

FACILITY PLACEMENT POLICY

Originating Branch: Continuing Care

Original Approval Date:

Approved By:

Tracey Barbrick

March 28, 2002

Tracey Barbrick, Deputy Minister
Department of Seniors and Long-Term Care

Revision Date:

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June 5, 2024

1. POLICY STATEMENT

- 1.1. The Nova Scotia Department of Seniors and Long-Term Care (the Department) is committed to ensuring fair, consistent, and appropriate placement to the Long-term Care Facilities that are licensed or approved by the Department. Placements are based on an assessment of Client needs and the provincial Single-Entry Access process for Continuing Care services using the Provincial e-Placement solution.

2. DEFINITIONS

For the purpose of this policy, the following terms are defined as follows:

- 2.1. **Bed Offer** refers to the offer of long-term care placement that is made to the Client or Substitute Decision Maker (SDM) by the Nova Scotia Health Authority (NSHA).
- 2.2. **Business Day** means between the hours of 8:30 a.m. to 4:30 p.m., Monday through Friday, except when a public holiday, as defined in the *Labour Standards Code* and the Regulations made thereunder, and Nova Scotia Provincial Government holidays, occur or are officially observed on one of those days and excluding day(s) which the Nova Scotia Provincial Government has elected not to open for business.
- 2.3. **Care Level Decision** refers to the determination made by the NSHA regarding the level of care that is required by a Client. This decision is based on the Client's assessment and determines whether they should be placed in a Long-term Care Facility.
- 2.4. **Client** refers to a person who is deemed eligible by the NSHA for placement in a Long-Term Care Facility in accordance with the department's Service Eligibility Policy.

- 2.5. **Discharge Plan** is a plan that is developed prior to the discharge of a patient/Resident from an acute care or a Long-term Care Facility. It is designed to meet the holistic care needs of the individual following discharge.
- 2.6. **Fully Eligible Clients** refers to:
- persons that have an approved Residential Care Facility or Nursing Home care level decision determined by the NSHA and who have provided consent for a long-term care service referral and agreed to financially contribute to their care as per the terms outlined by the Department.
 - existing Residents, whose eligibility has been previously determined and who have requested an inter-facility transfer (e.g., Nursing Home to Nursing Home).
- 2.7. **RAI-HC** refers to the Resident Assessment Instrument – Home Care, a standardized clinical assessment designed to be used with adults in home and community-based settings.
- 2.8. **Long-term Care Facility** refers to a facility licensed or approved by the Department and includes Nursing Homes and Residential Care Facilities licensed under the *Homes for Special Care Act*.
- 2.9. **Preferred Community of Residence** refers to the Client's current home community or another Nova Scotia community where the Client prefers to live. For large, amalgamated municipalities, such as the Halifax Regional Municipality or the Cape Breton Regional Municipality, the preferred community of residence will be documented as the person's community within the larger Municipality (e.g. Glace Bay).
- 2.10. **Provincial e-Placement Solution** refers to the information system, PathWays, used by the Service Providers and the Nova Scotia Health Authority (NSHA) to manage bed vacancies, facilitate transfer of Personal Health Information, and coordinate admissions in Long-term Care Facilities.
- 2.11. **Resident** refers to a person who lives in a Long-term Care Facility.
- 2.12. **Refusal by a Client** refers to a situation whereby a Client, who is waiting for long-term care placement, receives a bed offer but does not accept the offer.
- 2.13. **Refusal by a Service Provider** refers to a situation whereby the Client, identified by the NSHA for a bed offer, is not accepted for admission by the Service Provider.
- 2.14. **Response Time Standards** refers to the number of days set by the Department for each stage in filling a vacant bed. There are six steps in the process, as outlined in section 5.12, which commences when the bed is vacated and concludes when the Resident is admitted or agrees to pay the accommodation charge to hold the bed for their imminent admission.
- 2.15. **Safe** means an area that minimizes risk of injury and elopement to the extent possible.

