

Home Care Checklist

The following list of questions should encompass most care questions that need to be asked when seeking home care. It is meant as a guide to helping one find good, quality, dependable home care when appropriate.

Business/Services Provided

How long has your agency been in business? _____

What is the background/experience of the owner? _____

Does the agency have satisfied, long-term employees? Yes No _____

Does the agency have a fully staffed office? Yes No _____

Can I interview the caregiver before accepting care? Yes No _____

How do I know I can trust your employees? _____

Do your employees smoke? Yes No _____

Will your employee call before arriving? Yes No _____

Is caregiver reliability guaranteed in writing? Yes No _____

Does the agency have an automated telephone "time card" system to alert supervisors if a caregiver arrives late or leaves early? Yes No _____

Is a personalized plan of care developed with me during the assessment? Yes No _____

Is the care plan reviewed and updated with regularity? Yes No _____

Does this plan of care include goals and expected outcomes? Yes No _____

Does the agency coordinate care with other healthcare services? Yes No _____

Do you provide temporary as well as long term assistance? Yes No _____



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Does the agency have the capacity to accommodate a full range of home care needs—from light duty companion care to heavy care, including end of life care? Yes No _____

What kind of care is provided? Nursing care Non-medical care Personal care
 Chores Companionship

What happens if I need different tasks done each week? _____

How many hours is a minimum shift? _____

How many hours is a maximum shift? _____

Can a shift be split (e.g., two hours in the morning and two in the evening)? Yes No _____

How soon could your care start? _____

Is assistance on a weekend available? Yes No _____

Are there any restrictions against accompanying the client outside the home or driving a car? Yes No _____

Are home care workers agency employees (with benefits and insurance)? Yes No _____

Or contractors (e.g., private individuals on a referral registry)? Yes No _____

Is your agency bonded (insured against theft)? Yes No _____

Are the workers who come into the home bonded? Yes No _____

Do you have proof of liability coverage? Yes No _____

If I need a ride to a doctor appointment or shopping, is there insurance coverage for that? Yes No _____

Is the agency licensed or certified (if required in your state)? Yes No _____

Is the agency a member of any professional organizations? Yes No If yes, which? _____

How are caregivers assigned? _____

Is/are the caregiver(s) available for emergencies and/or on short notice? Yes No _____

Are they available on holidays? Yes No _____

Will I be able to indicate preferences for the type of caregiver I would like? (For example, male/female, non-smoking, etc.) Yes No _____

Caregiver Qualifications (Training, Licensing, Background Checks)

Are all your home care workers licensed or certified? Yes No If not, what minimum qualifications do workers have? _____

Do you require that your employees renew their state licenses (if appropriate), keeping them current? Yes No

Do you screen your workers? Yes No If so, what type of background checking is done? _____

What are the qualifications of the person who will do my initial assessment? _____

How long have each of your staff been employed with this company? _____

Does the agency require yearly physicals/TB tests, drug and alcohol screening and CPR training? Yes No _____

Do caregivers receive a thorough orientation by a supervisor to safety issues, agency procedures, and care goals and standards before placement? Yes No _____

Do caregivers write daily care notes with a copy left for the client and eligible family members? Yes No _____
Are care notes reviewed regularly? Yes No _____

Does the agency have a quality care program to ensure the highest standards of care? Yes No _____

Are workers trained, and is training ongoing? If so, does the training include:

- Safe bending and lifting practices? Yes No
- CPR/first aid? Yes No
- Infection control? Yes No
- Managing incontinence? Yes No
- Catheter care? Yes No
- Communicating with someone who is confused or forgetful? Yes No
- Managing difficult behaviors (e.g. wandering, paranoia, or memory loss)? Yes No
- Bathing someone in the tub/shower or in bed? Yes No
- Preserving client dignity? Yes No

Is/are the caregiver(s) experienced in any special services? Yes No _____

Can the caregiver(s) speak languages other than English, if needed? Yes No _____

Can you furnish references for your workers that I can check? If not, do you have any client satisfaction survey results you can share with me? Yes No _____

Service Quality

Are workers supervised? Yes No If so, by whom? _____

Is there a written care plan specifying the home care worker's routine duties? Yes No If so, can the family have a copy? Yes No How often is the plan updated? _____

Does the elder (and involved family members) have input into the client service plan? Yes No

Do you arrange regular conversations with the family about the client's case? Yes No

Will a supervisor visit or call the client's home? Yes No _____

To whom can the client or family ask questions or make complaints? _____

How do you ensure your clients' confidentiality? _____

How does the agency follow up on/resolve problems or complaints? _____

Can a known agency worker be requested by name? Yes No _____

Can a different worker be requested, if there was a problem with the first one? Yes No _____

How fast can your agency respond to an emergency need? _____

Are workers available 24 hours, 7 days a week? Yes No _____

Is there always someone available at your office to take a call? Yes No _____

Can a replacement worker be called if the worker does not come or cannot complete a shift? Yes No
If so, how long does it usually take to get a replacement? _____

Financing/Payment

Do you accept private health care or long term care insurance? Yes No _____

Does the agency pay the workers' Social Security and taxes? Yes No

If not, do I need to pay this? Yes No _____

What is the cost for overtime, if the worker stays late? _____

When is payment due? (e.g. at the end of each visit? Weekly? Monthly?) _____

Does payment go to the agency? Yes No Or the home care worker directly? Yes No _____

Are there any additional costs for travel time or extra services (e.g. doing laundry or errands)? Yes No _____

Are all costs and fees listed on a written statement? Yes No _____

What is your initial registration fee? _____

Do you charge for the initial assessment? Yes No _____

Do you charge any other upfront fees or administrative costs? Yes No _____

Do you have a reassessment fee? Yes No _____

What is the hourly or daily charge for one person? _____

For a couple? _____

Do you charge mileage to and from my home? Yes No _____

Do you charge for staff time to and from my home? Yes No _____

What is the mileage charge for trips to the doctor or shopping? _____

Are there extra fees for some of the services I might require? Yes No

If yes, how much are they? _____

Are bills itemized? Yes No _____

Are payment plan options provided? Yes No _____

Do you assist with billing my insurance company for home care? Yes No _____