting

A family meeting can be a powerful way to establish unity and shared responsibility in caregiving. It provides a forum for discussing care plans, expressing concerns, and defining each person's role in supporting the care recipient. To ensure a productive and respectful discussion:

- Clearly state the purpose of the meeting ahead of time
- Share an agenda or checklist in advance
- Be prepared for differing opinions, and encourage open, solution-focused dialogue

☒ Suggested Family Planning Checklist

- ☐ What level and type of care is needed?
- ☐ What tasks and routines will the caregiver manage?
- ☐ Are there any specific instructions or preferences for care?
- ☐ What roles will family members play?
- ☐ Who will provide coverage during caregiver time off—provider, family member?
- ☐ Who will be the primary contact for the caregiver and home care agency?
- ☐ Who will be listed as emergency contacts?
- ☐ Who will manage medication setup and tracking?
- ☐ Who is responsible for shopping, errands, or transportation?
- ☐ Who will stay in communication with the physician or visiting nurse?
- ☐ Who will purchase medical supplies or arrange home modifications?
- ☐ Who will oversee financial matters related to care?

Navigating Differences in Opinion

It is common for family members to have different perspectives, especially when it comes to how care should be delivered. If a family member disagrees with a caregiver's training or approach, it's important to remain objective and focus on the ultimate goal: providing safe, compassionate, and consistent care for your loved one.

Acceptance of Care

As discussed earlier, many individuals delay decisions about long-term care until a crisis forces action. Understandably, the prospect of losing independence is difficult—especially for seniors experiencing a gradual decline in physical or cognitive function.

The idea of inviting a caregiver, often a stranger, into one’s home can feel invasive, unsettling, or even threatening.

It is common for care recipients to initially resist the concept of home care—not only before services begin but even after a caregiver is introduced. This resistance can stem from various emotional and cultural factors.

Common Barriers to Accepting Home Care

- Fear of losing independence
- Concerns about the cost of long-term care
- Discomfort with a stranger living or working in the home
- Cultural or language differences between the care recipient and caregiver

Even when the caregiver is warm, respectful, and skilled, emotional resistance may persist. It is important for families to acknowledge and validate these feelings while working patiently toward building trust.

Encouraging Acceptance: Strategies That Help

Families can play a vital role in easing this transition. The following approaches have proven effective in helping care recipients feel more comfortable with home care:

Highlight the benefits: Emphasize that receiving assistance with certain tasks may actually increase their independence in other areas of life.

Focus on family well-being: Explain that the caregiver’s role also supports family members by preventing caregiver burnout and enabling loved ones to spend more quality time together.

Reinforce professional guidance: Reference the recommendations of trusted health professionals (e.g., doctors, discharge planners, or rehabilitation staff) who have advised that care is necessary for safety, recovery, or continued independence.

Share relatable experiences: Mention friends, neighbors, or relatives who have had positive experiences with home care—it helps to normalize the situation.

Start a conversation: Invite the care recipient to share their fears or concerns, then work collaboratively to address them with empathy and reassurance.

Building Trust Takes Time

Implementing home care successfully is a process—not a one-time event. It often requires ongoing encouragement and the willingness to revisit conversations as trust builds. Families should prepare to actively support their loved one during the adjustment period.

By being proactive and focused on resolving small, manageable concerns, families can help their loved one move past hesitation and begin to see the caregiver not as a stranger, but as a partner in maintaining dignity, comfort, and independence.

Setting Clear Expectations: Assessment, Care Planning, and Daily Routines

As previously mentioned, a caregiver's responsibilities can vary widely depending on the personal care and household needs of the individual receiving care. Through experience, we've learned that the foundation of a successful caregiving relationship starts with clear communication and well-documented expectations. At Boardwalk Homecare, we prioritize this approach by using a Registered Nurse (RN) to conduct a comprehensive *Initial Assessment (IA)*. This assessment forms the basis for the caregiver's understanding of the client's needs and outlines the care plan moving forward.

Initial Assessment: What Is Included

The Initial Assessment gathers essential information across several domains, including:

- Medical and social history
- Key contacts (family members, legal guardians, emergency contacts)
- Physician and medication details
- Existing support services and identified resource gaps
- Vital signs and nutrition overview
- Home safety and environmental review
- Psychosocial status
- Fall risk evaluation

This process ensures that all aspects of the care recipient's well-being are taken into account and documented.

