

# Home and Community Care



## A Guide to Your Care

August 2007

For information on any of these services, contact the home and community care program at the local health authority. For contact information on health authorities and other services, see Resources.

This document will be continually updated and available online at:  
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# Introduction

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## Caring for People

Home and community care staff strive to enhance a client's ability to care for themselves. Services complement and supplement, but do not replace, clients' efforts to care for themselves, with the assistance of family, friends and community.

Home and community care services can be provided on a short- or long-term basis. The type and amount of services clients receive depend on their care needs.

Home and community care services are based on need and, depending on the service, may be subsidized according to income or provided at no cost to the client.

In-home services, for eligible clients, include home care nursing, rehabilitation, home support and palliative care. Community-based services include adult day programs, meal programs, as well as assisted living, residential care services and hospice care. Case management services are provided in both the home and community.

### **Home and community care services:**

- support clients to remain independent and in their own homes for as long as possible;
- provide services at home to clients who would otherwise require admission to hospital or would stay longer in hospital;
- provide assisted living and residential care services to clients who can no longer be supported in their homes; and
- provide services that support people who are nearing the end of their life, and their families, at home, in assisted living, in residential care or in a hospice.

## Home and Community Care Philosophy

The Ministry of Health expects that:

- home and community care services will promote the well-being, dignity and independence of clients;
- palliative care services will provide the best possible quality of life for people nearing the end of their life and their families;
- clients and their families should have the information required to make their own decisions about lifestyle and care; and
- clients have the right to make their own care decisions.

## Who Will Use This Guide

This guide is for people who have difficulty coping with activities of daily living because of health-related problems or have palliative care needs. The guide includes general information about services available to help British Columbians live as independently as possible and information about end-of-life care. It also provides useful information for family and friends.

# Community Care Services

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## Home Support

Home support services are designed to help clients remain independent and in their own home as long as possible. Home support provides personal assistance with daily activities, such as bathing, dressing, grooming and light household tasks that help to maintain a safe and supportive home.

If home support assistance is recommended, a case manager will help the client determine the assistance that will best suit their needs and will make the necessary arrangements.

## Choice in Supports for Independent Living (CSIL)

Choice in Supports for Independent Living (CSIL) is an alternative for eligible home support clients. CSIL was developed to give British Columbians with daily personal care needs more flexibility in managing their home support services.

CSIL is a “self-managed model of care”. Clients receive funds directly for the purchase of home support services. They assume full responsibility for the management, co-ordination and financial accountability of their services, including recruiting, hiring, training, scheduling and supervising home support workers.

### Who is Eligible for CSIL:

- require daily personal assistance;
- have the ability to direct all aspects of their care or have a client support group to do so; and
- have demonstrated the ability to manage care services.

## Getting Help Managing CSIL Services

Seniors and people with disabilities who are unable, or not always able, to direct their own care can obtain CSIL funding through the formation of a client support group.

### What is a Client Support Group?

A client support group consists of five people who have registered as a non-profit society for the purpose of managing support services on behalf of a CSIL client. Family members, friends, neighbours, an advocate, family physician or others may be members of the client support group.

The client support group takes on all the responsibilities of an employer. CSIL funds go directly to the group to purchase home support services on behalf of their client.

### Payment to Family Members

CSIL clients have greater flexibility in their care options and may pay family members, except immediate family members (i.e. parent, child, or spouse), as care givers in accordance with **Policy 8.H, Payment to Family Members**. Health authorities may grant an exception for an immediate family member to be paid to provide care for a client if the criteria set out in Policy 8.H are met. Information is available through the local health authority.

## Home Care Nursing and Community Rehabilitation

Home care nursing and community rehabilitation are professional services, delivered to clients in the community by registered nurses and rehabilitation therapists. Nursing care is available on a non-emergency basis for British Columbians requiring acute, chronic, palliative or rehabilitative support. Rehabilitation therapists can also provide assessment and treatment to ensure a client's home is suitably arranged for their needs and safety.

## Adult Day Centres

Adult day programs assist seniors and adults with disabilities to continue to live in their own homes by providing supportive group programs and activities that assist with daily activities or give clients a chance to be more involved in their community.

