



**GOVERNMENT OF
NEWFOUNDLAND
AND LABRADOR**

**Department of Health and
Community Services**

Provincial Home Support Program Operational Standards (2005)

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OPERATIONAL STANDARDS - HOME SUPPORT PROGRAM

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INTRODUCTION

This Manual for the Home Support Program is a reference for the Regional Integrated Health Authorities (RIHAs), clients and agencies.

The Manual outlines the requirements related to program eligibility, service delivery, monitoring of services and approval of a home support agency. This manual must be used by clients hiring home support workers and agencies as it outlines Departmental operational standards and required forms. The format may be altered to meet individual RIHA requirements, and the RIHAs may develop additional forms. No forms should contain logos or be identified as DHCS or RIHAs forms.

The Regional Integrated Health Authorities include:

- Eastern Regional Integrated Health Authority E-RIHA
- Central Regional Integrated Health Authority C-RIHA
- Western Regional Integrated Health Authority W-RIHA
- Labrador-Grenfell Regional Integrated Health Authority L/G-RIHA

Structure and Numbering

Operational standards are grouped into sections as indicated in the Table of Contents. Each operational standard has an Arabic number to correspond to the section of the manual, as well as an Arabic number to correspond to the requirement itself (e.g. 2-10). Multiples of 10 have been used to identify sequential operational standards within the same section. Reserve numbers are available for the addition of new operational standards.

Responsibility for Manual Reviews, Revisions and Additions

The Department of Health and Community Services (DHCS) will be responsible for review of the provincial operational standards regarding the home support program every three years. Specific standards may be reviewed as issues arise. Upon review and consultation, any changes and additions shall be forwarded to the four RIHAs for inclusion in the manual. The RIHAs shall be responsible to distribute revisions to the various stakeholders in their region. Holders of the manual are responsible for keeping their manuals up-to-date based upon revisions and additions received. It is the responsibility of the holder to ensure that their manual is current and the RIHAs has their correct mailing address.

Upon receiving a request for an operational standard revision or addition, the RIHAs will:

- review the request for revisions/additions;
- determine if the suggestion is requirement related;

- endeavor to clarify; and
- forward requested edits and/or suggestions to the DHCS.

The DHCS will:

- research proposed material as necessary;
- review, revise or edit material for appropriateness to the manual;
- incorporate approved operational standards in the manual; and,
- distribute copies of the approved operational standards and revised table of contents, if applicable.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES Manual for the Home Support Program	
Section 1: Program Description	Operational Standard: 1.10 to 1.60
Effective Date: October 2005	Revised:

1. PROGRAM DESCRIPTION

Home support in the Province of Newfoundland and Labrador is a component of an array of services which enable individuals who require assistance with activities of daily living to remain in their own home or independent living unit, often with the effect of preventing, delaying or substituting for institutional placement. Home support services are intended to supplement, not replace, service provided by the individual's family and/or support network.

Home support services include the provision of personal and behavioural supports, household management and respite at the minimum level to maintain individual independence. Services are non-professional in nature and are delivered by an approved home support agency or by a home support worker hired by the individual or family. Home support services are directed by the individual in all instances.

Home support services may be either purchased privately by an individual or subsidized from public funds to a maximum financial ceiling. Referral for home support service is through the Regional Integrated Health Authority (RIHA) and can be initiated by anyone, including the individual who is requiring service. To be eligible for a financial subsidy, the individual must undergo a functional and financial assessment by professional staff from the RIHA.

Home support operational standards contained within this document are the Department of Health and Community Services' minimum standards for the provision of this service. These operational standards are designed to ensure the delivery of safe, quality supportive services to individuals who require assistance. They acknowledge the unique and complex needs of individuals and the service required to meet those needs. The operational standards provide a process for internal and external reviews and must be implemented in a manner that reflects the expectations of the Province.

Regular monitoring of the home support program will ensure that service is delivered within the operational standards and that there is a commitment to continuous improvement. These operational standards are reviewed at regular intervals and revised if necessary to incorporate new guidelines that will support an operational standard that best meets the care, program and service needs of individuals.

1.10 Purpose

The **Manual** for the **Home Support Program** is intended to provide direction regarding the provision of home support services to:

- Individuals receiving service (*regardless of funding source*),
- Home support workers (*whether individual-employed or agency-employed*),
- Home support agencies, and
- Regional Integrated Health Authorities (RIHAs).

This manual establishes the minimum standards required to ensure consistency of service delivery across the Province. However, exceptional circumstances may be considered by the RIHA when approving service. Any inquiries from home support agencies or individuals regarding the provision of Home Support Services must be directed to the RIHAs.

1.20 Authority

The operational standards contained in the Manual governing the Home Support Program are established under the authority of the *Health and Community Services Act* and the *Self Managed Care Act*.

1.30 Definitions

Throughout this manual,

- the term RIHA refers to the four Regional Integrated Health Authorities,
- the term DHCS will be used to refer to the Department of Health and Community Services,
- “professional staff” will be used to indicate staff of the RIHAs such as nurses, social workers, etc. assigned to the delivery of the Home Support Program
- “individual” will refer to the person receiving home support service, his/her family or supporting person who has demonstrated a long term commitment to the individual, and
- “agency” will be used to designate an approved home support agency.

1.40 Philosophy

The philosophy underlying the Provincial Home Support Program is to provide individuals with the supports and services they require so they may choose to live as independently as possible within the community. To the extent possible, services are provided in an accessible and equitable manner within the fiscal capabilities of the Province and region.

1.50 Goals

The Provincial Home Support Program strives to meet the following goals:

- That individuals who meet program admission criteria have the support and services they need to live and develop fully and independently within the community in keeping with their assessed need.
- That individuals have choice in how they live.
- That the Home Support Program be equitable for all eligible population groups across the Province.

1.60 Principles

The Provincial Home Support Program strives to meet the following principles:

- The home support service plan is based on professional assessment and reassessment of need to ensure service is appropriate to the individual.
- The home support service plan respects the rights of the individual to participate in the decision-making process pertaining to the development and implementation of the service plan.
- Home support services are intended to supplement, and not replace, support provided by the family/support network.
- Home support services are to be recommended at the minimal level required to maintain the individual's independence.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES Policy Manual Governing The Home Support Program	
Section 2: Home Support Services	Policy Number: 2.10 to 2.50
Effective Date: October 2005	Revised: February 15, 2023

2. HOME SUPPORT SERVICES

2.10 Service Delivery Model

The Home Support Program is a provincial program whereby policies and services are implemented through a consistent, coordinated system of assessment, planning and service delivery by the RIHAs. Services are provided following a collaborative assessment process during which the needs of the individual are clearly defined.

Home support services are self-directed by the individual. Care can be provided by individual-employed or agency-provided home support workers, based on individual choice and eligibility requirements. Publicly funded services shall be provided through a contractual arrangement between individuals and the RIHAs when the individual is the employer.

Home Support is managed by the individual to the degree he/she chooses, based on the information and guidelines provided. An individual who chooses to completely manage his/her care will accept total responsibility as the employer of the home support worker(s) and be required to follow applicable standards, as outlined in provincial and federal legislation. For individuals who choose to avail of agency-provided services, the application of these standards is the responsibility of the home support agency.

2.20 Provision of Home Support Services

Publicly subsidized home support services will be provided according to assessed need and within the provincial financial ceiling established by the DHCS. All requests for change to services provided through public funds must be approved by the RIHA.

The provision of home support services involves a coordinated process that includes:

- ☐ completion of an individual assessment/reassessment to determine home support needs and eligibility,
- ☐ determination, implementation and monitoring of a service delivery plan to match need with appropriate services,
- ☐ completion of the appropriate service contracts,
- ☐ a determination that the individual's home environment is safe and suitable for the provision of services, and
- ☐ management of a waitlist.

2.30 Banking of Home Support Hours

The ability to bank home support hours is meant to relieve stress on individuals/caregivers by allowing them the flexibility to rearrange the home support hours so they may participate in a special event, eg., a family wedding, vacation, etc without requiring additional resources. Individuals/caregivers can, at times, cope with additional stress for short periods if doing so permits them to achieve a desirable outcome. The flexibility to plan for such events can help to relieve stress for the longer term.

In special circumstances and with the prior approval of the case coordinator, individuals/caregivers may decrease their hours of home support over a specified period of time with the express purpose of utilizing a larger number of hours for a fixed time period at a future date.

The RIHA staff ensures that such an arrangement is for special occasions only and not a regularly scheduled activity. The use of family and/or friends to aid in the reduction of home support hours shall be temporary and not regarded as contravention of established policy. Approval to participate in such an arrangement will be dependent on the circumstances of the request providing this arrangement does not result in additional risk or undue inconvenience to the individual receiving service.

2.40 Service Delivery Options

The individual has the option of obtaining self-directed home support through two models.

Individuals accessing home support services may choose a combination of the following models of service delivery when arranging care:

D Approved Home Support Agency

If service delivery through a home support agency is chosen, the individual chooses an approved agency from a list provided by the RIHA. Individuals should note that Home Support Agencies are required to charge HST on services provided to private paying individuals, in accordance with Canada Revenue Agency Regulations.

D Individual as Employer

If this service delivery option is chosen, the individual becomes the employer and is responsible for the hiring, training and supervision of home support workers. As employer, the individual is also required to maintain employment records, administer a payroll, and forward the appropriate employee deductions and employer and employee contributions e.g. Canada Pension Plan, Employment Insurance, to Canada Revenue Agency. The payroll function may be performed by the individual or by a person acting as the administrator/bookkeeper of the home support funds.

Individuals who require assistance with hiring, training, and supervising staff must have the agreement of a supporting person to, individually or jointly, assume these functions. The supporting person may be a family member or close associate who has demonstrated a long term commitment to the individual.

2.50 Eligibility for Publicly Funded Home Support Services

2. 50 Eligibility for Publically Funded Home Support Services

Eligibility for publicly funded home support services is based on (1) need for service, (2) place of residence, and (3) financial eligibility.

Need for Service

Individuals requesting home support service must be assessed within the following framework by a professional employed by the PHA:

- a clinical assessment is completed to determine clinical need;
- a support plan must be developed outlining the support services required; and,
- a service provider plan is developed in collaboration with the individual and service provider (s) outlining the service to be provided.

Place of Residence

An individual who resides in their own home, inclusive of family home, specialized board and lodging, alternate family care home, apartment, condominium, or assisted living facility meets the place of residence criteria for home support funding. Subsidized service is not provided to individuals in hospitals, personal care homes, community care homes, long term care homes, or health centers.

An assisted living facility refers to a private facility with shared common spaces and individual units or apartments usually for older adults. Assisted living facilities provide housekeeping and meal services. A person living in an assisted living facility will only be eligible for personal care and respite and will not be eligible for homemaking services under the Provincial Home Support Program.

An assisted living facility typically provides different levels of care to support residents. This ranges from residents who are independent in their care needs to those who may need extensive support with basic and instrumental activities of daily living.

Clinical Eligibility

Home support services include the provision of personal and behavioural supports, household management and respite at the minimum level to maintain individual independence. Clients are assessed using a standardized clinical assessment tool, in conjunction with clinical judgement of professional staff. The assessment must include an analysis of the medical, psychological, functional and social needs of an individual with consideration to other formal or informal supports and contextualized to other situational factors.

Financial Eligibility

Financial eligibility for publicly funded home support service is determined through a financial assessment completed by the PHA. This assessment is income-based and determines not only eligibility, but the amount if any, the individual must contribute toward the cost of the service. The financial assessment is conducted in accordance with the Income Based Financial Assessment Policy Manual for Long Term Care and Community Support Services (September 2021).

Service is provided within approved provincial financial standards outlined in the Income Based Financial Assessment Policy Manual for Long Term Care and Community Support Services (September 2021).

The individual must agree to pay their assessed client contribution before any subsidized service is put in place.

Support Services

An individual living in an assisted living facility who meets clinical and financial eligibility may receive the following amount of personal care services:

Level of Care	Hours of Personal Care Per Day	Maximum Hourly Rate of Pay (agency-based rate as per collective agreement)	Maximum Amount Per Month*
Level 2	3.0	\$24.70	\$2,291
Level 3	4.0	\$24.70	\$3,055

*subject to change based on provincially set hourly rate of pay

Respite may be provided to a spouse who is living with their partner in an independent unit in the assisted living facility and requires temporary relief from caregiving. Respite care is not available to individuals or partners accessing Level 2 or Level 3 care.

Supplementary Benefits

Individuals clinically and financially eligible for home support services are eligible for the following supplemental benefits: medical equipment and supplies, advanced foot care, Newfoundland and Labrador Prescription Drug Program, and ambulance card.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES Manual for the Home Support Program	
Section 3: Individual's and Worker's Rights And Privileges	Operational Standard: 3.10 to 3.20
Effective Date: October 2005	Revised:

3. INDIVIDUAL'S AND WORKER'S RIGHTS AND PRIVILEGES

3.10 Individual's Rights and Privileges

Individuals shall have personal rights and privileges which include, but are not limited to, the following:

- ☐ to be treated in a courteous manner,
- ☐ to have service provided by knowledgeable, trained, committed individuals,
- ☐ to be informed and participate in decisions regarding themselves,
- ☐ to receive appropriate care and services within the capability/mandate of the home support program,
- ☐ to receive support in accessing services and community programs,
- ☐ to be free from any action that would be deemed to be abuse, (for example, intimidation, physical, sexual, verbal, mental, emotional, material or financial abuse, etc.)
- ☐ to be free to voice concerns regarding any aspect of their service,
- ☐ to have their religious beliefs respected,
- ☐ to be provided with personal privacy and privacy of possessions,
- ☐ to be supported in developing and maintaining a personal social network, and
- ☐ to have all matters relating to them kept confidential, notwithstanding the limits of confidentiality with respect to expressed intent to harm self or others.

