BRITISH COLUMBIA | Ministry of Health

2.A General Description and Definitions

2.B Eligibility

2.C Referral and Intake

2.D Assessment

2.E Complaint Process

Intent
To describe health authorities' responsibilities in determining eligibility for services, assessing service need and managing access to publicly subsidized home and community care services.

Policy
Health authorities must:

- screen all individuals referred to home and community care for eligibility and need for assessment in accordance with Policy 2.B, Eligibility, 2.C, Referral and Intake and 2.D. Assessment;
- assess clients and develop a care plan;
- manage access to appropriate health services; and
- provide information on other community resources that may be available to support the individual in their community.

Definitions

advance care planning is a process where a capable adult documents their beliefs, values, wishes and decisions for their future health care, including end-of-life care, to be used when the adult is no longer capable of communicating on their own behalf. A person may also develop an advance directive and/or appoint a representative as part of the advance care planning process.

advance directive is a written instruction made by a capable client giving or refusing consent to health care in the event that the client is not capable of giving the instruction at the time the health care is required. Advance directives may be developed by clients with their health care providers during the advance care planning process.

assessment is an evaluation, conducted by a health authority professional, of an individual's overall health status, goals and capabilities, leading to a decision regarding the priority needs to be addressed, and supporting development of a care plan.

care plan is an individualized plan that identifies the diagnoses, goals of care, clinical and functional needs to be addressed and health services required, taking into account the client's abilities, physical, social and emotional needs, and cultural and spiritual preferences.

community resources are non-health care supports that may be available in a community to assist individuals with social or emotional needs, physical activity, or personal services such as household maintenance, recreation, shopping and transportation, or advice and assistance with personal, financial or legal matters.

health professional is, unless otherwise stated, a registered nurse, registered psychiatric nurse, licensed practical nurse, occupational therapist, physiotherapist or social worker whose profession is regulated under the *Health Professions Act*.

RAI MDS Home Care is a reliable, person-centred assessment system for people with chronic and post-acute care needs that informs and guides comprehensive care and service planning in community-based settings. The RAI home care focuses on the person's functioning and quality of life by assessing needs, strengths and preferences and provides the basis for an outcome-based assessment of the person's response to care or services.

reassessment is a professional follow up or subsequent assessment to establish whether a change in the care plan and/or an alteration of health services is required.

service delivery is the provision of designated home and community care services to the client, as authorized by the health authority.

visit is an interaction when care or service is provided to a client or when clinical direction that influences the care of the client is given. A visit can be face-to-face or remote including, but not limited to, software applications (i.e. tele-monitoring, journaling), email or telephone.

Intent
To describe health authorities' responsibilities in determining an individual's eligibility for publicly subsidized home and community care services.

Policy
Health authorities must assess each individual referred to home and community care to establish eligibility for publicly subsidized services based on all the following criteria:
- citizenship;
- residency;
- age;
- health condition; and
- third party liability.

Eligibility Criteria

Citizenship
In order to be eligible for home and community care services, an individual must provide documentation which establishes that they:
a) are a citizen of Canada, or lawfully admitted to Canada for permanent residence; or
b) have applied for permanent resident status, and as a result have been issued a Temporary Residence Permit (TRP) by the federal minister responsible for immigration, if issuance of the TRP has been recommended by the committee established by the minister responsible for the *Medicare Protection Act* to review the admissibility of individuals on medical grounds.

Applications will not be considered from individuals applying from outside Canada or from individuals applying on behalf of a non-Canadian resident.

Residency
An individual must have been a resident of British Columbia for at least three months (90 days) to be eligible for publicly subsidized home and community care services with the exception of:
- case management, community nursing or community rehabilitation services for which there is no residency requirement; or
- medical supplies and equipment as per Policy 4.G, Palliative Care Benefits Program: Medical Supplies and Equipment.

