Returning Home

Making a successful move to your home and community
Returning home after a nursing home stay is possible for many people.

With the right supports, resources, and services, many nursing home residents in Minnesota may be able to go home, if they desire.

A new service provided by the Minnesota Senior LinkAge Line® can help people leave the nursing home and successfully return to their house or apartment or locate new housing. Senior LinkAge Line® provides information and resources to meet the needs of people leaving the nursing home as well as their caregivers. These experts can discuss services and supports in the local community that may be available for people interested in living options outside the nursing home.

Contacting a MinnesotaHelp Network™ Community Living Specialist at 1-800-333-2433 may be the answer.
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Questions to consider:

Are you currently living in a nursing home?

Do you want to return to your home or community?

Do you want to find out what is available to help you leave the nursing home and return home?

If you answered yes to these questions, free help is available through the statewide MinnesotaHelp Network™ and a MinnesotaHelp Network™ Community Living Specialist.

MinnesotaHelp Network™ Community Living Specialists are available to assist you to review options and make connections to help make your return home successful. To connect with a MinnesotaHelp Network™ Community Living Specialist call the Senior LinkAge Line® at 1-800-333-2433 or talk to your Nursing Home Social Worker or Discharge Planner.

This service is brought to you by the State of Minnesota, sponsors of the MinnesotaHelp Network™. The MinnesotaHelp Network™ includes the Senior LinkAge Line®, Disability Linkage Line®, Veterans Linkage Line™, www.MinnesotaHelp.info® and many community partners.
Who is a MinnesotaHelp Network™ Community Living Specialist?

A professional staff that is part of the MinnesotaHelp Network™ who provides nursing home residents with help to return home such as:

- Assistance to help identify needs and locate services to help people return home
- Individualized support that focuses on the person including their needs, wants and goals
- Caregiver and family support
- Community based follow-up after the move home
- The ability to manage risks to help with successful community living

MinnesotaHelp Network™ Community Living Specialists are part of the Minnesota Board on Aging’s and the local Area Agency on Aging’s Senior LinkAge Line® service. They are employees of the Area Agencies on Aging.

Why a MinnesotaHelp Network™ Community Living Specialist May Contact a Nursing Home Resident

First, nursing home residents who indicated upon admission that returning home was a goal, have remained in the nursing home more than sixty days, and meet other criteria will be contacted by their nursing home discharge planner. The nursing home staff will ask whether the person is interested in having a Community Living Specialist help to develop a plan to go home. Specialists are located throughout Minnesota and are available to help nursing home residents make the transition from the nursing home back to their community.

Second, Community Living Specialists primarily assist older adults age 65 and older, whose nursing home stay may be covered by Medicare but not Medical Assistance. Nursing home residents enrolled in Medical Assistance or a Medical Assistance Managed Care Plan should already have someone helping them move out of the nursing home. These helpers may be a county case manager, long-term care consultant or Medical Assistance managed care coordinator.

Nursing Home Residents Under Age 65

In most situations, nursing home residents under age 65 with a disability, who want to return home, may be served by the local Center for Independent Living. The Disability Linkage Line® is also available to help by calling 1-866-333-2466.

Minnesotans with disabilities under age 65 who are living in a nursing home have the right to request a Long-Term Care Consultation from the county. A Long-Term Care Consultation consists of a visit with a nurse or case manager to discuss the person’s needs and preferences including options for going home.

To request a Long-Term Care Consultation, nursing home residents should call the local county human services agency.
Getting Started

1. Initial contact will be made by the nursing home staff. Nursing home residents who wish to go home will be contacted by the nursing home social worker or discharge planner about scheduling a meeting with a MinnesotaHelp Network™ Community Living Specialist.

2. Make an appointment. The nursing home resident will be contacted to arrange a meeting that is convenient and allows time to invite anyone else the resident would like present. At the meeting, this planning booklet will be provided.

3. Make a plan together. The Community Living Specialist will meet with the resident and anyone else they choose to have present and a plan will be developed to help the resident move home. During the meeting the Specialist will ask about interests and preferences, as well as review care needs and chronic conditions. The Specialist will also discuss what is available in the local community to help with a successful return home.

The plan will include:

- A list of who is available to help such as family and friends
- Services to meet the person’s needs which may include taking medications and following doctor recommendations
- Agencies available to help pay for services, including the costs for maintaining a home
- Ideas for how to manage chronic conditions successfully through support groups and educational classes
- Identification of safety concerns
- Social or physical activities outside of the home that the person wants to participate in and ways to get to those activities
- A general estimate of the cost of any of the ideas or services
- Available insurances or benefits that can help pay for the plan

4. The plan will be put in place. Once the plan has been approved and signed by the resident, the Community Living Specialist and nursing home staff will begin the preparations for the resident’s return to the community.

5. Get ready to move. The nursing home resident will have a Community Living Team focused on making a successful move from the nursing home to the community. The team includes the resident, the Community Living Specialist, nursing home social worker or other selected staff and the resident’s family, friends or other supportive individuals. During the transition, the nursing home resident is encouraged to keep in contact with the Community Living Specialist to ask questions or voice concerns they may have.
The Importance of Knowing Options

Every person has the right to live in the least restrictive setting possible, including nursing home residents. Some nursing home residents may be able to return to the community if they are provided appropriate assistance and referrals to community resources. Knowing one’s options is important for planning a successful and safe return to community living.

Another important consideration is payment for the options and services needed in the community. Nursing home residents with resources will most likely need to access their own money and other financial resources to help pay for services. In most cases, the State of Minnesota will not pay for services associated with a nursing home resident going home.

Many people do not know that when intensive services are not needed, it often costs less to stay in their own home than it does to stay in a nursing home. Now, more people are using their own money to hire family, friends and neighbors to provide personalized help when living at home.

