



**GOVERNMENT OF
NEWFOUNDLAND
AND LABRADOR**

**Department of Health and
Community Services**

Provincial Home Support Program Operational Standards

Revised: November 2005

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.

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| 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.

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| 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: |

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:

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.

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

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 RIHA.

- An assessment instrument is used to determine functional need and aid in the development of a service plan.
- A service delivery plan is developed in collaboration with the individual and service providers.
- Service is provided within approved provincial financial standards outlined in the Financial Standards Manual.

Place of Residence

An individual who resides in his or her own home, inclusive of family home, specialized board and lodging, alternate family care home, apartment or condominium, meets the place of residence criteria for home support funding. These private residences are considered to be, for the purpose of this operational standard, self-contained residential units in which the individual (with or without supporting persons) can live separately from others and which include bedroom, bathroom and kitchen facilities within the unit. Service is not provided to individuals in hospitals, personal care homes, nursing homes, health centers, privately operated assisted living units, congregate housing arrangements, or other facilities staffed to provide care. See Appendix B for definition of place of residence.

Financial Eligibility

Financial eligibility for publicly funded home support service is determined through a financial assessment completed by the RIHA. This assessment examines liquid assets, income and living expenses and determines not only eligibility but also the amount, if any, the individual must contribute toward the cost of the service. The financial assessment is conducted within the following framework:

- An assessment is completed using provincial financial guidelines which includes the financial ceiling. (See Appendix A).
- An individual must agree to pay his/her contribution for home support service before a home support subsidy is approved.
- The individual's monthly contribution must be paid before the subsidy is provided by the RIHA.

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| 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.

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| 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.

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| 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.

5.20 Developing Individual Service Plans

An individual is entitled to a professional assessment of need to determine service requirements. All options are explored to develop the most appropriate service plan that defines level and type of service to be delivered. The development of a service plan will occur with the agreement and involvement of the individual, family/support network and will be monitored and revised as required, minimally annually. This service plan may include referral to professional services.

5.30 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).

5.40 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.

5.50 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.

5.60 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.)

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| 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).

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| 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 B) 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
- or other family members 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 Health, Safety and Compensation Commission of Newfoundland and Labrador*
- 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:

 - Comprehensive General Liability of not less than \$1,000,000
 - Incidental Medical Malpractice
 - Professional 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
- Confidentially
- 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 Health and Safety Compensation Commission
- 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:

- Referral - for initial and adjusted services *(Form HS: 8.7)*
- Individual Assessment *(Form HS: 8.7)*
- Service Plan Summary *(Form HS: 8.8)*
- Contract *(Form HS: 8.13)*
- Delegation of Function to Home Support Workers *(Form HS: 8.6)*
- Home Support Service Flow Sheet *(Form HS: 8.9)*
- Confirmation of Service Provision *(Form HS: 8.18)*
- Service Billing Form *(Form HS: 8.16)*
- Discharge Record *(Form HS: 8.12)*
- Advance Health Care Directive information *(if applicable)*

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

- Compliments/Complaints Report *(Form HS: 8.10)*
- Incident Report *(Form HS: 8.11)*
- 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.

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 B - DEFINITIONS

Place of Residence Operational Standard Home Support Program Place of Residence Eligibility Criteria

Home support service 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, 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.

Eligibility

An individual who resides in his or her own home, inclusive of family home, specialized board and lodging, alternate family care home, apartment or condominium, meets the place of residence criteria for home support funding. These private residences are considered to be, for the purpose of this operational standard, self-contained residential units in which the individual (with or without supporting persons) can live separately from others and which include bedroom, bathroom and kitchen facilities within the unit.

An individual is not eligible for home support funding if he/she resides in:

- 1.) A residential care facility that provides health services to oversee medical care, personal care and 24 hour on-site professional nursing care. Such facilities may be categorized as, but not limited to:
 - Public and private nursing homes
 - Public and private long term care facilities
 - Public and private continuing care facilities
 - Public and private health centres.

- 2.) A residential care facility that does not provide health services but where staff are on site and provide resident care on a 24 hour basis. Such facilities include but are not limited to:
 - Public and private personal care homes
 - Public and private community care homes
 - Co-operative apartments
 - Privately Operated assisted living units or congregate housing arrangements

Fghplkqpu

An individual who resides in the following residential care facilities do not meet the place of residence criteria for home support funding. As well, home support funding will not be provided to an individual who resides in any other residential arrangement not determined by this operational standard to meet the place of residence criteria.