Waiver of Residency Requirement

Health authorities may waive the three month residency requirement for an applicant who has a minimum of 100 points on the Residency Waiver Scoring Criteria, using the following criteria:

Mandatory Criteria

- the individual has an urgent need for services, with an indication that demonstrable hardship to the applicant or caregiver will result if services are withheld; and
- all alternatives have been explored, including the availability of caregivers to provide care to the applicant, or the ability of the applicant, family, spouse or significant others to purchase services privately on behalf of the applicant during the period of time that the individual is establishing residency; and
- the individual is not entitled to any third party benefits, such as medical plans or insurance coverage; and
- the individual has no close family supports (i.e., parents, children or siblings) in their province of origin.

Criteria Relevant to Specific Circumstances

- the individual is a citizen of Canada but is not eligible for benefits in any other province;
- the individual is a former resident of British Columbia, who has been out of province five years or less;
- the individual requires end-of-life care; or
- there are outstanding humanitarian reasons.

Residency Waiver Scoring Criteria

CRITERIA	POINTS
The applicant or family is unable to pay for private services until the period of residency is achieved.	30
The applicant was eligible for home and community care services at the time of leaving the province, and was out-of-province less than 12 months.	70
The applicant previously received home and community care services, and was out-of-province five years or less.	70
Applicant spent three quarters or more of their adult life in British Columbia.	70
There are no close family supports in any other province except British Columbia (includes parents, children and siblings).	40
Applicant is a Canadian citizen but not eligible for benefits in any other province.	40
Applicant requires palliative care.	40
There are outstanding humanitarian reasons.	40

The individual is eligible for home and community care services effective the date the waiver of residency requirement is approved. A waiver of residency requirement does not entitle the client to priority on waitlists for service delivery.

If a waiver of residency is not approved, the individual, or their spouse, family or sponsor is responsible for the total cost of services until all eligibility requirements have been met.

Age
An individual must be 19 years of age or older to be eligible for home and community care services, with the exception of case management, community nursing and community rehabilitation services, for which there is no age requirement.

In exceptional circumstances, where an individual under 19 years of age has complex health care needs and the provision of service is time-limited, the health authority may approve access to services. Where exceptional access is granted, the health authority is not responsible for funding the service, and responsibility for the cost of the service must be agreed upon with the responsible party before the service is arranged.

Health authorities are expected to begin planning for youth with special needs prior to age 19 in accordance with the Cross-Ministry Transition Planning Protocol for Youth with Special Needs.

Health Conditions
An individual is eligible for publicly subsidized home and community care services where the individual:

- has chronic health conditions that impair the individual's ability to function independently;
- has health conditions that require care following discharge from hospital or health conditions requiring care at home rather than hospitalization; or
- requires end-of-life care for a life limiting condition.

Adults with Developmental Disabilities
Community Living British Columbia (CLBC) is responsible for planning and delivering community based supports and services to adults over the age of 19 years with developmental disabilities and their families. These services include daily living and residential services, family and caregiver supports and community inclusion to assist with greater independence.

Adults with developmental disabilities who are eligible for or are receiving supports and services in accordance with the CLBC mandate, can apply for home and community care programs and services when:

- they meet the home health eligibility criteria requirements (i.e., citizenship, residency, age, health condition);
- they meet the service needs determination as specified within the HCC Policy Manual for the appropriate program or service; and

- their health care needs are consistent with and in accordance with the Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities (January 2010).

Health authorities will provide specialized, interdisciplinary health services (Health Services for Community Living) to assist with the assessment, care planning, and teaching for clients, caregivers and providers required to address the client's health related needs.

Third Party Liability

Where the health condition necessitating home and community care services is due to an illness or injury for which a third party, such as the Insurance Corporation of British Columbia or WorkSafeBC, has been found to be liable through a legal proceeding, the individual is not eligible to receive home and community care services (see Policy 7.B.1, Assessment of Client Rates).

It is the responsibility of the individual to inform the health authority of the existence of, or possibility of, a third party liability claim. The individual should be referred to the third party to establish responsibility for funding of services.

Where the individual has been declined by the third party, the individual must provide written documentation from the agency indicating their reasons for refusal of the claim.

If the need for service becomes urgent or critical and the individual is otherwise eligible for home and community care services, the health authority may provide the necessary service on an interim basis until liability has been established and a liability settlement or award has been made.

