



# A Family Guide to *Personal Care*

*Honest answers, gentle guidance, and the questions  
to ask before bringing care into your home.*



***Blessings Telehealth Services LLC***  
PERSONAL CARE · VIRTUAL WELLNESS · CARING SINCE 2010

PREPARED FOR THE FAMILY OF

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§ 01 · CHAPTER

# A note from our *family*

If you're reading this, you're probably standing at one of life's quiet, unmistakable thresholds — the moment when someone you love needs more help than you can offer alone. That moment can feel disorienting. It can feel like loss. We've been there. Most of our caregivers have, too.

Blessings Telehealth Services was founded in 2010 around a simple conviction: the people we care for deserve to be *known*, not just attended to. They have favorite hymns and crossword puzzles and complicated relationships with technology. They have stories. They have preferences about how their tea is made.

This guide isn't a sales brochure. It's the conversation we wish every family could have with a trusted friend who happens to know the home-care world inside and out. Whether or not you ultimately choose us, we hope it helps you ask better questions, spot good care from a distance, and feel just a little less alone in the work ahead.

Take your time with it. Make notes in the margins. Underline what matters.

*With warmth,*

*The Blessings Care Team*



## § 02 · CHAPTER

# Signs it might be *time* for help

*Most families don't decide to bring in care all at once. It's usually a slow accumulation of small worries — a missed medication here, an unexplained bruise there, a refrigerator that's stopped looking quite right. If several of the items below feel familiar, it may be time for a conversation.*

- ✓ Difficulty with bathing, dressing, or grooming — or a noticeable change in personal hygiene.
- ✓ Missed medications, expired prescriptions, or confusion about dosages.
- ✓ Weight loss, an empty refrigerator, or a kitchen that's stopped being used.
- ✓ Unexplained bruises, falls, or near-falls — especially on stairs or in the bathroom.
- ✓ Mail piling up, bills going unpaid, or unfamiliar charges on credit-card statements.
- ✓ Increased forgetfulness, repeated stories, or getting lost in familiar places.
- ✓ Withdrawal from hobbies, friends, or church communities they once loved.
- ✓ Caregiver burnout — when family members supplying care feel exhausted, irritable, or isolated.

*If three or more felt familiar, please don't wait. A free consultation costs nothing and often clarifies a great deal.*



§ 03 · CHAPTER

# What personal care *actually* means

*"Personal care" is a broad term, and different agencies use it differently. At Blessings, our services fall into six categories — and a typical care plan combines several of them. We tailor every plan to the individual, never the reverse.*

NO. 01

## Daily Living Assistance

Help with bathing, dressing, grooming, mobility, transfers, and toileting. Always with patience, privacy, and unwavering respect for dignity.

NO. 02

## Virtual Wellness Visits

Scheduled video check-ins with our care team for vitals review, medication coordination, and answers to the small worries that keep families up at night.

NO. 03

## Medication Management

Smart reminders, refill coordination, and caregiver oversight — so the right dose happens at the right time, every time.

NO. 04

## Companionship & Engagement

Conversation, walks, hobbies, faith time, and the simple gift of presence. Loneliness is a real medical concern; we treat it that way.

NO. 05

## Light Housekeeping & Meals

Tidying, laundry, dishes, fresh linens, and meal prep — the everyday tasks that turn a house back into a home.

NO. 06

## Family Care Coordination

One care manager, one phone number, one shared portal — keeping siblings, doctors, pharmacies, and insurers all on the same page.



## § 04 · CHAPTER

# How *telehealth* fits in

*Telehealth doesn't replace a caring person in the home. It amplifies them. Think of it as an additional layer of support that wraps around your loved one's in-person care plan.*

## Three ways our virtual care helps

### ◆ 24/7 nurse line

Reach a registered nurse around the clock for medical questions — without an emergency-room visit. Our nurses know your loved one's history.

### ◆ Scheduled video check-ins

Weekly or biweekly video visits to review vitals, medications, mood, and goals. Family members can join from anywhere in the country.

### ◆ Family communication portal

Photos, voice notes, care logs, and messages from caregivers — so siblings across time zones see the same updates at the same time.

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## What telehealth is *not*

It is not a substitute for someone holding your loved one's hand. It is not the answer to every problem, and we will never recommend it as one. We use telehealth where it genuinely adds value — never to cut corners on the human contact that good personal care requires.