Some nursing home residents have options to help pay for some of the care and services available at home. Below is a summary of these options which have limitations:

- Medicare may pay for limited long-term care services at home and in the nursing home. After a qualifying hospital stay, Medicare may pay for short-term post acute care in the nursing home. Once a person returns home, Medicare may pay for limited home care for those who qualify. Examples of what may be paid for in the home include: occasional skilled nursing visits, rehabilitation therapies, help with medications, bathing and dressing. Most insurance plans follow Medicare rules.

- For people with low income and assets, Minnesota’s Medical Assistance, Waiver and Alternative Care Programs may pay for care provided in the home for those that qualify. More information is on page 11.

- Veterans with at least one day spent in wartime may be eligible for Aid and Attendance funds for home care or other supports provided through the U. S. Department of Veterans Affairs.

- Private pay options are also available such as Minnesota Long-term Care Partnership, long-term care insurance, reverse mortgages, trusts and annuities.

A worksheet is available to help with calculating the costs for going home and then comparing in-home services with assisted living or a nursing home.
Monthly Expense Worksheet
Learn more at www.mnlivewellathome.org.

Monthly expenses
Enter the nursing home resident’s monthly expenses below to find out how living in the community compares to the cost of a nursing home or assisted living.

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost</th>
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<tbody>
<tr>
<td>Mortgage or rent</td>
<td>$</td>
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<tr>
<td>Other home costs such as taxes or dues</td>
<td>$</td>
</tr>
<tr>
<td>Utilities</td>
<td>$</td>
</tr>
<tr>
<td>Food</td>
<td>$</td>
</tr>
<tr>
<td>Home repair &amp; lawn/yard help</td>
<td>$</td>
</tr>
<tr>
<td>Laundry help</td>
<td>$</td>
</tr>
<tr>
<td>Other indoor help such as cleaning</td>
<td>$</td>
</tr>
<tr>
<td>Health or personal care help</td>
<td>$</td>
</tr>
<tr>
<td>Car or other rides</td>
<td>$</td>
</tr>
<tr>
<td>Other:</td>
<td>$</td>
</tr>
<tr>
<td><strong>TOTAL MONTHLY EXPENSES:</strong></td>
<td>$</td>
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</tbody>
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Cost comparison for Minnesota
The following cost comparison can help people think about what it would cost to live in Minneapolis/St. Paul, Rochester or other parts of Minnesota. These are average amounts. Assisted Living estimates only include the base level of care.

<table>
<thead>
<tr>
<th>TOTAL monthly expenses for living at home with help</th>
<th>Average Monthly Assisted Living Cost*</th>
<th>Average Monthly Nursing Home Cost**</th>
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<tbody>
<tr>
<td>$</td>
<td>Minneapolis/St. Paul $ 2,493</td>
<td>Minneapolis/St. Paul $ 5,160</td>
</tr>
<tr>
<td></td>
<td>Rochester $ 2,865</td>
<td>Rochester $ 4,080</td>
</tr>
<tr>
<td></td>
<td>Rest of Minnesota $ 2,598</td>
<td>Rest of Minnesota $ 4,410</td>
</tr>
<tr>
<td></td>
<td>State Average $ 2,664</td>
<td>State Average $ 4,500</td>
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*Based on the 2009 MetLife Mature Market Institute study and represents the average base level of care. Base level of care is often only minimal services and more services must be purchased. Each facility offers a different base service. October 2009

** Based on the 2009 MetLife Mature Market Institute study. Nursing home care is all inclusive of room, board and services. October 2009

If you want to find the rates for a particular nursing home, you can find this information at http://nhdb.dhs.state.mn.us/agingnh/Search.asp
Involvement of Others

Nursing home residents may find there are challenges to returning home. Family members or friends may have concerns about safety, health, or caregiver availability. While these concerns are understandable, below are some suggestions to help address their concerns:

1. Involve family members in the planning process from the start. Participating in the discussions and the preparations may help ease their worries. Family support is important and can greatly help with a nursing home resident’s return home.

2. The Community Living Team is available to answer questions family members or residents may have. Their goal is to listen to concerns and identify possible services and supports that may be available. The MinnesotaHelp Network™ Community Living Specialist will try to ensure that supports are in place before the resident leaves the nursing home.

3. Ultimately, people have the right to choose where they live, but there should be appropriate services and safety measures in place.

Community Living Team

Each nursing home resident selects who is a part of their Community Living Team.

The nursing home resident is the most important team member because they make the decisions. During the transition process, the Community Living Team may include a variety of staff from the nursing home including, but not limited to, the nursing home social worker, doctor, physical therapist, occupational therapist, dietician or nurse. Other team members the resident wants involved may include family members, friends, neighbors, religious representatives or their local Ombudsman for Long-term Care.

The members of the Community Living Team should take the resident’s wishes seriously and help provide connections to the wide variety of services that may be available to allow the resident to live as independently as possible when they return home.

If the resident is uncomfortable with the process at any time, they should talk to their Community Living Specialist. If the resident is not comfortable talking with the Specialist, a call can be made to the Senior LinkAge Line® at 1-800-333-2433 or the Ombudsman for Long-term Care at 1-800-657-3591.

As the person in charge, the nursing home resident can change services at any time and choose who will be involved in daily activities. The goal of the Community Living Team is to make the nursing home resident’s return to the community successful.
Other Tools to Help with Planning

The Web site www.MinnesotaHelp.info® has an easy to use planning tool known as the Long-term Care Choices Navigator that can be used to look at possible options for returning home. The Navigator is available on the Internet at www.longtermcarechoices.minnesotahelp.info. The tool helps nursing home residents and family members create a customized directory of services based on the needs and preferences of the individual. www.MinnesotaHelp.info® is a comprehensive statewide Web site provided by the State of Minnesota for its citizens. Anyone that has access to a computer and Internet connection can use the Navigator and www.MinnesotaHelp.info®.

There are many resources and services available to help nursing home residents go home. Some can be purchased or can be applied for depending on the resident's income and assets. The MinnesotaHelp Network™ Community Living Specialist will help connect the resident to the resources and services, but they can also be found on www.MinnesotaHelp.info®.

