

HOME OXYGEN SERVICES PROCEDURES AND GUIDELINES, EDITION 8

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Section 1 – Introduction

Goal of the Home Oxygen Services Program

The Home Oxygen Services program provides eligible individuals living at home or in long-term care facilities with access to safe and reliable long-term oxygen services that meet their health care needs.

Purpose of these Procedures and Guidelines

These procedures and guidelines are intended to be used by

- Designated Physicians who determine medical eligibility
- Service Providers who deliver oxygen services
- health professionals involved in assessing applicants who require long-term oxygen therapy
- the Nova Scotia Health Authority (NSHA), which administers the program

Definitions

Applicant: A person who applies for the Home Oxygen Services program funded through the Department of Seniors and Long-Term Care (SLTC).

Arterial Blood Gas (ABG): A blood test to determine the pH of arterial blood and the partial pressures of oxygen and carbon dioxide.

Authorized Designate: The delegate or statutory decision-maker duly appointed under applicable law with the legal authority to make care decisions on behalf of an individual who lacks capacity.

Client: An individual who is authorized for and receiving the Home Oxygen Services program.

Cor Pulmonale: A serious cardiac condition in which there is right ventricular heart failure due to pulmonary hypertension secondary to disease of the blood vessels of the lungs.

Cylinder Oxygen: Oxygen stored under pressure in a cylinder equipped with a standard straight-flow regulator that controls the flow rate.

Designated Physicians: Respiriologists and Internists who are authorized by SLTC to determine medical eligibility for the Home Oxygen Services program.

Designated NSHA Billing Staff: NSHA staff who support the financial administration of the Home Oxygen Services program.

Funding Authorization Form: A form that documents the funding authorization number, funding code, and additional information required by the Service Provider and designated NSHA billing staff for the provision of home oxygen service.

Funding Authorization Number: A number used by NSHA for data collection and billing purposes.

Hypoxemia: A low level of oxygen in the blood. For the purposes of this manual, this term refers to arterial blood.

Oximeter: Non-invasive instrument used for measurement of oxygen saturation of arterial blood. For the purposes of this manual, this term refers to a pulse oximeter.

Oximetry or Saturation Study: The measurement of oxygen saturation (SpO₂) using an oximeter, for a defined activity.

Oxygen Concentrator: An electrically operated device that separates oxygen from room air and delivers a higher concentration of oxygen. This does not affect the normal amount of oxygen in the room.

Oxygen Desaturation: A fall in the level of oxygen bound to hemoglobin in the blood. For the purposes of this manual, this term refers to an oxygen saturation level of less than or equal to 88 % in arterial blood.

Palliative Oxygen Therapy: This term refers to home oxygen service that is provided to a client who is terminally ill, having determined that treatment for cure or prolongation of life is no longer the primary goal and the client has a life expectancy of 90 days or less.

Polysomnography: A multi-parametric test used in the study of sleep and as a diagnostic tool in sleep medicine. Polysomnography is a comprehensive recording of many body functions including brain (EEG), eye movements (EOG), muscle activity or skeletal muscle activation (EMG), oxygen saturation (SpO₂) and heart rhythm (ECG) during sleep.

Publicly Assisted Residents: An individual who

- has occupied a regular bed in a SLTC long-term care facility prior to January 1, 2005
- was receiving financial assistance from SLTC exceeding \$12.75 per day
- has not opted to be assessed under the long-term care policies in effect as of January 1, 2005

Secondary Polycythemia: A physiologic condition resulting from a decreased oxygen supply to the tissues.

Service Provider: A business that has entered into, and meets the requirements of, a service agreement with SLTC to provide equipment, related supplies, and service for the Home Oxygen Services program.

Smoking: the action of inhaling or exhaling smoke from, burning, carrying, holding, or otherwise having control over a lit or heated cigarette, cigar, pipe, water pipe, electronic cigarette or other device that burns or heats tobacco, cannabis or another substance that is intended to be smoked or inhaled.

Transfill Concentrator System: An oxygen concentrator that is fitted with an additional compressor that takes the oxygen from the concentrator and allows the user to fill portable cylinders.

Section 2 – Overview

The Home Oxygen Services program is funded by the Department of Seniors and Long-Term Care (SLTC) and administered by the Nova Scotia Health Authority (NSHA). Applicants must meet the general eligibility and the medical eligibility to be enrolled in the program.

