

15 Critical Questions to Ask Prospective Home Care Providers



ARE YOUR CAREGIVERS...



AGENCY 1

AGENCY 2

- | Question | Kennedy Care | AGENCY 1 | AGENCY 2 |
|--|-------------------------------------|--------------------------|--------------------------|
| 1. Able to provide ALL Basic and Instrumental Activities of Daily Living (ADLs)? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Available to provide care 24 hours a day, 7 days a week, 365 days a year? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Employees of your company (not subcontractors), insured and bonded? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Screened through multiple interviews, background checks, professional reference checks, a skills assessment and a compatibility test? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Trained and required to complete ongoing case-specific continuing education? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

WILL YOUR OFFICE...

- | Question | Kennedy Care | AGENCY 1 | AGENCY 2 |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Provide FREE 24/7 on-call scheduling service? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Work around my scheduling needs, without penalty if I choose to reschedule or cancel a visit last minute? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Provide a systematic method for tracking caregiver arrival and departure times, such as Telephony or GPS tracking? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Offer progressive care options as needs change? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Provide a FREE nurse assessment and Plan of Care? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

GENERAL

- | Question | Kennedy Care | AGENCY 1 | AGENCY 2 |
|---|-------------------------------------|--------------------------|--------------------------|
| 1. Does your agency make periodic supervisory visits FREE of charge? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the agency carry liability and workers' compensation insurance? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is there a business office where I can meet your staff? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have flexible billing and payment options? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. If I have concerns may I speak directly to the CEO of your company? | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |