## **Home Health Agency Checklist**

Use this checklist when choosing a home health agency.

Name of the home health agency \_\_\_\_\_

| Question   | Yes | No | Comments |
|--|-----|----|----------|
| 1. Medicare-certified?   |     |    |          |
| 2. Medicaid-certified (if you have both Medicare and Medicaid)?  |     |    |          |
| 3. Offers the specific health care services I need (like skilled nursing services or physical therapy)?                          |     |    |          |
| 4. Meets my special needs (like language or cultural preferences)?   |     |    |          |
| 5. Offers the personal care services I need (like help bathing, dressing, and using the bathroom)?                               |     |    |          |
| 6. Offers the support services I need, or can help me arrange for additional services, like Meals on Wheels, that I may need?    |     |    |          |
| 7. Has staff that can provide the type and hours of care my doctor ordered and start when I need them?                           |     |    |          |
| 8. Is recommended by my hospital discharge planner, doctor, or social worker?  |     |    |          |
| 9. Has staff available at night and on weekends for emergencies?   |     |    |          |
| 10. Explained what my insurance will cover and what I must pay out-of-pocket?  |     |    |          |
| 11. Does background checks on all staff?   |     |    |          |
| 12. Has letters from satisfied patients, family members, and doctors that testify to the home health agency providing good care? |     |    |          |

Visit Home Health Compare at www.medicare.gov/homehealthcompare for more information.