Communication Aid to Capacity Evaluation - CACE

A Communicatively Accessible Capacity Evaluation to Make Admissions Decisions

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# Communication Aid to Capacity Evaluation (CACE)

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Communication Aid to Capacity Evaluation (CACE)

Manual

Introduction
This manual has been developed for capacity evaluators who are determining if patients/clients living with communication barriers have the capacity to make an admission decision to long-term care. The manual will provide the background to consent and capacity, information on the development and measurement of the Communication Aid to Capacity Evaluation (CACE), and how to effectively administer and score CACE.

Background
In Ontario, Canada, the evaluation of capacity to make an admissions decision whether or not to go to a long-term care home is governed by the Health Care Consent Act (1996).Capacity is defined as the ability to understand relevant information and the ability to appreciate the reasonably foreseeable consequences of a decision or lack of decision. Members of specified regulated colleges in Ontario are eligible to evaluate capacity. These include: the Colleges of Audiologists and Speech-Language Pathologists, Dietitians, Nurses, Occupational Therapists, Physicians and Surgeons, Physiotherapists, Psychologists and Social Workers. The Ministry of Health and Long Term Care devised a capacity evaluation tool entitled ‘The Capacity to Make Admission Decisions’ questionnaire. The questionnaire comprises five open-ended questions that act as a framework for a conversation allowing the evaluator to probe for information to determine capacity. The dilemma arises when a patient/client’s speech, language or hearing skills are compromised; how do these individuals show their capacity?

Development
CACE is an adaptation of the ‘The Capacity to Make Admission Decisions’ questionnaire, incorporating legal requirements from the Health Care Consent Act, and is the product of the author’s doctoral research. The Placement Aid to Capacity Evaluation (PACE), a tool providing an extensive list of placement questions and prompts created by Rivers and Wong, was also used in the developmental process. CACE was created in conjunction with three working groups comprising social workers and speech-language pathologists representing services across the continuum of healthcare, and a group of people with aphasia living in the community. CACE uses graphics and text to support comprehension and expressive communication. A panel of experts from a variety of academic fields and service providers measured the face and content validity of CACE (see appendix 1). The panel determined whether or not CACE reflected the content of the current capacity questionnaire and relevant sections of the Health Care Consent Act. Content and face validity was rated high (4.3/5).

Measurement of CACE
Following Research Ethics Boards approval, the effectiveness of CACE as a capacity evaluation tool for people with aphasia was measured using a randomized controlled trial in combination with qualitative measures. Strategies were included to reduce bias.

Participants: Thirty-three social work participants were recruited from Sunnybrook Health Sciences Centre, Providence Healthcare, and North York General Hospital in Toronto, London Health Sciences Centre and the Ottawa Hospital. Thirty-three participants with aphasia were recruited from the Aphasia Institute and Providence Healthcare outpatient speech-language pathology department in Toronto, Western University Aphasia Program London, the York Durham Aphasia Centre and the
Aphasia Centre of Ottawa. No participant was considered ineligible based on gender, race, education, literacy, English competency, hearing loss or concomitant diagnoses of dysarthria or apraxia. The participants with aphasia were judged to have the capacity to make an admission decision by a speech-language pathologist. The social workers were blinded to this information. The social workers and participants with aphasia were partnered according to site and randomly divided using computer software into an experimental group and control group. Two participants were lost to attrition leaving 17 participant pairs in the experimental group and 15 pairs in the control group.

**Procedure:** Both groups completed the current Capacity to Make Admission Decisions questionnaire to establish a baseline measurement of capacity. The social work participants also completed surveys measuring their communication skills, and confidence regarding capacity determination. The participants with aphasia completed a communicatively accessible survey measuring their frustration with the evaluation process. The experimental group evaluators were introduced to CACE and watched a training DVD focusing on the effective administration of CACE and techniques to maximize communication. Evaluators in the control group were sent information on aphasia published by the York Durham Aphasia Centre. Following a two-week interval to counter the variable of learning, the control group re-administered the original capacity questionnaire and the experimental group completed CACE. The surveys were also re-administered. All the capacity evaluations were video-recorded and analyzed. Three independent Speech-Language Pathologists (S-LPs) viewed the recordings and administered the Measure of Skill in Supported Conversation (MSC) and Measure of Participation in Conversation (MPC) (Intraclass Correlations .69-.93).

**Results:**

1) **Accurate capacity determination** - With the use of the current Capacity to Make Admissions Decisions questionnaire 25.5% (12/47) of the social workers were unable to determine capacity and one social worker found a competent person with aphasia lacking in capacity. When using CACE with communication training, 100% of the social work evaluators determined that the participants with aphasia had the capacity to make an admission decision.

2) **Communication Skills** - The difference between the experimental and control groups pre and post intervention (CACE with communication training) was measured using an Analysis of Covariance (ANCOVA) (SPSS-18)

<table>
<thead>
<tr>
<th>Dependent Variable</th>
<th>Time 2</th>
<th>Mean</th>
<th>Std. Error</th>
<th>F</th>
<th>Sig.</th>
<th>Partial Eta Squared</th>
<th>Cohen’s d</th>
</tr>
</thead>
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<tr>
<td>MSC Acknowledging Competence</td>
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<td>.366</td>
<td>.111</td>
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<td>.016</td>
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<tr>
<td>MPC Interaction</td>
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<td>.036</td>
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<td>MPC Transaction</td>
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<td>.361</td>
<td>.114</td>
<td>10.52</td>
<td>.003</td>
<td>.266</td>
</tr>
</tbody>
</table>

*Key: MSC = Measure of Skill in Supported Conversation, MPC = Measure of Participation in Conversation*

CACE with communication training significantly improved the social work participants’ abilities to acknowledge and reveal competence (MSC), and the participants with aphasia to interact and transfer information (MPC).
3) **Confidence in Capacity Determination** - The Group*Time result which compares the two groups (experimental vs. control) across two administrations was analyzed using a Repeated Measures Analysis of Variance (ANOVA). The results showed that the difference in the confidence levels of the social work evaluators to determine capacity using CACE as compared to CMAD was highly significant ($f(1, 31) = 13.511, p = .001$).

