

NOVA SCOTIA DEPARTMENT OF HEALTH CONTINUING CARE BRANCH

Subject: SELF MANAGED CARE POLICY

Approved Date: December 16, 2005

Original signed by Keith Menzies

Approved by: _____
Keith Menzies, Executive Director, Continuing Care Branch

1.0 POLICY STATEMENT

Self Managed Care is a Continuing Care service delivery option. The Department of Health will provide eligible clients with funds to directly employ care providers for the purpose of meeting their approved service needs and for other approved expenditures. The Self Managed Care client assumes full responsibility for the coordination and management of the funded services.

Self Managed Care has the objectives of providing an opportunity for disabled clients to increase control over their lives and enhance their participation in the community by enabling them to actively participate in the development of their care planning and to directly arrange and administer their own support service needs.

Registered professional health services are provided directly by Continuing Care in accordance with assessed need and program policies. Self Managed Care is not available to cover the purchase of registered professional services.

2.0 APPLICATION OF THE POLICY

This policy applies to Continuing Care clients who meet specific Continuing Care program eligibility criteria.

3.0 DEFINITIONS

Approved Expenditures: These are expenditures for items that are approved by Continuing Care as part of the client's funded care plan.

Care Coordinator: An employee of Department of Health, Continuing Care branch.

Care Plan: A written document completed by the client. The care plan includes a description of the anticipated health outcomes to be achieved through Self Managed Care and an identification of the specific services that are being requested for funding approval to meet these outcomes.

Care Provider: A person hired by the client to provide support services approved in the care plan.

Case Management: The process of providing assessment, coordination, monitoring, follow-up and evaluation of the services provided by and through Continuing Care. This process occurs in conjunction with the client and the client's informal support network.

Client: The person receiving funding to manage his or her own support services and approved funds.

Registered Professional Services: Those services which require that the provider be a Physician, a Registered Nurse, a Licensed Practical Nurse, an Occupational Therapist or a Physiotherapist.

Self Managed Care Agreement: A contract between Continuing Care and the client governing the terms and conditions of the funding.

Self Managed Care Funds: Funds provided to the client to pay for and administer the support services authorized by Continuing Care.

Self Managed Care Services: The services and approved expenditures identified in the client's individual care plan and funded by Continuing Care.

Stable Care Requirements: For the purposes of establishing a *Self Managed Care Agreement*, the client's assessed care requirements (i.e. type of care provider, number of hours, care activities) are determined for a one year duration. Clients whose care needs over this expected period of time are steady and predictable are considered to have stable care requirements. Clients whose support requirements are intermittent or are likely to change significantly during that time would not be considered to have stable care requirements.

Support Services: Physical assistance with the routine activities of living, provided by a person hired and directed by the client. This may include assistance with personal care activities; with home support activities and other services assessed as necessary to support independent living.

4.0 PHILOSOPHY AND OPERATIONAL GUIDELINES FOR SELF MANAGED CARE

The mission, values and principles of Continuing Care are reflected in the Self Managed Care option. In addition, the following principles are integral to the Self Managed Care option:

- Self Managed Care supports clients to function independently in the community. Self Managed Care supplements the support and care already being provided to the clients by their informal support networks.
- Self Managed Care is available for individuals who are **able** to fully participate in making care decisions and arrangements regarding their own personal care. Self Managed Care respects the person's capacity and right to make decisions about his/her life, including the right to make decisions about risks.
- Assessment of the individual's capacity to make decisions and to manage the services is based on the client's self report and formal assessment by the Care Coordinator.
- The amount of service and funding provided through Self Managed Care will be determined in collaboration with the client and within the parameters of current Continuing Care policy.
- In situations where the client's care needs exceed the services available through Self Managed Care (e.g. assessed to require 24 hour care), Continuing Care will discuss with the client, the risks associated with choosing this option. If the client chooses the Self Managed Care option, the cost and responsibility for providing the additional care to ensure the clients has sufficient support lies with the client.
- The client and Continuing Care each play a role in evaluating the appropriateness of the care plan and quality of support services provided through Self Managed Care.
- Continuing Care retains final authority over the *Self Managed Care Agreement* and can terminate the *Agreement* if established requirements are not adhered to.

Given these principles, the operational guidelines for Self Managed Care are:

- To interact with clients in a manner that respects their capacity and right to make decisions about their lives, including the right to make informed decisions about risk.
- To fully inform clients about the scope and expectations in the *Self Managed Care Agreement*.
- To use operational procedures that reflect simplicity, accountability and encourage fiscal responsibility.

- To refer clients to existing programs and resources rather than duplicating them.
- To incorporate ongoing review and quality improvement into the Self Managed Care option.