3.20 Worker's Rights And Privileges

All individuals shall be respectful of the rights and privileges of home support workers and visiting professional staff which include, but are not limited to, the following:

- ☐ be treated in a courteous manner,
- ☐ be free to perform their duties in a safe environment,
- ☐ be informed of any changes or decisions regarding the individual's care,
- ☐ be free from any actions that would be deemed to be abuse (for example, intimidation, physical, sexual, verbal, mental, emotional, material or financial abuse, etc.)
- ☐ be free to voice concerns or recommend changes in the services provided through home support, and
- ☐ have their religious beliefs respected.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES Manual For The Home Support Program	
Section 4: DHCS Responsibilities	Operational Standard: 4.10 to 4.20
Effective Date: October 2005	Revised:

4. DEPARTMENT OF HEALTH AND COMMUNITY SERVICES' RESPONSIBILITIES

4.10 Responsibility for Establishing Operational Provincial Standards

The DHCS will be responsible for:

- ☐ developing and revising provincial requirements and regulations regarding home support, in consultation with the RIHAs and other stakeholders,
- ☐ planning and coordinating research and evaluation of provincial requirements to ensure that services are integrated and decisions are evidence-based,
- ☐ providing direction and support to the RIHAs to deliver a continuum of programs and services within available resources,
- ☐ communicating all requirements and regulations to the RIHAs.

4.20 Responsibility for Funding

- ☐ The DHCS will provide funding for the RIHAs to provide home support program services in compliance with requirements.
- ☐ The DHCS will be responsible for implementing a process for ensuring fiscal accountability by the RIHAs.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES Manual For The Home Support Program	
Section 5: RIHA Responsibilities	Operational Standard: 5.10 to 5.60
Effective Date: October 2005	Revised:

5. REGIONAL INTEGRATED HEALTH AUTHORITIES' RESPONSIBILITIES

5.10 Responsibilities of the RIHAs

5.10.10 The RIHAs are accountable to the DHCS. The RIHAs will be responsible for developing and implementing the home support program in accordance with the provincial operational standards. The program will include processes for:

1. Acceptance of referrals
2. Acceptance/redirection of inquiries
3. Assessment/reassessment of need and eligibility
4. Liaison with service provider agencies
5. Financial assessment
6. Development, coordination and implementation of a service plan
7. Pay systems for service provided
8. Waitlist management
9. Establishing a service contract
10. Ongoing follow-up and monitoring of service provided
11. Monitoring quality of program delivery and outcomes
12. Distribution of revisions to the manual to the various regional stakeholders.

5.10.20 Home Support Agencies Approval and Monitoring

The RIHAs, following provincial requirements, will implement an approval and monitoring process for all home support agencies.

Support Plan Community Support Services Program

Policy #: 5.20

Effective Date: June 15, 2019

Date Revised: July 15, 2017, June 15, 2019

Policy Cross References: Clinical Assessment; Service Provider Plan

Legislative References:

POLICY STATEMENT

A Support Plan documents a client's desired personal outcomes and identifies the activities and resources required to achieve them. The goal of formal support planning is to actively involve the client in identifying their goals and to build upon strengths and natural supports.

DEFINITIONS

Advance Health Care Directive – a document in which a person sets out instructions or the general principles regarding his or her health care treatment or in which a person appoints a substitute decision maker or both.

Case Management – is a collaborative, person-centered strategy for the provision of quality health and supportive services through effective and efficient use of available resources in order to support the person's achievement of goals.

Case Manager- the regional health authority health care professional identified to coordinate and oversee the support plan.

Client – person currently receiving services from the Community Support Services Program.

Clinical Assessment – is a dynamic and ongoing collaborative process that actively involves the client and others to secure information to identify the client's values, goals, functional and cognitive capacity, strengths, abilities, preferences, resources, supports and needs. This process requires the gathering of subjective and objective information and applying a clinical frame of reference to analyze the information and identify areas of concern and develop a support plan.

Informal Supports – services provided to a person typically by family and friends without remuneration.

Program Coordinator – the regional health authority staff person who reviews and approves the support plan

Service Provider – the person or corporation with responsibility for the delivery of services with full decision making authority.

Service Provider Personnel – employees, volunteers or agents of the service provider that provides services.

Service Provider Plan – outlines a service to be implemented as part of a client's support plan with specific objectives to be achieved.

Service Provider Progress Report – a brief written summary of services provided to the client indicating if the client's needs are being met.

Significant Change – a change in a client's functioning or circumstance that would require a modification to their support plan.

Substitute Decision Maker – the individual identified to make health care decisions on behalf of a client who lacks the capacity to make their own decisions.

Support Plan – a written plan that outlines the client's goals, objectives and the supports and services required to address his or her needs and achieve desired personal outcomes.

STANDARDS

1. A person receiving services through the Community Support Services Program shall have a Support Plan.
2. A Support Plan shall be developed in collaboration with the client, their support network, and any relevant service providers.
3. A Support Plan shall be developed based on the outcomes of the clinical assessment and incorporate the client's goals and objectives.
4. A Support Plan shall be developed within seven days of approval of the clinical assessment.
5. The case manager shall use the provincially approved Support Plan form to document the Support Plan.
6. The case manager shall obtain approval of the Support Plan from a program coordinator prior to implementation of the Support Plan.
7. When a Support Plan identifies the need for the provision of a service by a service provider, the case manager shall complete a Service Provider Plan in consultation with the client and the service provider.
8. The case manager shall monitor the Support Plan and the services that are in place to determine whether the services are meeting the intended outcome. This includes contact with

the client at a minimum of every three months with at least two of the client contacts per year being in person.

9. The Support Plan shall be updated within seven days of a clinical reassessment confirming a client has a significant change in their function or circumstances. A copy of the revised Support Plan shall be provided to the client.
10. The case manager shall complete a review of the Support Plan in accordance with the following schedule:
 - a. six months for high risk or complex cases; or
 - b. twelve months for low to moderate risk cases.

PROCEDURES

Developing the Support Plan

1. In the case where a client is only receiving financial benefits, a Support Plan is not required.
2. The case manager shall collaborate with the client, and/or their substitute decision maker if applicable, in the development of their Support Plan and the client must be in agreement with all components of the Support Plan.
3. For seniors and adults with physical disabilities who have had a RAI-HC assessment completed, the case manager shall complete the electronic Support Plan in the RAI-HC Assessment System. For adults with intellectual disabilities, the case manager will continue to use the paper version of the Support Plan.
4. The case manager shall engage a client in exploring all sources of support including personal resources, informal supports, community resources and formal supports in developing the Support Plan.
5. The case manager shall complete the following tasks to develop the Support Plan in collaboration with the client:
 - a. complete a summary of the clinical assessment/presenting situation;
 - b. incorporate the outcomes of the clinical assessment into the planning process;
 - c. identify whether there is an Advance Health Care Directive in place and provide details;
 - d. identify whether there is a substitute decision maker;
 - e. identify the primary support contact;
 - f. identify an emergency contact;
 - g. develop interventions to address any risk identified in the Falls Prevention Screening;
 - h. develop person-centered goals and objectives;
 - i. identify service providers required to achieve client goals and objectives;

- j. identify the services to be implemented, including both formal and informal services;
 - k. identify the tasks/activities to be completed by a service;
 - l. establish a contingency plan for the service provider if they are unable to reach a client during a scheduled service;
 - m. identify any client safety concerns;
 - n. identify any worker safety concerns;
 - o. identify any equipment/assistive technologies that are required or in place;
 - p. identify any allergies; and
 - q. other general comments that are relevant to client care.
6. The summary of the clinical assessment/presenting situation shall include the following information:
- a. client's needs (including any pertinent diagnosis related to provision of service);
 - b. client strengths;
 - c. existence and availability of an informal support network including community resources; and
 - d. formal supports required and how the supports will improve health and well-being for the client.
7. The case manager shall, in consultation with the client, develop SMART objectives for the achievement of goals. The objectives should be **S**pecific, **M**easurable, **A**chievable, **R**elevant, and **T**ime bound.
8. The case manager shall confirm the client, or their substitute decision maker if applicable, was involved in the development of their Support Plan and is in agreement with the plan by checking the assigned box on the Support Plan.

Implementing the Support Plan

9. The case manager shall obtain approval from the program coordinator of the Support Plan and any services required prior to implementation of the Support Plan. In cases where services are required above the maximum allowable support allocation, a manager or director must approve the Support Plan.
10. The case manager, in collaboration with the client, shall coordinate the implementation of the activities outlined in the Support Plan. This includes the development of a Service Provider Plan with any required service providers.
11. In the case where a client is transitioning to another similar service provider, the service provider shall cooperate with the client and RHA to ensure a smooth transition process.
12. The case manager shall provide the client with a copy of the approved Support Plan.

Reviewing/Monitoring the Support Plan

13. During scheduled contacts with a client the case manager shall discuss with the client whether the Support Plan is meeting their needs.
14. The case manager shall arrange home visits, where possible, when service provider personnel are in the client's home. This will provide direct observation of whether the service is being provided as intended and assist in determining if the service is meeting the needs of the client.
15. The case manager shall consult with the interdisciplinary team working with the client as required and arrange a case conference as part of the formal review of the Support Plan to provide updates on the services being offered and to ensure an integrated approach to support planning.
16. The case manager may need to adjust the Support Plan in response to an emergency situation for the client. If the change is significant and long term, the Support Plan must be updated within seven days of a change in service provision and a copy provided to the client. Any related Service Provider Plans must be updated according.
17. To determine the Support Plan review period, each case should be assigned a low, moderate, high or complex level based on the complexity of client care in accordance with regional health authority guidelines.
18. If prior to the established review date of the Support Plan circumstances change for the client and modifications are required to the Support Plan, the case manager shall develop a new Support Plan. If the change in circumstances is minor and short term, the change can be documented in a clinical note and the Support Plan does not need to be updated.

BEST PRACTICE GUIDELINES

The purpose of best practice guidelines is to provide additional information for clinicians to improve their clinical practice and adherence to operational standards.

Person-Centered Model of Care

A person-centered model of care acknowledges the strengths and capacities of an individual while identifying the services required to improve independence. The intention of person-centered approaches is to maximize, as much as possible, the capacity for people to take control of their lives. It ensures that the individual is at the center of service design, planning, delivery and review. Individuals shape and direct service and support arrangements to suit their strengths, needs and goals with the support of family, friends, carers and advocates (National standards for Disability, Australian Government, 2013).

A primary goal of a person-centered system is to ensure individuals receive supports early enough to prevent crisis or deterioration. Additionally, a person centered approach is individualized and

reflective of the uniqueness of each client. For example, the care and support required by a person with a chronic disease may be different than support needed for a person with an intellectual disability. A person centered approach will ensure that available supports and services are used in such a way to best meet the needs of the client.

Support Planning

The development of a Support Plan should take a strengths-based approach while planning for identified risks. A Support Plan must provide person-centered care and be developed collaboratively with the client. It is crucial that the supports implemented reflect what is important to the individual. During the process of developing the support plan, it is essential to determine the most appropriate service provider to address the client's needs according to professional scope of practice and abilities. The Support Plan must be accessible to the team working with the client and should be referred to on a regular basis.

SMART Objectives is a method for writing objectives that allows monitoring of progress and outcome measurement. The objectives should be developed with the client and to be consistent with the client's overall goal.

There are five points for SMART objectives:

1. Specific – objectives need to be specific to the particular situation being addressed.
2. Measureable – if you are not able to measure a goal you will not know if you achieved the intended outcome of implementing a particular client intervention.
3. Attainable – it is critical to develop objectives that can realistically be accomplished given a particular set of circumstances for a client.
4. Relevant – an objective should have meaning and be related to the desired outcomes to be achieved.
5. Time bound – an objective should have a clear timeline established as to the expected completion date (Davey, 2014).

Case Management

Case management supports both the client and the health system by:

- Enabling clients to achieve and maintain their highest level of functioning, independence and quality of life possible;
- Ensuring a smooth flow through the continuum of health services by facilitating seamless transitions between care providers and settings;
- Supporting system sustainability through effective and efficient resource utilization to address unmet needs while supporting self-care and self-management through capacity building efforts. (Alberta Health Services, 2011).

It is the responsibility of the case manager, in collaboration with the client, to ensure that a service is meaningful and having the intended impact in assisting the client. Client contact is essential to monitor progress of a service and to determine if the service is meeting the objectives identified.

Interdisciplinary Practice

Interdisciplinary practice has been shown to improve health outcomes for health system users. The development and maintaining of interprofessional working relationships enable health care practitioners to ensure collaborative practice with clients. There are six competency domains that highlight the knowledge, skills, attitudes and values that shape the judgments essential for interprofessional collaborative practice:

- 1) Interprofessional communication;
- 2) Patient/client/family/community-centered care;
- 3) Role clarification;
- 4) Team functioning;
- 5) Collaborative leadership; and
- 6) Interprofessional conflict resolution.

These competency domains are interdependent on each other and create a dynamic and a flexible foundation for interprofessional practice (Canadian Interprofessional Health Collaborative, 2010).

Relevant Forms/Documents

Support Plan

Service Provider Plan

Provincial Home Support Program Operational Standards (2005)

RAI-HC Assessment (2010)

Adult Needs Assessment/Reassessment

Service Provider Plan Community Support Services Program

Policy #: 5.30

Effective Date: June 15, 2019

Date Revised:

Policy Cross References: Clinical Assessment; Support Plan

Legislative References:

POLICY STATEMENT

A Service Provider Plan is a contract with a service provider to outline the goals, objectives and activities to be achieved by implementing a service outlined in the client's Support Plan. A written plan developed in collaboration with the client, regional health authority and the service provider will improve communication on the service that is required and the outcome to be achieved.

DEFINITIONS

Advance Health Care Directive – a document in which a person sets out instructions or the general principles regarding his or her health care treatment or in which a person appoints a substitute decision maker or both.

Case Management – is a collaborative, person-centered strategy for the provision of quality health and supportive services through effective and efficient use of available resources in order to support the person's achievement of goals.

Case Manager- the regional health authority health care professional identified to coordinate and oversee the support plan.

Client – person currently receiving services from the Community Support Services Program.

