



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

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?
If so, 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? Yes No
- 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? Yes No

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 to 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