4) **Participants with Aphasia, Communicative Frustration** – A Paired Samples t-test was carried out to measure changes in the levels of frustration felt by the participants with aphasia regarding the communication support they received from the SW evaluator. The use of CACE with communication training reduced frustration.

   *Table 2 Differences in the Experimental Groups’ levels of Frustration Pre and Post-Intervention*

<table>
<thead>
<tr>
<th>Group</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
<th>t</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre</td>
<td>17</td>
<td>2.8</td>
<td>1.17</td>
<td>-3.598</td>
<td>.002</td>
</tr>
<tr>
<td>Post</td>
<td>17</td>
<td>3.8</td>
<td>.281</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5) **Statistical Power and Effect Size**

   The calculation of the statistical power of a test and effect size helps to assess the clinical or practical importance of the results of tests of statistical significance. Cohen’s $d$ was calculated by finding the difference between the pre and post intervention MSC and MPC mean scores for the experimental group. The difference between the two mean scores was divided by the combined standard deviation. The greater the effect size, the greater the practical or clinical significance. Effect sizes of .20 are small, .50 are medium, and .80 are large.

   *Table 3 Cohen’s $d$ Effect Size and Statistical Power Calculations using MSC and MPC Results Pre and Post-Intervention in the Experimental Group*

<table>
<thead>
<tr>
<th>Exp grp pre</th>
<th>Exp grp post</th>
<th>Cohen’s $d$</th>
<th>Statistical Power</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MSC Acknowledge</td>
<td>3.05</td>
<td>.68</td>
<td>3.61</td>
</tr>
<tr>
<td>MSC Reveal</td>
<td>2.97</td>
<td>.60</td>
<td>3.67</td>
</tr>
<tr>
<td>MPC Interaction</td>
<td>3.26</td>
<td>.68</td>
<td>3.64</td>
</tr>
<tr>
<td>MPC Transaction</td>
<td>2.8</td>
<td>.83</td>
<td>3.5</td>
</tr>
</tbody>
</table>

**Use of CACE in Real Time**

Following the Randomized Controlled Trial, CACE has been used at Sunnybrook Health Sciences Centre. The evaluators report increased confidence in their determinations of patient/client capacity or lack of capacity to make an admission decision to long-term care.

**Implications**

Erroneous finding of incapacity are found in the Canadian Legal Information Institute (CLII) database of appeal findings, and have been reported in the literature. In the course of this research a competent woman with aphasia, 42 years of age, was found lacking in capacity. The use of CACE with communication training was shown to be effective with this population. All patients and clients have the right to a fair and accessible evaluation of capacity to decide where and how to live.
Instructions for Administration

The Communication Aid to Capacity Evaluation (CACE) was designed to be used with adult patients/clients who have a communication disorder or barrier. Please follow all of the instructions to maximize your ability to evaluate whether your patient/client has the ability to **understand** information that is relevant to making a decision about admission to a long term care home, and has the ability to **appreciate** the reasonably foreseeable consequences of his or her decision or lack of decision.

**We strongly recommend you view the training DVD before you administer CACE**

1) **Chart Review and Team Consultation**

To ensure that your capacity evaluation is fair, gather background information about the patient/client. Conduct a thorough chart review and consult with members of the healthcare team, especially the speech language pathologist. Note the existence of any condition that could affect the capacity evaluation, for example, mental health issues such as depression, delusions, anxiety and aggressive behaviours, or other issues such as sleeping problems, dehydration, malnutrition, pain, fever and cognitive deficits.

This chart review can be found with the CACE Response Form. *(see appendix 2 for examples of completed chart reviews)*

<table>
<thead>
<tr>
<th>Communication</th>
<th>Present</th>
<th>Not Noted</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorders, e.g. Aphasia, Dysarthria, Apraxia, Anomia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most effective form of communication. (Consult with SLP)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>English/French as an acquired language. Interpreter available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing impairment Hearing aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual impairments Visual field deficits, neglect, cataracts etc.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other communication barrier</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of Substitute Decision Maker: _______________________________________________________

(Power of Attorney for Personal Care)

Unknown: □
2) When to administer CACE
   o Evaluate capacity at the best time of day for the patient/client, when she/he is most responsive.
   o Evaluate capacity when you have sufficient time.
   o Be prepared to complete CACE over a number of sessions if needed.

3) Where to administer
   o Evaluate capacity in a quiet place, free of distractions.
   o Sit the patient/client opposite you with the light on your face. If the patient/client can see you clearly it helps to focus attention and communication.
   o Ensure that the patient/client is as comfortable as possible to avoid physical distraction of pain.
   o Preserve patient/client privacy.

