
Policy: Facility Placement Policy

Originating Branch:

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Approved By:

Original signed by Peter W. Vaughan

Peter W. Vaughan, CD, MA, MD, MPH
Deputy Minister Health and Wellness

Version #:

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1. POLICY STATEMENT

1.1. The Nova Scotia Department of Health and Wellness is committed to ensuring fair, consistent and appropriate placement to the long term care facilities that are licensed or approved by the Department of Health and Wellness. The Department of Health and Wellness supports the objectives of the Facility Placement Policy within the framework of the provincial Single Entry Access process for Continuing Care services.

2. DEFINITIONS

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

- 2.1 **Bed Offer** refers to the offer of long term care placement that is made to the client or substitute decision maker by the Health Authority.
- 2.2 **Business Day** means between the hours of 8:30 a.m. to 4:30 p.m, Monday through Friday, except when a public holiday, as defined in the *Labour Standards Code* (R.S., c. 246, s.1.), and the regulations made thereunder, and Nova Scotia Provincial Government holidays, occur or are officially observed on one of those days and excluding day(s) which the Nova Scotia Provincial Government has elected not to open for business.
- 2.3 **Care Level Decision** refers to the determination made by the Health Authority regarding the level of care that is required by an individual. This decision is based on the individual's assessment/medical information and determines whether he/she should be placed in a long term care facility.
- 2.4 **Client** refers to a person who is deemed eligible by the Health Authority for placement in a long term care facility in accordance with the Department of Health and Wellness Service Eligibility Policy.

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- 2.5 **Discharge Plan** is a plan that is developed prior to the discharge of a patient/resident from an acute care or a long term care facility. It is designed to meet the holistic care needs of the individual following discharge.
- 2.6 **Long Term Care Facility** refers to a facility licensed or approved by the Department of Health and Wellness and includes Nursing Homes and Residential Care Facilities licensed under the *Homes for Special Care Act (R.S., c.203, s.1)* and Community Based Options approved in accordance with the Community Based Options Program Requirements.
- 2.7 **Preferred Community of Residence** refers to the client's current home community or another Nova Scotia community where the client prefers to live. For large amalgamated municipalities, such as the Cape Breton Regional Municipality, the preferred community of residence will be documented as the person's community within the larger Municipality (e.g. Glace Bay).
- 2.8 **Resident** refers to a person who lives in a long term care facility.
- 2.9 **Refusal by a Client** refers to a situation whereby a client, who is waiting for long term care placement, receives a bed offer but does not accept the offer.
- 2.10 **Refusal by a Service Provider** refers to a situation whereby the client, identified by the Health Authority for a bed offer, is not accepted for admission by the service provider.
- 2.11 **Response Time Standards** refers to the number of days set by the Department of Health and Wellness for each stage in filling a vacant bed. There are six steps in the process, as outlined in section 5.12, which commences when the bed is vacated and concludes when the resident is admitted or agrees to pay the accommodation charge to hold the bed for his/her imminent admission.
- 2.12 **Safe** means an area that minimizes risk of injury and elopement to the extent possible.
- 2.13 **Service Provider** refers to the owner(s)/operator(s) of a long term care facility.
- 2.14 **Spouse** means a person to whom the client is married, a common law partner or a domestic partner. A common law partner or domestic partner is a person with whom a client cohabited with in a conjugal relationship for at least one year immediately before the application for admission to a long term care facility was made. Further, a domestic-partner is a person who is party to a registered domestic partner's declaration pursuant to Nova Scotia's *Vital Statistics Act (R.S., c.494, s.1)*.
- 2.15 **Substitute Decision Maker** refers to the delegate or statutory decision-maker with the legal authority to make personal care decisions on behalf of an individual who lacks capacity to make health care decisions pursuant to the *Personal Directives Act (2008, c.8, s.1)*.

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- 2.16 **Suitable Placement** means the care needs of the client can be met by the long term care facility.

3. POLICY OBJECTIVES

- 3.1. The objective of the Facility Placement Policy is to ensure that a fair and consistent approach is utilized across the province regarding the placement of individuals, who are deemed eligible by the Health Authority in accordance with the Service Eligibility Policy, in a long term care facility.

4. APPLICATION

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

5. POLICY DIRECTIVES

5.1 Roles and Responsibilities

- 5.1.1 The Department of Health and Wellness is responsible to

- set eligibility criteria for accessing long term care facilities. *See Service Eligibility Policy, Long Term Care Policy Manual.*
- set the criteria upon which the long term care wait list is to be organized.

