



Team Name: Home Care Team Lead: Regional Director, Home Care Approved by: Executive Director - East	Reference Number: CLI.5411.PL.007 Program Area: Home Care Policy Section: Service Delivery
Issue Date: September 28, 2018 Review Date: Revision Date: March 15, 2019	Subject: Home Care Services

POLICY SUBJECT:

Home Care Services

PURPOSE:

The purpose is to:

- Define available home care services, client eligibility and service limits;
- Outline criteria used to determine when care/services exceeding the service limit may be considered;
- Provide an accountability framework for resource decisions;
- Improve consistency in the assessment and identification of home care services according to most current accepted best practices throughout the organization.

BOARD POLICY REFERENCE:

Executive Limitation (EL-02) Treatment of Clients

POLICY:

Home Care assists individuals of all ages to maintain their optimal well-being and independence at home for as long as is safely possible. Home care serves individuals with acute, chronic, rehabilitative and palliative needs.

Home Care services include assessment, care planning, coordination/case management, transition planning to alternate care environment. Standard Guidelines provide direction as to client eligibility for services, service limits, community and regional resources; services include nursing, personal care, respite, nutritional services, household maintenance, laundry, equipment and supplies.

Home Care collaborates with and augments the assistance provided by the family/caregiver, other agencies and/or community resources to retain maximum client independence and avoid unnecessary dependencies.

Client service/care plan is implement as agreed upon with client/caregiver, however when this is not possible e.g. direct service staff not available, the client's "back up plan" will be initiated.

Home care services will not exceed the equivalent of fifty-five (55) hours of service per week by a direct service worker, except where Special Approval has been obtained/approved in accordance with Home Care Special Approval Policy Over Service Limit Policy (CLI.5411.PL.001).

The service level policy also applies to clients who fall under Self/Family Managed Care.

DEFINITIONS:

Service - A specific type of health care related service episode, examples of a service are personal care assistance, home support, and health care provided in the home by non-professional and professional staff such as home care attendants, nurses.

Caregiver - A person who is providing care because of a prior relationship with a client. A caregiver may be a biological family member or "family by choice" (e.g. friends, partners, neighbors).

Family - A spouse or common law partner of the home care client; a biological or adoptive family member (parent, son, daughter, sibling, grandparent, grandchild, great grandparent, great grandchild, aunt, uncle, niece, nephew, cousin, stepparent); guardian; a spouse or a common law partner of any of those persons.

Informal Support Network - Family members and significant others (friends, neighbors, etc.) who either:

- Reside in the same household or in close physical proximity (within 26 km) to the home care client;
- Have been identified as providing regular and sustained support to the home care client;
- Provide assistance without payment; and/or
- Provide assistance, which includes activities that the home care client is unable to perform independently and that contribute to his/her well-being or safety.

Third Party: Any person, corporation, organization or entity other than Manitoba Health Seniors Active Living e.g. Manitoba Public Insurance, Workers Compensation, Children's disABILITY Services, Veterans Affairs Canada, Private Health Insurance (e.g. Blue Cross).

Personal Care Services - assistance with activities of daily living that may include help with dressing, bathing, grooming, feeding, elimination, mobilization and transferring.

Equipment and Supplies - Include but are not limited to the following items that support the client's supported care plan: wound and dressing supplies, incontinence supplies (urinary and bowel), personal care support and mobility aids, and respiratory equipment. Supplies needed for personal care tasks, which the client independently performs

Nutritional Services - A range of services which includes bulk meal preparation, cooking/preparation of light meals, heat and serve, escort to/from a congregate meal program, and oral feeding in the absence of a swallowing disorder are not provided by home care.

Laundry Services – Tasks required to maintain a client's clothing and bed linens in a clean state.

Household Maintenance - Tasks required to maintain a safe, clean environment in the client's immediate living area. Examples of tasks: vacuuming, sweeping/mopping floors, cleaning both sink and toilet, cleaning refrigerator/oven, changing/making up bed, laundry, and disposing of household garbage/recyclables.

