Application and Review Processes

General Principle

Entry into the adult institutional care services program requires that each applicant meet with a qualified assessor (a home and community care case manager) from the local health authority who will evaluate the needs of the individual, the appropriate level of care, the most suitable services and the client's urgency for care based on a standardized assessment.

The application and review processes are a joint responsibility of the Ministry of Health Services, the local health authority, the local administering authority and DIAND, BC Region.

Procedures

Application Process

Referral of an applicant to the adult institutional care services program may be initiated by any one or more of the following:

- the applicant
- a friend or relative of the applicant
- an acute care, rehabilitation or psychiatric hospital
- a physician or other health or social service professional (e.g., nurse, social worker, psychologist)
- a care facility which does not provide service to the health authority
- band social development worker
- others (e.g., landlord, neighbour, community agency)

Once a referral has been made, the next steps are:

Step 1

The band social development worker will open a case file on the applicant at the time of referral.

Step 2

The band social development worker will ask the applicant to complete a *Medical Release and Report* (SA 115).

Step 3

The band social development worker or the administering authority's health department will contact the local health authority's home and community care manager to request an assessment of the applicant.

Requests for assessment are prioritized by the local health authority on the basis of urgency of health care need, availability of family and community supports, suitability of present living situation and length of time awaiting assessment.

Step 4

An assessor (a home and community care case manager) will be assigned by the local health authority to visit the applicant to:

- explain the program, discuss care needs and any alternatives with the applicant and the family;
- complete a provincial *Application and Assessment* (LTC 1) form;
- complete a provincial *Mini Mental Status Examination* (MMSE) form; and, where appropriate
- complete a provincial *Application for Home Support* (LTC 10) form; and,
- complete a provincial *Financial Profile and Calculations* (HLTH 1.6) form and a consent of release of information from Canada Customs and Revenue Agency (CCRA) so that the home and community care assessor may determine the applicant's daily User Charge for continuing care services.

Step 5

A recommendation will be made by the assessor concerning the applicant's eligibility for the program, appropriate level of care and plan of service delivery.

This recommendation is documented in the appropriate sections of the provincial *Application and Assessment* (LTC 1) form and may be referred to an assessment team for review before the proposed care level and/or plan of service delivery is finalized and authorized by the health authority.

Step 6

If required, an assessment team will be established by the local health authority to make a decision as to an appropriate placement. The team usually includes:

- the home and community care manager
- a home and community care case manager
- a psychiatric social worker (geriatric program) or boarding home social worker, Mental Health Services
- a representative from the band or administering authority

Team membership may be augmented on an ad hoc basis by the addition of:

- a physiotherapist
- an occupational therapist
- a community home care nurse
- a community health representative
- a nutritionist
- the family physician
- the pharmacist
- additional home and community care case managers
- other professionals as appropriate

The decision of the home and community care case manager or assessment team will include:

- whether the service is required
- level of care required
- a recommendation to the administering authority regarding an implementation plan for continuing care services, if required
- designation of an institution and placement on waiting list

Step 7

If it is decided that the applicant requires placement in a continuing care facility at the Intermediate Care Level 1, 2 or 3, the home and community care case manager will visit the applicant to explain the team's decision and the action being taken to place the applicant into the program.

Step 8

Following the assessment, the band social development worker will send a copy of the applicant's *Medical Release and Report* (SA 115) to the local health authority and request a copy of the applicant's provincial *Application and Assessment* (LTC 1) form and the provincial *Financial Profile and Calculations* (HLTH 1.6) form.

Step 9

If the applicant is unable to pay the daily User Charge to the continuing care facility, the band social development worker will assess the applicant to determine their eligibility for income assistance. Also, see Chapter 2.6 Vol. 2, Client User Charges for a list of programs where the applicant is exempt from the requirement to pay the daily User Charge. In these cases, DIAND will pay the User Charge.

Step 10

Prior to admission to a designated continuing care facility, the band social development worker will:

- ask the administrator of the care facility to complete Part A of the *Adult Institutional Care & Adult Family Care Homes Client Admission Form,* indicating the care facility Per Diem Cost as established by the Ministry of Health Services.
- ask the applicant, or the individual with the legal authority to act on behalf of the applicant, to complete Part B of the *Adult Institutional Care & Adult Family Care Homes Client Admission Form,* confirming the applicant's commitment to pay a daily User Charge to the facility. If the applicant's User Charge is $0 (as per Step 9), then this value ($0) is to be included on the form that the applicant signs.
- complete Part C of the *Adult Institutional Care & Adult Family Care Homes Client Admission Form* on behalf of the administering authority to verify that the applicant is an on-reserve resident and that the administering authority will pay the continuing care facility, as required.

Step 11

The administering authority will fax a copy of the completed *Adult Institutional Care & Adult Family Care Homes Client Admission Form*, the provincial *Application and Assessment* (LTC 1) form and the provincial *Financial Profile and Calculations* (HLTH 1.6) form, Attention: DIAND, BC Region Data Services Unit and the local Funding Services Officer. The dedicated reporting fax number is 604-775-7400.

Step 12

DIAND, BC Region will send a confirmation letter to the administering authority indicating whether or not the admission form has been accepted. If the admission form is accepted, this letter will state the payment start date.

Step 13

The band social development worker will ensure that the client's case file includes:

- DIAND *Medical Release and Report* (SA 115)
- provincial *Application and Assessment* (LTC 1) form
- provincial *Mini Mental Status Examination* (MMSE) form
- a provincial *Financial Profile and Calculations* (HLTH 1.6) form
- DIAND *Adult Institutional Care & Adult Family Care Homes Client Admission Form*

- DIAND, BC Region's confirmation letter to the administering authority that the client's admission form has been approved for funding
- case notes
- other documentation as required

Step 14

The band social development worker will:

- submit an *Adult Institutional Care and Adult Family Care Homes Report* form on a monthly basis to DIAND, BC Region's dedicated reporting fax number at 604-775-7400. Note: this form is to be completed even when the client is away from the facility in respite care.
- use the *Adult Institutional Care and Adult Family Care Homes Report* to report any rate change that may follow, in time, from the local health authority. A copy of the rate change letter from the local health authority must be attached.
- use the *Adult Institutional Care and Adult Family Care Homes Report* to report the discharge date of the client, if the client is no-longer in care.
- continue to ensure that the client meets the eligibility requirements to receive funding support for the daily client User Charge, if applicable.

Review and Reassessment Processes

Reviews and reassessments of a client's care level or placement may be undertaken at the request of:

- the client
- a service provider
- a family member
- a physician
- a health care professional

Requests for a review or reassessment must be directed to the home and community care case manager.