

CCAC Home Care Services

This chapter describes the community services available to Community Care Access Centre (CCAC) clients including professional, personal support and homemaking services.

7.1 Professional Services

The *Long-Term Care Act, 1994* (LTCA) states:

s. 2(7) For the purpose of this Act, the following are professional services:

- 1. Nursing services.*
- 2. Occupational therapy services.*
- 3. Physiotherapy services.*
- 4. Social work services.*
- 5. Speech-language pathology services.*
- 6. Dietetics services.*
- 7. Training a person to provide any of the services referred to in paragraphs 1 to 6.*
- 8. Providing prescribed equipment, supplies or other goods.*
- 9. Services prescribed as professional services.*

Professional services includes the direct provision of the listed professional services as well as, where appropriate, the training of a person to provide any of these professional services.

There are currently no regulations relating to equipment, supplies or goods prescribed under paragraph 8 and no additional services prescribed under paragraph 9 of subsection 2(7).

7.1.1 Eligibility for Professional Services

Regulation 552 of the *Health Insurance Act* (HIA) states:

s. 13 (1) In this section

"home care facility" means,

(a) a local board of health of a municipality or a health unit, or

(b) an agency,

approved by the Minister to provide home care services;

"home care services" means,

- (a) the services that are provided, on a visitation basis, by a nurse or a nursing assistant,*
- (b) the services provided, on a visiting basis, by a physiotherapist, occupational therapist, speech therapist, social worker or nutritionist,*
- (c) the provision of dressings and medical supplies,*
- (d) the provision of diagnostic and laboratory services,*
- (e) the provision of hospital and sickroom equipment,*
- (f) the provision of transportation services to and from the home to a hospital, health facility or the attending physician's office, as the case may be;*

"nurse" means a nurse who holds a certificate of registration under Part IV of the Health Disciplines Act;

"nursing assistant" means a nursing assistant who holds a certificate of registration under Part IV of the Health Disciplines Act;

"professional service" means nursing, physiotherapy, occupational therapy and speech therapy services.

(2) Each home care facility is prescribed as a health facility under the Act and is designated as a health facility for the purpose of section 34.

(3) Home care services provided by a home care facility to an insured person in his or her home are prescribed as insured services.

(4) It is a condition of payment for insured services under subsection (3) that,

- (a) Revoked;*
- (b) the services are necessary to enable the insured person to remain in his or her home or to make possible the insured person's return to his or her home from a hospital or other institution;*
- (c) the needs of the insured person cannot be met on an out-patient basis;*
- (d) the insured person is in need of at least one professional service, if the service for which payment is sought is described in clause (c), (d), (e) or (f) of the definition of "home care services" in subsection (1);*
- (e) the services are provided in the insured person's home where such has been approved by the Minister as being suitable to enable the required care to be given;*
- (f) the services are available in the area where the insured person resides; and*
- (g) the services are reasonably expected to result in progress towards rehabilitation.*

(5) Physiotherapy, occupational therapy and speech therapy provided by a home care facility to an insured person who,

- (a) is a resident in a nursing home;*
- (b) is a resident in a home for the aged, established and maintained under the Homes for the Aged and Rest Homes Act; or*
- (c) is a resident in a charitable institution approved under the Charitable Institutions Act,*

are prescribed as insured services.

- (6) It is a condition of payment for insured services under subsection (5) that,*
- (a) Revoked;*
 - (b) Revoked;*
 - (c) the needs of the insured person cannot be met on an out-patient basis;*
 - (d) the services are available in the area of the facility in which the insured person is a resident; and*
 - (e) the services are reasonably expected to result in progress toward rehabilitation.*

Pursuant to the above provisions, the CCAC only has authority to provide professional services to persons who are insured under the *Health Insurance Act* (HIA) (i.e., have Ontario Health Insurance Plan (OHIP) coverage) and meet the criteria set out above in subsection 13(4). The CCAC must provide these services on a visitation basis in the person's home, including group homes, supportive housing settings and retirement homes.

