

Home Oxygen Therapy Policy and Administration Manual

Assistive Devices Program
Ministry Of Health & Long-Term Care

April 2017

www.health.gov.on.ca/adp

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Table of Amendments

This page will list all substantive changes to policies and procedures listed in the Manual.

Section	Change	Date
115.03	Roles and Responsibilities of the Vendor	April 1, 2017
220	Client Leaves Ontario	April 1, 2017
325	Medical Criteria for Long-Term Oxygen Therapy for Children	April 1, 2017
800.01	Registration Period	April 1, 2017
800.02	Additional Locations	April 1, 2017
805	Joint Ventures: Vendors Sharing Proceeds with Hospitals	April 1, 2017
810	Preferred Vendor Agreement	April 1, 2017
845	Accountability	April 1, 2017

Introduction

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Part 1: Introduction to Home Oxygen Therapy Policy and Administration Manual

100 Purpose of the Manual

The purpose of the Policy and Administration Manual is to present in one document the policies and procedures for funding Home Oxygen Therapy.

The Assistive Devices Program (ADP) intends the Policy and Administration Manual to complement the ADP Manual.

This Policy and Administration Manual forms part of the agreement between the Ministry and the Vendor. The Ministry reserves the right to revise the Policy and Administration Manual at any time.

100.01 Intended Target Audience

ADP intends the following to use the Policy and Administration Manual:

- Physicians or Nurse Practitioners who prescribe Home Oxygen Therapy;
- Regulated Health Professionals involved in the assessment of individuals requiring Home Oxygen Therapy; and
- Regulated Health Professionals and other staff employed by a Vendor.

100.02 Goal

The goal of funding Home Oxygen Therapy is to correct or minimize Hypoxemia, resulting in improved health and increased participation in the activities of daily living.

105 Protecting Personal Health Information

Vendors must comply with all applicable privacy laws governing information regarding their Clients.

See the ADP Manual, Policy 700, Protection of Personal Information and Personal Health Information.

110 Definitions

Capitalized terms used in the Policy and Administration Manual shall have the meaning associated with them as set out in the ADP Manual or such meanings as described below.

- 110.01 **Aboriginal Health Access Centre (AHAC)** means an Aboriginal-led, primary health care organization that provides a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives, and social support services to First Nations, Métis and Inuit Communities.
- 110.02 **Applicant Information Sheet** means the document produced by ADP that provides information on eligibility criteria, the assessment process and the Application approval process.
- 110.03 **Arterial Blood Gas (ABG)** means a blood test to determine the partial pressure of oxygen.
- 110.04 **Community Care Access Centre (CCAC)** means a local agency established by the Ministry of Health and Long-Term Care to coordinate services for seniors, people with disabilities or people who need health care services to live independently in his/her community.

- 110.05 **Community Health Centre (CHC)** means a non-profit organization that provides primary health and health promotion programs for individuals, families and communities, and is governed by a community-elected board of directors.
- 110.06 **Desaturation** means a fall in level of oxygen bound to the hemoglobin. For purposes of this Policy and Administration Manual, this term refers to saturation level (SpO₂) of less than or equal to 88% in arterial blood.
- 110.07 **End of Life Care** means Palliative Care preceding death.
- 110.08 **Exercise Assessment** means a walk test to measure exercise capacity and improvement in exercise tolerance with oxygen therapy.
- 110.09 **Family Health Team (FHT)** means a primary health organization that includes a team of family Physicians, Nurse Practitioners and other health care professionals who work together to provide primary health care to their community.
- 110.10 **First Time Applicant** means one of the following:
- an Applicant who is accessing funding for the first time;
 - an Applicant whose previous funding was stopped because the Prescriber discontinued Home Oxygen Therapy; or
 - a gap in funding greater than ninety (90) days between the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date, and the expiry date of the previous funding period.
- 110.11 **Home Oxygen Therapy** means the oxygen, the Oxygen Delivery System(s) and the services necessary to maintain oxygen therapy in the home.
- 110.12 **Hypoxemia** means a low level of oxygen in the blood. For the purposes of this Policy and Administration Manual, the term refers to arterial blood.
- 110.13 **Independent Exercise Assessment** means an Exercise Assessment performed:

- at an Independent Health Facility or at a hospital-based pulmonary function laboratory; and
- by a health care professional who is experienced in performing Exercise Assessments, employed by the Independent Health Facility or hospital-based pulmonary function laboratory and not employed by a Vendor.

- 110.14 **Independent Health Facility** means a pulmonary function laboratory licensed under the *Independent Health Facilities Act*.
- 110.15 **Infant** means a child under the age of one (1) year.
- 110.16 **Joint Venture** means a relationship between a vendor of Home Oxygen Therapy and a hospital that have entered into an agreement to carry on business together to provide Home Oxygen Therapy to ADP-funded Clients.
- 110.17 **Long Term Care Home** means an institution that provides extended and residential care for people.
- 110.18 **Medical Eligibility Criteria** means the medical conditions that determine eligibility, including laboratory evidence of the presence of resting or exertional Hypoxemia.
- 110.19 **Nurse Practitioner** means a professional who holds a valid certificate of registration from the College of Nurses of Ontario (CNO) as a Registered Nurse in the Extended Class, and is entitled to practice in Ontario.
- 110.20 **Nurse Practitioner-Led Clinic (NPLC)** means a primary health care organization that provides comprehensive, accessible, person-centred and co-ordinated primary care services to people of all ages.
- 110.21 **Oximeter** means a non-invasive instrument used for continuous measurement of oxygen saturation of arterial blood. For the purposes of this Manual, the term "Oximeter" refers to a pulse Oximeter.
- 110.22 **Oximetry Study** means the measurement of arterial oxygen saturation (SpO₂) using an Oximeter, for a defined activity.

- 110.23 **Oxygen Delivery System** means concentrators (portable or stationary), compressed gas (cylinders), compressed gas with oxygen conserving devices, liquid oxygen systems and transfill oxygen systems.
- 110.24 **Palliative Care** means interdisciplinary care for the terminally ill, that aims to comfort and support the individual and family through the process of dying by addressing a range of physical, psychological, social, spiritual and economic needs.
- 110.25 **Physician** means a member of the College of Physicians and Surgeons of Ontario who is qualified to practice medicine in Ontario under the *Medicine Act, 1991*, S.O. 1991, c. 30 or any successor legislation thereto.
- 110.26 **Policy and Administration Manual** means the Policy and Administration Manual – Home Oxygen Therapy.
- 110.27 **Preferred Vendor** means a Vendor who is the exclusive provider of Home Oxygen Therapy for a hospital or a Long-Term Care Home.
- 110.28 **Preferred Vendor Agreement** means an agreement between a hospital or a Long-Term Care Home, and a Vendor, where by the Vendor will be the exclusive provider of Home Oxygen Therapy.
- 110.29 **Prescriber** means a Physician, a Physician who is a respirologist or internist with an expertise in respiratory medicine, or a Nurse Practitioner.
- 110.30 **Registered Respiratory Therapists** means a Regulated Health Professional who holds a valid certificate of registration from the College of Respiratory Therapists of Ontario and is entitled to practice in Ontario.
- 110.31 **Registration Period** means every 5-year period, the first of which begins on April 1, 2017 that ADP will register a business or entity as a Vendor. ADP may extend the 5-year registration period for two (2) additional years.
- 110.32 **Regulated Health Professional** means, for the purposes of this Policy and Administration Manual, a health professional holding a valid certificate with a regulatory college specified by the Regulated Health Professions Act, 1991 (RHPA), who have assessment skills within their scope of practice.

- 110.33 **Vendor** means, for purposes of the Policy and Administration Manual - Home, a person or entity that has met all registration requirements with ADP for Home Oxygen Therapy and holds an executed Vendor Agreement with ADP.
- 110.34 **Vendor Agreement** means the document that outlines the terms and conditions that the vendor must adhere to and, together with the Manuals, constitutes the contract between ADP and the Vendor.
- 110.35 **Vendor of Record** means any person or business that held an executed Vendor of Record Agreement with the Ministry, which expired on March 31, 2017.
- 110.36 **Vendor of Record Agreement** means the document that outlined the terms and conditions to which Vendors of Record must adhere. The Vendor of Record Agreement expired on March 31, 2017.

For more definitions, see the ADP Manual, Policy 110, Definitions.