Clinical Assessment – is a dynamic and ongoing collaborative process that actively involves the client and others to secure information to identify the client's values, goals, functional and cognitive capacity, strengths, abilities, preferences, resources, supports and needs. This process requires the gathering of subjective and objective information and applying a clinical frame of reference to analyze the information and identify areas of concern and develop a support plan.

Informal Supports – services provided to a person typically by family and friends without remuneration.

Program Coordinator – the regional health authority staff person who reviews and approves the support plan

Service Provider – the person or corporation with responsibility for the delivery of services with full decision making authority.

Service Provider Personnel – employees, volunteers or agents of the service provider that provides services.

Service Provider Plan – outlines a service to be implemented as part of a client's support plan with specific objectives to be achieved.

Service Provider Progress Report – a brief written summary of services provided to the client indicating if the client's needs are being met.

Significant Change – a change in a client's functioning or circumstance that would require a modification to their support plan.

Substitute Decision Maker – the individual identified to make health care decisions on behalf of a client who lacks the capacity to make their own decisions.

Support Plan – a written plan that outlines the client's goals, objectives and the supports and services required to address his or her needs and achieve desired personal outcomes.

STANDARDS

1. The case manager shall coordinate the development of the Service Provider Plan, in consultation with the client and service provider, to be aligned with goals and objectives outlined in the client's Support Plan.
2. The case manager shall provide the service provider with a written Service Provider Plan prior to commencement of services, unless otherwise agreed.
3. The case manager shall provide the service provider with a written Service Provider Plan within seven (7) business days of approval of the client's Support Plan and in advance of implementation of services.
4. The case manager shall notify the service provider with respect to any change to the client's Support Plan that would affect the delivery of services provided by the service provider. Where an updated Service Provider Plan is required, a verbal update will be provided immediately to the client and service provider, and will be followed up in writing within seven (7) business days.
5. The case manager shall review the Service Provider Plan, in consultation with the client and service provider, at the same time the Support Plan review is being completed.
6. The service provider shall submit a Service Provider Progress Report to the case manager every thirty (30) days outlining the status of the delivery of services.

7. The service provider shall provide immediate notice to the client and regional health authority if they are unable to fulfill the obligations of the Service Provider Plan.

PROCEDURES

Developing the Service Provider Plan

1. The case manager and client shall collaborate in the identification of the service provider.
2. The Service Provider Plan shall include the following information:
 - a. client contact information;
 - b. primary contact information, including substitute decision maker, if different than client information;
 - c. emergency contact information;
 - d. summary of the client's clinical assessment;
 - e. summary of the Support Plan;
 - f. identify whether there is an Advance Health Care Directive in place;
 - g. outline the objectives to be achieved by the service;
 - h. outline the tasks/activities to be completed including the day and time of day;
 - i. identify any client or service provider personnel safety concerns;
 - j. allergies;
 - k. equipment/aides required;
 - l. outline contingency plan if service provider is unable to deliver the service;
 - m. identify requirements and timelines for progress reporting; and
 - n. establish a review date.
3. In the case where authorization of nursing function is required, the case manager shall ensure a Certificate of Competency is completed prior to delivery of services.
4. The case manager shall, in consultation with the client, develop SMART objectives for the achievement of goals of the service. The objectives should be **Specific, Measurable, Achievable, Relevant, and Time bound**. The objectives will be different from the objectives in the Support Plan as they are specific to the particular service being provided to the client.
5. The development of the Service Provider Plan can occur by telephone communication between the case manager, service provider, and client. In the case where there are multiple service providers providing the same service, for example in self-managed care arrangements, a primary service provider should be identified and will sign the Service Provider Plan and coordinate the completion of one Service Provider Progress Report for monthly submission to the RHA case manager. In self-managed care arrangements, the client must provide a copy of the Service Provider Plan to all service providers so they are aware of the expectations for the delivery of the service.

6. In the case where services need to be implemented on an urgent basis, the case manager is responsible to provide a service provider with a verbal report on the client, with client consent, so they can adequately provide service to the client including:
 - a. summary of clinical assessment;
 - b. requirement for authorization of function;
 - c. description of services required;
 - d. start date and time for service provision;
 - e. frequency of service and scheduling requirements;
 - f. any potential safety risks; and
 - g. description of any special requirements.

The written Service Provider Plan will be provided within seven (7) business days. In the case of a self-managed care provider, the client is responsible to provide the service provider with the information.

7. The case manager shall confirm the client was involved in the development of the Service Provider Plan and is in agreement with the plan by checking the assigned box on the Service Provider Plan. The case manager and the service provider both shall sign the Service Provider Plan.
8. In the case where the service provider is a regional health authority employee, a Service Provider Plan is not required and the health care professional will document the service provided in accordance with regional health authority policies.
9. For seniors and adults with a physical disability, the Service Provider Plan shall be printed from the RA-HC Assessment System by the case manager and a copy provided to the client and service provider. For adults with an intellectual disability, the Service Provider Plan shall be maintained in the client's paper file.
10. The case manager shall develop a Service Provider Plan for each service required by the client.

Implementing the Service Provider Plan

11. In the case where services need to be implemented on an urgent basis, the case manager shall provide the service provider with sufficient clinical information to enable the service provider to provide services until the Service Provider Plan is completed. The Service Provider Plan must be developed and provided to the service provider within seven (7) days of initiation of service.
12. Where a service provider accepts an urgent request for services, and a written service provider plan and service authorization is not available, the case manager shall outline the approval on the service request until required documents are created.

13. The case manager shall coordinate the implementation of services once all parties are in agreement with the requirements of services.
14. The case manager shall send the approved copy of the Service Provider Plan to all parties involved.
15. The case manager shall complete the Service Provider Plan and send to all parties, through the most expeditious means, to obtain required signatures.

Monitoring/Reviewing the Service Provider Plan

16. The case manager shall review the Service Provider Progress Report upon receipt to ensure the service provider is delivering services in accordance with the conditions outlined in the Service Provider Plan.
17. The case manager shall discuss with the client and service provider if there are any concerns identified in the delivery of services and develop a plan to address the concerns including arranging a case conference to discuss the concerns.
18. If the outcome of a clinical reassessment or monitoring visit requires a change to the Service Provider Plan, the case manager shall take the following steps:
 - a. ensure the Service Provider Plan is updated and a copy provided to the client and the service provider within seven (7) days;
 - b. if a change in service must occur prior to seven (7) days, the RHA shall notify the service provider verbally of the change in service; and
 - c. notify the Financial Division of the RHA to update the service authorization.
19. A formal review of the Service Provider Plan shall occur on the same date as the review of the Support Plan.
20. The case manager shall arrange home visits, where possible, when the service provider personnel is in the client's home. This will provide direct observation of whether the service is being provided as intended and assist in determining if the service is meeting the needs of the client.
21. In circumstances where a change to the Service Provider Plan is minor and short term, a formal review is not required. Documentation of the short term change in circumstances can be documented in a clinical note.
22. If a service provider identifies a change in the health status of a client during the delivery of services, the service provider shall notify the case manager immediately of the change.
23. The service provider shall prepare the Service Provider Progress Report when a client is being discharged from services.

24. When an Authorization of Function is required and the Certificate of Competency form shall be completed and a copy placed on the client's file.

Relevant Forms/Documents

Support Plan
Service Provider Plan
Service Provider Progress Report
Provincial Home Support Program Operational Standards (2005)
RAI-HC Assessment
Adult Needs Assessment/Reassessment
Certificate of Competency

5.40 Implementation of Service

The development of an individual's service plan includes the provision of home support service hours to match needs within established guidelines. The assessor must adhere to the program's guiding principles (Section 1.60).

5.50 Shared Care

Shared care is an arrangement in which the services of a home support worker are shared between two or more individuals. A home support worker may, in these situations, provide household management duties and respite that will benefit more than one person.

Individual assessments are completed to determine service needs, and a joint service plan is developed which details both the individual and shared home support program services. If there is a change in circumstances and service needs change, a reassessment of service needs must be completed, and a new service plan developed.

Shared care arrangements may be possible between individuals receiving home support subsidies and those paying through private funds. In these cases, consultation and coordination is necessary between the parties involved to develop a joint service plan and to ensure that an equitable service payment plan is arranged.

5.60 Monitoring of Home Support Services

The coordination and monitoring of home support service may be interdisciplinary. The service plan may include task performance, supervision, teaching and/or counseling, all of which may be delivered by different professional disciplines. The most appropriate professional will be assigned to provide case coordination, including overall monitoring of the service plan and service provision. A complete reassessment of services will be conducted annually or more frequently at the discretion of the individual or the case coordinator.

It is the responsibility of the individual to advise the service provider and the RIHAs of any break in or discontinuation of home support services as soon as a decision is made.

5.70 Contracts and Agreements

The RIHAs will enter into a Funding Agreement with each individual who is accepting responsibility for hiring his/her employees through self-managed care. See Appendix "B" for sample Funding Agreement.

The Agreement will include, but not be limited to:

- ☐ funding information, including identification of payee for service payment,
- ☐ accountabilities for monitoring (both RIHAs and Individual),
- ☐ individual as employer responsibilities,

- responsibilities of RIHAs staff,
- liabilities,
- terms and termination, and
- any special arrangements (for example: training requirements for support workers, hours of service provision, etc).

An individual obtaining services from an Agency may enter into a Service Contract with the Agency.

The Service Contract should include, but not be limited to:

- funding information, including identification of payee for service payment
- accountabilities for monitoring
- involvement of individual in service provision
- any special arrangements made for that individual (for example: training requirements for support workers, permission to hire relatives, hours of service provision, etc.)

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES Operational Standards - Home Support Program	
Section 6: Home Support Worker Training, Duties and Compensation	Operational Standard: 6.10 to 6.60
Effective Date: October 2005	Revised:

6. HOME SUPPORT WORKER TRAINING, DUTIES AND COMPENSATION

6.10 Home Support Worker Training Requirements

Individuals who hire home support workers from public funds are encouraged to hire trained workers.

A Home Support Worker Training Program should minimally include:

- ☐ Orientation to the philosophy of community based services and supportive services in the individual's home,
- ☐ Communication/interpersonal skills,
- ☐ Orientation to relevant programs,
- ☐ Home management skills (nutrition, meal preparation, budgeting, housekeeping and safety in the home),
- ☐ First Aid and Infection Control procedures,
- ☐ Orientation to rights and privileges of the individual, the home support worker, and visiting professional staff,
- ☐ Personal care and activities of daily living as influenced by age and ability.

6.20 Independent Management of Medications

Self administration of medication by competent individuals is encouraged. However, if home support workers and families are in doubt about an individual's ability to self administer medications, they will request confirmation from the RIHA, case coordinator, the home support agency (where applicable), or the individual's physician.

6.30 Medication Administration by Home Support Workers

When individuals are not capable of self administering medications and the family is not assuming a care monitoring role, staff at the RIHA or the agency will ensure the home support workers receive appropriate training and ongoing supervision to perform the task. This would be considered a Delegation of Nursing Function.

- ☐ Workers may be required to have additional training as deemed necessary by the individual and case coordinator, to complete their assigned duties.

- The employer is responsible for ensuring that home support workers have the required competencies and ability to complete assigned duties.

6.40 Home Support Worker Salaries and Benefits

- All home support workers hired from public funds will be paid at least the hourly rates and benefits as established by the DHCS and at least the employee benefits established by Provincial and Federal Regulations.
- Private-paying individuals are encouraged to pay provincially established rates and benefits.

For current pay rates see Appendix A.

6.50 Home Support Worker Duties/Activities

The services provided through the Home Support Program are based on the assessed need of the individual. The home support worker at times may have to follow specifically prescribed programs and activities that are part of the service plan. Ongoing instruction and teaching (where possible) of Activities of Daily Living (ADLs) is inherent in all service plans.

These services may include but are not limited to:

- Personal care:
 - personal hygiene (bathing, dressing and/or toileting)
 - transferring in and out of bed/chair
 - assistance with ambulation
 - assistance with feeding
- Household management:
 - light housekeeping
 - laundry
 - meal planning and preparation
 - shopping and assistance with banking
- Respite
 - caregiver respite
 - accompaniment to/during recreational activities, appointments, etc.
- Behavioural Support
 - a behavioural support plan, as approved by Intervention Services at RIHA.

At times it may also be necessary for home support workers to perform selected nursing tasks for individuals who require regular assistance related to their activities of daily living. Authorization to perform these tasks is given by the visiting community health nurse after ensuring that the home support worker is adequately trained. The situation will be appropriately monitored in accordance with the nurse's professional standards of practice and organizational operational standards. If

ongoing professional monitoring is required, a delegation of function process will be initiated. The authorization to perform these tasks is specific to the individual and is not transferable to other individuals.

6.60 Transportation of Individuals by Home Support Workers

- For individuals using the service of a Home Support Agency, transportation of individuals in home support worker's private vehicles should be done in accordance with agency policy. Individual/families are encouraged to direct all such inquiries to their service provider agency.
- Both agency and privately hired workers who agree to use their private vehicles for transportation, should be advised of specific insurance requirements. Individuals who receive RIHA approval for community access transportation funding will pay the worker a mileage rate set by the province. (See Appendix A).

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES Operational Standard - Home Support Program	
Section 7: Responsibilities of the Individual as Employer	Operational Standard: 7.10 to 7.30
Effective Date: October 2005	Revised:

7. RESPONSIBILITIES OF THE INDIVIDUAL AS EMPLOYER

7.10 Individual as Employer

Individuals who choose to hire their own home support worker(s) and are eligible for subsidy, may receive direct funding from the RIHAs.

To be considered for direct funding:

- Individuals must be assessed by the case coordinator as having the ability to adequately coordinate and manage their support services;

or

- Individuals who require assistance with these functions must have the agreement of a supporting person to, individually or jointly, assume these functions. The supporting person may be a family member or close associate who has demonstrated a long term commitment to the individual.

Individuals who do not meet these criteria may explore alternate options for care with the case coordinator including agency home support.

