



**HOME AND COMMUNITY CARE
MINISTRY OF HEALTH**

**GUIDELINES FOR PAYMENT TO FAMILY MEMBERS
POLICY 8.H, HOME AND COMMUNITY CARE POLICY
MANUAL**

July 16, 2007

GUIDELINES FOR PAYMENT TO FAMILY MEMBERS POLICY 8.H, HOME AND COMMUNITY CARE POLICY MANUAL

General:

Policy 8.H applies to clients who have been approved to receive home support services through the Choice in Supports for Independent Living (CSIL) option (Policy 5.A.4), or for admission to a family care home (Policy 6.E).

The intent of Policy 8.H is to allow family members, including immediate family members (a parent, child or spouse) who meet the exception criteria, to be paid as caregivers.

Standard application form: Health authorities have developed a standard application form to be used in all health authorities for clients or client support groups who wish to apply for an exception under Policy 8.H.

Application Review Committee: Each health authority has agreed to establish a regional mechanism for reviewing applications for exceptions under this policy in a timely manner. An interdisciplinary approach may be adopted in the review process.

Interpretation of Exception Criteria in Policy 8.H

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

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

Health authorities will engage in a two-step process for CSIL or family care home clients who are interested in applying for an exception under Policy 8.H.

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

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

The second step involves, where a new or existing CSIL client or new family care home client wishes to pay an immediate family member to provide care, application of the exception criteria in the payment to family members policy.

Only after a health authority has determined a client is eligible for either the CSIL program or admission to a family care home can the health authority then proceed with

considering a request for paying an immediate family member, such as a parent, child or spouse.

2. *the health authority has determined there is no appropriate and available caregiver to provide for any extraordinary or unique needs of the client for one or more of the following reasons:*

- *nature and degree of care required*
- *rural or remote location*
- *cultural barriers*
- *communication barriers*

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

- i. case manager has discussed attempts and offered suggestions for places to recruit unrelated caregivers such as schools, colleges, etc.
 - ii. advertising through a variety of media in client's community.
 - iii. receipts submitted for advertising with financial forms.
- ***Nature and degree of care required.***
Factors to be considered include, but are not limited to:
 - complexity of care requires extensive training (.e.g. ventilator), or behaviours may affect care needs (e.g. clients with dementia, acquired brain injury or other neurological deficits where clients may become very aggressive or non-cooperative/non-compliant with unrelated caregiver).
 - issues with trusting caregivers.
 - unique scheduling needs.
 - ***Rural or remote location.***
Factors to be considered include, but are not limited to:
 - geographic distance and accessibility of property (e.g. road or driveway not ploughed in winter time).
 - lack of a public or private service agency.
 - lack of availability of individuals for private hire.
 - frequency of care required.
 - ***Cultural barriers.***
Factors to be considered include, but are not limited to:
 - customs, cultural values and beliefs that affect client care needs.
 - ***Communication barriers.***
Factors to be considered include, but are not limited to:
 - language spoken.
 - speech difficulties.
 - communication difficulties.

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

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

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

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

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

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

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

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

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