

Effective Date: July 2023 Revision #: 3

Scope

All employees.

Rationale

To provide guidelines for intake and assessment to ensure an appropriate balance between the individual client's needs, strengths, eligibility, timely service delivery, available resources, and legal requirements.

Policy

Community Care Peterborough (CCP) will ensure that the intake and assessment process is timely, appropriate to the type and level of service to be provided, and is directed by the client and/or their caregiver(s).

There is no formal application form and no cost to register for services. Interested individuals or their caregivers can contact any CCP office - in-person, by telephone, or by email - or they can submit a service request online to initiate the intake and assessment process through Central Intake.

The Coordinator or designate will respond to service inquiries and referrals within 10 business days of receipt. At that time an assessment may be completed by phone or a home visit or second phone call may be scheduled for a more in-depth assessment. The scheduling of a home visit is dictated by the nature of the service being requested or to accommodate client/caregiver preference or need.

The breadth of the intake and assessment process will be determined by the type of service being requested. The client file may appropriately include information gathered at intake not found essential to service provision at a later date. To determine eligibility and to develop a Service Plan the Coordinator or designate will consider the individual's abilities, strengths, challenges, and capacity of their informal caregiver network. The Coordinator may also access formal assessment tools to help understand the client's needs and abilities.



Definitions

Procedures

- 1. Upon receipt of a service inquiry or referral, the Coordinator or designate will contact the applicant or their representative, as appropriate. The initial contact will begin by determining what type of service/outcome the individual and/or their caregivers are seeking.
- 2. During the intake process, the Coordinator or designate will obtain general information to initiate a client file. General information, at minimum, will include:
 - a) Full legal name and preferred name;
 - b) full street address and mailing address;
 - c) phone number(s);
 - d) birth date;
 - e) emergency contact(s); and
 - f) any accommodations or conditions related to functional abilities.
- 3. If the client is registering for any of the following services only the basic intake information is required, as described in procedure two (2):
 - a) Blood Pressure Clinics:
 - b) Brokered Home Maintenance:
 - c) Exercise and Falls Prevention classes;
 - d) Home at Last;
 - e) Medical Equipment Rentals;
 - f) Social and Recreational events; and
 - g) Walk-in purchases of Frozen Meals on Wheels.
- 4. The Coordinator or designate will take a guided conversation-based approach to assessment to record the following:
 - a) Basic information including: Full legal name; preferred name; birth date;
 Ontario health card number; full street and mailing address; and phone number(s);
 - b) Consent to keep, use, and disclose information;
 - c) emergency contact details;
 - d) personal health information relevant to the service in question, with an emphasis on functional abilities;



- e) information about the client's home environment including other individuals living in the home, pets, smoking, safety concerns, etc.;
- f) personal preferences relevant to service delivery;
- g) consent for mailing;
- h) financial information, if relevant; and
- i) any other information pertinent to providing service.
- 5. The Coordinator may offer to schedule a home visit to complete the assessment. This decision to complete the assessment in the client's home versus over the telephone is based on the individual's needs, preferences, and complexity. An inhome assessment is a requirement only for clients requesting in-home Friendly Visiting.
- 6. The Coordinator or designate will determine eligibility for each service in accordance with the eligibility criteria in the relevant program policies.
- 7. Once the Coordinator or designate has determined that the individual is eligible for the service(s) requested, they will review the following with the individual and/or their caregiver(s):
 - a) The objectives of the specific service;
 - b) the person(s) who will deliver the service;
 - c) where and how the service will be delivered:
 - d) the emergency response procedure, if applicable;
 - e) any service limitations;
 - f) any customized approaches to service delivery to address the unique needs of the client:
 - g) financial costs to the client, where applicable;
 - h) procedures for cancellation and termination of service; and
 - they will indicate that a Service Plan will be provided to summarize service delivery.
- 8. If CCP determines that a client is not eligible for a service, the client has the right to appeal the decision in accordance with CLI-1-80: Client Feedback, Complaints, and Appeals. The final decision must be communicated to the client within 30 calendar days otherwise the client will be granted temporary eligibility and retain the temporary eligibility until the final decision is made.
- All client/caregiver communication about assessment will be documented in the client's file with a narrative summary and by completing relevant files branches. Any rough notes written on paper during the assessment will be used to inform data entry and then destroyed.



Related Policies

CLI-1-22: Client Consent CLI-1-30: Client Service Plan CLI-1-60: Client Records

CLI-1-61: Client Documentation Qualities and Style CLI-1-80: Client Feedback, Complaints, and Appeals

PG-1-15: Central Intake

Related Documents

Reviews and Revisions

Date Approved - (mmm dd, yyyy) - Comments

Apr 26, 2000 - Developed policy Apr 27, 2005 - Revised Aug 27, 2018 - Revised July 2023 – Revised

Next Review Date: July 2026