

When might there be changes to the added care funding?

We can review the care needs more often if the person has changes in their care needs.

Please notify your Fraser Health Community Care professional when the person:

- has changes to their high intensity care needs
- is admitted to hospital
- moves from one home to another
(such as moving with family to a new home, to or from a group home, or to or from a home share)
- moves out of Fraser Health area or out of the province for a month or longer

What if a person is not eligible for added care funding?

For adult with developmental disabilities who are not eligible for added care funding, Health Services for Community Living (HSCL) provides the following services:

- non-emergency nursing (such as care planning, wound care, family and caregiver education)
- occupational therapy for equipment and aids for daily living
- dental hygiene
- nutrition advice

www.fraserhealth.ca

This information does not replace the advice given to you by your healthcare provider.

Catalogue #266070 (March 2019)

To order: patienteduc.fraserhealth.ca



Added Care Funding

Community Living British Columbia Clients

What is 'added care funding'?

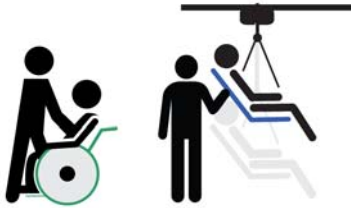
Added care funding is when we give money to Community Living British Columbia (CLBC) to help support adults with developmental disabilities who have 'high intensity' care needs.



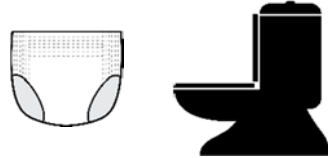
What are 'high intensity' care needs?

'High intensity' care needs relate to 4 areas of function. The person must be **mostly to totally dependent** in the following areas of function:

1. Transfers



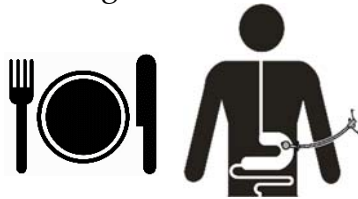
2. Using the toilet



3. Moving around in bed



4. Eating



Who is eligible for added care funding?

We use the Residential Assessment Instrument (RAI) to tell us if a person can have the added care funding.

The Ministries of Health Services, Housing, and Social Development define the criteria for the added care funding.

If a person meets the criteria, we contract CLBC and transfer the money to support the high intensity care needs.

How does a person get assessed for added care funding?

Family and/or caregiver can contact CLBC anytime they feel the person could have high intensity care needs.

CLBC facilitator or analyst:

- Identifies clients with high intensity care needs.
- Completes the Added Care Funding Referral form.
- Faxes the form to our Home Health Service Line.

One of our Community Care professionals:

- Receives referral from the Home Health Service Line.
- Contacts the client's 'substitute decision maker' and sets a time to assess the client's care needs.
- Completes the Residential Assessment Instrument (RAI).
- Client must be present for the assessment.
If the client cannot say their own name and date of birth, we ask for a picture of the client. The photo is put on the client's chart so we can easily identify the client.
- Sends a letter to the client's substitute decision maker and to CLBC letting them know whether or not the client is eligible for added care funding. If the client is eligible, we tell you for how much.
- Once every 12 months, we review those with added care funding to see if there are changes in their care needs.