Once the funds for future care costs received in the settlement or award have been fully exhausted, the individual may apply for home and community care services.

References

Community Living Authority Act

Cross-Ministry Transition Planning Protocol for Youth with Special Needs, November 2009

Guidelines for Collaborative Service Delivery for Adults with Developmental Disabilities, January 2010

Health Care Costs Recovery Act

Health Care Costs Recovery Regulation

Intent
To define health authorities' responsibilities in managing referrals to home and community care in a timely and consistent manner.

Policy
Health authorities must receive, screen and prioritize referrals to home and community care from all sources in order to determine the:
- individual's eligibility for services as per Policy 2.B, Eligibility;
- urgency of the response required; and
- type of response required.

The health authority must contact the individual who has been referred within 72 hours of receiving the referral to determine the nature and urgency of the individual's health care needs.

Where the health authority determines that no further action is required, or where the individual referred refuses services, the health authority must notify the individual or referral source, and provide information on other available community resources.

When referred by a family physician or if the person has requested, the health authority must notify the family physician of an individual referred to home and community care of the outcome of the referral.

Where the health authority finds the individual to be eligible for services, the health authority must conduct an assessment and develop an individualized care plan, as set out in Policy 2.D, Assessment.

Health authorities must prioritize assessment of individuals deemed eligible for home and community care services as per Policy 2B, Eligibility, on the basis of:
- urgency of health care need;
- availability of caregivers and community supports;
- potential risk in present living situation; and
- length of time awaiting an assessment.

Intent
To describe health authorities' responsibilities in assessment of service need and in development of an individualized client care plan.

Policy
Health authorities must ensure that a health professional completes an assessment of all new clients and develops an individualized care plan, in collaboration with the client, their caregivers, family physician and members of the health care team as appropriate, as a basis for provision of home and community care services.

Assessment
The assessment process will include:
- a client visit;
- confirming the client's eligibility for home and community care services;
- identifying the client's health goals, and the abilities of the client to achieve those goals with the assistance of caregivers;
- identifying the risk to the client and/or to the caregiver for adverse health outcomes in the current situation;
- identifying options and available resources in the community that may support the client and caregiver(s);
- identifying clients health condition(s), and development of a care plan in collaboration with the client and/or caregiver(s) that includes consideration of existing or desired advance care planning (see My Voice – Expressing My Wishes for Future Health Care Treatment, the provincial guide for advance care planning);
- identifying appropriate community health services, including home and community care services;
- collaborating with other members of the client's health care team, including the family physician, hospital or specialized health services to ensure that an integrated approach is reflected in the assessment and care plan;
- completing a full RAI MDS home care assessment for clients with a chronic or ongoing health condition, in accordance with the RAI-HC Clinical Practice Standards and "Best Practice" Guidelines, and completion of a financial assessment to determine the appropriate client rate for services;
- evaluating any identified risks to staff in the delivery of services, and identification of mitigation strategies for those risks;
- authorizing home and community care services to address the goals of the care plan; and

- providing information to the client and caregiver included in the care plan, the nature and frequency of services which have been authorized, the date on which services may begin, any applicable client rate, and contact information for the members of the health care team;
- offering a copy of the client's assessment or assessment summary to the client in accordance with the Guidelines for Client Access to their HCC Assessments (2015); and
- providing a copy of the client's care plan and health care assessment information to service providers and members of the client's health care team, as appropriate.

Reassessment

Health authorities must ensure that clients receive ongoing monitoring and periodic reassessment of their health condition(s) and care plans as appropriate, where:

- the client's health condition and/or personal living circumstances were unstable during the initial assessment;
- the health authority has reason to believe that the client's and/or caregiver's situation has changed;
- requested by the family physician, the client, caregivers or health professionals, based on specific concerns with the client's condition, potential risks, and/or current services; or
- not more than one year has passed since the last assessment, and other indicators of a need for reassessment have not been received.

