



Family-Managed Home Care Program

Information Package

Contents

What is the Family-Managed Home Care Program?	3
Who is eligible for Family-Managed Home Care?	3
Who is a patient in extraordinary circumstances?	4
Is a patient with complaints about a traditional service provider considered to have extraordinary circumstances?	4
Can a patient who is incapable of making their own care and/or financial decisions participate in Family-Managed Home Care?	4
Who can be a patient's substitute decision-maker for the purposes of Family-Managed Home Care?	4
What are the responsibilities of the patient or substitute decision-maker in the Family-Managed Home Care program?	5
What are the responsibilities of Home and Community Care Support Services Champlain in Family-Managed Home Care program?	6
Can a patient enrolled in the Family-Managed Home Care program purchase more services than what is set out in the plan of service?	6
Can a patient have a mix of services through traditional care and Family-Managed Home Care?	7
Who can the patient or substitute decision-maker hire to provide Family-Managed Home Care? ..	7
Professional Services	7
Personal Support Services	8
Can a patient or substitute decision-maker use Family-Managed Home Care program funding to pay family members to provide services?	9
How are the rates for service determined for the Family-Managed Home Care program?	9
Can a patient go back to traditional home care if Family-Managed Home Care is not working for the patient?	9
How can I learn more about Family-Managed Home Care?	9

What is the Family-Managed Home Care Program?

Family-Managed Home Care is intended to provide more control over care to eligible patients and families. Through the program, eligible patients, or their substitute decision-makers, receive funding that they can use to purchase or employ care providers to deliver the home care services set out in the Home and Community Care Support Services Champlain-developed plan of service for the patient.

Patients or substitute decision-makers are responsible for managing their care providers, managing funding, and reporting to Home and Community Care Support Services Champlain. Patients continue to be assessed by us, and we remain responsible for developing the patient's plan of service.

Who is eligible for Family-Managed Home Care?

A patient must be assessed and meet the eligibility criteria for traditional home care, and must have a plan of service developed by Home and Community Care Support Services Champlain to be considered for Family-Managed Home Care.

A patient must belong to one of the four patient groups:

- 1) *Children with complex medical needs*
- 2) *Adults with acquired brain injuries*
- 3) *Eligible home-schooled children*
- 4) *Patients in extraordinary circumstances (at the discretion of Home and Community Care Support Services Champlain)*

A patient must also meet additional, general, and specific eligibility requirements for the program. If the patient has a substitute decision-maker, that dedicated person will also be assessed by Home and Community Care Support Services Champlain to determine whether they meet the eligibility requirements to take on the required responsibilities under the program, including managing and coordinating the patient's care, and managing and reporting on funding. The patient or substitute decision-maker must also agree to enter into a legal agreement with Home and Community Care Support Services Champlain.

Who is a patient in extraordinary circumstances?

In addition to meeting the general eligibility criteria, a patient in extraordinary circumstances is someone with relatively stable care needs, but also experiencing extraordinary circumstances as determined by Home and Community Care Support Services Champlain upon considering a number of factors, including:

- *Nature, frequency and intensity of care required*
- *Unique scheduling issues*
- *Language or communication barriers*
- *Cultural considerations*
- *Rural or remote location of care*
- *Lack of available contracted service providers*

Is a patient with complaints about a traditional service provider considered to have extraordinary circumstances?

Complaints about a Home and Community Care Support Services Champlain service provider are not considered extraordinary circumstances that justify the provision of funding under the Family-Managed Home Care program. We have a complaint process and a commitment to quality of care by their contracted service providers. Patients are encouraged to raise concerns about their service providers to Home and Community Care Support Services Champlain and the Care Coordinator will review why traditional home care has not been as effective as desired. In some cases, results of the review may determine that a patient has extraordinary circumstances that justify the provision of Family-Managed Home Care funding.

Can a patient who is incapable of making their own care and/or financial decisions participate in Family-Managed Home Care?

Yes, if the patient and their substitute decision-maker meet the eligibility criteria for the program.

In addition, a patient who is capable of making financial decisions may decide to have a substitute decision-maker handle the financial aspects of the program on the patient's behalf, so long as the patient and the substitute decision-maker meet the program's eligibility criteria.

Who can be a patient's substitute decision-maker for the purposes of Family-Managed Home Care?

If the patient is a child (under the age of 18), is incapable of managing the program on their own, or does not want to manage the program on their own, a substitute decision-maker can act on behalf of the patient as long as the patient and the substitute decision-maker meet the eligibility criteria for Family-Managed Home Care.

