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HOW TO USE THE HOME-FIRST DISCHARGE CARD

Keep this memo with the card, in your binder if we gave you one. It is written for you, your agent, and your care manager. It is not for the hospital.

Who uses the card

The healthcare agent, the backup agent, a successor trustee who is paying caregivers, and any Aging Life Care Manager. We keep the template. You and your family carry the completed card.

When to complete it

At your signing meeting, not in the emergency room. Update it after any change of agent, address, plan, or care manager. Review it at each estate-plan checkup and after every hospital stay. The "last reviewed" date on the card tells a stranger whether the sheet is current.

Setting up the card

1. **Copies.** Give your agent three paper copies and a PDF. One copy stays in the car or go-bag.
2. **Wallet card.** Carry a card that reads: "Healthcare agent: [name] [phone]. Documents in binder / on phone."
3. **Our number.** Put our firm name and after-hours number on the card. An 11 p.m. discharge meeting is not the time to search your email.
4. **Care manager.** If you have one, send the same packet and introduce that person to your agent before a crisis.
5. **Medicare Advantage.** If you have an Advantage plan, your family must call the plan and not assume the three-day rule applies.
6. **Paying an aide.** Confirm that your financial agent or successor trustee can pay an aide the same day. A healthcare power of attorney does not write checks.
7. **POLST or MOLST.** If you have one, say so on the card and keep it with the card. Hospitals look for it separately for code status.

Agent: at the hospital

1. Identify yourself to the nurse and case manager on day one. Leave the power of attorney, HIPAA release, aging-in-place directive, and this card.
2. Ask every day: inpatient or observation? Has the MOON been issued? What is the expected discharge date? Has the home-health referral started?
3. Start home-health and caregiver calls as soon as the stay looks longer than a day. Do not wait for "we found a SNF bed."
4. Read the goal sentence aloud at the discharge meeting. Ask the team to chart why home is not possible.
5. If the patient has dementia, point to the aging-in-place directive. A new environment can increase agitation, and that can be a reason to prefer home.
6. Sign only as agent, never as personal guarantor, and do not sign facility arbitration as a condition of getting a bed. If the facility insists, call us.
7. If a short facility stay is unavoidable, write the expected return-home date on the card. Treat every facility care-plan meeting as a discharge-planning meeting.

Before anyone is sick

Walk the house. Note stairs, shower access, and overnight coverage, which are the friction points a discharge planner will use as reasons for a facility. Choose a home-health agency and a backup caregiver now and write them on the card. If family is unavailable, the 72-hour line must name a paid person. A blank line is how people go to a facility.

What the card cannot do

It cannot force Medicare to pay for custodial home care. It cannot create a qualifying inpatient stay that does not exist. It cannot override a true need for hospital-level or 24-hour skilled care. It cannot help if the financial plan cannot pay an aide.

After a hospital stay

Call us. We will note the setting chosen, whether you were in observation or inpatient, whether a MOON was issued, whether a facility arbitration or guarantor form was signed, and whether your aging-in-place directive was followed. If you were placed in a facility against your written goal, we will treat that as a gap in the plan and help fix it, whether the gap is money, caregivers, documents, or the choice of agent.