Getting Ready to Go Home

There are some important items to consider as a person prepares to discharge from the nursing home and return to their home or to another community setting. The MinnesotaHelp Network™ Community Living Specialist can assist the resident with these activities, if needed.

- Arranging for support/services
- Applying for transportation services
- Completing a change of address form
- Connecting utilities (such as electricity, gas and telephone)
- Contacting a durable medical provider to order equipment or supplies
- Contacting a local pharmacy
- Determining how personal belongings will be moved from the nursing home to the community location
- Making medical and dental appointments
- Notifying the Social Security office of the new mailing address, if applicable
- Opening new bank accounts if changing banks
Plan Well for Successfully Going Home

PLAN WELL

A move back to the community requires good planning and should include:

- Knowing available budget amounts
- Deciding where the resident will live after discharge
- Figuring out how to pay for health care and other services

Budget

A successful move home should include creating a budget to track monthly expenses. Banks and credit unions may provide help with budgeting and financial planning. If a person doesn't have a bank or credit union, the MinnesotaHelp Network™ Community Living Specialist can help the nursing home resident find one in their local community. Below are some examples of items to include in a budget:

- Clothing
- Medications and health-related expenses
- Utility payments
- Food
- Moving costs
- Transportation

A person should keep track of when bills are due and plan for additional expenses. Successfully remaining in the community means living within these budgeted amounts as often as a person can.

Housing

The most important decision a resident going home will make is where and how they want to live. The Community Living Specialist can assist the resident with finding housing that is both affordable and accessible.

- **Accessible housing** provides wheelchair access, knee space, grab bars, easy-to-turn door handles, and other features that allow people with disabilities to be independent.
- **Affordable housing** means that the rent and utilities cost less than 30% of a person's household income.
- **Independent Living** is when a person lives in their own home or apartment without supervision or around-the-clock care. People in independent living may receive some services such as home-delivered meals, housekeeping or independent living skills training.
- **Assisted Living** allows people to live in a residential center such as an apartment building with staff on hand to provide 24-hour emergency response and individual support services, such as help with meals, medication, bathing and housekeeping.
- **Congregate Housing** is a type of assisted living where the person has their own apartment but share meals and social activities with other residents. Personal care, housekeeping and medical services are provided as needed.
- **Adult Foster Care** provides structure and companionship for those who are not able to live alone. Adult foster homes offer food, lodging, supervision, and household services in a family-like setting. People may also receive assistance with living skills, medication and safeguarding finances.

For more complete information on housing options, a nursing home resident should talk to their Community Living Specialist or call the Senior LinkAge Line® at 1-800-333-2433.
Health Insurance and Health Care

Most people over the age of 65 receive health care through Medicare. However, there are many options available that not only allow a person to decide what plan they will receive their Medicare benefit through, but how they would like to receive their health care coverage. Coverage can be through Original Medicare, Medicare Advantage, a retiree plan or another private plan option. Most people with Medicare or other health insurance will also need prescription drug coverage. The number of options can seem overwhelming. The Senior LinkAge Line® (1-800-333-2433) is the federally designated State Health Insurance Assistance Program (SHIP) for Minnesota and provides free objective, comprehensive help with understanding all Medicare, health insurance and long-term care options. A MinnesotaHelp Network™ Community Living Specialist can connect people who want to return to the community to an expert, or a call to the Senior LinkAge Line® can be made directly.

Health care can be expensive, even if a person has Medicare or some other type of health care coverage. There are programs available to help people pay for their Medicare prescription drug costs and other Medicare related costs. A Community Living Specialist can help a nursing home resident connect to these programs, including help completing application forms.

There are additional resources to help people understand their health insurance options which a Community Living Specialist can provide to a nursing home resident who wants to return home. These include:

Health Care Choices

The Minnesota Board on Aging publishes the annual Health Care Choices for Minnesotans on Medicare. The publication includes all options available for Minnesotans with Medicare. Print copies are available from a Community Living Specialist or by calling the Senior LinkAge Line® at 1-800-333-2433. A copy can also be viewed and printed from the Minnesota Board on Aging website at www.mnaging.org/hcc.htm.

Paying for Long-term Care

Long-term care can be expensive. Medicare pays for very few long-term care services. It is important for people to try and plan for future long-term care costs. There are several options and some of them are summarized below:

- Minnesota Long-term Care Partnership is a type of long-term care insurance that covers some long-term care services while allowing a person to protect some assets and still qualify for Medical Assistance
- Long-term Care Insurance is an insurance policy that will pay a certain amount for future long-term care costs
- Reverse mortgage allows a person to use the equity in their home to finance long-term care costs
- Low-cost community based services, such as chore services, family caregivers or volunteer organizations

There are many options available to help pay for long-term care. Senior LinkAge Line® staff provide objective, comprehensive long-term care options counseling and can help sort through all options to best use the person’s existing resources. Call 1-800-333-2433 for assistance.
Living well in the community means a nursing home resident going home has a support system of family, friends and services to make sure the resident is healthy and receiving the necessary care and services. It is important to know what local resources and programs are available to help the person receive the services.

**Daily Living Needs**

Daily living needs are those activities that people do everyday, such as eating, bathing, dressing and walking. Even if a nursing home resident needs help with these daily needs, going home is still possible. There are many resources such as personal care assistance services, as well as programs to help pay for the services. These include:

**Personal Care Assistance Services**

Personal care assistants (PCA) provide services to people who need help with every day activities in order to be more independent in their home. PCA services may be used if a person has a physical, emotional or mental disability, a chronic illness or an injury.

Personal care assistants provide care in four areas:

- Activities of daily living, such as eating, dressing, bathing, mobility and positioning
- Health-related functions
- Instrumental activities of daily living, such as planning and preparing meals, managing finances, shopping for essential items, performing essential household chores, communicating with others, getting around the neighborhood and participating in the community
- Redirection and intervention for behavior, including observation and monitoring

PCA services are administered by the Minnesota Department of Human Services. For more information, call the county social service agency or talk to a Senior LinkAge Line® specialist by calling 1-800-333-2433.

