

# *A Consumer's Guide to Homemaker-Home Health Aides*

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*New Jersey Office of the Attorney General  
Division of Consumer Affairs  
New Jersey Board of Nursing*  
[www.njconsumeraffairs.gov/hhhh/Pages/default.aspx](http://www.njconsumeraffairs.gov/hhhh/Pages/default.aspx)





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## ***Please Note***

**Health Care Services firms employ Certified Homemaker-Home Health Aides and assist them in obtaining employment. These firms must be registered with the Division of Consumer Affairs.**

**Before using a health care services firm, we recommend that you check the Division of Consumer Affairs Registry of Licensed and Registered Employment Agencies at :**

**[www.njconsumeraffairs.gov/epservices/Documents/New-Jersey-Licensed-and-Registered-Employment-and-Personnel-Services.pdf](http://www.njconsumeraffairs.gov/epservices/Documents/New-Jersey-Licensed-and-Registered-Employment-and-Personnel-Services.pdf)**

**You also may call 973-504-6370 to check the registration status of a firm.**

## *Introduction*

**Making informed decisions about home health care and Homemaker-Home Health Aides is critical when you or a loved one needs health care services in the home. This guide will help by providing you with the information that is necessary to ensure that your decision is based on an understanding of the role, services and responsibilities of a Homemaker-Home Health Aide, as well as the training and credentials required of them.**

**An extensive list of resources to obtain additional information is included in this guide.**

## *New Jersey Board of Nursing's Responsibilities*

The New Jersey Board of Nursing is mandated to protect the health, safety and welfare of New Jersey residents.

The New Jersey Nurse Practice Act mandates the Board to:

- ❖ Prescribe standards and curricula for Homemaker-Home Health Aide education and training programs; review and approve training programs; and suspend or revoke program approvals as warranted.
- ❖ Require that a Registered Professional Nurse (R.N.) develop and supervise the plan of care implemented by the Certified Homemaker-Home Health Aide ("CHHA").
- ❖ Certify Homemaker-Home Health Aides when the required training course is successfully completed and a promise of employment is provided to the Board from a New Jersey-licensed home health care agency. The Aide must renew his or her certificate every two years. When warranted, the Board may suspend or revoke a Homemaker-Home Health Aide's certification.
- ❖ Conduct criminal history background checks on all Homemaker-Home Health Aides applying for certification and renewal of certification.
- ❖ Establish and maintain a registry of individuals who complete the required training and have been certified.

## ***Choosing a Certified Homemaker-Home Health Aide: Determining What Services You Need***

Before purchasing home care services, discuss the care you will require with your nurse, doctor or hospital discharge planner to be sure you understand exactly what type of service you require:

- ❖ Health care services are provided by Registered Professional Nurses (R.N.s), Licensed Practical Nurses (L.P.N.s), and other providers such as occupational therapists, physical therapists, respiratory therapists, dieticians and social workers.
- ❖ A New Jersey Registered Professional Nurse designs the plan of care and delegates responsibilities to and supervises personal or assistive services provided by the CHHA. The CHHA assists the nurse by providing personal care and homemaker services such as bathing, dressing, toileting, personal meal preparation, feeding, light laundering for the patient, tidying the patient's room, as well as exercise regimens and errands.
- ❖ Generally, housekeeping services such as shopping, cooking, and laundering for the family are not provided by a CHHA. These services are more appropriately provided by a housekeeper, companion or domestic service provider.
- ❖ Certified Homemaker-Home Health Aides must be employed by a New Jersey-licensed home health care services agency. A certified Homemaker-Home Health Aide may not work privately.

## *Employment Settings for Homemaker-Home Health Aides*

The New Jersey Nurse Practice Act was amended in 1999 to clarify employment settings for Certified Homemaker-Home Health Aides. A Certified Homemaker-Home Health Aide is employed by a New Jersey-licensed home health care services agency and performs delegated nursing regimens or nursing tasks delegated through the authority of a duly licensed Registered Professional Nurse.

The following are facilities which may employ Homemaker-Home Health Aides provided that they are certified by the State of New Jersey:

- ❖ home health agencies;
- ❖ assisted living residences;
- ❖ comprehensive personal care homes, assisted living programs, hospices or alternate family care providers licensed by the New Jersey Department of Health and Senior Services;
- ❖ nonprofit organizations; and
- ❖ health care service firms regulated by the Division of Consumer Affairs in the New Jersey Office of the Attorney General.