- 2.16. **Service Provider** refers to the owner(s)/operator(s) of a Long-term Care Facility.
- 2.17. **Spouse** means a person to whom the Client is married, a common law partner, or a domestic partner. A common law partner or domestic partner is a person with whom a client cohabited with in a conjugal relationship for at least one year immediately before the application for admission to a Long-term Care Facility was made. Further, a domestic partner is a person who is party to a registered domestic partners declaration pursuant to Nova Scotia's *Vital Statistics Act*.
- 2.18. **Substitute Decision Maker** refers to the delegate or statutory decision-maker with the legal authority to make personal care decisions on behalf of an individual who lacks capacity to make health care decisions pursuant to the *Personal Directives Act*.
- 2.19. **Suitable Placement** means the care needs of the Client can be met by the Long-term Care Facility.
- 2.20. **Zone**- Nova Scotia is divided into four geographic management zones;
- 2.20.1. **Central** (Halifax area, Eastern Shore and West Hants),
 - 2.20.2. **Eastern** (Cape Breton, Guysborough and Antigonish areas),
 - 2.20.3. **Northern** (Colchester-East Hants, Cumberland and Pictou areas) and,
 - 2.20.4. **Western** (Annapolis Valley, South Shore and South West)

3. POLICY OBJECTIVES

- 3.1. The objective of the *Facility Placement Policy* is to ensure that a fair and consistent approach is utilized across the province regarding the placement of Clients, who are deemed eligible by the Nova Scotia Health Authority (NSHA) in accordance with the *Service Eligibility Policy*, in a Long-term Care Facility.

4. APPLICATION

- 4.1. The Facility Placement Policy applies to Long-Term Care Facilities participating in Single Entry Access.
- 4.2. The Facility Placement Policy does not apply to long-term care facilities under the jurisdiction of the Department of Community Services or to Designated Veterans Affairs Canada beds in Nova Scotia long-term care facilities. Veterans who apply for admission to non-veteran designated beds in Seniors and Long-Term Care licensed and funded Long-term Care Facilities are subject to the provisions in the long-term care policies.

5. POLICY DIRECTIVES

5.1. Roles and Responsibilities

- 5.1.1. the Department is responsible for:
- setting eligibility criteria for accessing Long-Term Care facilities. See Service Eligibility Policy, Long-term Care Policy Manual.
 - setting the criteria upon which the long-term care wait list is to be organized, as outlined in section 5.3.
- 5.1.2. The NSHA is responsible for:
- utilizing the Provincial e-Placement Solution to manage bed vacancies and coordinate admissions for long-term care.
 - organizing and managing the long-term care wait list and coordinating approved facility admissions with the Client and their family, in accordance with the Department policy.
 - ensuring that Clients on the long-term care wait list for initial placement are contacted as they near the top of the wait list, to ensure their readiness for placement.
 - performing RAI-HC reassessments for Clients on the wait list, within 90 days prior to the estimated admission to a Long-term Care Facility, and/or when there is a significant change in the Client's condition or status, to ensure the wait list is reflective of any changes to the Client's status prior to placement.
 - informing Clients who currently live at home in the community of their responsibility to complete the Medical Status Report within 90 days prior to admission to a Long-term Care Facility.
 - ensuring Service Providers receive relevant information pertaining to Clients who are admitted to long-term care from acute care facilities.
 - placing Clients in Long-term Care Facilities in accordance with their care level decision, or in accordance with the *Life Partners in Long-term Care Act*, which ensures Clients are placed in the same facility as their Spouse.
 - working with the Client, the Department, and the Service Provider to ensure bed vacancies are filled in accordance with this Policy, and the Response Time Standards, as outlined in section 5.12.
- 5.1.3. The Service Provider is responsible for:
- informing the NSHA of each vacancy by utilizing the Provincial e-Placement Solution with information including private/semi-private room, gender of roommate if applicable, and any other information as required by the NSHA.
 - advising the NSHA of their acceptance or refusal of a Client application and
 - agreeing to an admission date, if applicable.
 - working with the Client, the Department, and NSHA to ensure Clients are placed in accordance with this policy, and the Response Time Standards,

as outlined in section 5.12.