5.0 ELIGIBILITY CRITERIA

To be considered for Self Managed Care, the individual requiring support services must make application and satisfy the following criteria:

- be a resident of Nova Scotia;
- meet the eligibility requirement for Nova Scotia's Health Insurance Plan (i.e. the person has been issued a valid Nova Scotia Health Card);
- be 19 years of age or older;
- require physical assistance with the routine activities of daily living as a result of a physical disability;
- be able to fully participate in decisions and arrangements regarding their own care requirements and to enter into a contractual agreement with Continuing Care governing the terms and conditions of Self Managed Care;
- be assessed by Continuing Care as having the ability to adequately coordinate and manage the delivery of the support services;
- have a prognosis that they will be long term users of Self Managed Care, e.g. have a requirement for service that will extend beyond 90 days;
- have assessed needs that can be met within the Self Managed Care option, which do not exceed the current allowable monthly service cost limit established by Continuing Care, unless the client agrees to cover any care costs in excess of the established limit;
- have stable care requirements.

6.0 CLIENT ROLES AND RESPONSIBILITIES

The client's role is to manage the services approved as part of his or her care plan and the client is responsible for the following:

- to develop a care plan which identifies the desired health outcomes to be achieved through Self Managed Care and the services required to meet these outcomes. This is done in conjunction with the Care Coordinator;
- be willing and able to communicate effectively with Continuing Care on all matters related to Self Managed Care and client care requirements;
- to attend a Self Managed Care orientation session prior to signing the *Self Managed Care Agreement*;
- recruiting, interviewing, screening, hiring and termination of all care providers;
- to clearly outline duties and expectations of employment to care providers;
- ensuring care providers have the necessary skills to carry out duties;
- initial training and ongoing supervision and direction of care providers;
- development of backup service plans for contingencies and emergencies;
- the quality of the care provided by care providers;
- maintenance of a **separate** bank account for the purposes of managing allocated funds;
- registering with the Canada Revenue Agency and the Workers Compensation Board related to hiring of care providers;
- calculating appropriate deductions from employee remuneration and submitting those deductions to the Canada Revenue Agency;
- cooperating with Continuing Care in financial and/or quality audits related to care requirements;
- maintaining and keeping all records related to the Self Managed Care funds received, including bank statements establishing all deposits and payments, canceled cheques, original receipts, time sheets and invoices, records of the dates and number of hours of service provided, proof of payment to the care providers, and employment records;
- submitting any required financial reports to Continuing Care on the schedule established;
- providing Continuing Care with a complete accounting of Self Managed Care monies at an initial four (4) month review, then annually and as requested;
- complying with the Nova Scotia Labour Standards Code and Regulations, the Occupational Health and Safety Act and all other relevant legislation;
- accepting Case Management and support from Continuing Care;
- notifying Continuing Care within 24 hours if:
 - the client is admitted to acute care
 - the client is admitted to a long term care facility
 - there is a significant change in the client's health status, impacting on service requirements;
 - there is any other prolonged interruption in service requirements.
- accept the inherent risks associated with the management and coordination of own support needs.

7.0 CONTINUING CARE ROLES AND RESPONSIBILITIES

Continuing Care is responsible for the following:

- to work collaboratively with the potential client to develop a care plan which identifies the desired health outcomes to be achieved through Self Managed Care and the services required to meet these outcomes;
- to complete an initial assessment of client care needs and to review and reassess client support needs based on scheduled reassessments, or as required by a significant change in the client's health status;
- to provide orientation to the client on the Self Managed Care option, including financial reporting requirements, contact information and/or related materials regarding Canada Revenue Agency, Workers Compensation Board, and Employment Insurance requirements as well as any other requirements related to Self Managed Care ;
- to determine the client's requirement to pay fees and to adjust the Self Managed Care funds accordingly;
- to provide the client with written notification of contract initiation, subsequent changes in funding and contract termination;
- to provide the client with the approved funding for support services, as per the contractual agreement signed between the client and Continuing Care;
- to complete a review of financial reconciliations after 4 months for all new Self Managed Care Agreements;
- to complete an annual review and reconciliation of client funding and expenditures;
- the termination of the Self Managed Care Agreement for cause;
- to identify appropriate Self Managed Care candidates and provide such candidates with information regarding the Self Managed Care option;
- to establish policies and guidelines related to the Self Managed Care service option.

8.0 QUALIFICATIONS OF CARE PROVIDERS

Continuing Care does not define the required qualifications or an accreditation for care providers under the Self Managed Care option. This recognizes the merit and the right of individuals to select and to train their care providers to deliver the necessary care in an appropriate manner.

