

Self Managed Care Edmonton Zone

Presenter:

Katrina Fillmore

**Program Lead for Self Managed Care and Liaison for
Home Living and Disability Services**

One Size Doesn't Fit All.....







What is Self Managed Care?

Funding Option

Funding is based on **unmet assessed needs** and **Home Care Service Guidelines**

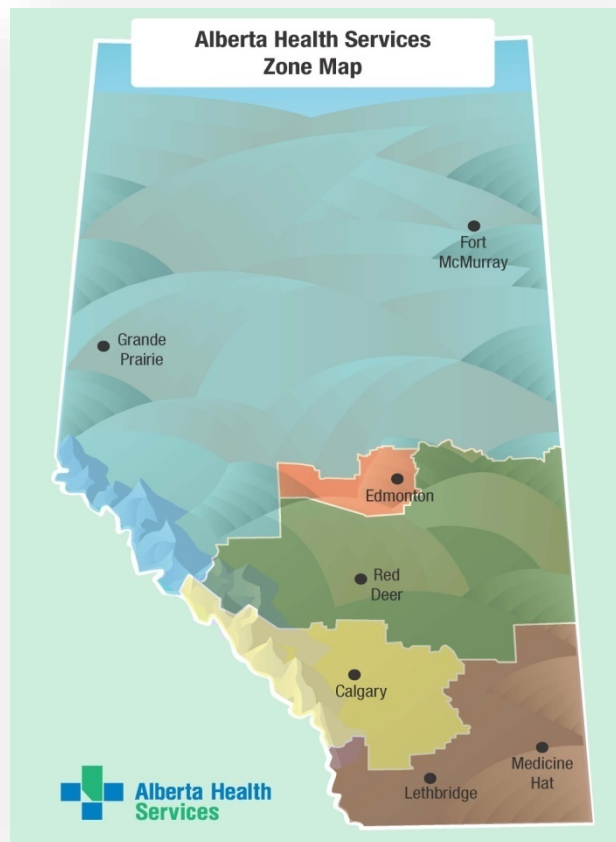
The Agreement Holder then **assumes *responsibility* and *risks*** for coordinating their own support services.

Clients/Family still access professional services through their Case Manager and remain Home Living client.

Goals of SMC

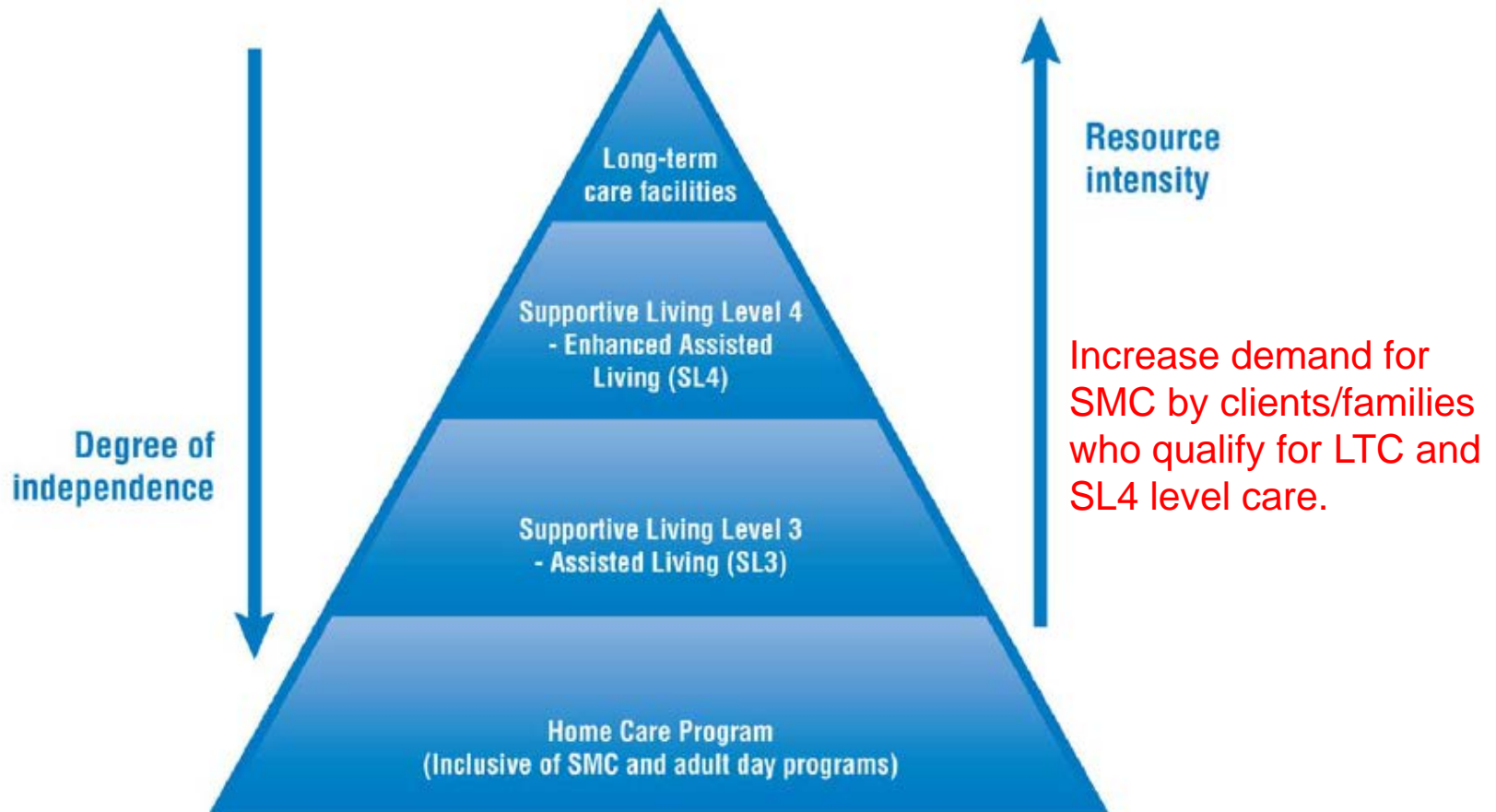
- Promote independence over planning and scheduling personal care.
- Maintain and improve pre-existing supports
- Provide 1:1 personal care.
- Delay need for alternative living options or remove consideration for placement.
- **Support** and **Enhance** the client's informal support system.