115 Roles and Responsibilities

In the process of confirming eligibility for funding, the Applicant/Client, the Registered Respiratory Therapist and the Vendor have specific roles and certain rights and responsibilities.

The Manuals and the Vendor Agreement provide additional information.

115.01 Roles and Responsibilities of the Applicant/Client

Has the right to choose from the list of Vendors, any Vendor serving in his/her community working in the private or public sectors.

Should carefully review all the information in Section 3 (Applicant Consent and Signature) on the Application Form prior to signing.

Is responsible for paying the Vendor directly for his/her 25 per cent portion of the Approved Price for Home Oxygen Therapy.

Is responsible for the full costs of Home Oxygen Therapy if ADP denies the Application Form.

Is responsible for notifying the Vendor if there are any changes to his/her personal information or his/her funding status. This includes the following:

- change in benefit coverage;
- admission to the hospital;
- discharge from the hospital;
- change of address;
- discontinuation of Home Oxygen Therapy by a Prescriber; and
- death.

115.02 Roles and Responsibilities of the Registered Respiratory Therapists:

Must be employed at an acute or chronic care hospital, a CCAC, a FHT, a NPLC or an AHAC.

Will provide First Time Applicants with accurate information about the policies and procedures of ADP, and the Medical Eligibility Criteria for funding Home Oxygen Therapy.

Will provide First Time Applicants with the Applicant Information Sheet.

Complete the Application Form only for First Time Applicants (90-day long-term oxygen therapy, 60-day short-term oxygen therapy and 12-month long-term oxygen therapy for children) whom the Registered Respiratory Therapist has assessed in person and determined eligible for funding based on ADP criteria.

When completing the Application Form will:

- transcribe the First Time Applicant's diagnosis;
- certify the First Time Applicant has tried other treatment measures without success; and

- certify that oxygen therapy is medically indicated, and is reasonable and necessary.

Will provide the completed Application Form to the First Time Applicant and instruct them to give the Application Form to the Vendor they have selected.

Will provide First Time Applicants with a list of Vendors serving the Applicant's community and advise them to consider more than one Vendor.

Must abide by the ADP Conflict of Interest Policy.

Must notify the College of Respiratory Therapists of Ontario of any or all changes in his/her employment that would affect his/her ability to complete the Application Form.

Must remain in good standing with the College of Respiratory Therapists of Ontario.

115.03 Roles and Responsibilities of the Vendor:

Will provide the Client with an Oxygen Delivery System(s) that meets the Client's medical needs, including:

- correcting or minimizing the Client's Hypoxemia;
- allowing the Client to participate in the activities of daily living; and
- providing a backup system in the event that the Client experiences a power failure or the equipment malfunctions.

Will have employees on staff:

- knowledgeable in Home Oxygen Therapy and Oxygen Delivery Systems; and
- who can teach the Client and/or the caregiver the operation, care and safe handling of the Client's Oxygen Delivery System(s)

Will have on staff a Regulated Health Professional(s).

Subject to the visits mandated in the Policy and Administration Manual (**see 115.04, 115.06, 115.07, 115.08**), will have a Regulated Health

Professional(s) available during normal business hours to visit a Client in the Client's home if the Client, the Prescriber or another employee of the Vendor has determined that a follow-up visit or assessment is required.

Will ensure that all employees have received the appropriate training in the operation and safe handling of Oxygen Delivery Systems.

115.04 Visit by a Regulated Health Professional: Initiation of Home Oxygen Therapy

A Regulated Health Professional, employed by the Vendor, will see the Client within three (3) business days from the date the Vendor initiated Home Oxygen Therapy in the Client's home.

On the initial visit, the Regulated Health Professional will do the following.

- Assess the Client's medical needs and determine if the Oxygen Delivery System(s):
 1. corrects or minimizes the Client's Hypoxemia;
 2. allows the Client to participate in the activities of daily living;
 3. provides a backup system in the event that the Client experiences a power failure or the equipment malfunctions.
- If the Client does not have the appropriate Oxygen Delivery System, arrange for the Client to receive the Oxygen Delivery System that does meet his/her medical needs.
- Provide the necessary training and education to the Client and/or caregiver on the following:
 1. the care and operation of the Oxygen Delivery System;
 2. how to use the Oxygen Delivery System in a safe manner; and
 3. how to avoid the risks from improper use of the Oxygen Delivery System.

For Clients receiving a northern reimbursement rate, a Regulated Health Professional will see the Client within ten (10) business days from the date the Vendor initiated Home Oxygen Therapy in the Client's home.

115.05 Visit by a Regulated Health Professional: Follow-up and Assessment

A Regulated Health Professional, employed by the Vendor, will see the Client if the Client, the Prescriber or another employee of the Vendor has determined that a follow-up visit or assessment is required.

115.06 Visit by a Regulated Health Professional: End of the 90-Day Funding Period

A Regulated Health Professional, employed by the Vendor, will see the Client at the end of the 90-day funding period.

On the renewal visit, the Regulated Health Professional will do the following.

- Perform an Oximetry Study or Exercise Assessment to confirm if the Client meets the Medical Eligibility Criteria.
- Assess if the Client's Oxygen Delivery System continues to meet the Client's medical needs, including:
 1. correcting or minimizing the Client's Hypoxemia;
 2. allowing the Client to participate in the activities of daily living; and
 3. providing a backup system in the event that the Client experiences power failure or the equipment malfunctions.
- If necessary, arrange for the Client to receive the appropriate Oxygen Delivery System.
- If necessary provide additional training and education to the Client and/or caregiver on the following:
 1. the care and operation of the Oxygen Delivery System;
 2. how to use the Oxygen Delivery System in a safe manner; and
 3. how to avoid the risks from improper use of the Oxygen Delivery System.

115.07 Visit by a Regulated Health Professional: End of the 9-Month Funding Period

A Regulated Health Professional, employed by the Vendor, will see the Client at the end of the 9-month funding period.

On the renewal visit, the Regulated Health Professional will do the following.

- Perform an Oximetry Study to confirm if the Client meets the Medical Eligibility Criteria for long-term oxygen therapy for Hypoxemia at rest.
- Assess if the Client's Oxygen Delivery System continues to meet the Client's medical needs, including:
 1. correcting or minimizing the Client's Hypoxemia;
 2. allowing the Client to participate in the activities of daily living; and
 3. providing a backup system in the event that the Client experiences power failure or the equipment malfunctions.
- If necessary, arrange for the Client to receive the appropriate Oxygen Delivery System.
- If necessary, provide additional training and education to the Client and/or caregiver on the following:
 1. the care and operation of the Oxygen Delivery System;
 2. how to use the Oxygen Delivery System in a safe manner; and
 3. how to avoid the risks from improper use of the Oxygen Delivery System.

115.08 Visit by a Regulated Health Professional: Annual Re-assessment

A Regulated Health Professional, employed by the Vendor, will see the Client annually. On the annual visit, the Regulated Health Professional will do the following:

- Perform an Oximetry Study.

- Assess if the Client's Oxygen Delivery System continues to meet the Client's medical needs, including:
 1. correcting or minimizing the Client's Hypoxemia;
 2. allowing the Client to participate in the activities of daily living; and
 3. providing a backup system in the event that the Client experiences power failure or the equipment malfunctions;
- If necessary, arrange for the Client to receive the appropriate Oxygen Delivery System.
- If necessary, provide additional training and education to the Client and/or caregiver on the following:
 1. the care and operation of the Oxygen Delivery System;
 2. how to use the Oxygen Delivery System in a safe manner; and
 3. how to avoid the risks from improper use of the Oxygen Delivery System.

115.09 Other Services Provided by the Vendor

The Vendor will:

- provide 24-hour emergency service;
- return a telephone call from a Client within one (1) hour;
- have an employee attend the Client's home within three (3) hours if the problem cannot be solved over the phone, unless the Client agrees that attendance is not necessary;
- provide a basic Oxygen Delivery System for the Client to use;
- delivery, setup and pickup of the Oxygen Delivery System;
- inspect the Client's home to determine whether it is safe for the use of Home Oxygen Therapy;

- notify the Prescriber if any clinically significant changes occur in the Client's respiratory status;
- conduct regular, documented maintenance and repair of the Oxygen Delivery System as per manufacturer's specifications and replacement of defective units at no additional cost to the Client; and
- continue to meet all requirements and conditions specified in the Vendor Agreement and the Manuals.