4) How to administer

   CACE
   o Suggestions and prompts have been provided in the Evaluator’s version of CACE. They appear in red boxes. Use CACE with the patient/client.
   o You will see lines throughout CACE, e.g. “________ is worried about you living at home”. These are designed to make the tool personal to the patient/client and his or her circumstances.
   o Relate the pictograms to the patient/client’s context, e.g., if he or she lives in an apartment building, point to that picture when talking about ‘home’.
   o An Orientation section has been included but its use is optional.
   o ‘Yes/No/Don’t know’ and ‘Stop I have a Question/Comment’ Cards have been included. These should be introduced early in the evaluation. Emphasize that they are for both the patient/client’s use and for you to help you understand and verify information.
   o Addendums provide further information on legal constructs. They include: 1) Substitute Decision Maker, 2) Consent and Capacity Board and 3) Office of the Public Guardian and Trustee.

   Patient/client
   o The questions in CACE are designed to be a framework for a conversation. Encourage the patient/client to expand on ideas and ask you questions.
   o If you are administering CACE with a colleague, introduce him or her to the patient/client.
   o Observe the patient/client carefully. Use the communication supports in CACE only if they are needed.
   o Look for non-verbal communication, acknowledge and verify: “You are shaking your head, so you do not agree.”
   o Make sure that the patient/client can clearly see the pages of CACE. If needed, cover parts of a page with a blank sheet of paper to help focus attention.
   o Give the patient/client adequate time to take in information and respond. Careful observation of the patient/client will help you determine whether he or she needs more time.
   o Adapt your language so the patient/client understands you; for example, use “nursing home” if the patient/client does not understand “Long Term Care Home”.
   o Repeat or rephrase a question if the patient/client needs help to understand.

   Items to Remember
   o Does the patient have a communication book or communication system? Familiarize yourself with how it works before you evaluate capacity.
   o Check that the patient/client has glasses and/or a hearing aid and check that they are working.
o Have paper and markers close to hand.

**Stop administration of CACE when:**
- The patient/client becomes excessively frustrated, agitated, emotional or fatigued.
- The patient/client is unable to understand the questions after repetition, rephrasing and showing the CACE pictures.
- The patient/client is non-responsive or responses are unclear, for example, if the patient/client does not look at the picture choices he/she selects, or makes non-specific gestures as a response.

5) **Scoring CACE**
- Circle choices and record the patient/client’s verbal responses verbatim. We recommend doing this in the body of CACE. It helps to verify information and enables you to refer back to choices.
- Record the patient/client’s non-verbal responses. These could include:
  - Writing or drawing
  - Pointing to a picture or items (body part, objects, elsewhere)
  - Sounds with positive or negative intonation
  - Head nodding for YES or AGREEMENT
  - Head shaking for NO or DISAGREEMENT
  - Shrugging shoulders for ‘unsure’ or ‘don’t know’
  - Gestures and facial expressions
  - Purposeful eye gaze
  - Other symbols of intent or acknowledgement
- A separate CACE Response Form is provided. Its use is optional. The Response Form can be placed in the patient/client’s health record.
- You can determine whether or not the patient/client understands or appreciates each section. If you are questioning you determination, select ‘unsure’ and return to the section at another time.
- Record whether or not the patient/client has the capacity to make an admission decision, does NOT have the capacity, whether a further evaluation is required following patient/client education, or whether he or she refuses to be evaluated.
Supported Conversation for Adults with Aphasia (SCA™) Techniques

Supported Conversation for Adults with Aphasia (SCA™) is a variety of communication techniques that have proved to be beneficial when interacting with people with aphasia and other communication barriers. The relevant SCA™ techniques for capacity evaluation are illustrated in the training DVD.

We strongly recommend you view the training DVD before you administer CACE

It is also recommended that you practice these communication techniques. The use of CACE is designed to be flexible. There will be times when, as an evaluator, you will have to leave CACE to pursue novel information given by the patient/client. By using SCA™ techniques combined with CACE the patient/client’s capacity to understand and appreciate relevant information will be revealed.

Observe the patient/client carefully to see how much support is needed

Getting the Information In (understanding):

- Speak at a slower rate, but keep your natural speaking voice.
- Group information into manageable units to help your patient/client understand and process:
  
  “My name is Sarah, I am a social worker” pause “I would like to talk to you about your discharge” pause “We could go to my office where it is quieter.”

- Write down key words to help get your message across. Key words carry the meaning in an utterance
  
  “My name is Sarah pause I am a Social Worker pause I would like to Talk to you about your Discharge”

- Point to the words and pictographs in CACE while you are talking to help understanding.

- Use natural gestures, facial expression, pointing and drawing to support your message.

Getting the Information Out (communication):

- Give the patient/client time to communicate. Encourage verbal responses if possible.

- Ask an open-ended question, it helps to set the context of the question. For example, “Who helps you at home?” However, if the patient/client is unable to answer, use the pictographs and text in CACE to help him or her to respond.

- During the evaluation give the patient/client opportunities to add information or ask questions (see enclosed card for your use). We suggest you do this at the end of each section.
If the patient/client needs help to ask a question use the pictographs to assist you, for example, at the end of section 3:

“Is your question about the bathroom, fire or feeling sick?”  (Patient/client points to the bathroom)
“Is your question about one of these pictures?” (Patient/client points to Lifeline)
“Do you want to know more about Lifeline?” (Patient/client indicates ‘yes’)
“We can talk about Lifeline afterwards; I’ll help you with it”

If his or her question is about something else, provide logical, contextual choices. Always include “something else” to let the patient/client communicate that you are on the wrong track.