IMPORTANT POINTS TO CONSIDER:

Individuals are required to declare if they receive or are eligible to receive third party funding, special service arrangements and/or other services similar to those provided by Home Care. In such situations, Home Care does not provide services that are available to clients through third party funders/special service arrangements, but may augment these where the individual's needs are greater than that of the third party funder/special service provides. Examples of a third party funder/special services include:

- Manitoba Public Insurance
- Workers Compensation Board
- Veteran Affairs
- Private insurance
- Employment Income Assistance
- First Nations
- Children's disABILITY Services

PROCEDURE:

- Case Coordinator confirms client meets eligibility criteria for Home Care in accordance with Eligibility for Home Care Services (CLI.5410.PL.004).
- Case Coordinator in collaboration with the client/caregiver identify services to meet client care needs. Determination of service needs includes:
 - Client assessment by Case Coordinator and other health care professionals e.g. Occupational Therapy;
 - Identification of client's abilities and current supports/caregivers;
 - Expected outcome;
 - Ability to ensure client and staff safety;
 - Partnering opportunities with other agencies/services to enhance supports;
 - Exploring alternative models of care, for example, group care versus individual care and/or increased access to day programs and respite care;

- Exploring alternate care environments e.g. Placement in a group/shared care living arrangement (Personal Care Home, Supportive Housing).
- Case Coordinator in collaboration with the client/caregiver will explore community/regional resources to assist in meeting client care needs prior to service provision through Home Care. In some situations, the resources may have a cost associated with them. Home Care does not conduct a formal means test to identify a client's available financial resources. To assist in determining the client's ability to purchase services without a formal means assessment, the Case Coordinator will respectfully explore with the client how the purchase of services would affect their ability to:
 - Pay rent, hydro, telephone
 - Purchase medications
 - Cause financial burden

The Case Coordinator will accept the clients accounting of their financial status and ability to pay in good faith. Home Care will not deny services where the client has indicated an inability to pay.

- Case Coordinator utilizes the Home Care Service Standard Guidelines in development of the client's care plan that include:
 - Factors to consider in determining the client service needs
 - Service Eligibility requirements
 - Considerations in Assessment
 - Guidelines for frequency of service
 - Client/caregiver service fact sheet
- To address service delivery to home care clients living with unique/complex care requirements, Home Care may authorize a care plan that exceeds the service limits (Home Care Special Approval Over Service Limit CLI.5411.PL.001) in situations such as, but not limited to:
 - Short term home care - three (3) months or less based on assessed needs, clients may require intense home care services for short periods of time:
 - Client is discharged early from an acute care facility and requires care which is normally provided in acute care setting;
 - Client requires short term high need care within their existing care plan (e.g. temporary illness);
 - Client is in receipt of end of life care/palliative care;
 - Client awaits placement at home or in an alternate care environment and no other care option is available.
 - Long term home care - over three (3) months based on assessed needs, client may require more intense home care services for potentially extended periods of time:
 - Facility care is not the most appropriate setting as client is able to self-direct care;
 - Client has strong coping skills and is generally engaged in family, work and/or community activities;

- Client requires care above that of a Personal Care Home and or has chronic care conditions resulting in significant care needs (e.g. ventilator dependency).
- Case Coordinator provides client with a copy of the Home Care Information Pamphlet.

SUPPORTING DOCUMENT:

[CLI.5411.PL.007.SD.01](#)

Home Care Information Pamphlet

[CLI.5411.PL.007.SD.01.F](#)

Home Care Information Pamphlet - French

REFERENCES:

Manitoba Health, Seniors and Active Living - *Service Level Policy HCS 207.3, September 2014*

CLI.5410.PL.004 Eligibility for Home Care Services

CLI.5411.PL.001 Home Care Special Approval Over Service Limit Policy