Devices Covered

2

Part 2: Devices Covered

200 Devices Covered

200.01 ADP provides funding for Home Oxygen Therapy, which includes oxygen, the Oxygen Delivery System and the service necessary to maintain oxygen therapy in the home.

200.02 The Prescriber and/or the Regulated Health Professional must consult with the Client before determining the appropriate Oxygen Delivery System a Client will need.

200.03 The Oxygen Delivery System provided by the Vendor must meet the Client's medical needs, including:

- correcting or minimizing the Client's Hypoxemia;
- allowing the Client to participate in the activities of daily living; and
- providing a backup system in the event that the Client experiences a power failure or the equipment malfunctions.

200.04 Oxygen Delivery Systems

Concentrators (Portable or Stationary) are electrically or battery operated Oxygen Delivery Systems.

Liquid Oxygen Systems store oxygen in liquid form. A large stationary container called a reservoir, stores the liquid oxygen. The Client can fill a portable unit from the reservoir for travel or use outside the home. The liquid turns to gas before it leaves the reservoir and it remains in the gaseous state when the Client inhales. The Client must use extreme caution when filling a portable unit from a liquid unit.

Cylinder Systems refer to tanks of compressed gaseous oxygen. The Client uses large tanks inside the home, and small tanks for outings or travel. Infants with low flow requirements often use large tanks. Special flow meters, calibrated to deliver less than 0.5 lpm, are used.

For safety, Clients using large cylinders (M or H) must properly secure the cylinders in stands.

Transfill Oxygen Systems are concentrators capable of transfilling a small, lightweight cylinder.

205 Low Flow Oxygen Systems

205.01 Infants with bronchopulmonary dysplasia (BPD) may require oxygen administered at very low flow rates for at least the first two (2) years of life.

Special low flow flowmeters can be used with compressed gas cylinders when the flow rate is 0.5 lpm or less.

ADP recognizes that there are additional costs for specialized equipment and provides a higher rate per cylinder for low flow oxygen systems.

205.02 When low flowrates of 0.5 lpm or less are prescribed and special low flow flowmeters are utilized with compressed gas cylinders, the Vendor may use special billing codes (HPPED1; HPPED2).

205.03 Because of the low flow rates used, Clients use a small number of cylinders per month. ADP limits the quantities of low flow cylinders to a maximum of four (4) small cylinders (size "E" or smaller) and two (2) stationary cylinders (larger than "E") per Client per month.

205.04 Vendors using the Low Flow codes must install both stationary and portable cylinders and must not supply more than the maximum quantity per Client per month.

205.05 Once low flow codes have been approved Vendors cannot use the regular cylinder codes.

Therefore, they must carefully assess the Client's oxygen requirements to determine the number of cylinders the Client will use.

205.06 For Clients who require more than the maximum allowed low flow quantities per month, Vendors must use the regular cylinder code (HPGAS1; HPGAS2) to invoice, upon approval.

205.07 Vendors who find that Clients have surpassed the monthly- approved quantities must credit ADP for any HPPED payments against the application before requesting a switch to HPGAS codes.

210 Oxygen Equipment and Services Not Funded by ADP

210.01 The Approved Price includes oxygen conserving devices and certain standard disposable items necessary to administer oxygen such as tubing, masks, humidifiers, etc.

210.02 When the Prescriber prescribers' oxygen equipment that ADP does not fund or the Client requests the equipment, the Vendor may charge the Client directly for the equipment.

210.03 When the Client incurs costs, the Vendor must explain all costs in detail.

210.04 The Vendor may bill the Client directly, without the prior written consent of the ADP, for transtracheal cannula and supplies.

210.05 Duplicate Systems

Clients provided with the same Oxygen Delivery System, e.g., two (2) concentrators or two (2) liquid oxygen systems, have duplicate systems.

ADP does not provide funding for duplicate Oxygen Delivery Systems.

If a Client requests a duplicate Oxygen Delivery System for convenience, whether for home use or travel, the Vendor may seek reimbursement directly from the Client for the duplicate system

210.06 Multiple Systems

A Vendor may provide a combination of Oxygen Delivery Systems to meet the Client's medical need:

- to correct or minimize Hypoxemia;

- to increase the Clients participation in the activities of daily living; or
- to use in case of an emergency.

For example, the Vendor may provide a concentrator and liquid system or a concentrator and cylinders.

It is not necessary to inform ADP; however, the Vendor may not charge the Client for the second Oxygen Delivery System.

210.07 Unsafe Environment

A Vendor is not required to provide Home Oxygen Therapy where, in the opinion of the Regulated Health Professional inspecting the Client's premises, the provision of Home Oxygen Therapy will create an unsafe environment.

In this instance, the Vendor must inform the Client's Prescriber and ADP immediately of the decision by telephone, with a follow-up in writing.

215 Travel

215.01 Temporary Change in Vendor within Ontario

When there is a temporary change in the Vendor (e.g., vacationing client), the Vendor accepting the Client temporarily should reach an agreement with the Client's home Vendor regarding financial arrangements (e.g. sharing the monthly reimbursement rate).

215.02 Temporary Travel - Out-of-Province/Country

Clients out-of-province/country for a period of six (6) months or less, are eligible to continue to receive funding.

The Vendor should arrange with the out-of-province/country vendor to provide an Oxygen Delivery System to the Client.

If the cost exceeds the Approved Price, the Client will be responsible for the additional cost.

The Vendor cannot charge the Client for the administrative costs associated with arranging for out-of-province/country service.

215.03 In-Flight Oxygen

Clients traveling by air are not eligible for reimbursement for any costs incurred during the flight.

220 Client Leaves Ontario

Subject to temporary travel out-of-province or country (**see 215.02**), if a Client moves out of the province permanently, the Client is not eligible to continue to receive funding for Home Oxygen Therapy.

Applicant Eligibility Criteria for Home Oxygen Therapy

3

Part 3: Applicant Eligibility Criteria for Home Oxygen Therapy

300 Prescriber

ADP provides funding for the following:

- long-term oxygen therapy for resting Hypoxemia;
- long-term oxygen therapy for exertional Hypoxemia;
- long-term oxygen therapy for children;
- oxygen therapy for Palliative Care; and
- short-term oxygen therapy.

An Applicant, who wishes to access funding for one of the following, must have his/her oxygen needs assessed by a Physician or Nurse Practitioner:

- long-term oxygen therapy for resting Hypoxemia;
- long-term oxygen therapy for children;
- oxygen therapy for Palliative Care; or
- short-term oxygen therapy.

An Applicant who wishes to access funding for the following, must have his/her oxygen needs assessed by a Physician who is a respirologist or an internist with an expertise in respiratory medicine:

- long-term oxygen therapy for exertional Hypoxemia.

It is the Prescriber's responsibility to ensure that he/she obtains the necessary consent to disclose confidential Client information to the Ministry and the Vendor.

305 Applicant Identified as Ineligible by ADP

ADP may deem an Applicant ineligible if the Applicant does not meet the Medical Eligibility Criteria or where information supplied in connection with an Application Form, is incomplete and/or inaccurate.

In cases of denial, ADP will advise the Vendor, the Applicant and the Prescriber of the reason.

310 Medical Eligibility Criteria

There are specific Medical Eligibility Criteria for each of the following:

- long-term oxygen therapy for resting Hypoxemia (**see 315**);
- long-term oxygen therapy for exertional Hypoxemia (**see 320**);
- long-term oxygen therapy for children (**see 325**);
- oxygen therapy for Palliative Care (**see 330**); and
- short-term oxygen therapy (**see 335**).

315 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Resting Hypoxemia

315.01 The Applicant's medical condition must be stabilized and treatment regimen optimized before Home Oxygen Therapy is considered. Optimum treatment includes smoking cessation.

315.02 The Applicant must meet the one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as an Arterial Blood Gas value (PaO₂) of **LESS THAN OR EQUAL TO 55 mmHg**.
2. An Applicant with a PaO₂ consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for funding if one of the following medical conditions is present:
 - Cor pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.
3. An Applicant with a PaO₂ consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for funding if one of the following occurs:
 - exercise limited by Hypoxemia (SpO₂ ≤ 88%); or
 - nocturnal Hypoxemia.

315.03 If an Arterial Blood Gas cannot be taken due to a documented medical risk, the Applicant must meet one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as a SpO₂ of **LESS THAN OR EQUAL TO 88%**.

2. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following medical conditions is present:
 - Cor pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.

3. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following occurs:
 - exercise limited by Hypoxemia (SpO₂ ≤ 88%); or
 - nocturnal Hypoxemia.

320 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Exertional Hypoxemia

- 320.01 Home Oxygen Therapy for individuals who exhibit exertional Hypoxemia is only recommended when exercise tolerance is restricted due to severe breathlessness and for those who are motivated to improve his/her daily activity level using oxygen therapy. Severe breathlessness is defined as Grade 4 or greater on the Medical Resource Council Dyspnea Scale (see Canadian Thoracic Society COPD Guidelines).
- 320.02 Funding for individuals who exhibit exertional Hypoxemia is available only to those who do not qualify under the Medical Eligibility Criteria for Hypoxemia at rest (**see 315**).

Documentation that the individual does not exhibit resting Hypoxemia must be included with the Application Form.

Documentation may include ABG results (confirming PaO₂ is > 60 mmHg) **or** a resting Oximetry Study (confirming SpO₂ is > 90%). If a resting Oximetry Study is provided, a hardcopy of the study must be submitted.

- 320.03 ADP will only provide funding to individuals, who exhibit exertional Hypoxemia and improved exercise tolerance with oxygen.
- 320.04 ADP defines exertional Hypoxemia as an exertional SpO₂ less than or equal to 88%.
- 320.05 ADP defines improved exercise tolerance as one of the following.

1. The Applicant Desaturates to a SpO₂ < 80% on walking, regardless of dyspnea or distance walked.
2. The Applicant walks for five (5) minutes or more on room air, they must demonstrate an objective measured improvement in his/her walking performance on oxygen compared to room air, so that the time walked increases by 25%, along with an improvement of at least one (1) unit in the BORG score at the end-exercise point of the shortest test.

Example: If the Applicant walks for seven (7) minutes on room air and ten (10) minutes on oxygen, the tester measures and records the BORG score at the 7-minute mark for both room air and oxygen.

The BORG score must improve by at least one unit.

3. The Applicant walks for less than five (5) minutes on room air, they must demonstrate an objective measured improvement in his/her walking performance on oxygen compared to room air, so that the time walked increases by a minimum of two (2) minutes, along with an improvement of at least one (1) unit in the BORG score at the end- exercise point of the shortest test.

Example: If the Applicant walks for three (3) minutes on room air and six (6) minutes on oxygen, the tester measures and records the BORG score at the 3-minute mark for both room air and oxygen.

The BORG score must improve by at least one unit.

320.06 If the Applicant is unable to walk for reasons unrelated to dyspnea or arterial saturation, they do not qualify for funding based on exertional Hypoxemia.

320.07 90-Day Funding Period and 12-Month Funding Period

A respirologist or an internist with an expertise in respiratory medicine must assess the Applicant to determine if they exhibit exertional Hypoxemia and improved exercise tolerance with oxygen.

An Independent Exercise Assessment must confirm that the Applicant meets the Medical Eligibility Criteria for exertional Hypoxemia (**see 320.05**).

The following must perform the Independent Exercise Assessment:

- a Regulated Health Professional with experience in respiratory assessment, such as may a Registered Respiratory Therapist, a Physiotherapist or a Registered Nurse; or
- a Pulmonary Function Technologist, who the Medical Director of the Independent Health Facility has delegated to carry out Exercise Assessments.

The Independent Exercise Assessment must be a single-blinded air versus oxygen test.

A list of Independent Health Facilities can be obtained by calling the Ministry's Independent Health Facilities Program.

320.08 9-Month Funding Period

A Regulated Health Care Professional employed by a Vendor can carry out the Exercise Assessment for the 9-month funding period.

A single blinded air versus oxygen test is not required.

325 Medical Criteria for Long-Term Oxygen Therapy for Children

325.01 The Applicant must meet the following

1. The Applicant must have a SpO₂ of **LESS THAN OR EQUAL TO 90%**.

325.02 Infants with bronchopulmonary dysplasia (BPD) who are unable to tolerate room air testing are eligible for funding. The Prescriber must submit Oximetry Study results. If oxygen is used during the Oximetry Study, the flow rate must be documented on the Oximetry Study.

330 Medical Eligibility Criteria for Oxygen Therapy for Palliative Care

330.01 For compassionate reasons, ADP allows funding for individuals who are at the end stage of a terminal illness (i.e. life expectancy < three months), are receiving End of Life Care and require Home Oxygen Therapy.

330.02 ADP does not intend this funding be used for individuals who are receiving treatment for short-term reversible conditions or to circumvent the Medical Eligibility Criteria for resting Hypoxemia or exertional Hypoxemia.

330.03 ADP provides funding for oxygen therapy for Palliative Care for a maximum period of ninety (90) days.

330.04 Within his/her lifetime, individuals are entitled to receive funding for **one** 90-day Palliative Care funding period. This includes Clients who have previously accessed funding due to long-term oxygen therapy for resting Hypoxemia, long-term oxygen therapy for exertional Hypoxemia or short-term oxygen therapy.

330.05 Funding for oxygen therapy for Palliative Care is available only to Applicants who do not meet the Medical Eligibility Criteria for long term oxygen therapy for resting Hypoxemia (**see 315**), long term oxygen therapy for exertional Hypoxemia (**see 320**) or short term oxygen therapy (**see 335**).

- 330.06 The start date of the coverage will be based on the date oxygen therapy was initiated.
- 330.07** Prescribers ordering Home Oxygen Therapy for Palliative Care must indicate the Applicant's diagnosis on the Application Form under "Other".
- The diagnosis must be specific to the Applicant's terminal condition. The term "cancer" alone is not acceptable. As well, the Prescriber must indicate "Palliative".
- 330.08 ADP will not provide funding for Home Oxygen Therapy for Palliative Care if the Prescriber has indicated a diagnosis of Obstructive Lung Disease or Restrictive Lung Disease
- 330.09 ADP will not extend funding for Clients receiving oxygen therapy for Palliative Care beyond the 90-day funding period.
- 330.10 If funding is required after the 90-day funding period, the Client must submit a new Application Form and must meet the Medical Eligibility Criteria for resting Hypoxemia or exertional Hypoxemia.
- 330.11 If the Client has resting Hypoxemia, the Application Form must include an Oximetry Study demonstrating that the Client meets the Medical Eligibility Criteria for long-term oxygen therapy for resting Hypoxemia.
- 330.12 If the Client has exertional Hypoxemia, the Application Form must include an Independent Exercise Assessment demonstrating that the Client meets the Medical Eligibility Criteria for long-term oxygen therapy for exertional Hypoxemia.
- 330.13 If the Client does not meet the Medical Eligibility Criteria, the Prescriber may request special authorization (**see 350**).

335 Medical Eligibility Criteria for Short-Term Oxygen Therapy

335.01 ADP provides funding for short-term oxygen therapy for Applicants whose medical condition is not stabilized and treatment regimen is not optimized.

The Applicant must be:

- an inpatient in an acute care hospital and required Home Oxygen Therapy to be discharged; or
- in the emergency department and required Home Oxygen Therapy to be discharged.

335.02 The Applicant must meet the one of the following.

1. The Applicant must have Hypoxemia at rest. ADP defines Hypoxemia at rest as an Arterial Blood Gas value (PaO_2) of **LESS THAN OR EQUAL TO 55 mmHg**.
2. An Applicant with a PaO_2 consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for Funding if one of the following medical conditions is present:
 - Cor Pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.
3. An Applicant with a SpO_2 consistently in the range of 89 – 90% on room air may be considered a candidate for Funding if one of the following occurs:
 - exercise limited by Hypoxemia ($\text{SpO}_2 \leq 88\%$); or
 - nocturnal Hypoxemia.

335.03 If an Arterial Blood Gas cannot be taken due to medical risk, the Applicant must meet one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as a SpO₂ of **LESS THAN OR EQUAL TO 88%**.
2. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following medical conditions is present:
 - Cor pulmonale;
 - Pulmonary Hypertension; or
 - persistent Erythrocytosis.
3. An Applicant with a SpO₂ consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following occurs:
 - exercise limited by Hypoxemia (SpO₂ ≤ 88%); or
 - nocturnal Hypoxemia.