“Is it about this evaluation or something else?”

Encourage the patient/client to use gesture, drawing, writing or pointing to previous pictures.
“Can you show me? Can you draw or write something to help me? Is it about one of these pictures?”

**Verify Information:**
Verify frequently, it will keep both of you on track, save time and help you to confirm whether the patient/client both understands and has been understood.

“So, you showed me that you do **not** need help at home” (Point to the picture showing no help).
“I want to make sure that I’ve got it right”.
“Do you need help at home?” (Write words help and home)
“Yes” or “NO” (Use Yes/No/Don’t know card)
Communication Training

Both the CACE training DVD and Instructions for Administration introduce Supported Conversation for Adults with Aphasia (SCA™). It is recommended that further training in this communication approach be considered, especially if you interact with patients/clients with communication barriers on a regular basis. The following Aphasia Centres offer training sessions:

**The Aphasia Institute**
73 Scarsdale Road
Toronto
ON M3B 2R2
(416) 226-3636
[www.aphasia.ca](http://www.aphasia.ca)

**The York Durham Aphasia Centre**
March of Dimes / York-Durham Aphasia Centre
13311 Yonge St. Suite 202
Richmond Hill,
ON L4E 3L6
(905) 773-7758 ext. 6212 1-800-567-0315
[www.ydac.on.ca](http://www.ydac.on.ca)

**Adult Recreation Therapy Centre**
408 Henry Street
Brantford
ON N3S 7W1
519-753-1882
[jroadhouse@sympatico.ca](mailto:jroadhouse@sympatico.ca)

**Niagara Aphasia Centre**
Fairhaven Adult Day Service
3568 Montrose Road,
Niagara Falls
ON L2E 6S
905-371-1569
[niagaraaphasiacentre@gmail.com](mailto:niagaraaphasiacentre@gmail.com)

**The Aphasia Centre of Ottawa**
2081 Merivale Road, Suite 300 (Country Place)
Ottawa,
ON K2G 1G9
(613) 567-1119
[www.aphasiaottawa.org](http://www.aphasiaottawa.org)
References

   www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm


Placement Aid to Capacity Evaluation (PACE) Rivers, P and Wong C. Paul.Rivers@uhn.on.ca

Acknowledgements

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National Institute for the Care of the Elderly (NICE) for their generous support for the development of the training DVD.
Wayne and Leslie.
Social Work Participants and Participants with Aphasia, without whom this research could not have taken place.
Appendices

Appendix 1 Panel of Experts Face and Content Validity Survey Results

<table>
<thead>
<tr>
<th>Panel member</th>
<th>Adapted reflects original</th>
<th>Patient understands</th>
<th>Patient appreciate</th>
<th>Enhance autonomy</th>
<th>Promote communication</th>
<th>Presumed Capable</th>
<th>Understands process</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>5</td>
<td>5</td>
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<td>5</td>
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</tr>
<tr>
<td>Total Mean</td>
<td>52</td>
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<td>40</td>
<td>50</td>
<td>52</td>
<td>46</td>
<td>45</td>
<td>4.33</td>
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</table>

Appendix 2 Two examples of Chart Reviews

<table>
<thead>
<tr>
<th>Communication</th>
<th>Present</th>
<th>Not Noted</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorders, e.g., Aphasia, Dysarthria, Apraxia, Anomia</td>
<td>✔️</td>
<td></td>
<td>Moderate Broca’s aphasia, word finding deficits.</td>
</tr>
<tr>
<td>Most effective form of communication. (Consult with SLP)</td>
<td>✔️</td>
<td></td>
<td>Speak in short utterances and give time to process language. Write key words, encourage pt. to point to written choices, verify pt.’s utterances.</td>
</tr>
<tr>
<td>English/French as an acquired language.</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interpreter available</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing impairment</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing aid</td>
<td>✔️</td>
<td></td>
<td>Aided in Right ear. Make sure pt. can see your face and check he can hear you.</td>
</tr>
<tr>
<td>Visual impairments</td>
<td>✔️</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual field deficits, neglect, cataracts etc.</td>
<td>✔️</td>
<td></td>
<td>Glasses for reading, right visual neglect. Present CACE on pt.’s left side to ensure he can see the pages</td>
</tr>
<tr>
<td>Any other communication barrier</td>
<td>✔️</td>
<td></td>
<td>Can get frustrated with his communication barriers. Give him a few breaks during the evaluation process.</td>
</tr>
<tr>
<td>Communication</td>
<td>Present</td>
<td>Not Noted</td>
<td>Comments</td>
</tr>
<tr>
<td>---------------------------------------------------</td>
<td>---------</td>
<td>-----------</td>
<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Disorders, e.g. Aphasia, Dysarthria, Apraxia, Anomia</td>
<td>✓</td>
<td></td>
<td>Global aphasia with apraxia</td>
</tr>
<tr>
<td>Most effective form of communication.</td>
<td>✓</td>
<td></td>
<td>Speak in short utterances and give pt. time to process language. Use gestures and facial expression. Draw as you speak. Encourage pointing to pictures to select answer</td>
</tr>
<tr>
<td>English/French as an acquired language.</td>
<td>✓</td>
<td></td>
<td>Bilingual Italian</td>
</tr>
<tr>
<td>Interpreter available</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing impairment</td>
<td></td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Hearing aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual impairments</td>
<td>✓</td>
<td></td>
<td>Glasses for reading, right visual neglect. Present CACE on pt.’s left side to ensure he can see the pages</td>
</tr>
<tr>
<td>Any other communication barrier</td>
<td>✓</td>
<td></td>
<td>Reduced attention, can get distracted. Keep him focused and complete CACE over a couple of sessions</td>
</tr>
</tbody>
</table>
Communication Aid to Capacity Evaluation - CACE

