

Calgary Zone Rural Palliative Care In-Home Funding Program

On October 1, 2017, the Alberta Health Services (AHS) Calgary Zone Palliative & End of Life Care, Integrated Home Care and Rural Health Portfolios implemented the '*Calgary Zone Rural Palliative Care In-Home Funding Program*'.

This funding program supports rural Calgary Zone clients, with palliative conditions, to remain at home when desired and when additional care beyond existing services is required to do so. The goal of the program is to increase equitable access to care for rural palliative clients that allows them to die at home or remain at home longer prior to death.

In collaboration with clients and their families, the rural palliative and home care teams identify and authorize the amount and level of additional care that is needed. Clients/families arrange the additional care and are supported in navigating the care and funding processes.

A number of documents have been developed to help clinicians, clients/families, care providers, and program administrators implement this funding program, including process maps, guidelines, agreements, invoice templates, and checklists.

Checklists summarizing process steps for the various program stakeholders are included in this package.

Additional documents can be provided on request.

CRPHF@ahs.ca

- Identify client's unmet care needs.
- Confirm all existing resources exhausted – may require assessment by other members of interdisciplinary care team – e.g. SW consult.
- Inform client/family of CRPHF program and determine if client/family is willing and able to direct care.
- Provide client/family with funding program documents*, explain roles and responsibilities for client/family, Payee, and contracted care provider.
- Inform client/family that it is best if the Payee (person to complete and submit invoices and pay care provider) is someone other than the client who is able to complete and process documents. Keep in mind that invoices may need to be paid after death so the Payee needs to be able to manage responsibilities during this time.
- Collaborate with client/family to determine level (HCA, LPN, RN or other) and amount (hours per week) of care needed. Obtain approval for additional care from Rural Palliative Care Consultant OR IHC CARE Manager.
- Enter all information onto last page of both copies of the Client/Family Funding Agreement, including client information, payee information, home care information, authorized services, and authorizer information.
- Review Funding Agreement with client/family, have them sign both copies – client/family keeps one copy, you keep one copy in Home Care chart and provide one copy to Rural Palliative Care Program office (after you fax or email the last page to PEOLC Office).
- Ensure client/family has an accurate understanding of the current plan of care and an up-to-date list of medical orders (medications and treatments) in the home.
- Reinforce that client/family is responsible for teaching, directing, and monitoring the care provider they contract.
- Submit last page of completed and signed Client/Family Funding Agreement to PEOLC Office via fax 403-943-0231 or email CRPHF@ahs.ca.
- Continue to provide client care as per established roles, responsibilities, and service packages.
- Collaborate with client/family to review and revise level/hours of funded care and/or plan for transition to alternate setting of care when care needs change and when notified that invoices have totaled \$5000, and \$8000.
- When changes made to Authorized Services, complete and submit Reauthorization form to PEOLC Office via fax 403-943-0231 or email CRPHF@ahs.ca, inform client/family of changes and provide them with copy of form. Keep one copy of Reauthorization form in IHC chart and provide one copy to Rural Palliative Care Program office.
- Document all plans for additional funded care in Casenotes/Consult notes.

* Program Documents to provide to Client / Family

- Client / Family Package - Client / Family Checklist, Client / Family Funding Agreement (2 copies), Payee Checklist, Payee Invoice Template, Care Provider brochure and Care provider list.
- Care Provider Package - Care Provider Checklist, Care Provider Funding Agreement (2 copies), Care Provider Invoice, EMS PEOLC ATR Information for RNs/LPNs

Client / Family Funding Agreement

With Home Care or Palliative Care:

- Review all medications, treatments, and care needs.
- Decide on hours and level of extra care needed (i.e. Health Care Aide, Licensed Practical Nurse, Registered Nurse, Other).
- Decide who will be the Payee (person to complete and submit invoices and pay care provider – best if someone other than the client).
- Review Agreement and fill in information on last page.
- Sign and date 2 copies of Agreement – keep one, give one to Home Care or Palliative Care.

Payee

- Give Payee the Payee Checklist and Payee Invoice template.
- Review with Payee how to complete and submit invoices to AHS.