Individuals who choose to completely manage their care, and are approved for direct funding, must accept total responsibility as the employer of their home support worker(s). Neither the DHCS nor the RIHA is the employer of the individual's home support worker(s). As employers, they must follow all processes relative to being an employer and must comply with and follow all applicable legislation and standards including but not limited to:

- Labour Standards Act,
- Occupational Health and Safety Act,
- Income Tax Act
- Employment Insurance Act,
- Canada Pension Act,
- Self Managed Care Act,
- Human Rights Code, and
- other applicable provincial and federal legislation.

When the individual is approved for direct funding, he or she becomes an employer, and is responsible for:

- recruiting, hiring, training, scheduling, supervising and terminating their employee(s),
- providing written job description(s), to be signed by the employee(s),
- obtaining an employer number from CRA. Individuals/support person may be required to register jointly,
- maintaining employment records, administering payroll,
- directing any inquiries regarding his or her activities as an employer to the appropriate regulatory body. **Under no circumstances are RIHA staff to make inquiries or provide interpretation of responses for the individual as it is his/her responsibility to seek and interpret advice from regulatory bodies ,**
- forwarding the appropriate employer and employee contributions to Canada Revenue Agency.

The payroll function may be performed by the individual/supporting person or the individual may request approval to receive funding to engage the services of a bookkeeper.

It is the responsibility of the individual to contract the services of a bookkeeper if required. RIHA staff are not permitted to provide names of bookkeepers. Individuals are responsible to seek a bookkeeper from community sources, such as professional associations, business schools or the telephone directory. Specific qualifications are not required but the individual should feel confident that the bookkeeper can complete the work required. A contract between the individual and the bookkeeper must include:

- the specific service to be provided,
- the method of payment to the bookkeeper,
- the records to be kept and submitted to the individual/supporting person including a copy of the monthly remittance verification,
- the time frames for submitting documentation,
- the amount of payment for the service provided, and
- conditions for terminating the contract.

DHCS and the RIHA play no decision-making role in hiring, firing, or setting the terms and conditions of employment of home support worker(s). They do not schedule the hours of work for any home support worker. This fact must be stated on the employment contract each employee must sign (Form: HS: 7.1. RIHA staff may provide assessment and consultation to individuals/supporting person in creating employment contracts, preparing job advertisements and interviewing; however, where such assistance is provided it must be clearly stated that the RIHA's role is that of consultation only and the individual/supporting person is responsible for making all employment decisions. When staff hired by the individual/supporting person are responsible for the implementation of formal programs designed by a professional (e.g. ABA Therapy), a Program Contract (Form: HS: 7.5) will be signed and appended to the Funding Agreement. The individual is the direct employer of the home support worker.

Funding Agreement

When funding is approved for the individual/supporting person to hire home support worker(s), the Funding Agreement (See Appendix) must be signed before funding is issued.

This agreement may be terminated by the RIHA or the individual/family for any reason with 30 days notice. The RIHA may undertake a financial review within 30 days after termination of the agreement.

The agreement may be terminated immediately by the RIHA if the individual/supporting person is:

- not managing the funds appropriately,
- no longer eligible for direct funding,
- in breach of the agreement, and/or
- non-compliant with operational standards.

Funding to cover outstanding mandatory employment costs including payment for services provided prior to the termination, may be provided to the individual by the RIHA.

Termination of a funding agreement does not preclude the individual from being eligible to access agency home support or receive other services provided by the RIHA.

Financial Management

When funding is provided to an individual to hire home support worker(s), these funds will be deposited into a separate bank account that provides monthly statements and cancelled cheques. If the individual wishes his/her funding payment to be made directly to the bookkeeper a signed request must be forwarded to the RIHA with a copy of the bookkeeper contract. The RIHA is responsible for informing the individual employer of the amount of monthly payment forwarded to the bookkeeper on their behalf.

The RIHA will review each individual's financial records relating to the Funding Agreement once within the first year and thereafter, the frequency will be at the discretion of the RIHA. The purpose of the review is three-fold:

1. To review the financial records for accuracy and compliance with the requirements of the Funding Agreement.
2. To verify the financial positions as reported on each Annual Financial Report.(*Form: HS: 7.6*)
3. To confirm that funds are being spent in accordance with the terms of the Funding Agreement.

7.20 Recruitment of Home Support Workers by Individuals

Individuals are encouraged to advertise for workers, specifying the training required. The applicant should provide references, a letter of good conduct and doctor's certification that they are physically capable of the work required. All home support workers must be able to follow instructions, provide accurate information necessary to complete forms or reports and develop a supportive relationship with the individual.

Private-paying individuals are also encouraged to hire qualified home support workers.

7.30 Hiring of Relatives

Home support program services are intended to supplement, not to replace, care provided by the family/support network, therefore, employment of family members as home support workers is not permitted except in special circumstances as determined by the assessment process. Exceptions will be considered in extreme situations where it is clearly demonstrated this is the most suitable choice for the client whose needs would otherwise not be met or not be met with the same level of quality.

Family is defined as:

- ☐ spouse/common-law spouse
- ☐ mother/father
- ☐ son/daughter
- ☐ sister/brother
- ☐ grandson/granddaughter
- ☐ grandfather/grandmother
- ☐ half-sibling, aunt, uncle, niece or nephew when residing in the same household as the individual

Approved exceptions will be monitored, time limited and reviewed for their suitability. Public funds will not be provided to individuals who hire family members if a professional assessment indicates that this is not in the best interest, health, well being and safety of the individual. The assessment will include the individual's specific needs, the skills required of the worker, the relationship details, a personal interview to discuss choices and allow observation of interactions and an evaluation period of employment set out in the agreement/contract.

DEPARTMENT OF HEALTH AND COMMUNITY SERVICES Operational Standards - Home Support Program	
Section 8: Home Support Agency	Operational Standard: 8.10 to 8.140
Effective Date: October 2005	Revised:

8. HOME SUPPORT AGENCY

8.10 Home Support Agency Responsibilities

Home Support agencies are responsible for:

- ☐ Service Management, a process that ensures requested service is provided in an effective and efficient manner.
- ☐ Providing care in accordance with current provincial and federal legislation, standards of practice, codes of ethical practice and organizational policies.
- ☐ Planning services to meet the needs of individuals and providing them in an integrated, coordinated manner to ensure desired results are achieved.
- ☐ Establishing an appropriate service plan for each individual that includes goal setting and outcome monitoring.
- ☐ Monitoring the quality of their services to achieve the best possible outcomes. Outcomes are used to improve service.
- ☐ Providing all the relevant information about their services to the individual.
- ☐ Ensuring all home support workers are trained and have continuing education opportunities.
- ☐ Establishing a process for safely dealing with a crisis or emergency.
- ☐ Protecting the rights of individuals.

8.20 Approval and Registration of Home Support Agencies

Operation of a home support agency requires approval from the RIHA. Approval is granted based on compliance with the operational standards outlined in this manual, as well as RIHA requirements.

The following documentation will be submitted to the RIHA to initiate an application for approval to operate a home support agency.

- ☐ Application Form:
 - Application form. (Form: HS: 8.1)
- ☐ Detailed Resume:
 - Including the names of three (3) references. References should include the applicant's previous employer and can not include relatives. Confirmation of relevant education and training (e.g., transcript, copies of certificates, etc.) must also accompany the resume.

- **Certificate of Conduct:**
 - Obtained from the Royal Newfoundland Constabulary or the Royal Canadian Mounted Police.
- **Letter of Good Standing from the Workplace NL**
- **Letter of Good Standing from the Canada Revenue Agency**
- **Medical Report:**
 - Where it is anticipated that the applicant may be involved in direct individual care, the applicant is required to submit a medical report completed on the Medical Report Form (Form: HS: 8.2) and a pre-employment Tuberculin Skin Test (Form: HS: 8.3).
- **Letter of Municipal Approval**
 - The applicant is required to obtain a letter from the municipality indicating that the operation of a home support service does not conflict with any by-law or ordinance of the municipality in which the service is located. If required by the municipality, a copy of the building occupancy permit must also be obtained and submitted with the application.
- **Insurance Letter**
 - A letter of intent from the applicant's insurance company is to be provided with the application if possible. However, confirmation of the required insurance coverage is required upon approval.
 - Insurance requirements:
 - DComprehensive General Liability of not less than \$1,000,000
 - DIncidental Medical Malpractice
 - DProfessional Liability Insurance (recommended).
- **Mission Statement**
 - The Mission Statement will express the philosophy of the Agency and be consistent with the philosophy of the Provincial Home Support Program.
- **Organizational Chart/Position Descriptions**
 - An agency's organizational chart shows, in diagram form, the lines of authority within the organization. An organizational profile, providing a description of each position, must also be included to clarify how the service is managed.
 - The agency will provide a job description and required qualifications for each position proposed by the agency. Job descriptions will be included for all positions within the agency, including: management, registered nurse(s), licensed practical nurse(s), home support workers, and administrative staff. The agency will also

provide confirmation of licensing of all regulated professional workers, including owners, in their employ.

- **Agency Policy and Procedure Manual:**
 - The Agency will have written, current policies and procedures which reflect the values inherent in the Agency Mission Statement. Policies will be clearly written to give adequate direction to staff, are available and communicated to staff during orientation and upon revision. The policy and procedure manual is reviewed and revised as necessary and at least annually.

The Agency will have written policies and procedures to inform and direct all staff as well as administrative policies necessary for the operation of business.

Examples of policies include, but are not limited, to:

- Individual's rights
- Confidentiality
- Universal Precautions
- Storm Policy
- Transportation of clients
- Worker rights
- Work assignment
- Financial transactions
- Harassment
- Recruitment
- Quality assurance
- Continuing education
- Reporting of abuse/incidents
- Provision/access re professional services
- Staff replacement
- Delegation of function
- Compliments, complaints and grievances
- Change or cancellation of service

The Agency will have policies in place that ensure that clients understand their responsibilities, including:

- being available to receive service at the agreed times
- respecting the human rights of the workers
- ensuring a safe and healthy environment for care providers

- **Business Plan:**

An agency must present a comprehensive business plan to the RIHA. Agencies may obtain assistance in developing their business plan from a variety of sources (*e.g., Human Resources Development Canada, Development and Rural Renewal, 'Y' Enterprise Centre, and Women's Enterprise Bureau*).

The approval process consists of assessment of the documentation submitted as well as an interview of the applicant(s). The interview will be completed by RIHA personnel. If the applicant is approved, an “approval to operate” certificate will be issued for one year. Each approval will be reviewed on a yearly basis and renewed if all criteria are met. All approvals are issued from the RIHA. If an agency wishes to operate in more than one region then an approval must be received from each RIHA.

8.30 Monitoring and Audit Process

Periodic visits by RIHA staff are conducted during the year to assist the agency with any problems or, when necessary, review complaints received from individuals, families or staff of the RIHA.

An annual audit is completed by the RIHA. Maintenance and renewal of approval is contingent on a favorable annual report by the RIHA.

Agencies will be required to provide the RIHA with a service activity report at the completion of their fiscal year. Operators will permit RIHA staff access to conduct a quality audit yearly or upon request. The purpose of the audit is to assess the agency’s overall compliance with provincial and RIHA standards. These standards provide a guide to delivery of care and service and are used in the evaluation process.

This audit will include, but not limited to:

An interview with the Agency owner/operator and/or administrative staff including a discussion on self-assessment of service delivery.

A documentation review, including, but not limited to:

- Agency Mission Statement
- Organizational Chart
- Policies and Procedures Manual
- Files of individuals receiving service, including service plans, progress notes and assessments
- Employee files
- Administrative files
- Payroll files
- The quality assurance policy and process, including any other documentation required to show evidence that the Agency is in compliance with a standard

All agencies must provide confirmation of good standing with:

- ☐ Workplace NL
- ☐ Canada Revenue Agency
- ☐ Insurance Company

Home support agency approvals will expire one (1) year after issuance. Six (6) weeks prior to expiration, the RIHA will send the operator an application for renewal (*Form: HS: 8.4*) which must be completed and returned to the RIHA indicating their intention to continue or discontinue the operation of their agency. The operator must also forward any changes or additions to the initial application information, as outlined in Section 7.1, to the RIHA.

8.40 Refusal to Issue or Renew an Approval

The RIHA has the right to refuse to issue or renew an approval where it has reasonable grounds to believe that the applicant has not or would not comply with the operational standards and procedures or service requirements. The applicant will be notified of the RIHA decision in writing, by registered mail, within five (5) working days after the audit. If a decision is made not to issue or renew an approval, then the applicant may seek a review of the decision. The request must be submitted in writing to the RIHA.

8.50 Notice of Non-Compliance and Corrective Action

If the RIHA encounters an incidence where the agency is not following all required operational standards and procedures, then the RIHA has the authority to notify the agency, in writing, of the action required to rectify such non-compliance (*Form: HS: 8.5*). Failure to comply within a specified time period may result in the suspension or removal of the agency's approval to operate. If the agency does not agree with the action, it may request a review by the RIHA.

Upon receipt of notification of corrective action taken by the agency, the RIHA will confirm satisfactorily the corrective action has taken place and re-issue an approval.

8.60 Suspension or Cancellation of an Approval

The RIHA has the authority to suspend or cancel agency approval if:

- ☐ the operator has failed to comply with requirements,
- ☐ the service is not being provided in a manner which promotes the safety and well-being of the individuals served, or
- ☐ the operator has made a false statement in an application for the approval or in any other documents or interviews.

8.70 Review Process

An operator, or applicant for a new approval, may request a review of a decision by the RIHA when the decision is: a refusal to grant a new approval, a suspension/cancellation of an existing approval, or when issued with a Notice of Non-Compliance and Corrective Action. Such requests must be submitted to the RIHA within 30 days of receipt of notification.

8.80 Recruitment of Home Support Workers

Agencies will have hiring policies that abide by the Human Rights Code and Labour Standards and other relevant legislation. It is the responsibility of the Agencies to ensure that home support workers have the experience, training and competencies necessary to independently complete the assigned tasks.