A Communicatively Accessible Capacity Evaluation to Make Admissions Decisions

Alexandra Carling-Rowland Ph.D.
Institute of Medical Science
University of Toronto

Pictures with kind permission from the Aphasia Institute

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Communication Aid to Capacity Evaluation (CACE)

Introduction and Explanation

Hello, my name is ______________________
I am a ______________________

We are here today to talk about where you are going to live.
________________________ is worried about **you** living at **home**, so I am going to **ask** you **questions**. I want to hear, or see **your ideas** about **where** you are going to live.

It is a **difficult** decision. There is a lot to **think** about.

I **think** you **can** make the **decision**, but I **have** to **check**.
I am going to use these **pictures** to **help** you.

I understand that you have **difficulty communicating** because of:

The questions will help us to **evaluate** your “**Capacity to make Admission Decisions**”.

That is, can **you** decide where **you live**?
So, what does **capacity** mean? What are we talking about?

**Capacity** means that you have the ability to **understand**

- your **medical** condition
- your **health**
- what **you** can do **yourself**
- when you need **help**

and how it affects **where** you **live**.
There are different places to live:

A retirement home or supportive housing

A Long-Term Care home, also called a nursing home

Long-term care homes are for people who need nursing care and supervision.
Also, **capacity** means you **understand** what **might happen**.

You have the ability to **appreciate** the consequences when...  

- **you make** a decision  
- **OR**  
- **do not make** a decision.
After the evaluation:

if you are **capable**, **you** make the decision about where to live.

If you are **not capable** to make a decision about where to live

we will talk to your **Substitute Decision Maker**
_________ will **decide** where **you** are going to live.
If you do not **know** who is your Substitute Decision Maker

I will contact the

**Public Guardian and Trustee**

and they will decide where you will live.
If you do not agree with the capacity decision,

will help you
to contact the Consent and Capacity Board.

They will review the capacity decision.
You have the right to refuse to answer my questions.

Do you have any questions?

Can I ask you the questions now? Tell me, or show me.

Yes

No
ORIENTATION - This section is optional

1) Tell me your **full name**?

1b) Is **your name** ______________ or ______________?

2) **Where** are you right **now**?

- Home
- Hospital
- Long Term Care Home
- Retirement Home
- Somewhere else?
- Do not know
3) What **day** is it today? ________________________________

<table>
<thead>
<tr>
<th>Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Friday</td>
<td>Saturday</td>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

4) What **month** is it now? ________________________________

<table>
<thead>
<tr>
<th>Month</th>
<th>January</th>
<th>May</th>
<th>September</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>February</td>
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<td>October</td>
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<td>March</td>
<td>July</td>
<td>November</td>
</tr>
<tr>
<td></td>
<td>April</td>
<td>August</td>
<td>December</td>
</tr>
</tbody>
</table>

5) What **season** is it now? ________________________________

- Spring
- Summer
- Fall
- Winter

6) What **year** is it?

Is it: ________________________________
1. Able to understand care needs

Do you have any health problems?

Do you have any of these health problems?

- Stroke
- Head Injury
- Heart
- Diabetes
- Cancer
- Breathing
Depression or anxiety
or
emotional problems.

Do you have any of these?

I have no problems

or

Something else
Do you need help with . . . ?

Getting **in** and **out** of **bed**

Walking or getting around

Getting **dressed**

Going to the **bathroom**

Having a **shower** or **bath**
Do you need help with . . . ?

Cleaning the house

Preparing meals

Shopping

Taking medication

Managing money

Something else?

I do not need help
Who helps you at home?

<table>
<thead>
<tr>
<th>Partner/spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Friends</td>
<td>Family, brother or sister</td>
</tr>
<tr>
<td>Nurse or care giver</td>
<td>Neighbour</td>
</tr>
</tbody>
</table>

How **often** do they help you?

- everyday
- OR ___ times a week.

[1 2 3 4 5 6 7]
Are you **forgetful**?

Where is it?

Do you get **confused**?

Would you feel **safe** living at home?
2. Able to understand proposed care placement

What is a **Long Term Care home**?

<table>
<thead>
<tr>
<th>Hotel</th>
<th>House</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apartment</td>
<td>Hospital</td>
</tr>
<tr>
<td>Nursing Home</td>
<td>Retirement home</td>
</tr>
<tr>
<td>Community Centre</td>
<td>Something else</td>
</tr>
</tbody>
</table>
Who lives in a Long Term Care Home?

People who can look after themselves?

People who, do not have enough help, who cannot manage at home?
2. Able to appreciate proposed care placement

Do you need to live in a Long Term Care Home now?

Do you agree?

think/s that you should live in a Long Term Care Home now.

Do you agree?
3. Able to understand present condition

What would you do:
If you fell in the bathroom?

- Do nothing
- Call out for help
- Phone 911
- Have a bath

Wait for help
I will not fall
Press lifeline
What would you **do**: If there was a **fire** at your **home**?