Activities vary with each centre. They may include:

- personal care services, such as bathing programs and administering medications;
- therapeutic recreation and social activities;
- caregiver respite, education and support; and
- in some centres, meals and transportation may also be provided or arranged.

Clients may attend an adult day program in addition to receiving other services, such as Meals-on-Wheels and home support. Many programs are connected with residential care facilities, while others operate independently.



## Caregiver Relief/Respite

Many people receiving home and community care services are assisted by non-professional caregivers, often a friend or family member. Respite care can give the caregiver temporary relief from the emotional and physical demands of caring for a friend or family member. It gives caregivers the opportunity to join in community activities, while renewing their energies so they may continue to provide quality care.

Respite may take the form of a service in the client's home. Or, the client may be admitted, on a short-term basis, to a residential care facility, hospice or other community care setting. Caregivers may also take a break while the client attends an adult day centre or is receiving home support services.

## End-of-Life Care

End-of-life care is supportive and compassionate care that improves the quality of life of people in the end stages of a terminal illness or preparing for death. It is provided wherever the client is living, whether in their home, in hospital, hospice, an assisted living residence or a residential care facility.

## Services

End-of-life care preserves the person's comfort, dignity and quality of life.

- Community services include palliative care co-ordination and consultation, professional nursing services, community rehabilitation services, home support and respite for the caregiver.
- Palliative care services relieve, eliminate and/or control symptoms so those facing death, and their loved ones, can devote their energies to embracing the time they have together.

## **B.C. Palliative Care Benefits Program**

With the B.C. Palliative Care Benefits Program, people living at home and nearing the end of their life can receive free medications for pain and symptom relief and some medical supplies and equipment. Approved medications can be obtained through a local pharmacy.

### **Who Can Apply?**

British Columbia residents who have been diagnosed by a physician as having an end-stage illness with a life expectancy of up to six months, or seniors who are not likely to live longer than six months are eligible.

### **How to Apply**

A doctor must certify that the person is eligible for coverage and submit an application. For prescription drug benefits, a doctor submits an application directly to PharmaCare. A copy of the application form is sent to the local health authority as a referral for coverage of any medical supplies and equipment the client may be eligible to receive.

# Assisted Living

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Assisted living residences provide housing, hospitality and personalized assistance services for adults who can live independently but require regular assistance with daily activities, usually because of age, illness or disabilities. Support services promote clients' independence, while involving family and friends in their care.

Assisted living residences combine building features and services that enable people to remain in their community as long as they are able to make decisions on their own behalf. They maximize independence, while promoting choice, self-direction and dignity.

## Housing

Assisted living residences can range from a high rise apartment complex to a private home. Units can vary from one room to private, self-contained apartments. Residences may be located on their own or housed with other residential options, such as supportive housing (for people with lower care needs) or residential care.

## Services

Hospitality services consist of:

- meals;
- housekeeping;
- laundry;
- social and recreational opportunities; and
- a 24-hour response system.

Personal assistance services may include assistance with tasks like bathing, grooming, dressing and mobility.

Other specific nursing and rehabilitation tasks, such as assistance with medication, may be delegated by a health care professional to personal assistance staff.

## Moving In

Publicly-funded assisted living residences are available to seniors and persons with disabilities who:

- require both hospitality services and personal care services;
- are able to make decisions on their own behalf that will allow them to function safely in an assisted living residence, unless a spouse lives with the person and is willing and able to make decisions on the person's behalf;
- are at significant risk in their current living environment; and
- have been advised of the applicable client rate and permissible assisted living residence charges, and have agreed to pay all applicable costs.

## Moving Out

Clients are required to move out of assisted living if:

- they are no longer able to make decisions on their own behalf;
- their behaviour jeopardizes their or others' safety and well-being; or
- they are not complying with the terms of their residency agreement.

If a client's care needs can no longer be met in an assisted living residence, they may be eligible to move into a residential care facility or will be helped to locate other appropriate accommodation and services.

## Health and Safety

Under the *Community Care and Assisted Living Act*, all assisted living residences must be registered with the assisted living Registrar. The Registrar ensures assisted living residences provide services to residents in a manner that does not jeopardize their health and safety.

