

# Ephraim Stat Care Delivers Home Care Through Alberta's CDHCI Program

*Transitioning from AHS to private home care requires client consent, secure info transfer, and coordinated planning to ensure seamless care.*

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EINPresswire.com/ -- Transitioning a client from Alberta Health Services (AHS) Home Care to a private home care provider involves several steps that must be coordinated carefully. The process requires strict compliance with Alberta's health and privacy regulations to ensure continuity of care and to avoid any lapse in essential services. Each stage in the transition is structured around client consent, accurate transfer of health information, and alignment of care planning between both providers.

The first step in moving a client from AHS to a private provider is a detailed discussion with the client and, where applicable, their family or legal decision-maker. The purpose of this conversation is to explain the differences between publicly funded and privately arranged home care. Publicly funded care is structured within the parameters of government resources and eligibility requirements. It may be limited in terms of available hours, flexibility in scheduling, and the extent of specialized services provided. A private arrangement may be considered when a client requires services beyond what is provided through the publicly funded program, or when there is a preference for consistency with a particular caregiver.



Ephraim Stat Care



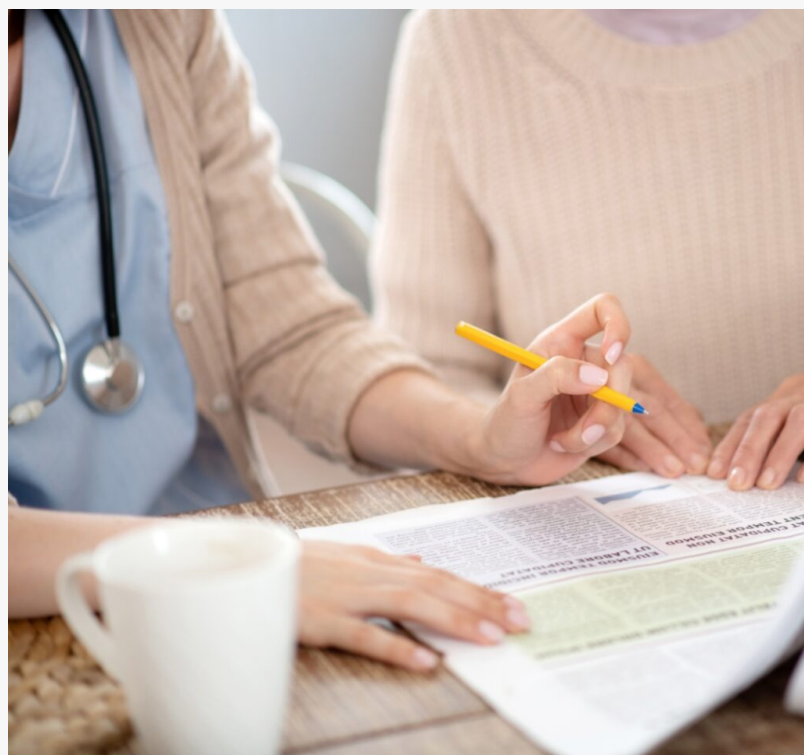
In-Home Care Services

During this stage, the client or their representative confirms the reasons for transitioning. Written consent must then be obtained before further steps can be taken. This consent authorizes communication with AHS and the handling of health information in accordance with the Health Information Act (HIA).

The second step requires communication with the client's AHS case manager. This professional oversees the publicly funded care plan. Once notified that the client has chosen to move to a private provider, the case manager is asked to provide a copy of the current care plan, subject to proper documentation of client consent. The case manager also provides the formal discharge date from AHS services. This discharge date is used to coordinate the beginning of private services so that there is no gap in care.

It is common practice for AHS to require confirmation directly from the client or their family in addition to provider communication, and this confirmation is generally submitted in writing or by email.

Following the notification process, arrangements are made for the secure transfer of information. With signed consent, the private provider may request recent assessments, including RAI-HC or equivalent documents, as well as the existing care plan, medication lists, progress notes, and any safety instructions noted by AHS. Information must be transferred securely, whether by encrypted email, fax, or in-person delivery, in order to remain compliant with the Health Information Act. These safeguards are necessary to ensure that personal health information is handled properly and that only authorized parties gain access to sensitive records.



Client Directed Home Care



Post-Hospitalization Recovery Care

Once this information is received, the private provider completes its own intake assessment. This assessment is conducted to confirm the client's needs, identify any areas of support that may not have been addressed through AHS, and establish a care plan that reflects both medical and personal requirements. The assessment also allows for the scheduling of care, determination of staffing, and agreement on cost arrangements. The intake is conducted in alignment with professional standards and the legal requirements governing private care services in Alberta.

The outcome of the intake is the preparation of a service agreement. This written document details the scope of services, hours of care, payment structure, cancellation terms, and protocols for emergency situations. It is reviewed with the client or their legal representative and must be signed before services commence. The purpose of the agreement is to create a clear record of expectations, responsibilities, and procedures.

Coordination of the handover of care is the next critical stage. The start date for private services is scheduled to follow directly after the AHS discharge date. In some situations, a brief period of overlap may be arranged, during which private staff observe AHS staff in order to promote continuity of service. Before the first shift, all equipment, medications, and safety supports are reviewed to confirm they are in place. This preparation ensures that the client's care environment is ready at the moment private services begin.

Implementation follows the handover. Care is delivered according to the newly established plan, with particular attention paid to the first one to two weeks. During this period, the provider monitors the effectiveness of the plan and communicates regularly with the client and family to confirm whether any adjustments are needed. If gaps are identified, changes are made to the care schedule or procedures in order to better meet the client's needs.

A formal follow-up review is carried out within two to four weeks after private care begins. This review evaluates the quality and consistency of services, examines whether the plan remains appropriate, and makes revisions where necessary. If the client's condition has changed or new needs have arisen, these are incorporated into the care plan. The review process also reinforces compliance with the Health Information Act by ensuring that all records are updated and securely maintained.

The transition from publicly funded care to privately arranged services requires strict adherence to regulatory standards. Alberta's Health Information Act governs the use, storage, and disclosure of personal health information. Consent is a legal requirement at each stage, from the initial discussion to the transfer of documents. Records must be transmitted and stored securely to protect the client's privacy.

Service continuity is another central consideration. Aligning the AHS discharge date with the beginning of private services prevents interruptions in essential support. In cases where overlap is necessary, shadowing practices help ensure that routines are preserved. These measures reduce risks that could arise if a client were left without assistance, even temporarily.

The monitoring and follow-up stages further protect continuity by allowing for adjustments based on practical experience after the transition. The care plan is treated as a working document, subject to updates that reflect the client's needs over time. This flexibility ensures that the plan remains relevant and responsive while maintaining compliance with legal standards.

#### About [Ephraim Stat Care](#)

Ephraim Stat Care is based in Calgary and provides private [home care services](#) for individuals requiring support in their homes. The organization follows structured processes for intake, service planning, and care delivery that are consistent with provincial regulations. Emphasis is placed on compliance with the Health Information Act, proper handling of client consent, and the secure management of personal health records. Ephraim Stat Care's procedures are designed to ensure that clients moving from AHS-funded care to private arrangements do so in a manner that protects continuity, safety, and privacy.

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