



AP0900 - HARDSHIP ASSISTANCE FOR CLIENTS AND/OR ACCOMPANYING CAREGIVER

1.0 PURPOSE

To identify clients and/or their accompanying caregiver who may require financial assistance due to hardship.

To provide guidelines for assessing and allocating financial assistance for hardship.

2.0 DEFINITIONS

TERM	DEFINITION
Client:	A patient, resident or person in care of, or receiving healthcare, from Interior Health.
Accompanying Caregiver:	includes: <ul style="list-style-type: none"> • a member of the client's immediate family, or • any other person related to the client by blood or adoption, or • an adult person having a personal care or kinship relationship with the client who is required to accompany the client in a care giving role.
Hardship:	when a client and/or their Accompanying Caregiver's ability to meet his/her basic living expenses would be jeopardized due to Interior Health: <ol style="list-style-type: none"> 1. cancelling or postponing booked procedures, 2. relocating the client as a result of a temporary reduction in a facility operational capacity, or 3. discontinuing a local healthcare service due to program re-design within the preceding 12 months.

3.0 POLICY

3.1 Commitment to Clients

Interior Health is committed to supporting clients and/or their Accompanying Caregiver who experience Hardship.

3.2 Hardship Assistance

Interior Health may provide Hardship Assistance for expenses using the rates set out in [IH AP0300 Travel Expense Policy](#) as a guideline. Expenses may be provided for travel, meals, accommodation and other approved miscellaneous expenses.

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Date Approved: September 2009	Date(s) Reviewed-r/Revised-R: March 2020 (r)

Applicants for Hardship Assistance must make reasonable efforts to obtain assistance from non-Interior Health sources and must meet eligibility requirements.

NOTE: Local site administrators should engage community resources to mitigate hardship assistance.

Hardship Assistance will only be provided to the Client and one Accompanying Caregiver (if necessary) for each occurrence.

Hardship Assistance will be limited to the day the Hardship occurred and may be extended in extenuating circumstances.

3.3 Appeals

Clients and/or their Accompanying Caregivers may appeal a refusal to provide Hardship Assistance as per the procedure set out in IH AK0100 Complaint Management Policy.

3.4 Contingency Fund for Patient Hardship

Interior Health will set-up and maintain a contingency fund to be administered by site Administration, to assist when Hardship Assistance is required.

The contingency fund must meet standard controls established by Finance.

4.0 PROCEDURE

4.1 All Staff

1. identify clients/accompanying caregivers who may require Hardship Assistance,
2. provide clients/accompanying caregivers with Hardship Assistance Application (Appendix A - assist with completion if required), and
3. deliver completed application to site administration.

4.2 Administration

1. determine if situation meets definition of Hardship,
2. determine amount of financial assistance using [IH AP0300 Travel Expense Policy](#)
3. authorize Hardship Assistance to be provided, and
4. where accommodation is required, direct client to hotels for which Interior Health gets a preferred government rate or book the accommodation for the client. Rates can be found on-line at <http://csa.pss.gov.bc.ca/businesstravel/>
5. disburse funds from site petty cash or charge to a Corporate MasterCard to meet an emergent requirement, or
6. give approved application to client to submit to Accounts Payable for reimbursement along with original receipts

4.3 Accounts Payable

Accounts Payable to process Hardship Assistance claims within 5 business days of receiving the approved Hardship Assistance Application and original receipts from the client.

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Administrative Policy Manual
Code: AH Patient/Client Relations/Care

Note: Accommodation costs will be for the cost of the room and any applicable taxes and will exclude any additional expenses incurred by the patient such as room service, meals (unless noted on the Patient Compensation Record and only to the limit indicated on the form), telephone calls, movie rentals, dry-cleaning or laundry services, etc.

4.4 Interior Health Coordinator: Risk Management & Policy Development

- Prepare an aggregated Patient Hardship Project: Tracking Record, including recommendations for quality improvements and forward to the CFO by the end of the fifteenth business day following the end of the fiscal period.
- Implement, track and monitor quality improvements approved for the Patient Hardship Project.