For more information on publicly-funded assisted living, please contact the local health authority.

# Residential Care

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## Facility Care

Residential care facilities provide 24-hour professional nursing care and supervision in a protective, supportive environment for people who have complex care needs and can no longer be cared for in their own homes.

### **Residential care services include:**

- professional nursing care;
- an assisted meal service;
- medication supervision;
- personal assistance with daily activities, such as bathing, dressing or grooming; and
- a planned program of social and recreational activities.

## Moving to a Care Facility

British Columbia's residential care access policy ensures seniors and people with disabilities with the highest need and urgency have priority for the first available, appropriate residential care facility bed.

Clients who have been assessed as needing facility care are expected to take the first bed that becomes available. Once in residential care, clients may request a transfer to a preferred care facility when there is an opening.

It is wise to plan ahead for a move to residential care. Clients are encouraged to ask their family and friends to help them prepare for their move. When a bed does become available, they will be asked to move in fairly quickly – usually within 48 hours.

## What Clients Should Know Before They Move

Moving to a residential care facility may not be easy, especially for seniors or people with disabilities who are moving from their own home. Taking the time to learn about the services that are offered in the facility, the costs and policies will ease the transition and make the move less stressful. Here are some questions clients may want to ask their case manager before they move:

- Can they take their own furniture into the care facility?
- What are the visiting times?
- What are the facilities' practices regarding belongings, pets and mail?
- What kind of clothing should they bring?
- Can outings and overnight stays be arranged?

## Group Homes

Group homes are private residences that enable adults with disabilities to live as independently as possible in the community. They offer an important service to residents because they provide short- and long-term living arrangements, affordable and safe housing, skills training, peer support and counselling.

Many British Columbia communities have group homes, which are generally operated by non-profit societies. Homes range from single family dwellings to apartment complexes and usually accommodate four to six residents.

## Family Care Homes

Family care homes are single family residences that provide supportive accommodation for up to two clients. Family care homes can be an alternative to a residential care facility for some individuals.

### What are They Like?

Family care homes offer a home-like atmosphere, nutritious meals and housekeeping services, along with any required assistance with daily living activities, such as bathing, grooming and dressing.

Although family care homes are available throughout the province, they are more numerous in rural areas where their availability allows clients to remain in their own communities.

### Who Uses Family Care Homes?

Family care homes are for seniors and people with disabilities who:

- require a more individualized approach to their care than is available in a residential care facility;
- have an immediate need for residential care and are unable to find other suitable alternatives;
- find the care environment at a residential care facility is not compatible with their religious, ethnic or cultural background or lifestyle; or
- need short-term assistance upon leaving hospital but are not ready to return to living in their own home.

# Hospice

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A hospice is a residential home-like setting where supportive and professional care services are provided to British Columbians of any age who are in the end stages of a terminal illness or preparing for death.

Services provided in a hospice may include:

- medical and nursing care;
- advance care planning;
- pain and symptom management; and
- psychosocial, spiritual and bereavement support.

## Who Uses Hospices?

Hospice is available for people who are unable to remain at home or prefer to spend their remaining time with others and do not require hospital care. A palliative care client may also move to a hospice on a short-term basis to provide respite to family caregivers.

## Philosophy

Hospice care offers a patient- and family-centred approach and support for patient and family choices about end-of-life care. Hospice care aims to help patients and families cope with grief and loss during illness and bereavement.

## Support

Whether the hospice is located on its own, in a hospital or in a residential care facility, care and support services are delivered by a team of nurses, physicians, pharmacists and other support staff, such as social workers, spiritual care workers, rehabilitation therapists and volunteers. Care and support in a hospice is available 24 hours a day.



# Eligibility for Services

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To be eligible for services such as home care nursing or physiotherapy and occupational therapy, clients must:

- be a resident of British Columbia;
- be a Canadian Citizen or have permanent resident status\*; and
- require care following discharge from an acute care hospital, care at home rather than hospitalization or care because of a terminal illness.

