

JORDAN'S PRINCIPLE

Case Conferencing to Case Resolution

FEDERAL/PROVINCIAL INTAKE FORM CONFIDENTIAL

SCOPE OF IMPLEMENTATION/CRITERIA

- *Relates to jurisdictional disputes for payment of services between the provincial and federal governments*
- *Will focus on First Nation/Status Indian Children ordinarily resident or living on-reserve who have been assessed by qualified personnel and found to have multiple disabilities and/or complex medical needs*
- *Will focus on First Nations/Status Indian Children who require services from multiple providers*
- *Will apply to services which are normally provided to other children in similar circumstances and geographic proximity*
- *During dispute, the current service provider that is caring for the child will continue to provide necessary services until there is resolution of the dispute*

Date of initial contact: November 29, 2012

A. INITIAL CONTACT (This section to be filled out by Federal/Provincial Key Contact)

1. Name of Federal or Provincial Key Contact Receiving Referral:

Betty Ann Scott, Social Development Operational Specialist, Aboriginal Affairs and Northern Development Canada

2. Person Calling: Cathy Farwell, Social Worker, Health Sciences Centre

3. Referring Organization/Agency/Family Member: Sandy Bay Health Centre

Phone Number: (204) 843-3653

Address: Box 110, Marius MB R0H 0T0

E-Mail, if applicable:

4. Name of Service Provider (Program Person at Community Level Involved in Issue):

Annie Richard, Case Manager

5. Presenting Issue/Reason for Referral:

Previously healthy 4 year old First Nation child suffered cardiac arrest and anoxic brain injury while undergoing routine dental extraction. The child is totally dependent for all activities of daily living and requires significant medical and equipment before she can be discharged from the Health Sciences Centre. The Occupational Therapist sent a letter dated November 20, 2012 to the Non Insured Health Benefit Program requesting approval for the medical equipment and supplies. Items such as the specialized Hilrom bed, for a child, a specialized stroller, a mattress to prevent skin breakdown, a trapeze

bar, portable lift, bath frame and Hoyer lift may not be eligible under the NIHB program and require approval as special exceptions. The family will require homemaker services and may require short term respite in the near future as the mother is expecting another baby in December 2012. Dialogue between the various service providers is necessary to ensure the child and family receives the support and medical equipment they require to bring the child back to the community.

6. Does the Issue involve a Dispute Of Payment of Services? Yes No
If no, Other issue? And action:

If yes, Focal Point Case Conference (D/M/Y): 4/12/2012

Participants:

Parents of Child – SR (father), AS(mother)

Cathy Farwell, Social Worker, HSC, Joanne Thompson, Aboriginal Health Services Discharge Coordinator, HSC.

Mary Brown, Health Canada, Joe Gacheru, Health Canada, Joelle Breton, Non Insured Health Benefit Program, Health Canada

Betty Ann Scott, Social Development Operational Specialist, Aboriginal Affairs and Northern Development Canada

Annie Richard, Case Manager, Sandy Bay First Nation, Virginia Lukianchuk, Sandy Bay First Nation, Grandfather and Sandy Bay First Nation Councilor (name?)

Kellsey Scheepers, Occupational Therapist, HSC

B. DETAILED INFORMATION:

1. Child Related Contact and Demographic Information: (to be completed by Service Provider and/or with Key Contact).

1.1 Child's Full Name (include other names used): JR

1.4 Date of Birth: D/M/Y XX/XX/XXXX

1.3 Gender: M F

1.4 Is this child attending school? Yes No
If yes,

Band operated school: Provincial School

MET (Manitoba Education) number (if available):

1.5 Child's First Nation Registration #: XXXXXXXXX

1.6 Family Name: Mother: AS Father: SR

1.7 Contact information for primary parent/guardian/caregiver:

Please indicate:

- Parent
 Guardian
 Caregiver

Name: AS SR

Address: Box XXX, Amaranth (Sandy Bay First Nation), MB R0H 0B0

Phone: (204) XXX-XXXX

Cell phone:

E-mail:

Other:

2. Residency :

2.1 Parent/Guardian ordinarily Resident or living On-Reserve? Yes No

Child ordinarily resident or living On-Reserve? Yes No

2.2 If yes, which First Nation community does the child live in? Sandy Bay First Nation

2.3 If no, in what is the child's current address?

2.4 How long has the child lived off-reserve?

2.5 Has the child's family had to relocate off reserve to access the needed service(s)?

Yes No

3. Child and Family Services Involvement (If Applicable)

3.1 Is the child currently in the care of a Child and Family Services agency?

Yes No

3.2 If yes, which Child and Family Services Agency is involved?

3.3 How long has the child been in the care of this Agency?

3.4 Is this a Voluntary Placement?

Yes No

3.5 Name of Child Family Service Agency contact/case worker and Contact Information:

3.6 Any prior involvement with other CFS agency?

Yes No

3.7 Name of Child Family Service Agency contact/case worker and Contact Information:

C. ASSESSMENT AND SERVICE INFORMATION

4. Have assessments been completed? Yes No

Type of Assessment	Assessment completed by, including contact information	Date of assessment
Occupational Therapy	Kellsey Scheepers, Child Health Program, Health Sciences Centre.	November 20, 2012 (letter to NIHB)

5. Please provide relevant assessments of child from health and/or social service professional, including current and proposed service plans for child.

Sandy Bay First Nation Home & Community Care Program are planning on going into the home on Monday, December 3rd to do an assessment so home modifications can be made to support wheelchair access and support the hardware for installation of the ceiling track system. The ceiling track system is to be provided at a later date. Currently, the child is able to be lifted with the portable Hoyer Lift provided through the NIHB program.

6. Disability/Medical Information:

3.1 Diagnosis: Anoxic Brain Injury, Seizures.

3.2 Date of Diagnosis:

3.3 Type of Disability(ies): Mobility, Cognitive, Totally dependent for activities of daily living

6.1 Name of Physician(s) and contact information:

Dr. Birill? (not legible), Health Sciences Centre

6.2 Please check the appropriate box(es) and identify which of the following community and external service providers are currently involved or have previously been involved with the child/family in relation to the presenting issue.

Health Canada – First Nations and Inuit Health Branch contact name & phone #

Aboriginal Diabetes Initiative	
Aboriginal Head Start on Reserve	
Brighter Future	
Building Healthy Communities	
Canada Prenatal Nutrition Program	
Fetal Alcohol Spectrum Disorder	
Home and Community Care	Virginia Lukianchuk, Nurse in Charge Joe Gacheru, HCC, FNIHB, Manitoba Region
Maternal Child Health	
Non Insured Health Benefits	Joelle Breton, Carrie Gaskin, NIHB, Manitoba Region
Nursing Station/ <u>Health Centre</u>	Annie Richard, Case Manager, Sandy Bay Health Centre, (204) 843-3653
Health Authority	
Health Director	Joanne Roulette, Sandy Bay Health Centre
Other (please specify)	Mary Brown, Regional Advisor, Children's Programs, FNIHB, Health Canada

Aboriginal Affairs and Northern Development Canada contact name & phone #

First Nations Child and Family Services on and off reserve (specify which Agency)	
Income Assistance	
Assisted Living	Integrated Home & Community Care and In Home Care Program - Virginia Lukianchuk, Sandy Bay Health Centre – 204 843-3653 Betty Ann Scott, Social Development Operational Specialist, AANDC, Manitoba Region
Hi-Cost Special Education	
Other (please specify)	Canada Mortgage and Housing Corporation (CMHC)

Provincial Services contact name & phone #

Rehabilitation Centre for Children	Julie Huish, Occupational Therapist Kellsey Scheepers, OT
Office of the Children's Advocate	
Children's DisABILITY Services (specify region)	
Home Care	
Regional Health Authority (please specify)	Joanne Thompson, Discharge Coordinator, Aboriginal Health Services, Winnipeg Regional Health Authority Betty Cogar, Seven Regions Community Health Services, Southern Regional Health Authority (to request coverage for specialized bed)
HSC Children's Hospital	Cathy Farwell Social Worker

