

Services offered by Island Health Home and Community Care A brief guide for Protection Islanders*

Many Islanders have expressed a strong desire to age gracefully in their own homes here on Protection Island. This brief document is intended to provide an overview of the services offered by the Island Health Home and Community Care Program, and to provide information that will guide Islanders who require these services. The focus here is on in-home services accessible to Protection Islanders.

The “Geography 2” Home and Community Care Program is based in Nanaimo and serves the area from Cedar up to Nanoose including Gabriola Island and Protection Island. The administrative center is located here in Nanaimo. The goal of this brief document is to focus on services that can be delivered to PI residents in their own homes.

If you are feeling overwhelmed and feel that you need homecare help right now, please call 250 739 5749 (7 days a week 8:30am to 4:00pm).

However, if you have a bit more time, please read the next few pages so that you know more about how to proceed and what to expect.

Key contact information:

- (1) The Island Health Home and Community Care Program is located at 1665 Grant Avenue, Nanaimo (near the hospital)
- (2) Telephone 7 days a week 8:30 am - 4:00 pm **250 739 5749**

* This document has been prepared by Protection Islanders for the use of Protection Islanders, and is not an official publication sanctioned by Island Health

The Island Health Home and Community Care Program offers two basic types of service:

(Service type 1) Services offered by **Health Care Professionals** include: **Home Care Nurses, Physiotherapists and Occupational Therapists, Long Term Care Case Managers**. All of these health care professionals are able to visit Protection Island. The in-home services offered by Home Care Nurses include: skin and wound care, palliative care, medication management, cardiac care, pre- and post-operative care, intravenous therapy. In-home services offered by Physiotherapists and Occupational Therapists include consultations intended to make your home safer and more amenable to continued independence. These services are free, but you may have to pay for some or all of the costs of specialized equipment (beds, wheelchairs, walkers etc).

Note that if you are physically mobile and ambulatory, you will be required to attend the ambulatory clinic on Grant Avenue where you can access the services noted above plus additional services offered by social workers and dieticians.

(Service type 2) **In-home Support Services** are authorized by Long Term Care Case Managers. Home support nurses (mentioned above) support the **Community Health Workers** who provide your care. These in-home services include: help getting up and dressed, help getting ready for and going to bed, bathing and showering, using the toilet and commode, assisting with personal hygiene including cleaning teeth, shaving and comb/brushing hair. The managerial services provided by the Home Support Nurses are free of charge, but the in-home care services offered by the community health workers, are subject to fees based on your annual income. Assets are not included in the calculation of fees. Read further for more detail.

To be eligible:

You must have resided in BC for at least 3 months, be a Canadian citizen or landed immigrant and have a health care card.

How to access the Island Health Home and Community Care Program:

If you require assistance from a health care professional or need personal care support in the home:

(1) Call the Island Health Home and Community Care Program. 7 Days a week 8:00 am - 4:00 pm at **250 739 5749**.

(2) The phone will be answered by a Triage Nurse who will ask you for your health care number and will then ask quite a few questions designed to determine the kind of service that you require and the urgency of your need. Within a few hours or as long as 2 weeks after the triage call, you will be contacted by a Long Term Care Case Manager who will become your link to the program. If you (the client) are not able to leave Protection Island, the case manager (or representative) will visit you at home and will conduct a Home and Community Care Assessment (i.e. your health history, ability to cope, what medicines you take, your family and social supports, your income).

(3) If the care that you require involves both Professional Nursing Services (**Service type 1 –red type**) and Home Support (**Service type 2 – green type**) then you may be required to pay some of the Home Support cost. To determine this cost your Case Manager will help you to complete a Financial Profile and Calculation form for the household (see Appendix 1 for more detail). For single people this calculation will be based on your taxable income. For couples the calculation will be based on joint income. Note that this calculation is based ONLY on income. **Assets (house, bank accounts and investments) are not included in these calculations.** Once these financial matters have been completed your Case Manager will assist with the development of a Plan of Care. That plan will involve various services from the red and green services listed above. When you and the Case Manager are both happy with the Plan of Care, you will be asked to sign a Service Agreement and service delivery will commence.

