YORK HOME CARE
Age at Home with Dignity and Grace

Family-Managed Home Care in Ontario

A Practical Guide for Patients and Families

Understand the pathway. Ask the right questions. Build a dependable care team.

Inside this guide

Important: Ontario Health atHome determines eligibility, develops the care plan and establishes approved services and funding. York Home Care is an independent care provider and does not guarantee approval or reimbursement.

1. Eligibility overview

Family-Managed Home Care (FMHC), also called Self-Directed Care, provides eligible patients or their substitute decision-maker with funding to purchase approved home-care services, such as personal support and nursing, or to employ care providers. The services must follow the care plan developed by Ontario Health atHome.

Who may be considered

- Children with complex medical needs
- Adults with acquired brain injuries
- Eligible patients who are educated at home
- Patients experiencing extraordinary circumstances

Before FMHC can be considered

- The patient must first be assessed as eligible for traditional home care.
- Ontario Health atHome must develop a care plan.
- The patient or substitute decision-maker must demonstrate the ability to hire or select providers, coordinate schedules, maintain backup plans, manage funding and complete reporting.
- A legal agreement with Ontario Health atHome is required.

> **FMHC is not a general funding program for every person who needs home care. Eligibility is determined individually by Ontario Health atHome.**

How to request an assessment

A patient, family member or another person acting with the patient's consent may contact Ontario Health atHome at **1-833-515-1234**. Patients who already have a care coordinator should contact that person directly.

2. Questions to ask the care coordinator

Use these questions before selecting or hiring a care provider.

- Which nursing and personal-support services are approved?
- How many hours per week are included, and is the schedule flexible?
- May we use a home-care agency?
- Which provider qualifications or clinical competencies are required?
- What hourly rates and expenses are allowable?
- Are agency coordination, administration or RN-supervision charges eligible?
- What invoice and timesheet format must be used?
- Who pays the provider, and how does reimbursement work?
- What records must the family retain and submit?
- What happens if approved funds are not fully used during a reporting period?
- How should changes in the patient's condition or schedule be reported?
- How often will the care plan be reassessed?
- What is required if we want to change providers?
- Which services must be paid privately?

3. Care-provider selection checklist

Compare providers using consistent criteria. Ask for written answers where possible.

Qualifications and safety

- ■ Required professional registration or role qualification verified
- ■ Relevant experience with the patient's needs
- ■ References and background screening completed
- ■ Required certifications and clinical competencies current
- ■ Insurance coverage confirmed

Service reliability

- ■ A small and consistent care team is proposed
- ■ Backup personnel and call-in process are available
- ■ Scheduling and replacement procedures are clear
- ■ After-hours contact and escalation process are defined

Care quality

- ■ Patient-specific orientation is provided
- ■ RN supervision and reassessment are available
- ■ Incident reporting and family communication expectations are clear
- ■ Cultural, language and personal preferences are considered where possible

Financial clarity

- ■ Hourly rates and additional charges are in writing
- ■ Timesheet and invoice formats meet FMHC requirements
- ■ Funded and private-pay services are clearly separated
- ■ Cancellation, overtime, holiday and travel policies are understood

4. Sample contingency plan

A contingency plan explains what will happen when a regular provider is unavailable or the patient's needs change unexpectedly.

Situation	Planned response	Responsible person
Regular caregiver calls in	Contact designated backup list in order; notify family of status and estimated arrival.	Agency scheduler / family
No replacement is immediately available	Prioritize essential care; use agreed family or alternate support; escalate to RN when clinical risk exists.	Family / agency
Patient's condition changes	Follow emergency or escalation instructions; contact the appropriate clinician or 911 when required.	On-duty provider
Weather or travel disruption	Confirm shifts early; activate local backup; advise family of service limitations.	Agency scheduler
Medication or treatment concern	Stop and follow applicable clinical direction; contact RN/prescriber or emergency service as required.	On-duty provider / RN

Complete these details

- Primary family contact and safe-contact instructions
- Regular provider and backup provider telephone numbers
- York Home Care after-hours or escalation contact
- Ontario Health atHome care coordinator contact
- Primary care and specialist contacts
- Preferred hospital and emergency instructions
- Essential care tasks that cannot safely be delayed

5. Documentation checklist

Keep program, clinical and financial records organized and secure. Confirm the exact requirements with the care coordinator.

Program documents

- ■ FMHC legal agreement
- ■ Current Ontario Health atHome care plan
- ■ Approved hours, services and service period
- ■ Care-coordinator contact information

Provider documents

- ■ Agency service agreement or employment agreement
- ■ Credentials, registrations and screening records
- ■ Insurance information
- ■ Staff orientation and competency records

Service records

- ■ Schedules and attendance records
- ■ Timesheets
- ■ Shift or visit documentation
- ■ Medication or treatment records, when applicable
- ■ Incident reports and follow-up

Financial and reporting records

- ■ Itemized invoices
- ■ Proof of payment
- ■ Reimbursement submissions
- ■ Required family reports
- ■ Separate records for private-pay services

Protect personal health information. Use approved secure methods for clinical records and referrals. Do not submit health-card numbers or detailed medical information through a general website form.

6. First-week care-team checklist

Use this checklist to create a safe, organized start.

Before the first shift

- ■ Service agreement signed
- ■ Approved care plan and schedule reviewed
- ■ Emergency contacts and contingency plan shared
- ■ Home access, parking and arrival instructions confirmed
- ■ Supplies, equipment and documentation tools ready

During orientation

- ■ Patient routines and preferences reviewed
- ■ Approved duties and service limits explained
- ■ Medication and treatment orders reviewed where applicable
- ■ Mobility, transfer and infection-prevention procedures demonstrated
- ■ Communication, documentation and escalation expectations confirmed

After the first shift

- ■ Family receives a check-in
- ■ Questions or safety concerns are documented
- ■ Schedule and caregiver match are reviewed
- ■ Missing supplies or orders are identified
- ■ Required corrections are assigned

By the end of week one

- ■ RN follow-up completed where applicable
- ■ Timesheets and documentation reviewed
- ■ Invoice process confirmed
- ■ Backup plan tested or reviewed
- ■ Family satisfaction and requested adjustments documented

Need help building your care team? Call York Home Care at 647-207-9697 for a complimentary 15-minute navigation call.

Ontario Health atHome: 1-833-515-1234 | ontariohealthathome.ca

This guide provides general information and is not legal, financial or clinical advice. Program requirements may change. Confirm current requirements with Ontario Health atHome.