

Policy: Supportive Care Program

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July 1, 2020

Approved By:
Dr. Kevin Orrell, MD
Deputy Minister
Department of
Health and Wellness

1. POLICY STATEMENT

- 1.1. The Supportive Care Program is designed to support Continuing Care clients with long term cognitive impairment and their caregivers to receive the help they need to remain within their own homes. Under the Supportive Care Program, Continuing Care clients may be eligible to receive: (A) monthly payments for support services; and (B) reimbursement for snow removal services.

2. DEFINITIONS

- 2.1. **Acquired Brain Injury:** Long term or permanent brain damage or dysfunction that has been caused by trauma from an external force, or a medical problem or disease process which causes damage to the brain. ABI does not include congenital disorders or developmental disability (i.e. cerebral palsy, muscular dystrophy) or processes which progressively damage the brain (i.e. multiple sclerosis, Alzheimer's disease, Parkinson's Disease".
- 2.2. **Continuing Care Coordinator:** An employee of the Nova Scotia Health Authority (NSHA) who is responsible for the determination of client eligibility specific to the Supportive Care Program
- 2.3. **Care Plan:** A written document completed by the Continuing Care Coordinator, with input from the supportive care recipient and substitute decision maker. The care plan includes objectives related to anticipated health outcomes to be achieved through the Supportive Care Program and an identification of the specific services that are being requested for funding approval to meet these outcomes.
- 2.4. **Supportive Care Recipient:** The person receiving support services.
- 2.5. **Chronic Care Requirements:** For the purposes of establishing a Supportive Care Agreement, the supportive care recipient's assessed care requirements (i.e., number of hours, care activities) are determined for a one-year duration. Supportive care recipients whose care needs are expected to be long term (over 90 days) and fluctuate (maintain/decline) over this time period are considered to have chronic care requirements.
- 2.6. **Enduring Power of Attorney (EPOA)/Legal Guardian:** The person who has the legal authority to manage financial matters on behalf of the supportive care recipient when s/he lacks capacity to make financial decisions pursuant to the *Powers of Attorney Act*.
- 2.7. **Home Care Income Category:** A determination of the supportive care recipient's income status which is based on net income and family size of the individual and is calculated using the Home Care Fee Determination Process (Home Care Policy Manual, June 1, 2011, Section 14).

- 2.8. **Registered Professional Services:** Those services which require that the provider be a Physician, Registered Nurse, Licensed Practical Nurse, Nurse Practitioner, Occupational Therapist, Social Worker, or Physiotherapist.
- 2.9. **Service Provider:** A person, agency, or organization hired by the substitute decisionmaker to provide services approved in the care plan.
- 2.10. **Substitute Decision Maker:** The delegate or statutory decision-maker with the legal authority to make personal care decisions on behalf of an individual who lacks capacity to make health care decisions pursuant to the *Personal Directives Act*.
- 2.11. **Support Services:** Physical assistance with the routine activities of daily living and instrumental activities of daily living. This may include assistance with personal care activities (e.g., bathing, feeding), respite, essential housekeeping, and meal preparation. Services are limited to those outlined under Section 10.4 of the Department of Health and Wellness Home Care Policy Manual (June 1, 2011).
- 2.12. **Supportive Care Funding:** Funds provided to the supportive care recipient to pay for the support services and snow removal services authorized by the Continuing Care Coordinator.
- 2.13. **Supportive Care Agreement:** A contract between Continuing Care and the substitute decision maker and EPOA (if designated) governing the terms and conditions of the program and its associated funding.

3. POLICY OBJECTIVE

- 3.1. The purpose of this policy is to outline the eligibility criteria and processes to determine access to, funding and ongoing administration of the supportive care program for recipients and their substitute decision maker. It also outlines role and responsibilities.

4. APPLICATION

- 4.1. This policy applies to individuals who meet the eligibility criteria of the Supportive Care Program.

