

Ministry of Health CSIL Categories of Need Guidelines 2011

Health authority health professionals (HA staff) will use the following Categories of Need guidelines to assist them in making a decision about the amount of monthly home support hours that can be approved for a CSIL client. The table is based on hours, assuming that different HA's may use different methods (such as time task analysis tools) to arrive at a total funding allocation on a monthly basis. The maximum hourly ranges reflect the maximum hours that may be approved for a client given certain characteristics – they do not mean that a client is entitled to that amount of service.

General principles for determining the category of need for a client, and the resulting monthly hourly allocation, include:

1. All informal care giving supports available to the client - including the amount of support and type of tasks caregivers can perform are identified and excluded in calculations for allocation of hours.
2. A client's daytime needs are assessed separately from their overnight needs.

Categories of Need	Daytime Care Needs		Overnight Care Needs	
	Level 1	Level 2	Level 3	Level 4
General Description of Client Need	Client requires morning &/or evening assistance to get in and out of bed, dressing and undressing and transfers for bowel routine.	Client requires assistance for care tasks throughout the day.	Client requires infrequent support, -and overnight care is predictable or infrequent, and easily scheduled.	Client requires frequent overnight support.
	Client is independent throughout the day once set up.	Client may or may not be able to schedule care; and/or may require supervision during the day.	Care provider can sleep, or care for several clients with similar needs in same building or geographic area.	Care provider required to be awake for safety reasons including and/or numerous interventions.
		i.e., risk of choking; behavioural issues (wandering, frequent need for cueing, coaching, redirection).	i.e., 1-2 turns per night (self-turning bed options not available); ventilator dependent, and requires <u>occasional</u> night assistance.	i.e., greater than 2 turns per night (self-turning bed options not available); ventilator dependent, and requires regular suctioning and/or other interventions.
Instructions	Determine specific hours required, excluding tasks performed by informal caregivers.			
		Use Time Task Analysis Tool or similar tool approved by HA. Unscheduled care needs may warrant hours at the higher end of the range.	Determine number of nights in a month where paid care provider is required overnight, then multiply by 2 hours. Add overnight hours to daytime care hours.	Determine number of nights in a month where a paid care provider is required overnight, then multiply by 6 hours. Add overnight hours to daytime care hours
Maximum Monthly Hours	0-120	0-240	0-300 Maximum of 300 hours based on max. 240 hrs daytime needs + max. 60 hrs overnight needs (60 = 2 hrs x 30 days)	0-420 Maximum of 420 hours based on max. 240 hrs daytime needs + max. 180 hrs overnight needs (180 = 6 hrs x 30 days)