

# The Home Care Check List

Important Questions to Ask  
Potential Home Care Providers



## AGENCY

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

Are all your home care workers licensed or certified? YES NO

If not, what minimum qualifications do workers have?

Do you screen your employees? YES NO  
If so, what type of background checking is done?

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

Is the caregiver covered by workers' compensation insurance? YES NO

Is the caregiver bonded and insured? YES NO

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

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

## CAREGIVERS

Are workers trained, and is training ongoing? YES NO  
If so, does the training include:

Safety bending and lifting practices? YES NO

Infection control? YES NO

Managing incontinence? YES NO

Catheter care? YES NO

Communicating with someone who is confused and 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? <i>If so, by whom?</i>	YES	NO
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Is there a written care plan specifying the home care worker's routine duties? <i>If so, can the family have a copy?</i>	YES	NO
How often is the plan updated?	<hr/>	
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 express concerns?	<hr/>	
How do you ensure your clients' confidentiality?	<hr/>	
How does the agency follow-up on/resolve problems or concerns?	<hr/>	
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?	<hr/>	
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?	<hr/>	



**Caring Companionship**  
**Experienced & Screened Caregivers**  
**Insured & Bonded**

## 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?	<hr/>	
When is payment due? (e.g. at the end of each visit? Weekly? Monthly?)	<hr/>	
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Does the 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?	<hr/>	
Do you charge for the initial assessment?	YES	NO
Do you charge any upfront fees or administrative costs?	YES	NO
Do you have a re-assessment fee?	YES	NO
What is the hourly or daily charge for one person?	<hr/>	
For a couple?	<hr/>	
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/shopping?	<hr/>	
Are there extra fees for some services I might require?	YES	NO
If yes, how much are they?	<hr/>	
Are bills itemized?	YES	NO
Are payment plan options provided?	YES	NO
Do you assist with billing an insurance company for home care?	YES	NO

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**1 (314) HOME CARE**



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**636-200-2909**

**St. Charles County**  
 2240 Bluestone Dr.  
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