The method of purchasing care provider services shall be at the discretion of the client. The purchase, by a client, of care provider services from an agency or individual does not create any relationship between Continuing Care and the agency or individual. Decisions regarding qualifications of care providers and acceptable standards of service are the responsibility of the client.

9.0 ALLOWABLE FUNDING

Self Managed Care funding is based on the assessed needs and approved care plan of the client. Funding may be authorized in an amount up to the current allowable monthly service cost limit established by Continuing Care.

10.0 COMBINED SERVICE COSTS

Monthly service cost calculations include the costs of all services provided to the client in the community by Continuing Care, except for costs associated with home oxygen services.

11.0 FUNDING RATE

Funding will be paid at a rate established by Continuing Care. This rate does not represent an hourly rate of pay for care providers, but is a comprehensive rate for all Self Managed Care costs. Funding rates will be adjusted annually by Continuing Care.

12.0 FUNDS IN LIEU OF OTHER CARE SERVICES

Self Managed Care is provided to clients in lieu of the direct delivery of support services through agencies contracted by Continuing Care or of funding provided through In Home Support. Clients receiving Self Managed Care funding are not eligible to receive personal care or home support services through the Continuing Care home care program or funding of care through In Home Support.

13.0 CLIENT FEES

Individuals receiving Self Managed Care funding may be assessed client fees comparable to those charged to a Continuing Care home care client. Fees are based on the client's net income and family size. No fees are charged to individuals whose net income falls within or below a designated Continuing Care client income category. An individual's requirement to pay client fees, and the fees that will be charged, are identified by the Care Coordinator during the initial assessment process. This determination is made using the Continuing Care fee determination process and the current Self Managed Care Fee Determination Tables.

Applicable client fees will be deducted from the monthly Self Managed Care amount.

14.0 USE OF SELF MANAGED CARE FUNDS

Self Managed Care funds:

- will be used by the client to arrange the services identified in the client's care plan.
- will be used to hire care providers as employees of the client who receive statutory benefits.
- may not be used to purchase services from a person or organization when that person or organization owns, rents, or otherwise manages the residence and provides care in which the client lives (e.g. assisted living facility, etc.).
- may not be used to hire persons who are family members of the client. This includes the individual's spouse/partner, children/grandchildren, parent/grandparent, siblings, aunts/uncles and nephews/nieces.
- may not be used for any product or service not approved by Continuing Care or for any other item not identified in the care plan or Self Managed Care Agreement.
- may not be used to purchase registered professional services. Clients who receive Self Managed Care funding may be assessed by Continuing Care as eligible to receive registered professional services. These services will be provided directly through Continuing Care in accordance with current policies, procedures and guidelines. The cost of registered professional services provided through Continuing Care is used in the calculation of the allowable monthly service cost limit.

15.0 PAYMENT OF FAMILY IN EXCEPTIONAL CIRCUMSTANCES

Continuing Care does not pay for the care provided by family members, either through direct employment or through the use of funding provided under the Self Managed Care option, except if:

- a person receiving Self Managed Care satisfies Continuing Care that there is no other realistic alternative, including direct service delivery from a home care provider agency.

Payment of a family member by exception is a temporary arrangement, which is to be reviewed on a quarterly basis to determine if another qualified care provider or alternative service arrangement is available. Payment of family members is renewed **only** if the reason for the exception still applies.

Continuing Care will **not** pay a family member:

- who has provided care without compensation in the past, unless there is now a potential for unique hardship to the client, resulting from a lack of an available care provider.

- to compensate for loss of income or any other loss incurred as a result of providing care.

Family members who **cannot** be paid Self Managed Care option funds include:

- parents or grandparents
- spouse (or partners living together in a spousal relationship)
- children (by birth or adoption)
- siblings
- in-laws
- other relatives living in the same household

Payment of family members through the Self Managed Care option requires review and written approval from the Director of Service & Business Support.

16.0 COMPREHENSIVENESS OF FUNDING

The funds provided under the Self Managed Care option are comprehensive and intended to cover the following costs:

- wages for care providers;
- payroll deductions and benefits;
- administrative costs of service (payroll, scheduling, etc.);
- other approved expenditures.

The client is required to pay all of these costs from the Self Managed Care funds.

The client is responsible to cover any costs associated with support services which are in excess of the monthly funding allotment.

The client is not entitled to any personal compensation or payment through the Self Managed Care agreement for the time and effort expended in administering the Self Managed Care services.

17.0 QUALITY OF CARE

Individuals receiving Self Managed Care have the inherent right to self determination, including the right to live at risk. Clients have the responsibility for service management and the quality of the support services they purchase.