**Waivers**

A waiver provides funds through Medical Assistance that can pay for the services needed to live in the community. In addition to services covered by Medical Assistance, waivers can be used to pay for additional services such as home modifications, home-delivered meals, adult day programs and extra personal care assistance (PCA) hours.

Depending on a person’s current needs, they may qualify for one of the following programs that can help pay for services in the home:

- Elderly Waiver (EW)
- Community Alternative Care (CAC) Waiver
- Community Alternatives for Disabled Individuals (CADI) Waiver
- Developmental Disability (DD) Waiver
- Traumatic Brain Injury (TBI) Waiver

People may qualify if they have a disability and are living in the nursing home or other setting and receive Supplemental Security Income (SSI). For most waivers in Minnesota, a person must be under age 65 to qualify; the exception is the Elderly Waiver.

For additional information on any of the waivers, contact the local county human services agency. A MinnesotaHelp Network™ Community Living Specialist can help a resident connect to the county.
Waiver Types

The **Elderly Waiver (EW)** program pays for services in the home, if a person is at least 65 years old, eligible for Medical Assistance (MA) and requires the same care that would be provided in a nursing home. Services include visits by a skilled nurse, home health aide, homemaker, companion, personal care assistance, as well as home-delivered meals, adult day care, supplies and equipment, home modifications, assisted living, foster care and residential care. This waiver is part of the Medicaid program. Income and asset guidelines apply.

The **Community Alternative Care Waiver (CAC)** provides funding for home and community-based services for people with disabilities or chronic illness who would otherwise require the type of care provided in a hospital. Available services include case management, home health aide, therapy, nursing services, family counseling and training, foster care services, homemaker services, respite care and modifications to a home or vehicle. This waiver is part of the Medicaid program. Income and asset guidelines apply.

The **Community Alternatives for Disabled Individuals (CADI) Waiver** provides funding for in-home services for people who would otherwise require the same care that is provided in a nursing facility. These services include adult day care, assisted living services, extended home nursing services and therapies, extended personal care assistance services, extended transportation services, family counseling and training, foster care services, home delivered meals, homemaker services, independent living skills, residential care services, respite care and supported employment services. The CADI waiver may also provide for transitional services that help pay for a move. These items include needed furniture, household supplies, utility deposits and rental deposits. Transitional services are limited to $3,000 per move and may only be used once every three years. This waiver is part of the Medicaid program. Income and asset guidelines apply.

The **Developmental Disabilities (DD) Waiver** provides funding for home and community-based services for people with developmental disabilities or related conditions. Services include adult day care, assistive technology, caregiver training and education, chore services, 24-hour emergency assistance, homemaker services, live-in personal caregiver expenses, modifications to the home or vehicle, respite care, specialist services, supported employment services, supported living services and training and habilitation services. This waiver is part of the Medicaid program. Income and asset guidelines apply.

The **Traumatic Brain Injury (TBI) Waiver** provides funding for home and community-based services for people who have an acquired or traumatic brain injury and who experience significant behavioral and cognitive problems related to the injury. Services include adult day care services, assisted living services, behavior programming by professionals, companion services, extended cognitive rehabilitation therapy, extended nursing, health therapy and personal care services, family counseling, foster care, independent living skills and independent living therapies, mental health testing, night supervision services, respite care, structured day program services and supported employment services. This waiver is part of the Medicaid program. Income and asset guidelines apply.

While not a waiver, another option is **Alternative Care**. Alternative Care is a state-funded cost sharing program that supports certain in-home services for eligible Minnesotans, age 65 and older. This program provides these services to prevent and delay a move to a nursing home. The program shares the cost of care with the person, by maximizing the use of the person’s own resources. Services include adult day care, case management, chores services, companion services, home health aides, home-delivered meals, homemaker services, nutrition services, personal care, respite care, skilled nursing, training and support for caregivers and transportation. While this waiver is not part of the Medicaid program, income and asset guidelines still apply.
Consumer Directed Community Supports (CDCS)

Consumer Directed Community Supports is an option for those who need additional support in their home but would like control over who is helping them, when they are receiving the help, and in what way. This may also be an option for those who would like to pay a family member or friend to provide services to them. Call the Senior LinkAge Line® at 1-800-333-2433 for more information regarding this option.

Homemaker and Chore Services

It can be a lot of work to maintain a home. There are leaves to rake in the fall and snow to shovel in the winter. Inside the home, routine cleaning is needed, such as vacuuming, washing floors, dusting and cleaning the bathroom. Fortunately, there are homemaker and chore services available to help with these tasks. People on a waiver may already be eligible for homemaker or chore services through their waiver.

Homemaker services are lighter housework that is needed, such as dusting and laundry. Many times, agencies that offer homemaker services also help with preparing meals and running errands. There are fees for these services, which vary, but most agencies charge an hourly fee. Services can be set up for routine scheduled visits to continue the service ongoing. Homemaker services can be used in homes or apartments.

Chore services help with the maintenance and repair of the home. Raking leaves, mowing the lawn and shoveling snow are common examples of the types of chore services. Often, small repairs and heavier household chores, such as window washing are offered as well. As with homemaker services, agencies usually charge a fee or ask for a donation for the work that is provided.

Finding a homemaker or chore service agency that a person can trust and like is very important for a successful transition which will allow the person to remain in their home successfully.