5. DIRECTIVES

5.1. **Eligibility criteria:** To be considered for funding through the Supportive Care Program, the substitute decision maker must make application on behalf of the care recipient and the following criteria must be met:

5.1.1. The Supportive Care Recipient:

- 5.1.1.1 is a resident of Nova Scotia, with a valid Nova Scotia health card number or is in the process of establishing permanent residence in Nova Scotia and has applied for coverage under Nova Scotia's Health Insurance Plan;
- 5.1.1.1 is 65 years of age or older, or if under 65, has a MDS-HC© assessment completed by a Continuing Care Coordinator which indicates the individual has a diagnosis of dementia (Section J-g or J-h) or has an acquired brain injury (Section J-a, J-i, J-j)
- 5.1.1.2 requires physical assistance with the routine activities of daily living as a result of a long term and/or permanent cognitive impairment;
- 5.1.1.3 has an MDS-HC© assessment completed by a Continuing Care Coordinator which indicates the individual has a Cognitive Performance Scale© (CPS) score of 3 or greater, and does not have the capacity to manage their own care;¹
- 5.1.1.4 has an unmet need that requires a minimum of 25 hours of home support per month (if unmet need is in excess of what the Supportive Care Program can provide, additional home support services may be accessed through the Continuing Care Home Care Program. Clients may need to contribute towards the cost of care based on the Home Care Fee Determination Process);
- 5.1.1.5 has a prognosis that they will be long term users of Supportive Care, e.g. has a requirement for service that will extend beyond 90 days;
- 5.1.1.6 is not eligible for similar programs or services through other federal, provincial (i.e., Department of Community Services) or municipal programs (e.g., Veteran's Independence Program);
- 5.1.1.7 has a person capable and willing to take on the role of Substitute Decision Maker; and
- 5.1.1.8 has an EPOA or a court appointed Guardian to manage the funding associated with this program. If the supportive care recipient does not have a designated EPOA or court appointed Guardian, then the substitute decision maker must be willing to sign an agreement with the Department of Health and Wellness to take on the responsibility of managing the funding associated with this program.

5.1.2. To receive reimbursement for snow removal services, the supportive care recipient must also meet the following criteria:

5.1.2.1 has a net income which places the individual in Home Care Client Fee

¹ The Continuing Care Coordinator at time of assessment will determine capacity, if the applicant is found to be able to manage their own care, s/he will be encouraged to access services through the Self Managed Care Program or the Home Care Program.

Category A, as determined through the current Home Care Fee Determination Process;

- 5.1.2.2 is living in a residence where no one else in the residence is able to provide snow removal services;
- 5.1.2.3 is living in a residence where a person or organization that owns, rents or otherwise manages the residence does not provide snow removal services; and
- 5.1.2.4 must first access other federal, provincial or municipal snow removal programs if available and eligible.

5.1.3. The substitute decision maker:

- 5.1.3.1 is 19 years of age or older;
- 5.1.3.2 has legal authority under the *Personal Directives Act* to make personal care decisions on behalf of an individual;
- 5.1.3.3 has a caregiving relationship with the qualified supportive care recipient that is ongoing, regular and is expected to extend beyond 90 days; and
- 5.1.3.4 is willing to sign an agreement with Continuing Care defining any terms and conditions associated with participating in the Supportive Care Program.

5.1.4. The Enduring Power of Attorney (EPOA)/Legal Guardian:

- 5.1.4.1 is 19 years of age or older;
- 5.1.4.2 provides documentation of his/her legal authority to manage the financial affairs of the supportive care recipient; and
- 5.1.4.3 is willing to sign an agreement with Continuing Care defining any terms and conditions for receiving funding through the Supportive Care Program.

5.2. **Roles and Responsibilities of the Substitute Decision Maker:**

5.2.1. The substitute decision maker's role is to manage the services approved as part of the supportive care recipient's care plan and be responsible for the following:

- 5.2.1.1 developing a care plan which identifies objectives related to the desired health outcomes to be achieved through the Supportive Care Program and the support services required to meet these outcomes. This is done in conjunction with the Continuing Care Coordinator;
- 5.2.1.2 effectively communicating with Continuing Care on all matters related to the Supportive Care Program and the supportive care recipient's care requirements;
- 5.2.1.3 clearly outlining the duties and expectations of employment to service providers;
- 5.2.1.4 ensuring service providers have the necessary skills to carry out duties;
- 5.2.1.5 initial training and ongoing supervision and direction of service providers;
- 5.2.1.6 developing backup service plans for contingencies and emergencies;
- 5.2.1.7 ensuring the quality of the care provided by service providers;

