



Risk Mitigation - Continuing Care Branch

Home Oxygen Service

Procedures & Guidelines, Edition 7

February 16, 2016



Procedure and Guidelines: Home Oxygen Service

Version Control: Replacement of Home Oxygen Service Program
Procedures and Guidelines, edition 6 - 2007

Policy	Effective Date
Home Oxygen Service Procedures and Guidelines, Edition 6	April 1, 2007
Home Oxygen Service Procedures and Guidelines, Edition 7	March 1, 2016

TABLE OF CONTENTS

SECTION 1 - INTRODUCTION.....	5
1.1 The Procedures and Guidelines Manual.....	5
1.2 Definitions.....	6
SECTION 2 - OVERVIEW OF HOME OXYGEN SERVICE	8
SECTION 3 - APPLICANT ELIGIBILITY	10
3.1 General Eligibility	10
3.2 Medical Eligibility and Assessment	10
3.3 Acceptable Evidence of Medical Eligibility.....	12
3.4 Ineligible Applicants	13
SECTION 4 - FUNDING COVERAGE PROVIDED	14
4.1 New Referrals.....	14
4.2 Long Term Funding - Chronic Hypoxemia.....	14
SECTION 5 - SERVICE AUTHORIZATION PROCESS	15
5.1 Program Eligibility, Fee Determination & Vendor Selection	15
5.2 Funding Authorization Process	15
5.3 Authorization of Additional Equipment.....	16
SECTION 6 - EQUIPMENT AND SUPPLIES PROVIDED	17
6.1 Concentrator, Backup System and Supplies.....	17
6.2 Portable Oxygen System	18
SECTION 7 - SERVICES PROVIDED BY VENDORS	19
7.1 Initial Set up of Equipment	19
7.2 Delivery of Equipment and Supplies.....	19
7.3 Client Education.....	19
7.4 Telephone Call Back Service	20
7.5 In- Home Client Assessment.....	20
7.6 In-Home Equipment Maintenance	20
7.7 Record Keeping.....	21
SECTION 8 - SMOKING AND HOME OXYGEN SERVICES	21
8.1 General	21
8.2 Smoking by Applicants/Clients.....	22
8.3 Smoking by Others in the Client's Home.....	23
8.4 Reapplying for Services after Funding Discontinuation	23
SECTION 9 - OXYGEN IN LONG TERM CARE FACILITIES	24
9.1 General	24
9.2 Health Team Roles	24
SECTION 10 - GENERAL POLICIES AND GUIDELINES.....	26
10.1 Travel.....	26
10.2 Client Fees.....	27
10.3 Selection of Vendor.....	27
10.4 Oxygen Prescriptions.....	27
10.5 Funding During Client Admission to Hospital.....	27
10.6 Client Change of Residence	28

SECTION 11 - DISCONTINUATION OF OXYGEN FUNDING	29
11.1 Reasons for Discontinuance	29
11.2 Discontinuation Process	29
11.3 Documentation of Funding Discontinuation	29
SECTION 12 - HOME OXYGEN SERVICE FEES	31
12.1 Fee Schedule for Equipment and Service.....	31
12.2 Additional Equipment	31
12.3 Refill Cost for Cylinders	31
SECTION 13 - INVOICING AND PAYMENT PROCEDURES	32
13.1 Invoicing by Vendors	32
13.2 Billing by Designated Physicians	33
13.3 Payments Placed on Hold or Suspended	33
SECTION 14 - SERVICE TEAM ROLES & RESPONSIBILITIES.....	34
14.1 Client/Family.....	34
14.2 Vendor	34
14.3 Care Coordinator	35
14.4 Designated Physician.....	36
14.5 Designated Nova Scotia Health Authority Billing Staff	36
14.6 Home Care Service Providers	36
14.7 Family Physician	36
14.8 Department of Health and Wellness.....	37
14.9 Home Oxygen Service Medical Consultant	37
SECTION 15 - DOCUMENTATION AND STATISTICS	38
15.1 General	38
15.2 Client Transfer.....	38
15.3 Discontinuation or Suspension of Funding	38

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS RISK MITIGATION - CONTINUING CARE BRANCH

Home Oxygen Service Program - Procedures and Guideline

SECTION 1 - INTRODUCTION

1.1 The Procedures and Guidelines Manual

Goal of the Home Oxygen Service

The goal of the home oxygen service is to provide funded services to eligible individuals, including the provision of appropriate home oxygen equipment and supplies in order to correct or minimize hypoxemia. The objective of long term oxygen therapy is to improve health and increase participation in activities of daily living.

Purpose of the Manual

The purpose of this manual is to describe the procedures and guidelines of the Continuing Care home oxygen service. The manual is intended for use by:

- Designated Physicians who determine medical eligibility;
- Vendors who deliver the service;
- Health professionals involved in the assessment of applicants requiring long term oxygen therapy; and
- Nova Scotia Health Authority staff who administer the program.

Manual Format

This manual is divided into several sections. Each section covers the related issues and topics. When there is a change in the Procedures and Guidelines for the home oxygen service, this document will be updated by the Department of Health and Wellness, Risk Mitigation - Continuing Care Branch.

1.2 Definitions

Activities of Daily Living: Basic tasks associated with one's own personal care, such as bathing, dressing, toileting, and feeding.

Applicant: A person who applies to the Nova Scotia Health Authority for provincially funded home oxygen services.

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

Authorized Designates: Persons who shall communicate, as the case may be, on behalf of clients who do not have capacity, such as:

- a) a person to whom the resident has given authorization, under the *Medical Consent Act*; to give consent or directions respecting medical treatment;
- b) a guardian, under the *Incompetent Persons Act*; authorized to manage financial matters;
- c) a delegate or statutory decision-maker, under the *Personal Directives Act*, with authority to make personal care decisions; and/or
- d) an attorney, under the *Powers of Attorney Act*, authorized to manage financial matters.

Client: A person, who has applied to the home oxygen service, is determined to be eligible, and who receives provincially funded home oxygen services.

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.

Desaturation: A fall in the level of oxygen bound to the hemoglobin. For purposes of this manual, this term refers to a saturation level of less than or equal to 89% in arterial blood.

Designated Physicians: Respiriologists and internists throughout Nova Scotia who are authorized by the Department of Health and Wellness to determine medical eligibility for the home oxygen services provided through the Nova Scotia Health Authority.

Designated Nova Scotia Health Authority Billing Staff: The Nova Scotia Health Authority staff who issue funding authorization numbers and perform additional duties supporting the home oxygen service.