The agency must ensure that the home support worker has,

- ☐ medical approval to work, including tuberculin testing
- ☐ current immunization (*Forms HS: 8. 2 and HS: 8.3* are to be provided for all workers)
- ☐ current First Aid certificate
- ☐ three references (not family) including the previous employer, where possible.

8.90 Education

Agencies are responsible to ensure that medication and other pertinent operational standards contained within this manual are reviewed with the employee as part of orientation and as needed.

Home support workers hired by agencies must meet the training requirements outlined in this manual (Section 6.10). Agencies are also required to provide home support staff with regularly scheduled in-service or learning opportunities. In-service education may include information and training on new and emerging issues. (e.g., Alzheimers, HIV/AIDS, Palliative Care, Abuse/Neglect, etc.). In-service education equivalents may include: attending relevant conference(s) or meeting(s), serving on home support committees, and study of relevant literature or video tapes.

8.100 Supervision of Home Support Workers and Services

All agencies will have a supervisor assigned to each worker and individual in receipt of home support services. The supervisor will maintain responsibility for at least, but not limited to:

- ☐ monitoring care provided,
- ☐ scheduling of service,
- ☐ providing advice and direction, and
- ☐ accepting complaints/compliments.

Agencies will have an arrangement with a Registered Nurse for consultative purposes.

8.110 Responsibility for Private-Paying Clients

Where an agency is providing home support to private paying individuals, the agency is responsible for all administration, assessment and monitoring functions necessary to provide appropriate services.

8.120 Service Delivery Requirements

8.120.10 Identification

All home support workers and agency staff entering an individual's home must produce, on request, agency identification which is to include employing agency, staff's name and position.

8.120.20 Information Provided to the Individual

Each individual receiving service will be provided, in writing, with:

- ☐ A schedule of service provision - hours and names of home support workers
- ☐ A clear outline of services being provided
- ☐ Contact information for the agency supervisor(s) outside normal office hours
- ☐ A copy of the agency's policies regarding change or cancellation of service, confidentiality, complaints or incidents, smoking, gifts, security, transportation and the handling of the individual's money
- ☐ Hours of work and statutory holidays observed by the agency

8.120.30 Incidents and Complaint Policy

All agencies will have policies in place regarding the validation of complaints. All incidents and/or complaints will be recorded in the individual's file (*Form HS: 8.10*). All incidents and/or complaints will be responded to prior to the next scheduled service visit or within two working days, whichever comes first.

If any of the following are noted, the agency is required to contact the RIHA immediately if the individual is not private paying:

- ☐ Changes in the individual's condition
- ☐ Indication of abuse or neglect - all types
- ☐ Theft
- ☐ Misuse of individual's funds
- ☐ Inability to provide service
- ☐ Safety issues
- ☐ Changes in the individual's service plan
- ☐ Any complaint/incident deemed to be of a serious nature by the agency

When a complaint or notification of an incident is received by the RIHA an assessment /reassessment will be completed by a health professional employed by the RIHA.

8.120.40 Confirmation of Hours of Service

Confirmation of time spent by home support workers providing home support services must be verified by the individual.

8.130 Required Documentation

Agencies are required to maintain documentation regarding individual served and employees. Please see “Appendix D” for sample forms and required information. RIHAs may provide these forms upon request, in electronic format for the agencies to adapt for their use.

8.130.10 Information on Individuals Receiving Service

The following demographic information will be recorded and updated for each individual receiving service:

- ☐ name
- ☐ gender
- ☐ date of birth
- ☐ address
- ☐ telephone number
- ☐ Newfoundland Medical Care Plan (MCP) number
- ☐ name, address and telephone number for next of kin.

The following individual-related information must also be maintained in the individual’s files:

- | | |
|--|-----------------|
| <input type="checkbox"/> Referral - for initial and adjusted services | (Form HS: 8.7) |
| <input type="checkbox"/> Individual Assessment | (Form HS: 8.7) |
| <input type="checkbox"/> Support Plan | (Form HS: 8.8) |
| <input type="checkbox"/> Service Provider Plan | (Form 8.8a) |
| <input type="checkbox"/> Service Progress Report | (Form 8.8b) |
| <input type="checkbox"/> Contract | (Form HS: 8.13) |
| <input type="checkbox"/> Delegation of Nursing Tasks to Home Support Workers | (Form HS: 8.6) |
| <input type="checkbox"/> Home Support Service Flow Sheet | (Form HS: 8.9) |
| <input type="checkbox"/> Confirmation of Service Provision | (Form HS: 8.18) |
| <input type="checkbox"/> Service Billing Form | (Form HS: 8.16) |
| <input type="checkbox"/> Discharge Record | (Form HS: 8.12) |
| <input type="checkbox"/> Advance Health Care Directive information | (if applicable) |

A separate file, with notes to the individual’s file, must be maintained for:

- | | |
|--|-----------------|
| <input type="checkbox"/> Compliments/Complaints Report | (Form HS: 8.10) |
| <input type="checkbox"/> Incident Report | (Form HS: 8.11) |
| <input type="checkbox"/> Occurrence Report | (Form HS: 8.15) |

All agencies must file an Annual Report (Form HS: 8.17) with the RIHA(s) by which they are licensed. The report includes statistical information on service provided and staff.

8.130.20 Employee Information

Agencies are required to maintain documentation regarding each home support worker as noted in this manual. Please see Appendix D for sample forms and required information. These forms may be provided, upon request, in electronic format for the agencies to adapt for their use.

The following employee-related information must be maintained in the worker's files:

- Medical Assessment (Form HS: 8.2)
- Pre-employment Tuberculin Skin Test (Form HS: 8.3)
- Letter of Reference (Home Support Worker)
- Statement of Confidentiality (Form HS: 8.19)
- Home Support Worker Performance Evaluation
- Certificate of Conduct (From the RNC or the RCMP)
- Current First Aid Certificate
- Training certificate (if applicable)

8.140 Closure or Sale of a Home Support Agency

8.140.10 Planned Closure of a Home Support Agency

In the event of a planned closure of a home support agency, the operator will:

- Notify the RIHA at least 90 days before the expected date of the closure. This will allow time for the RIHA to reassess individuals, if necessary, assist the individual
 - / family to seek home support choices and make alternate arrangements for their services.
- Provide written notice of the planned closure of the agency to individuals receiving service and future service options.
- Assist with arrangements for the orderly transfer of the individuals to other home support agencies or individual-hired worker(s).

8.140.20 Unplanned Closure of a Home Support Agency

In the event of an unplanned closure (e.g., forced closure, bankruptcy proceedings or death of the owner) a temporary approval may be issued to an appropriate person identified by the RIHA. This temporary approval will be for no more than ninety days in order to make alternate arrangements for clients.

8.140.30 Sale of a Home Support Agency

In the event of a planned sale of a home support agency, the current operator will:

- ☐ Contact the RIHA when changes to ownership of the home support agency are anticipated.
- ☐ Advise individuals and their family/support network once the plan has been confirmed.

The prospective operator will:

- ☐ Inquire regarding any outstanding Notice of Non-Compliance and Corrective Action and time frames for compliance as defined by the RIHA.
- ☐ Be approved by the RIHA (as outlined in this manual) prior to operating the home support agency.

Provision of Advanced Foot Care: Individuals Aged 65 and Older

Standard No. 9.10

Effective Date: June 26, 2018

Date Revised:

Policy Cross References:

Legislative References:

Policy Statement

Individuals 65 years of age and older, who are in receipt of subsidized home support services and receiving diabetic medications through the Newfoundland and Labrador Prescription Drug Program, are eligible for advanced foot care services.

Definitions

Advanced Foot Care - an in-depth assessment and interventions to address complex conditions of the foot due to various factors including deformities, neurological and circulatory problems, infections and the use of certain medications. It usually requires the use of foot care instruments and often involves corrective foot health education.

Standards

1. An individual 65 years of age and older shall be considered eligible for advanced foot care when confirmed to be:
 - a. in receipt of subsidized home support services through the Provincial Home Support Program; and
 - b. accessing diabetic medications through the Newfoundland and Labrador Prescription Drug Program.
2. Documentation of eligibility shall be in accordance with the RHA documentation policy and any relevant professional documentation standards according to the health professional licensing body
3. Eligible individuals will be approved for a maximum of eight (8) advanced foot care sessions per year up to a maximum approved rate.
4. Advanced foot care services shall be provided by a professionally approved foot care provider.

Procedures

1. The clinical assessor shall confirm that the individual is:
 - a. in receipt of subsidized home support services; and
 - b. accessing diabetic medications through the Newfoundland and Labrador Prescription Drug Program.
2. The clinical assessor shall document in the Client Referral Management System (CRMS) verification of the client's eligibility for Advanced Foot Care Services.
3. The financial assessor shall enter approval for "Foot Care" benefit in the CRMS Pay Module and generate a service authorization form.
4. The RHA shall establish a process to confirm that the advanced foot care service provider has:
 - a. Current registration with the Association of Registered Nurses of Newfoundland and Labrador or the College of Licensed Practical Nurses of Newfoundland and Labrador.
 - b. Successfully completed an Advanced Foot Care Course.

APPENDIX A - HOME SUPPORT WORKER RATES

Home Support and related rates, including ceiling are available from the Regional Health Authorities. These rates are reviewed on a regular basis.

**APPENDIX – SECTION 7
INDIVIDUAL AS EMPLOYER FORMS**

Funding Agreement

Employment Contract (Home Support Worker)

HS: 7.1

Employment Contract (Live-In Supervisor)

HS: 7.2

Service Contract (Administrator/Bookkeeper)

HS: 7.3

Record of Home Support Hours

HS: 7.4

Program Contract

HS: 7.5

Annual Financial Report

HS: 7.6

Financial Audit Report

HS: 7.7

APPENDIX
FUNDING AGREEMENT
(hereinafter referred to as the “Agreement”)

THIS AGREEMENT is entered into as of and effective from _____, 20_____

BETWEEN:

_____ **Regional Integrated Health Authority**
(hereinafter referred to as the RIHA)

-and-

_____ (Individual/supporting person hereinafter referred to as the “Individual”)

This agreement is to be interpreted in accordance with the Operational Standards - Home Support Program of the Department of Health and Community Services and the RIHA in Newfoundland and Labrador in relation to the provision of funding to individuals to hire their own home support workers.

1. Eligibility

- (1) The Individual is assessed by the case manager or coordinator as having the ability to coordinate and manage their support services;

OR

- (2) The Individual requires assistance with these functions and has the agreement of family/supporting person, to individually or jointly, assume these responsibilities. The individual’s family member or supporting person will be required to sign this agreement.

2. Services

- (1) The Individual acknowledges and agrees that he or she is the employer and is responsible to:
- (a) recruit and assess the skills of prospective home support worker(s);
 - (b) subject to the definition of relative, hire and set his/her terms of employment;
 - (c) provide, or arrange for, any necessary training;
 - (d) manage and schedule home support worker(s);
 - (e) sign employment contract(s) with home support worker(s);
 - (f) provide payment to the home support worker(s);
 - obtain employer number from Canada Revenue Agency (CRA)
 - issue pay cheques
 - remit necessary payment to CRA

- keep employee records, including issuance of T4 and Record of Employment in accordance with provincial/federal employment acts.
- (2) The Individual shall not hire any of the following to provide home support services:
 - a. the Individual's spouse by marriage or through common law;
 - b. the Individual's mother or father;
 - c. the Individual's son or daughter;
 - d. the Individual's brother or sister;
 - e. the Individual's grandson or granddaughter;
 - f. the Individual's grandmother or grandfather;
 - g. any other family member residing in the same household as the Individual.
 - (3) The Individual is responsible to adhere to all laws, both common law and statutory, which may have application to employment relationships, including without limitation to the following: *The Labour Standards Act, The Occupational Health and Safety Act, The Income Tax Act, The Human Rights Code, The Employment Insurance Act, and The Canada Pension Act.*
 - (4) The Individual shall notify, or arrange for notification to be sent to, the RIHA:
 - (a) within forty-eight (48) hours of:
 - (i) his/her admission to a hospital, long-term care facility or other care facility (e.g. Personal Care Home, Cooperative Apartment); or
 - (ii) the commencement of any continuous period of two weeks or more during which he/she will not require home support services.
 - (b) as soon as reasonably practical of any change in his/her address and/or telephone number.

3. Payment Terms

- (1) The RIHA agrees to pay the Individual the following funding:
(insert the details of funding approved; including the number of hours, the hourly rate of pay and the employer's share of mandatory benefits, etc.)
- (2) The Individual shall use the funding provided under this Agreement solely for the payment of his/her home support worker(s) and the administrative costs associated with these payments.
- (3) Exceptions to the above hiring standard outlined in 2(2), as approved by the RIHA, will become part of this agreement.

4. Reporting Requirements

- (1) The Individual shall:
 - (a) deposit all funds provided for under this agreement into a separate bank account that provides monthly statements and cancelled cheques, or direct the RIHA to deposit such sums on the Individual's behalf;

- (b) not deposit any funds other than those to be used for home support services into the account referenced above;
 - (c) keep complete records of all revenues and expenditures pertaining to funding provided under this agreement and expenditures made for the provision of home support services and permit the RIHA to review those records when requested;
 - (d) complete the attached Annual Financial Report at the end of every 12 months, and
 - (e) supply the following for the financial review: Cheque Register, Receipts Journal, Payroll Register, Employee Time Sheets, all bank statements, all cancelled cheques, all receipts/invoices substantiating the use of funds and all copies of remittances to Canadian Revenue Agency.
- (2) Where, the annual report indicates that the Individual has accumulated in the account an amount which exceeds the payment which the RIHA is to make to the Individual under clause 3(1), the Individual shall return such funds to the RIHA with the annual report.
- (3) The Individual shall keep full, accurate and complete records of home support worker(s) schedules that are summarized and kept on file.
- (4) If funding is approved to contract the services of a bookkeeper to administer the home support worker funding the individual has the responsibility to:
- (a) recruit his/her own bookkeeper
 - (b) establish a contract with the bookkeeper that includes:
 - (i) the specific service to be provided
 - (ii) the method of payment
 - (iii) the records to be kept and submitted to the Individual, including a copy of the monthly remittance verification
 - (iv) the time frames for submitting documentation
 - (v) conditions for terminating the contract
 - (c) ensure that the bookkeeper submits the required monthly remittances to CRA and obtain a copy of the verification.
- (5) If funding is approved to hire support worker(s) to implement formal written programs approved by RIHA professionals in their homes, a program contract must be completed.