	(204) 787-2968
St. Amant Inc.	C. Farwell, Social Worker took family on tour of St. Amant Inc.
Child and Family Services Agency/Region (specify which agency or region)	
School (please specify)	
School Division (please specify)	
Other (please specify)	

6.3 Please complete the following chart based on previous information.

Date	Agency/Organization contacted/involved, including contact information	Services Requested/Accessed	Response
November 29, 2012 (phone call)	Cathy Farwell, Social Worker, Health Sciences Centre (204) 787-2968	Discharge plans – Request for support services through Assisted Living Program, In Home Care (Homemaker services and short term respite are required)	HSC offering to provide training to family and/or Health Care Aide on bathing with a bath frame and tube feeding. Family willing to be trained on tube feeding.
November 30, 2012 (phone call)	Annie Richard, Sandy Bay First Nation Health Centre - B. Scott received copy of Occupational Therapist letter via fax requesting medical equipment and supplies (attached)	Through the Home & Community Care Program, a Health Care Aide will assist with bathing of child but not able to do tube feeds.	Homemaker services to be provided to assist family as necessary.
November 30, 2012 (conference call)	Sandy Bay Health Centre, Joanne Roulette, Shirley Nesbitt, Annie Roulette, Mary Brown, FNIHB, Cathy Farwell, HSC, Joe Gacheru, FNIHB, Betty Ann Scott, AANDC	Wheelchair ramp requested. Homemaker services required. Short term respite if necessary. Items recommended by Occupational Therapist: <ul style="list-style-type: none"> - Hilrom Bed - Specialized mattress to prevent skin breakdown - Bath Frame/seat - Portable lift - Ceiling track system 	Ramp is in process of being built. Home assessment to take place on Monday, December 3 rd by Sandy Bay Health Centre staff to determine if home required modifications can be supported through home infrastructure.

<p>Dec 4, 2012 Boardroom CE 208 HSC</p>	<p>Case Conference with family and service providers. SR, Father A S, Mother Virginia Lukianchuk, HCC, Sandy Bay Health Centre Annie Richard, Case Manager, Sandy Bay Health Centre Cathy Farwell. Social Worker, HSC Kellsey Scheepers, Occupational Therapist Joanne Thompson, Discharge Coordinator, WRHA Aboriginal Health Services Mary Brown, Special Advisor, Children's Services, FNIHB Betty Ann Scott, AANDC Joe Gacheru, HCC, FNIHB, Manitoba Region Carrie Gaskin, NIHB, FNIHB, Manitoba Region Joelle Breton, NIHB, Manitoba Region</p>	<p>- Wheelchair - Hand held shower head SB Health Centre are accessing a hospital bed (adult size) but are unsure if it will be suitable.</p> <p><u>Medical Equipment and Supplies</u> Hilrom Bed and specialized mattress Bath frame/seat Portable Lift Ceiling Track System and slings Wheelchair Incontinent Supplies Medication Transportation – Stretcher Service.</p>	<p>2 Types of Resources Needed – Equipment and In Home Care.</p> <p>NIHB is seeking approvals for items requested. NIHB response of “absolutely not” to request for specialized bed and mattress. Social Worker will check with Southern RHA to see if they can provide. Arrangements will be made to use Gladstone Pharmacy for medications, medical equipment and supplies. Formula – Needs to go through drug exception centre but NIHB informed that Manitoba Home Nutrition Program should be the first payer. In Home assistance to be provided around 3 times a week. HCA to assist when mom goes into labour. No respite available but may be required in the future. Explore “home managed care” and</p>
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			funding. Discharge meeting planned for Thursday, December 6, 2012.
December 19, 2012			Child discharged from Health Sciences Centre and returned to Sandy Bay First Nation with family.
January 10, 2013 and January 22, 2013 Updates (E-mail)	NIHB, Manitoba Region requested approval from National HQ Exception Centre for medical equipment and supplies. Special Advisor, Children's Services, FNIHB informed via e-mail. Update on specialized bed.	IV Pole, Hydraulic Lift and sling, bath chair, Suction Machine & Yankeur-Tonsil Suction, Incontinence Supplies, wheelchair, seat, Nutren Jr. with Fibre Formula and feeding tubes. Specialized bed and mattress.	Approved. <u>Please Note:</u> The bed was provided by the Medical Director, HSC but wants to remain anonymous. This was confirmed in discussion with the Social Worker, HSC.