The Plan of Care: A Guide for Day-to-Day Support

Following the assessment, the RN develops a *Plan of Care (POC)*, a written document outlining the care recipient's specific support needs. This plan includes:

- The goals of care (both short-term and long-term)
- Designated service providers and involved parties

- Tasks and responsibilities assigned to the caregiver
- Frequency and timing of required tasks
- Protocol for reporting changes in the client's condition to the RN or designated family member

This plan is a vital tool in delivering consistent, high-quality care tailored to the individual's preferences and health conditions.

Daily Routine & Workday Planning

For caregivers—especially live-in caregivers—understanding the client's daily routine is essential for setting realistic expectations and preventing burnout. Documentation of daily routines should cover:

- Meal times and preferences
- Personal care routines
- Medication reminders
- Activities and appointments
- Light housekeeping needs
- Scheduled breaks, meals, and sleep periods for the caregiver

Families should clearly communicate when the client's care needs are most critical (such as nighttime toileting or early morning routines) and try to schedule caregiver breaks outside those periods.

Avoiding Burnout and Turnover

Caregiver burnout is a serious issue that can affect quality of care and lead to increased costs due to caregiver turnover or overtime compensation. Signs of caregiver fatigue are often linked to poor schedule planning, unclear expectations, or unresolved concerns. To reduce this risk:

- Ensure schedules allow for meaningful rest periods
- Be proactive in addressing complaints
- Stay flexible, especially when care needs fluctuate

Ongoing Communication is Key

While having a clear POC and daily schedule is essential, care needs often evolve over time. No document can anticipate every situation. That's why open, ongoing communication between the care recipient, caregiver, family, and care coordinator is vital. Regular check-ins and a willingness to adjust the plan as needed will help everyone stay aligned and ensure the highest level of support and satisfaction.

Durable Medical Equipment (DME): Ensuring a Safe Home Environment

A key part of preparing for a safe and successful return home from the hospital or rehab facility is making sure that the appropriate durable medical equipment (DME) is in place. This includes items like hospital beds, walkers, commodes, shower chairs, oxygen equipment, and more—tools that support mobility, safety, and medical care at home.

Planning for Equipment Before Discharge

Before a patient is discharged, a discharge planner, often a social worker or case manager, will coordinate the necessary equipment. They typically collaborate with:

- Visiting nurse organizations (VNAs)
- Durable medical equipment companies
- Hospice providers (if applicable)

These professionals assess the individual's condition and ensure that all essential items are delivered and ready before the patient arrives home. If equipment needs arise after discharge, the Medicare provider or the home health agency can assist with acquiring additional equipment. Additionally, health care service firms that offer non-skilled care services can direct families to the appropriate DME vendors or local resources.

If Equipment Is Needed After Discharge

If new safety concerns develop after returning home—such as increased fall risk or difficulty with daily tasks—there are several avenues to explore:

- Contact your county Office on Aging: They can connect you with local Medicare-approved providers or a geriatric care manager.
- Consult with a visiting nurse or home care agency: These professionals often have insight into specialized equipment that families may not be aware of.
- Work with a reputable DME supplier that offers setup, training, and ongoing support.

Why Professional Guidance Matters

Involving experienced professionals in your equipment planning is highly recommended. They can assist in:

- ☑ Recommending lesser-known but appropriate medical equipment for specific conditions
- ☑ Providing education on proper use, safety protocols, and maintenance
- ☑ Identifying insurance or public funding options to minimize out-of-pocket expenses

By addressing equipment needs early and with professional input, families can dramatically reduce risk, improve comfort, and empower care recipients to remain safely and confidently in their own homes.

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: Choosing the Right Home Care Agency or Caregiver

One of the most important elements of a successful home care experience is ensuring the right match between the care recipient and caregiver. Achieving this match requires thoughtful consideration of the recipient’s physical, emotional, and cultural needs—paired with a qualified and compassionate caregiver.

For families new to the home care process, this task can feel overwhelming. In New Jersey, one of the primary challenges is the ongoing shortage of certified home health aides. Another is determining how to effectively identify, screen, and manage top-tier caregivers, especially when hiring privately.