Funding Authorization Form: The form on which the Care Coordinator documents the funding authorization number, the funding code and additional information required by the vendor and designated Nova Scotia Health Authority billing staff for the provision of home oxygen services to a client.

Funding Authorization Number: A number used by the Nova Scotia Health Authority 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.

Medical (Physiological) Criteria: Medical conditions that determine eligibility, including laboratory evidence of the presence of chronic hypoxemia.

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

Oximetry or Saturation Study: The measurement of arterial 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.

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 Department of Health and Wellness long term care facility since prior to January 1, 2005 and who was receiving financial assistance from the Department of Health and Wellness exceeding \$12.75 per day and who 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.

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.

Vendor: A business that has met all of the requirements for the home oxygen service and holds an executed vendor agreement with the Department of Health and Wellness to provide equipment and related supplies for the Continuing Care home oxygen service.

SECTION 2 - OVERVIEW OF HOME OXYGEN SERVICE

The home oxygen service is funded by the Department of Health and Wellness and administered through the Nova Scotia Health Authority. The home oxygen service funds the provision of oxygen concentrators, portable oxygen cylinders for use outside the client's residence, and related supplies for eligible individuals who require long term oxygen therapy.

- Applicants must meet the general eligibility criteria **and** the medical eligibility criteria for the home oxygen service.
- The applicant's respiratory condition must be stable and he or she must have a physician responsible for ongoing care related to oxygen therapy.
- Only Designated Physicians, authorized by the Department of Health and Wellness, may approve initial medical eligibility and medical re-qualification for the home oxygen service. Clients must be seen in person (if possible) by the Designated Physician for determination of medical eligibility. Designated physicians write the initial prescription for oxygen.
- Only authorized Nova Scotia Health Authority staff (Care Coordinator or supervisor) may approve funding for the service.
- Applicants who meet the general and medical eligibility criteria based on exertional desaturation or nocturnal desaturation will be placed on long term home oxygen services without the need for further medical eligibility testing.
- Applicants who meet the general and medical eligibility criteria based on chronic hypoxemia will have their home oxygen services funded for an initial 120 day period. Those who demonstrate continued medical eligibility, through a retest between 90 and 120 days after service starts, will be placed on long term home oxygen services.
- For reasons of health and safety, applicants must be non-smokers.
- Clients must be able and willing to use oxygen as prescribed.
- Home oxygen service clients may be required to pay a portion of the cost of the service through a client fee.
- All oxygen equipment and supplies funded by the home oxygen service are provided by vendors from the current roster, *Home Oxygen Service Approved Vendor List*, approved by the Department of Health and Wellness.
- Clients or authorized designates select the oxygen service provider of their choice from the roster of vendors.
- Having private insurance coverage does not affect an applicant's eligibility for the home oxygen

service. Home oxygen service clients with private insurance may be covered by their insurer for any applicable co-pay or other services not funded by the Department of Health and Wellness.

SECTION 3 - APPLICANT ELIGIBILITY

Applicants must meet specific eligibility criteria. Palliative and pediatric applicants must also demonstrate a clinical need for oxygen and must meet one of the medical eligibility criteria defined in Section 3.2.

3.1 General Eligibility

The applicant must meet all of the basic criteria listed below to be considered for funding assistance:

The applicant shall:

- 3.1.1 be a resident of Nova Scotia and have a valid health card number or be in the process of applying for a health card number;
- 3.1.2 have a chronic respiratory illness or dysfunction that requires long term oxygen therapy;
- 3.1.3 not be receiving and/or not be eligible to receive the same benefits from another publicly funded program;
- 3.1.4 have a condition such that he or she can be cared for safely and effectively at home and have an environment that is safe and suitable for the provision of home oxygen services, both for the individual and for the care provider;
- 3.1.5 be a non-smoker;
- 3.1.6 have a physician responsible for ongoing care related to his or her respiratory condition;
- 3.1.7 agree to undergo a financial assessment using the approved fee determination process;
- 3.1.8 agree to abide by the policy, procedures and guidelines of the home oxygen service; and
- 3.1.9 meet the medical eligibility criteria.

3.2 Medical Eligibility and Assessment

Following appropriate medical therapy to ensure that any reversible component has been corrected, documented assessment data is required to determine medical eligibility for home oxygen services, regardless of diagnosis.

Medical Eligibility Form

A Medical Eligibility Form must be completed in full when documenting medical eligibility for all new referrals to the home oxygen service. Failure to complete the Medical Eligibility Form in full will result in delays for potential clients.

For clients with chronic hypoxemia, a Medical Eligibility Form is valid for a period not to exceed 90 days from the date it is completed by a Designated Physician.

Medical Eligibility Reassessment Form

A Medical Eligibility Reassessment Form must be completed in full when documenting medical eligibility for long term funding. Failure to complete the Medical Eligibility Reassessment Form in full will result in discontinuation of funding or interruptions in service to these clients.

A Medical Eligibility Reassessment Form is required for clients approved for the home oxygen service due to chronic hypoxemia.

3.2.1 Chronic Hypoxemia

Applicants must have chronic hypoxemia at rest. Documentation must include results of a minimum of two assessments, occurring at least one full day apart. Documentation of medical eligibility must be provided on a Medical Eligibility Assessment Form or Medical Eligibility Reassessment Form. Prior approval of a Designated Physician is required and clients must meet the following eligibility criteria for Chronic Hypoxemia:

- Arterial blood gas tests must confirm hypoxemia at rest ($\text{PaO}_2 < 55$ mmHg on room air);
- SpO_2 level must be 89% or below;
- With evidence of cor pulmonale or secondary polycythemia, arterial blood gas tests must confirm a PaO_2 in the range of 56-59 mmHg at rest breathing room air. Cor pulmonale is determined by P-pulmonale ECG pattern, increase in P-wave amplitude >2 mm in leads II, III, and AVF; jugular venous distention; tender liver; peripheral edema. Secondary polycythemia is determined by erythrocytosis with a haematocrit $> 55\%$; and
- Applicants must require oxygen therapy for a minimum of 18 hours per day.

Applicants who meet general and medical eligibility for chronic hypoxemia will have their home oxygen services funded for an initial 120 day period. Clients receiving home oxygen services for treatment of this condition are required to be retested between 90 and 120 days after the service starts, to confirm ongoing medical eligibility.