The CCAC only has authority to provide the supplies, diagnostic and laboratory services, equipment and transportation as set out in the definition of "home care services" above if the person also needs at least one professional in-home service (i.e., nursing, physiotherapy, occupational therapy and speech therapy. Note that social workers and dietitians are excluded from the definition of professional services for this purpose.)

In addition, the CCAC only has authority to provide physiotherapy, occupational therapy and speech therapy to residents in a long-term care (LTC) home who meet the eligibility criteria set out in subsection 13(6) above.

The CCAC has no authority to provide LTC home residents with nursing, social work or nutrition services.

(See section #7.5 in this manual for information on drug benefits for CCAC clients.)

7.1.2 Service Maximums for the Provision of Nursing Services

Regulation 386/99 of the LTCA states:

- s. 4(1) A community care access centre shall not provide a person with more than the lesser of the following amounts of nursing services:*
- 1. 28 visits from a registered nurse or a registered practical nurse in a seven-day period.*
 - 2. The following number of hours of service in a seven-day period:*
 - i. if services are provided by registered nurses, 43 hours of service,*
 - ii. if services are provided by registered practical nurses, 53 hours of service, or*
 - iii. if the services are provided by both registered nurses and registered practical nurses, 48 hours of service.*

Note: There are no regulated service maximums for the other professional health services provided by the CCAC.

7.1.3 Description of Professional Services

Notes:

- All regulated health professions governed under the *Regulated Health Professions Act, 1991* (RHPA) have a scope of practice statement within their profession specific act that broadly defines the practice of the profession. While the RHPA sets out activities that are authorized to certain professions, there is an exemption that will allow anyone to perform these activities if they are provided in the course of assisting a person with routine activities of living.
- Social work is regulated under the *Social Work and Social Services Work Act, 1998* (SWSSWA) and not by the RHPA. The SWSSWA provides for a self-governing and self-funding regulatory college to govern both social workers and social service workers. College membership is required from any person in Ontario who uses the titles of "social worker" or "social service worker."
- Further information on each professional service can be found in the service schedule in the provincial CCAC procurement documents (posted on the Ontario Association of Community Care Access Centres (OACCAC) web site).

Nursing: The scope of practice for nursing is the promotion of health and the assessment of the provision of care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function.

Dietetics: The scope of practice of dietetics is the assessment of nutrition and nutritional conditions, and the treatment and prevention of nutrition-related disorders by nutritional means.

Occupational Therapy: The scope of practice of occupational therapy is the assessment of function and adaptive behaviour and the treatment and prevention of disorders that affect function or adaptive behaviour to develop, maintain, rehabilitate or augment function in the areas of self-care, productivity and leisure.

Physiotherapy: The scope of practice of physiotherapy is the assessment of physical function and the treatment, rehabilitation and prevention of physical dysfunction, injury or pain to develop, maintain, rehabilitate or augment function or to relieve pain.

Social Work Services: The social work profession enables individuals, families and communities to develop the skills and abilities necessary to optimize their functioning and thus reduce the risk of psychosocial breakdown.

Social work services arranged or provided through the CCAC may include but are not limited to the following situations:

- adjustment to altered health or social status;
- support and counselling to care providers;

- crisis intervention;
- behaviour problems; and
- domestic elder abuse.

Speech-Language Pathology: The scope of practice of speech-language pathology is the assessment of speech and language functions, and the treatment and prevention of speech and language dysfunctions or disorders to develop, maintain, rehabilitate or augment oral motor or communicative functions. The provision of speech-language pathology services for children in publicly funded schools is a shared responsibility with the Board of Education. (See subsection #9.1 in this manual for an overview of CCAC school services.)

Note: The scope of practice of each professional service includes training a person to provide any of those services.

7.2 Personal Support and Homemaking Services

7.2.1 Personal Support Services

The *Long-Term Care Act, 1994* (LTCA) states:

s. 2(6) For the purpose of this Act, the following are personal support services:

- 1. Personal hygiene activities.*
- 2. Routine personal activities of living.*
- 3. Assisting a person with any of the activities referred to in paragraphs 1 and 2.*
- 4. Training a person to carry out or assist with any of the activities referred to in paragraphs 1 and 2.*
- 5. Providing prescribed equipment, supplies or other goods.*
- 6. Services prescribed as personal support services.*

There are currently no equipment, supplies or other goods prescribed under paragraph 5 and no additional services prescribed under paragraph 6 of subsection 2(6).