Things you need to know:

- (1) As noted above, if you require both Professional Nursing Services (**Service type 1 –red type**) and Home Support (**Service type 2 – green type**) then you may be required to pay some of the Home Support cost (please see Appendix 1 for much more information about how much this service can cost). When preparing for your first home visit you will need to locate your tax return from two years previous.
- (2) Home Support Services (**Service type 2 – green type**) do not include personal services such as banking, house cleaning, grocery shopping, house maintenance, child care, pet care, etc. Plan to call upon your family and island friends to assist with those matters.
- (3) The Island Health Home and Community Care Program offers quite a wide array of services that are not listed here. Most are delivered in Nanaimo and are not home support services, but there may be exceptions. Your Case Manager will help you to access those services as required.
- (4) The Island Health Home and Community Care Program is strongly limited by resources. There are only 10 community nurses on duty during the week and 5 on duty on weekends. These nurses serve all of the people from Cedar to Nanoose. Obviously this is not the fault of the people who manage our local program so don't complain to them. Rather this is a matter that you may wish to take up with your local MLA. In any case, service is limited by resources, so temper your expectations.
- (5) Note that all Island Health staff including the Health Care Professionals and the in-home Community Health Workers, will access Protection Island using the foot passenger ferry which runs on the hour from 07:00 – 22:00 seven days per week. Once on the island, it is our responsibility as islanders to provide transportation from the ferry landing at the PUB to the client's residence. You will have to arrange for neighbours and friends to pitch in.
- (6) Overnight and weekend care is possible, but the island community will have to arrange for transportation for the health care professionals and home support staff.
- (7) If you are an appropriately qualified "community health worker" who is currently residing on Protection Island, please consider applying for positions advertised on the Island Health web site. <http://www.Island Health.ca/careers> . If we have qualified professionals available on the island our chances of receiving efficient delivery of care may improve.
- (7) You can read about all of the services offered by Island Health Home and Community Care Program by going to their website <http://www.Island Health.ca/hcc/access/> or by reading the book titled **Home and Community Care Handbook for Clients** (available in the PI library). There are also several brochures available in the PI library and all of these documents can be obtained from the Home and Community Care office located at 1665 Grant Avenue, Nanaimo (near the hospital). Other websites include:

http://www.Island Health.ca/hcc/services/home_support.htm

<http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care>

<http://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/who-pays-for-care>

Appendix 1.

How much will you have to pay?

If you wish to estimate the costs of home care for yourself you will need three documents. These are:

- (1) Your tax return from two years previous.
- (2) A form available from the following web site (probably best to print it). Note that the second page explains how to fill out the form and do the necessary calculations.

<http://www2.gov.bc.ca/assets/gov/health/forms/1-6fil.pdf>

- (3) You will also need a table and perhaps additional detail provided on the following website (print it).

http://www.bclaws.ca/EPLibraries/bclaws_new/document/ID/freeside/330_97

To help with this we have included two worked examples at the end of this document.

Have a look at the first version of the table. We haven't filled out the personal detail section of the form, only the financial part at the bottom. The numbers are made up and don't refer to any living person, but they represent the points we wish to make. LINE 1: Based on their tax return from 2 years previous, this theoretical person has a net annual income of \$46,386. This includes income from CPP, OAS, a small pension and \$1000 per year in earned income.

LINE 2: The income tax paid was \$8200.

LINE 3: No child care benefit was received.

LINE 4: This person did not have a disability plan

LINE 5: The table needed to find this number is in the website noted above under item (2). For one person living alone the amount is \$10,284. For two people living together the amount is \$16,752.

LINE 6: This person had a small gardening business and earned \$1000 during the year tax year (2 years ago). They paid tax on this amount.

LINE 7: Calculate this as (line 1) minus (lines 2-6).

Divide the number on line 7 by 700 and get \$38.43. This is the amount that our theoretical person would pay per day for Home Support Services (**Service type 2 – green type**). But note! the rule is (see the website listed item 2 above), that if a person has earned income, the maximum that can be charged per month is \$300.