General Eligibility

To be eligible the applicant must

- be a resident of Nova Scotia, with a valid Nova Scotia health card number, or be in the process of establishing permanent residence in Nova Scotia and have applied for coverage under Nova Scotia's health insurance plan
- have a chronic respiratory illness or dysfunction that requires long-term or palliative oxygen therapy as determined by a designated physician
- meet the medical eligibility criteria as identified in the Home Oxygen Services program procedures and guidelines
- not be receiving and/or not be eligible to receive the same benefits from another publicly funded program
- have a condition that can be managed safely and effectively at home and have an environment that is safe and suitable for the provision of home oxygen service, both for the individual and for the Service Provider
- agree (or have a parent/guardian agree) to a Home Oxygen Services program Non-Smoking Agreement
- have a physician/nurse practitioner responsible for ongoing care related to their respiratory condition
- agree to a financial assessment and be responsible for any applicable client fees according to the home care fee determination process as identified in the *Home Care Policy Manual*
- agree to be responsible for any fees related to equipment or services not funded through the Home Oxygen Services program
- select a Service Provider from the Approved Home Oxygen Service Provider List
- agree to comply with the requirements of the Home Oxygen Services program policy, procedures, and guidelines

Medical Eligibility Forms

Medical Eligibility Assessment Form

All new referrals must include a Medical Eligibility Assessment Form. This form must be completed in full to avoid delays in processing and approval.

Designated Physicians, authorized by SLTC, must approve initial medical eligibility and medical re-qualification for the Home Oxygen Services program. Clients must be seen in person (if possible) by the Designated Physician to determine medical eligibility. Designated physicians write the initial prescription for oxygen. For palliative clients, a family physician/nurse practitioner writes the initial prescription.

Medical Eligibility Reassessment Form

A Medical Eligibility Reassessment Form must be completed in full for long-term funding (for chronic hypoxemia only). Failure to do so will result in discontinuation of funding or interruptions in service.

Medical Eligibility Criteria

To be eligible for the Home Oxygen Services program, applicants must meet the medical eligibility criteria for at least one of the following conditions:

- chronic hypoxemia
- nocturnal desaturation
- exertional desaturation

Chronic Hypoxemia

Applicants must have chronic hypoxemia at rest. A Medical Eligibility Assessment Form or Medical Eligibility Reassessment Form must be completed.

The Medical Eligibility Assessment Form is valid for a period not to exceed 90 days. Applicants/clients must meet the following eligibility criteria:

- Arterial blood gas test must confirm hypoxemia at rest with $\text{PaO}_2 < 55$ mmHg on room air.

OR

- Arterial blood gas at rest less than 60 mmHg on room air in the presence of cor pulmonale, pulmonary hypertension or secondary erythrocytosis [hematocrit greater than 55%].
- If arterial blood gas is not available or obtainable, an oxygen saturation of less than 88% at rest on room air in the seated position for six (6) consecutive minutes is an acceptable alternative.
- applicants must use oxygen therapy for a minimum of 18 hours per day

Nocturnal Desaturation

Applicants must have documented evidence of nocturnal desaturation. A Medical Eligibility Assessment Form must be completed. Clients must meet the following eligibility criteria:

- nocturnal desaturation must be confirmed by polysomnography or nocturnal oximetry tests. Applicants usually exhibit severe episodes of arterial desaturation on one or two occasions per night, persisting for at least two minutes. This type of individual spends at least 5% of sleep time with an oxygen saturation at or below 85% without nocturnal oxygen therapy.
- a Service Provider may perform the testing for nocturnal desaturation in an applicant's home, if necessary. Where this occurs, it will be at no cost to SLTC or NSHA.
- clients approved for oxygen therapy for nocturnal desaturation will be funded for oxygen via concentrator only.

Exertional Desaturation

Applicants must have documented evidence of exertional desaturation. A Medical Eligibility Assessment Form must be completed. Applicants must meet the following eligibility criteria:

The following conditions apply to clients receiving home oxygen service for exertional desaturation:

- Testing must demonstrate desaturation with an SpO₂ less than 86% on 6-minute walk test (6MWT), irrespective of walking time or distance completed on 6MWT.
- Testing must demonstrate desaturation with an SpO₂ less than 89% in the presence of cor pulmonale, pulmonary hypertension or secondary erythrocytosis irrespective of time or distance completed on 6MWT.

Acceptable Evidence of Medical Eligibility

Applicants 18 years of age or younger:

Documentation must include results of an oxygen saturation measurement **by oximeter** during a period of clinical assessment on room air and medical eligibility is determined by the Designated Physician as part of prior approval.