5.2. Wait List Management

5.2.1. Entry to the Wait List

- 5.2.1.1. Except for an Adult in Need of Protection, as defined in section 5.2.2.2, only Fully Eligible Clients shall have their names entered on the wait list.
- 5.2.1.2. An Adult in Need of Protection may be approved and placed on the wait list prior to completion of the full RAI-HC assessment, application process, or care level determination. The placement eligibility for these Adults in Need of Protection may be determined on a post-admission basis, however all efforts should be made to complete the assessment and application process prior to placement.

5.2.2. First Appropriate Bed Provision

- 5.2.2.1. The guiding principle of the First Appropriate Bed Provision is to ensure that care needs of the Client are addressed first and his or her placement preferences shall be pursued second.
- 5.2.2.2. The First Appropriate Bed Provision applies to any person who is
 - an Adult in Need of Protection awaiting placement. *The Adult Protection Act* (R.S., c.2, s.1) authorizes the placement of these Clients in any available and appropriate facility in the province.
 - a medically discharged hospital patient awaiting placement.
 - an existing Resident of a Long-term Care Facility (currently residing in the facility or a hospital) who is reassessed as needing a different level of care that must be met at another Long-term Care Facility.
 - an existing Resident of a Department of Community Services facility (currently residing in the facility or a hospital) who meets the eligibility criteria and is reassessed as needing a level of care that can be safely met at a Long-term Care Facility.
 - a home care Client awaiting placement and receiving services beyond the total maximum service limits set within Seniors and Long-Term Care's Home Care Policy Manual.
- 5.2.2.3. The First Appropriate Bed Provision does not apply to a Client who is:
 - living at home in the community and awaiting placement through Priority 3;
 - returning "home" to their Long-term Care Facility after an extended hospital stay;
 - requiring a different level of care that can be met at the same Long-term Care Facility;

- wanting to be placed in a Long-term Care Facility where a family member already resides;
- requiring Peritoneal Dialysis; or
- transferring out of Peter's Place (Bridgewater or Halifax location).

5.2.2.4. For a Client who is subject to the First Appropriate Bed provision, his or her name will be placed on the wait lists of all Long-Term Care Facilities that are suitable to meet the Client's care needs and that are within approximately 100 kilometers (one way) driving distance from their preferred community of residence. A Client may also request to be put on the waiting lists of suitable facilities beyond 100 kilometers of his or her preferred community of residence.

5.2.3. Exception to the First Appropriate Bed Provision

5.2.3.1. Exceptions to the First Appropriate Bed Provision may be considered on a case by case basis where there are compelling circumstances and evidence of a significant impact on Client care. The NSHA will review and make decisions on requests for exceptions. Detailed information regarding all exceptions shall be documented and maintained by the NSHA.

5.2.3.2. Clients who are living at home in the community may wish to place their names on several facilities' wait lists or voluntarily request that the First Appropriate Bed Provision apply to them to expedite their placements.

5.2.4. Client's Preferences

5.2.4.1. Clients shall indicate their preferred community of residence and name one or more Long-Term Care Facilities to which they prefer to be admitted. Clients shall advise the NSHA when they want to change their stated preferences.

5.2.4.2. If a Client accepts a placement in a facility that is not their first choice, the Client's name will remain on the wait list until they reach their preferred facility or until the Client indicates they wish to remain at their current facility.

5.2.4.3. A Resident of a Long-term Care Facility may apply for an inter-facility transfer at any time. The Resident will be entered on the wait list for the requested facility according to the date of the request.

5.2.5. Refusals of Placement Offers

5.2.5.1. Clients shall have the right to refuse any offer of placement.

5.2.5.2. Clients who choose to refuse an offer of long-term care placement, regardless of whether they are waiting at home in their community or

waiting in a hospital and subject to the First Appropriate Bed provision, will be removed from the wait list. Clients who refuse a bed offer and wish to reapply will have to wait 12 weeks. If the Clients' health condition/circumstances change significantly during this 12-week period, they may reapply sooner. If Clients reapply, they will be placed on the wait list in accordance with their new care level decision date.