Have a look at the second version of the table. Again we haven't filled out the personal detail section of the form, only the financial part at the bottom. The numbers are made up and don't refer to any living person, but they represent the points we wish to make. LINE 1: Based on their tax return from 2 years previous, this theoretical person has a net annual income of \$45,386. This includes income from CPP, OAS, a small pension, but the person does not have any earned income.

LINE 2: The income tax paid was \$8000.

LINE 3: No child care benefit was received.

LINE 4: This person did not have a disability plan

LINE 5: The table needed to find this number is in the website noted above under item (2). For one person living alone the amount is \$10,284. For two people living together the amount is \$16,752.

LINE 6: This person had no earned income during the year tax year (2 years ago).

LINE 7: Calculate this as (line 1) minus (lines 2-6).

Divide the number on line 7 by 700 and get \$38.59. This is the amount that our theoretical person would pay per day for Home Support Services (**Service type 2 – green type**). But note! Since this person has no earned income, there is no upper limit on the amount that can be charged each month. In theory if this person needs home care every day for 30 days, the charge would be $30 \times \$38.59 = \1157.70 .

These two examples apply to people who are retired and have a taxable pension that is high enough so that they don't qualify for (a) a guaranteed income supplement under the old age security act, (b) income assistance under the employment assistance act, (c) disability assistance, or (d) a war veteran's allowance. **People who receive any of those do not pay any charge for Home Support Services** (**Service type 2 – green type**)

From this we conclude:

(1) In preparation for that day in the distant future when Home Support Services might be needed, you will need to submit a tax return in every year from now on, even when you have no taxable income.

(2) If you receive a taxable pension or taxable income from investments etc, and if that income is high enough so that you do not receive any of the assistance packages listed in the paragraph above, you might want to talk to your financial advisor about how to create earned income.

(3) Occasionally the need for home care morphs into a need for publicly subsidized long-term residential care. In general the rate of payment for long-term residential care services is 80% of the client's (patient's) after tax income. Husband-Wife pairs can often arrange their annual incomes to minimize the income attributed to the partner who will have a future need for long-term residential care. Remember the 2 year rule noted above. Plan ahead.

Appendix 2.

Comments from Clients who have had experience with The Island Health Home and Community Care Program

- (1) Terminology: Community Health Workers (**Service type 2 – green type**) are also sometimes referred to as “Respite Care Givers”.
- (2) The time clock for Community Health Workers starts when he/she leaves home in Nanaimo and ends when he/she returns home. This means that travel to the ferry, the ferry ride and travel to the client’s house and the reverse trip, is included in hours worked. The result is that an eight hour shift will likely be reduced to 5 hours of actual time spent with the client.
- (3) An island caregiver has reported that Community Health Workers can only administer drugs that are enclosed in prescribed blister packs. Other on-site drug treatment or changes in treatment can only be administered by Health Care Professionals (**Service type 1 –red type**).
- (4) An island caregiver has reported that clients with various forms of dementia will receive excellent treatment at the Royal Jubilee Hospital in Victoria where they have a “safe ward” that is very well run. Another excellent care facility is Park Lodge on 4th in Ladysmith.



