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MFS® HeritagePlanning℠

Helping Yourself•Helping Your Parents•Helping Your Children℠

info sheet Selecting a Home Health Care Agency

Courtesy of:

Instructions: Copy this form, then complete it for each home health care agency you are considering.

Name of agency: _____

Address: _____

_____

_____

Phone number: _____

Referral source: _____

I. Services

	Yes	No	Daily minimum length of visit	Cost per visit	Medicare reimbursable?	For relative's current condition
Nursing	☐	☐	____ hours	$	Yes ☐ No ☐	☐
Physical therapy	☐	☐	____ hours	$	Yes ☐ No ☐	☐
Speech therapy	☐	☐	____ hours	$	Yes ☐ No ☐	☐
Occupational therapy	☐	☐	____ hours	$	Yes ☐ No ☐	☐
Social work	☐	☐	____ hours	$	Yes ☐ No ☐	☐
Personal care (bathing, grooming)	☐	☐	____ hours	$	Yes ☐ No ☐n	☐
Chore services (light housekeeping)	☐	☐	____ hours	$	Yes ☐ No ☐	☐

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info sheet Selecting a Home Health Care Agency/2

II. Staffing:

Number of supervisors: _____

Number of registered nurses (RNs): _____

Number of licensed practical nurses (LPNs): _____

Number of home health aides: _____

Is a certificate required of aides? Yes ☐ No ☐

Number of training hours required for aides: _____

Number of required in-service training hours: _____

Average length of employment for aides: _____

How often is a supervisory visit made to the home? _____

How are cases supervised by the director of nursing? _____

III. General

	Yes	No
State licensed (if required by state)?	☐	☐
Medicare/Medicaid certified?	☐	☐
Written job description for each position?	☐	☐
List of Board of Directors available?	☐	☐

Agency auspices: ☐ hospital based ☐ private ☐ public ☐ other _____

Geographic area served: _____

For more information or a list of other MFS Heritage Planning educational materials on helping your parents, your children, or yourself, contact your financial adviser.

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