FIRST NATIONS AND INUIT HOME AND COMMUNITY CARE PROGRAM (FNIHCCP) ANNUAL REPORT

DCI Number/Fiscal Year:
HC-P016 (2023-2024)

Purpose:
This First Nations and Inuit Home and Community Care Program (FNIHCCP) Annual Report should be completed by FNIHCCP program recipients in complete fulfillment of mandatory program data reporting requirements.
For any questions relating to this Report, please contact your respective FNIHCCP Regional Coordinator. A list of regional office coordinates is provided below.

Reporting Period:
This Report should be used for reporting information for the previous fiscal year and should be submitted annually, within 120 days after the end of the fiscal year.
For example, the Report for the 2023-2024 fiscal year should contain information from April 01, 2023 to March 31, 2024 and should be submitted electronically to your regional office by July 30, 2024.
Alternatively, program recipients could choose to complete monthly electronic Service Delivery Reporting Template (eSDRT) and electronic Human Resource Tracking Tool (eHRTT) reports from April 2023 to March 2024.

Due Date:
July 30, 2024

Report Submission Exclusions:
Recipients from FNHA / BC region are Not required to complete this form.
Recipients of the 10-year Grant under the New Fiscal Relationship are NOT required to complete this form.

List of Regional Office Contacts:

Region	Full Name	Email Address	Telephone
Quebec	Isabelle Bernier	isabelle.bernier@sac-isc.gc.ca	438-356-2178
Ontario	Robin Cano	robin.cano@sac-isc.gc.ca	807-357-8729
Alberta	Suzan Efata	suzan.efata@sac-isc.gc.ca	587-335-8120
Atlantic (NB&PE)	Pamela Bowser	pamela.bowser@sac-isc.gc.ca	506-871-3742
Atlantic (NL&NS)	Stephanie Covey	stephanie.covey@sac-isc.gc.ca	902-495-6279
Saskatchewan	Melanie Pooyak	melanie.pooyak@sac-isc.gc.ca	306-480-2667
Manitoba	Wendy Webb	wendy.webb@sac-isc.gc.ca	431-338-3047

Field Definitions:

Field	Definition
Identification	
Recipient Name	The name of the community or tribal council that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Recipient Number	The number assigned by Indigenous Services Canada / Crown-Indigenous Relations and Northern Affairs Canada to the community or tribal council that has received a transfer payment, or has been authorized to receive a transfer payment, under a transfer payment program, and can be found in the funding agreement.
Region	Select the region in the drop-down menu from which the recipient is reporting.
Contact	
Given Name Family Name Title/Position Mailing Address (Number/Street/Apartment/P.O. Box) City/Town Province/Territory Postal Code Telephone Number Extension Email Address	The name and contact information of the responsible official to verify the content and information contained in this report. A valid postal code is in the upper case in the format 'A#A#A#'. A valid telephone number includes the 3 digit area code in the format '###-###-####'. A valid email address may be in upper or lower case in the format 'a@a.a'.
Reporting Period From (YYYYMMDD) To (YYYYMMDD)	Indicate the reporting period from and to dates from the drop down calendar. Dates are in the format of 'Year-Month-Day'.
FNIHCCP Clientele	
Number of home care clients accessing home care services	The total number of unique home and community care clients receiving home care services, funded by FNIHCCP. This includes palliative care and end-of-life services. For example, if a community has a total 2 home clients such that Client A has received 24 home care palliative care services throughout the fiscal year and Client B has received 12 home care maintenance care services throughout the fiscal year, the Number of home care clients accessing home care services would be 2.

Field	Definition
Number of home care clients accessing palliative and end-of-life care services	The total number of unique home care clients receiving palliative care and end-of-life services funded by FNIHCCP. Palliative care refers to care for patients and their families who are facing a serious, life-limiting illness. Palliative care aims to relieve suffering and improve quality of life for patients and their families at all stages of the illness. Palliative care focuses on treating the impact that an illness has on patients, and is often provided in addition to other care that focuses on treating the illness itself. The types of palliative care services that may be provided include nursing services to assess and manage the progression of the illness, including providing pain and symptom management to improve comfort and quality of life; personal support services (e.g., homemaking); psychological, cultural, spiritual and bereavement support; and other services, such as physiotherapy, caregiver support, pharmacy, social work. For example, if Client A had received 24 palliative care and/or end-of-life services throughout the fiscal year, this client would count as a single (i.e., 1) client
Number of FNIHCCP-funded home care hours of services provided to home care clients	The total number of FNIHCCP-funded home care hours of services provided to all home and community care clients, including those receiving palliative care and end-of-life care. For example, if a community has a total of 2 home care clients such that Client A received 100.5 hours of palliative care services throughout the fiscal year, and Client B received 50.25 hours of maintenance care services throughout the fiscal year, the Number of home care hours of services provided to home care clients would be 150.75.
FNIHCCP Staff	
Number of total full-time equivalents (all staff) paid/hired directly by FNIHCCP on March 31st of the reporting year	The total number of staff paid/hired directly by FNIHCCP, expressed as full-time equivalents (FTEs), for all types of staff, employed on March 31st of the reporting year. This includes: - administrative/clerical support; - allied professionals;