- 5.2.5.3. If a Client reapplies for long-term care placement, the NSHA will discuss the application process with the person to ensure the individual understands that the application should only be made when the Client is prepared to accept a suitable placement offer.

5.3. Wait List Organization Criteria

- 5.3.1. The NSHA is responsible for organizing and managing the long-term care wait list in accordance with Clients' assessed need for placement.

- 5.3.2. When the NSHA is considering prioritization for placement, the following order will be used:

- 1st. Priority level, and
- 2nd. Date of entry onto the LTC waitlist.

- 5.3.3. When a vacancy occurs, the NSHA will place Clients according to the following priority levels. Priority levels and organization is described in detail in Appendix A:

5.3.3.1. **Priority 1**

- Priority 1(a). Adults in Need of Protection according to the Adult Protection Act (R.S., c.2, s.1.).
- Priority 1(b). Mi'kmaw Clients awaiting placement to Kiknu Long-term Care Facility who are members of one of the 13 Nova Scotia Mi'kmaw First Nations.

5.3.3.2. **Priority 2**

The following nine types of Clients are Priority 2 status for placement:

- Client returning "home" to their facility
- Client requiring a different level of care that can be met at the same Long-term Care Facility (i.e., facility has both Nursing Home and Residential Care level beds)
- Client requiring a different level of care that cannot be met in their current

Long-term Care Facility

- Client whose Spouse is a Resident of a Long-term Care Facility
- Client whose Parent, Sibling or Dependent Child is a Resident of a Long-term Care Facility
- Client requiring Peritoneal Dialysis
- Client who is transferring to a Nursing Home from Peter's Place Bridgewater or Peter's Place Halifax
- Clients with an Approved Community Variance Request
- Client to a Long-term Care Facility within 100km of their preferred community of residence

5.3.3.3. **Priority 3**

The following three types of Clients are deemed to be Priority 3 status for placement:

- Client waiting in the Community
- Client waiting in the Hospital
- Clients in long-term care waiting for transfer to their preferred Long-term Care Facility

5.4. **Variance to the Wait List Organization System**

5.4.1. Clients in Hospital

5.4.1.1. In exceptional circumstances, where a hospital in a Zone is unable to meet accepted standards of service provision because of a shortage of beds, the NSHA may implement a temporary variance from the Department's wait list priority ranking (section 5.3). This variance may be used to increase the priority ranking of Clients who are waiting in the hospital for long-term care placement. The rank order of Clients may be increased within the Priority 3 category, but they shall not be given a higher priority than existing Priority 1 and Priority 2 Clients.

5.4.1.2. Detailed information regarding all hospital variances shall be documented and maintained by the NSHA.

5.4.2. Clients in the Community

5.4.2.1. In exceptional circumstances, where a Client is deemed to be in a high risk

situation and their support system and the NSHA have demonstrated reasonable efforts to meet the needs of the Client in the community, the NSHA may implement a needs-based variance to the Department of Seniors and Long-Term Care wait list priority ranking (section 5.3).

- 5.4.2.2. This variance may be used to increase the priority ranking of Clients waiting in the community. The rank order of Clients may be increased from Priority 3 to Priority 2, but they shall not be given a higher priority than existing Priority 1 Clients.
- 5.4.2.3. If a Community Variance is granted, the Client and/or substitute decision maker should understand that the criteria for placement ahead of others are based on risk; preference is secondary. Therefore, Clients will have Priority 2 status for placement and be put on the wait list for all appropriate facilities within approximately 100 kilometers (one way) driving distance from their preferred community of residence.
- 5.4.2.4. NSHA will make all attempts to place the Client as close as possible to their preferred community of residence.
- 5.4.2.5. If an appropriate bed cannot be found within 100 kilometers, the NSHA may offer the Client the First Appropriate Bed in the province. If the Client chooses to accept this option, they will remain a Priority 2 for transfer to a Long-term Care Facility within 100km of a Client's preferred community of residence.
- 5.4.2.6. If the Client is placed within 100 kilometers from their preferred community of residence, their priority status will change to a Priority 3 as they await a transfer to their preferred facility.
- 5.4.2.7. Detailed information regarding all community variances shall be documented and maintained by the NSHA.

