



CLIENT DIRECTED HOME CARE INVOICING (CDHCI) PROGRAM

Provider guide



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Introduction

This guide is intended to assist care providers of the Client Directed Home Care Invoicing (CDHCI) program to understand and meet the expectations of operating within a publicly funded home care model.

The [Continuing Care Act](#) and regulations, which came into effect April 1, 2024, provides consistency for the entire continuing care system, increases clarity regarding services, enables improvements to service delivery for Albertans, and supports health system accountability and sustainability.

Three types of home and community care are defined in the legislation to reflect the different service models available through the publicly funded home care program in Alberta:

TYPE 1	TYPE 2	TYPE 3
Home and community care is provided to a client directly by the regional health authority.	Home and community care is provided to a client by a home and community care provider who has an agreement with the regional health authority.	Home and community care is provided through any service model where a client receives public funding and selects a home and community care provider of their choosing (e.g. Client Directed Home Care Invoicing).

Home and community care

ELIGIBILITY FOR HOME CARE & CDHCI

To receive publicly funded home care services, Albertans must first be assessed by a home care case manager. Anyone legally entitled to be in Canada and who makes Alberta their permanent residence can be assessed for home and community care. Alberta Health Services (AHS) is currently responsible for determining eligibility for services. An AHS home care case manager completes a standardized assessment to indicate a client's assessed unmet needs.

Upon completion of this assessment, a care plan is developed, in partnership with the client and their family. AHS case managers work with clients to determine the best service option to meet their needs. Choosing a client directed care service option will depend on the client's (or their caregiver's) ability to self-manage, self-direct, and self-monitor their own care. Eligibility for home care services can change if future assessments determine that clients no longer require home and community care services.

Albertans can refer themselves or be referred by a family member or health professional to receive an assessment of the client's unmet care needs. No formal referral from a physician or other health professional is necessary to receive an assessment.

Once a client has been assessed by a case manager and has a care plan in place, the client and case manager discuss the most appropriate service delivery option. If the client is eligible for CDHCI, the client can hire a registered CDHCI care provider of their choice to deliver the personal care, caregiver respite and/or home support services authorized in their care plan. If the client's care needs change, a client or family is expected to notify the client's case manager as soon as possible. The AHS case manager will help reassess and adjust the client's care plan as needed.

WHAT IS CDHCI?

Client Directed Home Care Invoicing (CDHCI) is a publicly funded home care service delivery option administered by Alberta Blue Cross® for clients who are eligible, able, and willing to manage their own care. It is one of several publicly funded options for providing home care services for suitable clients who meet the eligibility criteria set out by AHS.

Once determined eligible, clients select a care provider from a list of providers registered with Alberta Blue Cross website who submit services up to a maximum number of pre-approved hours per month as authorized by AHS. AHS is also responsible for setting the maximum hourly rate for reimbursement to the care providers. To encourage clients to find a Provider who best fits their needs, a client may change or switch providers at any time.

CDHCI is right for clients who want:

To select their care provider

- This may accommodate for languages spoken or cultural considerations.

Self-management

- Clients want more control to schedule and direct the staff providing care, but do not want the responsibility of a self-managed care contract.

Care that is beyond what AHS can offer with its own or contracted service provider resources

- This may include situations where a client has short-term intensive needs, are awaiting placement, need end-of-life care, returning from hospital, or have overnight care needs.
- CDHCI may allow clients to hire care provider agencies to provide care in geographic areas where it is difficult for AHS to arrange services.
- Services may be used to provide respite that gives a meaningful break for caregivers.

CDHCI is not approved when:

The client resides in a home setting owned by the care provider agency or any congregate setting (e.g., lodge, private assisted/supportive living, or group home).

- This is assessed on a case-by-case basis and approval must come through AHS leadership.