To be eligible for subsidized services, such as home support, assisted living, adult day care, case management, residential care services and/or palliative care services, clients must:

- be 19 years of age or older;
- have lived in British Columbia for three months;
- be a Canadian Citizen or have permanent resident status; and
- be unable to function independently because of chronic, health-related problems or have been diagnosed by a doctor with an end-stage illness.

\* Landed immigrant or are on a Minister's permit approved by the Ministry of Health Medical Advisory Committee.

# Access to Services

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The Ministry of Health funds health authorities across British Columbia to provide home and community care services. Health authorities may provide these services directly or through contracts with not-for-profit and for-profit service providers.

## How to Obtain Services

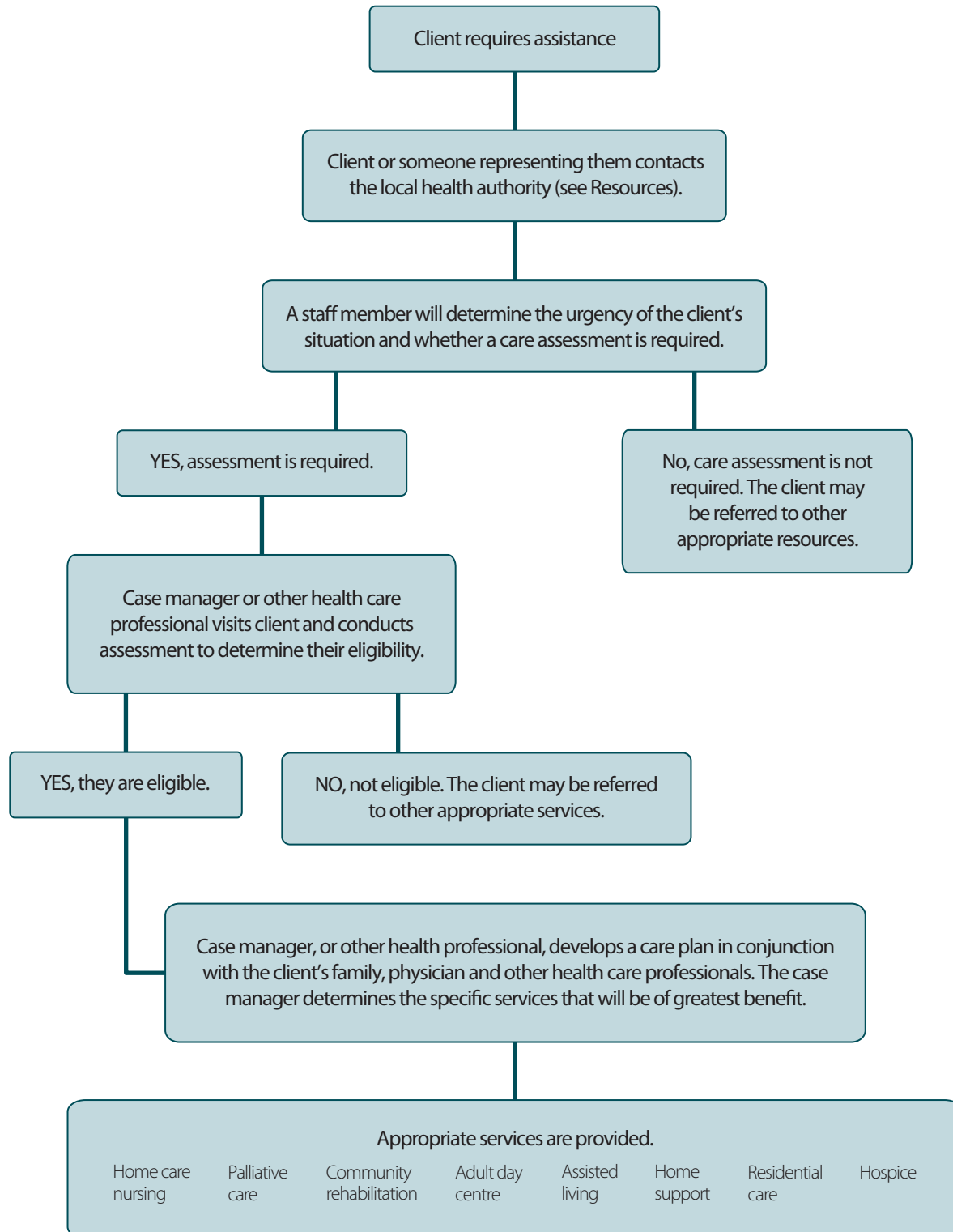
A client, or someone representing them, can apply for services by contacting the home and community care office of the local health authority. A staff member will determine the urgency of the client's situation and if a care assessment is required. If an assessment is not required or the client is not eligible, they may be referred to other, appropriate resources.

