

Policy: FACILITY BASED RESPITE POLICY

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Effective Date: November 1, 2012

Approved by: *Original signed by Kevin McNamara*

Kevin McNamara, Deputy Minister of Health and Wellness

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1.0 INTRODUCTION

- 1.1 Department of Health and Wellness recognizes the important role family and friends serve in the provision of care to individuals living in the community. The following policy was developed to improving access to long term care facilities for the purpose of providing caregiver respite.
- 1.2 The term “caregiver” is used to refer to a family member or friend providing unpaid care and/or support for a person requiring care

2.0 POLICY STATEMENT

- 2.1 The Minister of Health and Wellness licenses long term care facilities to provide respite services for caregivers of eligible care recipients.
- 2.2 The Department and the long term care facilities shall promote the availability of licensed respite beds to potential clients.

3.0 APPLICATION OF THE POLICY

- 3.1 This policy applies to licensed respite beds in long term care facilities (i.e. nursing homes and residential care facilities) that receive funding from the Department of Health and Wellness, and exclusively admit residents referred by the Department of Health and Wellness.

4.0 PURPOSE OF RESPITE BED

4.1 The purpose of a “respite” bed is to provide the caregiver a planned and temporary break from their care giving responsibilities. The break is usually scheduled, but emergency situations where the caregiver is suddenly and temporarily unavailable may be accommodated.

4.2 Facilities shall provide private rooms for respite beds to ensure flexibility with the booking of the bed and minimize the impact to the regular resident population.

4.3 Respite beds shall not be used:

As holding beds for those seeking “regular bed” admissions. Regular beds means those long term care facility beds that are licensed/approved by the Minister of Health and Wellness for the purpose of providing care and accommodation to individuals who are not expected to be discharged to the community in the short term;

For clients of the Department’s Adult Protection Services. An “adult in need of protection” requiring regular bed placement is managed under the Facility Placement Policy as a “Priority 1” placement; and

As a place to convalesce after an inpatient hospital stay with the exception of those applicants whose caregiver requires relief from their care giving duties and who can agree to a scheduled discharge date.

5.0 APPLICATION PROCESS

5.1 Assessment & Eligibility Determination

5.1.1 Applicants to licensed respite beds must meet the general eligibility provisions found in the Service Eligibility Policy in the *Long Term Care Policy Manual*.

5.1.2 The application for respite care may be made through the toll free intake telephone number 1-800-225-7225. The applicant must undergo a care needs assessment and eligibility determination. The care assessment and eligibility process includes the completion of a RAI-Home Care assessment and a recommendation for a respite bed by a Continuing Care Coordinator. A Medical Status Report will be required within 90 days prior to the respite stay.

5.1.3 Unless there is a change in the person’s condition that warrants reassessment, a person is deemed eligible for facility based respite for one year from the date the respite bed recommendation is made by the Continuing Care Coordinator.

5.2 Facility Based Respite Charge

5.2.1 The “facility per diem rate” is the rate charged to an individual who is covered by a third party payer.

5.2.2 The full “facility per diem rate” is the rate charged to individuals who are:

- provided for by the court or through an award or benefit.

Where a disability necessitating long term care placement is due to an illness or injury and the applicant has received or is pending receipt of a sum of money through a liability award or settlement for future care, the applicant is considered a private payer and is charged the full cost of care and accommodation.

Once the amount identified for future care by the court or through an award or settlement is expended on care, the applicant can apply for a reduced accommodation charge. At the point of financial reassessment, any remaining funds which were awarded for damages other than future care, such as wage loss or for pain and suffering, are considered part of the applicant’s income.

- provided for under any other statute;
- the responsibility of :
 - Veterans Affairs Canada; or
 - the Workers Compensation Board

5.2.3 For Nova Scotians not covered by a third party payer and for status and nonstatus First Nations individuals living on or off Reserve in Nova Scotia, a standard daily respite charge applies. The charge is set by the Department of Health and Wellness and becomes effective on November 1st of each year. The standard daily respite charge is \$34.00 effective November 1, 2012.

5.2.4 The standard daily respite charge is the equivalent value of the maximum Old Age Security and Guaranteed Income Supplement pension for the preceding tax year less the annual “Minimum Retained Income” divided by 365 days. (The Minimum Retained Income is defined in the Resident Charge Policy.)

5.2.5 Applicants with an annual assessed income of less than \$22,003 may apply to the Department of Health and Wellness for a reduced daily respite charge by completing the “Long Term Care Facility Financial Application” and undergoing an income test. If eligible, the daily respite charge may be reduced by as much as 50% depending on the applicant’s assessed income level. A description of the application process may be found in the Resident Charge Policy.

5.2.6 Each applicant or their substitute decision maker must sign a District Health Authority *Letter of Understanding - Long Term Care Facility Respite* form prior to admission. (See Appendix A for a template).

5.3 Bookings and Admission

5.3.1 Once an applicant is determined eligible, the District Health Authority shall book the respite stay and coordinate admission arrangements.

5.3.2 Bookings shall be approved on a first come first serve basis of fully eligible applicants.

5.3.3 The District Health Authority shall provide the long term care facility with the completed application and seek acceptance of the booking. With the facility's acceptance, the District Health Authority shall inform the applicant of the confirmed booking including the authorized daily charge and the dates of scheduled admission and discharge.

5.4 Admission Agreement

5.4.1 The Department of Health and Wellness strongly encourages the long term care facility to establish an admission agreement with the resident and their caregiver prior to occupancy.

