

Provincial Clinical Policy



Title: Home Care - Respite Care in Personal Care Homes

Level: Provincial

Service Area: Home Care

Applicable to: All healthcare providers, organizations, and facilities across Manitoba involved in delivering health services provided or funded by the government or a health authority.

Approved by: Shared Health Executive Team

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Category: 630 – Provincial Primary, Home/Community & Palliative Care Program

Subcategory: 630.105 – Home Care

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Notice: *This document has been transitioned from Manitoba Health, Seniors, and Long-Term Care to Shared Health. Shared Health is planning to complete an in-depth review of the material and post an updated version once available.*

1.0. Purpose

- 1.1. To outline general eligibility criteria for Respite Care provided in personal care homes.
- 1.2. To outline the process by which an individual is accepted into a Personal Care Home (PCH) for respite care.

1.3. Background

- 1.3.1 Respite care in PCHs is administered and coordinated by regional health authorities (RHAs). Respite care was developed in Manitoba, to allow individuals who require up to 24-hour care and supervision to be admitted to PCHs thereby relieving caregivers and health care providers. Respite Care in a PCH is generally for a two-week period and maybe for a shorter or longer period depending on the client's needs, availability of respite care beds and availability of health care providers.

2.0. Scope

- 2.1. Applies to all regional health authorities (RHA) in Manitoba, responsible for administering and coordinating Home Care services.
- 2.2. Applies to all home care and PCH staff within an RHA, involved in assessing and delivering respite services in PCHs.

3.0. Definitions

3.1. Defined Terms

- 3.1.1 Caregiver: A person providing care because of a prior relationship with a client, which may include family members or individuals considered "family by choice" (e.g., friends, partners, neighbors).
- 3.1.2 Home Care: The coordinated delivery of a broad range of health and social services to meet the needs of the persons who require assistance or support in order to remain at home or whose functioning without Home Care is likely to deteriorate making it impossible for the person to stay at home in the community.

3.2. Abbreviations

- 3.2.1 Personal Care Home (PCH): Premises in which personal care services are provided to residents in the premises, but does not include a private residence in which care is provided by an individual to his or her family member.
- 3.2.2 Regional Health Authorities (RHA): Refers to regional health authorities established or continued under the Government of Manitoba, Health System Governance and Accountability Act.

3.3. Professional Groupings

- 3.3.1 Home Care Case Coordinators (HCCC): A professional hired by the RHA to complete client assessments to determine eligibility, to develop the Care Plan with the client and/or family/designated other and refer exceptional case decisions to the Home Care Manager.

4.0. Policy

- 4.1. Respite Care has been shown to relieve caregiver and health care provider stress and burnout, thereby delaying or preventing long term care placement.

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Respite Care provided in personal care homes (PCHs), (referred to in this policy as “respite care”) support home care clients who may be at risk of long-term care placement and require temporary admission to a personal care home to relieve caregivers or health care providers. It may also assist in the transition to long-term care.

4.2. Eligibility Criteria

4.2.1 Client eligibility shall be established when a Home Care Case Coordinator or designated professional RHA staff determines that all of the following criteria are met:

- 4.2.1(a) Eligibility for home care services and personal care home placement;
- 4.2.1(b) Client requires respite to relieve caregivers and health care providers;
- 4.2.1(c) Medical stability;
- 4.2.1(d) Client and caregiver(s) are willing to cooperate with a safe care plan; and
- 4.2.1(e) The client and caregiver signs the approved application form and agree to adhere to operational policies as set out by the RHA which may include but are not limited to:
 - transportation arrangements;
 - frequency of respite care;
 - medical emergency procedures;
 - authorized charges and other payments;
 - activities during respite care; and
 - sharing of information on changes.

4.3. Home care clients who reside in Supportive Housing and other group living situations shall be regarded as candidates for respite care at the discretion of the RHA. This supports the Long Term Care Strategy to maintain people in the community for as long as possible, delaying permanent residency in Personal Care Homes.

4.4. Care Provided

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- 4.4.1 Clients who are eligible to receive respite care receive:
 - 4.4.1(a) Care and supervision commensurate with their assessed care and supervision needs.
 - 4.4.1(b) Case management by Home Care Case Coordinators or designated professional RHA staff.

4.5. Discharge Criteria

- 4.5.1 A client may be discharged from respite care for any of the following reasons:
 - 4.5.1(a) condition improved;
 - 4.5.1(b) condition deteriorated;
 - 4.5.1(c) alternate care placement;
 - 4.5.1(d) extended hospitalization;
 - 4.5.1(e) authorized charges and other payments not provided;
 - 4.5.1(f) death;
 - 4.5.1(g) respite care provided in a PCH is inappropriate; and
 - 4.5.1(h) respite care provided in a PCH is unable to meet the caregiver's or the client's needs.

4.6. Responsibilities

- 4.6.1 RHAs are responsible for monitoring adherence to the personal care home's standards, activities and practices through evaluations and other methods as determined by the RHA.
- 4.6.2 Caregivers are responsible for providing RHAs with reasonable notice of their respite care needs in order that resources can be allocated to meet those needs.
- 4.7. Provision of care shall be based on priority of the client's need, availability of resources and the original date of the Respite Care request.
- 4.8. Respite care will be included in the client's care plan which is based on the client's and the caregiver's needs.

5.0. Resources

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5.1. Not applicable

6.0. Procedure

6.1. Not Applicable

7.0. References

7.1. Related Policy Documents

- 7.1.1 Government of Manitoba (2017). *HCS 207.1 Role of Family/Informal Support Network*. Home Care Policy Manual.
- 7.1.2 Government of Manitoba (2017). *HCS 207.2 General Eligibility*. Home Care Policy Manual.
- 7.1.3 Government of Manitoba (2017). *HCS 207.3 Service Level Policy*. Home Care Policy Manual.
- 7.1.4 Shared Health (2024). Provincial Clinical Policy, [630.105.100 Respite Care Provided in the Home](#).

8.0. Contact(s)

- 8.1. Provincial Director Health Services, Primary, Home/Community and Palliative Care Program - Shared Health

For questions about the implementation and application of this controlled document, please contact your immediate manager. Management may consult with the Provincial Clinical Service Lead, Home & Community Care – Shared Health for support.