340 Re-assessment of Home Oxygen Therapy

340.01 A Prescriber must re-assess the Client's continued need for Home Oxygen Therapy annually.

340.02 The Prescriber bases his/her decision to continue with Home Oxygen Therapy on a re- assessment of the Client's clinical needs. The re- assessment by the Prescriber must include an assessment of the Client's oxygenation status.

345 Discontinuation of Home Oxygen Therapy

- 345.01 Based on his/her assessment of the Client's clinical needs, the Prescriber will make the decision on whether to discontinue a Client's Home Oxygen Therapy.
- 345.02 If based on the assessment the Prescriber determines that Home Oxygen Therapy is no longer required the Prescriber must provide the Vendor with a written prescription to discontinue Home Oxygen Therapy, which the Vendor must retain in the Client's record or file.

350 Ineligible Individuals

- 350.01 Individuals are not eligible for funding if they reside in an acute, chronic care or psychiatric hospital.
- 350.02 Individuals must not be receiving or be eligible to receive the same benefits from the Workplace Safety and Insurance Board (WSIB), or from Veterans Affairs Canada (VAC), Group A.
- 350.03 ADP does not provide funding for Home Oxygen Therapy when prescribed for psychological support or for breathlessness unsupported by evidence of Hypoxemia.
- 350.04 ADP does not provide funding for Home Oxygen Therapy when used solely on an emergency or stand-by basis or for pain relief (e.g. cluster headaches).
- 350.05 ADP does not provide funding for individuals who need Home Oxygen Therapy who are temporarily (e.g. weekend pass) discharge from an acute or chronic care hospitals.
- 350.06 At the initial set-up of the Home Oxygen Therapy, the staff of the Vendor must explain to the individual that, in the event that ADP denies the Application Form, the individual is responsible for the full costs of the Home Oxygen Therapy.

355 Procedure for Special Authorization

355.01 ADP will consider, on a case-by-case basis, requests for special authorization for Applicants who do not meet the Medical Eligibility Criteria.

The Prescriber may submit a letter outlining the pertinent clinical information.

NOTE: ADP will not accept a letter prepared by, or submitted by, staff of the Vendor.

355.02 On receipt of the letter from the Prescriber, ADP will review the information and make a Funding decision.

Confirmation of Eligibility for Equipment Required

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Part 4: Confirmation of Eligibility for Equipment Required

400 Registered Respiratory Therapists

A Registered Respiratory Therapist **may** complete the Application Form in place of the Prescriber, for the following:

- First Time Applicants applying for 90-day funding period for long-term oxygen therapy (resting Hypoxemia or exertional Hypoxemia);
- Home Oxygen Therapy for Palliative Care;
- long-term oxygen therapy for children; and
- First Time Applicants applying for 60-day funding period for short-term oxygen therapy.

One of the following must employ the Registered Respiratory Therapist:

- an acute or chronic care hospital;
- a Community Care Access Centre (CCAC);
- a Family Health Team (FHT);
- a Community Health Centre (CHC);
- a Nurse Practitioner-Led Centre (NPLC); or
- an Aboriginal Health Access Centre (AHAC).

A Registered Respiratory Therapist employed by a Vendor **may not** complete the Application Form in place of the Prescriber. This includes Registered Respiratory Therapists who are employed by both a Vendor, and an acute or chronic care hospital, a CCAC, a FHT, a CHC, a NPLC or an AHAC.

In completing the application, the Registered Respiratory Therapist will be:

- transcribing the First Time Applicant's diagnosis;
- confirming the First Time Applicant has tried other treatments measures without success; and
- confirming that oxygen therapy is medically indicated, and is reasonable and necessary.

405 Acceptable Evidence of Medical Eligibility: Applicants 18 Years of Age or Younger

Results from an Oximetry Study are required for an Applicant, eighteen (18) years of age or younger, who is applying for long-term oxygen therapy.

The Regulated Health Professional must perform the Oximetry Study within thirty (30) days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application Form.

The Oximetry Study must demonstrate that the Applicant meets the Medical Eligibility Criteria for long-term oxygen therapy for children (**see 315**).

410 Acceptable Evidence of Medical Eligibility: Applicants 19 Years of Age or Older

410.01 90-Day Funding Period: Long-Term Oxygen Therapy

ABG measurements or the results from an Independent Exercise Assessment are required for individuals who are applying for the 90-day funding period.

For First Time Applicants, the ABG test or the Independent Exercise Assessment must be performed within thirty (30) days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application Form.

For Clients renewing his/her funding following a 60-day or 30-day funding period for short-term oxygen therapy, the ABG test or the Independent Exercise Assessment must be performed within the 10-day re-assessment period. Day one (1) of the 10-day re-assessment period begins on the expiry date of the previous funding period.

For Clients renewing his/her funding following a 90-day funding period for Palliative Care, the Regulated Health Professional must perform the Oximetry Study within the 30-day re- assessment window. Day one (1) of the 30-day re-assessment window begins on the expiry date of the previous funding period.

If the Prescriber's prescription date is prior to the re-assessment period, ADP will not accept the test results.

The ABG measurements, the results from the Independent Exercise Assessment or the Oximetry Study must demonstrate that the Applicant meets the Medical Eligibility Criteria.

410.02 9-Month Funding Period: Long-Term Oxygen Therapy

Results from an Oximetry Study or an Exercise Assessment are required for Clients who are renewing his/her funding following the 90-day funding period.

The Regulated Health Professional must perform the Oximetry Study or the Exercise Assessment within the 45-day re-assessment period. Day one (1) of the 45-day re-assessment period begins on the expiry date of the 90-day funding period.

ADP will not accept test results performed prior to the end date of the 90-day funding period.

The Oximetry Study or the Exercise Assessment must demonstrate that the Client continues to meet the Medical Eligibility Criteria.

410.03 12-Months Application: Long-Term Oxygen Therapy

Results from an Oximetry Study or Independent Exercise Assessment are required for Clients who are renewing his/her funding following the 9-month funding period.

The Oximetry Study or the Independent Exercise Assessment must be performed during the last two (2) months of the 9-month funding period.

If the Prescriber's prescription date is prior to the 2-month re-assessment period, ADP will not accept the test results.

The Oximetry Study or the Independent Exercise Assessment must demonstrate that the Client continues to meet the Medical Eligibility Criteria.

410.04 Annual Re-assessment

Results from an Oximetry Study are required for Clients who are completing his/her annual re-assessment.

410.05 60-Day Funding Period: Short-Term Oxygen Therapy

ABG measurements are required for individuals who are applying for the 60-day funding period.

The ABG results must be performed within three (3) days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application Form.

The ABG results must demonstrate that the Applicant meets the Medical Eligibility Criteria.

410.06 30-day Funding Period: Short-Term Oxygen Therapy

Results from an Oximetry Study are required for Clients who are renewing his/her funding following the 60-day funding period.

The Regulated Health Professional must perform the Oximetry Study within the 10-day re-assessment period. Day one (1) of the 10-day re-assessment period begins on the expiry date of the 60-day funding period.

If the Prescriber's prescription date is prior to the 10-day re-assessment period, ADP will not accept the test results.

The Oximetry Study must demonstrate that the Client continues to meet the Medical Eligibility Criteria.

415 Arterial Blood Gas (ABG) Test

If requested by ADP, the Vendor must provide a hard copy of the ABG laboratory report to confirm the test results written on the Application Form.

ADP **does not accept** capillary gases as a method of determining if the Applicant meets the Medical Eligibility Criteria.

ADP **does not accept** ABG tests analyzed in the Applicant's home, using a portable blood gas analyzer.

415.01 Applicants in Northern Ontario

Applicants in northern Ontario, residing hundred (100) km or more from a licensed ABG testing facility, are exempt from ABG testing.

For these Applicants, ADP will accept an Oximetry Study that demonstrates the Applicant meets the Medical Eligibility Criteria, if the Oximetry Study is performed within the time allowed for ABG testing.

The Application Form completed by the Prescriber or the Respiratory Therapists, should include a statement that ABG testing facilities are not accessible.

This exception is available to individuals living in rural northern Ontario whose postal code begins with the first alpha character of "P" and the first numeric code of "0".

415.02 Infectious Disease Outbreak in Long-Term Care Homes (LTCH)

First Time Applicants who reside in a LTCH are exempt from ABG testing, if the LTCH has restricted resident movement to and from the LTCH due to an infectious disease outbreak.

