

This is a list of things to consider before you bring someone home. It is not a substitute for medical advice. It is a compilation of suggestions of things to think about when making this very difficult decision.

- 1) Call your loved one's doctor.
 - Make sure that they will continue seeing the patient after discharge.
 - If not ask about a visiting physician or Nurse Practitioner (NP) or ask your personal physician for a recommendation?
 - Please note that visiting physicians or NPs may not be able to perform all of the things required in a home environment, for example some narcotics cannot be prescribed using this service in some states. For blood draws or laboratory testing, check to see if there is a mobile lab/ phlebotomy service in your area. There may also be a mobile podiatrist in your area.
- 2) Speak to the Long-Term Care facility about this decision.
 - Do you have to give advanced notice of the move?
 - Will they hold the bed or room if you're planning on returning after visitation restrictions are lifted?
 - Is there any financial penalty for moving your loved one?
- 3) Call local home health agencies regarding available services. They should be able to check with Medicare or the insurance company to determine eligibility.
 - What services does your loved one qualify for?
 - What length of time does the insurance cover?
 - How many visits a week?
 - What is your out-of-pockets cost?
- 4) Call your pharmacist.
 - If prescription drugs are provided by an in-house pharmacy or pharmacy that delivers to the long-term care facility, how can you transition those prescriptions to home delivery and use?
 - Will the insurance cover all current prescriptions when being dispensed for home use?
 - Once home, who will you call with prescription questions?
 - Does the pharmacist have any thoughts or suggestions that you need to consider before you bring this patient home?
- 5) Call the Long-Term Care Insurance company if your loved one has LTC insurance. They can review the benefits that are available for home health care.
- 6) Call Medicaid if they are paying any of your loved one's long term care expenses. You will need to discuss the specific requirements for the transfer and if the transfer affects their future benefits in any way.
- 7) Is your loved one currently under Hospice care? If not, consider calling them for an evaluation.
 - Palliative care is provided by most Hospice providers to individuals with serious illness and can be extremely beneficial. It is not necessary for a patient to be "dying" to qualify for these hospice services.
 - They can be a tremendous resource for transitioning a patient to home care, helping with home health care, medications, durable medical equipment and medical supplies.

- 8) Call a local Durable Medical Equipment (DME) provider that can assist you with things that you may need including hospital bed, wheelchair, alternating pressure mattresses, and many other items.
 - The home health agency may be able to provide references for this service.
 - The DME provider will be able to determine if Medicare or other insurance covers these items.
 - What are the expected delivery times for these items, and is there quick support for defective or broken items?
 - Sometimes there are rules that exclude the patient from getting a specific item or upgrading an item within 5 years. There are sometimes exceptions when significant medical changes occur, but you need to know from the beginning and when ordering supplies.
 - Diapers and incontinence supplies are usually not covered.

- 9) Call agencies that provide assistance for the elderly and disabled. For example: Eldercare, Elder Source, Council on Aging, Ombudsman.
 - If your loved one is a veteran contact the Veteran's Administration about available benefits for home health care.
 - Ask for suggestions, resources, any information or services that they can provide.
 - Are there grants available for assistance?

- 10) Make a schedule with those people who have agreed to help.
 - Write down what, when, or how often they are available.
 - Make sure that you have a firm commitment and understanding of what each person is available or capable of doing.
 - Make sure that you have a backup plan or sitter for emergencies.
 - Once you have it written down, discuss the plan with everyone again. Use each person as little as possible to prevent burn out and frustration. Be understanding and kind, people want to help but asking them to do "too much" can result in the total loss of their help. If they can only help 2 hours a week, take it.

- 11) Transporting patients to your home, doctors' visits, hospitals, or other places may require special transport that is often not covered by insurance.
 - Using 911 as transport to the hospital is fine if you have a life-threatening emergency.
 - When you need transportation for non-emergency visits, contact your local private ambulance or medical transport companies and ask about cost and coverage.

- 12) Safety in the home:
 - Elderly and especially dementia patients generally cannot be left alone in the home.
 - Please protect yourself and your loved one. You cannot be awake 24/7, so plan ahead. Ask the DME company about bed alarms, door alarms, safety rails, safety mats, and other safety equipment.
 - These can only be used to supplement supervision, not replace it. Consider an alert bracelet or necklace for falls or elopement/wandering/ leaving home unattended. Keys, medication, guns, or other potentially dangerous items must be locked away. Plan for the worst, it will save you much grief later.
 - Where will the patient sleep, shower, and go to the bathroom?
 - Is there enough lighting, are handrails installed and secured properly, is there an adapter for your toilet, is a bedside toilet better?
 - How will you bathe your patient? Often patients at home can only get bed baths, are you capable of doing this?

- Do you have or need a hospital bed, what kind of mattresses are needed? Many frail or compromised patients require specialized mattresses or toppers to prevent or help heal bed sores. Most require a barrier cream/diaper rash cream to prevent skin breakdown or damage. Bed sores can start to form after 2 hours of pressure. Their skin is not the same as yours, due to many factors including overall health, nutrition, hydration, and activity levels.
- If your patient is ambulatory/can walk or uses a walker, is there adequate lighting?
- Is the path free from clutter or debris?
- Are there any raised areas that require the patient to step over or avoid?
- Do you have pets that may interfere with this and are you willing to secure pets in another area or even rehome them?
- Will there be small children in the home that may accidentally cause the patient to fall or be injured?
- Plan ahead to consider these obstacles.

13) What happens if you take your patient home and realize that it is not working?

- Can they return to the same long-term care facility that you removed them from or is there another place that they can go?
- Will there be a quarantine period if and when they return to their long-term care facility?
- What is the plan if you become ill or unable to care for the patient? Who is in charge, who can fill in?
- Moving patients, especially memory care/dementia patients often has detrimental effects. Each move presents a new set of challenges and requires the patient to learn new things about their new environment. Memory care patients often cannot learn new things and you will often see a change in behavior that may be permanent. They do much better with routines and familiar environments.

14) Make sure you have plans for infection control for you and for visitors including hand washing, cleaning, masks or testing if needed.

15) Check with your local church, thrift store, community group, Amazon or eBay for locating supplies or equipment that is not covered and price check everything.

- Be aware that there are many scams that target Medicare and Medicaid patients.
- Be vigilant when checking bills, do not give Medicare or Medicaid information to callers and use the numbers you already have to contact the appropriate agency.

16) Do you know and understand your patients' medical condition, allergies, and medications?

- Family members often have some misunderstanding regarding this.
- Stopping any medication without consulting your physician is dangerous. Sometimes an article is published, a commercial on TV, a Facebook post, or friend/family member tells you something that appears to relate or effect what your patient is doing or going through, do not make the mistake of applying to your loved one without discussing with the doctor. Always speak to the doctor first.

17) Please know, that when you are taking your loved one home it is going to be the hardest job you have ever had.

- You may be on your own most of the time. Resources may be limited, and the pandemic can make that much worse.
- Many people and agencies will want to help, but simply be unable to do so. Things are taking longer to arrive, some things may not be available at all.
- This is not an easy task and you must be honest with yourself about your limitations and the possibility that, for many reasons, bringing your loved one home may not be the right thing to do.

18) Consider joining a caregiver support group. Being with others that share your struggles and concerns is a huge help!

With this guide as a road map we are confident that you will thoughtfully decide what is best for you and your loved one. This is not an easy decision when the world is “normal,” let alone in today’s environment. Each patient is different, each caregiver is different and each situation must be addressed individually. The goal is to examine all options and to have the ability to make informed decisions so that you can care for your loved ones to the best of your ability. There is great honor in doing just that!