- 5.2.1.8 accepting Case Management and support from Continuing Care Coordinator;
 - 5.2.1.9 cooperating with Continuing Care Coordinator in quality audits related to care requirements;
 - 5.2.1.10 accepting the inherent risks associated with the management and coordination of the supportive care recipients support needs; and
 - 5.2.1.11 notifying the Continuing Care Coordinator within 24 hours if:
 - the supportive care recipient is admitted to acute care,
 - the supportive care recipient is admitted to a long term care facility,
 - there is a significant change in the supportive care recipient’s health status, impacting on service requirements,
 - or if there is any other prolonged interruption in service requirements.
- 5.2.2. For supportive care recipients who do not have a designated EPOA, the substitute decision maker must be willing to sign an agreement with the Department of Health and Wellness and NSHA to:
- 5.2.2.1 manage the funding associated with the Supportive Care Program;
 - 5.2.2.2 cooperate with the NSHA in financial audits related to care requirements;
 - 5.2.2.3 submit any required financial reports to the NSHA on the schedule established;
 - 5.2.2.4 provide the NSHA with a complete accounting of Supportive Care Funding on a quarterly basis; and
 - 5.2.2.5 recruit, interview, screen, hire and terminate all service providers.
- 5.2.3. For supportive care recipients who have a designated EPOA or court appointed Guardian, the EPOA or Legal Guardian must be willing to sign an agreement with the Department of Health and Wellness and NSHA to:
- 5.2.3.1 manage the funding associated with the Supportive Care Program;
 - 5.2.3.2 cooperate with the NSHA in financial audits related to care requirements;
 - 5.2.3.3 submit any required financial reports to the NSHA on the schedule established; and
 - 5.2.3.4 provide the NSHA with a complete accounting of Supportive Care Funding on a quarterly basis.

5.3. Roles and Responsibilities:

- 5.3.1. The NSHA Continuing Care is responsible to:
- 5.3.1.1 to work collaboratively with the supportive care recipient and his/her substitute decision maker to develop a care plan which identifies the desired health outcomes to be achieved through the Supportive Care Program and the support services required to meet these outcomes;
 - 5.3.1.2 to complete an initial assessment of supportive care recipient’s care needs and to review and reassess his/her support needs based on scheduled reassessments, or as required by a significant change in the supportive care recipient’s health status;

- 5.3.1.3 to provide orientation to the supportive care recipient, substitute decision maker and EPOA on the Supportive Care Program, including financial reporting and care related requirements, as well as any other requirements related to the Supportive Care Program;
- 5.3.1.4 to provide the supportive care recipient, substitute decision maker and EPOA with written notification of contract initiation, subsequent changes in funding and contract termination;
- 5.3.1.5 to complete a review of financial reconciliations on a quarterly basis;
- 5.3.1.6 to terminate the Supportive Care Agreement for cause; and
- 5.3.1.7 to identify appropriate Supportive Care Program candidates and provide such candidates with information regarding the Supportive Care Program.

5.3.2. The Department of Health and Wellness is responsible to:

- 5.3.2.1 establish policies and guidelines related to the Supportive Care Program; and
- 5.3.2.2 to provide the supportive care recipient with the approved funding for support services, as per the contractual agreement.

5.4. **Supportive Care Agreement**

- 5.4.1. A condition of receiving funding through the Supportive Care Program is that the substitute decision maker and EPOA (if designated) sign a contractual agreement with the Department of Health and Wellness and NSHA governing the terms and conditions that he or she is required to meet to receive the funding and consent to services for which the funding is to be utilized.
- 5.4.2. If the supportive care recipient does not have a designated EPOA or Legal Guardian, then the substitute decision maker must be willing to sign an agreement with the Department of Health and Wellness to take on the responsibility of managing the funding associated with this program, in addition to consent to services on behalf of the supportive care recipient pursuant to the *Personal Directives Act*.
- 5.4.3. The Agreement will include:
 - 5.4.3.1 the monthly funding amount and approved expenditures;
 - 5.4.3.2 the start date for the Agreement and a schedule for the transfer of funds;
 - 5.4.3.3 the end date for the agreement, if applicable;
 - 5.4.3.4 provisions related to financial accountability and reporting;
 - 5.4.3.5 any restrictions or exceptions on hiring (i.e. family members);
 - 5.4.3.6 liability provisions;
 - 5.4.3.7 responsibility for expenses not covered by funding under the Supportive Care Program;
 - 5.4.3.8 requirement for a backup service plan; and
 - 5.4.3.9 terms under which the agreement could be terminated.

5.5. Supportive Care Amount:

- 5.5.1. Support Services: The supportive care recipient will receive a minimum of \$500.00 up to \$1000 per month for support services through the Supportive Care Program.
- 5.5.2. Snow Removal Services: The maximum amount of funding a supportive care recipient may receive through the Supportive Care Program for snow removal services is \$495 per fiscal year.