- **Phone 911**
- **Wait** for help
- **Leave** your home
- **Call out** for help
- **Put out the fire** **yourself**
- **Press lifeline**

**There will not be a fire**

**Do nothing**
What would you do:
If you were sick?

- Take medication
- Go shopping
- Call out for help
- Press lifeline
- Do nothing
- I will not get sick
- Phone someone
4. Able to appreciate consequences of REFUSING proposed placement

If you **do not** go to a Long Term Care Home, **where** will you **live**?

- **Home**
- **Hospital**
- **Hotel**
- **Friends’ house**
- **Supportive housing** or a **retirement home**
- **Somewhere else**
- **Do not know**

*Pictures with kind permission from the Aphasia Institute © Alexandra Carling-Rowland Ph.D. 2012*
If you live at home

who would help you on a daily basis with ____________________________ ?

<table>
<thead>
<tr>
<th>Partner/spouse</th>
<th>Children</th>
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<tbody>
<tr>
<td>Friends</td>
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</tr>
<tr>
<td>Nurse or care giver</td>
<td>Neighbour</td>
</tr>
</tbody>
</table>

I do not know

Someone else?

I do not need help
If you can **not** look after yourself

and you **do not** have enough help at home

What will you do?

**Pay someone to help me**

- I have **money**
- I have **private insurance**

**I do not know**

**Move** to a Long Term Care Home

Something else?
5. Able to appreciate consequences of ACCEPTING proposed placement

What would a Long Term Care Home help you with . . . ?

Getting in and out of bed

Walking or getting around

Getting dressed

Going to the bathroom

Having a shower or bath
What will a Long Term Care Home **help** you with . . . ?

**Taking medication**

**Preparing and eating meals**

---

Nothing,
I **do not** need help.

---

So do you think you should **move** to a Long Term Care Home **now**?
Communication Aid to Capacity Evaluation - CACE

A Communicatively Accessible Capacity Evaluation to Make Admissions Decisions

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CACE E.V
Communication Aid to Capacity Evaluation (CACE)

Evaluator’s Version

This Evaluator’s version of CACE has boxed suggestions and prompts for your use.

Before you start, make sure:
1) The individual has his or her reading glasses
2) The individual is wearing a working hearing aid
3) You know the individual’s best side visually and place CACE on that side
4) The individual is as comfortable as possible
5) Distractions are minimized

You will need the following:
1) CACE form for the individual being evaluated
2) A copy of CACE addendums (Appendix)
3) The ‘Yes/No/Don’t Know’ card
4) The ‘STOP I have a Question’ card
5) Paper and a marker
Communication Aid to Capacity Evaluation (CACE)

Introduction and Explanation

Hello, my name is __________________________
I am a ________________________________

We are here today to talk about where you are going to live.

This is an introduction to the process. You will go into more detail later.
Give an example of who is worried: partner, spouse, friend, family, health care team etc.

_________________________ is worried about you living at home, so I am going to ask you questions. I want to hear, or see your ideas about where you are going to live.

It is a difficult decision. There is a lot to think about.

Presumption of Capacity

I think you can make the decision, but I have to check.
I am going to use these **pictures** to help you.

*Point to some of the pictures.*

I understand that you have **difficulty communicating** because of:

______________________________

*Add the individual’s communication barrier: aphasia, dysarthria, another language, hearing etc.*

The questions will help us to **evaluate** your “Capacity to make Admission Decisions”.

That is, can **you** decide where **you live**?

*Introduce the ‘Yes/No/Don’t Know’ card, and the ‘STOP I have a Question’ card. Explain that he or she can ask a question anytime during the evaluation, and that the Yes/No card is to help both of you.*
So, what does **capacity** mean? What are we talking about?

**Capacity** means that you have the ability to **understand**

- your **medical condition**
- your **health**
- what **you** can do **yourself**
- when you need **help**

and how it affects **where you live**.
There are different places to live:

- A retirement home or supportive housing
- A Long-Term Care home, also called a nursing home

Personalize the pictures to the individual’s circumstances

Give an example of a Long-Term Care home in your area

Long-term care homes are for people who need nursing care and supervision.
Also, **capacity** means you **understand** what **might happen**.

You have the ability to **appreciate** the consequences when. . .

**you make** a decision

**OR**

**do not make** a decision.
After the evaluation:

if you are **capable**, **you** make the decision about where to live.

If you are **not capable** to make a decision about where to live

we will talk to your **Substitute Decision Maker**

---

*Give the name of the individual's SDM*
If the individual appears unhappy or unsure about his or her SDM, go to the CACE addendum for more detailed information.

______________ will **decide** where **you** are going to live.
If you do not know who is your Substitute Decision Maker

I will contact the Public Guardian and Trustee

If the individual wants more information on the Public Guardian, go to the CACE addendum.

and they will decide where you will live.
If you do not agree with the capacity decision,

Explain who will help the individual: a social worker, case manager, speech language pathologist etc.

_____________________________ will help you

to contact the
Consent and Capacity Board.

They will review the capacity decision.
You have the right to **refuse** to **answer** my questions.

Do **you** have any **questions**? **Use the Yes/No card**

? ? ? ?

**Consent to evaluate**

Can I ask **you** the **questions** now? **Tell** me, or **show** me.

If the individual points to “No”, rephrase the question and ask again. If the answer is still “No” stop the evaluation and ask to come back another time.
ORIENTATION - This section is optional

1) Tell me your **full name**?

If the individual can’t say his/her name, give a choice that includes the individual’s name and a similar sounding name, for example, “Is your name Mr. Kumar or Mr. Kahn?”

1b) Is **your name** __________________ or __________________?