Choosing a Health Care Service Firm

If you opt to work with a licensed health care service firm, the agency will manage the caregiver selection process through internal systems and professional oversight. While all firms must comply with state regulations, there can be notable differences in each agency’s:

- Philosophy of care
- Management structure
- Customer service practices
- Caregiver training and supervision
- Responsiveness and communication

For this reason, choosing an agency should go beyond credentials alone—it should also feel like the right fit for your family.

What to Ask When Evaluating an Agency

After identifying a few potential home care agencies (through referrals, directories, or professional recommendations), it is time to speak with a representative. Use the conversation to assess their professionalism, transparency, and approach to caregiving. Key questions to ask include:

- ✓ Are caregivers licensed as Certified Home Health Aides (CHHAs) in accordance with NJ Division of Consumer Affairs regulations?
- ✓ Does the agency carry bonding, liability insurance, and workers’ compensation coverage?
- ✓ Do they offer additional protections (e.g., driving-related incidents)?
- ✓ What is their process for caregiver screening and background checks?
- ✓ Are caregivers legally authorized to work in the U.S.?

- ✓ What are their policies and procedures for live-in care?
- ✓ Is 24/7 on-call support available for emergencies or scheduling needs?
- ✓ How is case management handled? Is it included in the rate or billed separately?
- ✓ Do they provide resources to reduce out-of-pocket costs or enhance quality of life through complementary services?

A reputable provider should be consultative, supportive, and professional—not overly self-promotional. Their role is to guide you through the decision-making process, offering honest insight and continuing assistance after services begin.

If You Are Considering Private Hire

While this section focuses on working with professional agencies, families considering hiring a private caregiver will benefit from similar principles: diligent screening, clear expectations, and legal protections. Be sure to review employment regulations, insurance requirements, and background checks thoroughly.

How Boardwalk Homecare Can Help

As a trusted provider of both hourly and live-in home care, Boardwalk Homecare is always available to answer questions and provide guidance—regardless of whether you choose our services.

Our mission is simple: to support families in making confident, informed decisions. We are here to be a resource, not to sell a service. If we can help you better understand your options, we consider that a success.

How to Select a Private Caregiver

Choosing the right caregiver is one of the most critical steps in establishing a successful and stable home care arrangement. Whether you are working independently or through a provider, the goal is the same: match the care recipient's specific needs with a dependable, compassionate, and qualified caregiver.

This section outlines key considerations and recommended screening practices when hiring privately, as well as red flags to avoid. New Jersey Requirements for Caregivers (via Health Care Service Firms) If hiring through a licensed health care service firm in New Jersey, caregivers should meet the following legal standards:

- Criminal background check
- Verified work history and references
- Proof of legal employment eligibility
- Up-to-date Mantoux Tuberculosis test or chest X-ray
- Valid New Jersey Certified Home Health Aide (CHHA) license

- Documented educational background

Conducting In-Person Caregiver Interviews

A face-to-face interview provides invaluable insight beyond a resume. Here is what to observe and assess:

Professional Appearance

A clean, well-groomed caregiver signals professionalism and self-respect—qualities that often carry over into how they treat the care recipient.

Communication Skills

Strong communication is essential for:

- Understanding the care plan and responsibilities
- Interacting with family members, nurses, physicians, or emergency services
- Providing companionship and emotional support to the care recipient

If English is a second language, assess fluency carefully—especially if clear verbal communication is crucial for your situation.

Relevant Experience

Experience should align with the care recipient's specific needs. For example:

- Personal care tasks (e.g., bathing, toileting) should be non-negotiable.

Diagnosis-specific experience (e.g., dementia, Parkinson's, post-surgical care) is highly recommended when relevant due to the complexity and emotional demands involved.

Attitude and Personality

Great caregivers are patient, adaptable, and resilient. They can manage challenging behaviors, emotional outbursts, or cultural misunderstandings with grace. Traits to look for:

- Calm under pressure
- Warm and compassionate
- Willing to “go with the flow”
- Not easily offended or discouraged

Caregiver Red Flags to Avoid

Establishing consistency in care is vital, and the best way to avoid turnover is by identifying problematic traits early in the selection process.