5. Liabilities

- (1) The Individual acknowledges that the RIHA's obligation under this agreement is limited to providing funding under section 3 and that all obligations respecting the arrangement for and the provision of home support services are those of the Individual. Department of Health and Community Services or the RIHA is not the employer of the Individual's home support worker(s). RIHA may provide consultation to the Individual in creating employment contracts, interviewing

prospective home support worker(s), or preparing job advertisements but all decisions must be made by the Individual.

- (2) The Individual acknowledges and agrees that neither the Department of Health and Community Services nor the RIHA is liable or responsible for any losses or damages suffered by the Individual which relate to or arise out of the provision or omission to provide home support services to the Individual by his/her employee(s), including:
 - (a) any injuries to the Individual;
 - (b) any economic or property loss; or
 - (c) any losses or damage suffered as a result of the Individual failing to comply with any applicable laws, including employment laws.

6. Term and Termination

- (1) This agreement shall commence on the Effective Date and remain in effect until it is terminated or another agreement is signed.
- (2) Either the Individual or the RIHA may terminate this Agreement upon thirty(30) calendar days written notice to the other party.
- (3) This Agreement will terminate immediately:
 - (a) upon the death of the Individual;
 - (b) when the Individual no longer resides within the region;
 - (c) on the day that the Individual is admitted to a long term care facility or other care facility (e.g. Personal Care Home or Cooperative Apartment).
- (4) The RIHA may terminate this Agreement immediately by notice in writing to the Individual, where the Individual breaches any term of this agreement, and fails, after receiving written notice of the breach from the RIHA to remedy such breach to the satisfaction of the RIHA.
- (5) On termination or expiration of this agreement, the Individual agrees to return to the RIHA any unused funds provided under this agreement within thirty (30) days of the date of Termination or Expiration.

7. General

- (1) This Agreement and the Schedules to it may be amended at any time by the parties.
- (2) No Amendment shall be effective unless agreed to in writing by the RIHA and the Individual. All amendments shall be appended to this agreement.

8. Notice

Any notice regarding the terms of this agreement shall be in writing and shall be delivered as follows:

TO RIHA:

Address

ATTENTION:

TO INDIVIDUAL:

Address

IN WITNESS WHEREOF the parties hereto have executed this Agreement as of the day and year first written above.

Executed on behalf of the RIHA _____ this _____ day of _____, 20____.

By: _____

RIHA

Name: _____

Title: _____

Witness: _____

Executed on behalf of the Individual _____ this _____ day of _____, 20____.

By: _____

Individual

Supporting Person (if required)

Witness: _____

7.1

**EMPLOYMENT CONTRACT
HOME SUPPORT WORKER****BETWEEN:**

AND:

RE: TERMS OF EMPLOYMENT

I _____ agree to accept the position of home support worker with _____.
_____. The salary for this position is \$_____/hour for _____ hours (week/biweekly)
less legal deductions. In this position I accept that I am responsible for:

(Insert Job Duties)

I acknowledge and agree that _____ is my employer. It is also acknowledged that
I have been advised and understand that neither the Department of Health and Community
Services nor the Regional Integrated Health Authority is my employer.

Signatures:

Employer _____

Employee _____

Witness _____

Date _____

7.2

**EMPLOYMENT CONTRACT
LIVE-IN SUPERVISOR**

BETWEEN: _____

AND: _____

RE: TERMS OF EMPLOYMENT

I _____ agree to accept the position of live-in supervisor with _____
_____. The annual salary of this position is \$_____ which amount
includes and from which will be deducted/withheld live-in contributions of \$_____
(which will be my proportionate share of rent and related operating expenses of the home) plus other
statutory and legal deductions. In this position, I accept that I am responsible for the operation of
this living environment, including scheduling and supervising relief/support staff. I acknowledge
and agree that _____ is my employer. My hours of work include the following:

(Insert Hours of Work)

Additional supports to allow time off are provided as follows:

(Insert Time Off Provision)

I understand that the weekly supports are non-cumulative and must be taken weekly.

The live-in contributions noted previously include the following:

(Insert Benefits)

7.2 (cont'd)**EMPLOYMENT CONTRACT
LIVE-IN SUPERVISOR**

The live-in contributions are an extension of and included in my annual salary. Any personal costs incurred (e.g. long distance charges) are my own responsibility and must be paid for by me.

It is also acknowledged that I have been advised and understand that neither the Department of Health and Community Services nor the Regional Integrated Health Authority is my employer.

Signatures:

Employer

Live-in Supervisor

Witness

Date

7.3

**SERVICE CONTRACT
ADMINISTRATOR/BOOKKEEPER**

BETWEEN: **(Individual/supporting person)**

AND: **(Bookkeeper)**

RE: SERVICE PROVISION

I _____ agree to provide the payroll service on behalf of _____. The payment for this service is \$ _____/month. I accept that as bookkeeper I am responsible for:

- 1.1) Issuing employee pay cheques on a regular basis.
- 1.2) Issuing T-4's and records of employment for employees.
- 1.3) Maintaining payroll records, identifying gross earnings and mandatory deductions.
- 1.4) Making monthly remittances to Canada Revenue Agency as per its requirements.
- 1.5) Providing copies of monthly remittance verification to the above individual.
- 1.6) Preparing financial reports as requested by the individual.

As the individual contracting the service I, _____, agree to:

- 1.7) Provide to the bookkeeper signed time sheets verifying employee's hours of work and rate of pay on a regular basis.
- 1.8) Provide funding for the total cost of home support service by the following method:

- 1.9) Provide the monthly fee for service, as agreed above, to the bookkeeper on

_____.

- 1.10) Advise the bookkeeper of any change in employee status.

7.3 (cont'd)

**SERVICE CONTRACT
ADMINISTRATOR/BOOKKEEPER**

Termination

Either party may terminate this contract by providing 30 calendar days written notice. Either party may terminate this contract immediately by notice in writing where breach of this contract has occurred and the party having been notified fails to correct the breach.

Individual/supporting person:

Bookkeeper:

Witness

Witness

Date

Date

7.4

RECORD OF HOME SUPPORT HOURS

To Home Support Workers:

The following information must be completed by you on _____
Weekly / bi-weekly
 basis prior to payment being issued. The completion and signing of this form by both parties will confirm that the hours recorded are accurate and true.

Individual: _____

Period Covered: From _____, 20__ To _____, 20__

Rate of Pay: _____ Per Hour

SUN	MON.	TUES.	WED.	THURS.	FRI.	SAT.	WEEKLY HOURS
TOTAL HOURS WORKED							

I certify that the above hours are correct.

Employee

Date

Employer

Date

TIME SHEET

EMPLOYER NAME: _____

CONTACT PERSON: _____

PHONE # _____

EMPLOYEE	#	PAY PERIOD														TO		Total Hrs.	Total Amt.	CERTIFICATION	EMPLOYEE SIGNATURE
		DAY	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
Name		HRS @																	THIS IS TO CERTIFY THAT I WORKED THESE HOURS		
Address		HRS @																			

Completed by Employer**LAY OFF NOTICE**

(Complete when record of employment needed)

First Day Worked	Last Day Worked
Reason For Lay Off	

EMPLOYEE	#	PAY PERIOD														TO		Total Hrs.	Total Amt.	CERTIFICATION	EMPLOYEE SIGNATURE
		DAY	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
Name		HRS @																	THIS IS TO CERTIFY THAT I WORKED THESE HOURS		
Address		HRS @																			

LAY OFF NOTICE

(Complete when record of employment needed)

First Day Worked	Last Day Worked
Reason For Lay Off	

EMPLOYEE	#	PAY PERIOD														TO		Total Hrs.	Total Amt.	CERTIFICATION	EMPLOYEE SIGNATURE
		DAY	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
Name		HRS @																	THIS IS TO CERTIFY THAT I WORKED THESE HOURS		
Address		HRS @																			

LAY OFF NOTICE

(Complete when record of employment needed)

First Day Worked	Last Day Worked
Reason For Lay Off	

EMPLOYEE	#	PAY PERIOD														TO		Total Hrs.	Total Amt.	CERTIFICATION	EMPLOYEE SIGNATURE
		DAY	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
Name		HRS @																	THIS IS TO CERTIFY THAT I WORKED THESE HOURS		
Address		HRS @																			

LAY OFF NOTICE

(Complete when record of employment needed)

First Day Worked	Last Day Worked
Reason For Lay Off	

EMPLOYEE	#	PAY PERIOD														TO		Total Hrs.	Total Amt.	CERTIFICATION	EMPLOYEE SIGNATURE
		DAY	S	M	T	W	T	F	S	S	M	T	W	T	F	S					
Name		HRS @																	THIS IS TO CERTIFY THAT I WORKED THESE HOURS		
Address		HRS @																			

LAY OFF NOTICE

(Complete when record of employment needed)

First Day Worked	Last Day Worked
Reason For Lay Off	

THIS IS TO CERTIFY THAT SERVICES WERE PROVIDED AS ABOVE _____

EMPLOYER SIGNATURE/FAMILY MEMBER/SUPPORTING PERSON

7.5

PROGRAM CONTRACT

_____ PROGRAM

BETWEEN: _____

AND: _____

RE: TERMS FOR PROGRAM IMPLEMENTATION

This agreement is to be interpreted in accordance with the _____ standards of the DHCS and the Regional Integrated Health Authority in Newfoundland and Labrador in relation to the provision of funding to individuals/families who hire support worker(s) to implement formal written programs approved by Regional Integrated Health Authority professionals in their homes.

Individual/Family Section

In accepting funding from Regional Integrated Health Authority to hire support worker(s) to deliver the _____ program, I agree to:

(insert/delete requirements as per program operational standards)

- 1.11 Participate in initial training and any follow-up training provided by the professional,
- 1.12 Participate regularly at team meetings,
- 1.13 Ensure that materials used for programming are organized and readily available for use, replenished as necessary and that the individual is ready to begin work when the support worker(s) arrives,
- 1.14 Provide a safe, unobstructed work environment,
- 1.15 Be consistent in the delivery and/ or support of therapy goals,
- 1.16 Be responsible for the safe keeping and availability of any binders/records sheets required for the purpose of data collection for all current and past programs,
- 1.17 Use the hours approved for therapy for that purpose only as specified in the program goals,
- 1.18 Hire support worker(s) that meet the required education standards as outlined in the program operational standards,
- 1.19 Adhere to the minimum therapy hours to be completed in the home environment as per the program plan, and

7.5 (cont'd)

PROGRAM CONTRACT

1.20 Advise the social worker and program professional of any changes in staffing needs.

RIHA Section

In approving funding for the implementation of the _____ program, the Regional Integrated Health Authority agrees to provide:

(insert /delete as required)

1.21 Services of a professional who is trained in _____ programming to develop, implement and review the programs to be implemented,

1.22 Funds to secure support worker(s) as outlined in the Funding Agreement.

Subject to Clause 6 of the Funding Agreement, should the program requirements outlined in this agreement not be met on a consistent basis funding will be terminated.

I, _____ have reviewed the contents of this agreement and am aware of the minimum program requirements.

Signatures:

Individual, Supporting Person, Parents or Caregivers

Social Worker

Program Professional

Position

Date: _____

7.6

ANNUAL FINANCIAL REPORT

Please complete this Financial Report and return it to your Regional Integrated Health Authority (RIHA) with your Annual Financial Reassessment.

This report covers the period from _____, 20__ to _____, 20__
and is:

_____ Part of my annual review
_____ Termination of service

Individual's name: _____

Supporting Person (if required): _____

Address: _____

Telephone: (H) _____ (W) _____

Please enclose a copy of your bank statement.

Bank statement balance for the last month of the reporting period. (e.g. send a statement with an April date for the April 30 report)	\$ _____ A
MINUS: Cheques written on the account to the end of the reporting period that have not yet cleared the bank.	\$ _____ B
MINUS: Vacation pay and/or respite funds held in trust for future payment within the twelve month period.	\$ _____ C
EQUALS: Unused funds. (A minus B minus C)	\$ _____ D
MINUS: One months payment from the RIHA	\$ _____ E
EQUALS: Money to be returned to the RIHA (D minus E). If negative, enter 0.	\$ _____ F

7.6 (cont'd)**ANNUAL FINANCIAL REPORT**

Please make cheque or money order payable to the _____ RIHA and remit the amount shown on line F along with this form to:

Name: _____

Address: _____

I, _____ (Individual/Supporting Person) under this Funding Agreement, certify that I have:

1. Retained all funds received pursuant to the Funding Agreement in a separate chequing account, and
2. In my possession all records, cancelled cheques, bank statements, receipts and invoices establishing all expenses, wages, deductions and remittances and all other required information regarding the supportive services provided for under the Funding Agreement.

Individual/Supporting Person

Date

7.7

FINANCIAL AUDIT REPORT

The RIHA will review each individual's financial records relating to the Funding Agreement once within the first year of participating in the direct funding option of the home support program. Thereafter, the frequency will be at the discretion of the RIHA

The RIHA will contact the individual/supporting person to set up a mutually agreeable time to meet.

The purpose of the financial audit is three-fold:

1. To review the financial records for accuracy and compliance with the requirements of the Funding Agreement.
2. To verify the financial positions as reported on each Annual Financial Report.
3. To confirm that funds are being spent in accordance with the terms of the Funding Agreement.

