RISING STAR
home care services

For families bringing someone home
After a hospital or rehab stay
443.402.1039 · risingstarhomecare.com
Baltimore · Harford · Cecil & all MD counties

Home is the goal. Ready is the plan.

Most readmissions do not happen because the medicine was wrong. They happen because nobody was there at three in the morning. Work through this before discharge day — not after — and bring it with you to the discharge meeting.

01 The first seventy-two hours

where readmissions happen

- [ ] Someone is with them the **first night**
- [ ] Prescriptions **filled before** discharge, not after
- [ ] Old medication list reconciled against the new one
- [ ] Follow-up appointments booked **and transportation arranged**
- [ ] Written instructions — and someone who understands them
- [ ] You know who to call at 2 a.m., and when to return to the ER
- [ ] Food in the house they can actually prepare or reheat
- [ ] Phone charged and within reach of the bed and the chair
- [ ] Home health scheduled — confirm the **first visit date**
- [ ] Equipment delivered **and set up**, not sitting in a box
- [ ] Someone besides the patient knows the plan
- [ ] A written schedule of who covers which days

02 The home itself

walk it before they arrive

- [ ] Path from car to door — steps, rails, lighting
- [ ] A safe route to the bathroom, day and night
- [ ] Grab bars where they actually reach for support
- [ ] Throw rugs and cords cleared from walking paths
- [ ] Can they get in and out of bed unassisted?
- [ ] Night lighting between the bed and the bathroom
- [ ] A way to call for help after a fall
- [ ] Stairs manageable — or does living move to one floor?

03 Ask before you leave the building

four questions worth the delay

◎

What changed?

Which medications are new, which stopped, and which look the same but are now a different dose. Ask for it in writing.

⚠

What should worry me?

Name the specific symptoms that mean call the doctor — and the ones that mean call an ambulance. Vague answers help nobody.

✉

Who is my one contact?

A name and a number for the week after discharge. Not a department. Not a main line. A person.

Write the answers down in the room

Nobody remembers a discharge conversation. The instructions are given once, usually to a tired family member, often on the day everything else is happening. Take notes, repeat them back, and leave with the paperwork in your hand.

04 Call before the crisis, not after

six honest warning signs

If any of these are true, arrange help now

- They needed help with bathing, dressing, or toileting in the facility — that need does not disappear at the front door.
- There was a fall in the last six months, or a fall caused this admission.
- New confusion, memory problems, or sundowning.
- The family caregiver works full time, lives more than thirty minutes away, or is over seventy-five themselves.
- More than five medications, or a new one that needs monitoring.
- The whole plan depends on one person being available — with no backup.

05 Two different services

most families need both

	Home health — Medicare	Personal care — Rising Star
Who comes	RN, physical, occupational or speech therapist	Caregiver or CNA
How long	About an hour, a few times a week	4, 8, 12 or 24 hours — ongoing
What they do	Wound care, therapy, medication teaching, assessment	Bathing, dressing, toileting, mobility, meals, supervision
How long it lasts	Weeks — ends when clinical goals are met	As long as it is needed
Paid by	Medicare, physician-ordered	Medicaid waiver or private pay

The gap that sends people back to the hospital: the nurse is there for one hour, and nobody is there for the other twenty-three.

06 Paying for it

start here, not with a brochure

IF THEY HAVE MEDICAID

- ✓ **Community First Choice** covers personal care at home — and has **no waiting list**
- ✓ Requires help with two or more daily activities
- ✓ Thirty days in a nursing facility on Medicaid may skip the waiver waitlist entirely
- ✓ Start at Maryland Access Point — **844-627-5465**

IF THEY DO NOT

- ✓ Private pay, billed hourly — start small and adjust
- ✓ Long-term care insurance, if a policy exists
- ✓ VA Aid & Attendance for qualifying veterans and surviving spouses
- ✓ Most families begin at twelve to twenty hours a week

Not sure how many hours you need? Neither is anyone on day one.

We assess first and tell you honestly — sometimes the answer is less than you feared. Every accepted client is matched and placed within **48 hours**, and a full-time Care Coordinator stays with your family the whole way. **443.402.1039** · risingstarhomecare.com