5.5. Temporary Absences

- 5.5.1. A Service Provider will hold a Resident's bed to allow the Resident to leave the facility to visit family for a period not to exceed 30 days per year.
- 5.5.2. At the request of the Resident or substitute decision maker, a Service Provider will hold a Resident's bed when a Resident is transferred to a health care facility if, based on the Resident's prognosis, the Resident is expected to return to the facility within thirty days. The NSHA may give approval for a Resident's long-term care bed to be held for longer than thirty days.
- 5.5.3. The Resident is responsible for the accommodation charges during their absence from the facility. Beds held in accordance with this policy shall not be used by any other person during the Resident's absence.

5.6. Inter & Intra-Facility Transfers

- 5.6.1. Inter-facility transfer requests from Residents who were admitted to a Long-term Care Facility before the implementation of the Facility Placement Policy or the policy of "Universal Classification" (February, 2001) and who have not undergone the full care level and financial assessment and eligibility processes must undergo the RAI-HC assessment before being placed on the wait list.
- 5.6.2. For Residents who are transferring between facilities and who have already had a financial and a RAI-HC assessment completed, the assessment and eligibility determination do not need to be conducted again unless the level of care has changed and the admitting facility is operating under an approved per diem schedule that varies by care level.
- 5.6.3. The assessment and eligibility determination processes are not required for Residents who move within a facility, or for Residents who return to their "held" bed in a facility after a stay at hospital, unless the level of care has changed and the facility has Department designated Residential Care Facility beds and Nursing Home beds.
- 5.6.4. Long-term care Residents who lose their bed due to an extended stay in a hospital must undergo a care assessment and eligibility process before being placed in a facility.
- 5.6.5. Residents who have been assessed as requiring a different level of care will be considered a new placement, not a transfer. In such instances, a new application shall be completed, and the Resident will go on the wait list in accordance with section 5.3 of this policy.
- 5.6.6. The NSHA shall have a process in place to confirm with Residents and/or their substitute decision makers whether they still would like to transfer to their preferred facilities. This will be updated (at a minimum) on a yearly basis.
- 5.6.7. Residents who choose to transfer to their preferred facilities will retain their care level decision dates on the wait list.

5.7. Placement to Licensed Respite Beds

- 5.7.1. Refer to the department's Facility Based Respite Policy.

5.8. Placement to Residential Care Facilities

- 5.8.1. Under the following exceptional circumstance, a Client who has been approved for Residential Care Facility placement may be wait listed for or admitted to a nursing home.

- If there are no Residential Care Facilities, licensed by the Department within 100 kilometers driving distance of the Client's preferred community of residence.
- The Client and their Spouse want to live in the same location; and the Spouse requires care in a Nursing Home.

5.9. Refusal of Admission by Service Provider

- 5.9.1. A Service Provider shall not refuse admission of a Client based on the following:
- age, community of residence, diagnosis, ethnicity, gender, language, mental or physical disability, race, religion, sexual orientation, socio-economic status;
 - the Client has been identified as an Adult in Need of Protection; or
 - the Resident room is not ready (i.e., requires painting).
- 5.9.2. A Service Provider may refuse admission of a Client if the Service Provider can demonstrate that:
- admission would place the Client, other Residents and/or staff at risk of serious illness, harm or injury; and
 - all reasonable steps have been taken by the Service Provider and the NSHA to address the reason for the refusal, but the risk cannot be adequately mitigated.
- 5.9.3. The Service Provider shall inform the NSHA in writing of any decision to refuse placement. The following information shall be included in the refusal:
- the reasons for the refusal;
 - the steps that have been taken to facilitate placement;
 - if/when this Client may be placed at the facility in future; and
 - any other relevant information as requested by the NSHA.
- 5.9.4. The NSHA shall follow up with the Service Provider on all refusals. When refusals from Service Providers cannot be resolved within a maximum of five business days, at the discretion of the NSHA, the vacant bed may be offered to the next Client, based on the Wait List Organization Criteria (section 5.3).
- 5.9.5. Detailed information regarding all refusals from Service Providers shall be documented and maintained by the NSHA. This information shall be accessible via the Provincial e-Placement Solution to the Director, Long-term

Care, Department of Seniors and Long-Term Care.