Field	Definition
	- home management support; - licensed practical nurses; - personal care providers; - home health aides; - program support; and, - registered nurses. Full-time equivalents (FTEs) are calculated using the ratio of the total number of paid hours during a period (of part-time, full-time, contracted staff) by the number of working hours in that period. The ratio units are FTE units or equivalent employees working full-time. One FTE is equivalent to one employee working full-time. Similarly, an employee working half-time, fulfilled, for example, via half days, would constitute 0.5 FTE. For example, if a community has a staff complement and FTEs as follows on March 31st of the reporting year: - 3 RN working half-time = 1.5 FTE; - 2 LPN working full-time = 2.0 FTE; - 4 Personal Care Providers working half-time and 2 Personal Care Providers working full-time = 4.0 FTE; and, - 1 Administrative Staff working half-time = 0.5 FTE; the Number of full-time equivalents would be 8.0. If a position is shared between 2 or more communities, the position must be entered in each community's report. For example, if an employee paid/hired by FNIHCCP works full-time with 60 percent of the time in Community A and the remaining 40 percent of the time in Community B, Community A should record 0.6 FTE and Community B should record 0.4 FTE.
Number of full-time nurse equivalents (all nurse types) paid/hired directly by FNIHCCP on March 31st of the reporting year	The total number of nurses includes all nurse types such as: - registered nurses (RNs); - licensed practical nurses (LPNs); - nurse practitioners (NPs); and - nurse managers paid/hired directly by FNIHCCP.

Field	Definition
	Full-time equivalents (FTEs) are calculated using the ratio of the total number of paid hours during a period (of part-time, full-time, contracted staff) by the number of working hours in that period. The ratio units are FTE units or equivalent employees working full-time. One FTE is equivalent to one employee working full-time. Similarly, an employee working half-time, fulfilled, for example, via half days, would constitute 0.5 FTE. For example, if a community has a nursing staff complement as follows on March 31st of the reporting year: - 3 RN working half-time = 1.5 FTE; - 2 LPN working full-time = 2.0 FTE; - 4 Personal Care Providers working half-time and 2 Personal Care Providers working full-time = 4 FTE; and, - 1 Administrative Staff working half-time = 0.5 FTE; the Number of nurse full-time equivalents would be 3.5. If a position is shared between 2 or more communities, the position must be entered in each community's report. For example, if an employee paid/hired by FNIHCCP works full-time with 60 percent of the time in Community A and the remaining 40 percent of the time in Community B, Community A should record 0.6 FTE and Community B should record 0.4 FTE.

Number of personal care providers / home health aides paid/hired directly by FNIHCCP on March 31st of the reporting year, expressed as:
  a) Full-time equivalents
  b) Head counts
  c) Of the head count listed in b), specify how many were certified on March 31st of the reporting year
	Personal care providers / home health aides include (but are not limited to):
	- Continuing Care Assistants;
	- Health Care Aides/Assistants/Workers;
	- Home Care Aides/Assistants/Workers;
	- Home Care and Family and Social Assistant (DEP);
	- Nursing Assistants;
	- Personal Attendants (Plus);
	- Personal Care Aides;
	- Personal Support Workers;
	- Resident Care Aides; and,
	- Special Care Aides.

Field	Definition
	Full-time equivalents (FTEs) are calculated using the ratio of the total number of paid hours during a period (of part-time, full-time, contracted staff) by the number of working hours in that period. The ratio units are FTE units or equivalent employees working full-time. One FTE is equivalent to one employee working full-time. Similarly, an employee working half-time, fulfilled, for example, via half days, would constitute 0.5 FTE. Head counts are equivalent to the number of individual employees. For example, if a community has a staff complement as follows on March 31 of the reporting year: - 3 RN working half-time = 1.5 FTE; - 2 LPN working full-time = 2.0 FTE; - 4 Personal Care Providers working half-time and 2 Personal Care Providers working full-time = 4 FTE; and, - 1 Administrative Staff working half-time = 0.5 FTE; the Number of personal care providers / home health aides full-time equivalents would be 4 and the head count would be 6.0. If a position is shared between 2 or more communities, the position must be entered in each community's report. For example, if an employee paid/hired by FNIHCCP works full-time with 60 percent of the time in Community A and the remaining 40 percent of the time in Community B, Community A should record 0.6 FTE and Community B should record 0.4 FTE. If an employee works 2 or more positions within the FNIHCCP program, it is important to accurately reflect this information when recording FTE information. For example, if an employee works 3 days a week as a Personal Care Provider and 2 days a week as a Driver, 0.6 FTE should be recorded under Personal Care Provider (while the remaining 0.4 FTE should be recorded under Program Support).
Program Accreditation	

Field	Definition
Specify if the FNIHCCP program has been accredited by Accreditation Canada or another recognized organization	Specify if the FNIHCCP program has been accredited by Accreditation Canada or another recognized organization (select one): - Not accredited - Accredited by Accreditation Canada - Accredited by provincial organization (specify): - Accredited by other recognized organization (specify):
Supporting Documents (if applicable)	This table allows you to identify the supporting document(s) being submitted and the method of submission.
Title	Enter the name of the supporting document.
Submission Method	From the drop-down list, select the method by which additional documents will be submitted. The options include: Attachment Email Facsimile Mail By Hand/Courier If you select 'Attachment' as the submission method, an 'Attach File' button will appear. Selecting this button allows you to select a file that will be attached to the form. After attaching the file you can click on the paper clip icon on the left side of the Adobe application to see the attached file. Once the file is attached, the 'Attach File' button changes to 'Remove File'. To remove the file only, select this button. To clear all fields for a single document and remove the associated file, select the [-] button.
Declaration	
Given Name Family Name Title/Position Date (YYYYMMDD)	The given name, family name and title/position 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'.