3.2.2 Nocturnal Desaturation

Applicants must have documented evidence of nocturnal desaturation. Documentation of medical eligibility must be provided on a Medical Eligibility Assessment Form and prior approval of a Designated Physician is required.

The following conditions apply to clients receiving home oxygen services for Nocturnal Desaturation:

- 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 vendor may perform the testing for nocturnal desaturation in an applicant's home, if necessary. Where this occurs, it will be at no cost to the Department of Health and Wellness or the Nova Scotia Health Authority;
- Clients approved for oxygen therapy for nocturnal desaturation will be funded for oxygen via concentrator only; and
- Clients admitted to the service with the diagnosis of nocturnal desaturation are not required to use oxygen for 18 hours per day, unless specified.

3.2.3 Exertional Desaturation

Applicants must have documented evidence of exertional desaturation. Documentation of medical eligibility must be provided on a Medical Eligibility Assessment Form and prior approval of a Designated Physician is required.

The following conditions apply to clients receiving home oxygen services for Exertional Desaturation:

- Testing must demonstrate desaturation to a SpO₂ less than or equal to 80%, regardless of dyspnea or distance walked. Walk tests may be arranged through a local pulmonary function lab; and
- Clients admitted to the service for the treatment of exertional desaturation are not required to use oxygen for 18 hours per day, unless specified.

3.3 Acceptable Evidence of Medical Eligibility

3.3.1 New Referrals

Applicants 18 years of age or younger

Documentation must include results of a minimum of two assessments, occurring at least one full day apart. For applicants 18 years of age or younger, steady state saturation measurements obtained on room air by non-invasive method (e.g. pulse oximetry) are acceptable to demonstrate that the medical criteria are met.

Applicants 19 years of age or older

Documentation at initial referral must include results of a minimum of two assessments, occurring at least one full day apart. Arterial blood gas (ABG) measurements are required. The preferred testing regime includes two arterial blood gases (ABG) performed on room air. For clients who are palliative or too ill to travel to hospital, the second ABG test is not required. In these instances, the second test of the two assessments may be made by oxygen saturation (SpO₂) measurement at home and forwarded to a Designated Physician by the vendor. Prior approval of the Designated Physician is required.

3.3.2 Renewal Application for Long Term Funding (Chronic Hypoxemia Only)

An oximetry study, with results reviewed by a Designated Physician, is required for applicants who are applying to re-qualify for services after the initial authorization period. The assessment to determine if the client continues to meet the medical eligibility criteria should be performed during the last 30 days of the 120 day initial funding period.

3.3.3 Requirement When Saturation Measurement is by Oximetry

Where an oximetry study is used for the purposes of determining initial medical eligibility or confirming continued medical eligibility for the home oxygen service **and** where this test is performed by a vendor of the home oxygen service, the vendor is required to submit an original printout of the oximetry study for attachment to the Medical Eligibility 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; and
- signature of the health professional.

3.4 Ineligible Applicants

An applicant is not eligible for home oxygen services 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 Health Canada, the *Workers Compensation Act, 1994-5, c.10, s.1; Motor Vehicles Accident Claims Act;*
- The applicant is a smoker;
- 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 Form or Medical Eligibility Reassessment Form do not demonstrate evidence of hypoxemia;
- Oxygen is prescribed for psychological support or for breathlessness unsupported by evidence of hypoxemia; or
- Oxygen therapy is used solely on an emergency or stand by basis or for pain relief.

SECTION 4 - FUNDING COVERAGE PROVIDED

4.1 New Referrals

4.1.1 An applicant (new referral) who meets the general and medical eligibility criteria for the home oxygen service will be provided funding for home oxygen services

For chronic hypoxemia, funding will be provided for an initial authorization period of 120 days. Clients seeking to continue receiving funded oxygen services for chronic hypoxemia beyond the initial authorization period are required to demonstrate continued medical eligibility.

4.1.2 Clients may be required to pay a portion of the cost of the service through a client fee.

4.2 Long Term Funding - Chronic Hypoxemia

4.2.1 A client who applies for renewal of funding for the home oxygen service and who demonstrates continued general and medical eligibility (Sections 3.1 and 3.2) will be provided long term funded home oxygen services.

4.2.2 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 interruption in funding.

4.2.3 The vendor is responsible to make arrangements through the client's physician for the required testing.

4.2.4 Medical eligibility re-qualification must be documented on a Medical Eligibility Reassessment Form and approved by a Designated Physician.

4.2.5 When a client has medically re-qualified for home oxygen services, after the initial 120 day authorization period, further testing for medical eligibility is not required.

4.2.6 Clients may be required to pay a portion of the cost of the service through a client fee.

SECTION 5 - SERVICE AUTHORIZATION PROCESS

5.1 Program Eligibility, Fee Determination & Vendor Selection

Upon establishment of an applicant's medical eligibility, the Care Coordinator determines general eligibility for the home oxygen service and the applicability of client fees and completes all required documentation.

- Where practicable, a Care Coordinator conducts an in person home oxygen eligibility assessment, prior to initiation of home oxygen services. Where services are initiated prior to an in person assessment, an adjustment to fees or services may be required. If an applicant does not meet service eligibility requirements, the Care Coordinator will notify the Designated Physician of this using the approved form.
- Eligible applicants select an oxygen service provider from the roster of vendors.
- The Care Coordinator authorizes the vendor to provide service to the client and to invoice the Nova Scotia Health Authority in accordance with established procedures.

Fee eligible clients who are receiving both home support and home oxygen services through the Nova Scotia Health Authority are assessed the home oxygen fee first and any applicable home support fees second. In no case will the total of the combined fees exceed the monthly maximum for client fees established by the Department of Health and Wellness.

5.2 Funding Authorization Process

The following are the steps in the process to authorize funding for home oxygen services:

- The completed Medical Eligibility Form or Medical Eligibility Reassessment Form is forwarded from the Designated Physician to the Nova Scotia Health Authority for assignment/distribution to the appropriate Care Coordinator.
- The client or authorized designate selects a vendor from the current roster, *Home Oxygen Service Approved Vendor List*, approved by the Department of Health and Wellness.
The Care Coordinator or physician cannot choose the vendor for the client.
- Upon initial assessment, and following established procedures, the Care Coordinator first obtains a funding authorization number and completes a Funding Authorization Form for eligible clients. This is forwarded to the selected vendor with copies of the Medical Eligibility, Consent for Sharing Information, Non-Smoking Agreement and the Pre-visit Risk Screening Tool. The Care Coordinator also forwards a copy of the Funding Authorization Form to the designated Nova Scotia Health Authority billing staff.
- Upon receipt of a Medical Eligibility Reassessment Form, the Care Coordinator forwards copies of an updated Funding Authorization Form to the vendor and the designated Nova Scotia Health Authority billing staff.