BRITISH
COLUMBIA

Ministry of
Health

FINANCIAL PROFILE AND CALCULATIONS

DATE (YYYY / MM / DD)	CLIENT'S FULL NAME	CLIENT NUMBER		
A. CONSENT FOR RELEASE OF INFORMATION FROM REVENUE CANADA				
I hereby authorize Canada Revenue Agency to release information from my income tax returns, and other taxpayer information, to an authorized representative of the Ministry of Health of the Province of British Columbia. The information obtained will be relevant to and used solely for the purpose of determining and verifying my income to establish client rates under the <i>Continuing Care Act</i> and the <i>Hospital Insurance Act</i> . Provincially, the information will be protected in accordance with the <i>Freedom of Information and Protection of Privacy Act</i> of British Columbia and will not be disclosed without my consent to any persons. This consent is in effect for the two taxation years prior to, and including, the year of signature, and each subsequent consecutive year that Home and Community Care services are used. I acknowledge that this authority remains in effect unless revoked by me, in writing, to the Ministry of Health, Victoria, British Columbia.				
CONSENT IS GIVEN TO RELEASE CLIENT'S TAXPAYER INFORMATION AS DESCRIBED ABOVE: <input type="checkbox"/> YES <input type="checkbox"/> NO		CONSENT IS GIVEN TO RELEASE SPOUSE'S TAXPAYER INFORMATION AS DESCRIBED ABOVE: <input type="checkbox"/> YES <input type="checkbox"/> NO		
SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE (SEE PG 2, SECTION A)		SIGNATURE OF SPOUSE OR LEGAL REPRESENTATIVE (SEE PG 2, SECTION A)		
DATE (YYYY / MM / DD)	SOCIAL INSURANCE NUMBER	DATE (YYYY / MM / DD)		
PHN		SOCIAL INSURANCE NUMBER		
DATE (YYYY / MM / DD)		DATE OF BIRTH (YYYY / MM / DD)		
B. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (to be completed by case manager)				
THE FOLLOWING FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ISSUES HAVE BEEN DISCUSSED WITH CLIENT <input type="checkbox"/> LEGAL AUTHORIZATION FOR COLLECTION OF INFORMATION <input type="checkbox"/> PURPOSE FOR WHICH INFORMATION IS BEING USED <input type="checkbox"/> TITLE, ADDRESS AND PHONE NUMBER OF AN OFFICIAL WHO CAN ANSWER QUESTIONS ABOUT THE COLLECTION OF PERSONAL INFORMATION		INITIALS		
C. FINANCIAL AFFAIRS				
THE CLIENT IS IN RECEIPT OF (TICK ONE ONLY OF 1 - 4, IF APPLICABLE): <input type="checkbox"/> 1. GUARANTEED INCOME SUPPLEMENT <input type="checkbox"/> 2. WAR VETERANS ALLOWANCE <input type="checkbox"/> 3. INCOME ASSISTANCE FROM MSD <input type="checkbox"/> 4. PWD ASSISTANCE FROM MSD (NOT CPP / QPP DISABILITY) FOR HS CLIENTS: IF 1 - 4 TICKED, PLEASE SKIP TO SECTION D, LINE 9 FOR AL OR RC CLIENTS: IF 1 - 4 TICKED, PLEASE COMPLETE SECTION C AND D IN FULL <input type="checkbox"/> 5. INDICATION OF FINANCIAL HARDSHIP FOR FACILITY ADMISSION ONLY <input type="checkbox"/> 6. WILL BE SHARING FACILITY ROOM W / SPOUSE <input type="checkbox"/> 7. ALTERNATE PAYER (IF YES, FILL OUT SECTION IN COLUMN ON RIGHT)		ALTERNATE PAYER (I.E. VAC, INAC, WORKSAFEBC) PHONE CONTACT NAME FINANCIAL AFFAIRS MANAGED BY NAME ADDRESS PHONE RELATIONSHIP		
SPOUSE'S CLIENT NUMBER				
D. FINANCIAL CALCULATIONS				
INCOME YEAR	FAMILY UNIT SIZE	CLIENT	SPOUSE	JOINT
1. NET INCOME (LINE 236)	→	46 386		
2. DEDUCT INCOME TAX PAID (LINE 435)	→	8 200		
3. DEDUCT UNIVERSAL CHILD CARE BENEFIT (LINE 117)	→	-	N/A	
4. DEDUCT REGISTERED DISABILITY SAVINGS PLAN (LINE 125)	→	-		
5. DEDUCT ANNUAL BASIC INCOME AMOUNT (BASED ON FAMILY SIZE - HS ONLY)	→	10 284	N/A	
6. DEDUCT EARNED INCOME (UP TO A MAX. OF \$25,000 EACH - HS ONLY)	→	1 000		
7. REMAINING ANNUAL INCOME: HOME SUPPORT (D1 LESS D2-D6)	→	26 902	N/A	
8. AFTER TAX INCOME: ASSISTED LIVING AND RESIDENTIAL CARE (D1 LESS D2-D4)	→		N/A	
9. HOME SUPPORT RATE 38,43 per day	10. RESIDENTIAL CARE RATE	11. ASSISTED LIVING RATE	12. EFFECTIVE DATE (YYYY / MM / DD)	
CASE MANAGER SIGNATURE Have earned income therefore,			DATE SIGNED (YYYY / MM / DD)	
E. DECLARATION				
I DECLARE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO PAY THE RATE CALCULATED ON THIS FORM AND AUTOMATICALLY EACH SUBSEQUENT YEAR. maximum payment is \$300 per month.				
SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE		SIGNATURE OF SPOUSE OR LEGAL REPRESENTATIVE		DATE

