RECOGNIZE WHEN THE PLAN MUST CHANGE

When Home Care Isn’t Enough

Home care can be deeply helpful, but it is not every kind of care. Use this checklist to identify when clinical, continuous, or residential support may belong in the conversation.

Reassess the current plan

- [ ] Needs are exceeding the hours or tasks that were arranged
- [ ] Transfers, falls, wandering, or nighttime supervision are becoming unsafe
- [ ] Symptoms, wounds, medications, or equipment require licensed clinical skill
- [ ] The person needs continuous oversight that cannot be reliably covered
- [ ] Family caregivers are no longer able to safely fill the gaps

Clarify the care category

- [ ] Nonmedical home care: everyday routines, companionship, personal support
- [ ] Home health: qualifying skilled nursing or therapy ordered and delivered clinically
- [ ] Hospice or palliative support: symptom-focused care based on eligibility and goals
- [ ] Residential or higher-level care: continuous staffing, secure setting, or intensive support

NOTES FOR OUR NEXT CONVERSATION

TURN OBSERVATIONS INTO THE NEXT USEFUL STEP

Continue the family conversation.

Questions for the care team

- [ ] Which needs are no longer covered by the current service?
- [ ] Is the change temporary, progressive, or urgent?
- [ ] Could a different combination of services make home safe?
- [ ] What would trigger an emergency plan or a change in setting?
- [ ] Who can provide a clinical, benefits, or placement assessment?

Keep dignity inside the decision

- [ ] Use the person’s values and daily priorities as decision criteria
- [ ] Explain what is changing without blame
- [ ] Invite choices wherever genuine choices still exist
- [ ] Revisit the plan as information and needs evolve

QUESTIONS, NAMES, AND FOLLOW-UP

ONE USEFUL NEXT STEP

Ask one direct question: “What need are we trying to cover that our current plan was never designed to hold?”