HEARTHLINE
HOME CARE
Compassionate Care That Lasts.

GUIDE 01 FOR FAMILIES

Understanding Home Care

Most families start this search in the middle of a crisis, with terms nobody explained. This is the plain-language version — what the different kinds of care actually are, which one fits, and what to expect.

INSIDE THIS GUIDE

- The one distinction that matters most
- Four care settings, side by side
- Which level of care fits your situation
- What a normal week actually looks like
- Who pays for what, honestly

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Serving families throughout Bergen County, New Jersey

START HERE

The words are the first problem

Home care, home health, in-home care, private duty, companion care, custodial care. Different agencies use these interchangeably, hospitals use them precisely, and insurers use them differently again. Meanwhile you are trying to make a decision about your mother by Friday.

Here is the distinction that actually matters, and nearly everything else follows from it: **is the help clinical, or is it daily living?** Clinical care — wound dressings, injections, therapy ordered by a physician — comes from a skilled home health agency, usually paid by Medicare. Daily living help — bathing, dressing, meals, company, keeping someone safe — comes from a non-medical home care agency, usually paid privately.

Hearthline is the second kind. We say that early and plainly, because being sent to the wrong type of agency costs families weeks they often do not have.

WHAT NON-MEDICAL CARE NEVER INCLUDES

A home care aide does not administer medication, change a sterile dressing, give an injection, or provide therapy. They may remind someone to take medication that has already been prepared and prescribed. If an agency offers to do more than that without a nursing license behind it, treat it as a warning about everything else they tell you.

“I did not know there was a difference until someone finally explained it. We had spent a month calling the wrong places.”

SIDE BY SIDE

Four different things, often confused

Families are frequently sent to the wrong kind of provider, lose weeks, and start over. The gold column is what Hearthline provides.

	Non-medical home care	Home health (skilled)	Assisted living	Skilled nursing facility
Who it is for	Needs help with daily living, not clinical treatment	Recovering from surgery, illness or hospital stay	No longer wants to maintain a home	Needs round-the-clock clinical supervision
What it includes	Bathing, dressing, meals, housekeeping, companionship, respite, medication reminders	Nursing visits, wound care, injections, physical and occupational therapy	Housing, meals, activities, on-site help with daily living	24-hour nursing care in a licensed facility
What it does not	Wound care, injections, IV therapy, administering medication	Long shifts of companionship or housekeeping	Keep the person in their own home	Provide care at home
Who usually pays	Private pay, long-term care insurance, some VA and Medicaid waiver programs	Medicare or private insurance when a physician orders it	Private pay, monthly	Medicare for short rehab, then Medicaid or private pay

WHICH LEVEL FITS

Four questions to ask yourself

There is an interactive version of this on our website that gives you a recommendation as you answer. On paper, work through these four and note what you find — it is exactly what a nurse will ask you.

1. Does your loved one need any hands-on clinical care?

Wound dressing changes, injections, IV therapy, catheter care, or therapy ordered by a doctor. If yes, you need a skilled home health agency — often alongside, not instead of, non-medical home care.

2. How much help is needed with everyday tasks?

Bathing, dressing, getting to the bathroom, preparing meals, moving safely around the home. Mostly independent points toward companion care; regular hands-on help points toward personal care.

3. When is help needed?

A few hours a few days a week, most of the day most days, or overnight and around the clock. An honest estimate is fine — this changes over time for almost everyone.

4. Is it safe for them to be alone?

Think about falls, wandering, leaving the stove on, forgetting medication. If the answer is genuinely no, you are looking at live-in or around-the-clock care.

IF THE ANSWER TO QUESTION ONE IS YES

The clinical side belongs with a Medicare-certified home health agency, usually arranged through the doctor or hospital discharge planner. That is a different license from ours, and we will tell you so plainly rather than take work we should not.

Non-medical home care frequently runs alongside it, covering the many hours the nurse is not there. We are glad to talk through how the two fit together, even if you never become our client.

WHAT IT LOOKS LIKE

A normal week, not a medical event

People imagine home care as something clinical arriving in their living room. In practice, a shift looks like breakfast, a shower done safely and without embarrassment, laundry, a walk if the weather allows, a proper lunch, a conversation that is not about illness, and a note written down about how the day went.

The value is in the ordinariness. A person who eats properly, moves a little each day, takes their medication on time and speaks to someone who knows them stays out of hospital longer. That is the whole proposition.

MONEY

Who actually pays for this

The hardest thing to hear is that Medicare generally does not pay for non-medical home care. Medicare covers skilled home health when a physician orders it, and for a limited period. The daily-living help that most families need is usually paid:

- **Privately, hourly, by the family** — the most common arrangement by a wide margin
- **By a long-term care insurance policy**, if one was purchased years earlier
- **Through New Jersey Medicaid** managed long-term services, for those who qualify financially
- **Through VA programs** such as Aid and Attendance, for eligible veterans and surviving spouses

Ask about all four. Families routinely leave a long-term care policy unclaimed because nobody remembered it existed, or skip a VA benefit they were entitled to for years.

DECIDING

You do not have to get this right forever

Care needs change, and the plan should change with them. Starting with a few hours a week is not a failure of nerve — it is often the wisest opening move. It lets your loved one get used to a stranger in the house while the stakes are low, and it gives you real information about what actually helps.

What matters more than the starting quantity is that someone competent assesses the situation, writes down a plan, and revisits it after anything changes — a fall, a hospital stay, a new diagnosis, a bad month.

TALK TO A PERSON, NOT A CALL CENTER

Questions About Care at Home

Every inquiry is read personally and held in confidence. There is no obligation, and we will tell you honestly if we are not the right fit for your family.

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Continue reading. Preparing for Care at Home is available at hearthlinecare.com/#/resources, along with our other family guides.