For a patient who is under the age of 18, the substitute decision-maker is a parent with whom the child resides, or an individual with legal custody of the child, but does not include a parent or an individual who only has a right of access to the child. For patients over the age of 18, a substitute decision-maker is either a Guardian of Property appointed under Part 1 of the *Substitute Decisions Act, 1992* on behalf of a patient who is incapable of managing property, or an attorney exercising a Power of Attorney for property or a continuing Power of Attorney for property.

Home and Community Care Support Services Champlain will need to verify that an individual has the authority to act as a substitute decision-maker on behalf of a patient. We may ask for a copy of documents that indicate the substitute decision-maker has legal custody of a child, or is the Attorney for Property or the Guardian of Property for an adult.

If there is more than one substitute decision-maker, as described above, all of the substitute decision-makers that are authorized to do so must enter into the Family-Managed Home Care legal agreement with Home and Community Care Support Services Champlain.

If the patient has a different substitute decision-maker for personal care or treatment, or if the patient can make their own decisions about personal care or treatment, they must be in agreement with enrollment onto the Family-Managed Home Care program, but will not be signing the agreement. Only the substitute decision-maker described above who meets the eligibility criteria for the Family-Managed Home Care program can receive funding on behalf of the patient to purchase services for the patient under the program and signs the agreement.

What are the responsibilities of the patient or substitute decision-maker in the Family-Managed Home Care program?

A patient or substitute decision-maker is responsible for managing and coordinating the care required, including service providers, and managing the funding, including financial reporting. A patient or substitute decision-maker receives funding from Home and Community Care Support Services Champlain to hire employees, retain independent contractors, or purchase services from service provider agencies. A patient or substitute decision-maker is restricted to the services and hours in the patient's plan of service, with an exception for unexpected changes in health care needs. Service maximums apply in the same way as they do in traditional home care.

The patient or substitute decision-maker is required to enter into a legal agreement with Home and Community Care Support Services Champlain to access Family-Managed Home Care. It is important that the patient or substitute decision-maker have a complete understanding of the additional responsibilities and risks they will be taking on, including hiring workers. Funding for care is based on a maximum compensation rate for service providers set out in a budget established by Home and Community Care Support Services Champlain, which is also included in the legal agreement. The patient or substitute decision-maker must be:

- *Aware of the types of home care services that the patient requires and when they require them*
- *Capable of recruiting, scheduling and overseeing care providers in the home, including establishing contingency plans*
- *Able to fully understand and carry out the responsibilities of being an employer, often of multiple service providers*
- *Capable of managing the financial aspects of the program, including the bank account, payment of service providers and taxes, securing insurance, record-keeping and fulfilling Home and Community Care Support Services Champlain reporting requirements.*

A patient is still required to undergo reassessment by a Home and Community Care Support Services Champlain Care Coordinator, as they would in traditional home care.

What are the responsibilities of Home and Community Care Support Services Champlain in Family-Managed Home Care program?

We are responsible for assessing the patient's needs, determining eligibility of the patient and of the substitute decision-maker (if applicable), establishing the patient's care plan, monitoring the patient's health outcomes through regular reassessments and, when necessary, revising the patient's care plan. We have an ongoing responsibility to ensure that the patient or substitute decision-maker is eligible for the program. In addition, Home and Community Care Support Services Champlain is responsible for establishing reporting requirements and payment schedules for program funding, processing funding requests, and reconciling the funding distributed under the program.

Additionally, we work with the patient or substitute decision-maker to support their entry into the Family-Managed Home Care program.

Can a patient enrolled in the Family-Managed Home Care program purchase more services than what is set out in the plan of service?

No. A patient in this program cannot use the funding provided to purchase more services than what is outlined in their plan of service. There is, however, a limited exception to address unexpected changes in the patient's health care needs. The patient or substitute decision-maker may reallocate the hours of care or visits in the plan of service for a period of up to two weeks to address these unexpected changes. This is possible, as long as the patient or substitute decision-maker notifies Home and Community Care Support Services Champlain, and provides an adequate explanation for the reallocation and the cost does not exceed the total amount allocated in the budget for the services, .

The patient may privately purchase additional care, but they may not use the Family-Managed Home Care funding to do so.

Can a patient have a mix of services through traditional care and Family-Managed Home Care?

In some extraordinary circumstances, Home and Community Care Support Services Champlain may agree to offer a portion of services through the Family-Managed Home Care program and the remainder through traditional home care. If we are providing a portion of the same or any service through family-managed and traditional home care, the total amount of the service will not exceed the amount set out in the patient's plan of service.