SERVICES

Services are determined by the standardized assessment conducted by the AHS case manager and may include any combination of personal care, homemaking, or respite care as defined below:

- **Personal care** includes assistance with personal hygiene, dressing, toileting, mobilization and transferring, home exercises, nutrition, medication assistance, and respiratory care.
- **Homemaking services** include sanitation tasks that are essential to maintaining clients in their immediate living space, such as cleaning the client's bathroom, washing dishes, cleaning mobility equipment, laundry, vacuuming the floor, and removing garbage. Homemaking is never a standalone service and must accompany personal care or respite.
- **Respite care** includes day, evening, or night care to give unpaid caregivers (generally family) a break from caregiving.

The AHS case manager will provide clients with a service care plan that lists the maximum hours of care per month they have been approved for. Clients who choose to use CDHCI also receive (and must sign) a letter of agreement from AHS that specifies the number of hours of personal care, homemaking and/or respite care that the client is initially authorized (at the time of the letter) to receive through CDHCI.

Should a client be assessed as requiring professional health services, these services are provided either by AHS (type 1 home and community care) or a contracted service provider (type 2 home and community care).

Services not covered by CDHCI

- Hours that exceed the approved maximum monthly hours.
 - Some care providers charge a minimum number of hours (e.g., 2-3 hours) for each service visit (call-out time). AHS does not grant additional time to meet minimum call-out times.
- Charges that exceed the maximum hourly rate paid by AHS.
 - Clients are allowed to choose a provider that charges more per hour than the maximum hourly rate paid by AHS, however, clients are expected to pay the full amount of any difference between AHS' maximum hourly rate and the charge from their chosen provider.
- Other charges or expenses not for direct provision of care such as administrative costs, additional costs charged for statutory holidays, overtime, vacation pay, mileage, travel time, late fees, cancellation fees, supplies, or equipment.
- Periods where a client may be admitted to acute care or a facility-based respite bed.
- Services purchased before a client is approved to start using the CDHCI program or after that approval ends.
- Services purchased outside a clients' current zone of residence without the prior approval of AHS.
 - Purchase of services outside of Alberta is not permitted.
- It is not permitted to carry over unused hours to future months.

CARE PROVIDER AGENCY SELECTION

Clients choose an agency from the Alberta Blue Cross registered vendor list. A map of the CDHCI service zones and eligible vendors can be found here:

- Direct link: <https://www.ab.bluecross.ca/resources/government-programs/client-directed-home-care.php>
- Or, navigate to the CDHC page from the Alberta Blue Cross home page:
Go to [ab.bluecross.ca](https://www.ab.bluecross.ca) and click on the **Resources** menu in the top navigation bar.
Under **Government-sponsored programs**, choose **Client Directed Home Care**.



Clients are encouraged to ask the care provider agency who will be the main contact and how caregiver schedules will be communicated. They also should confirm the care provider agency staff are trained to provide the authorized care and check references if desired.

ROLE OF THE AHS CASE MANAGER

The AHS case manager assesses the client's needs and develops the service care plan.

- ✓ Develops the service authorization which dictates the quantity of approved hours based on need.
- ✓ Educates the client and family about CDHCI program requirements, risks, and benefits.
- ✓ Answers questions about the letter of agreement and other forms.
- ✓ Completes regular reassessments and adjustments to the care plan.

Becoming a CDHCI provider

For individuals or organizations interested in becoming a home and community care provider in Alberta, the process can vary depending on whether they are planning to offer privately paid care services or if they are seeking to receive public funding to provide home and community care services to clients within the public system.

If the intent is to provide publicly funded home and community care services for CDHCI, a prospective provider must comply with municipal business licensing requirements, as well as standard labour and tax regulations.

To protect the health and safety of clients, there are also rules pertaining to personnel such as the requirement to maintain clear criminal record checks for employees and ensuring that no personnel is a family member of a client. At all times, the provider must also maintain certain types and amounts of insurance coverage and be able to provide proof of coverage if requested.