- On an annual basis, during the anniversary month of the initial authorization, the Care Coordinator conducts a reassessment of the client for continued service eligibility, fee determination, and to obtain updates of the Consent for Sharing Information and Non-Smoking Agreement forms. Copies of the updated Funding Authorization, Consent for Sharing Information and Non-Smoking Agreement forms are forwarded to the vendor. The Care Coordinator also forwards a copy of the updated Funding Authorization Form to the designated Nova Scotia Health Authority billing staff.
- As a condition of funding, clients must remain with the vendors they select for a minimum period of one year, unless there is a reason which has been reported to and accepted as valid by a Care Coordinator.
- All Funding Authorization Forms must be signed and dated at the time the Care Coordinator assesses the client. Authorization forms must not be backdated.
- The funding authorization number and the client funding code are entered in the spaces provided on the Funding Authorization Form. 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.
- Copies of the following forms are kept in the client's Continuing Care file:
 - ▶ Medical Eligibility and Medical Eligibility Reassessment, if applicable;
 - ▶ Funding Authorization;
 - ▶ Pre-visit Risk Screening Tool;
 - ▶ Fee Determination;
 - ▶ Non-Smoking Agreement; and
 - ▶ Consent for Sharing Information.

5.3 Authorization of Additional Equipment

The use of a second standard oxygen concentrator or hi-flow concentrator may be appropriate when the oxygen flow rate requirement increases above 5 litres per minute. Additional equipment may be approved with a prescription from a physician indicating that a flow rate greater than 5 litres per minute is required. Documentation of the approval of additional equipment must include the date on which the additional equipment was approved and the change in costs. The Care Coordinator shall forward copies of updated funding authorization information to the oxygen vendor and to the designated Nova Scotia Health Authority billing staff. The authorization of additional equipment does not affect the home oxygen service fees charged to the client.

SECTION 6 - EQUIPMENT AND SUPPLIES PROVIDED

The Department of Health and Wellness funds the rental of oxygen supply equipment and related supplies. The following describes the benefits provided through the home oxygen service and applicable requirements or conditions.

Vendors invoice the Nova Scotia Health Authority for the services provided in accordance with their service agreements with the Department of Health and Wellness and the established billing procedures as outlined in section 13. The monthly fee includes the cost of all maintenance and service, including in-home checks of the equipment provided. All oxygen delivery equipment must be approved by Canadian Standards Association (CSA). Costs for additional equipment or supplies not funded by the Department of Health and Wellness are the responsibility of the client.

6.1 Concentrator, Backup System and Supplies

Funding for the core home oxygen service includes provision of the following equipment and supplies by the vendor:

- standard oxygen concentrator;
- backup oxygen cylinder to be used for power outage or equipment failure (1);
- cylinder base (1);
- flow meter regulator (1);
- nasal cannula (1);
- oxygen tubing (up to 15.24 metres) and,
- humidifier bottles (1 per month) to clients with prescribed oxygen flow rates of 4 litres or higher.

Disposable supplies such as a nasal cannula and oxygen tubing are provided monthly as described above. Clients who use more than the approved amount 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 vendor and shall be at no additional cost to the Department of Health and Wellness.

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

6.2 Portable Oxygen System

Oxygen cylinders are provided for use by the client outside of his or her residence. Funding is for a portable oxygen delivery system which includes provision of the following equipment and supplies by the vendor:

- standard regulator and
- cylinder cart;
- or
- transfill concentrator system (including 2 cylinders per system)

The vendor is responsible for the logistics related to the supply and refill of cylinders for portability purposes. The vendor may not levy any additional charge on the client for the delivery or supply of the approved number of cylinders.

The vendor shall invoice the Nova Scotia Health Authority only for the number of cylinders used by the client, up to the monthly maximum.

Any client who has demonstrated high portable cylinder consumption of ten (10) or more cylinders per month and/or resides in a remote or difficult to service area for deliveries may be considered by the vendor for a transfill system.

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

The vendor will charge the Department of Health and Wellness a rental fee for the transfill concentrator system which will be equivalent to the cost of providing ten (10) cylinders per month and, for greater certainty, this rental cost will not exceed the amount outlined in the vendor's service agreement. This rental cost represents the ten (10) oxygen cylinder refills per month that would have been billed to the Department for established high users. The use of the transfill system is cost neutral to the Department of Health and Wellness and the client.

SECTION 7 - SERVICES PROVIDED BY VENDORS

Home oxygen services will be provided only by vendors who have been contracted by the Department of Health and Wellness to supply this service. Vendors are required to provide the following services for all approved home oxygen service clients.

7.1 Initial Set up of Equipment

Vendors provide oxygen delivery equipment, supplies and services according to the policies, standards, procedures and guidelines, and requirements of the Department of Health and Wellness.

Vendors are expected to set up equipment, ensuring it is safely secured and stored, within 48 hours of receiving an authorization from the Care Coordinator. This allows vendors a reasonable response time to set up equipment in more remote areas of the province. Vendors are not required to provide “emergency” type service, e.g., setting up equipment within hours of the completion of the funding authorization.

In situations where timing of the oxygen service set up is relevant to client care and when the set up by the chosen vendor cannot be done in time to meet the client’s specific needs, the client or authorized designate may choose an alternate vendor from the *Home Oxygen Service Approved Vendor List*.

7.2 Delivery of Equipment and Supplies

The vendor shall deliver the equipment funded by the home oxygen service to the client’s place of residence and shall have the delivery slips signed by the client or authorized designate.

It is the responsibility of the client or authorized designate to contact the vendor to arrange for delivery of replacements for cylinders used for power outage or equipment failure. These are delivered at no extra cost to the client. There shall be no charge to the client for the supply or delivery of the authorized number of cylinders for portability.

7.3 Client Education

On set up of new clients, vendors 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 regarding 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 vendor's service call-back telephone number.

7.4 Telephone Call Back Service

Vendors are required to provide all clients or authorized designates with a 24-hour call back telephone number to enable them 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. Vendors are required to respond to service calls in a timely manner.

7.5 In- Home Client Assessment

The fee provided to the vendor includes regular respiratory assessments of the client once every three months for the first year, or as otherwise specified. Identification of the need for more frequent reassessments is the responsibility of the family physician or Designated Physician.

