CHOOSING A HOME CARE AGENCY

Use these first sections to write out what you need and want from a potential home care service. Being clear about these basics during your first contact with an agency may save time and prevent disappointment in future. Then use the “Gathering Information” pages to take notes while talking with each potential agency, to help you better remember what is said and be able to compare services.

<table>
<thead>
<tr>
<th>Funding</th>
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<td><strong>How does she/he plan to pay for the service?</strong> Keep in mind that it is a common misconception that Medicare covers the cost of home care services. In general, home care services are not considered a medical service, so are not covered by Medicare. Have I talked to the doctor about a referral? Have I checked to see if insurance will cover this?)</td>
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<th>Level and Type of Care</th>
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| **What does she/he want or need help with?** (Bathing, dressing, housekeeping, meal preparation, grocery shopping, transportation, companionship, supervision, etc.? Does the person require “hands-on” care? What about skilled services such as physical therapy or nursing?)

It is important to understand the limitations of the services you are requesting. An aide typically is not permitted to directly administer medications or give injections, though they can remind a patient to take medications that have been dispensed into a pillbox; some agencies allow aides to provide transportation, while others do not; typically aides can help with “light housekeeping” but not heavy-duty housecleaning. |
Working Hours

When does she/he want an aide to come? (How often, what days, for how many hours per visit, etc.; Is this a short-term or a long-term need? How flexible can they be about scheduling? How soon does service need to start?)

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Special Needs or Requests

Does she/he have any special needs or requests? (Male aide; strong aide for large client; aide who has worked with dementia patients; non-smoker; OK with pets; able to drive client to appointments; etc.)

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OTHER NOTES

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Gathering Information

If you will be inquiring of more than one agency, which is strongly recommended, **make copies of this page so that you may take notes about each agency.**

**Name of company:** ______________________________________________________________

- Do they accept Medicare? Medicaid? Private insurance? Will they file insurance claims, or require the client/family to? ______________________________________________________________

- If she/he will be paying privately, do they offer “private duty” services? ______________

- What are their basic hourly charges? ______________________________________________

- Are there overtime charges, or higher charges for evening or weekend coverage? ________

- What is the minimum number of hours per visit? ________________________________

- Do they charge for the initial assessment? If yes, how much? _______________________

- Do they offer the kinds of services that are needed? ________________________________

- What hours of the day are they available? _________________________________________

- When would they be able to start? ______________________________________________

- Can they provide services on holidays if needed? _________________________________

- Can they meet her/his special needs or requests? _________________________________

- Will the same person provide service at each visit? ________________________________

- What happens if the aide is sick or goes on vacation? ______________________________

- How many years have they been in business? _________________________________

- Are they licensed by the Division of Health Services Regulation? ___________________

- If Medicare is to be used for services, are they Medicare-certified? ________________

• Are they accredited? __________________________________________________________

• How do they screen their job applicants (what kind of training or certification is required)? __
___________________________________________________________________________

• Do they perform staff background checks? _________________________________
___________________________________________________________________________

• Do they provide ongoing training and supervision of staff? _________________
___________________________________________________________________________

• Are workers employees or independent contractors of the agency? _____________

• What kind of training do they provide to their workers? _________________________
___________________________________________________________________________

• Do they have liability insurance (covers damage to the home or injury to the patient)? ______
___________________________________________________________________________

• Are their workers bonded (covers employee theft or dishonesty)? ________________
___________________________________________________________________________

• Do they have workers compensation insurance (covers injury to the worker on the job)? ____
___________________________________________________________________________

• Can they provide references? ______________________________________________
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OTHER NOTES
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