

Assignment of category and type of home care service recipient

Effective April 1, 2019, it is a Canadian MIS Database (CMDB) reporting requirement to capture home care clients by type of service recipient. The 5 types in the category Client Home Care are as follows.

Client home care types

Client home care type	Definition
Acute	A home care client who has been assessed to receive home health and/or home support services for a health condition that is expected to respond to a time-limited, individualized care plan and discharge from home care services to independent management or recovery is expected within three months.
Rehabilitation	A home care client who has been assessed to receive home health and/or home support services for a health condition that is expected to respond to a time limited, individualized rehabilitation plan that predicts improvements in the client's functional status and their discharge date.
Maintenance	A home care client who has been assessed to receive home health and/or home support services and has ongoing unstable health conditions, living condition(s) and personal resources where the plan of care has no predicted discharge date.
Long-term supportive care	A home care client who has been assessed to receive home health and/or home support services and has ongoing unstable health conditions, living condition(s) and personal resources that place the client at significant risk for institutionalization.
End-of-life care	A home care client who has been assessed to receive home health and/or home support services for a health condition that is not responsive to curative treatment and for which the client and/or family have been informed by a physician that the client is expected to live less than six months.

The categorization principles listed below form an integral part of the Home Care Reporting System (HCRS) of the Canadian Institute for Health Information (CIHI) and should be used by home care professionals for assigning clients to types of service recipient, whether the HCRS has been implemented or not.

- Clinical judgement, using the best available client assessment information, is required to complete the initial assignment and any subsequent reassignment that may occur.
- Only individuals who are accepted into an organized home care program (i.e., home health and/or home support, are assigned a client home care category and type of service recipient) are included. Service recipients who are receiving hospital or community-based outreach services in the home (e.g., dialysis) are excluded.
- A client is assigned to a type of service recipient based on their assessed needs, which encompasses their current health status (i.e., health condition, personal resources and living conditions), rather than on the service available or provided.
- A client is assigned to a type of service recipient once a home care professional (clinician or case manager) assesses the client's health status.

- For clients with multiple needs, the type of service recipient is assigned according to the highest priority goals of care at the time of assessment.
- At any one time, a client is assigned to 1, and only 1, type of service recipient.
- A client who receives end-of-life services is assigned to the end-of-life care type.
- A client may be reassigned due to a change in medical status, client needs, client function or goals of care.
- While many clients' individual care plans may contain aspects of rehabilitation, clients are assigned to the rehabilitation type only if the primary focus of the plan is functional rehabilitation.
- A client in the rehabilitation type of service recipient category may be reassigned to any other group if the primary focus of care is no longer an improvement in functional status.
- Clinical decisions regarding client groups are based on the information available at the time.