Housing Modifications

Sometimes a nursing home resident may be ready to go home, but their home does not meet their needs. There may not be grab bars in the shower or a ramp installed if a wheelchair is used. Home modifications are available to help people safely remain in the home. It is important that a nursing home resident who wants to return home consider what modifications are needed before they return to the community. Some common modifications include:

- Ramps
- Grab bars for the shower and toilet
- Widened doors or hallways
- Easy-access kitchens
- Push bars on doors
- Door handles instead of knobs
- Modified cabinets or sinks

Assistive Technology

Assistive technology helps people complete tasks such as walking, use household items such as a phone or communicate with others when they are unable. The State of Minnesota’s System of Technology to Achieve Results (STAR) Program offers an online directory of assistive technology devices and resources at www.starprogram.state.mn.us or by calling toll free at 1-888-234-1267. A guide to living easier with technology is available by going to www.atnet.org on the Internet or through a MinnesotaHelp Network™ Community Living Specialist.

Transportation

Someone going home may have questions about how they will make it to the grocery store, doctor appointments or other outings. There are options for transportation. Individuals eligible for Medical Assistance, Alternative Care or Elderly Waiver have medical transportation as a covered service. For those on the Alternative Care program, other forms of transportation may be covered if it is part of their care plan.
For those not on a public program, the best way to find transportation options is to search www.MinnesotaHelp.info®. Search by various keywords to find specific transportation options in a community. Some examples include searching for “Transportation for Seniors” or “Transportation for Medical”.

When contacting a transportation agency, consider the following:
- What is the cost of the service? How is the service paid for?
- Is there someone available to help with the transportation or is the transportation provided without any other assistance?
- How far will the vehicle drive? Will the company provide transportation to another city or county if an appointment is in this location?
- Is it medical transportation only or does it include grocery shopping and visits to the shopping mall?
- What information is needed to schedule a ride?

Live Well at Home Program
Live Well At Home is a new program that helps older adults live at home longer. Older adults and their family caregivers learn about risk factors that can cause a permanent move from home. With professional guidance and planning, many older adults learn how to best deal with these risk factors. The program also helps older adults buy the help they need from family, friends or neighbors. For more information go to www.mnlivewellathome.org or call the Senior LinkAge Line® at 1-800-333-2433.

AGE WELL
To age well means to keep safety and health in mind by managing risks. Managing risks includes preventing falls, having a safe and secure home, making sure to eat nutritious foods and planning for emergencies. The following information may help nursing home residents returning home manage their risks.

Safety and Security
The key to living independently is to make sure a home is safe to live in and falls or other types of accidents are prevented. There are things that a person can do to help keep them safe and secure. These include removing scatter rugs, installing proper lighting, putting heavy items in an easy to reach location and keeping walkways open throughout the house. There are agencies that provide a home safety assessment to help make a person’s home safe and meet the needs of the person. They will offer suggestions on changes to make and sometimes help make those changes. For more information, visit www.mnfallsprevention.org.

Prepare for poor weather or disasters. Hot summers and cold winters may be very uncomfortable or even harmful for people who do not have a plan in place. Preparation is important and should include such things as who to contact if the furnace breaks down, having an easy to use way for leaving a home in the event of a fire, or who is available to assist and provide shelter in the event of a disaster.

Medication Management
Many nursing home residents who want to return home are taking medications, including prescription medicine, vitamins or other over-the-counter medications, such as aspirin. Most medicines have a warning about side effects but many people are not aware of how a combination of medications can create side effects. In fact, taking four or more medications actually increases the chance of side effects.

Side effects may cause unsteadiness or even worsen an illness. These side effects increase the chances of falling or having an accident. In preparation for returning home, it is important to talk with the doctor or pharmacist about the prescribed medications. Ask the doctor or pharmacist how the medicines, including
over the counter, may interact with the other medications. They may have suggestions on how to manage the medications to reduce the risk of side effects.

More information and tips on managing medications is available at the Minnesota Falls Prevention website at www.mnfallsprevention.org.

**Health Care Directive**

A Health Care Directive, sometimes referred to as a living will, is an important tool for people who want to make sure their health care wishes are followed if they are unable to communicate. It also allows a person to choose a health care agent who can legally make health care decisions on behalf of the person. A Health Care Directive is a tool to make health care decisions, wishes and plans known to family, friends and health care providers. A MinnesotaHelp Network™ Community Living Specialist can provide assistance or to get a Health Care Directive form to complete, go to http://www.mnaging.org/advisor/directive.htm.

**Nutrition**

Successful transition from a nursing home to the community depends on being able to receive nutritious food. Programs such as home delivered meals, meal preparation services, and grocery delivery programs will bring food and groceries to a person’s home. If eligible, home-delivered meals may be covered through a waiver.

Food shelves are another option. Food shelves are usually run by organizations like churches or service clubs to serve people in their area who cannot afford groceries. Most of them can also help with personal care items and some clothing. In general, a person can visit a food shelf once every 30 days. Each time enough food for three to seven days is usually provided. Most food shelves require a picture ID, proof of income, and proof of residence, such as a piece of mail with a current address. Spouses and children may also need their own proof of residence.

A MinnesotaHelp Network™ Community Living Specialist can help people find a community food shelf or other food support program. They will help connect the resident to the resource that best meets their needs and income.

### CARE WELL

When going home, there is much more to consider beyond making sure daily needs are met; memory loss and caregiver supports are important topics to think about as well.

**Memory Loss**

Memory loss is when a person has a hard time remembering people, places or events that took place in the past. Everyone has moments where they lose something, forget a name or forget the date. However, memory loss becomes a concern if a person experiences the ten warning signs established by the Alzheimer’s Association:

1. Memory loss that disrupts daily life
2. Challenges in planning or solving problems
3. Difficulty completing familiar tasks at home, at work or at leisure
4. Confusion with time and place
5. Trouble understanding visual images and special relationships
6. New problems with words in speaking or writing
7. Misplacing things and losing the ability to retrace steps
8. Decreased or poor judgment
9. Withdrawal from work or social activities
10. Changes in mood and personality

There are resources to help with memory loss. Memory loss alone should not stop a nursing home resident from returning home, but getting help is important. An evaluation by a professional will help provide answers and additional information. Go to www.alz.org/mnnd/ for more information.
Preventing Falls

Falls are the leading cause of injury for adults 35-years and older. Falls and fall-related injuries among adults over age 65 are on the rise. Currently Minnesota ranks third among states in the number of fall-related deaths. Having a fall can change one’s life forever. Most falls occur at home. People can stay safe and independent in their home by following these simple suggestions.