Long Term Care Facilities/Nursing Homes/Continuing Care Facilities/Health Centres

For the purpose of this operational standard, long term care facilities, nursing homes, continuing care facilities and health centres are residential care facilities designed for people who require on-going health services or have extensive care requirements. These facilities provide 24 hour on-site professional nursing care and supervision as well as allied health services and personal care. Such facilities usually also offer medical care through community physicians, planned recreation and socialization, pastoral care, medication management and end of life care. They generally offer higher levels of personal care and support than those typically provided by any other type of residential arrangement.

Personal Care Homes

Personal care homes are licensed residential care facilities that provide care and accommodation to more than four residents who require supervision and assistance but do not require on-site professional care. Residents occupy either private or semi-private rooms and may share amenities such as washroom facilities. There is a centralized kitchen and all meals are prepared by staff. There is staff on-site around the clock to provide supervision and routine resident care. Residents who reside in these facilities do not meet the place of residence criteria for home support funding.

Community Care Homes

Community Care Homes Community care homes are licensed residential care facilities that provide care, supervision and accommodation to residents with severe and persistent mental illness but do not require on-site professional care. There is staff on-site around the clock to attend to routine resident care. Residents who reside in these facilities are not eligible for home support funding.

Co-operative Apartments

This program is a private residential setting operated by an incorporated community board of directors and staffed by a live-in supervisor and relief staff. Homes are usually rented houses and are shared by up to three adults with developmental disabilities. The program is not meant to provide permanent homes and the main emphasis is on skill teaching and support to enable more independent living.

Assisted Living /Congregate Housing

Assisted living refers to an environment that meets the changing needs of individuals within a home-like setting and allows them maximum independence and decision-making in daily living but where no health services are routinely provided. This type of facility offers apartments or assisted living units that are owned or leased and may be large enough to allow spouses or care providers to live in. Residents are generally independent but require assistance with some activities of daily living. These facilities usually have common socialization/recreational areas and household support and personal assistance packages that can be purchased by the resident. Support/assistance packages include various types and amounts of services i.e. housekeeping, laundry, meals and assistance with personal care. There is a 24 hour emergency call system in place but no in-house staffing to provide on-demand routine resident care.

Congregate Housing is one form of assisted living that is based on independence through interdependence. In a congregate housing arrangement residents help each other and purchase services such as home support when required.

**APPENDIX C – 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 C
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 | | | | | | | | | | | | | | Total Hrs. | Total Amt. | CERTIFICATION | EMPLOYEE SIGNATURE | | |
|------------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|------------|---------------|--------------------|--|--|
| | DAY | S | M | T | W | T | F | S | S | M | T | W | T | F | | | | | S | |
| | DATE | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | Total Hrs. | Total Amt. | CERTIFICATION | EMPLOYEE SIGNATURE | | |
|------------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|------------|---------------|--------------------|--|--|
| | DAY | S | M | T | W | T | F | S | S | M | T | W | T | F | | | | | S | |
| | DATE | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | Total Hrs. | Total Amt. | CERTIFICATION | EMPLOYEE SIGNATURE | | |
|------------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|------------|---------------|--------------------|--|--|
| | DAY | S | M | T | W | T | F | S | S | M | T | W | T | F | | | | | S | |
| | DATE | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | Total Hrs. | Total Amt. | CERTIFICATION | EMPLOYEE SIGNATURE | | |
|------------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|------------|---------------|--------------------|--|--|
| | DAY | S | M | T | W | T | F | S | S | M | T | W | T | F | | | | | S | |
| | DATE | | | | | | | | | | | | | | | | | | | |
| 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 | | | | | | | | | | | | | | Total Hrs. | Total Amt. | CERTIFICATION | EMPLOYEE SIGNATURE | | |
|------------|------------|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|------------|---------------|--------------------|--|--|
| | DAY | S | M | T | W | T | F | S | S | M | T | W | T | F | | | | | S | |
| | DATE | | | | | | | | | | | | | | | | | | | |
| 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 |
| Service Plan Summary | HS: 8.8 |
| 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: _____

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 No

If "Yes", please comment: _____

Date: _____

Physician's Signature: _____

Address: _____

Note To Applicant:

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

Attention: _____

HS: 8.3

**HOME SUPPORT
PRE EMPLOYMENT TUBERCULIN SKIN TEST**

(This form is to be completed by the Community Health Nurse)

Please make an appointment with the local Community Health Nurse for a Tuberculin Skin Test (TST). Bring the result of your skin test to your family physician to be included with your medical report. For pre-employment two-step testing is recommended, not more frequently than every four years.