3.7 Please provide details on the barriers experienced to access the required services.

Health Canada does not have the authority to fund hospital or specialized beds and mattresses. NIHB said "absolutely not".

AANDC ineligible through In Home Care (only provide for non medical supports) and family not in receipt of Income Assistance Program to access special needs funding.

Southern Regional Health Authority (provincial) was approached but indicated they are unable to fund the hospital bed.

Sandy Bay First Nation does not have the funding or has limited funding and is unable to purchase bed.

Jurisdictions lacking funding authority to cover certain items which result in gaps and disparities.

3.8 Please provide additional documents or relevant information the family or guardian would like to share:

Family spoke with First Nation leadership mother's community (Long Plain First Nation) who expressed willingness to assist as necessary. Child's mom is expecting another child (due date in January)

3.9 Please Explain How This Issue has Affected Family Members or Guardian?

Additional and unnecessary stress is created for the family when jurisdictions are not willing to assist in providing necessary services and supplies.

D. CONSENT FORM

1. Has the child's parent/guardian provided consent to share personal health and other information with multiple agencies/organizations?
Yes No
2. If yes, please provide a copy of the signed consent form.
3. If consent has not been provided, please determine whether the parent/guardian is willing to provide consent to share information for the purposes of case conferencing. If so, please have the parent/guardian read and sign the attached consent form.

CASE CONFERENCING TO CASE RESOLUTION

CONSENT FOR RELEASE OF PERSONAL AND/OR PERSONAL HEALTH INFORMATION

Section 1. Purpose of Consent

I consent to the sharing of my/ my child's personal information and/or personal health information between the organizations/agencies listed below in section 3. The purpose of sharing information about me /my child is to allow the service providers from each agency to discuss my /my child's situation and develop a complete service plan that will address my /my child's health and social service needs.

Section 2. Confidentiality

I understand that the information shared will be on a need to know basis only. It is also my understanding that each of the participating organizations/agencies listed in section 3 will maintain confidentiality over the information in accordance with standard organization/agency and government policies, legislation such as *The Freedom of Information and Protection of*

Privacy Act (FIPPA) , The Personal Health Information Act (PHIA) and Regulations, federal Privacy Act, the Access to Information Act, and any other applicable legislation.

Section 3. The following organizations/agencies may be included in the Case Conferencing to Case Resolution Process:

- Manitoba Family Services and Labour
- Manitoba Aboriginal and Northern Affairs
- Manitoba Entrepreneurship Training and Trade - Employment and Income Assistance Program
- Manitoba Health
- Manitoba Education
- Aboriginal Affairs and Northern Development Canada
- Health Canada, First Nations and Inuit Health Branch
- Assembly of Manitoba Chiefs
- Other service providers and agencies as may be necessary

Section 4. Expiration of Consent

This consent shall start on the date that I sign this form and will automatically end one year later. I know that I can withdraw my consent or make changes to it at any time by contacting my lead service coordinator or provider.

Section 5. Signature

Service Recipient Name: (Form provided to Social Worker who chaired the case conference)

Parent/Guardian:

Child's name:

Date of Birth:

Street Address:

City/Town/Community:

Postal Code:

Signature of Parent/Guardian (of Service Recipient):

Date:

NOTE: Questions

Should you have any questions about how your personal information or personal health information is being used, please discuss your concerns with your service coordinator or provider.