Applicants 19 years of age or older:

Documentation at initial referral must include results of an oxygen saturation measurement during a period of clinical assessment on room air and prior approval of a Designated Physician is required.

Palliative Applicants:

ABG testing is not required. For palliative individuals, eligibility will be determined by oximeter and clients will be medically eligible with a resting oxygen saturation measurement measuring less than 88%. This may be measured at home. Prior approval by the Designated Physician is not required. and the initial oxygen prescription may be written by a family physician/nurse practitioner. If oxygen is required beyond 90 days the client must be assessed to determine medical eligibility for Chronic Hypoxemia, Nocturnal Desaturation or Exertional Desaturation through the existing eligibility criteria and the Service Provider is responsible to arrange the required testing.

Long-term Eligibility – Exertional Desaturation and Nocturnal Desaturation

Applicants who meet the general and medical eligibility criteria based on exertional desaturation or nocturnal desaturation will be placed on long-term home oxygen service without the need for further medical eligibility testing.

Long-term Eligibility – Chronic Hypoxemia

Once authorized, clients with chronic hypoxemia will be funded for an initial 120-day period. Continued medical eligibility will be determined through a retest via an oximetry study.

Re-testing for continued medical eligibility should be completed in the 30 days prior to expiration of the initial 120-day funding authorization period to avoid service interruption. The Service Provider is responsible to arrange the required testing.

A client will be medically eligible on reassessment with an oxygen saturation measurement of equal to or less than 88 %. Medical eligibility must be documented on a Medical Eligibility Re-assessment Form and approved by a Designated Physician.

When a client has been deemed eligible for long-term home oxygen service, after the initial 120-day authorization period, further testing for medical eligibility is not required.

Requirements for Oximetry Study by Service Providers

Where an oximetry study is used to determine initial medical eligibility or to confirm continued medical eligibility, and where this test is performed by a Service Provider, the Service Provider must submit an original printout of the oximetry study and attach it to the Medical Eligibility Assessment Form. The oximetry study must include the following:

- Name of the applicant
- Date and time oximetry study was performed
- Name and professional designation of professional performing the test
- Signature of the health professional

Ineligible Applicants

An applicant is not eligible for the Home Oxygen Services program and funding will not be approved in the following circumstances:

- The applicant is receiving or is eligible to receive the same benefit from another publicly funded program. Examples include, but are not limited to, benefits provided under Veterans Affairs Canada, Non-insured Health Benefits through Indigenous Services Canada, or Workers' Compensation.
- The applicant smokes as defined in these procedures and guidelines.
- The applicant refuses to sign a non-smoking agreement, or, in the case of pediatric clients, the parent or guardian refuses to sign a non-smoking agreement.
- The test results on the Medical Eligibility Assessment or Medical Eligibility Reassessment forms do not demonstrate evidence of hypoxemia.
- Oxygen is prescribed for psychological support or for breathlessness unsupported by evidence of hypoxemia.
- Oxygen therapy is used solely on an emergency or stand-by basis or for pain relief.

Indigenous Home Oxygen Applicants

Indigenous applicants who receive benefits through the Non-Insured Health Benefits (NIHB) program through Indigenous Services Canada may be able to access Home Oxygen Services through NIHB. For more information please visit: [Medical supplies and equipment benefits for First Nations and Inuit \(sac-isc.gc.ca\)](https://www.sac-isc.gc.ca) or contact the NIHB Atlantic Regional Office at nihb-atlfnihb@sac-isc.gc.ca

Section 3 – Service Authorization Process

Authorization Process for Home Oxygen Service

Medical Eligibility: The Designated Physician forwards the completed Medical Eligibility Assessment Form or Medical Eligibility Reassessment Form to NSHA, which assigns/distributes it to the appropriate Care Coordinator.

General Eligibility: Once medical eligibility has been established, the Care Coordinator determines if the client meets the general eligibility criteria. If an applicant does not meet general eligibility requirements, the Care Coordinator notifies the Designated Physician.

