



**HOME AND COMMUNITY CARE
MINISTRY OF HEALTH**

POLICY 4.C.4 , PAYMENT TO FAMILY MEMBERS GUIDELINES

HOME AND COMMUNITY CARE POLICY MANUAL

Effective: July 16, 2007
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General:

Policy 4.C.4, Payment to Family Members applies to clients who have been approved to receive home support services through the Choice in Supports for Independent Living (CSIL) program (Policy 4.C), or for admission to a family care home (Policy 5.D).

The intent of Policy 4.C.4, Payment to Family Members is to allow family members, including immediate family members (a parent, child or spouse) who meet the exception criteria, to be paid as caregivers.

Standard application form: Health authorities have developed a standard application form to be used in all health authorities for clients or client support groups who wish to apply for an exception under Policy 4.C.4, Payment to Family Members.

Application Review Committee: Each health authority has established a regional mechanism for reviewing applications for exceptions under this policy in a timely manner. A multidisciplinary approach may be adopted in the review process.

Interpretation of Exception Criteria in Policy 4.C.4, Payment to Family Members

An exception may be made to pay an immediate family member if the following four criteria are met:

1. *The CSIL Employer wishes to pay an immediate family member to provide assessed services that the health authority would otherwise provide either through CSIL or a family care home.*

Health authorities will engage in a two-step process for CSIL or family care home clients who are interested in applying for an exception under Policy 4.C.4, Payment to Family Members.

First, health authorities must conduct an assessment of a client's eligibility for either CSIL or a family care home through application of the criteria for these services.

If a decision is made to reject an individual for admission into the CSIL program or to a family care home, the reasons for the decision should be clearly documented and relate to the specific criteria stated in the respective policy. This decision cannot be based on any consideration of a request from the client to pay an immediate family member.

The second step involves, where a new or existing CSIL client or new family care home client wishes to pay an immediate family member to provide care, application of the exception criteria in Policy 4.C.4, Payment to Family Members.

Only after a health authority has determined a client is eligible for either the CSIL program or admission to a family care home can the health authority then proceed with considering a request for paying an immediate family member, such as a parent, child or spouse.

2. *The health authority has determined there is no appropriate and available caregiver to provide for any extraordinary or unique needs of the client for one or more of the following reasons:*
- *nature and degree of care required;*
 - *rural or remote location;*
 - *cultural barriers;*
 - *communication barriers.*

The factors to be considered under this exception criteria include, but are not limited to, demonstrated attempts to recruit and retain an unrelated caregiver other than through an agency, including:

- i. case manager has discussed attempts and offered suggestions for places to recruit unrelated caregivers such as schools, colleges, etc.;
- ii. advertising through a variety of media in client's community;
- iii. receipts submitted for advertising with financial forms.

- ***Nature and degree of care required***

Factors to be considered include, but are not limited to:

- complexity of care requires extensive training (e.g., ventilator), or behaviours may affect care needs (e.g., clients with dementia, acquired brain injury or other neurological deficits where clients may become very aggressive or non-cooperative/non-compliant with unrelated caregiver);
- issues with trusting caregivers;
- unique scheduling needs.

- ***Rural or remote location***

Factors to be considered include, but are not limited to:

- geographic distance and accessibility of property (e.g., road or driveway not ploughed in winter time);
- lack of a public or private service agency;
- lack of availability of individuals for private hire;
- frequency of care required.

- ***Cultural barriers***

Factors to be considered include, but are not limited to:

- customs, cultural values and beliefs that affect client care needs.

- ***Communication barriers***

Factors to be considered include, but are not limited to:

- language spoken;
- speech difficulties;
- communication difficulties.

3. *The family circumstances of the client have been considered.*

Factors to be considered include, but are not limited to:

- the potential risk for conflicts of interest;
- the potential risk to negatively impact the health and quality of life of the client and/or caregiver if an immediate family member is hired; and
- the financial impact on the family if an exception is granted or denied. **Note:** the financial need of the family should not take precedence over meeting the needs of the client.

4. *The client's care plan includes appropriate respite for the immediate family member.*

- respite means having another paid caregiver provide relief to the immediate family member from their paid caregiving duties, within the client's allocated CSIL budget or family care home funding;
- the amount of respite determined appropriate by the health authority will depend on the client's and the immediate family member's circumstances, as well as the availability of other caregivers, and will vary from client to client or family to family.

Health authorities are required to review the exception on a regular basis. Approval may be withdrawn if the health authority determines:

- ***the criteria no longer apply; or***
- ***the needs of the client are not being met.***

For example, if the health authority acquires information that indicates the client is at risk from abuse or neglect by the immediate family member who was approved to be paid as a caregiver, approval would be withdrawn.