***The Certified Homemaker-Home Health Aide***  
***Must Meet These Requirements***

- 1. Completion of a Homemaker-Home Health Aide course approved by the New Jersey Board of Nursing.**
- 2. Successful completion of a competency evaluation by a New Jersey-licensed home health care services agency.**
- 3. Hold a current and valid certification by the New Jersey Board of Nursing as a Homemaker-Home Health Aide. The certificate will have a State of New Jersey Seal and date of expiration; certificates expire every two years. Should you have any questions concerning a CHHA's certification, you should call the New Jersey Board of Nursing at 973-504-6430.**
- 4. Completion of the federal and state criminal history background checks.**
- 5. Employment by a home care services agency, as defined on page 4.**
- 6. Supervision by a licensed Registered Professional Nurse.**

## *What You Need to Know About Obtaining Certified Homemaker-Home Health Aide Services*

### *Be Informed*

Being informed about CHHA services before a health care crisis arises will save you time and money, reduce stress and allow you to make an educated decision.

A CHHA may be obtained by talking with your doctor, nurse, hospital discharge planner, community home health care agency or hospital home care department. You may also check telephone listings under "Home Health Services."

Remember: a Certified Homemaker-Home Health Aide must always be supervised by an R.N.

### *Agency Licensing/Accreditation*

If you select a home care provider licensed by a State agency, there are laws to protect your consumer rights.

Accrediting agencies are professional groups that establish and monitor voluntary, industrywide standards to ensure that patients receive quality home health care services. (See page 10 for a list of accrediting agencies.)

### *Insurance*

Ask whether the home care agency protects its workers and patients with insurance coverage such as Workers' Compensation and liability insurance. If the agency does not provide insurance coverage, you will need to determine the types of insurance coverage you will be required to supply in order to protect yourself.

Be sure you understand the specifics of your own or the patient's health insurance coverage.

### *Tax Information When Hiring Private Care*

If you hire an individual privately, meaning an individual who is neither certified nor employed by a New Jersey-licensed home healthcare services agency, you should be aware that you are required by law to pay withholding taxes, Social Security and disability payments for that individual. Also, you should recognize that this individual will not have undergone a criminal history background check.

# Providers of Health Care Services in New Jersey

## Health Care Personnel

Registered Professional Nurse  
Licensed Practical Nurse  
(973) 504-6430

Physical Therapist  
(973) 504-6379

Occupational Therapist  
(973) 504-6570

Respiratory Care Practitioner  
(973) 504-6485

Speech Therapist  
(973) 504-6269

Social Worker  
(973) 504-6495

Certified Homemaker-Home  
Health Aide  
(973) 504-6430

Certified Nurse Aide  
1-866-561-5914

Housekeeper or cleaning service

Companion

## Licensed by the Division of Consumer Affairs

New Jersey Board of Nursing  
New Jersey Board of Nursing

State Board of Physical Therapy

Occupational Therapy Advisory Council

State Board of Respiratory Care

Audiology and Speech-Language  
Pathology Advisory Committee

State Board of Social Work Examiners

## Certified by

New Jersey Board of Nursing

Department of Health and Senior Services  
*This certification is for Nurse Aides who work in nursing homes and assisted living facilities. This certification cannot be substituted for the New Jersey Board of Nursing's CHHA certification.*

## Not Certified

Not certified to provide personal or health care services, but may provide housekeeping services.

Not certified to provide personal or health care services, but may provide light housekeeping and services not related to health care.

## Summary

Carefully select a home health care service provider using the following outline as a guide:

1. Contact Medicare, Medicaid or your insurance carrier to determine which home care services are eligible for reimbursement.
2. Obtain and read literature describing the home health agency's services, reimbursement procedures and patient rights.
3. Select an agency that can provide the coverage you will need. The number of service hours will be determined by the Registered Professional Nurse and your insurance company. Be specific about the number of hours (either daily or weekly) that you will need a CHHA. Clarify, in advance, whether the same CHHA will be available.
4. Be sure to contact the home care services agency with any concerns you may have related to your care. Contact the New Jersey Board of Nursing to file a complaint about a nurse or a CHHA. You can reach the Board by calling 973-504-6430.
5. Keep thorough health records and maintain them in a place where others can easily locate them.
6. Always keep valuables, money, jewelry and personal financial records in a safe place.

## Resources for Questions and Complaints

### N.J. AIDS/HIV/STD Hotline

1-800-624-2377  
Text: 8006242377@njpies.org  
www.njhivstdline.org

### Alcohol and Drug Hotline

1-800-322-5525

### Alzheimer's Disease 24/7 Hotline National Alzheimer's Association Information and Referral

1-800-272-3900  
TDD: 1-866-403-3073  
www.alz.org/we\_can\_help\_24\_7\_  
helpline.asp

### American Association of Retired Persons (AARP)

National Telephone Number:  
1-800-441-2277 (AARP)  
TTY: 1-877-434-7598  
Spanish: 1-877-342-2277  
N.J. Telephone Number: (609) 987-0744  
www.aarp.org

