

Family-Managed Home Care Client or Substitute Decision-Maker Program Checklist

This checklist has been developed to assist clients or substitute decision-makers (SDMs) with the requirements for enrollment and the ongoing provision of Family-Managed Home Care (FMHC) services.

IMPORTANT: The *Ministry of Health and Long-Term Care Self-Directed Care (SDC) Program Specifications For Family-Managed Home Care* (version July 20, 2018 or more recent if available) and/or the FMHC Template Agreement should be consulted for more detailed information.

Definitions:

- “Substitute Decision-Maker” or “SDM” refers to:
 - a. The parent of a client who is a minor child with whom the child resides, or an individual with legal custody of a client who is a minor child, but does not include a parent or an individual who only has a right of access to a client who is a minor child;
 - b. The Guardian of Property appointed under Part 1 of the *Substitute Decisions Act, 1992* on behalf of a client who is an adult who is incapable of managing property; or
 - c. The attorney under the *Powers of Attorney Act* or a person exercising a Continuing Power of Attorney for Property under Part 1 of the *Substitute Decisions Act, 1992* on behalf of a client who is an adult.
- “Substitute Decision-Maker for Personal Care or Treatments” refers to:
The person who is authorized under the *Health Care Consent Act, 1996* or the *Substitute Decisions Act, 1992* to give or refuse consent or make a decision on behalf of an incapable client.

<input type="checkbox"/>	<p><u>If Applicable:</u></p> <p>Provide to the Local Health Integration Network (LHIN) the document that confirms the SDM has the authority to act as the SDM (who meets one of the criteria below):</p> <ol style="list-style-type: none">a. The parent of a client who is a minor child with whom the child resides, or an individual with legal custody of a client who is a minor child, but does not include a parent or an individual who only has a right of access to a client who is a minor child;<ul style="list-style-type: none">• Further to this category, the LHIN will need to determine the SDM or the individual with legal custody of the client is not prohibited by court order or separation agreement from:<ul style="list-style-type: none">○ having custody of or access to the client;○ acting as guardian of the client's property;○ receiving any funds owing to the client; or○ giving or refusing consent on behalf of the client.b. The Guardian of Property appointed under Part 1 of the <i>Substitute Decisions Act, 1992</i> on behalf of a client who is an adult who is incapable of managing property; orc. The attorney under the <i>Powers of Attorney Act</i> or a person exercising a Continuing Power of Attorney for Property under Part 1 of the <i>Substitute Decisions Act, 1992</i> on behalf of a client who is an adult.
<input type="checkbox"/>	<p>Sign the FMHC Consent Form</p> <p>Since the FMHC program involves families hiring their own service providers, the LHINs require an additional consent to ensure they have permission to speak with the service providers about the care being provided for the purpose of the LHIN's administration of the program.</p> <p>If there is a Substitute Decision-Maker for Personal Care (person holding a Power of Attorney for care or a guardian of the person) or a Substitute Decision-Maker for Treatment under the <i>Health Care Consent Act</i>, and a different SDM for property, then both/all Substitute Decision-Makers/SDMs must consent.</p>
<input type="checkbox"/>	<p>Open a FMHC bank account and provide proof to the LHIN that the account features or</p>

	<p>permits ALL of the following (remember any payments made to FMHC service providers using FMHC funds should never be in cash):</p> <ul style="list-style-type: none"> • Non-interest bearing chequing account at a Schedule I Bank with which the client or SDM has no other financial relationship. • To be used for the sole purpose of receiving and disbursing FMHC funding in accordance with the FMHC program specifications and the FMHC template agreement. • Only authorizes the client or SDM to conduct any transactions. • Features access to monthly statements and historical transaction level detail. • Does not permit debit/credit card access for cash withdrawal purposes. • Use ANY one or combination of these methods to pay FMHC service providers for FMHC services: <ul style="list-style-type: none"> ○ Transfer funds from the FMHC bank account to another bank account chosen by the FMHC service provider by direct deposit or e-transfer. ○ Debit payment from the FMHC bank account. ○ Bank draft from the FMHC bank account. ○ Cheque from the FMHC bank account. • Keep a record of each payment made from the FMHC bank account.
<input type="checkbox"/>	<p>Obtain insurance and provide proof to the LHIN that it covers the following:</p> <ul style="list-style-type: none"> • A minimum of \$2 million in third-party liability insurance coverage under the tenant or homeowner's insurance where the services are being provided (with an employed domestic/residence clause, where available) in case of loss or injury to the service provider or loss or injury to an individual as a result of the actions of the service provider.
<input type="checkbox"/>	<p>Inform the LHIN of how you wish to send reporting documents. The options include:</p> <ul style="list-style-type: none"> • Electronic • By Mail • In-Person
<input type="checkbox"/>	<p>Discuss and determine with the LHIN which eligible services will be provided through FMHC.</p> <p>FMHC services may include all or some of the services within the plan of care. The LHIN will develop a FMHC budget based on which services are to be provided under the FMHC program (versus through traditional LHIN services).</p>
<input type="checkbox"/>	<p><u>If Applicable:</u> When hiring direct employees (individuals), ensure all applicable requirements under the <i>Employment Standards Act, 2000, Occupational Health and Safety Act, Human Rights Code, and Workplace Safety and Insurance Act, 1997</i> are met.</p> <ul style="list-style-type: none"> • Withhold and remit provincial and federal income tax. • Pay Employment Insurance (EI) premiums for the employer portion and withhold and remit the employee portion of EI. • Make Canada Pension Plan (CPP) Contributions for the employer portion and withhold and remit the employee portion of CPP. • Pay Workplace Safety and Insurance Board (WSIB) premiums, where applicable. • Compensate the FMHC service provider for statutory holidays, where applicable. • Pay the FMHC service provider who provides homemaking or personal support services at least \$16.50 per hour - the provincial minimum wage for Personal Support Workers (PSWs) plus statutory benefits. • Pay all FMHC service providers 4% of their base pay in lieu of vacation and benefits. • Provide notice of termination or pay in lieu of such notice in accordance with the <i>Employment Standards Act</i>,

