

ASSISTED LIVING REPORT

DCI Number/Fiscal Year:

455937 (2020-2021)

Purpose:

Assisted Living services are provided by eligible recipients and are intended to give support to families in situations where individuals need special help due to age, illness, or disability. Services include institutional care, foster care and in-home care (primarily homemaking/home management, non-medical care) for the elderly and to those who are ill, or have disabilities.

Recipients are required to report on Assisted Living services.

Reporting Period:

Quarterly or annually as stated in the funding agreement.

Due Date:

Quarterly: the 15th of the month following the quarter

Annually: May 31st

Field Definitions:

Field	Definition
Identification	
Funding Recipient Name	The official and legal name of a given administering First Nation or agency.
Recipient Number	The number assigned by Indigenous Services Canada to funding recipients for tracking purposes. This information is required for accountability purposes. Source: Funding Arrangement.
Region	The name of the regional Indigenous Services Canada office.
Reporting Period: From (YYYYMMDD) To (YYYYMMDD)	The period covered by the report, in the format 'Year Month Day'.
Client Information	
Band Number	The band number has a maximum of 4 digits in the format of ####. The band number to be used should be based on each individual's place of residence prior to being admitted into care if or when different from the location where the care is being received. Note: The field 'Band Number' is different from the field 'Recipient Number'. Individuals receiving care (recipient) may belong to a different band than the band submitting the report.
Given Name	The first name of the individual placed in care. This information is required for accountability and resource allocation.
Family Name	The last name of the individual placed in care. This information is required for accountability and resource allocation.

Field	Definition
Sex	<p>The sex of the individual placed in care. This information is required for accountability and resource allocation. Drop-down list values:</p> <ul style="list-style-type: none"> - Female - Male
Date of Birth	<p>The individual's date of birth, in the format 'Year Month Day'. This information is required for accountability and resource allocation.</p>
Name of Institution or Foster Care Home (if applicable)	<p>The name of the adult foster care home or the name of the institution where the individual is residing. This field only needs to be completed for Q2BG (Foster Care) and Q2BJ (Institutional Care). This information is required for accountability and resource allocation.</p>
Assessment Date (YYYYMMDD)	<p>The date when the individual was last assessed for care by a designated social service and/or health professional, in the format 'Year Month Day'</p>
Type of Service Need Assessed	<p>The type of service the individual was assessed as needing Drop-down list values:</p> <ul style="list-style-type: none"> - Home Care - Adult Foster Care - Institutional Care <p>For a description of the service types, please see Glossary of Terms</p>
Type of Service Provided	<p>The type of service by code: Drop-down list values:</p> <ul style="list-style-type: none"> - Q2BF - Home Care - Q2BG A - Adult Foster Care (On-Reserve) - Q2BG B - Adult Foster Care (Off-Reserve) - Q2BJ A - Institutional Care (On-Reserve) - Q2BJ B - Institutional Care (Off-Reserve) - No Service Provided (designed to capture waiting lists/gaps) - Alternative Service Provided (designed to capture cases where eligible services were provided through Health Canada's Home and Community Care Program or through other organizations such as service clubs, charities, NGOs, etc.) <p>This information is required for accountability and resource allocation. For a description of each of the program components, please see the National Social Programs Manual, found at: Assisted Living National Program Guidelines.</p>
Care Start Date (YYYYMMDD)	<p>The start date when the individual began receiving the current service being provided, in the format 'Year Month Day'. For example, if a client was receiving In-Home Care and was then placed in an institution (the current service being provided) the care start date would be the date on which the client was admitted to institutional care. The fields 'Care Start Date' and 'Care End Date' are different from the 'Reporting Period.'</p> <p>Note: For clients who began receiving services before the beginning of the reporting period, the care start will be earlier than the reporting period.</p>

Field	Definition
Care End Date (YYYYMMDD)	<p>The date on which the client was discharged or stopped receiving services, in the format 'Year Month Day'. This information is required for accountability and resource allocation. The fields 'Care Start Date' and 'Care End Date' are different from the 'Reporting Period.'</p> <p>Note: For clients who are still in care (i.e., services will continue to be provided past the end of the reporting period) the Care End Date field should be left blank.</p>
Rate (\$)	<p>The rate for service provided. This information is required for accountability and resource allocation.</p> <p>(Used for Institutional Care and Adult Foster Care only. For In-Home Care, tally the receipts for the individual's care needs and include under 'Total' below).</p>
Rate Unit	<p>Drop-down list values:</p> <ul style="list-style-type: none"> - Hour - Day - Week - Month <p>(Used for Institutional Care and Adult Foster Care only. For In-Home Care, tally the receipts for the individual's care needs and include under 'Total' below).</p>
Total Number of Units	<p>Total units of services provided by rate unit.</p> <p>Example: If a client was provided 5 hours of service, the field 'Rate Unit' would be 'Hour' and the 'Total Number of Units' field would be '5'</p> <p>(Used for Institutional Care and Adult Foster Care only. For In-Home Care, tally the receipts for the individual's care needs and include under 'Total' below).</p>
Total	<p>Total cost of services provided during the reporting period paid for by the Assisted Living program.</p>

Declaration

Given Name Family Name Title Date (YYYYMMDD)	<p>The given name, family name and position title of the person who acknowledged the accuracy of the information, and the date on which it was completed. Dates are in the format of 'Year Month Day'.</p>
---	--

Glossary of Terms:

Term	Definition
Home Care	<p>Homemaking and personal services (non-professional and non-medical) provided to an individual who still resides at home.</p> <p>Property maintenance activities that would normally be the responsibility of the individual. Services may include snow removal, lawn maintenance etc.</p> <p>Personal and home support services provided to an individual in their home. Services may include light housekeeping and meal programs.</p> <p>For a description of each of the program eligibility, please see the National Social Programs Manual, found at: Assisted Living National Program Guidelines.</p>

Term	Definition
Adult Foster Care	<p>Care provided in a family setting by persons who are not immediately related to the individual requiring the assistive foster care.</p> <p>For a description of each of the program eligibility, please see the National Social Programs Manual, found at: Assisted Living National Program Guidelines</p>
Institutional Care	<p>Funding for care in institutions, which may be located on-reserve and off-reserve. Individuals must be assessed according to provincial standards to determine the level of care required. Residents of institutions are generally elderly or with disabilities and in need of supervision and assistance.</p> <p>For a description of each of the program eligibility, please see the National Social Programs Manual, found at: Assisted Living National Program Guidelines.</p>