For these Applicants, ADP will accept an Oximetry Study:

- if the Oximetry Study demonstrates the Applicant meets the Medical Eligibility Criteria and is performed within the assessment period allowed for ABG testing (**see 410.01**); and
- the Prescriber has indicated on the Application Form, that an Oximetry Study is provided because the First Time Applicant cannot leave the LTCH due to an infectious disease outbreak.

420 Oximetry Studies

420.01 Steady State Oximetry Study

When Oximetry Studies are used to confirm Medical Eligibility Criteria, Prescribers are required to submit an original printout of the Oximetry Study with the Application Form.

For daytime resting Oximetry Studies, each printout must record at least five (5) **continuous** minutes of **room air at rest** monitoring and must indicate at least two (2) continuous minutes of sustained Desaturation during the five (5) minutes of **room air at rest** Oximetry Study.

Improvement of the Applicant's condition with the use of oxygen must also be documented.

When using Oximetry Studies as a guideline, it is important to note that oximetry values can deviate from ABG results.

When results are questionable or inconsistent on an Oximetry Study, then an ABG sample is considered more accurate and preferable.

420.02 Minimal Requirements for Oximetry Studies Performed on Room Air

The Regulated Health Professional must perform a baseline Oximetry Study at rest before he/she performs an exertional study.

Whenever possible, the Regulated Health Professional must perform the study with the individual breathing room air.

The Regulated Health Professional should not performed room air studies immediately following discontinuation of supplemental oxygen. At the time of the study, the Regulated Health Professional must provide a suitable interval to allow for stabilization of the oxygen saturation before the room air study is started.

If the Regulated Health Professional must discontinued the Oximetry Study before obtaining two (2) minutes of consistent **room air at rest** Desaturation, the Regulated Health Professional may, in consultation with the Prescriber, submit the results with an explanation of the circumstances.

420.03 Minimal Requirements for Oximetry Printouts Performed with Supplemental Oxygen

In some exceptional circumstances, the removal of supplemental oxygen to perform an Oximetry Study may be contraindicated.

The Regulated Health Professional may, in consultation with the Prescriber, perform the Oximetry Study and indicate the oxygen flow rate used during the study on the printout.

In some cases, individuals may require testing in a controlled environment, for example, a laboratory setting.

ADP does not intend that the requirement for Oximetry Studies jeopardize the well-being of Applicants. The Regulated Health Professional performing an Oximetry Study should discuss all concerns regarding the Applicant's condition with the Physician. Regulated Health Professionals should perform an Oximetry Study as part of an overall respiratory assessment.

420.04 Procedure for Submitting Oximetry Printouts

With the exception of Oximetry Studies performed in a hospital, all Oximetry Studies must be originals. Copies are not acceptable.

The Oximetry Study must contain the following:

- the name of the Applicant;
- date and time the Oximetry Study was performed;
- name and professional designation of the Regulated Health Professional performing the Oximetry Study, for example a Registered Respiratory Therapist (RRT); and
- signature of the Regulated Health Professional.

Only Regulated Health Professionals holding valid certificates with a regulatory college specified by the *Regulated Health Professions Act, 1991* (RHPA), who have assessment skills within his/her scope of practice, may perform Oximetry Studies submitted to ADP.

In instances where an "unregulated" health care worker performs an Oximetry Study, i.e., Pulmonary Function Technologists, the person performing the Oximetry Study must sign and date the strip.

The strip must also be co-signed and dated by a Regulated Health Professional, for example a Physician, a RRT or a RN.

The Regulated Health Professional must submit the Oximetry Study intact.

If in the opinion of ADP the Oximetry Study has been cut and pasted, ADP will require a repeat Oximetry Study.

420.05 Exception for Public Hospitals and Independent Health Facilities

When the Oximetry Study is performed in hospital, a copy of the study is acceptable. The *Public Hospitals Act* requires that the hospital retain the original study. The name of the facility retaining the original records must be noted on the copy. Independent Health Facilities (IHF) must also follow the same procedure.

Funding Periods

5

Part 5: Funding Periods

500 Funding Periods: Long-Term Oxygen Therapy

The designated funding periods for Home oxygen Therapy are:

- 90-day funding period;
- 9-month funding period;
- 12-month funding period; and
- annual re-assessment.

500.01 90-Day Funding Period

On receipt and approval of a fully completed Application Form, the Client will receive funding for ninety (90) days.

First Time Applicants

ADP will base Day one (1) of the 90-day funding period on the date the Vendor initiated Home Oxygen Therapy, unless the Vendor initiated Home Oxygen Therapy prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base day one (1) of the 90-day funding period on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

Renewal Applicants: Following Short-Term Oxygen Therapy or Oxygen Therapy for Palliative Care

ADP will base Day one (1) of the 90-day funding period on the expiry date of the previous funding period.

500.02 9-Month Funding Period

On receipt and approval of a fully completed Application Form that follows a 90-day funding period for long-term oxygen therapy, the Client will receive funding for 9 months.

ADP will base Day one (1) of the 9-month funding period on the expiry date of the previous (90-day) funding period.

500.03 12-Month Funding Period or Long Term Funding

On receipt and approval of a fully completed Application for Home Oxygen Program that follows a 9-month funding period for long-term oxygen therapy, the Client will continue to receive funding.

ADP will base Day one (1) of the 12-month funding on the expiry date of the previous (9-month) funding period.

500.04 Annual Re-Assessment

The Prescriber must re-assess the Client's continued need for Home Oxygen Therapy annually. The re-assessment can include an Oximetry Study performed by the Vendor.

The Prescriber completes the Home Oxygen Therapy Funding Renewal Letter confirming the Client:

- continues to need Home Oxygen Therapy; or
- no longer needs Home Oxygen Therapy.

If the Prescriber confirms that the Client **no longer** needs Home Oxygen Therapy, ADP will discontinue Funding based on the expiry date of the previous claim, unless otherwise indicated by the Prescriber.

505 Funding Period: Long-Term Oxygen Therapy for Children

505.01 On receipt and approval of a fully completed Application Form, the Client will receive funding.

ADP will base Day one (1) of the 12-month funding period on the date the Vendor initiated Home Oxygen Therapy, unless the Vendor initiated Home Oxygen Therapy is prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base Day one (1) of the 12-month funding period on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

505.02 Annual Re-Assessment

The Prescriber must re-assess the Client's continued need for Home Oxygen Therapy annually. The re-assessment can include an Oximetry Study performed by the Vendor.

The Prescriber completes the Home Oxygen Therapy Funding Renewal Letter confirming the Client:

- continues to need Home Oxygen Therapy; or
- no longer needs Home Oxygen Therapy.

If the Prescriber confirms that the Client no longer needs Home Oxygen Therapy, ADP will discontinue Funding based on the expiry date of the previous claim, unless otherwise indicated by the Prescriber.

510 Funding Period: Oxygen Therapy for Palliative Care

On receipt and approval of a fully completed Application Form, the Client will receive funding for ninety (90) days.

ADP will base Day one (1) of the 90-day funding period on the date the Vendor initiated Home Oxygen Therapy, unless the Vendor initiated Home Oxygen Therapy prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base Day one (1) of the 90-day funding period on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

515 Funding Periods: Short-Term Oxygen Therapy

The designated funding periods for short-term oxygen therapy are:

- 60-day funding period; and
- 30-day funding period.

515.01 60-Day Funding Period

On receipt and approval of a fully completed Application Form, the Client will receive funding for sixty (60) days.

ADP will base Day one (1) of the 60-day funding period on the date the Vendor initiated Home Oxygen Therapy, unless the Vendor initiated Home Oxygen Therapy prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base Day one (1) of the 60-day funding period on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

At the end of the initial 60-day funding period, a Client who continues to meet the Medical Eligibility Criteria can apply for one of the following:

- 30-day funding period for short-term oxygen therapy; or
- 90-day funding period for long-term oxygen therapy.

515.02 30-Day Funding Period

On receipt and approval of a fully completed Application Form, the Client will receive funding for thirty (30) days.

ADP will base Day one (1) of the 30-day funding period on the expiry date of the previous (60-day) funding period.

520 Discontinuation of Home Oxygen Therapy

520.01 Notification of Discontinuation of Home Oxygen Therapy

If the Prescriber discontinues Home Oxygen Therapy, the Vendor will notify ADP using the electronic update submission process.

520.02 Effective Date

ADP will base the effective date for the discontinuation of Home Oxygen Therapy on the Prescriber's prescription date for discontinuation.