Once medical and general eligibility have been confirmed

- the client or authorized designate selects a Service Provider from the Approved Service Provider List
- the Care Coordinator
 - obtains a funding authorization number and completes a Funding Authorization Form
 - forwards the Funding Authorization Form to the selected Service Provider with copies of the Medical Eligibility, Consent for Sharing Information, Non-Smoking Agreement, and a Pre-visit Risk Screening
 - forwards a copy of the Funding Authorization Form to the designated NSHA billing staff

Home oxygen clients are reassessed annually by the Care Coordinator. After reassessing a client, the Care Coordinator forwards the Funding Authorization Form to

- the Service Provider
- NSHA designated billing staff

Client Fees

Clients may be required to pay a portion of the cost of the Home Oxygen Services program according to the Home Care Fee Determination process identified in *Home Care Policy Manual*. The Care Coordinator will complete a financial assessment before service is initiated (if possible) to determine if client fees will be required.

Where services are initiated prior to confirmation of income, an adjustment to fees or services may be required.

Fee-paying clients who are receiving both home support and home oxygen service through NSHA are assessed for the home oxygen fee *first* and any applicable home support fees *second*. In no case will the total of the combined fees exceed the maximum monthly client fees as established by SLTC.

The authorization of additional approved equipment after service is initiated does not affect the maximum monthly home oxygen service fees charged to the client.

Having private insurance coverage does not affect an applicant's eligibility for the Home Oxygen Services program. Clients with private insurance may be covered by their insurer for any applicable co-pay or other services not funded by SLTC.

Service Provider Selection

SLTC maintains service agreements with home oxygen Service Providers across the province. These Service Providers are listed on the Home Oxygen Service Approved Service Provider List and provide all oxygen equipment and supplies funded by the Home Oxygen Services program.

Once approved for the Home Oxygen Services program, clients or their authorized designate select a Service Provider from the Approved Service Provider List. **The Care Coordinator or Designated Physician/family physician/nurse practitioner cannot select the Service Provider for the client.**

Once a Service Provider is selected, the Care Coordinator approves and coordinates service in accordance with established procedures. Clients must remain with the Service Provider they select for a minimum period of one year, unless there is a reason that has been reported to and accepted by a Care Coordinator.

Funding Authorization

All funding authorization forms must be signed and dated at the time of assessment by the Care coordinator. Authorization forms must not be backdated.

Funding authorization numbers are constructed to record the fiscal year period, the geographical area, the date of service authorization, and a sequential record order.

Funding authorization numbers do not change unless the client relocates to another geographical area.

If a home oxygen client relocates

- the existing funding authorization number must be discontinued
- a new funding authorization number must be issued relative to the new geographical location of the client and forwarded to NSHA billing
- copies of all authorization forms are kept in the client's NSHA Continuing Care file

Oxygen Prescriptions

Oxygen prescriptions must be renewed, at a minimum, on an annual basis and this can be initiated by either the client, their authorized designate, or the Service Provider. If a client requires a change in their oxygen flow rate, a new prescription is not required from the Designated Physician, but it may be written by the client's family physician/nurse practitioner. Service Providers must obtain and document prescription renewals.

Section 4 – Service Fees, Equipment, and Supplies

SLTC funds the provision of oxygen equipment and related supplies and service. The following describes the services provided through the Home Oxygen Services program and applicable requirements or conditions.

Service Fees

Service provider rates include the cost of all maintenance and service, including in-home checks of the equipment provided according to the manufacturer's standards. All oxygen delivery equipment must be approved by the Canadian Standards Association. Costs for additional equipment or supplies not funded through the Home Oxygen Services program are the responsibility of the client.

Approved Equipment and Supplies

The Home Oxygen Services program provides the following equipment and supplies:

- standard oxygen concentrator
- a second concentrator if determined to be medically necessary
- hi-flow concentrator if determined to be medically necessary
- a second hi-flow concentrator if determined to be medically necessary
- one backup oxygen cylinder to be used for power outage or equipment failure
- one cylinder base
- one flow meter regulator
- one nasal cannula (one per month)
- oxygen tubing (up to 15.24 metres, one per month)
- humidifier bottles (one per month) to clients with prescribed oxygen flow rates of 4 litres or higher
- portable oxygen system if determined to be medically necessary

Disposable supplies, such as a nasal cannula and oxygen tubing, are provided monthly as described above. Clients who use more than the approved number of supplies are required to pay for these out of their own resources.

Clients requesting humidifier bottles for flow rates less than 4 litres are required to purchase them.

Additional equipment may be left in the client's home at the discretion of the Service Provider and shall be at no additional cost to SLTC.

If a client, or the authorized designate, refuses to allow the minimum required supplies/equipment to be left in the home (e.g., backup oxygen tank), the Service Provider will forward a copy of the company's waiver form, signed by the client or authorized designate, to the Care Coordinator to be kept in the client's file.