How often the exception needs to be reviewed will vary depending on the client's and the immediate family member's circumstances. In some cases, the reviews may initially be frequent (i.e., every one or two months), and become less frequent as time passes and the health authority is satisfied the arrangement is working well and meeting the client's needs.

Application Process for Exception for Payment to Family Members

Purpose:

The purpose of this application form is to document whether or not the criteria for an exception for payment to family members are met as set out under Policy 4.C.4, Payment to Family Members.

This form also provides a means for the health authority to record the reasons for approval or denial by the health authority of the application.

Process:

The factors to be considered under this exception criteria include, but are not limited to, demonstrated attempts to recruit and retain an unrelated caregiver other than through an agency , including:

- i. case manager has discussed attempts and offered suggestions for places to recruit unrelated caregivers such as schools, colleges, etc.
- ii. advertising through a variety of media in client's community.
- iii. receipts submitted for advertising with financial forms.

Working together, the client, the family and the case manager will meet and review all possible caregiving options for the client that comply within existing home and community care (HCC) policy and local resources.

Where no other resource has been successful, the client and case manager will identify the specific barrier(s) to care that can be overcome by employing the immediate family member (e.g., nature and degree of care required, rural/remote, communication, and culture).

The client and case manager will complete an application form and submit it to the *local HCC/CSIL manager* requesting that their situation be considered for an exception for payment to an immediate family member.

The *HCC manager* will make recommendations that support or deny an exception and provide a decision in writing to the client.

The case manager will follow-up with the client and family following the above decision. In cases where an application for exception has been denied, the case manager will continue to work with family and community resources to provide the care the client needs, and monitor for changes in the situation.

In cases where an exception is granted, the case manager will continue to monitor and assess the client-family caregiving situation on a regular basis (as is required with all CSIL clients). The focus of assessment is to determine if the original reason for granting the exception continues to exist.

Important Considerations to Note:

Development of the client care plan, including which services are appropriate, should be completed prior to any consideration for an exception under this policy.

As in all complex clinical situations, a multidisciplinary approach may be the most appropriate to provide input into making a decision about whether to grant an exception.

Health authorities will engage in a two-step process for CSIL or family care home clients who may be interested in applying for an exception under Policy 4.C.4, Payment to Family Members:

First, health authorities must conduct an assessment of a client's eligibility for either CSIL (Policy 4.C) or a family care home (Policy 5.D) through application of the appropriate criteria.

If a decision is made to reject an individual for admission into the CSIL program or to a family care home, it is important the reasons for the decision are clearly documented and relate to the specific criteria stated in the respective policy. This decision cannot be based on any consideration of a request from the client to pay an immediate family member.

The second step involves, where applicable, application of Policy 4.C.4, Payment to Family Members, specifically the exception criteria, for new or existing CSIL clients, and for new family care home clients.

Only after a health authority has determined a client is eligible for either the CSIL program or admission to a family care home can the health authority then proceed with considering a request for paying an immediate family member, such as a parent, child or spouse, under Policy 4.C.4, Payment to Family Members.

As with all CSIL employers, HAs expect CSIL clients to employ alternate paid caregivers to provide relief to their main paid caregiver(s) as part of the client's care plan, which is included in the total number of allocated monthly hours.

Application for Exception under Policy 4.C.4, Payment to Family Members

Client Name: _____ Client PHN: _____

Date of Last RAI Assessment: _____

Start Date on Home Support: _____ Start Date on CSIL: _____

Case Manager: _____ Date of Review: _____

Name of Family Member Applying for Exception: _____

Relationship to Client: Parent Spouse Child

Describe the client’s attempts to recruit and retain an unrelated caregiver other than through an agency (see notes under ‘Process’ above for more detail):

Identified Barriers to Care (select below all that apply, and provide details in the space provided on how the client has attempted to overcome the barrier[s])

Nature and Degree of Care Required:

Complexity of care requires extensive training (e.g., ventilator), or behaviours may affect care needs (e.g., clients with dementia, acquired brain injury or other neurological deficits where clients may become very aggressive or non-cooperative/non-compliant with unrelated caregiver):

Issues with trusting caregivers: _____

Unique scheduling needs: _____

Rural/Remote Location:

Geographic distance and accessibility of property (e.g., road or driveway not ploughed in winter time):

Lack of public or private service agency: _____

Lack of availability of individuals for private hire: _____

Frequency of care required: _____

Other: _____

Cultural Barriers:

Customs, cultural values & beliefs that affect client care needs:

Other: _____

Communication Barriers:

Language spoken: _____

Speech difficulties: _____

Communication difficulties: _____

Other: _____

Briefly describe how and why payment to the immediate family member will overcome the identified barrier(s) to care: _____

Summary Comments: _____

Approved/Denied If Denied, provide reasons for denial: _____

Approver Name: _____

Approver Phone Number: _____

Signature: _____

Health Authority: _____

Date: _____