

# Family-Managed Home Care

## Patient and Family Fact Sheet

Home and Community Care Support Services Central East have launched a self-directed care program - Family-Managed Home Care.

## What is Family-Managed Home Care?

Family-Managed Home Care is a new model for home care delivery in Ontario. It is available in each Home and Community Care Support Services .

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 – such as their spouse or parent, will receive funding that they can use to purchase home care services or employ care providers. Patients or substitute decision-makers are responsible for managing their care providers and reporting to the Home and Community Care Support Services Central East.

Patients continue to be assessed by Home and Community Care Support Services Central East and Home and Community Care Support Services Central East remains responsible for developing the patient's plan of service.

## Who is Eligible for Family-Managed Home Care?

Patients must first have an assessment to determine their needs, must meet the eligibility requirements for traditional home care and must have a plan of service developed by Home and Community Care Support Services Central East. As well, they must belong to one of the four patient groups included in the program:

1. Children with complex medical needs
2. Adults with acquired brain injuries
3. Eligible home-schooled children, and
4. Patients in extraordinary circumstances – as assessed by the Home and Community Care Support Services Central East.

The patients must also meet the specific eligibility requirements for the program. If the patient has a substitute decision-maker, the substitute decision-maker will also be assessed by Home and Community Care Support Services Central East to determine whether they meet the eligible requirements to take on the required responsibilities under the program, including managing and coordinating the patient's care and managing and reporting on funding. Home and Community Care Support Services Central East Care Coordinator will take all of these requirements into consideration when assessing eligibility.

## What are the responsibilities of the patient or Substitute Decision-Maker?

The program provides patients or substitute decision-makers with considerable independence and responsibility. Patients or their substitute decision-makers are responsible for managing the care required by the patient and their service providers, as well as for financial administration and reporting.

### They 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 SDC bank account, payment of service providers and taxes, securing insurance, record-keeping and fulfilling Home and Community Care Support Services Central East reporting.

## Other Program Information

Patients are restricted to utilize the funds only for the services and the hours or visits in their plan of service. Service maximums apply in the same way they do in traditional care.

Funding for care is intended to fully compensate patients or substitute decision-makers based on an agreed-upon maximum compensation rate for service providers.

Patients or substitute decision-makers are also eligible for compensation for eligible expenses, which are usually capped or require pre-approval from Home and Community Care Support Services Central East.

Home and Community Care Support Services Central East will establish reporting requirements and payment schedules for program funding.

Patients or substitute decision-makers are required to sign a legal agreement outlining their responsibilities and the responsibilities of Home and Community Care Support Services Central East.

Patients are still required to undergo reassessments by Home and Community Care Support Services Central East Care Coordinator, as they would in traditional care.

As well, patients or substitute-decision makers will continue to collaborate with Home and Community Care Support Services Central East, particularly if there is any concern about a change in the patient's health status.

## Contact Information

Your Home and Community Care Support Services Central East Care Coordinator can provide you with additional information about the new Family-Managed Home Care Program, including the detailed Program Specifications.

**Toll-free: 1-800-263-3877**

**TTY Line: 1-877-743-7939**

Wherever you live in Ontario, to find health care and community-based services, call 310-2222 or 310-2272 for service in French, or visit

**[www.centraleasthealthline.ca](http://www.centraleasthealthline.ca)**

**[www.healthcareathome.ca/centraleast](http://www.healthcareathome.ca/centraleast)**