5.6. Use of Supportive Care Funding:

5.6.1. Supportive Care Funding:

- 5.6.1.1 will be used to purchase the support services identified in the supportive care recipients care plan. Support services include assistance with personal care, respite, essential housekeeping and meal preparation.
- 5.6.1.2 may not be used to purchase services from a person or organization who owns, rents, or otherwise manages the residence and provides care in which the supportive care recipient lives (e.g. assisted living facility, etc.
- 5.6.1.3 may not be used to hire persons who are family members of the supportive care recipient. This includes the individual's spouse/partner, children/grandchildren, parent/grandparent, siblings, aunts/uncles and nephews/nieces.
- 5.6.1.4 may not be used for any service not approved by Continuing Care or for any other item not identified in the approved care plan or Supportive Care Agreement.
- 5.6.1.5 may not be used for the cost of respite bed services at a Department of Health and Wellness or Department of Community Services licensed or approved long term care facility, or a private unlicensed facility.
- 5.6.1.6 may not be used to purchase registered professional services. Supportive care recipient's who receive Supportive Care may be assessed by Continuing Care as eligible to receive registered professional services. These services will be provided directly through Continuing Care in accordance with current policies, procedures and guidelines. The cost of registered professional services provided through Continuing Care does not impact the amount of funding available through the Supportive Care Program.

5.7. Payment of Family in Exceptional Circumstances:

- 5.7.1. Continuing Care does not pay for the services provided by family members, either through direct employment or through the use of funding provided under the Supportive Care Program, except if:
 - 5.7.1.1 a person receiving Supportive Care satisfies Continuing Care that there is no other realistic alternative, including direct service delivery from a service provider agency;

- 5.7.2. Payment of a family member by exception is a temporary arrangement, which is to be reviewed on a quarterly basis to determine if another qualified service provider or alternative service arrangement is available. Payment of family members is renewed only if the reason for the exception still applies.
- 5.7.3. Continuing Care will not pay a family member:
 - 5.7.3.1 who has provided support services or snow removal services without compensation in the past, unless there is now a potential for unique hardship to the supportive care recipient, resulting from a lack of an available service provider.
 - 5.7.3.2 to compensate for loss of income or any other loss incurred as a result of providing support services.
- 5.7.4. Family members who cannot be paid under the Supportive Care Program include:
 - 5.7.4.1 parents or grandparents
 - 5.7.4.2 spouse (or partners living together in a spousal relationship)
 - 5.7.4.3 children (by birth or adoption), grandchildren
 - 5.7.4.4 siblings
 - 5.7.4.5 in-laws
 - 5.7.4.6 nephews/nieces
 - 5.7.4.7 other relatives living in the same household.
- 5.7.5. Payment of family members through the Supportive Care Program requires review and written approval from the Director of Liaison and Service Support, Department of Health and Wellness.

5.8. Qualifications of Service Providers:

- 5.8.1. Continuing Care does not define the required qualifications or an accreditation for service providers under the Supportive Care Program.
- 5.8.2. The purchase of support services and snow removal services from an agency or individual does not create any relationship between Continuing Care and the agency or individual. Decisions regarding qualifications of service providers and acceptable standards of service are the responsibility of the substitute decision maker.

5.9. Training for Service Providers:

- 5.9.1. The responsibility for training of persons providing support services rests with the substitute decision maker.

5.10. Payment of Supportive Care Funding:

- 5.10.1. Support Services:

- 5.10.1.1 Once an individual is determined to be eligible for the Supportive Care Program and has been accepted into the program, the Department of Health and Wellness will provide funding monthly, via Direct Deposit, to the supportive care recipient as per the terms and conditions of the Agreement.
- 5.10.1.2 The EPOA/ substitute decision maker must submit invoices/statement of expenses/receipts for support services, using the Reconciliation Report attached to the Agreement, to the NSHA representative as indicated on the Reconciliation Report, on a quarterly basis to provide verification that funding was spent on approved support services.

5.10.2. Snow Removal Services:

- 5.10.2.1 Once an individual is determined to be eligible for snow removal services through the Supportive Care Program, to receive reimbursement, invoices must be submitted to the NSHA representative, as indicated on the Invoice Form.
- 5.10.2.2 EPOA/substitute decision maker are responsible to submit the supportive care recipient's invoices on a yearly basis.
- 5.10.1.3 All invoices must be submitted once a year, by April 7 for the preceding fiscal year.
- 5.10.1.4 The Department of Health and Wellness will issue payment of the invoice within 30 calendar days of the NSHA receiving the invoice from the EPOA/ substitute decision maker.
- 5.10.1.5 Payment will be issued via direct deposit to the supportive care recipient's bank account.

