



45 Stockton Street, Princeton, NJ 08540
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Questions to Ask When Interviewing Home Care

- How long have you been serving this area?
- Is the agency independent or part of a franchise?
- Are the home health aides/companions employees of your company?
- What kind of supervision and support does your company provide? Do they provide additional training to staff? How often? Does a nurse oversee staff?
- Who does the assessment and care plan? A nurse or nurse and social worker should be. Do you get a copy of the care plan? Is it clear and specific about what is to be done and why?
- How is patient confidentiality ensured?
- How are emergencies handled? Is there on-call assistance 24/7?
- Is the nurse available for non-emergency questions or medication management? Will the nurse visit again after the initial visit?
- Who can you speak to if you have questions or problems? Who will call you with concerns?
- Are criminal background checks conducted on staff? Are they individually bonded, insured and covered by Worker's Compensation? Do they have references and can you see them?
- Does the company allow caregivers to drive? Their car or yours? Do they have Hired Auto Insurance? Do they check driving records?
- Is there a guarantee that someone will be there for the hours you have contracted? What happens if your regular caregiver is unavailable? How are you notified?
- Can a caregiver be replaced if they are not compatible?
- Is there a minimum number of hours or days?
- Is there a running record kept in the home of caregiver visits, services provided, other notes?
- What is the hourly rate? Is it always the same? How does billing work?
- Is there a service contract (there should be) specifying duties and hours?
- If your care needs include dementia care, are the aides specifically trained or certified in dementia care?
- If you have long term health care or veterans benefits, is the agency approved and will they help you apply for the benefits?
- You can ask to see the agency and aide's license or certification.
- How does the agency deal with end of life instructions?
- How will your caregiver get to work?
- Does this caregiver have prior experience? What kind?
- Can you have a test period?

Sources: US Department of Health & Human Services, NJ Board of Nursing, NJ Consumer Affairs, Senior Care Management, Society on Aging NJ, Home Instead Senior Care

Factors that influence your relationship with your home care provider

- How recipient and family feel about having a caregiver or caregivers
 - I should have done it myself, I don't want anyone in my house
 - Sometimes care recipient is more comfortable than family with an individual provider
- Are family members in agreement about recipient's needs, hiring care
 - When one family member denies the illness or need for care
 - When spouse insists they can do it, but clearly can't
- Past experience –own, family or friend-with caregiver
- Cultural differences—class, education, ethnic, economic
 - All the factors that go into culture: language, food, attitude about elders, expectations, types of care, how to spend time. Assumptions.
- What role does family expect to play? How often there? Will you be the coordinator of providers?
 - What if one sibling takes on the majority of the work, are others supportive? Is there resentment? Have a contract!
 - Need for caregiver coordinator when there are several schedules to oversee
 - When children are physically distant-may not see changes, hard to coordinate, guilt, sweep in for a few days and try to change everything
- If multiple shifts of aides, how do you handle differences, arguments among them?
 - Need for caregiver notebook, forms of communication between shifts, and with family
 - People often under-estimate the demands of being the care coordinator. Deal with issues when they arise, don't let them fester.
- Figure out when it is time to get help. "Caregiver creep" catches up with all of us. It is not a failure to get help—it may be the best thing you can do for both of you. Don't take your feelings of frustration, fatigue, failure on the paid caregiver. Let yourself go back to being spouse/child. Tipping point often cognitive decline, incontinence, own health issues, friends telling you.

What can help make a positive relationship?

- GOOD COMMUNICATION
 - Be super clear about expectations
 - Talk about things that come up
 - Seek solutions that are not blaming, but finding resolution
 - Start off each day with a compliment
 - Needs change over time
- Respect
 - Your caregiver is a professional. Many have a lot of experience at this work. They are experts. All CNA's and CHHA's have training. They want to succeed, and are often creative problem solvers. Become a care team-include them in problem-solving. Many feel it is a calling. It's a dangerous job, physically demanding. Some relationships develop into deep friendships (but don't let that become exploitive or affect care).
- Seek understanding
 - This is one of the hardest and lowest paid positions that exists in American culture. Often people take multiple jobs to support their families, have family issues of their own and have transportation difficulties. When these things arise, how do you address them with compassion and a clear sense of what you expect/need? If you are working with a care facility, what are the pressures and expectations put on the care givers? How does the organization run and how can you maximize your benefit?
- Educate yourself – about the disease, about caregiving.
 - Understand the disease process, don't deny what's happening. Caregiver support groups.
- Choose a home health agency or residential care community that will help you work out challenges when they come up.
- Prepare the caregiver and the care recipient. Favorite foods, pastimes, interests. Plan what caregiver will do, what you want them to know about you...



