Overview:

In 2012 SEIU Healthcare began to advocate for the introduction of a self-directed care model in Ontario.

SEIU has significant experience with self-directed care models. In fact, SEIU represents more than 450,000 home care workers in the United States who currently deliver services through a variety of self-directed delivery models.

SEIU believes strongly that self-directed care models, when effectively structured, can support the Ontario government’s goal to strengthen home and community care.

Enabling the planning and delivery of care to be patient/client and caregiver-centred, investments in the sector improve the quality and efficiency of publicly-funded services, and improve the experience of home care workers themselves. In fact, we believe that self-directed programs can only be sustainable and scalable if they offer this triple win to patients, the system and the workforce.
Comparison of different models of client-directed care:

Employer Authority model: [PREFERRED OPTION]

SEIU has participated in a number of very successful employer authority client directed care programs in the United States. These programs serve clients on a large scale and offer clear benefits to clients, workers and the health care system. If designed appropriately, SEIU believes this model could work very well in Ontario.

Characteristics of model:
- Clients are able to hire, fire, schedule and supervise their direct care workers, without taking on the role of “employer” under the Labour Relations Act, 1995 or the Employment Standards Act, 2000 (i.e. where a particular client “fires” a PSW, that does not impact that PSW’s relationship with other, or prospective, clients).
- The “employer,” including for the purposes of collective bargaining under the Labour Relations Act, 2000, is a central agency which oversees financial, administrative, tax, and other overarching aspects of the employment of workers engaged in client directed care.
- The employer authority model avoids many of the challenges inherent in the “budget authority” model (outlined below).
- unlike in the budget authority model, activities such as processing employee payroll, filing taxes and other related reporting or documentation are handled by a third party.
- These financial management services can be outsourced to a vendor contracted by the state or carried out by a government agency directly.
- government retains responsibility for establishing the PSW wage rate and setting and supporting training for the workforce.
- This model does not undermine the right of workers to participate in collective bargaining.

Budget authority model: [NOT RECOMMENDED]

While the budget authority model is often championed by clients living with physical disabilities, the model has a number of limitations that have impeded broad scalability in most North American jurisdictions.

Such an approach also runs directly counter to the Ontario government’s commitment to promote PSW workforce stabilization. Government policies to increase PSW wages to a minimum of $16 and hour and to invest in PSW recruitment and retention are driven by the recognition that a stable and professional PSW workforce is a key foundation of strong community care.

Characteristics of model:
- funding is transitioned directly to clients
- almost all budget authority programs remain small and tightly focused on a narrowly-defined client population.
- the model places significant additional administrative burden and legal risks on the client and their families that are otherwise borne by home care agencies and the government.
- Clients taking on additional administration responsibilities outweighs the benefits derived from increasing service flexibility – particularly evident with clients living with dementia and other aging-related health challenges.
- model is a poor template for a broad-based provincial program because the model fundamentally weakens the PSW labour market by incentivizing a “race to the bottom”.
**Jurisdictional review:**

Consumer-directed home care has slowly become an international policy trend. A number of other countries, including France, The Netherlands, the United Kingdom, Austria, and Germany, have implemented programs to give beneficiaries more control over their home care services.

In addition, a growing number of American states, including California, Michigan, Oregon, Washington, and Wisconsin, are incorporating consumer direction into their home care programs.

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**Study: Are Consumer-Directed Home Care Beneficiaries Satisfied? Evidence from Washington State**

Source: The Gerontological Society of America, 2007

**Overview:**

This study analyzed the effect of consumer-directed versus agency-directed home care on satisfaction with paid personal assistance services among Medicaid beneficiaries in Washington State.

**Background:**

Traditional public home care programs rely on public or private agencies to hire and fire home care workers, schedule and direct services, monitor quality of care, discipline workers if necessary, and pay workers and applicable payroll taxes.

Typically, consumer-directed programs allow the consumer to hire, train, supervise, and fire the home care worker.

**Results:**

Among the older population, but not younger people with disabilities, beneficiaries receiving consumer-directed services were more satisfied than individuals receiving agency directed care. There was no evidence that quality of care was less with consumer-directed services. In addition, overall satisfaction levels with paid home care were very high.

**Washington State model:**

Consumer-directed home care is not only a mainstream component of community-based services in Washington, it is the dominant model. More than half of Medicaid homecare beneficiaries use consumer-directed home care rather than agencies.... the worker is selected and hired by the client, with the state assuming responsibility for wages, benefits and taxes.