5.0 REFERENCES

1. IH [AK0100 Complaint Management Policy](#)

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APPENDIX A



Client/Caregiver Hardship Assistance Application

This section to be completed by the Client/Caregiver. For Residential Care, complete parts A, B, D and E.

<p>A. Client information:</p> <p>Full Name: _____ PHN: _____</p> <p>Mailing Address: _____</p> <p>Name of Accompanying Caregiver (if applicable): _____</p>											
<p>B. Reason Hardship requested:</p> <p><input type="checkbox"/> canceled or postponed booked procedure</p> <p><input type="checkbox"/> relocation as a result of facility operational capacity</p> <p><input type="checkbox"/> discontinuance of a local healthcare service due to program re-design within the preceding 12 months</p>											
<p>C. Details of reason in B above:</p> <p>Name of Facility: _____</p> <p>Name of Booked Procedure: _____</p> <p>Original appointment Date: _____ Time _____</p> <p>New appointment Date: _____ Time _____</p> <p>Reasons for postponement/cancellation/referral: _____</p>											
<p>D. Other sources of assistance explored:</p> <table border="0"> <tr> <td><input type="checkbox"/> private insurance</td> <td><input type="checkbox"/> friends and family</td> </tr> <tr> <td><input type="checkbox"/> Ministry of Housing & Social Development</td> <td><input type="checkbox"/> Travel Assistance Program</td> </tr> <tr> <td><input type="checkbox"/> Ministry of Children and Families</td> <td><input type="checkbox"/> Service Clubs (Lions, Rotary etc)</td> </tr> <tr> <td><input type="checkbox"/> Workers Compensation</td> <td><input type="checkbox"/> ICBC</td> </tr> <tr> <td><input type="checkbox"/> Non-Insured Health Benefits (Aboriginal)</td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/> private insurance	<input type="checkbox"/> friends and family	<input type="checkbox"/> Ministry of Housing & Social Development	<input type="checkbox"/> Travel Assistance Program	<input type="checkbox"/> Ministry of Children and Families	<input type="checkbox"/> Service Clubs (Lions, Rotary etc)	<input type="checkbox"/> Workers Compensation	<input type="checkbox"/> ICBC	<input type="checkbox"/> Non-Insured Health Benefits (Aboriginal)	<input type="checkbox"/>
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<p>E. Client/Caregiver financial situation:</p> <p>My family income is from <input type="checkbox"/> employment <input type="checkbox"/> pension <input type="checkbox"/> government assistance <input type="checkbox"/> other, with a monthly take home amount of approximately \$ _____ on which I/we support _____ people. My/our monthly expenses (food, housing, utilities, medical and transportation) is approximately \$ _____. I am unable to pay for my <input type="checkbox"/> meals <input type="checkbox"/> transportation and/or <input type="checkbox"/> accommodation related to B and C above.</p> <p>I confirm the information provided by me above is true to the best of my knowledge.</p>											

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Signature of Applicant _____	Date _____
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This section to be completed by Interior Health Administration (see Note below)

A. Assistance Approved:

Expense	Type	Approved Amount			
		Prearranged account	Payable to Patient	Discretionary fund	Payable to Other*
Accommodation	Hotel Name _____				
Transportation	Ambulance				
	Bus fare				
	Gas expense				
	Taxi				
	Parking				
Meals	Voucher # _____				
	Cash				
Resident relocation expenses	Utility fees				
	Other				

*Identify other payee and mailing address.

B. Approved by:

Name _____

Title _____

Date _____

C. Received by:

Signature of Client/Caregiver _____

Date _____

Copy to Client/Caregiver. Fax copy to Accounts Payable. Original on Client's Chart

Note: Applicants are not automatically excluded from receiving assistance under this Policy by virtue of receiving assistance from other sources as identified in D. above. Other sources of assistance may be insufficient to relieve hardship.

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