**Keep the Path Clear**
- Move books, boxes, shoes and clutter out of paths and off stairs
- Move extension, appliance and telephone cords that can be tripped over
- Rearrange furniture to allow a clear path

**Don’t Give Feet a Reason to Trip**
- Put away those throw and scatter rugs
- Apply double-sided tape to the back of carpet to keep it from moving
- Take time when getting to the phone or answering the door
- When walking up and down stairs, take time and use the hand rail

**Brighten Up the Apartment or House**
- Keep lights on in highly traveled areas throughout the house
- Use nightlights to brighten bedrooms, halls and bathrooms
- Have a lamp or flashlight and glasses within easy reach of the bed

**Keep the Bathroom Fall Free**
- Use a non-slip mat in the tub or shower
- Use a bath bench or shower stool
- Install a grab bar next to the toilet and in the bathtub or shower. A towel rack doesn’t work—it can pull out of the wall.

For more information about preventing falls at home and in the community call the Senior LinkAge Line® at 1-800-333-2433 or visit www.mnfallsprevention.org to complete a home safety checklist.

Caregiver Support

Going home may depend on family members or friends who will provide assistance once discharged from the nursing home and living in the community. They may come to visit from time to time or they may help cook meals and run errands. Sometimes family members or friends help with every day needs including bathing, dressing and taking medication. People who help are also known as caregivers and often provide care without pay.

Caregivers are very important to living successfully in the community. However, they may also need to know how to best assist the person going home. There are several resources available for caregivers. To find additional caregiver information, call the Senior LinkAge Line® at 1-800-333-2433 or find more information about caregiving at the Minnesota Board on Aging Website at http://www.mnaging.org/advisor/caregiver.htm or visit www.MinnesotaHelp.info®.

**Caregiver Consultant**

A Caregiver Consultant is a trained professional who provides support for family caregivers. The Caregiver Consultant may walk through an assessment with the caregiver that will help identify caregiver needs, develop a plan that focuses on these needs and wants, set goals and help establish a routine for ongoing support. This service is designed to help family caregivers learn skills to care for their family member while maintaining an active life. Call the Senior LinkAge Line® to be connected to a local Caregiver Consultant.
Examples

Nora’s story

There are situations where a transition from a nursing home to the community does not require a lot in order for the person to safely return home. Consider Nora’s situation.

Nora had been staying in a nursing home for the past three months and was ready to return home. A MinnesotaHelp Network™ Community Living Specialist met with Nora to talk about her needs. Nora used a walker to get around, so safety in her home was a concern. Nora also sometimes forgot what medications she needed to take in the morning, afternoon and evening. In addition, Nora could not drive, so she was not able to run errands or grocery shop on her own. However, Nora did have children who were willing to help her in whatever way they could.

The Community Living Specialist worked with the family to have the home assessed for safety. Nora would now be able to navigate her home with her walker without having to worry about falling. In addition, Nora’s daughter stopped by her house every night on the way home from work to set up Nora’s medications for the next day.

Nora’s son and daughter were available on the evenings and weekends to take Nora to run errands, go grocery shopping or anywhere else Nora needed to go. The family also helps to take care of outside chores and home maintenance, such as shoveling snow and mowing the lawn. Because they worked during the day Nora needed some sort of transportation to get to and from doctor’s appointments. The Community Living Specialist helped Nora find an organization that, for a small fee, would take Nora to these appointments.

Nora’s other son lives outside the state. He could not help on a daily basis, but he was active in monitoring her well being from afar. He offered to set up home monitoring equipment that gathers data and alerts him if Nora has been less active. Also, her daughter set her up with a product that she can use if she has an emergency.

Nora was able to return home and live independently with the help of the Community Living Specialist and her family.

Martin’s story

Martin was ready to return home, but did not believe he would be able to leave the nursing home. The main reason was that his children had sold his home, believing he would continue to live in the nursing home, so Martin was not sure where he would live. His children do not come around very often and are not willing caregivers. In fact, they did not believe he should leave the nursing home. Martin needed help once he found a place in the community to live, because he cannot drive and needed help preparing meals and cleaning his home.

The Community Living Specialist began to work with Martin to find a place to live in the community. When his children discovered Martin was working with someone to leave, they insisted on being present at the next meeting Martin had with the Community Living Specialist. They spent the meeting stating all of the reasons why Martin could not live alone.

— Martin’s story continued on next page
— Martin’s story continued from previous page

The Community Living Specialist asked a Long-Term Care Ombudsman to be present at the next meeting. At the next meeting, the Ombudsman explained to the family why Martin has a choice in where he lives and, with the Community Living Specialist, began outlining the plan that would be put into place to help Martin live independently. The family stated they would not be supportive of the move, but Martin decided that he still wished to return to the community.

The Community Living Specialist helped Martin find an apartment in a senior living complex. The complex offered weekly transportation to the grocery store and other locations. The Community Living Specialist found a transportation agency that would provide rides to doctor appointments for a small donation each round trip. In addition, the complex had a listing of local housekeeping services that would come to clean Martin’s home each week.

With living arrangements, housekeeping services and transportation in place, Martin just needed some help with meal preparation as he did not feel comfortable using the stove or oven. A local organization was available to deliver meals to Martin. Even though the family was not supportive, with the help of the Community Living Specialist, Martin found a way to live independently in the community. In fact, Martin quickly made friends with his neighbors and found a new support system to help him make his transition and feel comfortable in his new home.
Next Steps

The information provided in this booklet can help a nursing home resident move forward with the process of transitioning from a nursing home back to their home or other community setting.

During the transition, residents or family members who have questions should call the Senior LinkAge Line® at 1-800-333-2433 and speak with a MinnesotaHelp Network™ Community Living Specialist.

Use this space to write down any questions for the Community Living Specialist.

