



Home Health Care Questionnaire

Supplemental to
Fully Completed ACORD 130 Workers' Compensation Application

| | |
|------------------------|---|
| Applicant Name: | Effective Date: <input type="text"/> |
| Website: | FEIN: |

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| Description of Operations – include % of personal care and skilled care services provide |
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|--|---|
| Operations | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Employee health care plans provided |
| | How many independent contractors / 1099 employees used? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you verify workers comp coverage for independent contractors? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Do you lease out employees or provide temp staffing to outside clients? |
| _____ % | If yes, what is the % of payroll leased or temp staffing to others? |

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|-----------------------------|----------------------------------|
| Client Profile | |
| _____ % Non-Ambulatory | _____ % Physically Disabled |
| _____ % Alzheimer/ Dementia | _____ % Developmentally Disabled |
| _____ % Hospice Patients | _____ % Elderly |

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|--|--|
| Hiring Practices | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Written application & personal interview |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Written job description provided to applicant |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Criminal background check / reference check / work history validated |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre-hire drug testing |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Pre-hire physical fitness test |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Are certifications/ licenses verified? |

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|--|--|
| Employee Training | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | New employee orientation training |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Patient/client handling & transfer training |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Combative patient/client training |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Slip, trip & fall avoidance training |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Regular formal safety training and/or meetings |

| Safety Practices & Programs | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Formal written safety/Injury & Illness Prevention program |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | MVR's checked annually |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-slip footwear required |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Formal accident/injury investigation and claims reporting process |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Safety incentive program |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Clients' premises pre-inspected for safety hazards |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Screen workers regularly for signs and symptoms of COVID |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Ensure all workers have proper personal protective equipment (PPE) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Instruct sick workers to stay at home |
| Describe any other safety practices or programs you have: | |
| | |

| Claims Management | |
|--|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Formal Return to Work or Modified Duty Program |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Light duty job descriptions established |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Designated person to manage workers' compensation claims |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Relationship established with a preferred medical provider |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Safety incentive plan for employees and supervisors |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | Post-accident drug testing program for all workplace injuries |