Client Moves between Health Authorities

Clients who have been assessed as eligible for home and community care services in one health region and who wish to move to a community in another health region must be accepted as eligible by the receiving health authority. This applies both to new clients assessed as eligible for services, and to existing clients. Existing clients may have been assessed as eligible for a new service and are waitlisted, and are therefore eligible for the new service with the receiving health authority.

The health authority responsible for the region in which the client currently resides must contact the health authority in the client's new community, and must provide relevant documentation to support the transfer to the new community.

The receiving health authority must ensure that the client and/or caregivers are:

- informed of home and community care services available in the new community;
- informed of any changes that may be required to the current care plan as a result of the range of services that are available in the new community; and
- informed of, and agree to, any plans for transfer that have been initiated by family members or responsible health care professionals.

References

Adult Guardianship Act
Guidelines for Client Access to their HCC Assessments, 2015
Health Care (Consent) and Care Facility (Admission) Act
Power of Attorney Act
Representation Agreement Act
RAI-HC Clinical Practice Standards and “Best Practice” Guidelines, Ministry of Health, 2006
Model Standards for Continuing Care and Extended Care Services, April 1999
My Voice – Expressing My Wishes for Future Health Care Treatment, February 2012

Intent
To describe health authorities' responsibilities in responding to concerns and complaints about decisions related to home and community care services in a manner that reflects a shared responsibility to improve and strengthen the delivery of services through a commitment to transparency, accountability and quality care.

Policy
Health authorities must have clearly defined processes for individuals who are expressing concerns or making complaints or suggestions regarding home and community care services including:
- program eligibility and access;
- the type, quality and frequency of services including any changes;
- the assessment of the applicable client rate for a specific service (see Policy 7.B.2, Client Rates for Specific Services), and/or temporary reduction of client rates (See Policy 7.D, Temporary Reduction of Client Rates); and
- suggestions on improvements in the delivery of services including any compliments.

Health authorities must ensure that there is accessible information for clients and individuals on how to express concerns regarding home and community care services, delivered or contracted by health authorities, including how to make a complaint through the health authority Patient Care Quality Office.

When concerns are unable to be resolved at the time or place services are being provided, health authorities must make certain that complaints are managed through the Patient Care Quality Office process and ensure that:
- individuals are provided with information on the complaint process for services and encouraged/supported to speak directly with those individuals who made the decision;
- there is a timely response to the complaint;
- respect for the individuals' privacy and confidentiality is maintained;
- clients and other individuals are supported throughout the complaints management process; and
- communication is ongoing, timely and the outcome is communicated directly to the client or individual making the complaint once a decision is reached.

Assisted Living Services Complaints:
Health authorities must:

- ensure that operators of assisted living residences have an internal complaint process that informs residents or families how to contact the assisted living registry (ALR) if they wish to express concerns or make a complaint about a health and safety concern;
- advise the ALR of any health and safety complaint regarding publicly subsidized assisted living services to ensure there is coordination of the investigation and sharing of information; and
- document the process including outcomes between Patient Care Quality Office s and ALR and provide this information to the facility/contracted service provider and individual who made the complaint.

Residential Care Services Complaints:
Health authorities must:

- ensure that operators of residential care facilities have an internal complaint process that informs residents or families how to contact the health authority Patient Care Quality Office and/or licensing program if they wish to express concerns or make a complaint;
- ensure that the community care licensing program is advised when there is a complaint that relates to the Residents' Bill of Rights and Residential Care Regulations about a residential care facility to ensure that there is coordination, clarity of roles and responsibilities, and sharing of information throughout the process; and
- document the process between Patient Care Quality Office s, program staff and health authority licensing officers and provide this information to contracted service provider and individual who made the complaint.

References

Assisted Living Registry Health and Safety Standards (Seniors), Registrant Handbook
Assisted Living Registry Health and Safety Standards and Guidelines (Mental Health and Substance Use)
Community Care and Assisted Living Act
Health Services Management Policy for Health Authorities, Ministry of Health Services, February 2011
Ombudsperson Act
Ombudsperson's Administrative Fairness Checklist
Patient Care Quality Review Boards
Patient Care Quality Review Board Act
Residential Care Regulation
Residents' Bill of Rights