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Resources

www.MinnesotaHelp.info®

Linking you to Minnesota’s 10,000 helping agencies.

MinnesotaHelp.info® is an online directory of services designed to help people in Minnesota find various resources, such as human services, information and referral, financial assistance and other forms of help. It is especially rich in resource information for seniors and their caregivers, people with disabilities and their caregivers and people with low-income. The site provides easy to use keyword searches to find resources such as housing, food support or caregiver support. Special Topics links help people find information for specific populations, such as Senior Link or Disability Link. These links contain special topics tables to help search for resources in local communities. MinnesotaHelp.info® also offers live chat through MinnesotaHelp Now! if help is needed to find resources.

Senior LinkAge Line® 1-800-333-2433

Link to an aging and long-term care expert!

Senior LinkAge Line® is a free telephone information, assistance and access service that makes it easy for older adults and their families to find community services. With a single call, people can find services near them or get help evaluating their situation to determine what kind of service might be helpful.

The Senior LinkAge Line® Specialists are all Long-term Care Options Counselors and discuss options with callers, provide one to one assistance, and when needed, can direct callers to organizations in their area that provide the services in which they are interested. Specialists can conduct three-way calls and offer follow-up as needed.

Specialists are trained health and human service professionals. They offer comprehensive, objective, neutral information about senior services and housing options.

Specialists are knowledgeable about:

- Transportation
- Housing
- Home Health Care
- Housework
- Caregiver Support
- Volunteering
- Long-term care options
- Hospice
- Food / Meal Delivery
- Legal Assistance
- Financial Assistance
- Snow / Lawn Care
- Employment
- Nursing Homes
- Minor Home Repair
- Medicare, Medical Assistance and Health Insurance
- Ombudsman and Advocacy Services
- Prescription Drug Help

The Senior LinkAge Line® (1-800-333-2433) is answered from 8:00 a.m. to 4:30 p.m. weekdays, and messages can be left after hours, 24 hours a day.

TDD/TTY users call the Minnesota Relay Service at 7-1-1. Non- or limited-English speaking callers can call the Senior LinkAge Line® to use interpreters through Language Line Services.
Disability Linkage Line® 1-866-333-2466
Link to a disability expert!
The Disability Linkage Line® (DLL) is Minnesota's free telephone information and assistance service for people under 65 with disabilities or chronic illness; their families and their representative. By calling DLL's toll free number, 1-866-333-2466, one will be connected to a local Disability Linkage Line® Options Counselor. DLL’s Options Counselors provide one-to-one assistance to help individuals learn about community resources, disability services, and benefits that can help meet goals. DLL Options Counselors will even help connect with the supports and services chosen, and follow-up to make sure all needs were met.

Disability Linkage Line® Options Counselors are trained health and human service professionals. They offer objective, neutral information Monday through Friday from 8:30 a.m. - 5:00 p.m. There is no wrong call to the Disability Linkage Line®. DLL’s Options Counselors are knowledgeable about:

- Disability Benefit Programs
- Home Modification Assistance
- Assistive Technology
- Accessible Housing
- Personal Assistance Services
- Employment Options and Work Incentives
- Social Activities
- Disability Rights
- Transportation
- Legal Help
- Financial Assistance
- Independent Living Skills
- Food Assistance
- Health Services
- Advocacy

Disability Linkage Line® toll free number is 1-866-333-2466; TDD/TTY users call the Minnesota Relay Service at 7-1-1. Non- or limited-English speaking callers can call the Disability Linkage Line® to use interpreters through Language Line Services. For people who prefer looking for resources over the Internet, the Disability Linkage Line® is a partner in the statewide resource database found at www.MinnesotaHelp.info®.

Veterans Linkage Line™ 1-888-LINKVET (546-5838)
Link to a Veterans’ Benefits Expert!
LinkVet, for Minnesota veterans and their families, makes it easier to find services and to ensure immediate crisis intervention. Staff can assist with understanding and navigating the many programs and services provided by state, federal and local governments. LinkVet can connect veterans and their family members with information on veterans' benefits, health care and reintegration as well as local County Veterans Services Offices.

LinkVet can assist with resources for homeless veterans, referrals to Veterans Homes, veterans counseling services assistance with federal Veterans Administration and TRICARE and assistance with education programs.

LinkVet provides information referrals, immediate crisis intervention and psychological counseling 24 hours a day, seven days a week at 1-888-LINKVET (546-5838).

Long-term Care Choices Navigator www.longtermcarechoices.minnesotahelp.info
There are many options to help people age well and live well. The Long-term Care Choices Navigator is a step-by-step tool that helps people figure out what is needed to live well and age well, including providing guidance to community resources and creating an individualized, customized plan. It also allows a family member or professional to take the assessment for another person. Whether making plans for self, parent, spouse or a friend, Long-term Care Choices Navigator can help. Visit www.longtermcarechoices.minnesotahelp.info to begin. A MinnesotaHelp Network™ Community Living Specialist can provide assistance with accessing this web site or call the Senior LinkAge Line® at 1-800-333-2433.
MinnesotaHelp Network™
Community Living Specialist

MinnesotaHelp Network™ Community Living Specialists are located at the offices of the local Minnesota area agencies on aging which provide the local Senior LinkAge Line® service, assistance to seniors, local agencies, and communities across the state.

