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?  

Does the agency have a fully staffed office?  

Can I interview the caregiver before accepting care?  

How do I know I can trust your employees?  

Do your employees smoke?  

Will your employee call before arriving?  

Is caregiver reliability guaranteed in writing?  

Does the agency have an automated telephone “time card” system to alert supervisors if a caregiver arrives late or leaves early?  

Is a personalized plan of care developed with me during the assessment?  

Is the care plan reviewed and updated with regularity?  

Does this plan of care include goals and expected outcomes?  

Does the agency coordinate care with other healthcare services?  

Do you provide temporary as well as long term assistance?  

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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? ____________________________________________________________

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

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
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<tbody>
<tr>
<td>Are workers supervised?</td>
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<td>If so, by whom?</td>
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<td>Is there a written care plan specifying the home care worker’s routine</td>
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<td>duties?</td>
<td>Yes</td>
<td>No</td>
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<td>If so, can the family have a copy?</td>
<td>Yes</td>
<td>No</td>
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<td>How often is the plan updated?</td>
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<td>Does the elder (and involved family members) have input into the client</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>service plan?</td>
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<tr>
<td>Do you arrange regular conversations with the family about the client’s</td>
<td>Yes</td>
<td>No</td>
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<td>case?</td>
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<td>Will a supervisor visit or call the client’s home?</td>
<td>Yes</td>
<td>No</td>
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<tr>
<td>To whom can the client or family ask questions or make complaints?</td>
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<td>How do you ensure your clients’ confidentiality?</td>
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<tr>
<td>How does the agency follow up on/resolve problems or complaints?</td>
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<td>Can a known agency worker be requested by name?</td>
<td>Yes</td>
<td>No</td>
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<td>Can a different worker be requested, if there was a problem with the</td>
<td>Yes</td>
<td>No</td>
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<td>first one?</td>
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<td>How fast can your agency respond to an emergency need?</td>
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<td>Are workers available 24 hours, 7 days a week?</td>
<td>Yes</td>
<td>No</td>
<td></td>
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<td>Is there always someone available at your office to take a call?</td>
<td>Yes</td>
<td>No</td>
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<td>Can a replacement worker be called if the worker does not come or</td>
<td>Yes</td>
<td>No</td>
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<td>cannot complete a shift?</td>
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<td>If so, how long does it usually take to get a replacement?</td>
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</table>
Home Care Checklist

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 _______________________

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