Description of Personal Support Services

Personal Hygiene Activities

Personal hygiene activities include but are not limited to:

- washing/bathing/showering/bed bath;
- dressing/undressing;
- assistance with grooming;
- mouth care;
- hair care;
- preventive skin care;
- changing simple dry dressings; and
- routine hand/foot care.

Note: Routine foot care consists of the non-invasive procedures of clipping and filing nails, bathing and massaging the feet, and monitoring the condition of the feet. Only attendants or personal support workers with the appropriate training may undertake this function.

Advanced foot care (e.g., scaling calluses or surgical procedures) is not provided as a personal support service but only as a professional service.

Routine Personal Activities of Living

Routine personal activities of living include but are not limited to:

- assistance with eating;
- assistance with mobility;
- transferring/positioning/turning;
- assistance with toileting;
- supervision/bedside care and monitoring;
- bladder routines (including empty/change leg bag, clean intermittent catheterization);
- bowel routines;
- assisting the person to take pre-measured medications;
- exercising;
- tracheostomy care (e.g., shallow suctioning) where the needs of the person are stable; and
- assisting with essential communication, for example Bliss boards, augmentative communication.

A procedure is considered to be a routine personal activity of living when the need for the procedure, the response to the procedure, and the outcome of performing the procedure are established over time and, as a result, are predictable. The same procedure may be a routine activity of living in one set of circumstances and part of a therapeutic plan of care in another.¹

The following procedures are considered routine personal activities of living. Each client situation must be reviewed by a health professional to determine if it is appropriate for a personal support worker to perform any of the following tasks. The personal support worker must be trained to carry out the procedure for the specific client regardless of how straightforward it appears to be.²

- shallow suctioning;
- medications;
- oxygen;
- clean intermittent catheterization;
- enemas and suppositories;
- G, G/J tube feedings;
- changing simple dry dressings; and
- augmentative communication.

Note: The Community Care Access Centre (CCAC) and the professional contracted service provider must develop local guidelines for transferring routine activities of living to personal support workers. Guidelines must comply with the requirements of the health professional regulatory colleges and be included in the contractual agreement between the CCAC and the contracted service provider.

¹ *Utilization of Unregulated Care Providers (UCPs): A Guide to Making Decisions*, College of Nurses, March 2001, p. 4.

² *Guidelines for RNs and RPNs Working with Unregulated Care Providers*, College of Nurses of Ontario, May 1996, p. 5.

Further information on personal support and homemaking services can be found in the service schedule in the provincial CCAC procurement documents (posted on the Ontario Association of Community Care Access Centres (OACCAC) web site).

Eligibility for Personal Support Services

Regulation 396/99 of the LTCA states:

s. 2.1 A community care access centre shall not provide personal support services to a person unless the community care access centre determines that the person is an insured person under the Health Insurance Act.

A CCAC does not have the authority to provide personal support services to a person unless the person is an insured person under the *Health Insurance Act* (HIA) (i.e., has an Ontario health card). The CCAC is required to provide personal support services to retirement home residents beyond what the operator provides through his or her agreement with the resident. The CCAC must assess whether persons residing in supportive housing require these services if assisted living services in supportive housing (ALSSH) are available.³

Service Maximums for Homemaking and Personal Support Services

Regulation 386/99 of the LTCA states:

s. 3(1) A community care access centre shall not provide a person with more than the following number of hours of homemaking and personal support services:

1. 80 hours, in the first 30 days that follow the first day of service.

2. 60 hours, in any subsequent 30-day period.

(2) The maximum amounts referred to in subsection (1) apply only with respect to homemaking services and personal support services that,

(a) are provided by or arranged by a community care access centre; and

(b) are provided to a person at his or her place of residence.

