



RE · PHILADELPHIA & BUCKS COUNTY

# When Does Your Aging Parent Need Home Care?

*A Decision Tree*

12 questions to ask. 4 paths forward. One free phone call to confirm  
what's right.



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# Most adult children miss the early signs

Most families do not call a home care agency until something has already gone wrong — a fall, an ER trip, a hospital discharge with new instructions and a 7-day window to figure out what comes next. By then, options narrow.

The same families look back six months later and recognize the early signs they missed: the medication confusion, the bathroom slip that nobody mentioned, the stopped-laughing pattern at family dinners, the slow-healing wound on the ankle, the 3 AM phone calls because Mom is up wandering. Each one was a quiet signal. Stacked together, they were the diagnosis.

This decision tree is the early-warning system. Twelve yes-or-no questions, drawn from A-Team's clinical team and from the public-health literature on falls (CDC), medication errors, social isolation, wound healing, and dementia sleep disruption. Each question takes less than 30 seconds to answer. The score points to one of four paths.

**How to use this guide:** Sit with this for 15 minutes. Answer each question with the parent in mind, not the parent you remember from 5 years ago. If you are unsure on a question, mark "yes" — uncertainty is itself a signal. Total your "yes" answers at the end and read the matching path. Then call us at (215) 490-9994 to confirm what you are seeing.

## What you will get from this decision tree

- The 12 questions A-Team's RNs ask in every in-home assessment
- A scoring system that maps to four specific care paths
- Plain-English explanation of what each path actually involves
- Four common questions answered honestly
- The phone number for the free RN-led home assessment

## The 12 questions (Part 1 of 2)

Answer each as a yes or a no for the parent you are concerned about. Mark the checkbox if the answer is yes. Be honest with the small slips, not just the dramatic ones.

- Q1 Bathroom slips or fall history.** Has your parent slipped, lost balance, or had a near-fall in the bathroom in the past 12 months? Have they avoided showering or bathing because of fear of falling?
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- Q2 Medication confusion or missed doses.** Have they missed a dose, doubled up by mistake, mixed up morning/evening medications, or said "I think I took it already" in the past month? Have you found pills on the counter or floor?
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- Q3 Loneliness signs – social withdrawal.** Have they stopped laughing? Stopped calling friends? Stopped attending church, cards, or a club they used to enjoy? Said "no one comes to see me anymore" in the last 90 days?
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- Q4 Slow-healing wounds or skin breakdown.** Do they have a cut, scrape, pressure spot, or surgical incision that has not closed in 14+ days? Any redness, drainage, or pain around it? Skin tears from pulling at clothing?
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- Q5 Sundowning or nighttime wandering.** Do they get more agitated, confused, or restless after sunset? Have they wandered out of bed, out of the house, or gotten lost in their own home at night? Sleep disruption affecting both of you?
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- Q6 Weight loss or skipped meals.** Have they lost noticeable weight in the past 6 months? Are they skipping meals, eating only crackers or cereal, or saying "I'm not hungry" to most foods? Empty fridge on your last visit?

## The 12 questions (Part 2 of 2)

Continue scoring. Mark the checkbox for each yes. Total your yeses at the bottom.

- Q7 Forgetting names, appointments, or recent events.** Do they forget the names of grandchildren, repeat the same story within an hour, miss medical appointments, or get confused about what day it is?
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- Q8 Hygiene decline.** Are they wearing the same clothes for days? Hair unwashed for a week+? Body odor, untrimmed nails, or visibly dirty teeth? Are they avoiding showering altogether?
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- Q9 Driving concerns.** Have they had a fender-bender, gotten lost driving to a familiar place, complained about night driving, or driven in the wrong direction recently? Is the car showing new dents you cannot explain?
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- Q10 Bills missed or financial mistakes.** Are bills going unpaid, mail piling up, late notices appearing? Have they fallen for a phone scam, given a credit card to a stranger, or written a check to a charity that doesn't exist?
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- Q11 Isolation — no daily contact.** Do they go a full day or longer without seeing or hearing from another human being? Are you the only person they speak to most days? Do they have anyone checking on them between your visits?
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- Q12 You (the caregiver) are burning out.** Are you exhausted, missing your own appointments, sleeping poorly, irritable with your spouse or kids, or feeling resentful? Have you skipped your own checkups?

**Tally your yes answers.** Count every checkbox you marked across both pages. Write the number here: \_\_\_\_\_ / 12. Then turn the page to find your path.

# Four paths forward

Each path describes what A-Team specifically recommends for that score range. The phone number on every path is the same: (215) 490-9994. The first call is free and does not commit you to anything.

## PATH 1 · 1-3 YES ANSWERS

### Watch and check in — 30-day reassessment

You are catching this early. Most signs are mild and many improve with small environmental tweaks. Aging-in-place planning, not crisis intervention.

#### What A-Team recommends:

- › Free RN-led home walk-through — identify the 2–3 highest-impact safety changes (grab bars, medication organizer, fall-risk lighting)
- › Set a 30-day reassessment with the same RN — track whether the same signs come back
- › Build a "watch list" of 3–4 specific behaviors to monitor (not all 12)
- › No paid services yet, but you have a relationship with an RN you can call when something changes

**Why this matters:** 60% of families wait until Path 3 or 4 to call — meaning they pay 3–5x more for emergency-mode care than they would have for early-stage prevention. Path 1 is the cheapest path.

## PATH 2 · 4-6 YES ANSWERS

### Companion care + caregiver respite

Multiple early-warning signs are stacking. The parent is still independent in core ADLs (bathing, dressing) but the gap is closing. Caregiver burnout (Q12) often shows up here. Time to bring in scheduled help before the next crisis.

