



Team Name: Home Care Leadership Team Lead: Regional Director Home Care Approved by: Executive Director - East	Reference Number: CLI.5411.PL.001 Program Area: Home Care Policy Section: Service Delivery
Issue Date: August 13 2015 Review Date: Revision Date: February 10, 2017	Subject: Home Care Special Approval/Over Service Limit Policy

POLICY SUBJECT:

Home Care Special Approval/Over Service Limit Policy

PURPOSE:

To promote consistency of service delivery throughout the region.
 To define the processes when care/services exceeding service limits may be considered and approval steps required.
 To ensure financial accountability.

BOARD POLICY REFERENCE:

Executive Limitation (EL-2) Treatment of Clients
 Executive Limitation (EL-4) Planning & Budgeting
 Executive Limitation (EL-5) Financial Conditions & Activities

POLICY:

Southern Health-Santé Sud Home Care (H.C.) program is committed to providing quality client care while maintaining fiscal accountability. To best meet a H.C. client's unique/complex care needs while avoiding inappropriate acute and/or long term care facility admissions, the Home Care Regional Director (H.C.R.D.) or designate may authorize "special approval" allowing for exception(s) to standard of practice and/or service limit protocols. Such approvals/limitations apply to all H.C. clients including those on the Self and Family Managed Care – See Self/Family Managed Care Policy.

DEFINITIONS:

Service Limit: A client is considered to have reached "service limit" when hours of providing home care services (excluding mileage and travel time) exceed the equivalent of fifty-five (55) hours of service per week by a home care attendant (HCA). Direct nursing hours are calculated as part of the total cost and are calculated by using 2 HCA hours to calculate 1 Direct Service Nursing (DSN) hour.

PROCEDURE:

The Case Coordinator (CC) will:

1. Identify H.C. clients whose service needs exceed policy guidelines and protocols.
2. Coordinate an interdisciplinary case conference involving the client and/or their supports to explore all care and support options that could aid in addressing those service needs that fall outside Southern Health-Santé Sud H.C. program parameters and include the H.C. special approval request process as an option. Options might include but are not limited to:
 - Contribution by others toward provision of services that exceed the H.C. service limit by either volunteering time or funding additional services.
 - Partnering with other agencies/services to enhance supports.
 - Exploring alternate methods of care e.g., group care versus individual care.
 - Increased access to Adult Day Program and/or facility respite.
 - Placement in an alternate care environment e.g.;
 - Assisted Living
 - Elderly Persons Housing (EPH) with Supports to Services in Group Living (SSGL)
 - Supportive Housing
3. Complete "Special Approval Request Form" Supporting Document and forward to the Regional Manager, H.C. Case Coordination. If the Special Request is for Over Service, attach a completed "Service Limit Calculation Tool" Supporting Document.
4. Meet with the Regional Manager, H.C. Case Coordination to review Special Approval Request if indicated. Regional Manager, H.C. Case Coordination will consult the H.C. Regional Director and Leadership Team as necessary and forward Special Request form to H.C. Regional Director for review and approval.
5. Initiate the special request if/when notified of approval. The H.C. Regional Director or designate is responsible to notify the C.C. of the decision by phone or email and then forward a copy of the signed approval form with any special considerations/directions including reassessment intervals. The H.C. Regional Director or designate will also forward a signed copy of the approval forms to the H.C. Administrative Assistant for tracking purposes.
6. Notify interdisciplinary team members including client and/or supports of Special Request outcome.
7. Advise client and/or support of appeal process should they wish to consider if application is denied.
8. Document all communication and outcome of Special Approval Request on client progress record including;
 - All special approval sought, outcome of special approval request, communication with client and interdisciplinary team, if/when services initiated, and
 - Reassessment plans.
9. Complete service limit reassessments annually or as directed and forward to the Regional Manager H.C. Case Coordination who will forward to H.C. Regional Director for reauthorization.
10. Upon termination, update current Special Approval Request form by completing the Termination Section and forward to Regional Manager HC Case Coordination who will forward to the H.C. Administrative Assistant.

IMPORTANT POINTS TO CONSIDER:

This policy applies to Home Care clients and those on the Self and Family Managed Care Program.

Home Care services allocation will be based on:

- Home Care assessment, care plan and care plan reviews.
- Medical stability of the client.
- Availability of resources.
- Ability to ensure client and staff safety.
- Reliability of back up person and plan.

Considerations for Over Service Limit may be short or long term and will be based on assessed needs.

Short Term Care (clients who are medically stable who require intense HC services for less than three months) such as:

- Clients awaiting placement in a care facility and no other option is available (e.g., non-availability of interim placement options).
- Short-term, high need care within an existing long-term care plan (e.g., acute exacerbation of a health problem).
- Discharge from an acute care setting before client's acute processes are completely resolved.
- End of life/palliative care.

Long Term Care (clients who are medically stable who require intense HC services for potentially longer periods of time) such as:

- Where facility care may not be the most appropriate setting as the client is able to self direct care, has strong coping skills and is generally engaged in family, work, and/or community activities.
- Where a clients' needs are above those which can be met in a personal care home and who have chronic care conditions resulting in significant care needs.

Consideration for Special Approval Requests other than over service limit may include client situations/needs that fall outside approved regional policy parameters. Examples may include but are not limited to:

- Over protocol services e.g.;
 - request to extend a facility respite stay
 - request to delegate a task not included in the approved delegated task list
 - request for direct service worker to accompany a client on an outing/ appointment, etc.
- Off site service delivery (services to be delivered in a location other than the client's home). e.g.;
 - hospital
 - personal care home
 - community program (not including Home Care Treatment clinics)
 - work or educational facility
 - temporary residence, etc.
- Questionable eligibility for HC services. e.g.;
 - individuals visiting Manitoba
 - no MHSC registration
 - questionable residency
 - temporary resident, etc.
- Other instances where level of risk and/or client/direct service provider safety is in question.

SUPPORTING DOCUMENTS:

[Home Care Over Service Limit Calculation Tool CLI.5411.PL.001.FORM.01](#)

[Home Care Special Approval Over Service/Over Protocol Request Form CLI.5411.PL.001.FORM.02](#)

REFERENCES:

Manitoba Health: *Home Care Program Administrative Manual - Policy HCS 207.3 Service Level Policy* Revised September, 2012.

Manitoba Health: *Home Care Program Administrative Manual - Policy HCS 207.2 – General Eligibility* Revised September, 2012.