



## DOCUMENTATION

- If New Assessment or Appeal: complete pages 1 to 5; tick NEW ASSESSMENT box or APPEAL box.
- If Review: tick Review box; complete HEALTH DISTRICT, ASSESSOR, CLIENT NUMBER, CLIENT NAME, REVIEW DATE, ASSESSMENT LOCATION, and APPROVED CARE LEVEL AND SERVICES. Submit only page 1.
- If Reassessment: tick REASSESSMENT box; complete HEALTH DISTRICT, ASSESSOR, CLIENT NUMBER, CLIENT NAME, REVIEW DATE, REASSESSMENT DATE, ASSESSMENT LOCATION and APPROVED CARE LEVEL AND SERVICES. Submit only page 1.
- If Correction: tick CORRECTION box; enter detail in shaded sections only as it should read. Submit only pages to be corrected; date stamp form.

**THE ABOVE ACTIONS ARE THE MINIMUM DATA ENTRY REQUIREMENTS.**

## A. CLIENT'S PERSONAL DATA

- Most fields are self explanatory.
- A2: Enter current address and applicable dates. Even if the client has been admitted to hospital or facility, use client's home address.
- Tick the NO box if client is not a veteran. For veterans, tick the appropriate A, B, or C box and the service number (*regimental number*). This information can be obtained from Veteran Affairs Canada Offices in Vancouver, Victoria, Prince George or Penticton.
- Tick the NO box if client is not to receive rate change letters directly. This indicates the letter will be sent to the Health Authority for distribution to the appropriate client contact.
- A3: Check appropriate Marital status. If situation is unusual, tick 6 (*other*) and describe circumstances in Section IF.

## C. EMERGENCY CONTACT PERSON and RESEARCH CODES

- Give details of person or next-of-kin to contact in an emergency. Enter Contact Person if they are also the Emergency Contact.
- Up to 3 Research Codes, determined by the Health Unit, can be used to classify a client for future research.

## D. RESPONSIBLE PHYSICIAN

- Give details of the physician responsible for client care.
- Specialists or other physicians involved, enter in F.

## E. APPLICATION

- When assessment is complete, have client sign application. If clients cannot sign name but can make their mark, Case Manager enters their names, the words "His/Her Mark", and countersigns. If clients cannot sign or mark, the contact person may sign on behalf of the client.
- Case Manager is to ensure that clients are aware they are specifically certifying that their answers to Section IV A1, IV A2, IV A3 are correct.
- Indicate Canadian Citizenship. Enter the date the client became a BC resident.
- Tick the YES box if client is a sponsored immigrant. Enter the date the sponsorship expires.

### Freedom of Information and Protection of Privacy

All personal information is collected under the *Continuing Care Act*, and will be used to determine the applicant's functional and self care capabilities. Personal information will be used and disclosed in accordance with the privacy protection provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use and disclosure of this information, you should contact your case manager at your local health unit, which is listed in the blue pages of the telephone book under Health Authorities.

## F. ASSESSMENT SUMMARY

- Case Manager signs in the space provided and dates the signature.
- If the client lives with a caregiver in client's own home (*not Family Care or Group Home*) tick YES. *Caregiver means a family member or other person providing client ongoing care and/or supervision.*

## G. SERVICE AUTHORIZATION (SA)

- One service can be started/changed/ended in this section. Use the SA Action Memo to authorize additional starts/changes/ends to service.
- Home and Community Care Manager or delegated person(s) signs in the Authorizing Signature space to authorize service.
- Once the SA information is entered into the computer, write the SA-ID in the SA-ID box.
- SA's will print on the Health Unit printer. Use the 5OH screen to designate printer, number of copies and when SA's will print.

## START OF SERVICE

- Authorization Date indicates when service can begin or the admission date.
- Paid or Unpaid indicates whether service is paid for by the Health Authority.
- Organization/Service/Type codes relate to the service provider's category. Use the 6P7 screen to see available provider choices.
- For Home Support Service or Day Program, indicate the approved hours or days and attach an authorized memo if in excess of normal limits. Also indicate client's contribution.

## CHANGE OF SERVICE

- Authorization Date indicates when a change of service is to begin.
- For Home Support Service or Day Program, indicate the approved hours or days and attach an authorized memo if in excess of normal limits. Indicate client's contribution, if changed.

## TEMPORARY ABSENCE (FACILITY CLIENTS ONLY)

- Paid** If the client has departed the facility on an approved paid temporary absence, indicate the Authorization Date in the Change Service section and tick a Vacation or Illness box. When the client returns, enter the date care resumes in a Change Service on an SA Action Memo and tick Return box.
- Unpaid** If the client has left on an unpaid temporary absence, service must be terminated in the End Service section by ticking the Unpaid Temp Absence box. When the client returns from the unpaid absence, use the Start Service of an SA Action Memo.

## END TO SERVICE

- Authorization date indicates when the service terminates.
- Tick Death box or Unpaid Temp Absence box only if applicable. Blank indicates a normal end to service.

## ERROR CORRECTIONS OR DELETIONS

- Tick Correct or Delete box and indicate the Service Authorization being corrected or deleted.

## H. CLIENT'S PREFERENCE

- The Client's Preference (*bottom of form 1*) should be completed after the assessment to ensure an informed choice. Client condition and financial circumstances should be considered to avoid inappropriate choices when premium payments are involved.
- Enter BF (*bring forward*) reason code and date, if applicable. BF codes:  

A=Referral	D=Hospital to Community	G=Other
B=Provider Request	E=Awaiting Client Info	
C=Review Plan or Hours	F=Start Facility Services	