Provision of Additional Personal Support and Homemaking Services in Extraordinary Circumstances

Regulation 386/99 of the LTCA states:

s. 3(3) Despite subsection (1), a community care access centre may provide more than the maximum number of hours of homemaking and personal support services set out in that subsection for a period of up to 30 days if the community care access centre determines that there exists extraordinary circumstances that justify the provision of additional services.

³ A CCAC case manager cannot assume that all clients living at a particular address would be assisted living services in supportive housing clients.

A situation is deemed to be extraordinary when the client's service requirements exceed the allowable service maximums, all other service options have been exhausted, and the higher level of service is necessary to support the person until alternative arrangements are made.

Situations where this might apply include but are not limited to the following:

- palliative care clients who require a more intensive level of service to support them to remain at home for end of life care;
- clients who require additional services on a short-term basis until they are stabilized or alternative arrangements for care can be made;
- clients awaiting an emergency admission into a long-term care home; and
- crisis situations where the client's caregiver is ill and the client cannot be left alone.

7.2.2 Homemaking Services

The LTCA states:

s. 2(5) For the purpose of this Act, the following are homemaking services:

- 1. Housecleaning.*
- 2. Doing laundry.*
- 3. Ironing.*
- 4. Mending.*
- 5. Shopping.*
- 6. Banking.*
- 7. Paying bills.*
- 8. Planning menus.*
- 9. Preparing meals.*
- 10. Caring for children.*
- 11. Assisting a person with any of the activities referred to in paragraphs 1 to 10.*
- 12. Training a person to carry out or assist with any of the activities referred to in paragraphs 1 to 10.*
- 13. Providing prescribed equipment, supplies or other goods.*
- 14. Services prescribed as homemaking services.*

Note: Regulation 33/02 of the *Community Care Access Corporations Act, 2001* (CCACA) provides that the CCAC no longer has the authority to provide ironing and mending.

There are currently no equipment, supplies or other goods prescribed under subsection 2(5)13 and no additional homemaking services prescribed under subsection 2(5)14.

Description of Homemaking Services³

- **Housecleaning:** Housecleaning refers to light cleaning only. Heavy housecleaning may be provided only in exceptional situations where conditions in the person's setting pose a severe risk to health or safety (e.g., where months of neglect have resulted in the presence of animal/human waste or physically unsafe surroundings). In cases in which the required cleaning and disinfecting are beyond the scope of services provided by homemaking agencies, the services of a company that specializes in industrial/residential cleaning may be required.

In these situations, a preliminary heavy cleaning may be required prior to initiating homemaking services. The CCAC must only provide heavy cleaning in exceptional circumstances.

- **Banking, paying bills, planning menus and preparing meals:** In situations where the client or caregiver cannot perform these services, the CCAC may arrange for these services to encourage the independence of the client.
- **Caring for children:** Caring for children refers to the support and assistance provided to a child when the parent/guardian cannot undertake the physical care associated with the child because of the parent's/guardian's health care requirements (e.g., due to the parent's physical disability, illness, or specific post-surgical condition). The parent/guardian may be at home and capable of directing the child's care, or the parent/guardian may be absent from the home for a medical reason or because of an emergency of a short-term duration.⁴

Short-term in this context means a period not exceeding 12 hours. However, the time period may be extended in crisis situations and in accordance with service maximums. (See service maximums in subsection #7.2.1 in this manual.) The parent/guardian does not have to be receiving other services through a CCAC in order to be eligible for child care services in the home.

In general, caring for children as a homemaking service involves the tasks that parents/guardians would undertake on a day-to-day basis if they were physically able to do so. It does not involve carrying out the early childhood education activities. Child care services include but are not confined to the following tasks:

- infant care;
- bathing, dressing and feeding (toileting, transferring);
- assisting the children to get ready for school; and
- preparing school lunches.

³ While there are no regulations relating to these matters, this section provides policy direction on these services.

⁴ If the parent/guardian leaves the home, he or she must designate a substitute decision-maker.

Child care services in this context should not be confused with a service to a child who is ill or disabled and who may require direct service in his or her own right.