### Audiology and Speech-Language Pathology Advisory Committee

(973) 504-6390

### N.J. Department of Banking and Insurance

(609) 984-2777  
www.state.nj.us/dobi

### National Cancer Institute Cancer Information Service

1-800-4-CANCER  
1-800-422-6237  
Mon. - Fri. 8 AM - 8 PM  
www.cancer.gov

### New Jersey Hospice and Palliative Care Organization

(908) 233-0060  
www.njhospice.org

### N.J. Senior Fraud Hotline

1-877-746-7850  
www.njconsumeraffairs.gov/fraud

### Insurance Fraud Prosecutor's Office

Telephone Number: 1-877-55-FRAUD  
1-877-553-7283

### Dental Services

Answered by New Jersey Department of  
Health & Senior Services for the  
New Jersey Dental Society

1-877-792-8820

### N.J. Domestic Violence Hotline

1-800-572-SAFE  
1-800-572-7233  
www.state.nj.us/dcf/women/domestic

### New Jersey Commission for the Blind and Visually Impaired

(973) 648-3333  
Toll-Free: (877) 685-8878  
www.state.nj.us/humanservices/cbvi

### Department of Health General Inquiry

1-800-367-6543  
www.nj.gov/health

### Hotline for Complaints about Healthcare Facilities/Nursing Homes

1-800-792-9770  
www.state.nj.us/health/healthfacilities/  
hotlines.shtml

### New Jersey Division of Consumer Affairs Complaints

#### Consumer Service Center

(973) 504-6200  
1-800-242-5846  
www.njconsumeraffairs.gov

### Home Health Agencies-Licensing and Regulation

#### New Jersey Department of Health (General Inquiry)

1-800-367-6543  
www.nj.gov/health

### Health Care Service Firms: Licensing and Regulation

#### New Jersey Division of Consumer Affairs' Regulated Business Section

(973) 504-6367  
www.njconsumeraffairs.gov

## Resources for Questions and Complaints

### Home Care Accreditation Agencies

#### Commission on Accreditation for Home Care (CAHC)

(201) 880-9135  
Email: info@cahnj.org

#### The Joint Commission (TJC)

(630) 792-5800  
www.jointcommission.org

#### Community Health Accreditation Partner (CHAP)

(202) 862-3413  
www.chapinc.org

#### Accreditation Commission for Health Care (ACHC)

Toll-Free: (855) 937-2242  
www.achc.org

#### National Institute of Home Care Accreditation (NIHCA)

(703) 901-2558

### Home Health Agency Associations

#### Home Care Association of New Jersey

485 D. Route 1 South, Suite 210  
Iselin, New Jersey 08830  
(732) 877-1100  
www.homecarenj.org

#### Home Health Services & Staffing Association

P.O. Box 5028  
Parsippany, NJ 07054  
(732) 324-5480  
www.hhssanj.org

#### Home Care Council of New Jersey

74 Haas Road  
Basking Ridge, New Jersey 07920  
www.homecarecouncilnj.org

#### Health Care Association of New Jersey

4 AAA Drive, Suite 203  
Hamilton, New Jersey 08691-1813  
(609) 890-8700  
info@hcanj.org

### Department of Senior Affairs-EASE (Easy Access Single Entry)

1-877-222-3737  
www.state.nj.us/nj/community/senior

#### Adult Protective Services

To report abuse or neglect  
(609) 588-6501  
or 1-800-792-8820  
List of County APS Offices:  
www.state.nj.us/humanservices/doas/  
home/adultpsp.html

#### Hearing Aid Assistance Program

1-800-792-9745  
www.state.nj.us/humanservices/doas/  
services/haaad

#### 24/7 Drug Information and Referral Service

1-800-663-1441

#### Medicare Fraud & Abuse

1-800-792-8820  
www.stopmedicarefraud.gov

#### NJ Long-Term Care Ombudsman

1-877-582-6995  
Email: ombudsman@ltco.nj.gov  
www.nj.gov/ooie

#### Pharmaceutical Assistance to the Aged & Disabled (PAAD)

1-800-792-9745  
www.state.nj.us/humanservices/doas/  
services/paad

#### State Health Insurance Plan (SHIP)

1-800-792-8820  
www.state.nj.us/dobi/division\_  
insurance/ihcseh/shop\_ihc.htm

#### Statewide Respite Care Program

1-877-222-3737  
www.adrcnj.org

## Notes



## ***New Jersey Office of the Attorney General***

Division of Consumer Affairs  
New Jersey Board of Nursing  
124 Halsey Street, 6th Floor, P.O. Box 45010  
Newark, New Jersey 07101  
(973) 504-6430

### **Complaint Process**

As a unit of the Division of Consumer Affairs, the New Jersey Board of Nursing (Board), takes its responsibilities seriously. A copy of the complaint will be forwarded to the licensee with a cover letter from the Board requiring a detailed written response to the allegations in the complaint. Once that response has been received, it will be reviewed and disposition may be recommended. If the Board needs additional information, the licensee may be required to appear to answer questions concerning the matter.