5.4.2 The admission agreement should contain:

- a description of the service provided,
- the daily rate to be paid and payment terms,
- an acknowledgment that the respite bed admission cannot be converted to a regular bed admission.

5.5 Emergency Respite

5.5.1 Under emergency situations, every effort shall be made to complete the application prior to admission. If necessary, the District Health Authority may permit the admission of an applicant to a long term care facility respite care bed before the application process is concluded.

5.5.2 A situation is considered “Emergency” when all of the following conditions are satisfied:

- there is a sudden and temporary loss of the applicant’s caregiver,
- replacement caregivers are not available, and
- the District Health Authority has determined that the applicant cannot live safely in their own home with normally available home care and other community supports.

5.5.3 The emergency respite bed applicant must be willing to accept the closest available bed.

5.5.4 The emergency respite bed applicant or their authorized representative must agree to complete any outstanding parts of the application immediately after admission to the respite bed.

6.0 ANNUAL USAGE

6.1 A person may occupy a respite bed anywhere in the province for up to a total of sixty days in a calendar year.

6.2 The day of discharge for a respite bed resident is not considered to be a day toward their annual maximum usage of sixty days.

6.3 The maximum allowable continuous length of stay in a respite bed is sixty days, with the exception of cases that fall under Section 6.4.

6.4 A person may not occupy a respite bed for more than a total of thirty days during the period between **July 1 and October 1**.

6.5 A person may not occupy a respite bed for more than a total of sixty days during the period between **November 1 and February 28 of the next calendar year**.

6.6 The Placement Office shall track usage and determine whether an applicant has sufficient unused days before authorizing a booking.

6.7 Additional days, beyond sixty per year, may be approved by the District Health Authority.

7.0 STAY EXTENSIONS

7.1 The District Health Authority and the long term care facility shall take all necessary steps to prevent stay extensions from impacting on access to respite beds by others.

7.2 A respite resident may request through the District Health Authority that their scheduled stay be extended.

- 7.3 The resident's stay extension shall be accommodated if the resident has not fully used their annual sixty days, and another applicant does not book the respite bed.
- 7.4 If a request for a stay extension cannot be accommodated, and if it is not feasible to discharge a resident after they have completed their scheduled respite stay, the resident shall be considered in need of a long term care facility "regular bed". In such cases, the resident is expected to complete the application process for regular bed admission, and to accept the first available regular bed that is offered by the District Health Authority recognizing that the vacancy may not be in the local area.

The resident shall be charged the regular bed Standard Accommodation Charge for each day following the scheduled respite bed discharge date, until the resident or their representative signs the *Notice of Authorized Charge* form. When the resident completes the application and placement process, the resident shall be retroactively reimbursed the difference between the Standard Accommodation Charge and the resident's Notice of Authorized Charge.

8.0 REGULAR BED APPLICANTS

- 8.1 An applicant waiting in the community for a long term care facility "regular bed" admission may apply to use a respite bed, if there is a valid respite need, and it is clear that the applicant's situation can accommodate the scheduled discharge date.

9.0 RESIDENTIAL CARE FACILITY RESPITE BED UNAVAILABLE

- 9.1 The District Health Authority may approve a nursing home respite bed admission, if the applicant meets the eligibility criteria for placement to a residential care facility, and there is no residential care facility respite bed within a 100km of the applicant's community.

10.0 USE OF A LICENSED REGULAR BED FOR A RESPITE STAY

- 10.1 The District Health Authority may approve the use of a long term care facility "regular bed" for the purpose of a respite stay if the regular bed is vacant and expected to be vacant for the period of the proposed respite stay.

11.0 ACCOUNTABILITY

The Executive Director, Continuing Care Branch is responsible for ensuring compliance with this Policy.

12.0 MONITORING

The implementation, performance, and effectiveness of this Policy will be monitored by the Executive Director, Continuing Care Branch.

13.0 REFERENCES

Not applicable.

14.0 ENQUIRIES

Director, Liaison and Service Support
Department of Health and Wellness
PO Box 488
Halifax, NS
B3J 2R8
Phone: (902) 424-6985

15.0 APPENDICES

Appendix A - Letter of Understanding Template

LETTER OF UNDERSTANDING (Template)
Long Term Care Facility Respite

Part A. Identification:

Print name of applicant: _____ HCN#: _____

Part B. Other Coverage:

Is the applicant eligible for funding for the cost of long term care from:

	YES	NO
Veterans Affairs Canada VAC# _____	<input type="checkbox"/>	<input type="checkbox"/>
Workers Compensation Board	<input type="checkbox"/>	<input type="checkbox"/>
Structured Court Settlement as a result of an accident	<input type="checkbox"/>	<input type="checkbox"/>

Part C. Applicant Understanding:

I, the applicant or the applicant's substitute decision maker:

- have had the terms of the Respite Care Program explained to me and I understand that this is not a permanent admission to a Long Term Care Facility and that the applicant will be discharged on the pre-arranged discharge date;
- accept responsibility for non-insured health services and supplies such as clothing, prescription drugs, mobility equipment and transportation costs; and
- if answering "NO" to all of the questions under Part B, agree to guarantee payment of the long term care facility standard daily accommodation charge for respite services **or** the reduced daily respite charge as authorized by the Eligibility Review Unit.
- if answering "YES" to any of the questions under Part B, agree to guarantee payment of the admitting long term care facility's full "per diem rate" at the time of admission.

Signature of Applicant/Substitute Decision Maker

Date

If signed by the Substitute Decision Maker, complete the following:

Print Name _____