5.10. Discharge of a Patient from an Acute Care Facility

5.10.1. When a long-term care Resident is transferred to an acute care facility, the Service Provider must make all reasonable efforts to accept the Resident back to their “home” facility within 24 hours of discharge from the acute care facility.

5.10.2. If requested by the Long-term Care Facility, the acute care facility will provide to the Long-term Care Facility, Resident medications, supplies, and discharge orders to last until the facility’s regularly scheduled services are available. This will ensure a safe transfer of the Resident back to their “home” facility.

The NSHA shall work collaboratively with service providers to ensure the needs of Clients have been determined and communicated prior to discharge from hospital to Long-term Care Facilities. The NSHA must provide the following:

- An up-to-date Discharge/Transfer Form or other tool. The form must include, at minimum:
 - Resident allergies;
 - Risk alerts (falls, elopement, aspiration, skin/wound risk, responsive behaviours);
 - Infection precautions (isolation requirements, known immunizations);
 - Goals of care (Full Code, Comfort Care, DNR);
 - Current medical status and known medical history;
 - Diet and nutrition support requirements (special food textures, supplements, tube feeds,);
 - Wounds and dressings required;
 - Mobility level and aids required;
 - Activities of Daily Living (ADL) supports required.
- An up-to-date Medication Administration Record (MAR), including anticoagulation therapy and current related lab requirements.
- Any specialized equipment needs.
- Any specialized medication including required approvals from Pharmacare.

5.11. Discharge of a Resident from a Long-Term Care Facility

5.11.1. Self-Discharge

5.11.1.1. In the event that a Resident wants to leave a facility in order to permanently reside back in the community, the Service Provider, in consultation with the NSHA and the Client (and/or their substitute decision maker if applicable), must make all reasonable efforts to ensure there is an appropriate discharge plan in place to support the Client in the community.

5.11.1.2. If the Resident re-applies for long-term care placement, a reassessment will need to be completed to determine care needs. The individual will be considered a new admission and will have a new care level decision date.

5.11.2. Discharge by Service Provider

5.11.2.1. In the event that a Service Provider wants to discharge a Client, the facility staff in consultation with the NSHA and the Client (and/or their substitute decision maker if applicable), must make all reasonable efforts to ensure there is an appropriate discharge plan in place to support the Client. Discharge to an acute care facility, when acute care services are not required, is not considered an appropriate discharge plan.

5.11.3. Resident Capacity

5.11.3.1. Service Providers are responsible for verifying that Residents have capacity to make decisions related to their personal care. If there is a reasonable basis to believe that the Resident may lack or does lack the capacity to make this decision, then the Service Provider should respond in accordance with the provisions outlined in the *Personal Directives Act* (2008, c.8, s.1).

5.11.3.2.

5.12. Response Time Standards

5.12.1. The following Response Time Standards (RTS) should be used by the NSHA and Service Providers as a benchmark for placing/admitting Clients to vacant long-term care beds. The table outlines the maximum expected timeline to complete each of the six main steps in the placement process. Each RTS is time stamped for the purpose of reporting and quality improvement.

Step	Timeline	Responsibility	Action
1	4 business hours	Service Provider	Service Provider notifies NS Health of vacant bed
2	8.5 business hours	NSHA	NS Health sends a complete client information package to Service Provider
	8.5 business hours	Service Provider	Service Provider notifies Placement of decision re: admission
3	2 business hours	NSHA	If referral accepted by Service Provider, NS Health makes bed offer to client/SDM
4	8 business hours	Client/SDM	Client/SDM notifies NS Health of decision
5	1 business hour	NSHA	NSHA notifies Service Provider of client's decision
6	16 business hours	Service Provider	Service Provider admits client

SDM = Substitute Decision Maker

*If the Client does not accept the bed offer, the NSHA shall select the next appropriate Client and make another offer. This is repeated until a bed offer is accepted. Once the offer has been accepted, the NSHA sends the Client's information package to the Service Provider.