WORKING TERMINOLOGY AND DESCRIPTIONS – AGREED DEFINITIONS

The following terminology is based on those provided in the *Terms of Reference for the Joint Committee on The Implementation of Jordan's Principle*. The use of this terminology reflects the directed scope and focus of the TOROWG. To aid in consistent interpretation of this paper, key terms are presented or reiterated here:

Basic activities of daily living; as defined by Canada's Disability Tax Credit include: speaking; feeding; hearing; dressing; walking; elimination (bowel or bladder functions); mental functions necessary for everyday life.

Case Conferencing: The goal of case conferencing is to provide holistic, coordinated and integrated services across providers as well as to reduce duplication. Case conferences are usually interdisciplinary and include one or multiple internal and external providers and, if possible and appropriate, the client and family members or close supports.

Case Coordination: refers to the coordination of services on behalf of a party. It includes communication, information sharing, and collaboration, and occurs regularly with case management and other staff serving the client within and between agencies in the community. Coordination activities may include directly arranging access; reducing barriers to obtaining services; establishing linkages; and other activities recorded in progress notes.

Key Contact: Federal or Provincial contact person (LIST)

Complex Medical Needs: Complex medical needs refers to medical conditions involving health care procedures requiring the clinical skill and judgment of a registered nurse, including: ventilator care, tracheostomy care, suctioning (tracheal/pharyngeal), nasogastric tube care and/or feeding, complex administration of medication- i.e. via infusion pump, nasogastric tube, or injection, central or peripheral venous line intervention or other clinical interventions as defined by the Manitoba Unified Referral and Intake System (URIS).

Developmental and/or physical disabilities: refers to current eligibility criteria for Children's disABILITY Services. This includes children under the age of 18 who meet one or more of the following lifelong conditions:

- Mental disability – I.Q. of 75 or less
- Developmental Delay – D.Q. of 75 or less
- Autism Spectrum Disorder
- Lifelong Physical Disability
- High probability of Developmental Delay due to a pre-existing condition; a parent who has a mental disability; or, significant prematurity with medical and/or biological factors.

Determination of eligibility requires a written diagnosis by a qualified professional based on established assessment procedures and/or instruments.

Geographic Proximity: Geographic proximity is defined as the off-reserve community that is closest to an on-reserve community. The off-reserve community in geographic proximity will be used to determine what normative services could/should be made available/ accessible by children living in a specific reserve community.

Jordan's Principle: Under Jordan's Principle, where a jurisdictional dispute arises between Manitoba and Canada regarding payment for services for a First Nations child with multiple disabilities which are otherwise available to other Manitoba children in a similar geographic location, the primary agency of responsibility should pay for the services without delay or disruption. The paying government party can then refer the matter to a jurisdictional dispute mechanism. Each level of government commits to resolving intra-governmental disputes before it is necessary to use Jordan's Principle.

Markedly restricted: is defined as "all or substantially all the time, you are unable (or it takes you an inordinate amount of time) to perform one or more of the basic activities of daily living, even with therapy (other than life-sustaining therapy) and the use of appropriate devices and medication".

MET - Manitoba Education Tracking number – is a number that is assigned to all children who register in public schools, funded independent schools and in some situations First Nations Schools. The number stays with a child throughout their school life and provides documentation of current and past enrolment, eligibility for additional support in the public school system, high school course completion, provincial examination information and graduation.

Multiple Disabilities: Multiple disabilities refer to the presence of a developmental and/or physical disability with marked/significant restrictions in two or more basic activities of daily living.

Normative Services: Normative services are the range of health and social services which a child living off reserve with multiple disabilities and/or complex medical needs is eligible for and has access to based on geographic proximity.

Ordinarily Resident on reserve: Ordinarily resident on reserve means a child's parent(s) and/or guardian(s) usually live at a civic address on reserve or stay on reserve and have no usual home elsewhere. In the case of children in joint custody or a custom adoption/alternate child custody arrangement, ordinarily resident would refer to the person with whom the child lives more than 50% of the time on reserve.

Qualified Personnel: Qualified Personnel are professionals which include but are not limited to nurses, doctors, psychologists, physiotherapists. These professionals have the ability through education and training to make a professional assessment about a child's condition.