Child care services provided or arranged by the CCAC may not be used as a substitute for private child minding or professional day care or child care services. All other options must be exhausted before providing child care services (e.g., partner, spouse or other relative is not able to provide child care, no other child care service is available in the community, nursing infant must be close to the ailing parent).

Eligibility for Homemaking Services

When determining eligibility for homemaking services, the CCAC must comply with the regulations under the LTCA. The LTCA states:

- s. 2(2) A person is eligible to receive homemaking services if,*
- (a) the person requires personal support services along with the homemaking services;*
 - (b) the person receives personal support and homemaking services from a caregiver who requires assistance with the homemaking services in order to continue providing the person with all the required care; or*
 - (c) the person requires constant supervision as a result of a cognitive impairment or acquired brain injury and the person's caregiver requires assistance with the homemaking services.*
- (3) In this section,*
- "caregiver" means a family member, friend or other person who,*
- (a) has primary responsibility for the care of an applicant for homemaking or personal support services or of a person who receives such services, and*
 - (b) provides that care without remuneration.*

Personal Support Required for Homemaking Services

A person who is assessed to require assistance with personal support will be eligible to receive homemaking services if:

- the CCAC provides the personal support services; or
- the person's caregiver provides the personal support services; or
- another agency provides the personal support services; or
- despite having been assessed as eligible for personal support services, and despite experiencing great difficulty in doing so, the person insists on managing his or her own personal support. This recognizes that some CCAC clients may decline assistance with personal support because of concerns about loss of control, dignity or privacy.

Limitations on Eligibility

A person receiving homemaking services must have an Ontario health card in order to prove that he or she is insured under the Ontario Health Insurance Plan (OHIP). Regulation 386/99 of the LTCA states:

Eligibility for homemaking services

s. 2(1) A community care access centre shall not provide homemaking services to a person unless the community care access centre determines that the person is an insured person under the Health Insurance Act and is eligible under this section to receive homemaking services.

(See chapter #3 in this manual for OHIP eligibility criteria.)

Persons residing in some settings are not eligible for homemaking services. Regulation 386/99 of the LTCA states:

s. 2(4) A person is not eligible to receive homemaking services if the person is a tenant in a care home within the meaning of the Tenant Protection Act, 1997 or is a resident in a nursing home under the Nursing Homes Act, an approved charitable home for the aged under the Charitable Institutions Act or a home under the Homes for the Aged and Rest Homes Act.

This provision ensures that the CCAC does not replicate services that a care home or long-term care (LTC) home provides as part of their agreement with the tenant or resident.

A CCAC has no authority to provide homemaking services to residents in retirement homes or tenants in supportive housing sites.

7.3 Management of Waiting Lists for CCAC Services

The *Long-Term Care Act, 1994* (LTCA) states:

Provision of services

s. 23(1) An approved agency shall ensure that the services outlined in a person's plan of service are provided to the person within a time that is reasonable in the circumstances.

Waiting list

s. 23(2) If a community service outlined in a person's plan of service is not immediately available, the approved agency shall place the person on the waiting list for that service and shall advise the person when the service becomes available.

Waiting lists are a method of allocating resources in a prioritized manner when resources are not immediately available to a client that has been assessed to require the service(s).

The Community Care Access Centre (CCAC) must establish and maintain waiting lists for the services they provide in accordance with section 23 of the LTCA. The CCAC must also establish and maintain waiting lists for long-term care (LTC) homes admission based on priorities established in legislation. (See chapter #12 in this manual for management of waiting lists for LTC homes.)

The CCAC must prioritize clients on the waiting list based on the following:

- the client's condition;
- the client's support system;
- the availability of other community resources; and
- the CCAC's prioritization system.

The CCAC must maintain a separate waiting list for each service and monitor the waiting list to address changes in priority needs.