After a client has been receiving home oxygen services for one year, and only provided that the following conditions are met, the vendor may change client reassessment visits to a bi-annual (twice a year) frequency:

- there is no physician order for more frequent reassessment;
- the client is medically stable, or his/her 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; and
- the client has not had repeated hospital admissions or physician office visits related to his or her respiratory status or condition.

Where there is any concern related to client safety, compliance or education issues, vendors 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 or a Registered Nurse.

Reassessment reports are to be forwarded by the vendor, in a timely fashion to the Care Coordinator and to the family physician and/or Designated Physician as specified on the Medical Eligibility Form. Reassessment reports must contain documentation of actual hours of use by the client.

7.6 In-Home Equipment Maintenance

The following is the minimum standard acceptable for in-home maintenance of oxygen concentrators

provided through the home oxygen service. The manufacturer may require more frequent checks and/or service relating to specific concentrator models. In that case, the vendor is responsible for maintaining the concentrator according to the manufacturer's standards.

- 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.

7.7 Record Keeping

Vendors are required to maintain individual client files and to make them available to the Department of Health and Wellness and/or the Nova Scotia Health Authority for audit purposes. The vendor must maintain records on equipment serial numbers, service dates, hours of concentrator use, number of cylinders used for portability and invoices to clients and the Nova Scotia Health Authority. The client's record must contain the Funding Authorization Form, the Medical Eligibility Form, a record of changes in the oxygen prescription, a current and valid oxygen prescription and records of all client assessments or reassessments by the vendor.

All documentation must be done by the person providing the service and must be signed and dated.

Vendors must treat as confidential, all personal information, general information or documentation that identifies a client.

SECTION 8 - SMOKING AND HOME OXYGEN SERVICES

8.1 General

Smoking while in receipt of home oxygen services poses a serious hazard to the safety and health of individual 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; and
- damage to equipment due to fire.

Therefore, smoking is deemed to be sufficient reason to eliminate eligibility for home oxygen services or cause to terminate funding for existing services. **All home oxygen service clients or authorized designates must sign a non-smoking agreement.**

In all cases, the client, authorized designate, family and agency staff delivering services to clients, on behalf of the Nova Scotia Health Authority, will be made aware that smoking while in receipt of home oxygen services is a cause for discontinuation of funding for the service. Agency care providers and oxygen vendors are expected to report any smoking behaviour by home oxygen service clients to the Nova Scotia Health Authority.

8.2 Smoking by Applicants/Clients

An applicant for home oxygen services who is determined to be smoking, will be advised that he or she is not eligible for home oxygen service funding. Clients who are in receipt of home oxygen services and who are determined to be noncompliant with no smoking requirements, will have funding for the service discontinued for a minimum period of three months.

Where there is noncompliance with the no smoking requirements, the process and procedures will generally be as follows:

- i) The Care Coordinator is made aware of the individual's smoking behaviour. This may occur in a number of ways, including:
 - the Care Coordinator may witness the client smoking;
 - the client may indicate that he or she is smoking;
 - the authorized designate or family may report that the client is smoking; and/or an agency service provider or vendor may report that they have witnessed the client smoking.

A report from any of the above that a client has been smoking shall be deemed evidence of smoking. A report of suspected smoking from any of the above shall be cause for further investigation by the Care Coordinator.

- ii) Upon determination that a home oxygen service client is not compliant with the no smoking requirements, the Care Coordinator will verbally inform the client or authorized designate that funding for home oxygen services is being discontinued immediately, due to noncompliance with program guidelines. The client or authorized designate will be advised that there is a minimum 90 day period before a re-application for funding can be made and that the client or authorized designate is

responsible for making alternate arrangements to replace the discontinued service for that period. Written confirmation of service discontinuation shall be forwarded from the Care Coordinator to the client by registered mail.

- iii) The Care Coordinator will forward to the vendor, the client's family physician and the designated Nova Scotia Health Authority billing staff, notification of the decision to discontinue funding of service to the client. The notification shall contain the effective date of suspension. Refer to Section 11 for a description of the process to discontinue oxygen service funding.

The effective date for the purposes of discontinuing funding for service shall be the date a report of smoking behaviour is received by the Care Coordinator or the date that the Care Coordinator makes a judgment that the client is smoking.

8.3 Smoking by Others in the Client's Home

The client or authorized designate is responsible to ensure that smoking by others in the home does not occur in the room containing the oxygen equipment. Any smoking must occur in a different room which is separated from the equipment by a closed door. Where the only door separating the smoker 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 funding.

8.4 Reapplying for Services after Funding Discontinuation

Clients who have funding of the home oxygen service discontinued for noncompliance with the no smoking requirements, must wait for a period of 90 days from the date of funding discontinuation before they may reapply for oxygen services. This subsequent request for home oxygen services will be treated as a new referral and medical and program eligibility must be determined again at that time. Individuals who have home oxygen service funding discontinued a second time for noncompliance with the no smoking requirements will have their eligibility for the service revoked permanently.

SECTION 9 - OXYGEN IN LONG TERM CARE FACILITIES

9.1 General

The Nova Scotia Health Authority provides home oxygen services to residents of approved long term care facilities who meet medical and program eligibility criteria. Clients who have been receiving home oxygen services from the Nova Scotia Health Authority in the community and who are entering a long term care facility, will continue to receive the service from their existing vendor, if the vendor provides service in the area. It is the responsibility of the long term care facility to ensure that facility staff have the appropriate training prior to admission of any resident on oxygen.

9.2 Health Team Roles

The following outlines the roles of the various members of the health care team when a resident has been determined to be medically eligible to receive home oxygen services.

9.2.1 Care Coordinator

Fee determination: For long term care residents who are publicly assisted, the Department of Health and Wellness 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 service fee.

Obtaining signatures on home oxygen service documentation: The Consent for Sharing Information and the Non-Smoking Agreement forms must be signed for all long term care residents who are eligible to receive oxygen services through the Nova Scotia Health Authority. If the resident cannot sign, the Care Coordinator may obtain a signature from an authorized designate.

Determination of the resident's choice of vendor: The choice of a vendor to provide home oxygen services is made by the resident or, if the resident is not able to choose, by the authorized designate.

Service authorization: The Care Coordinator authorizes the service start date and notifies the appropriate vendor.

Advising the facility of contact names: The name of the resident's Care Coordinator and contact number shall be placed on the resident's chart in the facility.