Quick Facts Edmonton



- 1 Health Authority
- 1 out of 5 Regional Zones
- Supporting ~450-500/month
- ~1/3 of SMC clients provincially live in Edmonton Zone

Trends We Are Seeing.....





**“Mum says she wants to stay in her own home,
but failing that, she’ll settle for a villa in Spain.”**

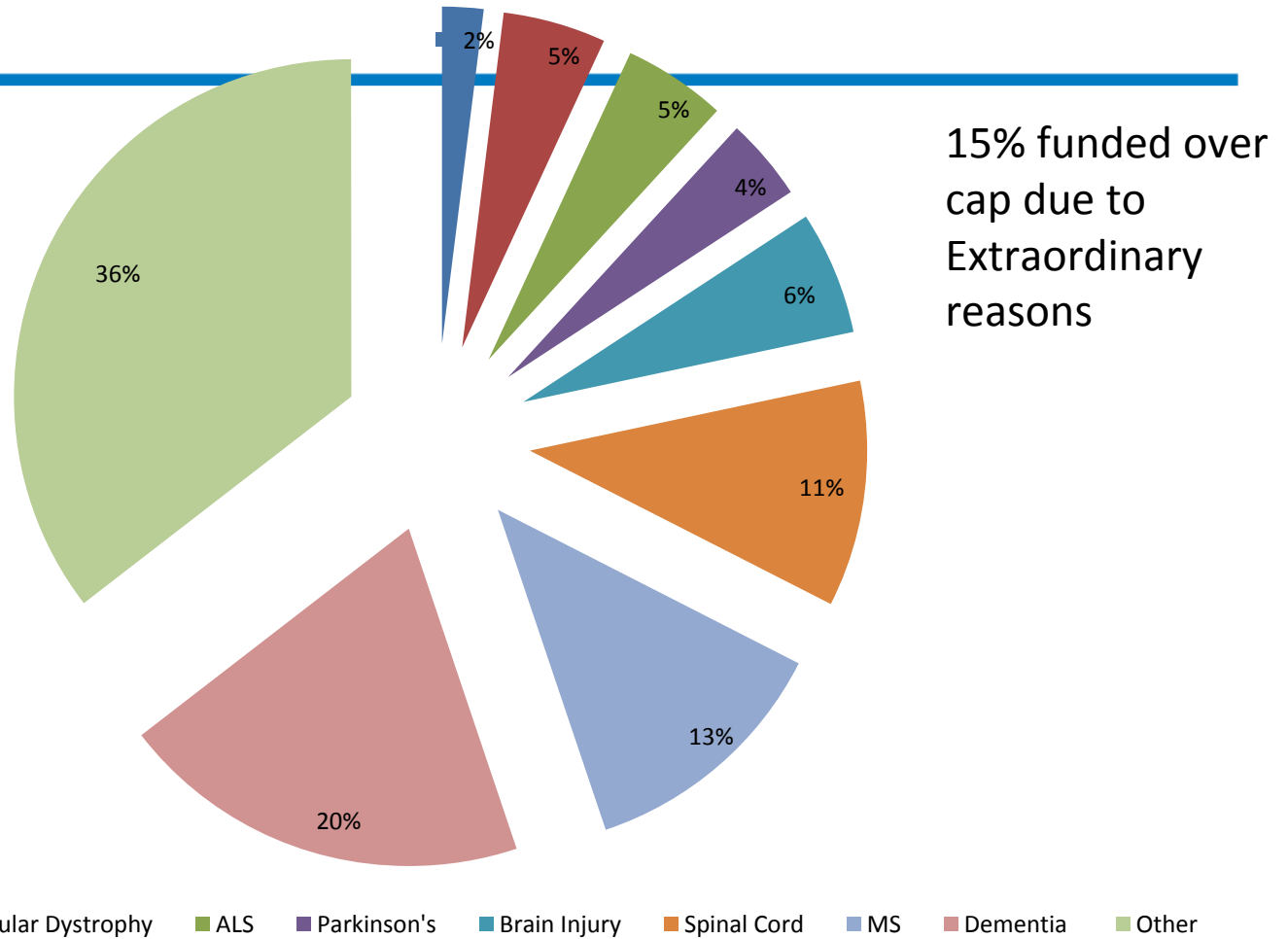
Trends.....

