

“HOME FIRST” – IS IT RIGHT FOR YOU?

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Recent articles have appeared in various publications touting “Home First” programs as the solution to the problem that Alternate Level of Care (ALC) patients face in many hospitals. ALC patients have completed the acute phase of their treatment and are awaiting placement into a long-term care home, but because of long waiting lists remain in hospital. While “Home First” may be beneficial for many seniors, this is not universal.

“Home First” is a philosophy, not a specific program. The goal of “Home First” is to assist seniors to get out of hospital and go home with extra services that they may not otherwise be entitled to, as they wait for placement into a long-term care home. The senior is then in a more comfortable surrounding, without many of the negative factors associated with hospital stays. In some cases, seniors improve to the extent that they decide not to go to long-term care after all. This also helps hospitals, who are not burdened with large numbers of ALC patients.

There are many issues that one must be concerned about when approached about “Home First” solutions:

- “Home First” is not a mandatory program.¹ Not all patients can safely be discharged home to await placement, even with extra services. If the person is eligible for long-term care, they can wait in hospital if they decide it is not safe to return to the community. Each patient’s care needs and personal situation is different, and it is up to the patient or their substitute decision-maker to determine what is right for them.
- “Home First” does not replace an application to long-term care. You cannot be required to go home on “Home First” before starting your application for long-term care. Patients should apply for long-term care while in hospital while concurrently considering “Home First”.
- “Home First” may not mean home. In some instances, the recommendation may be for the person to reside in a retirement home instead of returning to their actual home. No one can force you to go to a retirement home. It is important to understand that retirement homes are tenancies which provide care: they are not health facilities. You pay for everything you receive from a retirement home, from

¹ Memo from Catherine Brown to LHIN CEOs dated January 9, 2013, found at http://www.advocacycentreelderly.org/appimages/file/MOHLTC_HomeFirstPhilosophy_2013.pdf.

accommodation to nursing services and food. In contrast, in a long-term care home you only pay for accommodation: everything else is paid by the Ministry of Health and Long-Term Care.

- If you are considering “Home First”, find out what the CCAC is offering before making a final decision. We recommend getting something from them in writing describing the services you will be provided. How many hours of care are they offering? Are they stating that it is a time-limited offer? What happens if the homecare worker does not show up and you have to pay for that service from the retirement home?
- While the regulations under the *Home Care and Community Services Act* restrict the amount of homemaking and personal support services you can receive, this maximum is lifted for persons who are awaiting placement into long-term care.² There is no restriction on either hours or length of time for this exemption.
- In some cases, CCACs will designate persons on “Home First” to be “crisis”, which means they will go into Category 1 on the wait list for long-term care. Category 1 means that a person may, but is not required to, apply to more than the normal maximum of five long-term care homes. If a person is “crisis”, this means that they require immediate admission as a result of their condition or circumstances. One questions the wisdom of taking someone from a hospital where they are safe and putting them into a situation which is, by definition, unsafe. Such decisions should not be made lightly. Many people will agree to this as a way of bypassing otherwise lengthy waiting lists. In fact, in some areas it is almost impossible to get into some homes unless one is on the crisis list. This is a systemic issue which should be resolved in a way that does not put people’s health in jeopardy.

In the end, whether “Home First” will be beneficial for you or your loved one will depend upon your personal circumstances. Prior to agreeing to such care, you need to do your homework, getting all of the necessary information and exploring all of your options before making a final decision.

² O.Reg. 386/99, s. 3(3).