BRITISH
COLUMBIAMinistry of
Health

FINANCIAL PROFILE AND CALCULATIONS

DATE (YYYY / MM / DD)	CLIENT'S FULL NAME	CLIENT NUMBER		
A. CONSENT FOR RELEASE OF INFORMATION FROM REVENUE CANADA				
I hereby authorize Canada Revenue Agency to release information from my income tax returns, and other taxpayer information, to an authorized representative of the Ministry of Health of the Province of British Columbia. The information obtained will be relevant to and used solely for the purpose of determining and verifying my income to establish client rates under the <i>Continuing Care Act</i> and the <i>Hospital Insurance Act</i> . Provincially, the information will be protected in accordance with the <i>Freedom of Information and Protection of Privacy Act</i> of British Columbia and will not be disclosed without my consent to any persons. This consent is in effect for the two taxation years prior to, and including, the year of signature, and each subsequent consecutive year that Home and Community Care services are used. I acknowledge that this authority remains in effect unless revoked by me, in writing, to the Ministry of Health, Victoria, British Columbia.				
CONSENT IS GIVEN TO RELEASE CLIENT'S TAXPAYER INFORMATION AS DESCRIBED ABOVE: <input type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE (SEE PG 2, SECTION A)		CONSENT IS GIVEN TO RELEASE SPOUSE'S TAXPAYER INFORMATION AS DESCRIBED ABOVE: <input type="checkbox"/> YES <input type="checkbox"/> NO SIGNATURE OF SPOUSE OR LEGAL REPRESENTATIVE (SEE PG 2, SECTION A)		
DATE (YYYY / MM / DD)	SOCIAL INSURANCE NUMBER	DATE (YYYY / MM / DD)		
PHN		DATE OF BIRTH (YYYY / MM / DD)		
B. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (to be completed by case manager)				
THE FOLLOWING FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ISSUES HAVE BEEN DISCUSSED WITH CLIENT <input type="checkbox"/> LEGAL AUTHORIZATION FOR COLLECTION OF INFORMATION <input type="checkbox"/> PURPOSE FOR WHICH INFORMATION IS BEING USED <input type="checkbox"/> TITLE, ADDRESS AND PHONE NUMBER OF AN OFFICIAL WHO CAN ANSWER QUESTIONS ABOUT THE COLLECTION OF PERSONAL INFORMATION		INITIALS		
C. FINANCIAL AFFAIRS				
THE CLIENT IS IN RECEIPT OF (TICK ONE ONLY OF 1 - 4, IF APPLICABLE): <input type="checkbox"/> 1. GUARANTEED INCOME SUPPLEMENT <input type="checkbox"/> 2. WAR VETERANS ALLOWANCE <input type="checkbox"/> 3. INCOME ASSISTANCE FROM MSD <input type="checkbox"/> 4. PWD ASSISTANCE FROM MSD (NOT CPP / QPP DISABILITY) FOR HS CLIENTS: IF 1 - 4 TICKED, PLEASE SKIP TO SECTION D, LINE 9 FOR AL OR RC CLIENTS: IF 1 - 4 TICKED, PLEASE COMPLETE SECTION C AND D IN FULL <input type="checkbox"/> 5. INDICATION OF FINANCIAL HARDSHIP FOR FACILITY ADMISSION ONLY <input type="checkbox"/> 6. WILL BE SHARING FACILITY ROOM W / SPOUSE <input type="checkbox"/> 7. ALTERNATE PAYER (IF YES, FILL OUT SECTION IN COLUMN ON RIGHT)		ALTERNATE PAYER (I.E. VAC, INAC, WORKSAFEBC) PHONE CONTACT NAME FINANCIAL AFFAIRS MANAGED BY NAME ADDRESS PHONE RELATIONSHIP		
D. FINANCIAL CALCULATIONS				
INCOME YEAR	FAMILY UNIT SIZE	CLIENT	SPOUSE	JOINT
1. NET INCOME (LINE 236)		45 386		
2. DEDUCT INCOME TAX PAID (LINE 435)		8 000		
3. DEDUCT UNIVERSAL CHILD CARE BENEFIT (LINE 117)		-	N/A	
4. DEDUCT REGISTERED DISABILITY SAVINGS PLAN (LINE 125)		-		
5. DEDUCT ANNUAL BASIC INCOME AMOUNT (BASED ON FAMILY SIZE - HS ONLY)		10 284	N/A	
6. DEDUCT EARNED INCOME (UP TO A MAX. OF \$25,000 EACH - HS ONLY)		-		
7. REMAINING ANNUAL INCOME: HOME SUPPORT (D1 LESS D2-D6)		27 012	N/A	
8. AFTER TAX INCOME: ASSISTED LIVING AND RESIDENTIAL CARE (D1 LESS D2-D4)			N/A	
9. HOME SUPPORT RATE \$38.59 per day	10. RESIDENTIAL CARE RATE	11. ASSISTED LIVING RATE	12. EFFECTIVE DATE (YYYY / MM / DD)	
CASE MANAGER SIGNATURE	DATE SIGNED (YYYY / MM / DD)			
E. DECLARATION				
I DECLARE THAT THE ABOVE INFORMATION IS CORRECT. I AGREE TO PAY THE RATE CALCULATED ON THIS FORM AND AUTOMATICALLY EACH SUBSEQUENT YEAR.				
SIGNATURE OF CLIENT OR LEGAL REPRESENTATIVE		SIGNATURE OF SPOUSE OR LEGAL REPRESENTATIVE		DATE