Unclear Commitment or Job-Hopping

One of the most common issues families face is early caregiver departure. Often, a caregiver who seemed like a great fit leaves suddenly for a higher-paying or more convenient opportunity.

Why it happens: Families or agencies sometimes overlook the caregiver's actual motivation for taking the job. A reliable caregiver is someone who:

- Truly values the opportunity
- Has a genuine interest in working with your loved one
- Seeks stability, not just a temporary paycheck

 **Tip:** Ask clear questions about long-term availability, other job opportunities they are considering, or personal obligations that may impact their schedule.

Excessive Demands Before Hire

It is reasonable for a caregiver to clarify expectations, but be cautious if financial or logistical demands are excessive from the outset. Red flags may include:

- Insisting on cash-only payment
- Requesting pay for non-worked vacation days
- Unwillingness to participate in tax reporting
- Overemphasis on rate negotiation

Top-tier caregivers take pride in their profession. While fair compensation is important, their primary focus is on delivering quality care—not squeezing every dollar from a negotiation.

The caregiver you hire will have a deep and lasting presence in your loved one's daily life. Taking the time to screen thoroughly, ask thoughtful questions, and consider more than just the resume is essential for building a trusting, long-term caregiving relationship.

Section 7: The Power of Gratitude: Supporting Your Caregiver

Once you have selected the appropriate home care program and found a caregiver who meets your criteria, the next—and often most important—step is setting the foundation for a strong, stable relationship. While every caregiving situation is unique, one universal truth stands out: consistency and continuity are essential to the well-being of the care recipient and peace of mind for the family.

To support a lasting relationship, it is important to understand both the caregiver's responsibilities and their expectations. The best home care outcomes happen when mutual respect, patience, and open communication guide the partnership from the very beginning.

Understanding and Embracing Cultural Differences

Even when matched carefully, caregivers and care recipients are individuals with different backgrounds, values, and life experiences. Particularly in live-in care arrangements, it is common for the caregiver to come from a different country, culture, religion, or language group.

Rather than seeing these differences as barriers, it is helpful to approach them as opportunities to foster mutual understanding. Respect for cultural differences is essential for creating a harmonious home environment.

Example: Meal Preparation

Food and dietary habits are deeply personal. A caregiver may be unfamiliar with certain dishes or preparation styles. Instead of expressing frustration, try:

- Providing recipes or written instructions
- Demonstrating preferred cooking methods
- Offering gentle, constructive feedback

These small acts of patience and guidance can go a long way toward ensuring that your loved one feels comfortable and cared for.

Fostering Mutual Respect and Collaboration

Respect is the cornerstone of any healthy relationship—especially one as personal as home care. Below are some guidelines for families and care recipients to support a positive caregiving experience from day one:

✓ Start with Clear Expectations

- Review the caregiver's responsibilities and routines outlined during the interview process.
- Walk them through the home environment and care recipient's daily schedule.
- Clarify rules, preferences, and any safety concerns.

✓ Treat the Caregiver as a Valued Partner

- Acknowledge that caregiving is demanding, emotionally and physically.
- Reinforce that you appreciate their role and trust them with your loved one's care.
- Express appreciation often—everyone likes to feel valued.

✓ Encourage Open Communication

- Keep your caregiver informed of any changes in the care plan or medical status.
- Invite their observations—they often notice subtle changes others may miss.
- Listen to their suggestions with an open mind, even if their approach differs.

✓ Respect the Caregiver's Humanity

- Recognize that caregivers have lives and responsibilities beyond their work.
- Provide reasonable flexibility for days off or schedule adjustments.
- Be mindful of their emotional well-being and avoid unrealistic demands.

✓ Practice Patience and Pick Your Battles

- Focus on what truly matters—your loved one's safety, dignity, and overall health.
- Accept that some minor issues are not worth conflict.
- Use calm, constructive language when raising concerns.
- Compromise where possible and avoid perfectionism.

When Conflict Arises

Disagreements are inevitable in any long-term relationship. The goal is not to avoid all conflict, but to manage it respectfully and effectively. Consider these strategies:

- Approach complaints calmly and kindly
- Pause and take a break if conversations become emotionally charged
- Reflect before reacting
- Recognize that different doesn't mean wrong—alternative methods can work
- Focus on resolving the issue, not assigning blame

The caregiver is more than an employee—they are a companion, advocate, and extended member of your care team. When mutual understanding and respect are present, caregiving becomes more than a task—it becomes a meaningful and sustainable relationship.