For the audit, the individual/supporting person is expected to have the following records available:

1. Cheque Register
2. Receipts Journal
3. Payroll Register
4. Employee Time Sheets
5. Bank statements
6. Cancelled cheques
7. Receipts/invoices substantiating the use of the funds
8. Copies of remittances to Canada Revenue Agency.

This audit is strictly a review of financial records. It is independent of care needs reassessment conducted by the RIHA.

**APPENDIX D - SECTION 8
HOME SUPPORT AGENCY FORMS**

Application for Approval to Operate Home Support Agency	HS: 8.1
Medical Report	HS: 8.2
Pre-employment Tuberculin Skin Test	HS: 8.3
Application for Renewal of a Home Support License	HS: 8.4
Notice of Non-Compliance and Corrective Action	HS: 8.5
Delegation of Function to Home Support Workers	HS: 8.6
Individual Assessment	HS: 8.7
Support Plan	HS: 8.8
Service Provider Plan	HS: 8.8a
Service Provider Progress Report	HS: 8.8b
Flow Sheet	HS: 8.9
Compliments/Complaints Report	HS: 8.10
Incident Report	HS: 8.11
Discharge Record	HS: 8.12
Client Contract	HS: 8.13
Referral for Contracted Service	HS: 8.14
Occurrence Report	HS: 8.15
Purchase of Service Billing Form	HS: 8.16
Annual Report	HS: 8.17
Confirmation of Service Provision	HS: 8.18
Statement of Confidentiality	HS: 8.19

HS: 8.1

**HOME SUPPORT
APPLICATION FOR APPROVAL TO OPERATE A HOME SUPPORT AGENCY**

Applicant's Name (please print): _____

Name of Company, where applicable: _____

Incorporation Number: _____ Incorporation Date: _____

Mailing Address: _____

Postal Code: _____ Telephone: _____ Fax: _____

Names and Titles of Board Members:

Name of Agency: _____

Geographical Region to be served: _____

Office location: _____

Signature of Applicant: _____

Print Full Name: _____

Date: _____

Rubella:

Measles: _____

3. Are there any current physical or mental health problems which would make it difficult for this person to perform the duties of the position applied for? Yes G No G

If "Yes", please comment: _____

Date: _____

Physician's Signature: _____

Address: _____

Note To Applicant:

When completed please forward in an envelope marked "CONFIDENTIAL" to:

Attention: _____

INSTRUCTIONS

1. Employee/Applicant must have the Tuberculin Test completed before going to a doctor and have the Pre-employment Medical form completed. This is necessary because the doctor needs the Tuberculin Skin Test results in order to complete the Medical Form.
2. This form must be completed in triplicate - original goes to the Doctor, one copy is retained by RIHA and one copy is retained by the applicant.

HS: 8.4**HOME SUPPORT****APPLICATION FOR RENEWAL OF APPROVAL TO OPERATED A HOME SUPPORT AGENCY**

To renew your current Home Support Approval, please check the appropriate box below, sign and return to this office.

- ☐ I hereby certify that I wish to *continue* my Home Support Approval
- ☐ I hereby certify that I wish to *discontinue* my Home Support Approval

Date

Signature

Below is the information on file at this office, please make any necessary corrections in the space provided at the left of this form.

Name of Agency:

Location of Office:

Geographic Area being Served.

Mailing Address

Telephone Number:

Fax Number:

Home Support License Expiration Date:

Date of Incorporation:

Incorporation Number:

HS: 8.5**HOME SUPPORT
NOTICE OF ISSUE / CONCERN**

TO: (Operator) _____

(Agency) _____

(Location) _____

License Number: _____ Date Issued: _____

For the Period: _____ To _____

A review of services delivered to agency clients carried out on _____

Date

revealed the following:

Operational standard Number	Issue/ Concern	Action Required	Compliance Date

RIHA staff are willing to work with you to address this concern(s). Please contact RIHA for further information/assistance.

I hereby acknowledge receipt of this notice.

Signature: _____

Date: _____

HS: 8.6

**HOME SUPPORT
DELEGATED NURSING TASK
CERTIFICATION OF COMPETENCY**

This is to certify that _____ has completed
(Name of Home Support Worker)

the program of instruction for the procedure _____ to be performed
(Name of Procedure)

for _____.
(Name of Client)

Rationale for delegation of nursing task _____

I hereby certify that he/she is competent to perform the procedure as instructed for the individual named above.

Signature of Professional delegating the function: _____

Date: _____

**RECORD OF SUPERVISION OF DELEGATED NURSING TASK AND/OR
RECERTIFICATION OF COMPETENCY**

Date	Type of Visit*	Professional Signature	Comments (Record Performance and/or need for additional in-service, etc.)

*R - Recertification

*S - Supervision

HS: 8.7**HOME SUPPORT
INDIVIDUAL ASSESSMENT****CLIENT PROFILE**

Name: _____

Sex: Male G Female G

Address: _____

Date of Birth: _____
Year Month Day

Directions to Client's Home: _____

MCP Number: _____

Client's Family Doctor: _____

Telephone: _____

Telephone: _____

Emergency Contact: _____

Living Arrangements:

With spouse onlyG

With spouse and others onlyG

With others only.....G

Alone only.....G

Relationship to Client: _____

Address: _____

Telephone No.: _____ (H) _____ (W)

Is it necessary for next of kin to be present during assessment: Yes G No G

REASON FOR REFERRAL_____
_____**SERVICE CURRENTLY BEING PROVIDED**_____
_____**REFERRAL TAKEN BY**

Name: _____ Date: _____

HS: 8.7 (cont'd)

At the time of this assessment the client is:

Responsive Drowsy, but responsive to verbal commands G
 Drowsy, responsive only to tactile stimuli G
 Comatose, responsive only to painful stimuli G
 Comatose, non-responsive to painful stimuli..... G

Relevant Comments/Observations: _____

1. Health History (briefly describe)

4. Client's Current Health Problems

2. Recent and/or Pertinent Surgery (from most recent)

Year / Month

5. Baseline Measurements

Blood Pressure: _____ Temperature _____

Pulse: _____ Respirations _____

Height: _____ Weight: _____

3. Medical Diagnosis

6. Drug / Food Allergies

Penicillin G ASA G Milk/Dairy Products G

Other (specify) _____

Special Instructions: _____

HS: 8.7 (cont'd)

PHYSICAL ASSESSMENT

VISION

Normal G
 Impaired G
 Blind G
 Wears glasses G
 Explain: _____

HEARING

Normal G
 Impaired G
 Deaf G
 Wears Aids G
 Explain: _____

SPEECH

No difficulty G
 Aphasic: receptive G
 expressive G
 Dysphasic G

Uses aids: Type _____
 First Language: _____

SKIN INTEGRITY

Skin Intact G
 Skin Intact, but at risk of breakdown from
 poor circulation, immobility or diet G
 Wounds, lesions, rashes or ulcers, present;
 no infection G
 Wounds, lesions, rashes or ulcers present;
 with infection G

NUTRITIONAL REQUIREMENTS

Adequate diet, no restrictions/alterations required G
 Adequate diet, restrictions or alterations required G
 Inadequate diet, one or more food groups inadequate
 or daily caloric intake inadequate G
 Inadequate or daily caloric intake inadequate G
 Inadequate diet or not adhering to recommended
 restrictions G
 Does client require a special or prescribed diet?
 Yes G No G

If "yes" specify type: _____

Does client require dietary supplements?
 Yes G No G

If "yes" specify type: _____

Does client require alternate feeding?
 Yes G No G

If "yes" specify type: _____

Additional comments if there is cardiovascular,
 respiratory or musculoskeletal difficulties.

HS: 8.7 (cont'd)

PHYSICAL ASSESSMENT

List all medications, including over the counter medications (i.e., laxatives, antacids)

Name of Medication	Dosage	Frequency	Route**	Date Started	Physician	Managed by Self	Managed by Other

**Route PO-Oral SC-Subcutaneous IM-Intramuscular IV-Intravenous OTH- Other

Comments: (comment on overall ability to manage medications, including obtaining prescriptions, safety, compliance, abuse, incompatibilities and need for monitoring drug levels.)

HS: 8.7 (cont'd)

ACTIVITIES OF DAILY LIVING

GROOMING

Shaving Dental Nail Care
Needs no assistance. . . . ☐ ☐.....☐
Needs assistance ☐ ☐.....☐
Needs total assistance . . . ☐ ☐.....☐

DRESSING

Needs no assistance.....☐
Needs assistance.....☐
Needs total assistance☐

BATHING

Tub Shower Bed /Sponge
Needs no assistance. . . . ☐ ☐.....☐
Needs assistance ☐ ☐.....☐
Needs total assistance . . . ☐ ☐.....☐

SHAMPOOING

Needs no assistance.....☐
Needs assistance.....☐
Needs total assistance☐

SKIN CARE

Client requires special care Yes ☐ No ☐

If “yes” describe: _____

HS: 8.7 (cont'd)
ACTIVITIES OF DAILY LIVING

AMBULATION

Independent..... ☐
 Ambulates with devices..... ☐
 Ambulates with assistance..... ☐

BLADDER

Full Control ☐
 Incontinent ☐
 Day ☐ Night..... ☐
 Condom Drainage..... ☐
 When: _____
 Incontinent Pads ☐
 When: _____
 Catheter ☐
 intermittent ☐
 suprapubic ☐
 indwelling..... ☐
 Continuous bladder irrigation..... ☐

BOWEL

Full Control ☐
 Occasionally Incontinent ☐
 Bowel Program..... ☐
 Total Incontinent ☐
 Colostomy..... ☐
 Independent..... ☐
 Dependent..... ☐

EATING

Needs no assistance ☐
 Needs supervision..... ☐
 Needs assistance ☐
 Requires feeding..... ☐
 N/G tubing . . . ☐ . . . gastrostomy tube ☐
 Difficulty chewing..... ☐
 Difficulty swallowing..... ☐
 No teeth ☐
 Wears dentures ☐
 upper . . . ☐ lower . . . ☐ partial..... ☐

MEAL PREPARATION

Able to plan nutritional meals..... ☐
 Able to perform all components of meal preparation
 without assistance; may use special equipment and
 devices..... ☐
 Able to fix light meals or reheat only ☐
 Unable to prepare any meals, even reheat..... ☐

HOUSEKEEPING CHORES

Able to perform all cleaning chores without
 assistance;
 - may use special equipment or devices ☐
 Able to perform light housework independently (i.e.,
 dusting, dishes, trash disposal) but needs help with
 heavyhousework (i.e., scrubbing floors, vacuuming,
 laundry) ☐
 Able to perform light housework
 - only with assistance ☐
 Unable to perform any housekeeping or chores, even
 when assistance is provided. ☐

ABILITY TO USE TELEPHONE

Able to use phone without assistance; including
 looking up numbers and dialing..... ☐
 Able to use phone with some help (can answer
 phone or dial operator in an emergency, but needs a
 special phone or help in getting the number or
 dialing ☐
 Completely unable to use the phone ☐

PERSONAL FINANCIAL AFFAIRS

Able to handle own finances without assistance
 (write checks, pay bills, etc.)..... ☐
 Able to handle finances with some assistance
 (manage day to day buying but needs some help
 with managing check book and paying bills)..... ☐
 Completely unable to handle money..... ☐

HS: 8.7 (cont'd)**ACTIVITIES OF DAILY LIVING****SELF-MEDICATION**

- Able to take medications without assistance
(in the right dosage and at the right time) ☐
- Needs some assistance (medication preparation
or reminders needed)..... ☐
- Needs total assistance ☐

TRANSPORTATION

- Able to drive to use public or private transportation
independently; special devices or equipment may be
required ☐
- Able to travel by public or private transportation only
when accompanied by another person; able to ride in
a car driven by another person ☐
- Able to travel but needs assistance of two people or
requires the use of a specialized vehicle(i.e.,van) ☐
- Unable to ride in a car or van, requires transportation
by ambulance ☐

SHOPPING

- Able to take care of all shopping needs without
assistance..... ☐
- Able to take care of most shopping needs, requires
occasional assistance..... ☐
- Unable to shop alone, required assistance ☐
- Requires someone to do all the shopping ☐

REPAIRS / YARD WORK

- Able to perform all repairs/yard work without help;
may use special equipment ☐
- Able to perform all light repairs/yard work with
assistance..... ☐
- Unable to perform any repairs/yard work even with
assistance..... ☐

HS: 8.7 (cont'd)**BEHAVIOURAL ASSESSMENT**

Information provided by: _____

SMOKING BEHAVIOUR

- Client does not smoke.....☐
- Client smokes, but unsafe behaviour not apparent ☐
- Client leaves lighted cigarettes unattended or disposes inappropriately.....☐
- Client smokes in bed.....☐

WANDERING

- Wandering behaviour not apparent.....☐
- Wanders, does not attempt to leave; able to locate environment without assistance.....☐
- Wanders, does not attempt to leave; unable to locate environment without assistance.....☐
- Wanders, will leave environment if not prevented ☐

HOARDING, RUMMAGING

- Hoarding, rummaging behaviour not apparent . . ☐
- Hoards food or objects picked up in environment but does not search others' belongings.....☐
- Searches others' belongings looking for food or objects.....☐

AGGRESSIVE BEHAVIOUR

- Aggressive behaviour not apparent.....☐
- Exhibits hostility, argues, is verbally abusive either spontaneously or when approached or touched . . ☐
- Strikes out physically when approached or touched by others.....☐
- Initiates contact with others in order to vent hostility, anger, verbal abuse.....☐

SEXUAL BEHAVIOUR

- Inappropriate sexual behaviour not apparent.....☐
- Sexual comments directed to others during "social" settings of more than two persons.....☐
- Public touching of genitals or masturbation.....☐
- Unwanted touching of others (i.e., on breasts, legs, buttocks).....☐
- Deliberate public exposure of genitals or other private parts of body.....☐

POTENTIAL FOR SUICIDE

- Suicidal tendencies not apparent.....☐
- Verbalizes ideas of suicide, history of prior threats or attempts.....☐
- Verbalizes plans for suicide.....☐
- Has previously attempted suicide.....☐