#### What A-Team recommends:

- › Free in-home RN assessment to score every fall risk and medication risk in writing
- › 4–12 hours per week of companion care (meals, light housekeeping, errands, social engagement, medication reminders)
- › Respite care for the family caregiver — scheduled hours so YOU get to your own appointments and your own sleep
- › Funding: Medicare Advantage OTC benefit, Medicaid Community HealthChoices, or private pay

**Why this matters:** Companion care prevents Path 3 and Path 4 from becoming necessary. Most Path 2 families stay at Path 2 for 18–36 months before they ever need personal care.

# Two paths for higher scores

## PATH 3 · 7–9 YES ANSWERS

### Personal care + safety assessment

Multiple ADL concerns — hygiene decline, weight loss, slow-healing wounds, sundowning. The parent needs hands-on help, not just companionship. Falls are the biggest risk in this score range.

#### What A-Team recommends:

- › RN clinical assessment within 48 hours — bath safety, medication audit, wound check, cognitive screen
- › Personal care services (HHA or PCA): bathing assistance, dressing, transfers, toileting, meal prep, medication reminders
- › 10–30 hours per week typical, scaled to need
- › Funding paths: Medicaid Community HealthChoices (Keystone First, UPMC, PA Health & Wellness), VA programs (Aid & Attendance, Veteran-Directed Care), Medicare Advantage, private pay
- › Family Caregiver Program available — an adult child can be the paid caregiver under CHC

## PATH 4 · 10–12 YES ANSWERS

### Full home care + clinical team coordination

Multiple high-risk markers across cognitive, physical, and social domains. The parent likely cannot be safely left alone for extended periods. Caregiver is at risk of collapse. This is the score range where most families finally call — often after a hospital discharge.

#### What A-Team recommends:

- › Same-day RN clinical assessment if hospital discharge is involved; next-day otherwise
- › Combined personal care + skilled nursing visits as needed (wound care, medication administration, cognitive support)
- › Possibly 24-hour care or live-in care, depending on safety risks (wandering, fall history, swallowing)
- › Coordination with the parent's PCP, hospital case manager, MCO, and family
- › Family Caregiver Program for relatives willing to be the paid caregiver alongside professional support
- › Honest review of whether home care is the right setting — sometimes assisted living or memory care is a safer fit; A-Team will tell you

**Important:** The score is a starting point, not a verdict. A parent with 5 "yes" answers but a recent hospital discharge may need Path 4 services for 2–6 weeks, then drop to Path 2. A parent with 3 "yes" answers and a wandering pattern may need Path 4 immediately. A 15-minute phone call with an A-Team RN will tell you which path actually fits.

# Four honest answers

## **Q: My parent says they are fine and refuses to talk about home care. Now what?**

Common. Three out of four families face this. Two things help. First, frame the conversation around what THEY want (staying in their home, not being a burden, keeping their independence) — home care is the way to get those things, not the threat to them. Second, start with the free RN home walk-through — not "home care", just "a free safety check". Most parents agree to that. The conversation about ongoing care happens after the RN gives the assessment, not before.

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## **Q: How much does home care cost in Pennsylvania?**

Out-of-pocket private-pay rates in the Philadelphia/Bucks/Montgomery area run roughly \$28–\$38 per hour for personal care, and \$55–\$75 per hour for skilled nursing visits. But most families do not pay full private pay. Medicaid Community HealthChoices covers personal care for eligible parents. VA programs cover veterans. Medicare Advantage plans increasingly cover companion-care hours through OTC benefits. The intake coordinator confirms which funding path applies on the first call.

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## **Q: Will Medicare pay for home care?**

Original Medicare (Parts A and B) covers SHORT-TERM home health (skilled nursing, physical therapy) under specific conditions — usually after a hospital discharge, time-limited. Original Medicare does NOT cover ongoing personal care or companion care. Medicare Advantage plans (Parts C) increasingly do cover some companion-care hours through OTC supplemental benefits. Medicaid Community HealthChoices covers ongoing personal care for income-eligible Pennsylvanians. The phone call confirms which applies.

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## **Q: Is the in-home RN assessment really free? What is the catch?**

Yes — fully free, no obligation. An A-Team registered nurse visits the parent's home, walks through every room, scores fall risks, reviews medications, checks wounds if any, and gives the family a written assessment with the 2–3 highest-impact recommendations. If you decide A-Team's care services are a good fit, we'll talk about that separately. If not, you keep the assessment. There is no catch — this is how A-Team gets families to call instead of waiting for a crisis.

## Want a real RN to confirm what you scored?

One phone call. About 15 minutes. The intake coordinator asks about each "yes" answer and confirms which path actually fits your parent's situation. No commitment. No appointment needed.

**(215) 490-9994**

### Sources & further reading

- Centers for Disease Control and Prevention — STEADI fall prevention initiative; Falls in Older Adults statistics
- National Institute on Aging — Aging in place, dementia sleep disruption, social isolation
- AARP HomeFit — aging-in-place home modification guide
- Pennsylvania Department of Human Services — Community HealthChoices participant-directed services
- U.S. Department of Veterans Affairs — Aid & Attendance, Veteran-Directed Care, Homemaker / Home Health Aide programs
- A-Team Home Care — [ateampa.com](http://ateampa.com) (services, careers, family caregiver program)

**Disclaimer.** This decision tree provides general educational information for Pennsylvania families assessing whether an aging parent needs home care. It is not medical, legal, financial, or benefits-eligibility advice. The 12-question screen is a discussion tool, not a clinical diagnostic. For your situation, contact A-Team Home Care at (215) 490-9994 for a free RN-led home assessment, and consult your parent's primary care physician for any clinical concerns.