If an assessment is required, a case manager or other health care professional will visit with the client to discuss their situation and determine their health care needs and eligibility. If the client is eligible for services, their case manager will work with them to develop a care plan. Their family, physician and other health care professionals will participate in preparing the care plan to ensure it best meets their needs.

Health care professionals, such as a doctor, nurse, pharmacist or social worker, can also make enquiries on a client's behalf. Clients who are in hospital and feel they will need assistance when they return home, can ask the hospital social worker to contact the home and community care office of the local health authority to arrange for a case manager to visit them.

## What to Expect

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# Co-ordination of Services

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## Case Management or Care Co-ordination

Case managers act as co-ordinators to help clients obtain home and community care services. They determine the nature, intensity and duration of services that would best meet clients' needs and arrange their services.

The case manager will stay in touch with the client to arrange care services and make any adjustments necessary in the event their care needs change.

## The Assessment Visit

During the assessment visit, the case manager or other health care professional, such as a palliative care co-ordinator, discusses the client's situation and their health care needs. Together, the client and case manager develop a care plan. At that time, the case manager will assess whether the client's needs can be met while they remain at home or would be better met in an assisted living residence, residential care setting or a hospice.

### What the Case Manager Will Determine

- The client's eligibility for services.
- The client's health care needs.
- Whether the client will be required to pay anything toward the cost of the service.

## What the Case Manager May Ask to See

- The client's B.C. Care Card.
- Any prescription medication.
- War veteran and pension cheque stubs.
- The client's most recent income tax return or notice of assessment. Depending on the services the client might receive and because the fee for some services is based on income level, clients may be asked about their income. The income tax return will provide a convenient reference.
- The name and phone number of any doctor(s).
- The name and address of a close relative or friend.

To prepare for the assessment visit, clients may wish to make a list of any questions they have and any information they feel would be helpful in assessing their needs. For example, the case manager will need to know if a physiotherapist or doctor is treating the client.

Clients may want to have a family member or a friend with them during the assessment visit to provide support and assistance. Besides discussing the amount and type of assistance the client already receives, if desired, they may be able to help the client answer the case manager's questions.

## **Fees for Services**

Fees may change over time. Please contact the local health authority for current service charges.

## **Residential Care Facilities**

Residential care clients pay a daily fee depending on their after-tax income. Rates are adjusted annually based on the consumer price index. For up to date rates, contact the health authority.

## **Family Care Homes**

The cost for family care homes is the same as for residential care facilities.

## **Group Homes**

Group home clients are responsible for operating costs, such as food and rent, not associated with their care. Rental costs vary, depending on income.

## **Assisted Living**

Assisted living clients pay a monthly charge based on 70 per cent of their after-tax income.

## **Professional Services**

Case management, nursing and rehabilitation services are provided free of charge.

## **Home Support Services**

There may be a daily charge, depending on income (for most clients, there is no charge).

## **Respite Care**

Charges depend on the type of respite care required, such as home care or residential care.

## **Adult Day Centres**

Centres usually charge a daily fee to assist with the cost of craft supplies, transportation and meals. Ask the health authority for details.

# Once Clients are Receiving Services

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The services clients receive have been selected because they were the most appropriate and beneficial at the time the case manager assessed their situation.

## If the Client's Situation Changes

If there is a major change in a client's health or situation, or if they feel the services are no longer right for them, clients can ask their case manager for a review.

For example, if a client living in an assisted living residence requires brief hospitalization, their accommodation will be held for their return. They will continue to pay the monthly charge while they are away. If they will be in hospital for several weeks, or if their health and ability to function are not the same as they were before they went into hospital, it may be necessary for the client to transfer to a residential care facility when they leave hospital. Their case manager will discuss this with the client and their family and make any necessary arrangements.

