



WORKING TO MAKE A DIFFERENCE

# RESIDENTIAL CARE SERVICES

## REFERENCE MANUAL

CARE HOME AND COMMUNITY CARE FACILITIES

(Community Care Facility and Family Care Home)

*February 2008*

## TABLE OF CONTENTS

<b>1.0 CONTACT INFORMATION .....</b>	<b>3</b>
<b>2.0 SERVICE DESCRIPTION .....</b>	<b>4</b>
<b>3.0 CARE HOME AND COMMUNITY CARE FACILITIES .....</b>	<b>4</b>
<b>4.0 REFERRAL PROCESS .....</b>	<b>5</b>
<b>5.0 ADMISSION PROCESS .....</b>	<b>5</b>
<b>6.0 DEVELOPMENT OF THE CLINICAL CARE PLAN.....</b>	<b>6</b>
<b>7.0 REPORTING AND COMMUNICATION REQUIREMENTS .....</b>	<b>6</b>
<b>8.0 PER DIEM DESCRIPTION .....</b>	<b>8</b>
<b>9.0 WORKSAFEBC'S PHARMACY BENEFIT CARD.....</b>	<b>9</b>
<b>10.0 PERFORMANCE STANDARDS .....</b>	<b>9</b>
<b>11.0 TRAVEL .....</b>	<b>9</b>
<b>12.0 WORKSAFEBC SITE VISITS.....</b>	<b>10</b>

## 1.0 Contact Information

### 1.1 General Contract Notices:

For questions related to the Residential Care Services Agreement terms and conditions, change in licensing requirements and notices:

#### ***Corporate and Health Care Purchasing***

Phone: (604) 276-3344

Toll free: 1 (888) 967-5377 extension 7464

Fax: (604) 276-3260

Email: [purchase@worksafebc.com](mailto:purchase@worksafebc.com)

### 1.2 Board Officer or Case Manager:

For questions regarding entitlement, or individual Injured Worker related questions, please refer to individual schedules for contact information or call WSBC call centre (see below) to get Board Officer contact information.

### 1.3 Health Care Services:

For questions regarding contract processes, forms or reports, clinical questions and service quality issues, contact the Quality Assurance Supervisor or Program Manager at:

Phone: (604) 232-7787

Toll free: 1 (866) 244-6404

Fax: (604) 231-8424

Email: [HCSINQU@worksafebc.com](mailto:HCSINQU@worksafebc.com)

### 1.4 Assessment Registration:

For questions regarding registration letters, registration status or clearance letters:

Phone: (604) 244-6181

Toll Free: 1 (888) 922-2768

On-line: Information may be found on WorkSafeBC's website at [www.worksafebc.com](http://www.worksafebc.com). Click on "Insurance" tab.

### 1.5 Additional Phone Numbers:

#### ***WorkSafeBC Call Centre***

Phone: (604) 231-8888

Toll free: 1 (888) 967-5377

#### ***WorkSafeBC Payment Services***

Phone: (604) 276-3085

Toll free: 1 (888) 422-2228

### 1.6 Forms

All forms can be downloaded at [www.worksafebc.com](http://www.worksafebc.com) under Forms - Health Care Providers:

- Residential Care Services Clinical Care Plan - 83D102
- Residential Care Services Monthly Update - 83D34
- Residential Care Services Invoice - 83D103

This manual is intended to assist with specific business processes related to doing business with WorkSafeBC (the Workers' Compensation Board). This is not a stand-alone document and it is intended that this manual be used in conjunction with the Residential Care Services Master Agreement.

The Residential Care Services Reference Manual may be updated during the term of the Agreement. These revisions become part of the Manual and Service terms. The Contractor is responsible for maintaining the Reference Manual, incorporating any updates and communications from WorkSafeBC, and informing all personnel. Please ensure that your staff have access to and are familiar with this manual.

## 2.0 Service Description

Residential Care Services are designed to help Injured Workers maintain skills in self-care that allow them to live, participate and work in their local community. A Care Service provider may provide service in the Injured Worker's home and/or community setting. Services will address both physical and psychological needs and appropriate behavioural interventions. A qualified Contractor may provide Residential Care Services in a facility or family care home, to assist Injured Workers in retaining, and improving independence.

Residential Care Services may be provided by Registered Nurses (RN), Licensed Practical Nurses (LPN) and Community Health Workers (CHW) within their respective scopes of practice. In some situations, Residential Care Services may be provided in a Family Care Home by individuals who possess the necessary skills and abilities to care for the Injured Worker.

## 3.0 Care Home and Community Care Facilities

**3.1 Community Care and Assisted Living Act** replaced the **Community Care Facility Act** on May 14, 2004. This Act outlines the licensing requirements and registration process for community care facilities.