2) **Where** are you right **now**?

- Home
- Hospital
- Long Term Care Home
- Retirement Home
- Somewhere else?
- Do not know
3) **What day** is it today? 

<table>
<thead>
<tr>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Friday</td>
<td>Saturday</td>
<td>Sunday</td>
<td></td>
</tr>
</tbody>
</table>

4) **What month** is it now?

<table>
<thead>
<tr>
<th>January</th>
<th>May</th>
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</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>April</td>
<td>August</td>
<td>December</td>
</tr>
</tbody>
</table>

5) **What season** is it now?

- Spring
- Summer
- Fall
- Winter

6) **What year** is it?

*If the individual cannot give the year, provide a choice of three years. Write the real year on the last line.*

Is it: ______________ ______________ ______________
1. Able to understand care needs

Do you have any health problems?

Do you have any of these health problems?

*If you are unsure of the individual’s response, use the “Yes/No/Don’t Know” card*

- Stroke
- Head Injury
- Heart
- Diabetes
- Cancer
- Breathing
Depression or anxiety
or
emotional problems.

Only ask the following questions if the individual has a diagnosis not already discussed. Otherwise go to page 16.

Do you have any of these?

Write a confounding diagnosis on the first line, the individual’s diagnosis on the second line, and a confounding diagnosis on the third line.

I have no problems

or

Examples of confounding diagnoses: Parkinson’s disease, Lou Gehrig’s disease, Multiple Sclerosis etc.

Something else
Do you need help with . . . ?

Ask the individual to tell you or point to any activities requiring help. If it is too difficult, go over each activity and use the “Yes/No/Don’t Know” card.

Getting **in** and **out** of **bed**

**Getting dressed**

**Walking** or getting around

**Having a shower** or **bath**

**Going to the bathroom**
Do you need **help** with . . . ?

- **Cleaning** the house
- **Preparing** meals
- **Shopping**
- **Taking** medication

---

**Managing money**

**Something else?**

**I do not** need help
Who helps you at home?

<table>
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<tr>
<th>Partner/spouse</th>
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</thead>
<tbody>
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<td>Family, brother or sister</td>
</tr>
<tr>
<td>Nurse or care giver</td>
<td>Neighbour</td>
</tr>
</tbody>
</table>

How often do they help you?

- everyday
- ___ times a week.

[1 2 3 4 5 6 7]
Are you **forgetful**?

Use the ‘Yes/No/Don’t Know’ card

Where is it?

Do you get **confused**?

Change the wording to ‘DO you feel safe...’ if you are evaluating the individual in his or her home.

Would you feel **safe** living at home?
The selection of Retirement Home is an acceptable response. Explain the difference between a retirement and nursing home.

What is a Long Term Care home?

Hotel
House
Apartment
Hospital
Nursing Home
Retirement home
Community Centre
Something else
Do not know
Who lives in a Long Term Care Home?

People who can look after themselves?

People who, do not have enough help, who cannot manage at home?
2. Able to appreciate proposed care placement

Do you need to live in a Long Term Care Home now?

Use the ‘Yes/No/Don’t Know’ card

Give the names of those who are concerned: spouse, partner, family, healthcare team, etc.

__________________________________________ think/s that you should live in a Long Term Care Home now.

Do you agree?  Use the ‘Yes/No/Don’t Know’ card
3. Able to understand present condition

What would you do:
If you fell in the bathroom?

Different answers are acceptable according to the individual’s circumstances. There is no one right answer.

- **Do nothing**
- **Call out for help**
- **Phone 911**
- **Have a bath**

*Wait for help*  
*I will not fall*  
*Press lifeline*
What would you **do**: If there was a **fire** at your **home**?

- **Phone 911**
- **Wait** for help
- **Leave** your home
- **Call out** for help
- **Put out the fire** *yourself*
- **Press lifeline**

There **will not** be a fire

**Do nothing**
What would you **do:**

If you were **sick**?

- Take **medication**
- Go **shopping**
- **Call out** for help
- Press **lifeline**
- **Do nothing**
- **I will not** get sick
- **Phone** someone
4. Able to appreciate consequences of REFUSING proposed placement

If you **do not** go to a Long Term Care Home, **where** will you **live**?

- **Home**
- **Hospital**
- **Hotel**
- **Friends’ house**
- **Supportive housing or a retirement home**
- **Somewhere else**
- **Do not know**

Pictorial representations of each option are shown alongside the text.
If you live at **home**

**who** would **help** you on a **daily** basis

with ________________________________ ?

*Give examples that relate to the individual: bathing, shopping, cooking etc.*

<table>
<thead>
<tr>
<th>Partner/spouse</th>
<th>Children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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<table>
<thead>
<tr>
<th>Nurse or care giver</th>
<th>Neighbour</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>I do not know</th>
<th>Someone else?</th>
<th>I do not need help</th>
</tr>
</thead>
</table>
If you can **not** look after yourself

and you **do not** have enough **help** at **home**

**What will you do?**

**Pay someone to help me**

- **I have money**
- **I have private insurance**

**I do not know**

**Move** to a Long Term Care Home

**Something else?**
5. Able to appreciate consequences of ACCEPTING proposed placement

What would a Long Term Care Home **help** you with . . . ?

Getting **in** and **out** of **bed**

Walking or getting around

Getting **dressed**

Going to the **bathroom**

Having a **shower** or **bath**
What will a Long Term Care Home help you with . . . ?

Taking medication

Preparing and eating meals

Nothing, I do not need help.