5.11. **Service Interruptions:**

- 5.11.1. In the event that the supportive care recipient does not require support service for an extended period of time, such as during an admission to hospital, funding through the Supportive Care Program may be continued for a period of up to one month. This is to encourage continuity in care and to allow the substitute decision maker to retain or give notice to the service providers.
- 5.11.2. Substitute decision makers are responsible to notify the Continuing Care Coordinator within 24 hours in the event of an interruption in service requirements, e.g.: the supportive care recipient is admitted to acute care, the supportive care recipient is admitted to a respite bed in a long term care facility, there is any other interruption in service requirements.

5.12. **Discontinuation of Supportive Care:**

- 5.12.1. Supportive care recipients who are receiving funding through the Supportive Care Program will have the funding discontinued if Continuing Care determines that:

- 5.12.1.1 the substitute decision maker is no longer capable or available to manage support services and/or the funding (in absence of an EPOA);
 - 5.12.1.2 the EPOA (if applicable) is no longer capable or available to manage funding through the Supportive Care Program;
 - 5.12.1.3 the supportive care recipient no longer meets the eligibility criteria;
 - 5.12.1.4 there is an interruption in the caregiving arrangement of over 30 days duration;
 - 5.12.1.5 the supportive care recipient is admitted to a regular bed in a long term care facility; or
 - 5.12.1.6 the supportive care recipient is deceased.
- 5.12.2. In “exceptional circumstances” the NSHA may make an exception when they expect an interruption will extend past 30 days, but not greater than 60 days (e.g., 6-week hospital stay). In this circumstance, the payment should be stopped and then reinstated when interruption is over.

5.13. Access to Other Continuing Care Services:

- 5.13.1. Supportive care recipients may also be eligible to access other Continuing Care services (i.e. Home Oxygen, Caregiver Benefit, Personal Alert Assistance, Nursing Services through the Home Care Program). Access to Continuing Care services is provided in accordance with current legislation, policies, procedures and guidelines.
- 5.13.2. If the care needs of a supportive care recipient increase after being accepted into the Supportive Care Program, to a point that based on reassessment the recipient would require care and support for more than the Supportive Care program can fund, the recipient may access the additional services through the publicly funded home care program.
- 5.13.3. The amount of support services approved under the Supportive Care Program will be used by the Continuing Care Coordinators in the determination of the maximum allowable home support services available to the supportive care recipient through the Home Care Program.

5.14. Liability

- 5.14.1. All liability related to services purchased through the Supportive Care Program resides with the substitute decision maker and EPOA/Legal Guardian.
- 5.14.2. Continuing Care is not liable for any failure on the part of the supportive care recipient and their substitute decision maker and EPOA participating in the Supportive Care Program to ensure that appropriate services are provided to the supportive care recipient, including:
 - 5.14.2.1 any injury or death to the supportive care recipient or persons hired by the substitute decision maker or EPOA to provide support services;

- 5.14.2.2 failure on the part of the substitute decision maker or EPOA to comply with all applicable legislation or to make required payments, deductions, or remittances; or
- 5.14.2.3 any economic loss, damage, or loss of property incurred by the supportive care recipient or of anyone hired by the supportive care recipient to provide support services to the supportive care recipient.

5.15. **Waitlist**

- 5.15.1. Access to funding through the Supportive Care Program will be based on the availability of resources.
- 5.15.2. If warranted, a provincial waitlist for funding through the Supportive Care Program will be established. The Department of Health and Wellness will be responsible for managing this waitlist. Supportive care recipients, who meet the eligibility criteria and have received authorization from Continuing Care Coordinators for this program, will be placed on a waitlist in accordance with the service plan objective date for the Supportive Care Program.

6. **ACCOUNTABILITY**

- 6.1. The Executive Director, Continuing Care Branch, or designate, is responsible for ensuring compliance with this policy.

7. **MONITORING / OUTCOME MEASUREMENT**

- 7.1. The implementation, performance and effectiveness of this Policy will be monitored by the Executive Director, Continuing Care branch, or designate.

8. **REFERENCES**

- 8.1. Applicable legislation and policies include:
 - 8.1.1. *Powers of Attorney Act.*
 - 8.1.2. *Personal Directives Act.*
 - 8.1.3. *Department of Health and Wellness Home Care Policy Manual, June 1, 2011.*

9. **VERSION CONTROL**

Version Control: Version #4, July 1, 2020, Replaces all previous versions.

10. **INQUIRIES**

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