HLTH 1.6 REV.2012/01/26

COPY 1 - CLIENT FILE

COPY 2 - CLIENT COPY

INSTRUCTIONS AND GUIDE

Give client a completed copy of the Financial Profile and Calculation form (HLTH 1.6).

A. CONSENT FOR RELEASE OF INFORMATION FROM REVENUE CANADA

- All new clients must be given the opportunity to provide their consent and social insurance number.
- If joint income is used to calculate client rate, spouse must also provide consent.
- Have client complete Section A. If client cannot sign name but can make their mark, case manager enters client's name, the words "His/Her Mark", and countersigns. If client cannot sign or mark, client's legal representative (i.e. Committee, P.O.A., Public Trustee) may sign on behalf of the client. Attach copy of legal documentation to form.
- Client and spouse (if applicable) tick YES or NO, then sign and date signature in the space provided.
- If client or spouse ticks YES, they must enter their social insurance number.
- If client ticks NO or refuses to sign Section A:
 - client or spouse is not eligible to receive home support or assisted living services;
 - client applying for residential care services is not eligible to receive subsidized services (i.e. must pay the maximum client rate).

B. FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY (FOIPP)

Three FOIPP issues must be discussed with each client as per the *Freedom of Information and Protection of Privacy Act*. Section A on front page explains first two issues. Health authority or designate is the FOI contact.

C. FINANCIAL AFFAIRS

C1 to C4: Verify if client receives any of these income benefits by reviewing cheque stubs, income tax returns, income tax Notice of Assessments, bank statements, or letters/statements from the federal or provincial government. For clients applying for assisted living or residential care services, the full calculation in Box D must be completed (except for MSD clients (C3 or C4)).