Funding and Payment

6

Part 6: Funding and Payment

600 Funding Amount for ADP Clients

ADP reimburses the Vendor a monthly reimbursement rate for providing the Client with Home Oxygen Therapy.

605 Eligibility for 100 Percent Funding

ADP will pay 100 percent of the monthly reimbursement rate if the Client is:

- a. 65 years of age or over; or
- b. 64 years of age or younger and meets one of the following criteria:
 - is a resident of a Long Term Care Home;
 - is receiving social assistance through Ontario Works, Ontario Disability Support Program or Assistance to Children with Severe Disabilities; or
 - is receiving professional services through the CCAC.

610 Eligibility for 75 Percent Funding

ADP will pay 75 percent of the monthly reimbursement rate if the Client is 64 years of age or younger and does not meet one of the criteria listed above.

615 Gap in Funding

615.01 At the end of each designated funding period, the Client must be re- assessed to determine if they continue to meet the Medical Eligibility Criteria.

If the re-assessment is carried out after the designated re- assessment period, there will be a gap in funding.

615.02 The designated re-assessment periods are:

Funding Period Ending	Re-assessment Period
90-day funding period (LTOT)	45-day re-assessment period
9-month funding period (LTOT)	2-month re-assessment period
90-day funding period (Palliative)	30-day re-assessment period
60-day funding period (STOT)	10-day re-assessment period
30-day funding period (STOT)	10-day re-assessment period

615.03 Depending on the funding period, ADP will use the following to determine if the re-assessment was carried out within the designated re- assessment period:

- the date the Vendor completed the Oximetry Study or the Exercise Assessment; or
- the Prescriber’s prescription date.

615.04 If the date the Vendor carried out the Oximetry Study or Exercise Assessment, or the Prescriber’s prescription date are 90 days or more from the end date of the previous claim, ADP will consider the Application Form an initial application and ABG results will be required.

Upon approval, ADP will provide funding for 90 days. ADP will base Day one (1) of the 90-day funding on the Prescriber’s prescription date.

620 Stale-dated Policy

The Application Form is stale-dated when ADP receives the Application Form more than six (6) months after the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

ADP will not process an Application Form, for the purpose of confirming the Applicant's eligibility for funding, if the Application Form is stale-dated.

625 Hospitalization

The Vendor must notify ADP when:

- a Client, receiving funding for long-term oxygen therapy or short-term oxygen therapy, is admitted to an acute care hospital for 15 days or more (ADP does not provide funding during hospital admissions that are greater than fifteen (15) days);
- a Client, receiving funding for oxygen therapy for Palliative Care, is admitted to an acute care hospital regardless of the length of stay (ADP does not provide funding during a hospital admission); or
- the Client is discharged from the hospital.

A new Application Form is required if the gap in funding, due to hospitalization, is greater than 90 days.

630 Change in Vendor

Clients have the right to change his/her Vendor if the original Vendor is not meeting his/her needs.

When a change occurs, the Client, the current and the new Vendor must complete the Request for Change in Vendor form.

When a Client changes his/her Vendor, the Client is responsible for arranging for pick-up of the outgoing equipment. The Client may delegate this task to his/her new Vendor.

Where the change occurs during the calendar month, there may be an overlap in the provision of Home Oxygen Therapy by the two Vendors. The first Vendor may bill for the overlap day.

Example:

Vendor “A” receives a call from the Client requesting that Vendor “A” pick up the Oxygen Delivery System on September 13.

Vendor “B” drops off a concentrator on September 13. Vendor “A” picks up the Client’s concentrator later the same day.

Billing Period:

Vendor “A” - Sept 1 - Sept 13 Vendor “B” - Sept 14 - Sept 3

635 Request for a Change in Oxygen Delivery System

When a change in modality occurs, for example from cylinders only to a concentrator and cylinders, the Vendor must notify ADP, using the electronic update submission process.

Supporting documentation from the Prescriber may be required.

ADP may deny a request for a more costly system if a less expensive system will meet the Client’s clinical needs.

If approved, ADP will notify the Vendor of the effective date of the change on the Status of Application Report.

The Vendor must not charge the Client or ADP more than the Approved Price. They may charge less.

ADP does not backdate requests.

640 Update of Client Data

The Vendor must notify ADP, using the electronic update submission process, of any change to the Client data.

Changes in Client data include the following:

- change in Oxygen Delivery System;
- change in benefit coverage;
- admission to a hospital;
- discharge from hospital;
- discontinuation of Home Oxygen Therapy; and
- date of death.

The Vendor must inform ADP of a change of Client address by email to the following email address: adp@ontario.ca.

Invoicing Procedures

7

Part 7: Invoicing Procedures

700 Invoice Processing

Refer to the ADP Manual, Part 9, Invoice Processing and Payment for details.

705 ADP Processing Errors

In the event that ADP identifies a processing error following payment of an invoice, ADP will cooperate with the Vendor and the Client to make the necessary changes.

The Vendor must notify ADP in writing of the error(s), along with a request for ADP to amend the approval.

710 Long-Term Oxygen Therapy/Children Funding Invoicing Procedures

ADP provides funding based on the monthly Approved Price, when the Vendor provides equipment and services for the full month.

If the Vendor provides equipment and services for less than a full month, ADP provides funding based on the daily Approved Price times the number of days of actual service.

The Vendor may submit an invoice:

- 715 Palliative Care Invoicing Procedures at the end of the service month;
- when the Client dies; or

- when the Prescriber discontinues Home Oxygen Therapy or the Client is admitted to the hospital (**see 625**).

ADP provides funding based on the daily Approved Price.

Note: daily Approved Price = monthly Approved Price/ thirty (30) days

The Vendor may submit one (1) invoice only when:

- the 90-day funding period expires;
- the Client dies; or
- the Prescriber discontinues Home Oxygen Therapy or the Client is admitted to a hospital (**see 625**).

If within the first thirty (30) days of the 90-day funding period the Client dies, or ADP discontinues Funding because the Prescriber discontinued Home Oxygen Therapy or the Client was admitted to the hospital, the Vendor will receive payment for thirty (30) days, regardless of the number of days the service was provided.

For these Clients, the start and end date of the service period, is the actual service dates but the quantity is thirty (30).

If the Client dies after the first thirty (30) days of the 90-day funding period, or ADP discontinues Funding because the Prescriber discontinued Home Oxygen Therapy or the Client was admitted to the Hospital, the Vendor will receive payment based on the number of service delivery days.

The Vendor may bill the daily rate for the actual number of days they provided service.

If a Client changes Vendors and two (2) Vendors (or more) have provided service, each Vendor must bill the daily rate for the total number of days each Vendor provided the service.

In this instance, ADP will allow the Vendors to submit more than one (1) invoice for the Client.

720 Short-Term Oxygen Therapy Invoicing Procedures

ADP provides funding based on the daily Approved Price.

Note: daily Approved Price = monthly Approved Price/ 30 days)

The Vendor may submit one (1) invoice for the 60-day funding period and one (1) invoice for the 30-day funding period.

The Vendor may submit the invoice:

- at the end 60-day or 30-day funding period;
- when the Client dies; or
- when the Prescriber discontinues Home Oxygen Therapy or the Client is admitted to the hospital.

If the Client is hospitalized or therapy is discontinued, the Vendor will use the electronic update submission process to notify ADP.

The Vendor may bill the daily rate for the actual number of days the Vendor provided service.

If a Client changes Vendors and two (2) Vendors (or more) have provided service, each Vendor must bill the daily rate for the total number of days each Vendor provided the service.

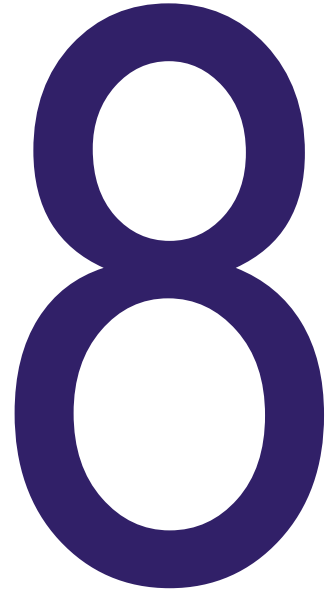
In this instance, ADP will allow the Vendors to submit more than one (1) invoice for the Client.

725 Northern and Southern Designation

ADP will reimburse Vendors who provide service in northern Ontario at a higher monthly flat rate than Vendors who provide service in southern Ontario.