7.4 Ambulance Services for CCAC Clients

7.4.1 Eligibility Criteria

Ambulance services are insured services under section 15 of Regulation 552, made under the *Health Insurance Act* (HIA), where the following conditions are met:

- the person to whom the ambulance services are provided is an insured person under the *Health Insurance Act*;
- the services are medically necessary;
- the services are provided by an ambulance service operator listed in Schedule 7 of Regulation 552, which includes a number of ambulance service operators in communities throughout Ontario;
- the hospital to or from which the services are required is listed in Schedule 1 of 4 of Regulation 552 or is graded under the *Public Hospitals Act* as a Group A, B, C, E, F, G, J or R hospital, which categories include many hospitals throughout Ontario; and
- the person to whom the services are provided pays the applicable co-payment for the service, set out in Regulation 552, if any (the exceptions are described in section 15(6)).

Notes:

- Ambulance service is not an insured service if it is not medically necessary, as determined by a physician.
- In emergency situations, the choice of the destination health care facility is determined by the ambulance communications officer (dispatcher) in accordance with the needs of the patient. In the absence of such a determination by dispatch, the patient will be transported to the closest health care facility that can provide the care apparently required by the patient.
- While the primary purpose and function of ambulances are to respond to emergencies, ambulances are also used for non-emergency purposes, e.g., transportation to and from scheduled hospital appointments/long term care homes for a patient who needs a stretcher. There are many private medical transportation services in the province that are used by patients for non-emergency transfers on a fee for service basis.

7.4.2 Role of the CCAC Case Manager

The case manager must assess the client's transportation needs and if the client requires ambulance transportation, the case manager must determine if the client meets the ambulance eligibility criteria, authorize the ambulance transport and ensure the service is ordered. If the client does not require ambulance transportation, the case manager must discuss with the client other modes of transportation (e.g., accessible taxis, stretcher-capable private medical transport service and medical transportation services operated by volunteer agencies) and payment options.

The Community Care Access Centre (CCAC) must develop local procedures for authorizing and ordering ambulances. The procedures must include emergency measures.

7.4.3 Co-payment Exemption

A number of people are exempt from the co-payment (i.e., invoice) for ambulance services, including people who are:

- CCAC clients (receiving home care services);
- transferred from a hospital to another hospital;
- transferred from a hospital to a medical laboratory or public health laboratory;
- transferred from a hospital to a facility registered under the *Healing Arts Radiation Protection Act* (HARPA) for the purpose of radiological examination or treatment;
- transferred from a hospital to a centre (as per the HIA);
- receiving provincial social assistance; and
- residents in a long-term care (LTC) home.

7.4.4 Important Information for the CCAC

The Medical Air Transport Centre for air ambulance will determine whether clients should travel on chartered services or scheduled airlines.

For up-to-date telephone number and fax number for the Medical Air Transport Centre, see the Ministry of Health and Long-Term Care (MOHLTC) website at:

[<http://www.gov.on.ca/MOH/english/program/ambul/airamb.html>]

For further details on criteria for selection of air versus land transport, see the document entitled *A Guide to Choosing Appropriate Patient Transportation*, available through the Emergency Health Services Branch of the MOHLTC, and through the ambulance transition website at: [<http://www.ambulance-transition.com>].

7.4.5 Criteria for Selecting Air Rather than Land Ambulance

Air ambulance may be selected when one or more of the following criteria are met:

- the transfer involves a one way travel distance greater than 240 kilometres (150 miles);
- all land alternatives have been exhausted and it is not feasible to assign a land ambulance; and/or
- specialized equipment and/or escorts or paramedical staff are required.

7.5 Drug Benefits for CCAC Clients

Persons receiving home care services which are insured under the *Health Insurance Act* (HIA) are eligible to receive drug benefits under the Ontario Drug Benefit (ODB) Program. The ODB Program covers over 3,200 quality-assured drug products which are listed in the *Ontario Drug Benefit Formulary/Comparative Drug Index* (Formulary/CDI) which can be accessed at: [\[http://www.health.gov.on.ca/english/providers/program/drugs/odbf_eformulary.html\]](http://www.health.gov.on.ca/english/providers/program/drugs/odbf_eformulary.html). Community Care Access Centre (CCAC) clients are only required to pay a \$2 co-payment charge for prescription drug products covered under the ODB Program.