- C1 • If client states they are in receipt of GIS, widowed spouse's allowance or spouse's allowance, must verify client's status by checking GIS Web Look Up.
- C2 • Client must be in receipt of War Veterans Allowance for financial need (not the Disabled Veterans Pension).
- C3 • Must verify receipt of Income Assistance benefits from MSD.
- C4 • Must verify receipt of PWD Assistance from MSD (not CPP Disability Benefits, which are funded by the federal government).
 - If any of C1 through to C4 is YES and client is applying for home support services, client pays no client contribution and \$0.00 is entered in Section D9.
 - If either C3 or C4 is YES and client is applying for residential care or assisted living services, enter the minimum Residential Care rate in Section D10, or the Income Assistance or PWD Assistance flat rate for Assisted Living in Section D11.
- C5 • Case manager believes client should be referred to MSD for Income Assistance or PWD Assistance, or to the OAS Program for GIS.

Facility Admission Only

- C6 • Client will be sharing a room with their spouse. Married accommodation rate applies instead of single accommodation rate ONLY IF both are in receipt of married GIS rate. Must verify married GIS rate for both.
 - Enter spouse's client number.
- C7 • Indicate if an alternate payer for client's rate (i.e. VAC, INAC, WorkSafeBC). Provide name of alternate payer (agency), contact name and phone number.

D. FINANCIAL CALCULATIONS

- If client has no spouse, complete CLIENT column only. If client has spouse, complete both CLIENT and SPOUSE columns and combine numbers on lines D1, D2, D4, and D6 to obtain JOINT calculation. If client is married but living apart from their spouse, complete CLIENT column only. Spousal income must be included for clients applying for assisted living or home support if spouse is living with client. **Use only single income for clients applying for residential care services.**
- D3 • Universal Child Care Benefit: \$100 per month to families for each child under six years of age.
- D4 • Registered Disability Savings Plan: client's (and spouse's) income from RDSP is excluded as income for the purposes of calculating client rate.
- D5 • For **Home Support** only: Family Unit Size includes client, client's spouse, and any children under the age of 19 residing in client's home, or children 19 to 25 years of age and attending school full-time and living in the family home. Refer to Table for Annual Basic Income Amounts to determine amount of deduction.
 - If JOINT calculation, enter Annual Basic Income Amount deduction in JOINT column.
- D6 • For **Home Support** only: Earned Income is income earned due to employment (not pension income) and includes lines 101, 104, 135, 137, 139, 141, 143 on income tax return.
 - If client or spouse or both have Earned Income, enter total amount UP TO A MAXIMUM OF \$25,000 EACH for home support clients only. If client or spouse has no Earned Income, enter \$0.00. Maximum amount that can be entered in line D6 under JOINT column is \$50,000.
 - If client or spouse or both have negative Earned Income, enter \$0.00. NOTE: Maximum monthly charge for clients receiving home support services with Earned Income, including clients with negative Earned Income, is \$300.00.
- D7 • For **Home Support**: deduct lines D2, D3, D4, D5 and D6 from line D1 to obtain Remaining Annual Income (line D7).
- D8 • For **Assisted Living and Residential Care**: deduct lines D2, D3, and D4 from line D1 to obtain After Tax Income (line D8).
- D9 • **Home Support**: divide line D7 by 720 to determine client contribution.
- D10 • **Residential Care**: if After Tax Income (line D8) is less than \$19,500, deduct \$3,900 from line D8, then divide by 12 to determine monthly rate (subject to minimum rate).
 - If line D8 is equal to or greater than \$19,500, multiply by .80 then divide by 12 to determine monthly rate (up to maximum rate).
- D11 • **Assisted Living**: multiply line D8 by .70, then divide by 12 to determine monthly rate (subject to minimum rate). Use JOINT income for couples.
- D12 • Enter effective date of client rate. Date can be same date form is completed, but if rate change involved, a future date may be entered.
 - Case manager signs and dates the signature in space provided.

E. DECLARATION

- When financial assessment is complete, client signs and dates signature in space provided. If client cannot sign name but can make their mark, case manager enters client's name, the words "His/Her Mark", and countersigns. If client cannot sign or mark, client's legal representative may sign on behalf of the client.
- If client is married and joint income used to calculate client's rate, spouse must sign in space provided.
- Case manager must ensure that clients know they are specifically certifying that their answers to Section A, C, D are correct, and that they are agreeing to pay the client rate as calculated in Section D.