Important terms:

Insurance coverage: Medicare will only cover home care for a brief (1-2 month) period after a hospitalization. The services often include a nurse for medication or skilled care (post-surgery, wounds), physical and occupational therapy. This care must be provided by a Medicare-certified agency, the patient must be home-bound, and the care is intermittent (such as PT twice a week). Homecare is included for only the length of time that skilled care is provided. Ongoing home health care is not considered a medical service and therefore not covered by Medicare. Long Term Care insurance will pay, but check waiting periods, daily rates and limits on who provides care. Medicaid also pays for some home health care, usually through selected providers. Veterans Benefits also pay for eligible veterans and some spouses.

Transitions-this is a new program funded by Medicare through the Affordable Care Act which supports the transition between hospital and home/care facility for vulnerable older adults with some conditions. The purpose is to reduce re-hospitalizations by focusing on continuity of treatments and communication, and is in place for 30 days.

Hospice: Hospice care includes in-home services of a team including a nurse, social worker, home health aide, chaplain, volunteers and others. It often does not provide enough hours to meet all your needs and you may need to hire additional home health services. It is expected that there will be an involved family member or friend as part of the team who is coordinating care.

Licensed Health Care Service Firm-these home health agencies are regulated by the State of New Jersey Division of Consumer Affairs. States regulate these services differently. Care is overseen by a nurse. Services may also include home health aides, physical and occupational therapy, home makers, caregivers, and activity workers.

Certified Home Health Aide- Certified by NJ Board of Nursing after completing 76 (16 clinical) hours of training, competency evaluation and background check. Home health aides can provide personal care (bathing, dressing). They can remind someone to take medication, but only a nurse can dispense medication. A Certified Nurse Assistant completes 90 hours (40 clinical) and is usually employed in a skilled nursing facility and a Personal Care Aide completes 85 (16 clinical) to work in an Assisted Living facility. Work under the supervision of a nurse.

Caregiver, companion or home maker- Can provide companionship, light housekeeping, food preparation, shopping, laundry, driving, reminders, respite. Cannot provide personal care.

Visiting Nurse- an LPN or RN who can dispense medication and do follow-up medical care.

Live-in- aide lives in your home, has own room (and bath), often shares meals, provides 24/7 care but overtime labor laws still apply; they have to be able to sleep and have time off! Most are set up to have intermittent tasks through the day.

Broker or Employer? Some agencies serve as employment agencies or brokers for companions/non-medical services rather than employers who hire, train and oversee their employees. If you pay the caregiver directly, you are the employer.



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Should I use an agency or hire privately?

Pro	Con
AGENCY	
Agency hires, background checks, driving check, references, legal work status	Confined by state regulation
Agency takes care of payroll, taxes, workers comp.	Costs more
Agency trains, continuing education	may have less control over who does what shift
Agency has nurse overseeing care	May have day or hour minimums
Some agencies have several levels of staff, including activity, companion, health aide, nurse	
Agency must find sub when aide is out	
Agency has care coordinator to resolve problems, maintain schedule	
Provide a professional assessment of needs	
Bonded, insured	
Overseen by nurse	
PRIVATE HIRE	
Cheaper	Legal issues re payroll taxes, insurance Social Security, Worker's Comp.
You have direct contact, control	Must find or be your own substitute
More task flexibility	Must coordinate care between caregivers or hire a care manager
Word of mouth referrals	Do own background check, interviewing
	Who will train? Where does knowledge come from?

PSRC maintains a list of home care agencies that serve the Princeton-Mercer area. It is available through our Community Resource Directory and our website: www.princetonsenior.org. When you meet with one of our social service staff, we will give you at least 3 recommendations based on your individual situation and location. You will also find a guide to selecting a home care provider in the Directory.

PSRC also maintains a "Share Board" at the Suzanne Patterson Building where people can post notices of services offered or needed. This is provided as a service. PSRC does not evaluate or endorse any of the services listed.

PSRC does not evaluate or endorse any of the providers listed in either of these Directories. The providers do not pay to be listed.