7.5.1 Role of the Case Manager

The role of the case manager is to explain the ODB Program to appropriate clients, determine eligibility, authorize ODB coverage if the client is eligible, and terminate coverage when the client is no longer eligible. The case manager may also explore payment options for drugs not listed in the Formulary/CDI for ODB-eligible persons under the individual review mechanism provided for in section 8 of the *Ontario Drug Benefit Act* (ODBA).

7.5.2 Benefit Coverage

A person must need at least one professional service in the home in order to be eligible for a drug card.

Drug coverage remains in place for the duration of the treatment period. Coverage may be renewed if the client is still receiving professional services after the original coverage expires and it is terminated when eligibility/assessed need for the professional service ends.

The CCAC case manager completes the Drug Benefit Eligibility card (form #2654-87(97/10)) in triplicate:

- Copy 1 is provided to the client and retained by the pharmacy.
- Copy 2 is forwarded by the CCAC to the Ministry of Health and Long-Term Care (MOHLTC).
- Copy 3 is attached to the client's file.

All hard copies of drug cards are numbered sequentially and must be accounted for by the CCAC. A record should be kept of the numbers on drug cards received from the ODB Program and of every card issued. The CCAC should also provide regular updates to local pharmacies regarding clients' ODB status (i.e., inform pharmacies of drug card expiries). Pharmacies must keep the Drug Benefit Eligibility card on file for a period of two years.

Another way of authorizing coverage is through the CCAC's local automated system. Through the local automated system the pharmacy receives notification by autofax.

The CCAC must inform the client's pharmacy as soon as coverage is discontinued. This is particularly important when the termination occurs prior to the expiry date of the benefit period.

7.5.3 Ontario Residents Aged 65 Years and Over

All Ontario residents who have a valid Ontario health card are eligible for ODB coverage on the first day of the month following their 65th birthday. The ODB Program uses the Health Network System, an online information system which links all Ontario pharmacies and dispensaries to the MOHLTC for the real-time processing and adjudication of claims.

7.5.4 Senior Co-payment

Seniors aged 65 years and over may pay a \$2 or a \$6.11 co-payment. The co-payment amount is based on the individual's or couple's net income, which is based on the most recent taxation year.

If a person aged 65 years and older has an annual net income of less than \$16,018.00 or if the combined income of the eligible person and his or her spouse or partner is less than \$24,175.00, they may be charged a co-payment of up to \$2 per prescription.

Notes:

- The minimum co-payment is not automatic for low-income seniors or senior couples. Seniors with incomes below the income threshold must apply to become eligible for the \$2 co-payment by submitting a co-payment form to the MOHLTC.
- A person residing in a long-term care (LTC) home or home for special care (defined in the *Homes for Special Care Act* (HSCA)) automatically qualifies for the \$2 co-payment.

Seniors who have an income greater than the above income thresholds pay the first \$100 of the cost of prescription drugs (combined total of the cost of the drug product and the dispensing fee) in every 12-month period, commencing August 1 of each year. Only allowable drug expenses can count towards the \$100 deductible, namely, prescriptions for drug products listed in Part III of the Formulary/CDI, prescriptions for nutrition products and diabetic testing agents approved as benefits under the ODB Program, as well as extemporaneous products that are designated pharmaceutical products under the ODBA regulations. The ODB deductible and co-payment are tracked through the Health Network System according to the ODB benefit year. For the balance of the ODB benefit year, these seniors pay a maximum of \$6.11 toward the ODB dispensing fee on each prescription.

7.5.5 Requests Under Section 8 of the *Ontario Drug Benefit Act*

Requests from ODB eligible persons for coverage of drug products that are not listed in the Formulary/CDI may be considered by the MOHLTC under the individual clinical review mechanism provided for in section 8 of the ODBA.

The CCAC case manager will inform the referring physician that the client's drugs are not listed in the Formulary/CDI and discuss options (e.g., the physician could provide alternate medication or, if appropriate, the physician could apply for coverage under section 8 of the ODBA).