For more information about the Community Care and Assisted Living Act, contact the BC Health Authority in your area or visit the Government of BC Ministry of Health website at <http://www.health.gov.bc.ca/ccf/ccal/ccala.html>

**3.2 Family Care Home:** The care and supervision for one to two (1 – 2) persons that are not related to the operator by blood or marriage in a private residence.

**3.3 Community Care Facility:** A premise or part of a premise in which a person provides care to three (3) or more persons who are not related by blood or marriage to the person and includes any other premises or part of a premise that are used in conjunction with the community care facility for the purpose of providing care.

(a) **Care or Group Home:** A community care facility licensed under the Community Care and Assisted Living Act for the care and supervision of three to six (3 – 6) persons. Must be licensed by the Ministry of Health and must adhere to the Community Care and Assisted Living Act and applicable regulations.

(b) **Care Facility:** A community care facility, licensed under the Community Care and Assisted Living Act for the care and supervision of seven (7) or more persons. Must be licensed by the Ministry of Health and must adhere to the Community Care and Assisted Living Act and applicable regulations.

- (c) **Specialized Care Home or Facility:** A care home licensed under the Community Care and Assisted Living Act to provide care for persons with an addiction, a physical, mental or developmental disability, or a chronic or progressive condition, that is not primarily due to the aging process. Must be licensed by the Ministry of Health and must adhere to the Community Care and Assisted Living Act and applicable regulations.

## 4.0 Referral Process

WorkSafeBC will contact a qualified care facility when a need for Residential Care Services is identified. Selection of the care facility will be based upon:

- (a) Ability to meet the mandatory requirements;
- (b) Ability to provide the Residential Care Services described in the Clinical Care Plan;
- (c) Bed availability;
- (d) Location of facility closest to Injured Worker's home; and,
- (e) Injured Worker's discretion or feedback.

If the contractor does not already have a signed Agreement with WorkSafeBC, the Corporate Health Care Purchasing Department will send Qualification documents to the potential Contractor and a Quality Assurance Supervisor will conduct a site visit.

WorkSafeBC will send the Contractor a referral consisting of a Nursing Assessment Report. The Nursing Assessment Report is based on the Injured Worker's medical needs and establishes both the level of care and the hours of care to be provided by the Contractor.

WorkSafeBC shall set a tentative per diem based on the level of care required, as indicated in the current Nursing Assessment Report.

## 5.0 Admission Process

Upon receipt of the referral, the Contractor will visit the Injured Worker to perform an admission screening. An admission screening is used to determine whether the individual is appropriate for the Contractor's premises. The Contractor is responsible to:

- (a) educate the Injured Worker and family on the Residential Care Services that may be provided; and,
- (b) encourage Injured Worker's participation in Residential Care Services.

Upon completion of the admission screening, the Contractor will fax to WorkSafeBC's Health Care Services Department the following information:

### **Subject Header: Residential Care Services Admission Screening/Attn – Quality Assurance Supervisor (Residential Care Services)**

- (a) The date of the visit;
- (b) The location of the visit;
- (c) A determination of whether the worker is appropriate for the Contractor's premises, including the supporting reasons; and,
- (d) The anticipated admission date.

If the worker is appropriate for the Contractor's premises, it is expected that the Worker will be admitted on the date as indicated above, unless otherwise directed by the Board Officer. If there is any change to the admission date as indicated above, the Contractor is expected to communicate the change to the Board Officer.

## 6.0 Development of the Clinical Care Plan

Within thirty (30) calendar days of the Worker's admission to the Contractor's premises, the Contractor is responsible to perform a thorough examination of the Worker's care needs and submit a Clinical Care Plan using form 83D102 (available on [www.worksafebc.com](http://www.worksafebc.com) under forms – health care providers). The Clinical Care Plan provides written direction of care requirements to the staff. The Contractor is to contact the Residential Care Services Quality Assurance Supervisor to confirm that the fax has been sent.

Fees for this service are included in the per diem, as previously set by WorkSafeBC. No additional fees may be invoiced.

Upon receipt of the Contractor's proposed Clinical Care Plan, WorkSafeBC will review the plan and if approved, or as amended by WorkSafeBC, it shall become the Clinical Care Plan Agreement. Once the Clinical Care Plan is approved, WorkSafeBC shall finalize the per diem.

WorkSafeBC must be contacted within one (1) calendar day, if during the care of the Worker, it appears that the Injured Worker's medical needs and level of care have changed significantly. A revised Clinical Care Plan must be submitted to WorkSafeBC. The Contractor is to contact the Health Residential Care Services Quality Assurance Supervisor to confirm that the fax has been sent.