Authorization of Additional Equipment

A second standard oxygen concentrator, a hi-flow concentrator, a second hi-flow concentrator, or a portable system may be appropriate when approved with a prescription from a Designated Physician/family physician/nurse practitioner. Approvals must be documented to include the date of approval and the change in costs. The Care Coordinator shall forward copies of updated funding authorization information to the oxygen Service Provider and to the designated NSHA billing staff.

Additional Equipment Fees

NSHA must approve the provision of additional equipment only if authorized as part of the parameters of the Home Oxygen Services program policy, procedures, and guidelines. Costs will be pro-rated where the equipment is provided for less than a full month.

Refill Cost for Cylinders

SLTC will fund Service Providers for cylinders used, or refills due to power outage, in accordance with their Service Agreements. Invoices must include the date of the power outage.

Portable Oxygen System

Portable oxygen delivery systems are provided for use outside of a client's residence. This includes the following equipment and supplies:

- standard regulator
 - cylinder cart
 - portable cylinders (up to 10 per month)
- or
- transfill concentrator system (including two cylinders per system)

The Service Provider is responsible for the supply and refill of cylinders for portability purposes. The Service Provider shall invoice NSHA only for the number of cylinders used by the client. There shall be no charge to the client for the supply or delivery of the authorized number of cylinders for portability.

A client who demonstrates high portable cylinder consumption of 10 or more cylinders per month and/or resides in a remote or difficult-to-service area for deliveries may be considered for a transfill system.

Using clinical expertise, the Service Provider will recommend to the Care Coordinator the suitability of the transfill concentrator system based on client location, age, dexterity, and cylinder usage (10 cylinders or more per month).

The Service Provider will invoice a fee for the transfill concentrator system which will be equivalent to the cost of providing 10 cylinders per month, and this fee will not exceed the amount outlined in the Service Provider's Service Agreement. The use of the transfill system is cost neutral to SLTC and the client.

Section 5 – Services Provided Through the Home Oxygen Services Program

Initial Set up of Equipment

Service Providers will set up equipment, ensuring it is safely secured and stored, within 48 hours of receiving an authorization from the Care Coordinator. This provides the Service Provider time to set up equipment in more remote areas of the province.

Service Providers are not required to provide emergency type service, such as setting up equipment within hours of the completion of the funding authorization. In situations where timing of the oxygen service setup is relevant to client care, and when the setup by the chosen Service Provider cannot be done to meet the client's needs, the client or authorized designate may choose an alternate Service Provider from the Approved Service Provider List.

Delivery of Equipment and Supplies

Service Providers will deliver approved home oxygen service equipment to the client's residence and will have the delivery slips signed by the client or authorized designate.

It is the responsibility of the client or authorized designate to contact the Service Provider to arrange for delivery of cylinders to replace those used for power outage or equipment failure. These are delivered at no extra cost to the client.

Client Education

Service Providers must provide the following information related to the use of the equipment to clients, authorized designates, and caregivers:

- the anticipated benefits of the therapy
- the necessity to use the oxygen as prescribed by the physician
- the continuing care non-smoking policy
- instructions for the proper and safe use of the equipment
- safety precautions and demonstration of the procedures for disassembly, cleaning, and reassembly of the equipment provided
- minor testing or troubleshooting techniques related to the equipment provided
- the schedule of in-home service visits included with the concentrator, and the procedure to follow in the event of an equipment malfunction, including the Service Provider service call-back telephone number.

Telephone Call-back Service

Service Providers will provide a 24-hour call-back telephone number enabling the client to contact a company representative in case of equipment malfunction or power failure. This telephone number will be included on instruction pamphlets and equipment tags for easy reference. Service providers are required to respond to service calls in a timely manner.

In-home Client Assessment and Reassessment

Service Providers will provide regular respiratory assessments every three months for the first year, or as otherwise specified. Assessment frequency will be determined by the family physician/nurse practitioner, or Designated Physician.

After a client has been receiving home oxygen service for one year, the Service Provider may change client reassessment visits to twice a year provided the following conditions are met:

- there is no physician order for more frequent reassessment
- the client is medically stable, or their condition is predictable
- there has been no change in the client's respiratory status
- the client has demonstrated competence with respect to using the equipment
- the client is compliant with the hours of use and the non-smoking agreement
- the client has not experienced repeated hospital admissions or physician care related to their respiratory status or condition

Where there is concern for client safety, compliance, or education issues, Service Providers must, at a minimum, maintain a quarterly reassessment visit schedule.

