

NOVA SCOTIA DEPARTMENT OF HEALTH CONTINUING CARE BRANCH

Subject: Caregiver Benefit Program Policy

Original Approved Date: July 27, 2009 Revised Date: December 7, 2010

Original signed by Keith Menzies

Approved by:

Keith Menzies, Executive Director, Continuing Care Branch

1 POLICY STATEMENTS

The Nova Scotia Department of Health, Continuing Care Branch, will provide access to a Caregiver Benefit Program for Eligible Caregivers who are providing assistance to qualified care recipients residing in the community.

The Caregiver Benefit is provided to Eligible Caregivers to acknowledge their contributions in providing assistance to a family member or friend and to assist the caregiver in sustaining the support they provide.

2 APPLICATION OF THE POLICY

This policy applies to individuals who meet the eligibility criteria of the Caregiver Benefit Program.

3 GLOSSARY

Activities of Daily Living (ADL): Everyday tasks necessary for individuals to live independently, including hygiene, toileting, bathing, dressing, feeding and mobility.

Caregiver: For the purposes of the Caregiver Benefit Program, a caregiver is an individual who is providing unpaid assistance with ADLs and IADLs to a family member or friend.

Continuing Care Coordinator: An employee of the District Health Authority who is responsible for the determination of eligibility for the Caregiver Benefit Program.

Home Care Income Category: A determination of the qualified care recipient's income status which is based on net income and family size of the individual and is calculated using the Home Care Fee Determination Process.

Instrumental Activities of Daily Living (IADL): Tasks that, in addition to activities of daily living, one must be able to perform in order to live independently. They differ from ADLs in that direct contact with the individual receiving the assistance is not required to perform the act. Examples include shopping, meal preparation, laundry and light housekeeping, banking and assistance with the management of medications.

Qualified Care Recipient: A person who is receiving assistance from an eligible caregiver and who is determined, through assessment by Continuing Care, to meet the qualification requirements of the Caregiver Benefit Program.

4 CAREGIVER ELIGIBILITY CRITERIA

An individual is eligible to receive the Caregiver Benefit when the following criteria have been met:

- is a resident of Nova Scotia, with a valid Nova Scotia health card number or is in the process of establishing permanent residence in Nova Scotia and has applied for coverage under Nova Scotia's Health Insurance Plan;
- is 19 years of age or older;
- is providing 20 or more hours of assistance with ADLs and/or IADLs per week to a qualified care recipient;
- has a care giving relationship with the qualified care recipient that is ongoing, regular and is expected to extend beyond 90 days;
- is not being paid to provide assistance to the qualified care recipient;
- is determined by the continuing care coordinator to meet the eligibility criteria for the Caregiver Benefit Program;
- is willing to sign an agreement with Continuing Care defining any terms and conditions for receiving the Caregiver Benefit.

Continued program eligibility will be confirmed on an annual basis.

5 QUALIFIED CARE RECIPIENT

An individual is considered to be a qualified care recipient, for purposes of the Caregiver Benefit Program, when he or she meets the following criteria:

- is a resident of Nova Scotia, with a valid Nova Scotia health card number;
- is aged 19 or older;
- has a MDS-HC© assessment completed by a continuing care coordinator and demonstrates a very high level of functional impairment, as indicated by a score of 5 on the MAPLe©* decision support tool, or by a MAPLe©* score of 4 combined with either a Cognitive Performance Scale© (CPS) score of 4 or higher and/or Activities of Daily Living (ADL) Self Performance Hierarchy Scale © score of 3 or higher. *(Method for Assigning Priority Levels)
- has a care giving relationship with an eligible caregiver that is ongoing, regular and is expected to extend beyond 90 days;
- has a net income which places the individual in Home Care Client Income Category A, as determined through the current Home Care fee determination process.

If, on reassessment of the care recipient after acceptance into the Caregiver Benefit Program, the Care Coordinator determines that the care recipients' MAPLe score improves as a result of being part of the Caregiver Benefit Program, the care recipient may still be considered eligible for the Program, unless he/she also fails to meet one of the other eligibility criteria.

Continued program qualification will be confirmed on an annual basis.

6 CAREGIVER BENEFIT PROGRAM AGREEMENT

A condition of receiving the Caregiver Benefit is that the eligible caregiver sign an agreement with Continuing Care which outlines the terms and conditions that the caregiver is required to meet to receive the funding.