The Department of Seniors and Long-Term Care is responsible for ensuring that the financial assessments are completed in a timely manner, based on the Client's priority for placement.

6. ACCOUNTABILITY

- 6.1. For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Seniors and Long-Term Care.
- 6.2. The Senior Executive Director of Seniors and Long-Term Care has responsibility for on- going monitoring and enforcement of this policy.

7. MONITORING/OUTCOME MEASUREMENT

7.1. The Senior Executive Director, Seniors and Long-Term Care, is responsible for the implementation, performance, and effectiveness of this policy.

8. REPORTS

8.1. Service Providers are responsible for tracking vacant bed days and reporting this information to Financial Services, Seniors and Long-Term Care, as per the frequency and format determined by the Department.

8.2. The NSHA is responsible for tracking the following information and reporting to the Senior Executive Director, Seniors and Long-Term Care, as per the frequency and format determined by the Department:

- Exceptions to First Appropriate Bed (see Section 5.2.3)
- Variance Reports-hospital and community (see Section 5.4)
- Refusals from Service Providers (see Section 5.9)
- Transfer list review

9. REFERENCES

- 9.1. *Adult Protection Act* (R.S., c.2, s.1.)
- 9.2. *Seniors and Long-Term Care Service Eligibility Policy*
- 9.3. *Seniors and Long-Term Care Facility Based Respite Policy*
- 9.4. *Homes for Special Care Act* (R.S., c.203, s.1.)
- 9.5. *Labour Standards Code* (R.S., c.246, s.1.)
- 9.6. *Personal Directives Act* (2008, c.8, s.1)
- 9.7. *Vital Statistics Act* (R.S., c.494, s.1)
- 9.8. *Life Partners in Long-Term Care Act*

10. APPENDICES

10.1. Appendix A: Placement Priority Levels and Waitlist Organization

11. VERSION CONTROL

Version 6	June 5, 2024	Replaces all previous versions. Removes the requirement for the MSR form to be completed for admissions to LTC from acute care facilities only.
Version 5	January 18, 2024	Replaces all previous versions. Establishes priority placement for Mi'kmaw clients to Kiknu LTC Facility.

Version 4	July 5, 2023	Replaces all previous versions. Clarified requirements for discharging patients to or from an acute care facility. Minor copy corrections. Updated format to new template.
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Version 3	January 13, 2022
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12. INQUIRIES

12.1. All inquiries relating to this policy should be to:

Director, Long-Term Care
Nova Scotia Department of Seniors and Long-Term Care
PO Box 2065
Halifax, NS B3J 3X8
Tel: (902) 424-0770

APPENDIX A: Placement Priority Levels and Waitlist Organization

Priority 1	Criteria	Waitlist Organization
a) Adults in Need of Protection	Client has been assessed by Adult Protection and has been determined to meet the criteria of an Adult in Need of Protection according to the <i>Adult Protection Act</i> (R.S., c.2, s.1).	<p>If an Adult in Need of Protection is placed in a facility outside 100 kilometers driving distance from their preferred community of residence, they will become a Priority 2 Client until they are placed within approximately 100 kilometers driving distance from their preferred community of residence.</p> <p>After the Client is placed within 100 kilometers from their preferred community of residence, their priority status will change to a Priority 3.</p>
b) Kiknu LTCF	Mi'kmaw Clients awaiting placement to Kiknu Long-Term Care Facility who are members of one of the 13 Nova Scotia Mi'kmaw First Nations.	With the exception of Adults in Need of Protection, vacancies at Kiknu LTCF will be offered first to Mi'kmaw Clients who are members of one of the 13 Nova Scotia Mi'kmaw First Nations.