Reassessment of the client's respiratory status shall be by chest auscultation and SpO₂ measurement, unless otherwise specified. Reassessment must be done by a Registered Respiratory Therapist, a Registered Nurse or a Licensed Practical Nurse.

Service Providers will send reassessment reports in a timely manner to the Care Coordinator, family physician/nurse practitioner, and/or Designated Physician as specified on the Medical Eligibility Assessment Form. Reassessment reports must document actual hours of client use.

In-home Equipment Maintenance

The following is the minimum standard acceptable for in-home maintenance of oxygen concentrators provided through the Home Oxygen Services program.

The Service Provider will

- analyse oxygen concentration output, maintaining the manufacturer's specifications
- check flow control device for accuracy and rectify as appropriate
- test all audible and visual alarms for proper functioning
- clean or replace all external and internal filters according to the manufacturer's specifications
- ensure that "no smoking" signs are properly posted
- where applicable, review cleaning instructions for disposable equipment
- check the function and reserve capacity of any emergency back-up cylinder system
- review safety procedures relating to the care and use of oxygen supply equipment with the client or authorized designate and caregiver

- record the concentrator serial number and hours of use; and
- meet the manufacturer's standards for shop service according to details in the service manuals and service update bulletins. This may include training for service technicians in a manufacturer's service school

The manufacturer may require more frequent checks and/or service relating to specific concentrator models. The Service Provider is responsible for maintaining the concentrator according to the manufacturer's standards.

Section 6 – Smoking and Home Oxygen Service

Smoking while in receipt of home oxygen service poses a serious hazard to the safety and health of clients. The potential hazards and risks associated with smoking by individuals who are receiving supplemental oxygen include

- inability to achieve adequate oxygenation due to continual aggravation of underlying disease
- personal injuries due to burns
- damage to equipment due to fire

Smoking is deemed to be sufficient reason to reject applicants or terminate existing services. All Home Oxygen Services program clients or an authorized designate must sign a non-smoking agreement.

In all cases, the client, authorized designate, family and all agency/oxygen Service Providers delivering services to clients on behalf of NSHA will be made aware that smoking while in receipt of home oxygen service is a cause for discontinuation of service. Agency home care providers and oxygen Service Providers are expected to report any smoking behaviour by the Home Oxygen Services program clients to NSHA.

Smoking by Applicants/Clients

Applicants will be advised that they are not eligible for home oxygen service if they smoke. Clients who do not comply with no-smoking requirements will have the service discontinued for a minimum period of 90 days.

The process and procedures for noncompliance with no-smoking requirements, will be as follows:

1. The Care Coordinator will be notified of the individual's smoking behaviour. This may occur in a number of ways, including:
 - the Care Coordinator witnesses the applicant/client smoking
 - the applicant/client indicates they smoke
 - the authorized designate or family may report that the applicant/client is smoking; and/or a home care agency or oxygen Service Provider reports to have witnessed the client smoking

A report from any of the above that a client has been smoking shall be deemed evidence of smoking that is worthy of investigation by the Care Coordinator.

2. Upon receipt of a report of smoking by a home oxygen client, the Care Coordinator will first contact the client or their authorized delegate to discuss and review the findings.
3. When a Care Coordinator determines a client is not compliant with the no-smoking requirements, they will verbally inform the client or authorized designate that the home oxygen service will be discontinued immediately due to program non-compliance. The Care Coordinator will advise the client or authorized designate of the minimum 90-day period before they can re-apply and that they are responsible for making alternate arrangements for home oxygen service during that period.

4. The Care Coordinator will provide written confirmation of service discontinuation to the client by registered mail or other suitable courier with receipt notification.
5. The Care Coordinator will also notify the Service Provider, the client's family physician/nurse practitioner, and the designated NSHA billing staff of the decision to discontinue home oxygen service. Notification shall contain the effective date of suspension/discontinuation. The effective date shall be the date that the Care Coordinator makes a judgment that the client is smoking.

Smoking by Others in the Client's Home

The client or authorized designate is responsible to ensure that others in the home do not smoke in the room containing the oxygen equipment. Any smoking must occur in a different room that is separated from the equipment by a closed door. Where the only door separating the individual who is smoking and the oxygen equipment is to the outside, smoking must occur outside. Failure to comply with this requirement will result in discontinuation of home oxygen service.