The Vendor is entitled to the higher reimbursement rate for services provided in northern Ontario only when both the Vendor and the Client have a postal code beginning with the letter "P".

Vendors for Home Oxygen Therapy



Part 8: Vendors

800 Vendor Status

The ADP must register a person or an entity as a Vendor if the person or entity wishes to submit a request for funding for Home Oxygen Therapy.

800.01 Registration Period

ADP registers Vendors for a specific Registration Period.

In ADP's sole discretion, ADP may extend the Registration Period on the same terms and conditions for two (2) additional periods of up to 1-year each.

During the Registration Period, ADP will not accept any applications to become a Vendor, unless ADP determines in its sole discretion, that additional Vendors are required to serve Clients in any part(s) of the province.

800.02 Additional Locations

During the Registration Period, a Vendor may apply to register additional locations.

To register additional locations, the Vendor must submit:

- **an Application Form;**
- **documentation confirming that the new location has the required insurance coverage;**
- **list of Regulated Health Professionals operating from the new location; and**
- **a list of Preferred Vendor Agreements entered into by the new location.**

The registration of new locations is at the sole discretion of ADP.

805 Joint Ventures: Vendors Sharing Proceeds with Hospitals

805.01 A Joint Venture may not be a Vendor unless the Joint Venture:

- was a Vendor of Record for Home Oxygen Services on March 31, 2017; and
- meets the requirements to be a Vendor.

805.02 A Joint Venture who is a Vendor may:

- terminate their Agreement at any time upon giving the Ministry at least thirty (30) days notice; or
- assign their Agreement to another legal entity on the condition that the legal entity is not another Joint Venture and the Ministry has approved the assignment.

805.03 The Ministry will terminate the Vendor Agreement, if the Joint Venture undergoes a change of the Joint Venture's legal or operating structure.

810 Preferred Vendor Agreement

A Vendor may enter into a Preferred Vendor Agreement with a hospital or a long-term care home under the following conditions:

- the hospital or long-term care home:
 - informs the Applicant that the hospital or long-term care home has a Preferred Vendor Agreement in place;
 - provides the Applicant with a list of Vendors located in his/her community, along with the Vendors' contact information; and

- informs the Applicant that they are allowed to select a Vendor or continue with his/her current vendor regardless of the Vendor's relationship with the hospital or the long term care home;
- the Preferred Vendor Agreement outlines the procedure the hospital or long-term care home will use to protect the Applicant's right to choose his/her own Vendor; and
- the Preferred Vendor does not pay any fee or amount to the hospital or long-term care home.

At any time, ADP can request that the Vendor provide ADP with a copy of the Preferred Vendor Agreement to ensure compliance with ADP policies and procedures by the Vendor.

815 General Vendor Policies

Vendors can find detailed information in the ADP Manual about Vendor registration, and policies and procedures on the following:

- Part 4, General Authorizer and Vendor Policies;
- Part 6, Vendors;
- Part 7, Personal Health Information; and
- Part 9, Invoice Processing and Payment.

Note in Particular:

- Policy 405, Conflict of Interest;
- Policy 415, Advertising;
- Policy 615, Relationships of Hospitals and Vendors;
- Policy 620, Vendors Sharing Proceeds with Long-Term Care Homes;
- Policy 640, Informing Persons of the Program;

- Policy 660, Refusal to Supply for Safety Reasons;
- Policy 700, Protection of Personal and Personal Health Information; and
- Policy 905, Rebates.

The ADP Manual is available at:

http://www.health.gov.on.ca/en/pro/programs/adp/policies_procedures_manuals/docs/pp_adp_manual.pdf

820 Client Safety and Education

It is the responsibility of the Prescriber to initiate or change therapy, to ensure that all Clients are educated in the use of Home Oxygen Therapy, and to oversee the effectiveness of Home Oxygen Therapy.

To prevent possible medical/operational risks due to improper use of Home Oxygen Therapy, the Vendor must conduct regular Client follow-up.

The Vendor must:

- inform the Client of the safety related hazards associated with Home Oxygen Therapy;
- establish the smoking status of the Client and all members of the household before the Vendor provides Home Oxygen Therapy;
- post “No Smoking” signs in the appropriate areas of the Client’s residence

The Prescriber and Regulated Health Professional should inform these individuals that smoking is not only a health hazard but is also a serious fire hazard.

Smoking is not allowed in the same room as the Client on oxygen or where oxygen tanks are stored.

Where municipal by-laws indicate, the Client or the Vendor must notify the local fire department that the Client is using Home Oxygen Therapy.

The Vendor must observe all federal and provincial standards when transporting or handling hazardous materials.

825 Staff Training and Education Program

Vendors will have in place a Staff Training and Education Program that includes the following.

1. All staff involved in the transportation and storage of hazardous materials will receive the appropriate training to ensure compliance with provincial and federal regulations.
2. All staff who has contact with Clients will receive appropriate training on identifying risk, the policies and procedures of ADP, and maintaining up to date and accurate Client files. ADP defines contact as any communication by phone, in person or in writing.
3. All staff with in-person contact with Clients or with the Client's equipment will receive appropriate training in the prevention and control of infection.

830 Infection Prevention and Control

Vendors will have written policies and procedures for infection prevention and control.

The policies and procedures will adhere to all provincial and federal guidelines for infection prevention and control.

Vendors will ensure that all staff are trained and educated in the policies and procedures for infection prevention and control.

Vendors will ensure that along with appropriate training and education the staff demonstrate competency.

Vendors will ensure that all staff receive updated training on these policies and procedures and continue to demonstrate competency every 2 years.

835 Client Record Keeping

Vendors will maintain and update Client files. Each Client file will contain the following documentation.

- A copy of the prescription from the Prescriber for Home Oxygen Therapy, including any changes to the prescription.
- A copy of the prescription to discontinue Home Oxygen Therapy, if applicable.
- The appropriate documentation that confirms the specific medical risk to the procurement of ABGs, if applicable. This may include a letter of support from the Prescriber or a copy of the Client's medical records that document the medical risks.
- The required correspondence and/or documentation if Home Oxygen Therapy is discontinued without a Prescriber's prescription due to any of the following:
 - an unsafe environment;
 - Client refuses therapy; or
 - Client no longer meets the Medical Eligibility Criteria and is refusing to reimburse the Vendor for equipment and services provided.
- A copy of all Application Forms and renewal forms, including all supporting documentation that accompanies the Application Form and a copy of the Oximetry Study, if applicable.
- A copy of the Exercise Assessment or Independent Exercise Assessment, if applicable.
- A written record of all Client visits by the Regulated Health Professional. This will include any supporting documentation associated with the visit such as Oximetry Studies, progress notes, Client care plans.
- A Record of any incident reports, if applicable.

- A record of all Client complaints and the resolution, if applicable.

The Client file will also contain the following information unless the Vendor has developed an alternative system that allows for the easy retrieval of client information and ADP has approved the alternative system:

- all signed Proof of Delivery Statements;
- a repair and maintenance record for the Oxygen Delivery System using equipment serial numbers; and
- record of any Oxygen Delivery System removed from the Client's home due to routine maintenance or repairs.

840 Staff Screening

Employees of a Vendor who provide service in the home of Clients will undergo a Vulnerable Sector Screening every five years, subject to applicable laws, including the *Police Record Checks Reform Act, 2015*.

845 Accountability

ADP may at any time request documentation to confirm that the Vendor is providing Home Oxygen Therapy:

- in accordance to the terms and conditions of the Vendor Agreement and the Manuals; and
- in compliance with all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules and by-laws related to Home Oxygen Therapy.

This may include complete Client files and/or any other documentation that ADP considers relevant.

850 Sub-Contracting

The Vendor should have the necessary personnel, equipment and other resources, without having to sub-contract, assign, or enter into a joint venture with any other person, business or health facility.

A Vendor either considering, or who has entered into sub- contracting, partnerships or joint ventures must inform ADP Registration Unit, in writing, of the circumstances, financial arrangements and names of the business, health facility and persons involved.

ADP will review the information provided and in some circumstances, may approve the arrangement (e.g., in remote areas of the province where accessibility is difficult).

When an individual is traveling outside the primary service area (e.g., vacation) or where there is an unexpected event (e.g., delivery truck breaks down) that results in having to make alternate arrangements quickly, prior written consent for sub-contracting from ADP is not necessary.