PSYCHOLOGICAL INDICATORS

(Check all applicable responses)

- Pleasant and cooperative.....☐
- Depressed and/or tearful.....☐
- Fearful, extremely anxious and/or agitated.....☐
- Withdrawn or lethargic.....☐
- Full of unrealistic physical complaints.....☐
- Suspiciousness.....☐
- Bizarre or inappropriate in thought or action.....☐
- Excessively talkative or overly jovial or elated . . ☐

HS: 8.7 (cont'd)

PSYCHO-SOCIAL ASSESSMENT

AWARENESS

- Consistently responsive□
- Reduced awareness but person able to shift focus and sustain attention
to environmental stimuli□
- Fluctuating awareness, person unable to consistently shift focus and
sustain attention to environmental stimuli□
- Consistently unresponsive due to extreme restlessness and apathy.....□

ORIENTATION

- Oriented to person, place and time.....□
- Oriented to person, place but not time□
- Oriented to person, but not place or time.....□
- Disoriented to person, place and time.....□

SOCIAL STIMULATION

List of Client's hobbies, interests and leisure activities

Assessment completed by:_____Date: _____

Position: _____



HS: 8.8 Support Plan

HCN: PROV/TERR: EXPIRY:
FULL LEGAL NAME:
DOB: SEX: AGE:
MAILING ADDRESS:
POSTAL CODE: CITY: PROV:
TELEPHONE:
WORK: HOME: CELL:
PRIMARY PROVIDER:

CRMS #: _____

Support Plan start date: _____

Support Plan review date: _____

Emergency Contact: _____

Advance Health Care Directive: ☐ yes ☐ no

If no, was a copy of the Advance Health Care Directive Package provided to client? ☐ yes ☐ no

Review Date for Advance Health Care Directive _____

Substitute Decision Maker: ☐ yes ☐ no Name: _____ Contact #: (____) - ____ - ____

Assessment Information:

Date of Last Assessment: _____

Assessment Completed By: _____

Phone Number: (____) - ____ - ____

Case Manager (if different than assessor): _____

Phone Number: (____) - ____ - ____

Summary of Clinical Assessment:

Goal(s):

Objectives:

Informal Supports:

Community Services:

Formal Services:

Day	Time of Day	Activities	Assignment Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			

Sunday			
Total			

General Comments and Contingency Plan

Client Safety Concerns

Allergies

Equipment/Assistive Technologies Required ☐ yes ☐ no (If yes, please explain)

☐ Client or substitute decison maker has participated in and agrees with their support plan.

Case Manager Name and Signature

Date

Review Date:

D0002FEB19



HS: 8.8a
Service Provider Plan

HCN: PROV/TERR: YT EXPIRY:
FULL LEGAL NAME:
DOB: SEX: AGE:
MAILING ADDRESS:
POSTAL CODE: CITY: PROV: YT
TELEPHONE:
WORK: HOME: CELL:
PRIMARY PROVIDER:

CRMS #: _____

Advance Health Care Directive: ☐ yes ☐ no

If no, was a copy of the Advance Health Care Directive Package provided to client? ☐ yes ☐ no

Review Date for Advance Health Care Directive

Substitute Decision Maker: ☐ yes ☐ no Name: _____ Contact #: (____) - ____ - ____

Primary Contact Information:

Contact Name: _____ Phone Number: (____) - ____ - ____

Contact Type: _____ Relationship: _____

Address: _____ Email: _____

Comments:

Emergency Contact (if different from primary contact) _____

Service Provider Information:

Name: _____ Address: _____

Phone #: (____) - ____ - ____ Primary Contact: _____

General Comments and Contingency Plan:

Client Safety Concerns:

Allergies:

Worker Safety Concerns:

Equipment/Assistive Technologies Required:

☐

yes

☐

no

(If yes, please explain)

Assessment:

Case Manager: _____

Phone Number: (_ _ _) - _ _ _ - _ _ _ _

Financial Assessor: _____

Phone Number: (_ _ _) - _ _ _ - _ _ _ _

Summary of Clinical Assessment:

Support Plan Summary:

Approved Services:

Goals:

Objectives:

Schedule:

Day	Time of Day	Activities	Assignment Comments
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			
Total			

☐ Client contributed to and is in full agreement with the Service Provider Plan.

Case Manager Name and Signature

Date

I understand and agree to provide the services in accordance with this agreement and will submit progress reports to a case manager every 30 days from the date of commencement of the service. Changes may be required to the Service Provider Plan if circumstances change for the client.

Service Provider

Date

Review Date:



HS:8.8b
Service Provider
Progress Report

SERVICE PROVIDER: ☐ home support agency ☐ self-managed care provider ☐ paid family caregiver

Submitted to: Name:

Reporting Period:

SUMMARY OF ACTIVITIES COMPLETED:

ARE THE CLIENTS NEEDS BEING MET? Please explain

WERE THERE ANY CONCERNS DURING THE REPORTING PERIOD?

Name and Signature

Role

Date (yyyy/mon/dd)

HS: 8.9

HOM E SUPPORT -FLOW SHEET

Date: _____ **to** _____

Client's Name: _____ **Address:** _____ **Phone:** _____

Home Support Worker's Signature and Initials:

1) _____ 3) _____

2) _____ 4) _____

[illegible][illegible]

HS: 8.9 (cont'd)

HOME SUPPORT -FLOW SHEET

Date:

_____ to _____

Client's Name: _____

[illegible][illegible]

HS: 8.10**HOME SUPPORT
REPORT OF COMPLIMENTS/COMPLAINTS****Name of Person Reporting:** _____**Address:** _____**Telephone:** _____**Date:** _____ **Time:** _____**Narrative description of compliment/complaint:** _____

Action required: _____

Person receiving report: _____ **Title:** _____**Date:** _____**Follow-up:** _____

Signature: _____ **Title:** _____**Date:** _____

HS: 8.11**HOME SUPPORT
INCIDENT/INJURY REPORT****Name:** _____**Address:** _____**Location of Incident:** _____**Date:** _____ **Time:** _____**Staff:** _____**Type of Incident:**Injury to client..... ☐Damage to Client Property☐Injury to staff..... ☐Damage to Staff Property☐

Other: (please specify) _____

Narrative description of incident (specific, concise account of persons involved, time, location, what happened, etc.) Use separate sheet if necessary.

Reported To: _____

Reported By: _____

Title: _____

Title: _____

Date: _____

Time: _____

Recommendations/Comments/Actions, for completion by:

1. Immediate Supervisor:

Signature: _____ Date: _____

2. Agency Senior Officer

Signature: _____ Date: _____

HS: 8.12**HOME SUPPORT
DISCHARGE RECORD**

To: _____

*Surname**Given Name(s)*

Date of Birth: _____

File Number: _____

Date of Discharge: _____

Diagnosis/Reason for Discharge

Summary of Care and Health Status on Discharge:

Signature: _____ Date: _____

Title: _____

HS: 8.13**HOME SUPPORT
CLIENT CONTRACT**

Name: _____

File Number: _____

Date of Birth: _____
Year Month Day

You have been assessed for admission to the Home Support Program. While receiving Home Support services, you will be expected to:

1. notify the office by telephoning _____ if you will not be at home at the time a visit from the Home Support Staff member has been scheduled or if you wish to change the time of the visit; and
2. Inform the Home Support office of any changes in medications you are taking.

The services you have been assessed for receiving will be reviewed on _____ and may be increased or decreased as required. I agree to abide by the above, and to receive the services of the _____ Home Support Program.

CLIENT SIGNATURE_____
WITNESS

In return the Home Support Staff agree to:

1. Provide service(s) based on a needs assessment and available resources.
2. Complete regular progress reports.

AUTHORIZED SIGNATURE_____
DATE

HS: 8.14
HOME SUPPORT
REFERRAL FOR CONTRACTED SERVICE

Home Support Agency: _____

Home Support Supervisor: _____

Name of Client: _____

Address: _____

Telephone: _____

Postal Code: _____

Date of Birth: _____

Year/Month/Day

Emergency Contact: _____

Telephone N o.: _____(H) _____(W)

Personal Care

Grooming (eg. shaving, dental and nail care) ☐Shampooing ☐Dressing ☐Bathing (a) Tub..... ☐(b) Bed/Sponge..... ☐(c) Shower..... ☐Skin Care..... ☐Range of motion exercise ☐Ambulation..... ☐Eating..... ☐Toileting..... ☐Other ☐

Service Status

Essential: ☐ Emergency: ☐Priority: ☐ Flexible ☐

Effective Date of Services:

Home Management..... ☐Personal Care ☐

Hours Per Week: _____

Days Per Week: _____

Home Management

Bed Making, Dusting ☐Light Vacuuming..... ☐Laundry, Ironing, Mending ☐Shopping..... ☐Bathroom/Kitchen ☐Refrigerator/Oven..... ☐Other..... ☐

Meal Services

Planning..... ☐Preparation..... ☐Dishes ☐Proper Nutrition/Diet ☐

Supportive Care

Stimulate Interests ☐Hobbies ☐Observation/Problems ☐Transportation..... ☐Companionship ☐Respite..... ☐**Special Instructions:** _____**Date:** _____ **Case Coordinator:** _____

Date: _____
Forwarded To: _____

HS: 8.15 (cont'd)

Comments: _____

Signature: _____ Date: _____

Title: _____

Follow up/Comments: _____

Signature: _____ Date: _____

Title: _____

To be completed by: **AGENCY PROVIDING SERVICE**

Address: _____

Postal Code: _____

Covering period from: _____ to _____

Authorized by: _____

Cost per hour: _____

To be completed by: **RIHA**

Authorized by: _____

Date: _____

Total Amount Billed to RIHA: \$

Indicate Program to be Charged to:

[illegible]

HS: 8.17**ANNUAL REPORT**

1. Name of Agency: _____
 Address: _____
 Reporting Date: _____
2. a) Number of Home Support Workers currently employed:
 Full Time: _____ Part Time: _____
 b) Home Support Worker Turnover for past twelve months: _____
 c) Number Hired: _____ Number left: _____
3. a) Number of new clients admitted to service: _____
 b) Number of clients discharged from service: _____
 c) Reason: Rehabilitated _____
 Entered Institution _____
 Death _____
 Entered another service _____
 Other _____
4. Total number of clients receiving services during the year: _____
5. Number of hours of service provided during the year: _____
6. Age of clients served

-	under 18 years	_____
-	19 - 30 years	_____
-	31 - 65 years	_____
-	66 - 84 years	_____
-	85+	_____
7. Hours of operation: _____
8. Supervisory arrangements in relation to hours of operation including "after hours".

9. Is a written client contract being used? Yes ☐ No ☐
10. Is there an evaluation of service and personnel to be completed by the client?
 Yes ☐ No ☐

HS: 8.17 (cont'd)**Agency's Administrative Records**

Does the administrative file(s) contain the following:

1. A record of the training conducted by the agency, including dates and lists of individuals completing and instructing the courses. Yes ☐ No ☐
2. A record of delegated functions including:
 - The name of all clients on whom functions have been delegated.
 - The specific functions delegated.
 - The names of the professionals responsible for the delegation:
 Yes ☐ No ☐ N/A ☐
3. A written record of all incidents/accidents arising out of or pertaining to the care of the client, including name of the client, name of the home support workers, date and details of incident. Yes ☐ No ☐
4. Obtain a copy of the insurance policy confirming required coverage and expiry date.

Review of Policies

1. Is there a written policy respecting financial transactions between client and agency employees and evidence that same has been distributed to all agency staff and clientele? Yes ☐ No ☐
2. Is there evidence that the Agency is following all aspects of the Human Rights Code? Yes ☐ No ☐

Employee File Review

A random selection of at least 20% of Home Support Worker files shall be reviewed.

1. Number of employee files reviewed:
2. Basic Education:

Post-Secondary _____	High School _____	Less than High School _____
----------------------	-------------------	-----------------------------
3. Is there written evidence of a job interview? Yes ☐ No ☐
4. How many of the files examined contained the following:

(a). References	_____
(b). Medical Certificate	_____
(c). Performance Evaluation within preceding 12 months	_____
(d). Valid First Aid Certificate	_____
(e). Confirmation of Completion of Orientation, including dates	_____
(f). Confirmation of completion of an approved Home Support Worker Course	_____
(g). Copy of certificates of Delegation of Function	_____

HS: 8.17 (cont'd)**Client File Review**

A random sample of ten client files shall be reviewed.

1. Does the client files contain the following:

- | | | |
|--|------------------------------|-----------------------------|
| •A client service plan: | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| •Record of supervisory home visits for the purpose of evaluating homemaker's performance and client's condition. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| •Progress notes in the case of a client receiving personal care | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| •Documentation of delegation of functions. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

Signature of RIHA Staff: _____

Title of Inspector: _____

Date: _____

HS: 8.18

**HOME SUPPORT
CONFIRMATION OF SERVICE PROVIDED**

Instructions:

1. For each client use one time recording slip. If two serviced, use two slips
2. Record your working hours each day
3. Mail or deliver your completed time slip on, or before, Friday

	SATURDAY Hours / Minutes	SUNDAY Hours / Minutes	MONDAY Hours / Minutes	TUESDAY Hours / Minutes	WEDNESDAY Hours / Minutes	THURSDAY Hours / Minutes	FRIDAY Hours / Minutes
TIME IN							
LESS LUNCH PERIOD							
TIME OUT							
TOTAL HOURS							

Week ending Friday's Date: _____

Employee's Signature: _____

Client: _____

Address of Client: _____

Agency Supervisor: _____

HS: 8.19

**HOME SUPPORT
EMPLOYEE STATEMENT OF CONFIDENTIALITY**

I, _____ understand, as an employee
Employee's Name

of _____ that I must maintain strict confidentiality of client information.
Name of Agency

I have attended the confidentiality information session held on _____
Date

and fully understand the legal implications involved with a breach of confidentiality.

I also understand that a breach of confidentiality may result in disciplinary action.

Employee Signature: _____

Date: _____

Witness: _____