Reapplying for Service after Discontinuation for Smoking Non-compliance

After the minimum 90-day period, a client may reapply for the Home Oxygen Services program. This application will be treated as a new referral and medical and program eligibility must be determined again. Clients who have home oxygen service discontinued a second time for smoking non-compliance will have the service revoked permanently.

Section 7 – Oxygen in Long-term Care Facilities

The Home Oxygen Services program is provided to residents of approved long-term care facilities who meet medical and general program eligibility criteria. Clients who have been receiving home oxygen service in the community will continue to receive the service from their existing Service Provider when entering a long-term care facility, provided the Service Provider services the area.

Fee Determination

For long-term care residents who are publicly assisted, SLTC will fund the full cost of oxygen services to the resident and fee determination is not required. Other long-term care residents will be subject to the fee determination process and may be required to pay a Home Oxygen Services program fee.

SLTC-funded Long-term Care Facility Responsibilities

Staff Education: The facility is responsible for ensuring that staff working with residents receiving home oxygen service have appropriate training prior to the resident's admission.

Use of Oxygen Cylinders: Backup cylinders are supplied for use in case of power outage or equipment failure. Cylinders for portability are for use by the resident when outside of the facility. The facility is responsible to ensure that oxygen cylinders are used appropriately and for any costs associated with the use of cylinders for purposes other than those specified.

Compliance with Regulations: Facilities are responsible to ensure that use and storage of oxygen complies with the requirements of the Provincial Fire Marshal's Office.

Notification of Death or Discharge: In the event of death, transfer, or discharge of a resident receiving home oxygen service, the facility must notify the resident's Service Provider and the Care Coordinator as soon as possible.

Section 8 – Travel and Change of Residence

The Home Oxygen Services program will not be responsible for any additional costs incurred while the client is travelling within or outside of the Province of Nova Scotia. All additional costs associated with oxygen equipment used during travel, damage to equipment, and for additional supplies required are the sole responsibility of the client.

Travel within the Province of Nova Scotia

Clients may travel within the province, provided they pre-arrange this with the Service Provider.

All travel within the province is at the client's own risk. SLTC and NSHA will not be held liable should any difficulties arise in relation to safety or service related to travel.

Travel Outside the Province of Nova Scotia

The Home Oxygen Services program is not provided to clients travelling outside of Nova Scotia and all travel outside of the province is at the client's own risk.

Clients who plan to travel for any period of time outside of Nova Scotia are to notify their Service Provider and Care Coordinator.

Clients are responsible for making alternate arrangements for oxygen services while travelling. This includes all oxygen therapy costs while out of the province.

Service provider payments may continue for up to 30 days while a client is travelling outside of Nova Scotia. If more than 30 days, service will be placed on hold. The Care Coordinator will advise the Service Provider and the designated NSHA billing staff of the service suspension. The service provider may choose to remove equipment or leave it in the home. SLTC shall not be billed for equipment left in the home during the period that funding is placed on hold or suspended.

Clients who are absent from the province for more than 90 days will be discharged from the program.

Clients who are discharged due to travel and who then seek resumption of service will be treated as a new referral and medical and program eligibility must be re-established.

Travelling Outside the Province of Nova Scotia for Medical Care

Oxygen services received while out of province to receive medical care are not funded through the Home Oxygen Services program. However, clients who are travelling outside the province for the purpose of receiving a lung transplant that has been pre-approved by the MSI medical consultant may be eligible for support through Department of Health and Wellness - Insured Services.

Client Change of Residence

Clients or their authorized designate are required to notify the Care Coordinator and the Service Provider when they change residence. Examples of change of residence can include

- from one private residence to another
- from a private residence to a long-term care facility
- from one long-term care facility to another
- temporary relocation to summer home/cottage
- from one community to another

It is the responsibility of the client or authorized designate to ensure that the home oxygen equipment is appropriately transferred between residences. Any costs related to equipment damage or requirement for additional supplies are the sole responsibility of the client. Service providers may choose to transfer the equipment as a service to the client. SLTC will not provide additional funding for the transfer of home oxygen equipment between residences.

Section 9 – Service Holds, Suspensions, and Discontinuation

Service Holds Due to Hospital Admissions

Home oxygen service will be placed on hold when a client is hospitalized for more than 30 days.

The Service Provider may choose to remove the equipment or leave it in the home. SLTC shall not be billed for equipment left in the home during the period that funding is placed on hold or suspended.