What Do Live-In Caregivers Truly Value?

Retaining top-notch home caregivers might just come down to understanding their needs—what they seek from their roles and their employers. Below are insights gathered from informal surveys conducted by caregiving professionals:

- A sense of inclusion
- Respectful and constructive feedback
- Empathetic management
- Acknowledgement and praise
- Safe and supportive work environments
- Competitive pay
- Employer loyalty and consistency

Fostering a Sense of Inclusion

Caregivers thrive when they feel like valued team members rather than just employees. One effective way to foster this is by inviting their input and showing appreciation for their perspective.

Encouraging your caregiver to keep a brief daily journal about the care recipient — moods, behaviors, or small updates — can spark meaningful discussions. These entries not only serve as useful records but can enhance communication and provide a structured opportunity for feedback and connection.

Home care can be a solitary role. Regular check-ins with a family member can create a more connected work experience, helping caregivers feel seen, heard, and supported.

Constructive and Respectful Feedback

While positive feedback boosts morale, it's equally crucial to address concerns with honesty and tact. Unresolved minor issues can escalate, so addressing them with kindness and clarity is key.

Constructive discipline means discussing performance issues in a private, respectful manner, focusing on solutions without blame. Most caregivers want to improve and are open to feedback if it's delivered fairly and supportively. Co-creating a plan for improvement strengthens mutual trust and commitment.

An Empathetic and Flexible Approach

Many caregivers are drawn to this profession because of the opportunity to work closely with individuals and the flexible nature of the job. Employers who understand the importance of work-life balance, personal comfort, and occasional mistakes create a healthier work environment.

Being empathetic means allowing caregivers to work at their own pace, dress comfortably, and feel safe admitting when they've made a small error — without fear of harsh criticism. Remember, caregivers are human too.

The Power of Genuine Appreciation

Simple words of gratitude can go a long way: "You're amazing. We couldn't do this without you." Recognizing the value caregivers bring helps sustain their motivation and sense of purpose, even in a role that may not always offer top-dollar compensation.

Feedback from caregivers consistently shows that feeling needed and appreciated is one of the most motivating aspects of their work.

Providing a Safe and Supportive Workplace

It is essential to ensure a safe and well-equipped environment. Adequate food, supplies, and emergency protocols should always be in place.

Demonstrating Loyalty and Support

Loyalty means standing by your caregiver, especially when they exceed expectations. It might involve adjusting schedules for sick leave or planning for future raises. Loyalty tells your caregiver: "We're in this together. I'll support you, and I trust you to care for my loved one with integrity and heart."

It is also about open communication—sharing both praise and concerns with honesty and respect.

Section 8: Effectively Training and Managing Your Caregiver

Many families are new to the idea of supervising a caregiver, and for good reason—our culture often values independence, making it uncommon for most Americans to have experience managing in-home employees. Yet, strong caregiver supervision is one of the most important aspects of delivering high-quality, consistent care.

When caregivers feel valued, respected, and supported, they are more likely to provide dependable and compassionate service. Creating this type of environment benefits everyone and starts with clear communication, structured expectations, and mutual respect.

The Role of the Case Manager

At Boardwalk Homecare, we assign dedicated case managers to serve as the central point of contact between the care recipient, family, and caregiver. If your home care arrangement does not include a professional case manager, we strongly recommend appointing a family member to fulfill this role.

Key responsibilities include:

- Understanding the care recipient’s personal preferences, needs, and routines
- Helping resolve small concerns before they escalate
- Clarifying caregiver duties and addressing issues with sensitivity
- Reinforcing the caregiver’s role as a partner in care
- Maintaining a case log to track changes in health, concerns, or care-related events—accessible to the care team and healthcare providers

At the beginning of care, the case manager should arrange a welcome meeting involving the caregiver, care recipient, and any interested family members. This helps establish ground rules, clarify expectations, and begin building trust from day one.