## § 05 · CHAPTER

# Questions to ask *any* care agency

*Not every agency is the same. The answers below should be ready, specific, and offered without hesitation. If they're vague, evasive, or impossible to verify — keep looking.*

## ? Are your caregivers W-2 employees or independent contractors?

W-2 employees go through your screening; contractors do not. The distinction affects accountability, liability, and continuity. (At Blessings: every caregiver is a W-2 employee.)

## ? Will my loved one see the same caregiver each visit?

Continuity of care is one of the strongest predictors of client satisfaction. "Whoever is available" staffing is a common shortcut you should recognize and reject.

## ? How are caregivers trained and supervised?

Ask about initial training hours, ongoing education, and how often a supervisor visits the home. Vague answers here often signal vague oversight in practice.

## ? What happens if our regular caregiver calls out sick?

Every agency will have backups; what matters is whether the backup has met your loved one before. Ask specifically.

## ? How do you handle medication management?

PCAs and HHAs in most states cannot administer medications, only remind. Confirm what your loved one's care plan actually requires.

## ? Are you bonded and insured? Can I see proof?

Reputable agencies will email you copies of their license, bond, and liability insurance the same day. Hesitation here is a serious red flag.

## ? Who do I call when something goes wrong at 2am?

There should be an answer with a name, not a recording. If the answer is "leave a voicemail," that tells you something important.



§ 06 · CHAPTER

# Paying for care, *plainly*

*Personal care can be paid for through several sources, and most families combine two or three. Here's a plain-English overview of what we accept, with rough estimates for budgeting purposes.*

Source	What it covers	Notes
<b>Medicaid (NY &amp; PA)</b>	Personal care, home health aide, and telehealth nursing — for those who qualify financially.	We help you navigate the application. Approval typically takes 4–8 weeks.
<b>Long-Term Care Insurance</b>	Most personal-care services, depending on policy. Telehealth nursing usually covered.	Bring your policy to the consultation; we'll verify and bill the insurer directly.
<b>VA Aid &amp; Attendance</b>	Personal care for veterans and surviving spouses meeting service and need criteria.	We have a veterans' benefits coordinator on staff who handles applications.
<b>Private Pay</b>	Any service, with full flexibility on hours and scheduling.	Hourly rates from \$28–\$36/hr depending on services and certifications required.
<b>Medicare</b>	Limited home-health coverage for short-term, doctor-ordered skilled care.	Does NOT typically cover ongoing personal care. We can help find what does.

*We will not let cost be the reason your loved one goes without good care. Call us — we'll find the path together.*



## § 07 · CHAPTER

# Talking with your *loved one*

*Bringing up the idea of personal care is often harder than arranging it. Here are seven things our families have told us made the conversation easier.*

**1. Lead with their goals, not yours.**

"I want you to keep living here as long as possible — and I think a little help could make that easier." That framing lands very differently than "I'm worried."

**2. Pick a calm moment.**

Not after a fall. Not in the middle of a hospital discharge. A Saturday morning over coffee, when no one is rushed or scared.

**3. Use "we," not "you."**

"How can we make sure mornings are easier?" invites collaboration. "You need help" invites resistance.

**4. Start small.**

Two hours, twice a week, for companionship — not a five-day-a-week takeover. Once they meet a caregiver they like, the relationship grows naturally.

**5. Honor their autonomy.**

They get to interview the caregiver. They get to say no. The plan is theirs to shape, and you're there as support — not director.

**6. Acknowledge the grief.**

Accepting help can feel like loss. Don't rush past that. Say "this is hard, and I love you, and we'll go at your pace."

**7. Bring a third voice if needed.**

A trusted doctor, pastor, or friend often hears "yes" where family hears "no." That's not failure — it's wisdom.



§ 08 · CHAPTER

# Your *next* step, when you're ready

*Whenever you're ready — and only then — we're here. The first conversation is free, takes thirty minutes, and comes with no commitment whatsoever.*

CALL	EMAIL	VISIT
<p>(518) 588-1048</p> <p>Mon–Fri, 7am–9pm ET Sat–Sun, 9am–5pm ET</p>	<p>hello@blessings telehealth.com</p> <p>Response within one business day</p>	<p>blessings telehealth.com</p> <p>Online consultation request available 24/7</p>

## My notes & questions

*Use this space to jot down anything you'd like to ask on our first call.*

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