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Home Health Care (Certified) Checklist

Use this checklist when you interview certified home health care agencies (simply print out one checklist per agency you plan to review). The checklist is designed to help you know what to ask and to remember specific details. Use the back of the checklist to write down any additional comments. After reviewing the agencies, use the checklists to compare one provider with another.

Agency Name: _____

Owner/Director: _____

Address: _____

Phone: _____ **Website or E-Mail :**_____

Who is Served?

Yes	No	
❑	❑	Can the agency provide the level of assistance you require, given your medical condition?
❑	❑	Are there medical conditions the agency will not accept? If yes, what are these conditions? _____

Services

❑	❑	Will the agency consult with you, your family and your physician to design an individualized care plan for you?
❑	❑	Is this care plan put into writing?
❑	❑	Is the care plan updated as your medical condition changes?
❑	❑	Is there an explanation of your rights and responsibilities as a client?
❑	❑	Does the agency ensure patient confidentiality?
❑	❑	Can agency staff administer injections?
❑	❑	Can they prescribe and administer medications?
❑	❑	Can they provide wound and dressing care?
❑	❑	Are rehabilitative and speech therapies available?

Yes	No	
❑	❑	Will the agency provide necessary medical supplies?

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❑ ❑ Are other medical services you require available? If yes, what are these services? _____

❑ ❑ Are agency staff willing to perform non-medical services such as light household tasks? If yes, what are these services? _____

❑ ❑ Will staff help clients to exercise?

Staff

❑ ❑ Are staff credentialed?

What are these credentials (for example, Registered Nurse (RN), Licensed Practical Nurse (LPN), Certified Nurses Aide (CNA))? _____

_____

❑ ❑ Are there staff qualified to meet your particular medical needs?

❑ ❑ Are there staff who speak languages other than English, if needed?

❑ ❑ Will you have the same staff person each time you receive services, or will this person change over time?

❑ ❑ Does the agency have a nursing supervisor on call 24 hours a day?

❑ ❑ Are staff available 24 hours a day, 7 days a week?

❑ ❑ Are staff available for emergencies and/or on short notice?

❑ ❑ Are they available on holidays?

❑ ❑ Is there someone you can call with questions or complaints?
If yes, who?_____

❑ ❑ Does the agency have procedures for resolving problems between staff and clients?

❑ ❑ Can the agency provide references for its staff?

❑ ❑ Does the agency require criminal record checks of its staff?

Credentials

❑ ❑ Is the agency Medicare certified (as required in your state)?

❑ ❑ Is the agency a member of any professional organizations?
If yes, which? (Contact these organizations to check accreditation standards). _____

❑ ❑ Is the agency bonded?

Yes No

❑ ❑ Will the agency provide a list of references?

How many years has the agency been in business? _____

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Cost

❑ ❑ Are all costs and fees listed on a written statement?
Approximately how much would the services you require cost? _____

❑ ❑ Are bills itemized?

❑ ❑ Does the agency provide payment plan options?

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