Resumption of Service After Hospital Discharge

Home oxygen service will be resumed upon hospital discharge. Clients receiving home oxygen service in the community who are subsequently discharged from hospital to a SLTC long-term care facility will continue to receive the service from the established service provider, where feasible.

If the oxygen prescription changes while the client is in hospital, a new prescription may be written by the client's family physician/nurse practitioner or the hospital physician.

Reasons for Discontinuation

Home oxygen service may be discontinued for any of the following reasons:

- **Prescribed Usage:** Service Providers must notify the Care Coordinator of client non-compliance. Continued non-compliance will result in immediate discontinuation of home oxygen service. A physician/nurse practitioner order is not required. Clients diagnosed with chronic hypoxemia who use oxygen less than 12 hours per day will have home oxygen service discontinued immediately. If these clients use oxygen between 12 and 18 hours per day, follow up education by the Service Provider is required. The Service Provider will notify the Care Coordinator of the follow up and within 10 business days the Care Coordinator and the Service Provider will reassess for compliance.
- **Smoking:** Home oxygen service will be discontinued immediately for clients who are non-compliant with no-smoking requirements. A physician/nurse practitioner order is not required.
- **Medical Eligibility Criteria:** Following medical reassessment, if the client no longer meets the medical eligibility criteria, home oxygen service will be discontinued. Discontinuation will be effective the date a physician/nurse practitioner communicates the client's ineligibility to the Care Coordinator. The Care Coordinator will notify the Service Provider and designated NSHA billing staff.
- **General Eligibility Criteria:** Service will be discontinued for clients who are determined to no longer meet the general eligibility requirements effective the date of this determination. A Designated Physician/family physician/nurse practitioner's order is not required.
- **Client Moves Out of Province:** Service will be discontinued for clients who move out of province.
- **Service on Hold Longer Than 90 days:** Client's service will be discontinued if it has been on hold due to travel or hospital admission for a period greater than 90 days.

- **Client is Designated as High Risk:** Service will be discontinued if a client cannot be cared for safely and effectively at home and in an environment that is safe and suitable for both the individual and the Service Provider.
- **Client Deceased:** Funding for the Home Oxygen Services program is discontinued effective the date the Service Provider is notified of the client's death.

Discontinuation Process

When home oxygen service is discontinued for the reasons above, the Care Coordinator will forward a Funding Authorization Form with the date of discontinuation to the Service Provider and the designated NSHA billing staff.

Established procedures are to be followed with respect to NSHA's Continuing Care Safety Risk Assessment Policy and Procedures for Community-based Visits and documentation on the client's file.

In addition to this process, if home oxygen service is discontinued for any of the reasons identified below, a **Notice of Discontinuation of the Home Oxygen Services Program Funding** letter must also be completed by the Care Coordinator and forwarded to the client (registered mail or other suitable courier with receipt notification), the Service Provider, and the client's family physician/nurse practitioner. Reasons include

- client is non-complaint with prescribed usage
- client fails to comply with the no-smoking requirements
- client no longer meets medical eligibility criteria for the service

Section 10 – Invoicing and Payment Procedures

Invoicing by Service Providers

Service Providers invoice NSHA in accordance with their Service Agreements with SLTC and the established billing procedures. In addition to the approved equipment and supplies outlined in Section 4 of this document, Service Providers can invoice for the following:

- guaranteed set-up fee: 14 days or less and 15 to 30 days
- pro-rated service fee
- cylinders used, or refills due to a power outage. Invoices for refills must include the date of the power outage.

Invoices will be submitted monthly, and Service Providers will submit invoices within 60 days of service provision using the Home Oxygen Invoice Reporting Template.

Service Providers must maintain copies of completed invoices for every client approved for funding under the Home Oxygen Services program. That must be made available to SLTC and NSHA upon request for auditing purposes.

Funding Authorization

Funding authorizations are completed by NSHA. The authorized start date is the date recorded by the Care Coordinator on the Funding Authorization Form. Service provided prior to the authorized start date will not be funded by SLTC.

Billing by Designated Physicians

Designated Physicians will bill NSHA for completion of the Medical Eligibility Assessment and Medical Eligibility Reassessment forms.

- claims must be submitted on the approved Designated Physician Remuneration Form.
- completed forms are to be forwarded to NSHA at the address provided on the Designated Physician Remuneration Form. Forms may be mailed or faxed.