WorkSafeBC will review the revised plan and if approved, or as amended by WorkSafeBC, it shall become the Clinical Care Plan Agreement. Once the Clinical Care Plan is approved, WorkSafeBC shall finalize the per diem. Fees for the revised Clinical Care Plan are included in the per diem, as previously set by WorkSafeBC. No additional fees may be invoiced.

## 7.0 Reporting and Communication Requirements

All Residential Care Services must be pre-approved by a WorkSafeBC Board Officer or designate. The Clinical Care Plan, Monthly Update Report and Invoice templates can be downloaded at [www.worksafebc.com](http://www.worksafebc.com) under forms – health care providers.

### 7.1 Reporting/Invoicing

- a) Clinical Care Plan (83D102): This plan is due within thirty (30) calendar days of the Worker's admission to the Contractor's premises.
- b) Monthly Update Reports (83D34): Monthly reports are due within seven (7) calendar days of the end of each month. Each report must have an accompanying invoice (83D103).

If the service is long term and there are no changes to report, a report must still be submitted with "No Change" indicated under "brief description of services" and "recommendations/plan".

- c) Invoices received after ninety (90) days from the completion of the Services may not be paid by WorkSafeBC.
- d) Reimbursement for Residential Care Services delivered in the calendar month will not be made if monthly update reports are not received by WorkSafeBC.
- e) The Clinical Care Plan, Monthly Update Report and Invoice must be typed and faxed to the numbers contained at the top of the template.
- f) Incomplete Clinical Care Plans, Monthly Update Reports and Invoices will not be accepted.

- (g) A discharge report must be completed upon the death of a worker or upon Board Officer request. The Discharge report (83D34) must be faxed to WorkSafeBC within seven (7) calendar days of the last date of service.
- (h) Invoices are based on the number of days in the calendar month.
- (i) When invoicing WorkSafeBC (83D103) refer to the per diem fee item code in the Clinical Care Plan Agreement.
- (j) Fee item code 1100569 is for unique travel invoicing (see Section 11.0)
- (k) WorkSafeBC does not pre-pay for Residential Care Services.

## **7.2 Communication**

- a) Email communication is not acceptable, as it is not considered a secure, confidential method for sending Injured Worker information or data.
- b) The Contractor must notify the Board Officer verbally within one (1) calendar day, followed by a written report, of any accident or traumatic incident that occurred involving the Injured Worker;
- c) The Contractor must notify the Board Officer verbally within one (1) calendar day, if the worker has refused Services or if the Provider is considering discharging the worker.
- d) The Contractor must provide WorkSafeBC with a minimum sixty (60) days notice of any plans to discharge or a change in accommodation.
- e) The Board Officer must be contacted within one (1) calendar day, if during the care of the Worker, it appears that the Injured Worker's medical needs and level of care have changed significantly.
- f) The Board Officer must be contacted within one (1) calendar day to discuss the nature and duration of all Service interruptions greater than two (2) calendar days. This may be as a result of, but not be limited to, surgery and hospitalization, preplanned absences or bereavement.
- g) The Board Officer must be contacted if an absence continues beyond seven (7) calendar days.
- h) In the event of a worker's death, the Contractor must notify the Board Officer of this event within one (1) calendar day of the death.
- i) The Contractor must notify, within one (1) calendar day the Board Officer if there is a change in the Injured Worker's condition or any circumstances that result in a need to substantially revise the Clinical Care Plan.
- j) The Contractor must, within thirty (30) calendar days, provide written notification to Corporate Health Care Purchasing of any change to the Contractor's licensing status and any proposed change in legal ownership.

## 8.0 Per Diem Description

The approved per diem rate stated in the individualized Schedule (C) has been authorized by a WorkSafeBC Board Officer and is based upon the care required.

### 8.1 What is Included in the Per Diem?

- (a) Twenty-four (24) hour supervision under the direction of a qualified professional or an individual who has demonstrated skills and abilities required to ensure continued health, safety and well-being of the Injured Worker;
- (b) Room and Board (does not apply to Shared Care model);
- (c) Development and maintenance of a care plan for each Injured Worker;
- (d) Skilled care with professional supervision consistent with the level of care;
- (e) Meals and dietary supplements used for oral or tube feeding;
- (f) Nutritional supplements and meal replacements (e.g. multi-vitamins, Boost);
- (g) General and personal laundry services (does not include dry cleaning);
- (h) General hygiene supplies (e.g. toilet paper, soap, shampoo, moisturizing lotion);
- (i) Incontinence supplies (e.g. catheters, condom drainage sets, sterile or non-sterile disposable gloves, reusable and disposable underpads, briefs and inserts);
- (j) Medical supplies (e.g. sterile dressing supplies, band-aids, reusable and disposable syringes);
- (k) Medical and general equipment for use by all residents within the facility (e.g. transport wheelchairs, shower commodes, and bath benches);
- (l) Non-prescription and over-the-counter stock medications (e.g. Acetaminophen, ASA, laxatives);
- (m) Physical, social and recreational group activity programs (e.g. routine range of motion, exercise programs, crafts, bingo);
- (n) Common equipment and furnishings. Items furnished routinely to all residents (e.g. patient room equipment and furnishings including bed and mattress);
- (o) General transportation;
- (p) Oxygen if required;
- (q) Equipment used by individual residents but which are expected to be available on a temporary or "as required" basis (e.g. ambulatory aids, lifting equipment, IV poles, pressure relief mattress, traction and bath equipment, commodes); and
- (r) Trust services to manage Injured Worker's personal expenditures.