Name: _____ Maiden Name: _____

Date of Birth (Y/M/D): _____ Mother's Name: _____ Father's Name: _____

Address: _____ Telephone # _____

MCP # _____

| | | | |
|------------------|------------|------------|-----------|
| Previous TST(s): | Test _____ | Date _____ | _____ mm. |
| | Test _____ | Date _____ | _____ mm. |
| | Test _____ | Date _____ | _____ mm. |

Date(s) of Previous BCG: _____

The above-named person has had a 5TU PPD Skin Test today, _____ and the result is _____ mm. and _____ and the result is _____ mm.

(Date)

(Date)

Signature of CHN

| 5 TU PPD test result | Action |
|--|--|
| Induration less than 10 mm | Repeat (for two step) in 7 days to 4 weeks |
| Induration greater than 10 mm (and no previous test within 6 months) | Chest x-ray (CXR) |

If the initial 5TU PPD is <10 mm, a second test is to be performed seven days to four weeks after the original one to determine if there has been a booster effect, this is the two step process.

If the 5 TU PPD is >10 mm and no history of a test in the past six months, a chest x-ray should be ordered. The CSR report should be returned to the Medical Officer of Health for interpretation.

NOTE: The Community Health Nurse will follow all persons with positive results

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 FUNCTION
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 function _____

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 FUNCTION 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 Female

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 only
With spouse and others only
With others only
Alone only

Relationship to Client: _____

Address: _____

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

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

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
- Drowsy, responsive only to tactile stimuli
- Comatose, responsive only to painful stimuli
- Comatose, non-responsive to painful stimuli

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 ASA Milk/Dairy Products

Other (specify) _____

Special Instructions: _____

HS: 8.7 (cont'd)

PHYSICAL ASSESSMENT

VISION

- Normal
- Impaired
- Blind
- Wears glasses

Explain: _____

HEARING

- Normal
- Impaired
- Deaf
- Wears Aids

Explain: _____

SPEECH

- No difficulty
- Aphasic: receptive
- expressive
- Dysphasic

Uses aids: Type _____
 First Language: _____

SKIN INTEGRITY

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

NUTRITIONAL REQUIREMENTS

- Adequate diet, no restrictions/alterations required
- Adequate diet, restrictions or alterations required
- Inadequate diet, one or more food groups inadequate
or daily caloric intake inadequate
- Inadequate or daily caloric intake inadequate
- Inadequate diet or not adhering to recommended
restrictions

Does client require a special or prescribed diet?
 Yes No

If "yes" specify type: _____

Does client require dietary supplements?
 Yes No

If "yes" specify type: _____

Does client require alternate feeding?
 Yes No

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. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs total assistance ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DRESSING

Needs no assistance

Needs assistance

Needs total assistance

BATHING

| | Tub | Shower | Bed /Sponge |
|----------------------------|--------------------------|--------------------------|--------------------------|
| Needs no assistance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Needs total assistance ... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 heavy housework (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

**HOME SUPPORT
SERVICE PLAN SUMMARY**

Client Profile

Name: _____
 Address: _____
 Phone No. _____
 Date of Birth: Y ___ M ___ D _____
 Emergency Contact: _____
 Telephone No: _____(H)_____ (W)

Service Requirement

Home Management
 Personal Care
 Hours Per Week: _____
 Days Per Week: _____

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

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: _____
 Completed by: _____ Date: _____
 Position: _____

TO BE LEFT IN CLIENT'S HOME

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: _____

Date of Birth: _____ *Surname* _____ *Given Name(s)* _____
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 OR MARK

WITNESS

SUPPORTING PERSON (if Required)

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 No.: _____ (H) _____ (W)

Personal Care

- Grooming (eg. shaving, dental and nail care)
- Shampooing
- Dressing
- Bathing (a) Tub
- (b) Bed/Sponge
- ©) 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:** _____

HS: 8.15 (cont'd)

Comments: _____

Signature: _____ Date: _____

Title: _____

Follow up/Comments: _____

Signature: _____ Date: _____

Title: _____

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 No
- Record of supervisory home visits for the purpose of evaluating homemaker's performance and client's condition. Yes No
- Progress notes in the case of a client receiving personal care. Yes No
- Documentation of delegation of functions. Yes No

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 <i>Hours / Minutes</i> | SUNDAY <i>Hours / Minutes</i> | MONDAY <i>Hours / Minutes</i> | TUESDAY <i>Hours / Minutes</i> | WEDNESDAY <i>Hours / Minutes</i> | THURSDAY <i>Hours / Minutes</i> | FRIDAY <i>Hours / Minutes</i> |
|-------------------|---|---|---|--|--|---|---|
| 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: _____