

# 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 help 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  Chore  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 on 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?                                      | <input type="radio"/> Yes | <input type="radio"/> No |
| CPR/first aid?   | <input type="radio"/> Yes | <input type="radio"/> No |
| Infection control?   | <input type="radio"/> Yes | <input type="radio"/> No |
| Managing incontinence?   | <input type="radio"/> Yes | <input type="radio"/> No |
| Catheter care?   | <input type="radio"/> Yes | <input type="radio"/> No |
| Communicating with someone who is confused or forgetful?                 | <input type="radio"/> Yes | <input type="radio"/> No |
| Managing difficult behaviors (e.g. wandering, paranoia, or memory loss)? | <input type="radio"/> Yes | <input type="radio"/> No |
| Bathing someone in the tub/shower or in bed?                             | <input type="radio"/> Yes | <input type="radio"/> No |
| Preserving client dignity?   | <input type="radio"/> Yes | <input type="radio"/> 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? \_\_\_\_\_

Do 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 worker's 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 \_\_\_\_\_