- Middle aged children working full-time and caring for more than one loved-one
- Client/family being proactive and privately funding care prior to connecting with Home Care
- Family hiring 24/7 care to keep client in their own home
- Younger populations with children at home
- Clients being discharged from hospital directly to SMC

General Info about SMC - Edmonton

- Offer SMC contracts to ~15 new clients per month
- Discharge ~ 6-7 clients every month
- Most clients will receive supports longer than 5 years
- 20% SMC clients are located in a rural area
- Funding based upon authorized hours of care

Self Managed Care Diagnosis' Edmonton Zone



Cap 263 hours per month =
8.6 hours per day 7 days per
week = \$5280/month

1:1 care

■ Childrens ■ Muscular Dystrophy ■ ALS ■ Parkinson's ■ Brain Injury ■ Spinal Cord ■ MS ■ Dementia ■ Other

Who is eligible for SMC?

- Anyone who meets criteria (predictable, stable, and long term care needs)
- Be your own decision maker or legal representative*****
- Handle contractual obligations
- Ability and willingness to recruit, train, and retain staff

Who typically considers SMC???

- Growing interest from clients/family dealing with early stages of conditions (titrate care)
- Prefers and able to find their own staff (resourcefulness)
- Clients who has assessed care needs above agency or In house capacity (high care needs)
- Clients/families who are purchasing care privately and not trialing agency care. (seeking financial subsidy)
- Those who will need personal care for many years (seeking independence)
- ****Seeing it become first choice than 2nd choice*****

SMC Team – Edmonton Zone

- SMC Program Lead
- SMC Business/Finance team
- SMC Case Managers/teams in all 8 networks

How is funding provided?

- Approvals made by Zone SMC representatives to ensure consistency and fairness
- Monthly direct deposits
- Pre-load funds in advance to cover monthly expenses
- *****Funding is routinely audited to ensure funds are utilized appropriately.*****

Orientation Sessions

- Occur Monthly to bi-weekly based upon demand
- Educate client & family about the Self Managed Care Program
- Provide Resources for client & family to be successful managing their Self Managed Care
- Help clients/family to understand roles & responsibilities of a Self Managed Care agreement holder.

How can funding be used?

- Employee wages/deductions
- Agency services (Clts and Families do top up with own private funds to off-set costs)
- Fund packaged rate \$20.07 per hour
- Adult SMC recommends hiring rates for personal care attendants and homemakers between \$16.42 - \$17.88/hour – competitive rates based upon job market analysis and TFW programs

Who can SMC Agreement Holder's Hire?

- Non-immediate family
- Friends
- Neighbors
- Agency
- Self-employed
- Contracted individuals

*****Essentially No “conflict of interest” concerns*****

Hiring, staffing, training, unscheduled and scheduled care gaps are contract agreement holder's responsibilities.

Challenges we are seeing.....

- Low income and SMC funds
- Conflict of interest by the client themselves
- Growing cultural diversity amongst client population
 - Language requirements
 - Cultural beliefs/practices
 - Dietary needs
 - Values
- Clt/family asking for more IADL supports than ADL
- Complex care needs staying in the community
- Clients seeking SMC short term –
- Young clts who have no family supports and limited finances but require scheduled and unscheduled care 24/7
- Clients with young children and limited household incomes – choosing SMC
- Young adults moving out of parent's home wanting to explore post-secondary education

Risks as SMC grows.....

- Younger populations wanting financial supports for 24/7 care models for 1:1 care in home versus looking at congregate living options
- Opportunity for financial abuse – importance for financial accountability and routine auditing
- Ensuring quality of care is being provided to justify care model.
- Frustration and false expectations from clients/families
 - Pushing a funding model outside its standard parameters to meet such high care needs do come with challenges families may not be prepared to handle and as a result become frustrated with system.
- Private monopolies - SMC funding 1:1 care but client isn't receiving 1:1 care

Areas for further discussion.....

- Patients and families want choice and flexibility how to use hours of care
- Limitations due to legalities
- Different zone funding rates
- Exploring different rates for personal care versus home making or respite?
- Recruitment for complex conditions and behaviors
- Financial review and audits.
- Family paid caregiver exploration

Questions?

