

INFOBulletin

Keeping health care providers informed of payment, policy or program changes

**To: Physicians &
Physiotherapy Facilities**

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**Re: Publicly Funded Community Based Physiotherapy
Program and Eligibility Criteria**

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Effective August 2013, the government implemented a comprehensive program for community physiotherapy. Physiotherapy was removed from the Health Insurance Act as an insured service and established as publicly funded budget-based programs for specific programs and health sectors.

The physiotherapy services funded under the publicly funded community based physiotherapy program are aimed at addressing acute episodes or worsening of symptoms that lead to decreased function or mobility (e.g. debilitating event or disease (including chronic disease), pain, injury or surgical procedure).

Treatment which is designed to maintain an existing level of function is **not** covered by this program.

To qualify for public funding, patients must be assessed by a qualified physiotherapist as experiencing acute episodes or worsening of symptoms that lead to decreased function or mobility and must also meet the other eligibility requirements of the program as follows:

- be referred by a physician or nurse practitioner based on the findings of an assessment that the person requires physiotherapy services, be an insured person under the Health Insurance Act and be within one of the following categories:
 - aged 65 years and older;



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- aged 19 years and younger; or
- recently discharged as an inpatient of a hospital after an overnight stay and require physiotherapy for the condition, illness or injury for which the person was admitted to the hospital.

OR

- be referred by a physician or nurse practitioner based on the findings of an assessment that the person requires physiotherapy services and be eligible for Ontario Disability Support (ODSP) or Ontario Works (OW) programs.

Once a referral is received from a physician or nurse practitioner, the number, frequency and duration of visits offered must be necessary and reasonable for the treatment of the condition as determined by the treating physiotherapist using his/her professional and clinical judgment of the patient's individual need and evidence-based best practices. There are no pre-set limits to the number of visits or maximums that an eligible patient can receive as part of an Episode of Care (EOC). Funding covers an EOC, not individual visits.

As part of the assessment, the physiotherapist and the patient will identify therapeutic objectives or goals for treatment. Once the therapeutic objectives identified in the treatment plan have been achieved, or when any reasonably equivalent gains could be achieved through self-care or through an exercise, falls prevention, activation, or similar program or when no further gains are likely to be achieved from continuing the physiotherapy services, patients are discharged.

Patients who require physiotherapy but who do not meet the eligibility criteria for the publicly funded community based physiotherapy program may pay privately or seek coverage from a third party insurer.

A list of community based clinics that provide publicly funded physiotherapy services can be found on the ministry's website at:

http://www.health.gov.on.ca/en/public/programs/physio/pub_clinics.aspx

Inquiries related to this INFOBulletin may be directed to the Community Physiotherapy Clinic Program's email account at moh.physiotherapyagreements@ontario.ca.