	2000.
<input type="checkbox"/>	Review and ensure all hired service providers meet the requirements set out in section 13.3 of the Ministry of Health and Long-Term Care Specifications document.
<input type="checkbox"/>	Complete a Police Vulnerable Sector Check on all potential service providers, provide proof to the LHIN upon request.
<input type="checkbox"/>	<p>Obtain the following from the LHIN related to the receipt of funds for FMHC:</p> <ol style="list-style-type: none"> 1. Paper and/or electronic form templates for Reporting and Payment of Services. 2. Paper and/or electronic form templates for Reporting and Payment of Eligible Expenses (There are some expenses that the LHIN will pay for but will require a written pre-approval from the LHIN). 3. The schedule for reporting to the LHIN, including what period must be covered by each report and the deadlines for reporting. 4. What documentation must be submitted to the LHIN (e.g. forms, all proof-of-payment documentation/invoices for services for expenses). 5. How the documentation must be submitted to the LHIN. 6. When the LHIN will provide the FMHC funding.
<input type="checkbox"/>	<p>Sign the FMHC (SDC) Template Agreement</p> <p>Some clients will be capable of signing the SDC Template Agreement. For others, such as children (under the age of 18) or adults who are incapable, an SDM will be required.</p> <p>If there is more than one SDM, all of the SDMs that are authorized to do so must enter into the SDC Template Agreement with the LHIN (e.g. two attorneys acting jointly under a continuing power of attorney for property, both attorneys must sign the agreement).</p> <p>The SDM shall immediately notify the LHIN if the SDM ceases to have the authority to act in that capacity.</p> <p>The SDM and any substitute decision-maker for personal care or treatment, if not the SDM, need to be in agreement with the enrolment of the client. They will need to demonstrate this agreement to the LHIN because the substitute decision-maker for personal care or treatment will have to be involved in the development of the plan of service, providing the consents necessary for assessment of and care planning for the client, and for the provision of care to the client.</p> <p>For clients who are children, the agreement must be signed by the parent(s) with who the client resides or an individual with legal custody. If parents are separated or divorced, the LHIN may need to determine which parent (if not both) have the right of access. The LHINs may ask to see supporting documents such as a long form birth certificate, court order or a separation agreement in some cases.</p>
<input type="checkbox"/>	<p>In order to allow the LHIN to determine whether you or the SDM is in compliance with the FMHC agreement, be prepared to provide any of the following documentation the LHIN may require for the purposes of making this determination or as part of the administration of the FMHC program. These documents relate to, but are not limited to, the following:</p> <ul style="list-style-type: none"> • FMHC service provider qualifications, e.g. a certificate of registration in the applicable health regulatory college. • Police Vulnerable Sector Checks. • Employment or service contracts entered into between the client or the SDM and FMHC service providers. • FMHC service provider training programs, including confirmation of FMHC service provider attendance. • Contingency plans to cover FMHC service provider unavailability. • Travel outside Ontario for children with complex medical needs.

	<ul style="list-style-type: none"> • Insurance coverage requirements for clients and FMHC service providers. • Canada Revenue Agency (CRA) Business Number (for clients or SDMs hiring their own employees or from hired independent contractors). • Consents received by the client or SDM from service providers. • Service Provider timesheets or similar supporting documentation related to the provision of FMHC services. • Notes/reports of FMHC service providers.
<input type="checkbox"/>	<u>If Applicable:</u> Provide to the LHIN the name, address and phone number of the bookkeeper you have hired.
<input type="checkbox"/>	<u>If Applicable:</u> Provide to the LHIN quotes from service provider agencies if you are looking to hire service providers from a service provider agency.