

Title: Home Care - Companion Care

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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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 Companion Care.
- 1.2. To outline the process by which an individual is accepted into Companion Care.

1.3. Background

1.3.1 In 1999, Companion Care started as a proposal initiated by the Winnipeg Community Authority (later Winnipeg Regional Health Authority) and was modeled after successful pilot projects in Edmonton, Calgary, and Montreal. The proposal involved the placement of individuals into private homes specifically selected for this purpose by the project. These individuals met the PCH eligibility criteria and were approved by the PCH panel, yet they were able to continue living in the community with 24-hour care and supervision.

1.3.2 There is a potential for broader provincial application of Companion Care beyond Winnipeg. Companion Care is regarded as a viable alternative to institutional placement for some Home Care clients.

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 staff within an RHA, involved in assessing and delivering Home Care services.

3.0. Definitions

3.1. Defined Terms

- 3.1.1 Caregiver: A person who is providing care because of a prior relationship with a client. A caregiver may be a biological family member or "family by choice" (e.g., friends, partners, neighbors).
- 3.1.2 Companion Care: Group living in a private home which is approved by the RHA for occupancy of up to 3 elderly persons.
- 3.1.3 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.
- 3.1.4 Reassessment: A specific activity, as well as an ongoing process involving the systematic re-evaluation of a patient's or client's needs and forms the basis for revising/refining a previously established treatment, care and/or service plan.

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.

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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. Companion Care supports Home Care clients who are at risk of losing their community living status and are eligible for personal care home (PCH) placement. Clients are provided with recreation, socialization and 24-hour care and supervision in a personal home environment.

4.2. Eligibility Criteria

- 4.2.1 Client eligibility is established when a Home Care Case Coordinator or other designated professional RHA staff determines all of the following criteria are met:
 - 4.2.1(a) Eligibility for the Home Care Program and the Personal Care Home Program;
 - 4.2.1(b) Medical stability; and
 - 4.2.1(c) The client and caregiver(s) agree to adhere to operational standards as determined by the RHA.
- 4.3. Placement in a Companion Care home shall be based on priority of the client's need, appropriateness of the home for the client, and the original date of the request for Companion Care.

4.4. Care Provided

- 4.4.1 Companion Care residents receive:
 - 4.4.1(a) 24-hour care and supervision in a home setting; and
 - 4.4.1(b) Case management by Home Care Case Coordinators or designated professional RHA staff.

4.5. Discharge Criteria

4.5.1 A resident may be discharged from Companion Care for any of the following reasons:

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- 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) death; or
- 4.5.1(f) Companion Care is inappropriate for his/her needs.

4.6. **Responsibilities**

- 4.6.1 Reassessment for continued eligibility for Companion Care is the responsibility of the RHA in collaboration with the client and caregiver(s).
- 4.6.2 RHAs are responsible for conducting evaluations of Companion Care delivery.
- 4.6.3 An RHA may establish a centralized waiting list where applicable.
 Reassessments of individuals on the waiting list(s) are the responsibility of the RHA in collaboration with the home's sponsor.
- 4.7. Annual Companion Care residential care charges are based on the Personal Care Services, Residential Charges in Manitoba which are adjusted annually by Manitoba Health and Healthy Living and communicated annually to each RHA.

5.0. Procedure

5.1. Not Applicable

6.0. Resources

6.1. Not Applicable

7.0. References

7.1. Not Applicable

8.0. Contact(s)

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

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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.