Continuing Care provides case management services, including reassessment, to clients receiving Self Managed Care. Reassessment is conducted by the Care Coordinator in accordance with Continuing Care policy. The client is responsible to report, to the Care Coordinator, any changes in his or her situation or care requirements.

In a situation where the Care Coordinator has concerns with the quality of care the client is receiving through the Self Managed Care option, those concerns will be brought to the attention of the client.

18.0 TRAINING FOR CARE PROVIDERS

The responsibility for training of care providers rests with the client.

19.0 SERVICE INTERRUPTIONS

In the event that the client does not require care for an extended period of time, such as during an admission to hospital, Self Managed Care funding may be continued for a period of up to one month. This is to encourage continuity in care and to allow the client to retain or give notice to the care providers. Clients are responsible to notify the Care Coordinator within 24 hours in the event of an interruption in service requirements, e.g.:

- the client is admitted to acute care
- the client is admitted to a long term care facility
- there is any other interruption in service requirements.

20.0 BACKUP SERVICE PLAN

Self Managed Care clients are required to establish a backup service plan in the event that the scheduled care provider is not available to provide care. The use of Continuing Care services as the back up service plan is not permitted.

21.0 LOCATION OF SERVICE

Self Managed Care funding is not linked to place of delivery. This enables the client to meet his or her assessed need for support services in a variety of locations.

22.0 LIABILITY

All liability related to services purchased through the Self Managed Care option resides with the client.

Continuing Care is not liable for any failure on the part of the individual receiving Self Managed Care funding to ensure that appropriate services are provided to the client, including:

- any injury or death to the client or persons hired by the client to provide support services;

- failure on the part of the client to comply with all applicable legislation or to make required payments, deductions or remittances;
- any economic loss, damage, or loss of property incurred by the client or of anyone hired by the client to provide support services to the client.

23.0 SELF MANAGED CARE ORIENTATION SESSION

When an individual has been assessed and recommended as eligible to receive Self Managed Care funding, the person is required to attend an orientation session organized by Continuing Care **prior** to signing the *Self Managed Care Agreement*. The topics covered in the session may include:

- background and specific details of the Self Managed Care service option
- tips for hiring, training and supervising care providers
- basic expectations regarding financial accountability
- quality management expectations regarding the Self Managed Care service option
- review of the Self Managed Care Agreement
- processes related to setting up a *Self Managed Care Agreement*
- availability of training and support for tasks required as self manager
- frequently asked questions

All Self Managed Care clients will be required to sign a document confirming their attendance at the Orientation Session and that they understand the expectations under the Self Managed Care service option.

Should a potential client choose not to participate in the Self Managed Care service option following attendance at the Orientation Session, he or she may be eligible for services from Continuing Care's home care program in accordance with the current policies and guidelines for that service.

24.0 SELF MANAGED CARE AGREEMENT

A client who receives Self Managed Care funding is required to enter into a legally binding *Self Managed Care Agreement* with Continuing Care governing the terms and conditions of the funding. The *Agreement* will include:

- the number of funded service hours, approved expenditures and the monthly funding amount;
- the start date for the *Agreement* and a schedule for transfer of funds;
- the end date for the agreement, if applicable;
- the client's responsibility to adhere to all employment laws and regulations;
- provisions related to financial accountability and reporting;
- any restrictions or exceptions on hiring (i.e. family members);
- liability agreement;
- responsibility for expenses not covered by Self Managed Care funding;

- requirement for a backup service plan;
- insurance stipulations, including the requirement that the client hold employer liability coverage
- terms under which the agreement could be terminated.

25.0 MODIFICATION OR TERMINATION OF SELF MANAGED CARE AGREEMENT

If the support needs of the client change, he or she may request reassessment. Where appropriate and in accordance with current policies, procedures and guidelines, the Care Coordinator can recommend modifications to the *Agreement*.

Termination of a *Self Managed Care Agreement* may occur as the result of any of the following circumstances:

- at the client's request, with 30 days written notice;
- at Continuing Care's request, with 30 days written notice;
- Continuing Care may immediately terminate the *Self Managed Care Agreement* by notice in writing, for cause.

The termination of a *Self Managed Care Agreement* does not preclude the client from receiving other services from Continuing Care in accordance with current Continuing Care policies, procedures and guidelines.

26.0 SERVICE DECISION REVIEW

Appeals related to service eligibility decisions for Self Managed Care are made under the *Service Decisions Review Policy*. This policy is found in Chapter 11 of the Continuing Care Long Term Care Policy Manual.