So do you think you should move to a Long Term Care Home now?

Use the ‘Yes/No/Don’t Know’ card
I have a QUESTION

I want to say SOMETHING ELSE

MORE
Chart Review and Team Consultation

To ensure that your capacity evaluation is fair, gather background information about the patient/client. Note the existence of anything that might affect the capacity evaluation, for example, mental health issues such as depression, delusions, anxiety and aggressive behaviours. Other conditions can affect capacity evaluation such as sleeping problems, pain, fever and cognitive deficits. You also need to make careful note of the following:

<table>
<thead>
<tr>
<th>Communication</th>
<th>Present</th>
<th>Not noted</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disorders, e.g. Aphasia, Dysarthria, Apraxia, Anomia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Most effective form of communication. (Consult with SLP)</td>
<td></td>
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<tr>
<td>English/French as a second language.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Interpreter available</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hearing impairment Hearing aid</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Visual impairments Visual field deficits, neglect, cataracts etc.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Any other communication barrier</td>
<td></td>
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</tr>
</tbody>
</table>

Name of Substitute Decision Maker: ________________________________  Unknown: □
(Power of Attorney for Personal Care)
Communication Aid to Capacity Evaluation - CACE
Response Form

Last Name: ____________________________  First Name: ____________________________
Date of Birth: ____________________________  Health card # ____________________________

<table>
<thead>
<tr>
<th>Question</th>
<th>Response verbal</th>
<th>Response non-verbal</th>
<th>Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTRODUCTION</strong></td>
<td></td>
<td></td>
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<tr>
<td>Purpose of the evaluation process</td>
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<tr>
<td><strong>CONSENT TO ASSESS</strong></td>
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<tr>
<td>Consent to assess</td>
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<tr>
<td><strong>ORIENTATION - OPTIONAL</strong></td>
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<td>Time</td>
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<td><strong>1. ABLE TO UNDERSTAND CARE NEEDS</strong></td>
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<td>Care needs</td>
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<td>Who helps and Frequency of help</td>
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<td>2. ABLE TO UNDERSTAND PROPOSED LONG TERM CARE PLACEMENT</td>
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<td>Who lives in Long Term Care Facility</td>
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<td>3. ABLE TO UNDERSTAND PRESENT CONDITION</td>
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<td>Consequences of staying at home – safety</td>
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<td>4. ABLE TO APPRECIATE CONSEQUENCES OF REFUSING PROPOSED PLACEMENT</td>
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<td>Alternate living situation</td>
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<td>Who will help</td>
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<td>What will you do?</td>
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<td>5. ABLE TO APPRECIATE CONSEQUENCES OF ACCEPTING PROPOSED PLACEMENT</td>
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<td>How a Long Term Care Facility helps</td>
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<td>Now move to a Care Facility</td>
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Summary Comments: ______________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
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Capacity to Make Admission Decisions

☐ CAPABLE
☐ INCAPABLE
☐ REQUIRES EDUCATION and/or RE-EVALUATION
☐ REFUSED EVALUATION

Rights Information

☐ APPLICANT INFORMED OF INCAPACITY
☐ RIGHTS INFORMATION SHEET GIVEN
☐ FINDING OF INCAPACITY TO BE APPEALED

Evaluator’s Signature: ____________________________

Co-evaluator’s Signature: ____________________________

Date: ________________
The evaluator, __________________

has decided you are **not capable** to decide where you should **live**.

Instead, __________________ you Substitute Decision Maker will decide where you should live.
If you do not agree with the evaluator

you have the right to contact the Consent and Capacity Board.

You can ask the Board to review the evaluator’s finding.

Someone will help you to contact the Consent and Capacity Board.
Do you want the Board to review the evaluator’s finding?

If yes, the hearing will usually be held within one week after the board receives your application.
Substitute Decision Maker

If you cannot make a decision to go to a Long Term Care Home, because you do not have the capacity to decide,

a Substitute Decision Maker will make the decision for you.

They must try to follow your wishes.

If they do not know your wishes, they try to decide what is best for you.
This is how we decide who is your **Substitute Decision Maker**. We follow a list provided by legislation.

**Ranking:**

1st  A Court appointed Guardian

2nd  Person named in your Power of Attorney for Personal Care

3rd  A representative appointed by the Consent and Capacity Board

4th  Spouse or partner

5th  Adult child or parent

6th  Brother or sister

7th  Any other relative by blood, marriage or adoption

8th  The Office of the Public Guardian and Trustee

**Your** Substitution Decision Maker is: _____________________
The Board was created by the Provincial government of Ontario.

The Board is a tribunal of lawyers, psychiatrists and members of the public.
When people **challenge** the finding of **incapacity** for admission to a care facility

they apply to the Board for a **hearing** to review the finding.

The Consent and Capacity Board will come to **you**.
The Board can order a **lawyer** to represent you.

The Board then **hears** your **application**.

They listen to **you**, your **lawyer** if you have one, to the **healthcare team**, and they read your **health records**.
They review the finding of incapacity by an evaluator to decide where you want to live.

You can appeal the Board’s decision to the Superior Court of Justice.
The Office of the Public Guardian and Trustee (OPGT)

Is part of the Ministry of the Attorney General.

If you do not have your own Substitute Decision Maker to make admission decisions

the OPGT will decide where you will live.
The OPGT may look after your legal, personal and financial interest.

Who works at the OPGT?
Social Workers, Accountants and other people who are supported by Lawyers.