CDHCI provider information and registration

For more information on the requirements to become a CDHCI provider, or to register for online claims submission with Alberta Blue Cross, please visit:

www.ab.bluecross.ca/provider/type/health/home-care-home.php

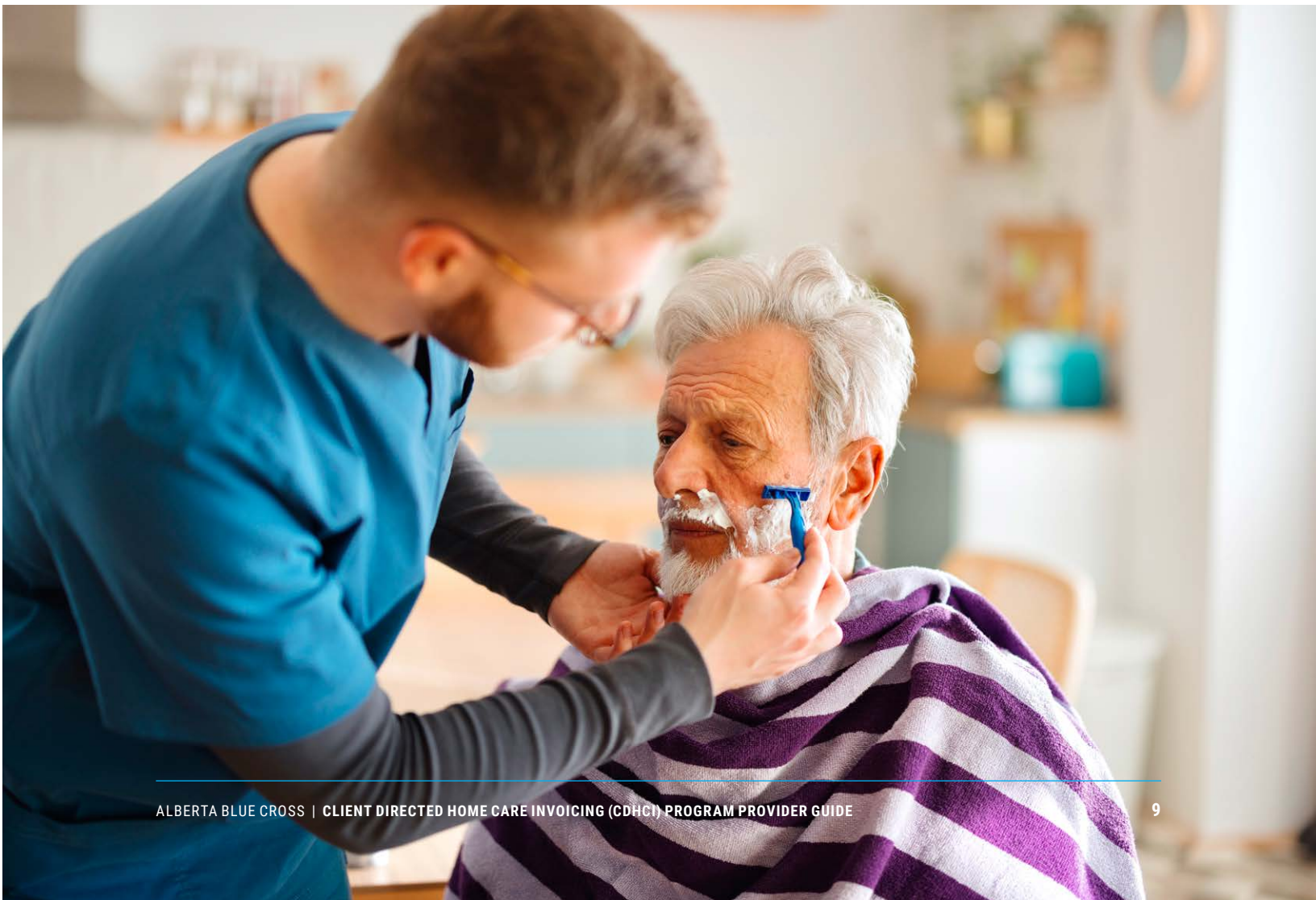


REQUIREMENTS

Personnel requirements

To protect the health and safety of plan members, Alberta Blue Cross requires that the provider meet certain standards and requirements. As such, prior to any goods or services being provided by the provider to a plan member, the provider shall:

- ✔ Ensure that each person delivering such goods and/or services to a plan member (a “**provider representative**”) has a clear criminal record check, which includes a vulnerable sector search, provided that such check is dated not earlier than
 - i. three (3) years before the date upon which the goods and/or services are to be provided by the provider, or
 - ii. the date such provider representative commenced continuous employment with the provider.
- ✔ Ensure that each provider representative is an employee of, or otherwise retained by, the provider, and
- ✔ Ensure that each provider representative is not a family member of the plan member receiving such goods and/or services. The term, “family member” means any immediate family member, including any relationship by blood, marriage, or adoption (i.e., spouse, parents, children, siblings, mothers and fathers-in-law, sons and daughters-in-law, brothers and sisters-in-law) and anyone (other than domestic employees) who shares the same home.



Insurance requirements

Provider shall procure and maintain, at its sole cost and expense, at least the following types and amounts of insurance coverage. These amounts cannot be waived or reduced and are the minimum required to participate:

- **Workers' compensation insurance**, including occupational illness or disease coverage, in accordance with the laws of the Province of Alberta, or employer's liability insurance with a minimum limit of one million dollars (\$1,000,000.00) per accident and, for bodily injury by disease, one million dollars (\$1,000,000.00) per employee. The provider shall not utilize occupation accident or health insurance policies, or the equivalent, in lieu of mandatory workers' compensation insurance, or otherwise attempt to opt out of statutory workers' compensation requirements.
- **Commercial general liability insurance** insuring the services provided under this agreement, with a minimum combined single limit of liability of five million dollars (\$5,000,000.00) per occurrence covering bodily injury, property damage, personal injury, advertising injury, products and completed operations liability.
- **Automobile liability insurance** covering use of all owned, non-owned and hired vehicles used in the provision of the services, with a minimum combined single limit of liability for bodily injury and property damage of two million dollars (\$2,000,000.00) per accident.
- **Professional liability insurance** or errors and omission liability insurance covering the service provider and all provider representatives providing goods and/or services under this agreement including coverage for bodily injury with a limit of not less than five million dollars (\$5,000,000) per occurrence. If such policy is subject to an aggregate limit, it shall not be less than ten million dollars (\$10,000,000)
 - Provider representative means every employee/contractor that is representing the business regardless of the employment contract type (employee versus contractor).
- **Fidelity insurance** with a third-party bond to a limit of \$200,000.00 per loss covering the provider representatives.
 - The appropriate insurance must be obtained for the type of employee contract (specifically fidelity for contractors and employee dishonesty coverage for employees).

Important note

Alberta Blue Cross can only confirm the insurance requirements as listed above. To ensure compliance with the Alberta Blue Cross agreement for CDHCI providers, please contact your insurance broker or agency directly to verify that your coverage meets the program's standards. Alberta Blue Cross does not provide a list of insurance brokers, and providers are free to obtain coverage from any licensed insurance vendor of their choice.

ROLE OF THE CDHCI PROVIDER

The CDHCI provider assists clients to remain well, safe, and independent by providing the services authorized by AHS.