Priority 2	Criteria	Organization
Client Returning "home" to their facility	The Client was a Resident of a long- term care facility who lost their bed due to an extended hospital stay; is ready for hospital discharge and wants to return to their original long- term care facility; and has been assessed by the NSHA as having a care level consistent with that provided by the Client's preferred facility.	With the exception of Clients with an approved Community Variance Request (5.4.2), Priority 2 Clients are organized on the wait list in chronological order in accordance with their "Care Level Decision" dates.
Client requiring a different level of care that can be met at the same Long-term Care Facility (i.e., facility has both nursing home and residential care level beds)	The Client is an existing Resident of a Long-term Care Facility (currently residing in the facility or a hospital) and wants to continue living at the same facility; has been assessed by the NSHA as having a care level consistent with that provided by the Client's preferred facility; and in cases where safety is a serious concern, the First Appropriate Bed Provision may be applied to Residents in these facilities.	

<p>Client requiring a different level of care that cannot be met at the same long-term care site</p>	<p>The Client is an existing Resident of a Long-term Care Facility (currently residing in the facility or in hospital); and has been reassessed as requiring a different level of care that can only be met at another Long-term Care Facility.</p> <p>OR</p> <p>is an existing Resident of a Department of Community Services facility/ community-based option program, which includes Regional Rehabilitation Centers, Adult Residential Centers, Residential Care Facilities, Group Homes, Developmental Residences, Small Option Homes, and Alternative Family Support Homes; may be currently residing in the facility/ community-based option program or a hospital; and has been reassessed as requiring a different level of care that can only be safely met at a Department of Seniors and Long-Term Care licensed Long-term Care Facility.</p>	
<p>Client whose Spouse is a Resident of a Long-term Care Facility</p>	<p>The Client and their Spouse want to live in the same location; and the Spouse has been assessed by the NSHA as being eligible for placement to long-term care.</p> <p>Note: Spouses will be placed together in a facility that provides the highest level of care required by either the Client or the Spouse.</p>	
<p>Client whose parent, sibling or dependent child is a resident of a Long-term Care Facility</p>	<p>The Client wants to live in the same location as the parent, sibling, or dependent child; and has been assessed by the NSHA as having a care level consistent with that provided by the facility in which the family member resides.</p>	

Client requiring Peritoneal Dialysis	The Client requires placement in a facility that has specially trained staff, an appropriate staffing complement and the physical environment to support the provision of peritoneal dialysis care.	
Client who is transferring out of the following:	Peter's Place Bridgewater Peter's Place Halifax	
Clients with an approved community variance request	See Variance to the Wait List Ordering System - <i>Clients</i> in Community, Section 5.4.2.	
Client moving from a Long-term Care facility outside 100km of the Client's preferred community of residence to a Long-term Care Facility within 100km of a Client's preferred community of residence	Applies only to Clients placed through a community variance (see section 5.4.2) or Adults in Need of Protection placed through First Appropriate Bed.	

Priority 3	Criteria	Organization
Client waiting in the community	The Client has been assessed by the NSHA as having a care level consistent with that provided by a Long-term Care Facility; and is receiving appropriate care in their current setting due to the presence of family supports or other system resources.	<p>Priority 3 Clients are organized on the wait list in chronological order in accordance with their “Care Level Decision” dates, except as follows:</p> <ul style="list-style-type: none"> • Clients who are removed from the wait list, and subsequently reapply, are entered on the wait list system according to their most recent “Care Level Decision” date; • Residents who request a transfer to another Long-term Care Facility, after they have been placed, are positioned on the wait list according to the date that the NSHA is informed of the Resident’s transfer request; and • Clients who have received a “Care Level Decision” and subsequently become acutely ill, will not be considered for long-term care placement or transferred until they are medically stable, have been reassessed, and, if warranted, undergo an eligibility review. If after the reassessment/review the Client is deemed eligible, the original “Care Level Decision” date will be used as the wait list reference date.

<p>Client waiting in hospital</p>	<p>The Client has been medically discharged and cannot return home to the community with home and community-based care services; and has been assessed by the NSHA as having a care level consistent with that provided by a Long-term Care Facility.</p>
<p>Client waiting for transfer in a Long-term Care Facility</p>	<p>The Client is currently residing in a Long-term Care Facility; and has requested a transfer to another long-term care facility which will provide the same level of care; and the Client is in financially good standing in the facility in which they currently reside.</p>