Please be advised that any information you supply on the complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Board may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

You are further advised that pursuant to Section 4B of Executive Order No. 26, information concerning any individual's medical, psychiatric or psychological history, diagnosis, treatment or evaluation is not a government record subject to public access.

The disposition of the matter may take several months. Please understand that the Board can only take formal action if it finds sufficient basis that the licensee violated State laws or regulations. If the Board determines that formal action is required, the matter is referred to the Office of the Attorney General. In that case, formal charges may be filed against the licensee and the licensee will be given an opportunity to defend himself or herself. This process can take a considerable period of time.

If the complaint involves a dispute over fees, please be advised that the Board has limited jurisdiction over fees charged by professionals. If the Board determines that there is insufficient basis to pursue disciplinary action, but determines that the matter involves a fee dispute, your complaint may be referred to the Alternative Dispute Resolution (ADR) Unit of the Division of Consumer Affairs. The ADR is a free mediation service that can be helpful in resolving such matters.

Until a final determination has been made, the Board is not permitted to disclose information regarding the matter. You will be notified in writing when a final determination has been made.



**New Jersey Office of the Attorney General**

Division of Consumer Affairs  
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124 Halsey Street, 6th Floor, P.O. Box 45010  
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**Complaint Form**

*Please type or print clearly.*

Please be advised that any information you supply on this complaint form may be subject to public disclosure. If an investigation into the matter is conducted, the information is subject to public disclosure only after the completion of the investigation. You are also advised that the completed complaint form is a "government record," which the Board may be obligated to provide to anyone making a request pursuant to the Open Public Records Act (OPRA).

You are further advised that pursuant to Section 4B of Executive Order No. 26, information concerning any individual's medical, psychiatric or psychological history, diagnosis, treatment or evaluation is not a government record subject to public access.

**Consumer Information**

**Complaint Reported Against**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

WORK TELEPHONE NUMBER: \_\_\_\_\_ (include area code)

FAX NUMBER: \_\_\_\_\_ (include area code)

E-MAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

TITLE: \_\_\_\_\_ (include area code)

LICENSE NUMBER (IF KNOWN): \_\_\_\_\_

DATES OF TREATMENT/SERVICE:

FROM: \_\_\_\_\_ TO: \_\_\_\_\_

1. What is the relationship between the complainant and the consumer or patient?

- Self
- Parent
- Friend
- Legal Guardian
- Spouse
- Son/Daughter
- Brother/Sister
- Other (please specify) \_\_\_\_\_

2. Please provide the following information about the consumer or patient if he or she is someone other than the complainant.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Month Day Year

Address: \_\_\_\_\_

Street address City State ZIP code

Home telephone number: \_\_\_\_\_ Work telephone number: \_\_\_\_\_

(include area code) (include area code)

3. Please provide the following information about any other practitioner or licensee involved in the matter about which you are filing a complaint.

Name: \_\_\_\_\_

Title: \_\_\_\_\_ License number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_  
(include area code)

Name: \_\_\_\_\_

Title: \_\_\_\_\_ License number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Telephone number: \_\_\_\_\_  
(include area code)

4. Please provide the following information about anyone who was a witness to the matter about which you are filing a complaint.

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Daytime telephone number: \_\_\_\_\_ Evening telephone number: \_\_\_\_\_  
(include area code) (include area code)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street address City State ZIP code

Daytime telephone number: \_\_\_\_\_ Evening telephone number: \_\_\_\_\_  
(include area code) (include area code)

5. What is the nature of the complaint? (Please check all that apply and provide any additional comments on a separate sheet of paper.)

- Administrative/Recordkeeping
- Advertising
- Fees/Billing Practices
- Fraud
- Incompetence
- Insurance Fraud
- Professional/Occupational Misconduct
- Sexual Misconduct
- Substance Abuse/Impairment
- Unlicensed Practice
- Briefly explain the problem if it is not listed above: \_\_\_\_\_

6. Please describe the facts of your complaint in the order in which they happened. Type or print clearly. You may use additional sheets of paper if they are needed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Please describe any action taken to resolve this matter prior to contacting the Board. Remember to type your response or print clearly. You may use additional sheets of paper if they are needed.

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All complaints must be accompanied by **readable copies** (NO ORIGINALS) of any complaint-related contracts, bills, receipts, canceled checks, correspondence or any other documents you feel are related to your complaint.

8. I certify that the statements made by me in this complaint are true and any documents attached are true copies. I am aware that if any statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
Signature\*

\_\_\_\_\_  
Date

Return to:  
Division of Consumer Affairs  
New Jersey Board of Nursing  
P.O. Box 45010  
Newark, NJ 07101

\* This certification must be signed by the person who has completed this form.