Program guidelines

1. CDHCI providers must not represent to other parties that they are an AHS employee, affiliate, or that their organization is endorsed by AHS.
2. CDHCI providers are not to be present during the scheduled AHS assessment appointment.
3. CDHCI providers should not provide an estimate or quote on the quantity of assessed hours that may be assigned by an AHS case manager.
 - AHS assessment is based on a standardized tool and provincial service guidelines.
 - AHS strives to ensure equitable service distribution for all clients with similar health needs.
 - AHS home care is available to **augment** care provided by the client's family there for the need for services may be present, but the need is unmet as family are providing the service.
4. Providers should bill Alberta Blue Cross directly for services provided within 60 days of service delivery.
5. Alberta Blue Cross will reimburse up to the maximum number of hours authorized per month and up to the maximum hourly rate approved by AHS.
6. Monthly hours authorized by AHS reset on the first day of each new month and any unused hours do not carry over to the next month.
7. The provider warrants that all claims submitted to Alberta Blue Cross by the provider are authentic and constitute an accurate account of services rendered by the provider and the charges billed, according to the terms of the agreement. This includes:
 - Service date,
 - The type of service provided,
 - The number of hours (up to two decimal places), and
 - The total cost.
8. Once a client is hospitalized or transitions into a continuing care home or facility care, they are no longer eligible for CDHCI.
9. Clients living in the same household cannot share or split allotted hours.
10. AHS cannot share health information with CDHCI providers. CDHCI is a self-directed care model and as such, the client or their family are responsible to oversee their care plan.
11. Any additional costs are settled between the client and the CDHCI provider.
 - Any charges outside of the provision of care including, but not limited to, mileage fees, administration fees, supply and equipment fees, interest, late charges, and cancellation fees must be charged directly to the client.
12. CDHCI providers are expected to provide Alberta Blue Cross with information about their minimum consecutive hours per visit, their estimated hourly rate, and what languages they can support clients in. This information is added to the provider's listing on Alberta Blue Cross's website to assist clients who are choosing a provider.
 - If this information is not provided, a provider may be approved to submit to Alberta Blue Cross but will not appear on the website.

SUBMITTING CLAIMS

Alberta Blue Cross is pleased to offer online claims submission for health services providers. This convenient service is delivered through an easy-to-use secure website and is available at no cost to health providers across Alberta.

To register for online claims submission, you must complete the request for secure web site access. Details about completing this form can be accessed at ab.bluecross.ca. The provider agreements and administration team at Alberta Blue Cross will create your website access based on your completed registration form. To protect your security, a login ID and temporary password will be sent in two separate emails to the email address provided on your registration form. Once you have received both emails, you can begin serving your customers through online claims submission.

Claim information

For more information about access to the health services provider site, contact Alberta Blue Cross Health Provider Service Relations at **780-498-8083** (Edmonton and area), toll free at **1-800-588-1195** (all other areas), or email healthinq@ab.bluecross.ca.

The online claims submission system is available Monday to Sunday, 8 a.m. to 9:30 p.m. Mountain Time. Our regular office hours are Monday to Friday, 8:30 a.m. to 5 p.m. Mountain Time.

CDHCI PROVIDER SUPPORT

Communications

- Alberta Blue Cross maintains a provider call center to answer any questions that providers may have when submitting a claim for a CDHCI client:
 - Site access issues,
 - Error messages,
 - Troubleshooting,
 - Cancelling a claim, and
 - Confirmation of client hours available.
- Alberta Blue Cross maintains a dedicated provider webpage that contains commonly used program resources:
 - CDHCI user guide,
 - Online claim submission registration, and
 - Contact information for support.
- Alberta Blue Cross issues provider Benefacts by emails. These bulletins highlight program changes and act as our primary method of communication to all CDHCI providers in Alberta.
 - The latest Benefact is always available for review on our website as it may contain important program information such as rate changes or policy updates.
- Alberta Blue Cross hosts a CDHCI service zone map on our public webpage for clients and their families to access that lists all registered CDHCI providers and their details.
 - Minimum consecutive hours per visit,
 - Estimated hourly rate,
 - Languages spoken, and
 - Contact information including website and phone number.
- Alberta Blue Cross maintains a customer service call center for client inquiries.
 - Clients or their designated care managers can contact our call center to confirm hours available, review claims, and answer any general program inquiries.
- AHS case managers are the point of contact for all client inquiries regarding the service authorization, care plan, letter of agreement, or education. Case managers can contact AHS business representatives for their respective zone with any concerns they can't resolve themselves.

