

FAMILY-MANAGED HOME CARE



What is Family-Managed Home Care?

Family-Managed Home Care (FMHC) allows patients or their substitute decision-makers (SDMs) to choose their own home care service providers. Through the FMHC program, eligible patients, or their substitute decision-makers, will receive funding that they can use to purchase home care services or employ care providers. Patients or substitute decision-makers are responsible for managing their care providers and reporting to the Local Health Integration Network (LHIN).

Who is eligible for Family-Managed Home Care?

Patients must be assessed and meet the eligibility criteria for traditional home care to be considered for Family-Managed Home Care.

There are four eligible FMHC patient groups:

1. Children with complex medical needs
2. Adults with acquired brain injuries
3. Eligible home-schooled children
4. Patients in extraordinary circumstances

Who are patients in extraordinary circumstances?

Patients in extraordinary circumstances are those with relatively stable care needs but are experiencing extraordinary circumstances characterized by one or more of the following:

- Extraordinary nature, frequency and intensity of care required
- Unique scheduling issues
- Language or communication barriers
- Cultural considerations
- Rural or remote location of care

Are patients with complaints about their traditional service provider considered to have extraordinary circumstances?

The LHIN care coordinator will review why traditional home care has not been as effective as desired. Results of the review may determine that a patient has extraordinary circumstances.

Can patients who are incapable of making their own care decisions participate in Family-Managed Home Care?

Yes. Patients who need substitute decision-makers can be referred to Family-Managed Home Care. The legal agreement for FMHC is with the Parent or the Power of Attorney/Guardian for Property on behalf of the patient. For children, the individual(s) who hold(s) guardianship can enter into an agreement with the LHIN for FMHC.

How do I become a substitute decision-maker on behalf of a patient?

The LHIN will need to ensure the correct documentation exists for you to act on behalf of a patient and receive funding under the Family-Managed Home Care program. For a patient who is under the age of 18, this can be the parent or an individual with legal custody of the patient. For adult patients (over the age of 18), the LHIN may ask for a copy of documents that indicate you are the Power of Attorney or Guardian of Property for an adult who is incapable of making their own decisions.

If there is more than one substitute-decision maker (SDM), all of the SDMs that are authorized to do so must enter into and sign the Family-Managed Home Care legal agreement with the LHIN.

What is the role of patients or substitute decision-makers in the Family-Managed Home Care program?

Patients or substitute decision-makers are responsible for managing the care required, service providers, and financial administration and reporting. Patients or substitute decision-makers for property receive funding from the LHIN to hire employees or purchase services.

The patient or substitute decision-maker is required to enter into a legal agreement with the LHIN to access Family-Managed Home Care. It is important that the patient or substitute decision-makers (both property and personal care and treatment, if different people) have a complete understanding of the additional responsibilities and risks they will be taking on, including hiring workers.

What is the role of the LHIN care coordinator in Family-Managed Home Care?

The LHIN care coordinator assesses the patient's eligibility for service and determines the plan of care in collaboration with the patient or substitute decision-maker and family.

The care coordinator ensures services arranged through the Family-Managed Home Care program are meeting the patient's needs and LHIN standards for quality and safety.

The care coordinator is responsible for regular assessments and reassessments of patients receiving services through Family-Managed Home Care and is the point of contact for the plan of care and assessing any changes in the patient's status that may warrant a change in the care plan.

Additionally, the LHIN care coordinator works with the patient or substitute decision-maker to support their entry into the Family-Managed Home Care program.

Can patients be eligible for more services in the Family-Managed Home Care program?

No. Patients in this program cannot have more services than what is outlined in their plan of services.

Equity between traditional home care and Family-Managed Home Care is an important guiding principle to be followed as part of the program.

Can patients have a mix of traditional care and Family-Managed Home Care services?

In some circumstances, the LHIN may agree to offer a portion of services through the Family-Managed Home Care program as well as traditional home care. If the LHIN is providing a portion of the same or any service through family-managed and traditional home care, more services in total shall not be offered than are outlined in the patient's plan of service or care plan.

Who can the patient or substitute decision-maker hire to provide Family-Managed Home Care?

The patient or substitute decision-maker may purchase services from a service provider agency, independent contractor or an individual. All providers hired must:

- Be at least 18 years old
- Be in good standing with their regulatory college (in the case of a professional service)
- Maintain the required amount of liability and abuse liability insurance
- Have a valid CPR certificate
- Be capable of providing the service
- Pass a police vulnerable sector check

Can family members provide services through the Family-Managed Home Care program?

No. Funding cannot be used to hire service providers who are members of the patient's immediate family or reside in the same household.

How are the rates for service determined for the Family-Managed Home Care program?

Participating Local Health Integration Networks adopted a province-wide equitable approach for service rates. Maximum rates are set by service type for staff who are employees, independent contractors or service providers without a LHIN contract.

Can a patient go back to traditional home care if Family-Managed Home Care is not working for the patient?

A patient or substitute decision-maker can terminate the Family-Managed Home Care program agreement by giving the LHIN a minimum of 15 days' notice. Patients may then continue to access eligible services through traditional home care.

How can I learn more about Family-Managed Home Care?

To get more information or find out how to access Family-Managed Home Care, please contact your Central LHIN care coordinator at 416-222-2241 or 905-895-1240.