The individual clinical review (or section 8) mechanism of the ODBA is reserved for situations where:

- the drug is not covered under another government program; and
- there are no Formulary/CDI alternatives to treat severe life-threatening, organ-threatening conditions or diseases that would otherwise cause severe debilitating effects.

The individual clinical review (or section 8) mechanism of the ODBA is not intended to be used:

- to request drugs that treat self-limiting conditions/symptoms;
- for patient "convenience"; or
- to continue clients previously enrolled in clinical trials of new drugs once these drugs are approved for marketing.

To apply for special coverage under section 8 of the ODBA, the client's physician must send a written request to the Drug Programs Branch, including a concise clinical description and therapeutic plan.

7.5.6 Trillium Drug Program

CCAC clients who are not eligible for the ODB Program (e.g., children only receiving CCAC school services), but who have high drug expenses in relation to their income may be eligible for coverage under the Trillium Drug Program. Each year starting August 1, drug costs must be paid up to the deductible level before eligibility for coverage begins. The Trillium Drug Program recipients may pay up to a \$2 co-payment towards the dispensing fee of an ODB-covered drug product once the deductible has been met.

Additional information about the Trillium Drug Program is available at 1-800-575-5386.

7.6 Influenza Services

Community Care Access Centres (CCACs) may provide influenza vaccinations to a current CCAC client who has a physician's prescription. In addition, the CCAC may pay for on-site vaccinations of staff.

7.7 Residential Hospices

In October 2005 the government announced Ontario's End-of-Life (EOL) Care Strategy to improve end-of-life care services at home and in the community. One objective of the EOL Care Strategy is to shift care of the dying from the acute setting to appropriate alternate settings of individual choice. Although many individuals would prefer to receive end-of-life care at home, for some this is not possible. Therefore, the EOL Care Strategy includes funding support for residential hospices in over 30 communities by 2007-2008. The approved hospices and communities were identified in the *Residential Hospice Background* of the Ministry of Health and Long-Term Care (MOHLTC) News Release for the End-of-Life Care Strategy, October 4, 2005 at:

[http://www.health.gov.on.ca/english/media/news_releases/archives/nr_05/bg_100405b.pdf].

A residential hospice is a home-like environment where adults and children with life-threatening illnesses receive end-of-life care services. The current priority is given to free standing residential hospices and does not include beds in long-term care (LTC) homes, supportive housing, homeless shelters or hospitals.

The funding support for residential hospices approved by the MOHLTC is being provided through the Community Care Access Centres (CCACs). Residential hospices have the option of either:

1. receiving a funding envelope to independently employ nursing and personal support services, with an accountability agreement through the CCAC; or
2. receiving enhanced hours of service of nursing and personal support through the CCAC.

Access to all other CCAC services is based on the individual's needs and are outside of any direct funding relationship with the residential hospice. Services provided through the CCAC are governed under the *Long-Term Care Act, 1994* (LTCA).

If the residential hospice chooses the first option of receiving the funding envelope:

- The CCAC must negotiate an accountability agreement with the residential hospice using the template developed by the Ontario Association of Community Care Access Centres (OACCAC) and provide the designated funding envelope from the MOHLTC to the residential hospice.
- The funding can only be used for nursing and personal support services to support clients in residential hospice beds. Staffing must include 24/7 Registered Nursing (RN) coverage.
- The purchase of nursing and personal support services is exempt from the *Client Services Procurement Policy for Community Care Access Centres, July 2003*.
- Residential hospice resident days and expenditures are reconciled annually. The residential hospice is permitted to retain 100% of the funding provided the hospice maintains a minimum of 80% occupancy.
- When the hospice initially begins admitting clients the need to maintain a minimum occupancy level of 80% is waived for the first three months.

- The equivalency of one and a half months of funding is available prior to admitting clients to support recruiting, hiring and training of nursing and personal support staff.
- If occupancy is less than 80%, the amount of subsidy the residential hospice is permitted to retain is reconciled based on actual bed resident days.

If the residential hospice chooses the second option:

- The CCAC must use the designated funding from the MOHLTC to provide nursing and personal support services in the residential hospice through CCAC contracted service provider(s).