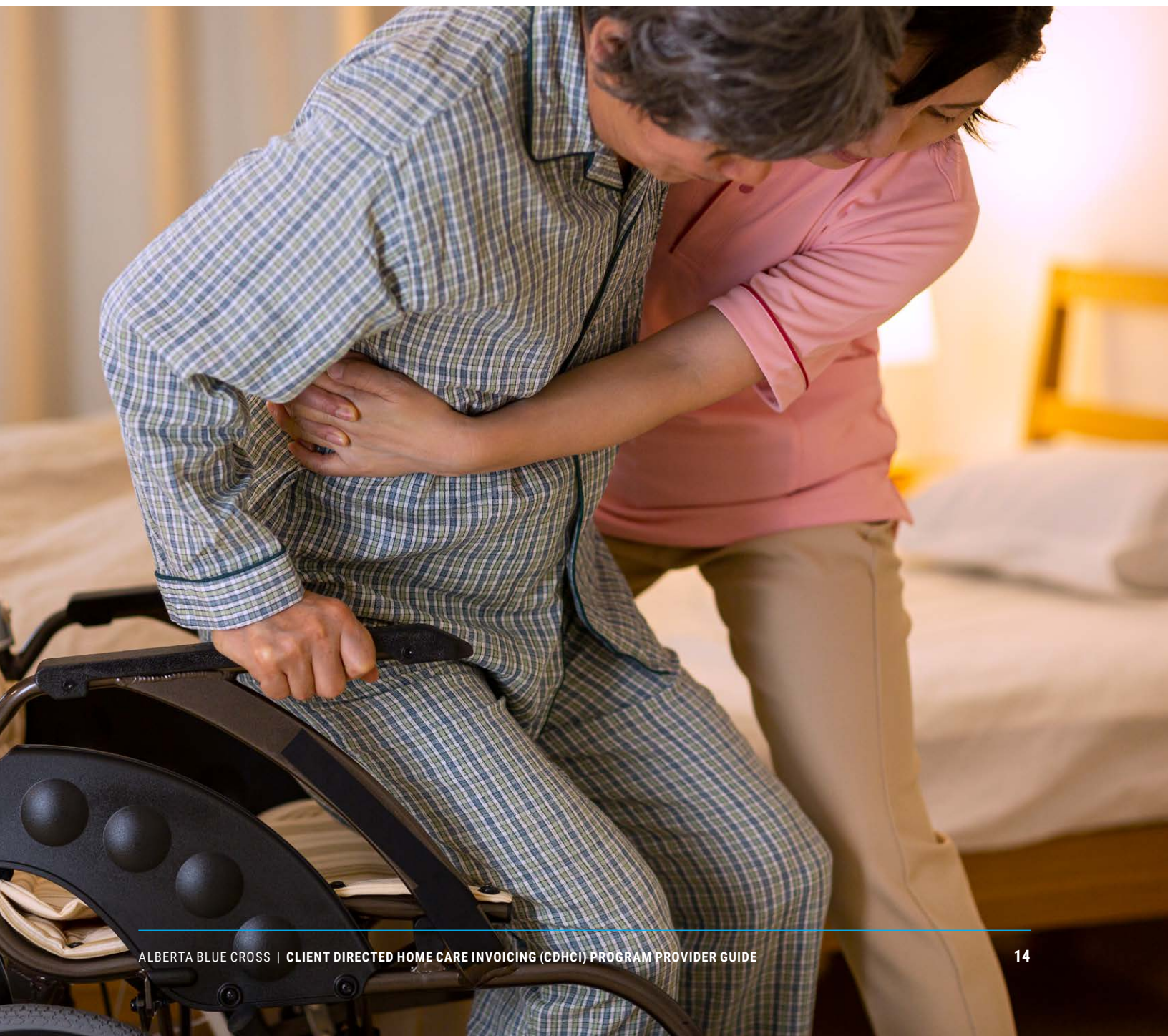
Advertising

- Currently, no provider may use the AHS logo in any advertising without prior approval.
- Providers may advertise that they are approved to submit claims to Alberta Blue Cross on behalf of clients under the CDHCI program.

Expectations

COMPLIANCE VERIFICATION REVIEWS

Our team of accredited auditing professionals, with experience in the health benefits industry, investigate claims through compliance verification reviews. These reviews can have different outcomes, from educating providers and recovering overpayments to suspending provider agreements and reporting findings to governing bodies.