Ongoing case management: The Care Coordinator is responsible for ongoing case management of the client's Continuing Care services, in accordance with current program practice.

9.2.2 Vendor

Client set up and service: Vendors are required to adhere to the same guidelines as those used in the community for response to initial set up, telephone call back, education of clients, authorized designates and caregivers, etc.

Client record: Vendors will leave a copy of resident reassessments for inclusion in the resident's chart.

Oxygen prescriptions: Oxygen prescriptions must be renewed, at a minimum, on an annual basis. The vendor is responsible to ensure that residents have their prescriptions renewed as required. A copy of any prescription renewal/change must be forwarded to the long term care facility.

9.2.3 Long Term Care Facility

Staff education regarding oxygen use: The facility is responsible for ensuring that all staff who work with residents who are receiving home oxygen services have appropriate training prior to the admission of any resident on oxygen.

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 that 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 services through the Nova Scotia Health Authority, staff of the facility must notify the resident's vendor and the Care Coordinator as soon as possible.

SECTION 10 - GENERAL POLICIES AND GUIDELINES

10.1 Travel

The home oxygen service will not be responsible for any additional costs incurred while the client is traveling 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 and are to be negotiated by the client or authorized designate with the vendor, independently of the home oxygen service.

10.1.1 Travel within the Province of Nova Scotia

- Clients receiving oxygen services through the Nova Scotia Health Authority's home oxygen service may travel within the province, provided they prearrange this with the vendor providing the service.
- All travel within the province is at the client's own risk. Neither the Department of Health and Wellness nor the Nova Scotia Health Authority will be held liable should any difficulties arise in relation to safety or service related to travel.
- The Department of Health and Wellness will continue to cover the cost of home oxygen services while the client is in another part of the province but will not cover any additional costs. Any costs related to equipment damage or a requirement for additional supplies are the responsibility of the client.

10.1.2 Travel Outside the Province of Nova Scotia

- The Department of Health and Wellness does not provide funding for oxygen services to individuals traveling outside of Nova Scotia.
- Clients who plan to travel for any period of time outside of Nova Scotia are to advise their home oxygen vendor and their Care Coordinator of their plans.
- Clients traveling are responsible to make alternate arrangements to meet their requirements for oxygen services while they are traveling. This includes covering any and all costs related to receiving oxygen therapy while out of the province.
- Payment to the vendor may be continued for a period of up to 30 days while a client is traveling outside of Nova Scotia. Where the client is traveling outside of Nova Scotia for more than 30 days, the funding for the service will be placed on hold. The Care Coordinator is to advise the oxygen vendor and the designated Nova Scotia Health Authority billing staff of the funding suspension using established service hold procedures. The vendor may choose to remove the equipment or leave it in the home, depending on the client's scheduled return date.

- Where the client is absent from the province for a period greater than 90 days, he or she is to be discharged from the home oxygen service using established discharge procedures. Refer to Section 11 for a description of the process to discontinue oxygen service funding.
- A home oxygen service client who is discharged due to an absence from the province for a period greater than 90 days and who is seeking resumption of service, will be treated as a new referral and medical and program eligibility must be re-established.
- All travel outside of the province is at the client's own risk.

10.2 Client Fees

Clients of the home oxygen service may be required to pay a portion of the monthly costs as a fee. Applicable fees are determined in accordance with the DHW home support fee determination process. It is the responsibility of the vendor providing the service to collect any applicable client's fees and to adjust the invoices to the Nova Scotia Health Authority accordingly.

10.3 Selection of Vendor

Clients, or authorized designates, are responsible in all cases to choose which of the vendors will provide their home oxygen service. Care Coordinators, Designated Physicians, family physicians, staff of long term care facilities and hospital staff shall not make this choice for the client, nor influence the client or authorized designate in making his or her selection. In cases where a client is unable to choose a vendor (e.g., if a client is unable to communicate), every attempt will be made to have an authorized designate choose the vendor.

Clients are required to remain with the selected vendor for a minimum period of one year, unless there is a reason which has been reported to and is accepted as valid by a Care Coordinator.

10.4 Oxygen Prescriptions

Oxygen prescriptions must be renewed, at a minimum, on an annual basis. Clients are to be encouraged by the vendor and Care Coordinator to visit their physician annually to have their oxygen prescription renewed. If a client requires a change in their oxygen flow rate, a new prescription is not required from the Designated Physician, but may be written by another physician. Vendors may obtain a prescription renewal from a physician's office by fax.

10.5 Funding During Client Admission to Hospital

10.5.1 Funding Placed on Hold or Discontinued

Payment to the vendor may be continued for a period of up to 30 days when a client is admitted to hospital. Where the client is in the hospital for more than 30 days, the funding for the service is to be placed on hold. The Care Coordinator is to advise the oxygen vendor and the designated Nova Scotia

Health Authority billing staff of the funding suspension using established service hold procedures. The vendor may choose to remove the equipment or leave it in the home, depending on the client's possible hospital discharge date.

10.5.2 Resumption of Service After Hospital Discharge

Using established service restart procedures, funding for home oxygen services will be resumed upon the client's return home from the hospital. Where a client receiving home oxygen services in the community is admitted to hospital and is subsequently discharged from hospital to a long term care facility, the client is to continue to receive the service from the established vendor, 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 or the hospital physician.

10.6 Client Change of Residence

Home oxygen service clients who change residence are required to notify the Care Coordinator and the vendor providing the service of the change. 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; or
- 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. Vendors may choose to transfer the equipment as a service to the client. The Department of Health and Wellness will not provide additional funding for the transfer of home oxygen equipment between residences.

SECTION 11 - DISCONTINUATION OF OXYGEN FUNDING

11.1 Reasons for Discontinuance

The following describes some reasons for discontinuation, as well as conditions to be met and the steps to be followed.

- Client is noncompliant with prescribed minimum usage (18 hours per day);
- Client fails to comply with the no smoking requirements;
- Client no longer meets medical eligibility criteria for the service. This requires confirmation by a physician;
- Client no longer meets other program criteria, e.g.
 - ▶ client moves out of province;
 - ▶ client's service has been on hold for a period greater than 90 days; or
 - ▶ client is designated as a HIGH RISK CLIENT;
- Client is deceased.