Key Home Care Policies and Procedures

Clear policies are essential to avoid misunderstandings and reduce caregiver turnover. The case manager should communicate and review the following topics:

Caregiver Job Description

Define the caregiver’s scope of work, including both skilled and non-skilled duties depending on your chosen home care model.

Work Hours (Live-In Caregivers)

Live-in caregivers typically provide 8–10 hours of active care, spread throughout a 24-hour period. They are expected to remain on-call during off hours but must also receive dedicated time for meals, rest, and personal needs.

Food Expenses

It is customary for the family to provide meals as part of the household routine. If a caregiver requests specialty items outside this norm, those should be purchased at the caregiver's own expense.

Driving and Mileage Reimbursement

If a caregiver uses their own vehicle, mileage should be reimbursed per IRS standards. If they use the care recipient's vehicle, no reimbursement is necessary.

Use of Phone, Internet, and TV

Create usage guidelines for personal calls, internet access, and television. Providing caregivers with connectivity and personal space supports mental health—especially in live-in arrangements.

Additional Policy Topics

We recommend developing guidance for:

- Emergency procedures and contact lists
- Interruptions in care
- Incident and accident reporting
- Infection control and safety protocols
- Fall prevention measures
- Rules around purchases, loans, and gifts
- Time-off procedures and requests
- Alcohol use and restrictions in the home

Clear documentation of these topics creates shared understanding and minimizes avoidable conflict.

Orientation and Training: Starting Off Right

Strong supervision begins with a well-organized orientation and training process. Take the time to walk the caregiver through the home with the care recipient present. Cover the following:

- Tour of the home: Explain how to use appliances, door locks, security systems, and heating/cooling units.

- Step-by-step demonstrations: Use the RN-developed Plan of Care to explain expectations for meals, personal care, mobility, etc.
- Household routines: Review preferences such as wake-up times, dietary habits, and areas considered private or off-limits.
- Emergency protocols: Provide a clear list of emergency numbers, including:
 - Family members
 - The primary physician
 - Police, fire, ambulance
 - Poison control center
 - Local hospital or urgent care

Do not assume the caregiver knows what to do in an emergency—discuss all scenarios in advance.

Preventing Turnover: Why Stability Matters

Caregiver turnover is one of the most disruptive elements of home care. While some families are fortunate to find a great match on the first try, others experience a revolving door of short-term replacements. This often stems from a lack of support, unclear expectations, or an uncomfortable work environment. To foster long-term success:

- Stay involved in the first few weeks to help build rapport between the care recipient and caregiver
- Provide constructive feedback early and often
- Recognize good performance, and be flexible, when possible, with requests for time off or scheduling changes
- Create a work environment where the caregiver feels valued and respected

By establishing structure and support from the beginning, you significantly increase the likelihood of long-term success.

Section 9: Additional Care Resources for Home Care Recipients

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 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.

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.

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.

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 www.mealcall.org/meals-on-wheels/nj/.

Online Grocery Shopping

Peapod or DoorDash are 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 websites at www.peapod.com/ or www.doordash.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

- <https://www.nj.gov/nj/community/senior/>

Boardwalk Homecare:

- www.boardwalkhomecare.com

About the Authors

In 2006, Brendan Sullivan and Brendan Watson set out to build a first-class organization dedicated to supporting aging individuals through one of life's most challenging transitions: the need for in-home care. Guided by a shared vision and deep commitment to compassion, Boardwalk Homecare was founded—offering families across New Jersey a new and more thoughtful approach to home care.

From the beginning, Boardwalk Homecare has focused on education over sales. Rather than simply offering services, we take the time to help families understand their options, the home care landscape in New Jersey, and the steps involved in creating a care plan that truly fits their needs. We believe that informed families make empowered decisions.

Drawing on years of hands-on experience, continuous learning, and careful study of every facet of home care—including suitability, cost, safety, caregiver dynamics, and best practices—we have built a streamlined, compassionate, and highly effective approach to in-home care planning.

What began modestly in Monmouth County has grown into a robust, multidisciplinary team of nurses, case managers and certified home health aides, serving clients and families across New Jersey.

Whether or not you choose Boardwalk Homecare as your care provider, we hope that the information and insights we share help guide you toward a successful home care experience—one marked by stability, safety, and peace of mind.

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For more information, please call

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