CONTINUING CARE ACT

The *Continuing Care Act* establishes requirements for type 1 and type 2 home and community care providers to comply to the Continuing Care Health Service Standards (CCHSS). These standards outline the minimum set of requirements that operators and providers of continuing care services must adhere to, to ensure the provision of quality, individualized client healthcare.

Type 3 home and community care providers (such as CDHCl providers) are not currently required to comply to the CCHSS. It is however recommended

that CDHCl providers review the CCHSS as a guide to enhance their service quality for clients. For more information, please visit: <https://open.alberta.ca/publications/continuing-care-health-service-standards>.

Additionally, Type 3 HCC providers may be subject to complaint investigation as per the *Continuing Care Act*, however it is recommended that clients direct their concerns and complaints to their home care provider for resolution prior to contacting the Continuing Care Licensing Office (CCLO).

REPORTING OF EVENTS AND INCIDENTS

All home and community care providers are required to notify the Government of Alberta of any serious event or incident that has occurred, or that has the potential to occur in the provision of care and/or incidents that impact the ability to provide care services.

When and how to report an event or incident

- Any event of the nature described in the [Duty to Notify - Decision Guide](#) must be reported by the care provider as soon as reasonably possible, but no later than 48 hours from the occurrence of the incident or event.
- Incidents must be reported using a standard reporting form provided by the Government of Alberta on their [website](#).
- All care providers need to submit the form by emailing it to CCLO@gov.ab.ca.

Care providers must report any serious event or incident using the form available. If a provider is unsure if an event or incident constitutes a reportable event, they should contact the Continuing Care Licensing Office at CCLO@gov.ab.ca. The submission form includes a detailed list of Duty to Notify incidents that must be reported. Examples include:

- Client death or serious harm,
- Assault or aggression,

- Medication error,
- Resident or client unaccounted for,
- Unplanned activation of contingency plan including staff shortage, and
- Alleged abuse.

How the Government of Alberta proceeds with Duty to Notify reports

The Government of Alberta reviews the report to determine if the incident meets criteria for being reportable and to review the provider's risk mitigation strategies and processes to prevent recurrence. The incident review helps to promote the health, well-being, and safety of clients in home and community care.

COMPLAINTS

The *Continuing Care Act* gives the Government of Alberta the authority to investigate concerns and complaints about client health, well-being, or safety of continuing care clients.

- Clients and family members may submit complaints about publicly funded home and community care providers to the Government of Alberta.
- Any person receiving publicly funded continuing care services has the right to make a complaint to the Government of Alberta if they have reason to believe that a home and community care provider is in contravention to the Act or Regulations by contacting the Continuing Care Licensing Office at 1-888-357-9339 (option 3) or by email at CCLO@gov.ab.ca.
- Type 3 clients are encouraged to discuss concerns directly with their home care provider, as their provider is best suited to deal with client concerns and complaints.
- If clients have concerns about health care services or case management services delivered by Alberta Health Services, clients or families can contact Alberta Health Services' Patient Relations Department at 1-855-550-2555 or by filling out the Patient Feedback Form.
- In addition, clients may also wish to share their concerns with Alberta's Health Advocate at 780-422-1812, by e-mail at info@albertahealthadvocates.ca, or by submitting an online inquiry. Alberta's Health Advocate supports Albertans to address and review concerns about health services.

Home and Community Care providers are required to provide information in writing to the client and/or their legal representative and staff about the complaints process and the protections for the complainant. Currently, type 3 home and community care providers are exempt from meeting this requirement. However, the Government of Alberta has developed a public information poster (available in pdf format) about how to submit concerns to the Continuing Care Licensing Office of Assisted Living and Social Services and recommends all CDHCI providers distribute this to their clients using the CDHCI model.

Complaint information

For more information about providing complaint information to a CDHCI client, please call the Continuing Care Licensing Office at **780-644-8428** or email CCLO@gov.ab.ca.

Resources

- [Guidance for Home and Community Care Providers](#)
- Links to view the *Continuing Care Act* and regulations online can be found on the Government of Alberta's website at www.alberta.ca/continuing-care-legislation-and-standards.



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