7 CAREGIVER BENEFIT AMOUNT

The Caregiver Benefit shall be in the amount of \$400.00 per month.

8 PROGRAM LIMITATIONS

For greater certainty, the following limitations apply to the Caregiver Benefit Program:

- a caregiver may only receive one payment through the Caregiver Benefit Program;
- a caregiver cannot combine the assistance provided to more than one care recipient in order to meet the program requirement to be providing 20 hours of assistance per week;

- more than one caregiver cannot combine the hours of assistance provided to a single care recipient in order to meet the program requirement of 20 hours of assistance per week;
- no more than one caregiver may receive a Caregiver Benefit for the assistance provided to a single qualified care recipient.

9 APPLICATION AND APPROVAL PROCESS

- Access to the Caregiver Benefit Program is provided in accordance with the application and approval process established by Continuing Care.
- Referrals to the Caregiver Benefit Program must be made through Continuing Care's Single Entry Access mechanism.
- Determination of an applicant's eligibility to access a benefit through the Caregiver Benefit Program is the responsibility of Continuing Care.

10 PAYMENT OF BENEFIT

Monthly payments of the Caregiver Benefit are paid at the beginning of the month for which the funds are provided.

11 INTERRUPTION IN CARE PROVISION

In the event of an extended, but temporary, interruption in the care giving arrangement, the Caregiver Benefit Program benefit may be continued for a period of up to one month. Examples of such interruptions include, but are not limited to, the care recipient not requiring assistance due to a hospital or respite bed admission or the caregiver not being available due to illness, vacation, etc.

The caregiver receiving the benefit is responsible to notify Continuing Care in the event that the qualified care recipient experiences an interruption in the need for assistance or if the caregiver is not available to provide assistance for a period exceeding, or anticipated to exceed, 30 consecutive days.

12 DISCONTINUATION OF CAREGIVER BENEFIT

Caregivers who are receiving the Caregiver Benefit will have the funding discontinued if Continuing Care determines that:

- the caregiver is no longer capable or available to provide assistance;
- the caregiver no longer meets the eligibility criteria;

- there is an interruption in the care giving arrangement of over 30 days duration;
- the qualified care recipient is admitted to a regular bed in a long term care facility;
- the qualified care recipient no longer meets the program's income criteria;
- the qualified care recipient is deceased.

13 ACCESS TO OTHER CONTINUING CARE SERVICES

Qualified care recipients, whose caregiver is receiving a Caregiver Benefit, may also be eligible to access other Continuing Care services. Access to Continuing Care services is provided in accordance with current legislation, policies, procedures and guidelines.

The amount of benefit provided under the Caregiver Benefit program will not be used by Continuing Care:

- in the determination of the maximum allowable home care service available to the caregiver or care recipient,
- as part of net income for the calculation of fees for home care services,
- as part of net income for the determination of long term care accommodation charges, or
- as part of net income for determining qualification for the Caregiver Benefit Program.

14 WAITLIST

Access to funding through the Caregiver Benefit Program will be based on the availability of resources.

If warranted, a provincial waitlist for funding through the Caregiver Benefit Program will be established. The Department of Health will be responsible for managing this waitlist. Caregivers who meet the eligibility criteria and have received authorization from Care Coordinators for this program, will be placed on this waitlist in accordance with the following:

- Caregivers who have a qualified care recipient with a MDS-HC© assessment demonstrating a MAPLe© score of 5 will have first priority to access funding through the Caregiver Benefit Program, followed by caregivers of qualified care recipients with a MDS-HC© assessment demonstrating a MAPLe© score of 4 combined with either a CPS© score of 4 or higher or ADL© Self Performance Hierarchy Scale score of 3 or higher.
- Within each MAPLe© category outlined above, caregivers will be organized by chronological date using the service plan objective date for the Caregiver Benefit Program.

15 ACCOUNTABILITY

The Executive Director, Continuing Care Branch, or designate, is responsible for ensuring compliance with this policy.

16 MONITORING

The implementation, performance and effectiveness of this Policy will be monitored by the Executive Director, Continuing Care branch, or designate.

17 ENQUIRIES

Executive Director, Continuing Care Branch
Department of Health
PO Box 488
Halifax, NS B3J 2R8
Phone: (902) 424-7233

18 APPENDICES

Not applicable