11.2 Discontinuation Process

Prescribed Usage: Vendors are responsible to notify the Care Coordinator of client noncompliance. For clients using oxygen less than 12 hours per day, funding is discontinued immediately. Usage between 12 and 18 hours per day requires follow up education by the vendor. The vendor will notify the Care Coordinator of the follow up and within 10 business days of this notification, the Care Coordinator and vendor will reassess for compliance. Continued noncompliance will result in immediate discontinuation of home oxygen funding. A physician's order is not required.

Smoking: For clients who are noncompliant with the no smoking requirements, the funding for home oxygen services is discontinued immediately. A physician's order is not required. Refer to Section 8, Smoking and Home Oxygen Services.

Medical Eligibility: For clients who no longer meet medical eligibility criteria, the funding for home oxygen services is discontinued effective the date that the physician communicates to the Care Coordinator that the client no longer meets the medical eligibility criteria. The Care Coordinator will notify the vendor.

Other Eligibility Criteria: For clients who are determined to no longer meet other eligibility requirements, the funding for home oxygen services is discontinued effective the date of this determination. A physician's order is not required.

Client Deceased: Funding for home oxygen services is discontinued effective the date the vendor is notified of the client's death.

11.3 Documentation of Funding Discontinuation

When funding for the home oxygen service is discontinued for any of the reasons identified below, the *Notice of Discontinuation of Home Oxygen Funding* letter is to be completed by the Care Coordinator and

forwarded to the client (registered mail), the vendor and the client's family physician. In addition to this, a Funding Authorization Form with the date of discharge from the home oxygen service is forwarded to the vendor and the designated Nova Scotia Health Authority billing staff. SEAscape procedures are also to be followed when discontinuing a service or discharging a client.

- Client is non-complaint with prescribed minimum usage (18 hours per day);
- Client fails to comply with the no smoking requirements; or
- Client no longer meets medical eligibility criteria for the service.

When funding for home oxygen services is discontinued for any of the reasons identified below, a **Funding Authorization Form**, with the date of discharge from the home oxygen service, is forwarded to the vendor and the designated Nova Scotia Health Authority billing staff. SEAscape procedures are also to be followed when discontinuing a service or discharging a client.

- Client is deceased;
- Client moves out of the province;
- Client's oxygen service has been on hold for a period greater than 90 days; or
- Client is designated as High Risk.

Established procedures are to be followed with respect to the High Risk Policy and documentation on the client's electronic file.

SECTION 12 - HOME OXYGEN SERVICE FEES

12.1 Fee Schedule for Equipment and Service

The Department of Health and Wellness will pay vendors for the following services in accordance with their service agreements.

- Standard Concentrator and Related Supplies
- Second Concentrator (NOTE: Requires prescription for flow rate above 5 LPM)
- High Flow Concentrator (NOTE: Requires prescription for flow rate above 5 LPM)
- Cylinder Refills (for cylinders used)
- Guaranteed Set-up Fee: 14 days or less and 15 - 30 days
- Pro-rated Service Fee

12.2 Additional Equipment

The Nova Scotia Health Authority must approve the provision of additional equipment. Costs will be pro-rated where the equipment is provided for less than a full month.

12.3 Refill Cost for Cylinders

The Department of Health and Wellness will pay vendors for cylinders used, or refills due to a power outage, in accordance with their service agreements. Invoices for refills must include the date of the power outage.

SECTION 13 - INVOICING AND PAYMENT PROCEDURES

13.1 Invoicing by Vendors

13.1.1 Funding Authorization

- All funding must be approved by the Nova Scotia Health Authority;
- The authorized start date is the date recorded by the Care Coordinator on the Funding Authorization Form which indicates the date the funded services will start; and
- Services provided prior to the authorized start date will not be funded by the Department of Health and Wellness.

13.1.2 Billing Period

- Invoices shall be submitted on a monthly billing period.

13.1.3 Invoicing

- Vendors shall:
 - ▶ abide by all established pricing;
 - ▶ collect any applicable client fees;
 - ▶ supply an invoice for each client approved for funding under the home oxygen service, submitting one invoice per client and one summary billing for each calendar billing month; and
 - ▶ submit invoices within 60 days of service provision.
- Each invoice shall:
 - ▶ include the client's name and the Nova Scotia Health Authority's funding authorization number;
 - ▶ describe in detail, all services charged and will include dates of service provision with one service type detailed on a single line;
 - ▶ include a grand total; and
 - ▶ have delivery slips, signed by the client or authorized designate, attached.

13.1.4 Detailed Summary Report

- Vendors must submit a detailed summary report describing all invoices submitted for the current monthly billing period. The report shall include the following:
 - ▶ list of all invoices billed under the current monthly billing period, arranged first by geographical area and then alphabetically by client last name under each area heading;
 - ▶ invoice number;

- ▶ Nova Scotia Health Authority funding authorization number;
- ▶ grand total for all invoices submitted for the current billing period; and
- ▶ vendor contact information for billing inquiries.

13.2 Billing by Designated Physicians

Designated Physicians may bill the Nova Scotia Health Authority for completion of Medical Eligibility Assessment and Medical Eligibility Reassessment Forms for those clients who they have not seen in person.

- Claims must be submitted on the approved Designated Physician Remuneration Form.
- Completed forms are to be forwarded to the Nova Scotia Health Authority at the address provided on the Designated Physician Remuneration Form. Forms may be mailed or faxed.

13.3 Payments Placed on Hold or Suspended

Home oxygen funding will be placed on hold for clients who are in the hospital or who are traveling outside of the province for more than 30 days. Funding will be discontinued for clients who are absent from the province for more than 90 days.

- It is the Care Coordinator's responsibility to notify the vendor and the designated Nova Scotia Health Authority billing staff of funding holds or suspensions due to extended hospital stays or out of province travel.
- The vendor may choose to remove the equipment or leave it in the home. The Department of Health and Wellness shall not be billed for equipment left in the home during the period that funding is placed on hold or suspended.

Funding of home oxygen services may be resumed upon the client's return from hospital or from out of province travel in accordance with the conditions described in Section 10.1.2, Travel outside the Province of Nova Scotia, and Section 10.5.2, Resumption of Service After Hospital Discharge, of this document.

SECTION 14 - SERVICE TEAM ROLES & RESPONSIBILITIES

The provision of home oxygen services is the result of a collaborative effort. The following outlines some of the roles and responsibilities of the individuals within the client service team.

14.1 Client/Authorized Designate

The home oxygen client/authorized designate shall:

- comply with the requirements of the home oxygen service;
- provide current contact information for an individual who has been instructed by the vendor in the care and operation of the equipment;
- provide emergency contact numbers, (next of kin, family physician); and
- inform the care coordinator of actual or anticipated interruptions in the requirement for home oxygen services, e.g., extended hospitalization, absence from province, etc.