## Building Relationships

British Columbia has many caring, competent home and community care staff. The Ministry of Health hopes the services clients receive are helpful and that their relationships with caregivers are pleasant.

Here are some steps clients can take to build positive relationships with their caregivers:

- 1** Ask the caregiver or case manager to clarify anything the client does not understand. Ideally, clients try to do as much as possible for themselves. The caregiver is there to assist clients so they can remain as independent as possible. Caregivers appreciate it when clients help themselves, wherever possible, and, if the client has a good relationship with their family, when their family can assist with their care.

- 2 Most people like to receive praise. Letting the supervisor, case manager or caregiver know when they are doing a particularly good job can help to create positive feelings.
- 3 Clients are encouraged to discuss any concerns they have about the services they are receiving with their caregivers, such as home support workers or nurses. Caregivers are there to help and want to work with clients to maintain a positive relationship.
- 4 If any concerns remain unresolved after discussing them with a caregiver, the client may want to contact the supervisor or case manager. For example, clients receiving home support services can contact the home support supervisor or agency administrator. Once a client has tried these suggestions, if they are still unable to resolve their difficulties, the client may wish to call or write to their local health authority.



# Resources

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## Private Care

Besides services provided through health authorities, clients can purchase community services from a private care agency. For example, clients may wish to add to the home support service they are receiving through home and community care by purchasing extra services from a private home support agency. People who are not eligible for publicly-funded home and community care services may also want to consider private agencies.

## Public Care (Health Authorities)

As addresses may change, for the most up to date information, please consult the online version of this document at [www.health.gov.bc.ca/hcc](http://www.health.gov.bc.ca/hcc).

## Northern Health

Web site: [www.northernhealth.ca](http://www.northernhealth.ca)

Find local contact numbers for home and community care services online.

Prince George: 250 565-2649

## Interior Health

Web site: [www.interiorhealth.ca](http://www.interiorhealth.ca)

Search the online Service Directory for a list of home and community care services in your community.

Kelowna: 250 862-4200

## Vancouver Island Health

Web site: [www.viha.ca](http://www.viha.ca)

Find local contact numbers for home and community care services online.

Victoria: 250 388-2273

Toll-free: 1-888-533-2273

## Fraser Health

Web site: [www.fraserhealth.ca](http://www.fraserhealth.ca)

General Enquiries Information Line

Surrey: 604 587-4600

Toll-free: 1-877-935-5669

## Vancouver Coastal Health

Web site: [www.vch.ca](http://www.vch.ca)

Health Information Line

Vancouver: 604 736-2033

Toll-free: 1-866-884-0888

## Other Resources

### BC NurseLine

Call the 24-hour, seven-day-a-week BC NurseLine to speak confidentially to a registered nurse or to speak to a pharmacist between 9 a.m. and 5 p.m. daily:

In Greater Vancouver: 604 215-4700

In B.C., toll-free: 1-866-215-4700

Deaf and hearing impaired, toll-free in B.C.: 1-866-889-4700

Translation services are available in over 130 languages. Simply stay on the line to be connected.

### BC HealthGuide Online

Web site: [www.bchealthguide.org](http://www.bchealthguide.org)

## **Health and Seniors' Information Line**

For general inquiries regarding Ministry of Health programs or services – Monday to Friday from 8:30 a.m. to 4:30 p.m.

Victoria: 250 952-1742

Toll-free: 1-800-465-4911

## **Independent Living BC**

Web site: [www.bchousing.org](http://www.bchousing.org)

Vancouver: 604 433-2218

Toll-free: 1-800-257-7756

## **Fair PharmaCare**

Web site: [www.health.gov.bc.ca/pharme](http://www.health.gov.bc.ca/pharme)

Vancouver: 604 683-7151

Toll-free: 1-800-663-7100

## **Assisted Living Registrar**

Web site: [www.health.gov.bc.ca/assisted](http://www.health.gov.bc.ca/assisted)

Vancouver: 604 714-3378

Toll-free: 1-866-714-3378