Care Provider

- Use friends, local contacts, the internet, or lists from your Family and Community Social Services (FCSS) office, your local Hospice Society, or other sources to help find a care provider.
- Confirm care provider is able to meet your needs.
- Tell Home Care or Palliative Care that care provider has been found.
- Give Care Provider Package to care provider.
- Review Care Provider Funding Agreement with care provider.
- Have care provider sign and date 2 copies of Care Provider Funding Agreement – keep one copy, give one to care provider.
- Explain your care needs and care plan to care provider, including hours/week and level of care that have been approved.
- Review with care provider how to complete and submit invoices.
- Direct and monitor care delivered by care provider.
- Provide feedback to care provider or care provider's employer as needed.
- Receive invoices from care provider, sign and date them if they are correct.
- Ask care provider to give signed invoices to Payee to arrange for payment.

Changes

- Talk to Home Care or Palliative Care if your care needs change.



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Payee Checklist

- Provide information required on the Client/Family Agreement and determine payment method. If you choose electronic funds transfer, AHS accounts payable will contact you for banking information.
- Receive invoices from care provider after signed by client / family to confirm accuracy.
- Total care provider invoices on Payee Invoice Template.
- Submit Payee Invoice, along with supporting care provider invoices, to AHS at billing address on invoice.
- Receive funds from AHS as per payment method that was set up.
- Pay care provider as per Invoice amount – either before or after receiving funds from AHS.
- Obtain proof of payment from care provider.
- Keep invoices and receipts for auditing purposes.

NOTE: For fastest payment, choose electronic funds transfer and submit invoices quickly and frequently by fax or email.

Care Provider Checklist

- Receive Care Provider Information Package from client / family.
- Review and sign 2 copies of Care Provider Funding Agreement – keep one copy, provide one to client / family.
- Get direction from client / family about client’s care needs and medical orders, and the hours and level of care you are expected to provide.
- Find out name and contact information of Payee (person who will take your invoices and pay you for your services).
- Arrange for method of payment from Payee.
- Provide care as directed by client / family, following relevant practice standards and guidelines.
- Keep up-to-date charting and leave it in the home for sharing with Home Care or Palliative Care, including what you observe, what you do, and how the client responds or changes.
- If required, on behalf of client/family, call client’s Home Care office with questions or concerns about the client. Provide clear information about who you are and why you are calling as detailed in the agreement.
- Create invoices for services provided, using invoice template in Information Package if needed.
- Be respectful when interacting with other members of the client’s health care team.
- Have client / family sign invoices to confirm they are correct.
- Provide invoices to Payee.
- Receive payment from Payee.
- Provide Payee with proof of payment after being paid for each invoice.
- Remember you are responsible for reporting your income to Canada Revenue Agency.

NOTE: To speed up payment process, submit invoices to Payee quickly and frequently



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PEOLC Office Checklist

- Check CRPHF e-mail 3-4x/daily.
- Receive signed Client / Family Funding Agreement from Rural Home Care / Palliative Consult Team; this may be received by mail, email or Right fax.
- Review the document for completeness.
- Enter Payee information from Client / Family Funding Agreement on to Payee Setup Form.
- Ensure either EFT or cheque is checked off. If neither is indicated, contact Payee to find out preference.
- Complete section 4 with your info then print and sign the document.
- Email Payee Setup Form and signed Client / Family Funding Agreement to AP (If EFT is selected, Vendor Maintenance (VM) contacts the Payee for their banking information. If not selected, payment type defaults to cheque.).
- Create Client Folder with sub folders and save forms.
- Receive Payee invoices from Payee, along with supporting Care Provider invoices.
- Check information for accuracy. Ensure Care Provider invoices total match the Payee invoice. If inaccurate, connect with Payee to review.
- Check that invoice submission matches authorization.
- When Re-Authorizations are received, save in Client Activity Folder.
- Send CRPHF survey link to the family Client/Family Funding Agreement has been submitted to AP (draft email saved on shared drive under program administration/admin checklist).
- Follow up with Authorizer if discrepancies or questions arise.
- Save Payee invoices and Care Provider invoices in the Client Folder.
- Email Payee invoice(s) (NOT Care Provider invoices) to AP. Edmonton AP then scans invoices into Markview and directs to PEOLC Office for coding and approval.
- Codes invoices in Markview when received from AP.
- Director/Delegate approves invoices in Markview as appropriate. AP then issues payment to Payee.
- Contact funding Authorizer for review / re-authorization when funding totals nearing \$5,000.00 and \$8,000.00.