

## Respiratory Benefits Program Homebound Status Assessment

The information on this form is being collected and used by Alberta Health pursuant to sections 20, 21, 22 and 27 of the *Health Information Act* and sections 33, 34, 39 and 40 of the *Freedom of Information and Protection of Privacy Act (FOIP)* for the purpose of providing and determining eligibility for health benefits under the *Alberta Aids to Daily Living and Extended Health Benefits Regulation*. If you have any questions about the collection of this information, you can contact Alberta Aids to Daily Living Program, 13th Floor, TELUS House, 10020 100 Street NW, Edmonton, Alberta T5J 0N3 Telephone: 780-427-0731 Fax: 780-422-0968.

|  |  |              |
|--|--|--------------|
| <b>Client Name:</b>  | <b>PHN:</b>  |              |
| <b>Section 1: Trips outside the home</b>   |  |              |
| Would a trip of an hour or more outside the home create a significant decline in the physical or functional health of the client?  | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| Is the client bed-bound?   | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| <b>Section 2: Medical Conditions</b>   |  |              |
| Does the client pose a health risk to others?  | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| Does the weather or related factors, such as pollen, aggravate respiratory problems?   | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| Is sitting for several hours contraindicated by medical conditions?  | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| Does the client have a medical health problem that prevents him/her from leaving the home? (e.g. Immunocompromised, MMSE <15)  | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| Does the client have high O2 needs that cannot be met by portable O2?  | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| <b>Section 3: Mobility</b>   |  |              |
| Are architectural barriers a problem for mobility?   | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| To make a trip outside the home the CLIENT REQUIRES total assistance of a person, in order to mobilize?  | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| <b>Section 4: Reason for Leaving Home</b>  |  |              |
| Are the client's only trips outside the home related to receiving medical treatment?   | ← 20      15      10      5      0 →<br><small>always    usually    ½ the time    sometimes    never</small> |              |
| <b>Section 5: Number of trips outside the home</b>   |  |              |
| Number of trips outside the home in the last calendar month for activities of daily living (e.g. church, family / dinner, grocery shopping, banking, etc.) excluding medical care? | ← 20      15      10      5      0 →<br><small>Left Home-0      1      2      3      4 or more</small>       |              |
| <b>Assessed by</b> (print name and sign with designation)  | <b>Date</b>  | <b>Score</b> |
|  |  | /100         |

**RESULTS**

- > 70 points      Client is likely to be viewed as "home bound".
- 66 - 70 points      Client is probably homebound but periodic evaluation & sufficient documentation are key to an appropriate assessment.
- 60 - 65 points      Client should explore another service options
- < 60 points      Client appropriate to access ambulatory services

## Determining Home Bound Status

### Purpose:

- Form must be completed to document client is homebound and is unable to obtain testing for AADL RBP funding purposes. In home testing may be available in some AHS zones.
- This form should be completed with a change in client condition, client relocation or change in safety factors such as season change.
- Form to be completed by client's physician, nurse practitioner or AHS Home Living Respiratory Therapist or Nurse. Please print name and designation.
- This form can be used for clients seeking oxygen and/or BPAP funding.

### Instructions for completion:

1. Complete form by assessing each question and circling the point score that most accurately describes the client's current situation.
2. Where there are multiple questions under the section, review and rate each one. Take the highest score from each section and add them together for the total score. The highest possible score in each section is 20 and the maximum score on the tool is 100.

### Instructions for Specialty Suppliers:

1. Submit this form, along with other documentation, when entering an authorization on the Alberta Blue Cross Online Health Portal, for funding consideration.

This form will be revised as needed and reviewed yearly by AADL.