Please note, the Case Manager or designate cannot deviate from the agreed upon per diem rate.

### 8.2 Absences

If the Injured Worker is admitted to the hospital or temporarily absent from the care home/facility for medical reasons, the per diem may be billed with Board Officer approval, for absences of up to seven (7) calendar days. The Contractor must notify the Board Officer if any absence continues beyond seven (7) calendar days.

### 8.3 Additional Professional Services

If other professional services are required (e.g. Wound/Ostomy Nurse, Speech Therapist, Respiratory Therapist, Occupational Therapist or Physiotherapist), please contact WorkSafeBC prior to provision of the service. WorkSafeBC has Agreements with many other health care providers, and such services will be provided in accordance with these Agreements (including invoicing, fee schedules, reporting and referral processes).

## 9.0 WorkSafeBC's Pharmacy Benefit Card

With the Pharmacy Benefit Card (PBC), Injured Workers can obtain injury related prescriptions without lengthy waits for re-imburement. The card will be issued for prescription medications related to the accepted compensable condition(s) for a claim. With the PBC the Worker can obtain his/her accepted medications at any pharmacy in Canada. A direct payment for the medications will be processed through electronic funds transfer to the issuing pharmacy.

WorkSafeBC may require the Contractor to use a PBC for an Injured Worker. These benefits are subject to WorkSafeBC policy and any decisions related to a compensable injury. The PBC does not cover medical supplies or prescriptions etc. related to non-compensable injuries or illnesses.

Full coverage is subject to the following guidelines:

- a) Maximum thirty (30) days supply per prescription for pain medications and sleeping pills;
- b) Maximum one hundred (100) days supply per prescription for other drugs; and,
- c) Generic drugs only.

## 10.0 Performance Standards

In order to monitor the quality of Residential Care Services being provided by the Residential Care Services network, WorkSafeBC will measure specific standards, which will be monitored and compared to the care network average. These standards include Family/Injured Worker satisfaction scores, report timeliness and *Agreement* compliance. Please refer to the *Agreement* for more details.

## 11.0 Travel

Contractors and other staff must not transport Injured Workers in their personal vehicles, but may accompany them in a taxi or other public transportation.

General transportation is included in the per diem and generally includes transportation to group activities and outings. Any personal transportation is at the Injured Worker's own expense.

The Contractor of a Family Care Home may transport Injured Workers in his or her personal vehicle, and shall ensure sufficient insurance is in place. The Contractor shall carry this insurance for the Term of this Agreement and any subsequent renewal.

**Unique Travel Requirements:** If the injured worker has unique travel requirements with respect to a compensable medical need (i.e. specialist appointment requiring travel), the Contractor must receive Board Officer approval prior to travel.

If the Contractor has received approval and is providing the travel in a Community Care Facility Vehicle a fee may be billed in addition to the per diem at a rate of \$0.47 per kilometer (fee item code: 1100569).

**Community Care Facility Vehicle:** If the contractor is providing a means of transportation, the Contractor shall ensure the following:

- (a) The driver has a valid British Columbia driver's license for the appropriate type of vehicle being driven;
- (b) The driver has a safe driving record;
- (c) The vehicle used for transporting the Injured Worker is appropriate, and safe; and
- (d) There is a minimum of five (5) million dollars vehicle liability insurance coverage.

## **12.0 WorkSafeBC Site Visits**

Prior to Injured Worker placement, WorkSafeBC representatives will perform a site visit to the Contractors' location.

WorkSafeBC shall have the right to access the Contractor's locations for the purpose of ensuring that the quality of the Residential Care Services provided are satisfactory to WorkSafeBC. When requested, the Contractor shall meet with representatives of WorkSafeBC to review the quality of the Residential Care Services and attend to any matter of concern.

In the event WorkSafeBC believes there is any risk to the Injured Worker's health or safety, the Contractor will allow a WorkSafeBC representative immediate access to the premises and room where the Injured Worker is located. No advance notice is required.