There are 6 Area Agencies on Aging that provide return to community living assistance:

**Arrowhead Area Agency on Aging**
221 West 1st Street
Duluth MN 55802
1-800-333-2433
Counties served: Aitkin, Carlton, Cook, Itasca, Koochiching, Lake, & St. Louis

**Central Minnesota Council on Aging**
1301 W St. Germain St., Suite 101
St. Cloud MN 56301-3456
1-800-333-2433
Counties served: Benton, Cass, Chisago, Crow Wing, Isanti, Kanabec, Mille Lacs, Morrison, Pine, Sherburne, Stearns, Todd, Wadena, & Wright

**Land of the Dancing Sky AAA**
115 S. Main Suite 1
Warren MN 56762
1-800-333-2433
Counties served: Beltrami, Clearwater, Hubbard, Kittson, Lake of the Woods, Polk, Mahnomen, Marshall, Norman, Pennington, Red Lake, Roseau, Becker, Clay, Douglas, Grant, Otter Tail, Pope, Stevens, Traverse, Wilkin

**Metropolitan Area Agency on Aging**
2365 North McKnight Rd., Ste 3
St. Paul MN 55109-2264
1-800-333-2433
Counties served: Anoka, Carver, Dakota, Hennepin, Ramsey, Scott, & Washington

**Minnesota River Area Agency on Aging®, Inc.**
PO Box 3323
Mankato MN 56002-3323
1-800-333-2433
Counties served: Big Stone, Blue Earth, Brown, Chippewa, Cottonwood, Faribault, Jackson, Kandiyohi, Lac qui Parle, Le Sueur, Lincoln, Lyon, Martin, McLeod, Meeker, Murray, Nicollet, Nobles, Pipestone,Redwood, Renville, Rock, Sibley, Swift, Waseca, Watonwan, & Yellow Medicine

**Southeastern Minnesota AAA**
421 SW First Avenue, Room 201
Rochester MN 55902
1-800-333-2433
Counties served: Dodge, Fillmore, Freeborn, Goodhue, Houston, Mower, Olmsted, Rice, Steele, Wabasha, & Winona

**Attention**
If you want free help translating this information, call Senior LinkAge Line® at 1-800-333-2433.

لا يوجد ترجمة مجانية في هذه المعلومات، فاتصل على الرقم Senior LinkAge Line® 1-800-333-2433

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite Senior LinkAge Line® 1-800-333-2433.

Внимание: если вы нужна бесплатная помощь в переводе этой информации, позвоните Senior LinkAge Line®

Ogow. Hadii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la’aan ah, waq Senior LinkAge Line® 1-800-333-2433.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame a Senior LinkAge Line® 1-800-333-2433.

Chú Ý. Nếu quý vị cần dịch thông-tin này miễn phí, xin gọi Senior LinkAge Line® 1-800-333-2433.
Personal Health Record of:

___________________________________________________

If you have questions or concerns, contact:

Name of Contact ______________________________________

Phone Number of Contact ( ______ ) ______ - __________

REMEMBER

Take this record with you to all your doctor visits.
Personal Information

Address: ____________________________________________________

Home Phone: _______________________________________________

Alternate Phone: _____________________________________________

Birth Date: __________________________________________________

Do you have an Advance Directive/Living Will: □ Yes □ No

Where is it located? __________________________________________

Caregiver Information

Caregiver Name: _______________________________________________

Relationship to Patient: _________________________________________

Home Phone: _______________________________________________

Alternate Phone: _____________________________________________
Provider Information

Primary Care Doctor: ____________________________________________

Phone: _______________________________________________________

Pharmacy: ____________________________________________________

Other Providers: _______________________________________________

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Questions for my Primary Care Doctor:

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Health Insurance Information

Name of Medicare Supplement or Medicare Advantage Plan: _______________________

Name of Medicare Part D Plan: ____________________________________________
Personal Goal

Notes for My Primary Care Doctor

Recent hospitalization:

Reason for hospitalization:
Medical History and Concerns

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Discharge Checklist

Before I leave the nursing home, the following tasks should be completed:

☐ I have been involved in decisions about what will take place after I leave the facility.

☐ I understand where I am going after I leave this facility and what will happen to me once I arrive.

☐ I have the name and phone number of a person I should contact if a problem arises during my transition.

☐ I understand what my medications are, how to obtain them and how to take them.

☐ I understand the potential side effects of my medications and whom I should call if I experience any side effects.

☐ I understand what symptoms I need to watch out for and whom to call should I notice them.

☐ I understand how to keep my health problems from becoming worse.

☐ My doctor or nurse has answered my most important questions prior to leaving the facility.

☐ My family or someone close to me knows that I am coming home and what I will need once I leave the facility.

☐ If I am going directly home, I have scheduled a follow-up appointment with my doctor, and I have transportation to this appointment.

To better manage my health and medications, I will:

☐ Take this Personal Health Record with me wherever I go, including all doctor visits and future hospitalizations.

☐ Call my doctor if I have questions about my medications or if I want to change how I take my medications.

☐ Tell my doctors about all medications I am taking, including over-the-counter drugs, vitamins and herbal formulas.

☐ Update my Medication Record with any changes to my medications.

☐ Know why I am taking each of my medications.

☐ Know how much, when and for how long I am to take each medication.

☐ Know possible medication side effects to watch out for and what to do if I notice any.
### Medication & Supplement Record

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**Allergies:**

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Need help to plan for aging at home?

Start with an expert

What is a navigator?
An easy-to-use computer based tool on the Internet with step-by-step guidance to make choices and plan for aging at home.

Who uses the navigator tool?
People who are thinking about staying in their home while they get older. People who are trying to figure out how to handle snow, yard work, groceries, help for an older parent, or assisting their partner and friends.

What areas does it assist with?
- home maintenance
- safety
- housing modification
- memory loss
- in-home assistance
- daily needs
- caring for another
- family decisions
- health insurance
- transportation

Who can I call for assistance?
Senior LinkAge Line® at 1-800-333-2433 Monday–Friday 8 a.m. to 4:30 p.m.

How do I get started?
Visit www.longtermcarechoices.minnesotahelp.info

Create a plan to stay at home for yourself, your aging parents, your partner or a friend.

Get step-by-step help to find out how to stay in your home longer and find services near home.
Returning Home

Making a successful move to your home and community
This initiative is brought to you by the Minnesota Board on Aging. The Board on Aging’s mission is to ensure that older Minnesotans and their families are effectively served by state and local policies and programs -- in order to age well and live well. For more information on the Minnesota Board on Aging visit www.mnaging.org.