14.2 Vendor

The vendor shall:

- obtain the initial oxygen prescription;
- educate the client or authorized designate regarding the safe use, storage and transportation of the oxygen equipment provided;
- collaborate with the client or authorized designate in making arrangements for the retesting requirements for long term funding of oxygen services (for chronic hypoxemia);
- ensure the client's prescription for oxygen is current and valid. Where the client has no family physician, vendors shall obtain the annual prescription renewal from a Designated Physician;
- liaise with the Designated Physician as required, e.g. when orders are unclear or appear to not meet the criteria of the home oxygen service, to provide information related to retesting requirements for long term funding of oxygen services, etc;
- remind new clients with chronic hypoxemia or their authorized designate, 90 days after service starts, of the need to have medical eligibility reconfirmed;
- complete regular respiratory assessments of the client, according to the requirements of the service and to provide copies to the Care Coordinator in a timely manner;
- ensure the following information is made available in the client's home for home care agency care providers:
 - ▶ litre flow of oxygen and hours of use;
 - ▶ type of oxygen equipment being used;

- ▶ emergency telephone number for the oxygen vendor;
 - ▶ confirmation that the client, or authorized designate, and caregiver have received education and have been informed of safety issues related to the use of oxygen; and
 - ▶ the name of the individual in the home who has agreed to be responsible for the equipment.
- communicate to the Care Coordinator any concerns with respect to client compliance with home oxygen procedures or guidelines such as failure to comply with the physician order for flow rate or hours of use, noncompliance with the no smoking requirements, or inappropriate or unsafe use of oxygen equipment;
 - notify the Care Coordinator in the event that the client no longer requires oxygen services;
 - invoice the Nova Scotia Health Authority in accordance with the vendor's service agreement, the current home oxygen service fee schedule and invoicing requirements;
 - comply with all federal, provincial and municipal legislation; and
 - submit reports to the Department of Health and Wellness and the Nova Scotia Health Authority as requested.

14.3 Care Coordinator

The Care Coordinator shall:

- determine program eligibility and applicable client fees and shall complete required program documentation upon initial assessment and annually thereafter;
- explain home oxygen services to the client or authorized designate, including the initial funding authorization period for chronic hypoxemia and the requirement for those clients to have medical eligibility re-established for long term funding of home oxygen services;
- address issues related to compliance with the home oxygen service procedures and guidelines;
- liaise with Designated Physicians or family physicians, where appropriate, on matters related to medical eligibility and other service requirements;
- provide Department of Health and Wellness funded home care agencies with contact information for the vendors who are providing oxygen equipment and service;
- notify the client or authorized designate, the vendor, the family physician and other service providers, as appropriate, of changes to oxygen service provision; and
- provide timely information, on suspension or discontinuation of funding for oxygen services, to vendors and designated Nova Scotia Health Authority billing staff.

14.4 Designated Physician

The Designated Physician shall:

- determine initial medical eligibility for funding of home oxygen services;
- determine ongoing medical eligibility for long term funding of home oxygen services;
- complete and forward Medical Eligibility and Medical Eligibility Reassessment Forms (as required) to the Nova Scotia Health Authority;
- liaise with vendors on matters related to oxygen orders and medical eligibility; and
- submit Designated Physician Remuneration Forms for payment.

14.5 Designated Nova Scotia Health Authority Billing Staff

The Nova Scotia Health Authority billing staff shall:

- validate and reconcile invoices and summary billing for processing and payment on a timely basis;
- communicate, as required, with other Nova Scotia Health Authority staff, vendors and the Department of Health and Wellness with respect to home oxygen service clients;
- ensure proper documentation is maintained in order to support adherence to program policy and guidelines;
- submit reports to the Department of Health and Wellness as requested;
- maintain and update the home oxygen service database; and
- perform other related duties in support of the home oxygen service, as they arise.

14.6 Home Care Service Providers

The home care service providers shall:

- ensure that care provider staff have sufficient information to safely provide home care services to clients who are receiving home oxygen services; and
- provide home care services, as authorized, to clients of the home oxygen service.

14.7 Family Physician

The family physician shall:

- ensure full completion of the top portion of the Medical Eligibility and Medical Eligibility Reassessment Forms;

Note: Requests for service will not be processed without full information.

- be responsible for the ongoing medical care of his/her patient;
- write the orders for changes to oxygen flow rates after the initial prescription by the Designated Physician and forward these to the vendor; and
- provide annual oxygen prescription renewals which may be given to the client or authorized designate or forwarded directly by mail or fax to the client's vendor.

14.8 Department of Health and Wellness

The Department of Health and Wellness shall:

- set policy and standards for the Home Oxygen Service; and
- monitor compliance for the Home Oxygen Service.

14.9 Home Oxygen Service Medical Consultant

The Medical Consultant shall:

- provide advice and consultation, as necessary, to Department of Health and Wellness staff on matters related to the home oxygen service;
- identify to the Department of Health and Wellness, areas where optimum functioning of the home oxygen service requires additional Designated Physician resources;
- select and recruit appropriately qualified individuals to act as Designated Physicians and to identify these to the Department of Health and Wellness for inclusion on the Designated Physician roster;
- consult and communicate with Designated Physicians on matters related to medical eligibility, proper completion of oxygen prescriptions, regional coverage needs and any other outstanding concerns; and
- act as a resource, when necessary, to vendors on questions related to medical eligibility and in cases where clients do not have family physicians to renew oxygen prescriptions.

SECTION 15 - DOCUMENTATION AND STATISTICS

15.1 General

The Nova Scotia Health Authority maintains documentation and statistics on all home oxygen service clients. Collaboration and communication between Care Coordinators and the vendors regarding changes in the service provided and/or service end dates is essential to the verification of vendor invoices.

15.2 Client Transfer

Home oxygen service clients transferring from one geographical area to another, will be assigned a new authorization number by the new area in which they will reside. For invoicing purposes, vendors will require a new funding authorization from the geographical area into which the client is transferring. Medical eligibility is unaffected by transfer to another area of the province.

15.3 Discontinuation or Suspension of Funding

When home oxygen funding is placed on hold or discontinued, documentation must be completed by the Care Coordinator and forwarded to the vendor and the designated Nova Scotia Health Authority billing staff. This is mandatory in order to effectively manage individual caseloads and to ensure accurate data collection and financial management.