Who can the patient or substitute decision-maker hire to provide Family-Managed Home Care?

The patient or substitute decision-maker may hire individuals as their employees, or retain independent contractors or service provider agencies through a purchase of service agreement.

In addition to the specific requirements for service providers set out below, the patient or substitute decision-maker must:

- *Comply with the requirements of police vulnerable sector checks for service providers*
- *Make sure that the service provider is not or will not be on the list of excluded providers (i.e. an immediate member of the family of the patient or of any substitute decision-maker, or a member of the household of the patient or of any substitute decision-maker) unless Home and Community Care Support Services Champlain has granted an exception*
- *Enter into an employment or a service agreement with each service provider that includes the terms and conditions for this agreement set out in the legal contract between the patient or substitute decision-maker and Home and Community Care Support Services Champlain.*

Professional Services

The patient or substitute decision-maker shall not use funding to employ an individual or purchase services from an independent contractor to provide professional services, such as nursing, unless the individual meets ALL of the following qualifications:

- *The individual is at least 18 years old*
- *The individual is registered and in good standing with their regulatory college*
- *The individual maintains the amount of professional liability insurance required by their regulatory college*
- *For independent contractors: The individual pays Workplace Safety and Insurance Board (WSIB) premiums for workplace insurance, where applicable, and pays the employer and employee portions of the Canada Pension Plan (CPP) contributions.*

The patient or substitute decision-maker shall not use funding to purchase professional services from a service provider agency unless:

- *All individuals from the agency who are providing professional services are registered and in good standing with their regulatory college*
- *The service provider agency pays ALL of the following:*
 - Employment Insurance (EI) premiums
 - Canadian Pension Plan (CPP) contributions
 - Workplace Safety and Insurance Board premiums
 - Statutory holidays, as applicable
 - Vacation and benefits at a rate of at least 4 per cent of base salary.

Personal Support Services

The patient or substitute decision-maker may obtain personal support and/or homemaking services from any individual, whether or not the individual has a Personal Support Worker (PSW) certificate or diploma.

The patient or substitute decision-maker shall not use funding to obtain personal support and/or homemaking services from any individual or purchase services from an independent contractor unless:

- *They are at least 18 years of age*
- *They have valid Cardiopulmonary resuscitation (CPR) certification*
- *They maintain:*
 - At least \$2 million in Commercial General Liability Insurance
 - At least \$25,000 in Abuse Liability in relation to actual or threatened sexual, physical, psychological, mental and/or emotional abuse, molestation or harassment, including corporal punishment (however, \$2 million is the recommended amount)
- *The patient or substitute decision-maker determines that they are capable of providing these services*
- *For independent contractors, they pay Workplace Safety and Insurance Board premiums, where applicable.*

The patient or substitute decision-maker shall not use funding to purchase personal support and/or homemaking services from a service provider agency unless the agency pays ALL of the following:

- *Employment Insurance (EI) premiums*

- *Canadian Pension Plan (CPP) contributions*
- *Workplace Safety and Insurance Board premiums*
- *Statutory holidays, as applicable*
- *Vacation and benefits at a rate of at least 4 per cent of base salary.*

Can a patient or substitute decision-maker use Family-Managed Home Care program funding to pay family members to provide services?

Generally, funding cannot be used to hire or retain service providers who are members of the immediate family or the household of the patient, the substitute decision-maker or the patient's substitute decision-maker for personal care or treatment. Home and Community Care Support Services Champlain does have limited discretion to provide an exception to this rule, but if circumstances warrant an exception, Home and Community Care Support Services Champlain will provide it in writing and it will be included in a schedule to the legal agreement for Family-Managed Home Care.

How are the rates for service determined for the Family-Managed Home Care program?

A province-wide, equitable approach has been adopted by Ontario's Home and Community Care Support Services. Generally, provincial maximum rates are set by service type for providers in Family-Managed Home Care who are employees, independent contractors or service provider agencies that do not also have a contract with Home and Community Care Support Services Champlain to provide traditional home care services.

Can a patient go back to traditional home care if Family-Managed Home Care is not working for the patient?

Yes. A patient or substitute decision-maker can terminate the Family-Managed Home Care program agreement by giving Home and Community Care Support Services Champlain a minimum of 15 days written notice. Patients may then continue to access eligible services through traditional home care.

How can I learn more about Family-Managed Home Care?

Please call us:

613.310.2222

Toll-Free: 1 800 538-0520

Outside Canada: 613 745-5525.