- 5.1.2 The Health Authority is responsible to

- organize and manage the long term care wait list and coordinate approved facility admissions with the client and their family, in accordance with Department of Health and Wellness policy.
- ensure that clients on the long term care wait list for initial placement are contacted as they near the top of the wait list, to ensure their readiness for placement.
- conduct interRAI-HC reassessments for clients on the wait list, within 90 days prior to the estimated admission to a long term care facility and/or when there is a significant change in the client's condition or status to ensure the wait list is reflective of any changes to the clients' status prior to placement.
- inform clients of their responsibility to complete the Medical Status Report within 90 days prior to admission to a long term care facility.

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- place clients in long term care facilities in accordance with their care level decision.
- work with the client, the Department of Health and Wellness and the service provider to ensure bed vacancies are filled in accordance with this policy, and the Response Time Standards, as outlined in section 5.12.

5.1.3 Service Provider is responsible to

- inform the Health Authority of each vacancy by indicating the specifications of the vacancy, including but not limited to: private/semi/ward room, gender of roommate if applicable, and any other information as required by the Health Authority.
- advise the Health Authority of their acceptance or refusal of a client application and agree to an admission date, if applicable.
- work with the client, the Department of Health and Wellness and Health Authority to ensure clients are placed in accordance with this policy, and the Response Time Standards, as outlined in section 5.12.

5.2 Wait List Management

5.2.1 Entry to the Wait List

Except for an Adult in Need of Protection, only fully eligible clients shall have their names entered on the wait list. Fully eligible clients include:

- persons that have an approved Residential Care Facility or Nursing Home care level decision determined by the Health Authority and who have provided consent for a long term care service referral and agreed to financially contribute to their care as per the terms outlined by the Department of Health and Wellness.
- existing residents, whose eligibility has been previously determined and, who have requested an inter-facility transfer (e.g., Nursing Home to Nursing Home).

An Adult in Need of Protection may be approved and placed on the wait list prior to completion of the full interRAI-HC assessment, application process, or care level determination. The placement eligibility for these Adults in Need of Protection may be determined on a post-admission basis, however all efforts should be made to complete the assessment and application process prior to placement.

5.2.2 First Available Bed Provision

The guiding principle of the First Available Bed Provision is that the care needs of the client shall be addressed first and his or her placement preferences shall be pursued second.

- The First Available Bed Provision **applies** to any person who is
 - an Adult in Need of Protection awaiting placement. The *Adult Protection Act* (R.S., c.2, s.1) authorizes the placement of these clients in any available and appropriate facility in the province
 - a medically discharged hospital patient awaiting placement
 - an existing resident of a long term care facility (currently residing in the facility or a hospital) who is reassessed as needing a different level of care that must be met at another long term care facility.
 - an existing resident of a Department of Community Services facility (currently residing in the facility or a hospital) who meets the eligibility criteria and is reassessed as needing a level of care that can be safely met at a long term care facility
 - a home care client awaiting placement and receiving services beyond the total maximum service limits set within the Department of Health and Wellness's *Home Care Policy Manual*.

- The First Available Bed Provision **does not apply** to an individual who is
 - living at home in the community and awaiting placement through Priority 3;
 - returning "home" to their long term care facility after an extended hospital stay;
 - requiring a different level of care that can be met at the same long term care facility;
 - wanting to be placed in a long term care facility where a family member already resides;
 - requiring Peritoneal Dialysis; or
 - transferring out of Peter's Place (Bridgewater or Halifax location).

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

5.2.3 Exception to the First Available Bed Provision

Exceptions to the First Available Bed Provision may be considered on a case by case basis where there are compelling circumstances and evidence of a significant impact on client care. The Health Authority will review and make decisions on requests for exceptions. Detailed information regarding all exceptions shall be documented and maintained by the Health Authority. This information shall be reported to the Director of Monitoring and Evaluation, Department of Health and Wellness, as per the frequency and format determined by the Department.

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- Individuals who are living at home in the community may wish to place their names on several facilities' wait lists or voluntarily subject themselves to the First Available Bed Provision to expedite their placements.

5.2.4 Client's Preferences

- Clients shall indicate their preferred community of residence and name one or more long term care facilities to which they prefer to be admitted. Clients shall advise the Health Authority when they want to change their stated preferences.
- If clients accept placements in facilities that are not their first choice, the clients' names will remain on the wait list until they reach their preferred facility or until the clients indicate they wish to remain at their current facility.
- A resident of a long term care facility may apply for an inter-facility transfer at any time. The resident will be entered on the wait list for the requested facility according to the date of the request.

5.2.5 Refusals of Placement Offers

- Clients shall have the right to refuse any offer of placement.
- Clients who choose to refuse a bed offer for long term care placement, regardless of whether they are waiting at home in their community or waiting in a hospital and subject to the First Available Bed provision, will be removed from the wait list. Individuals who refuse a bed offer and wish to reapply will have to wait 12 weeks. If the individuals' health condition/circumstances change significantly during this 12 week period, they may reapply sooner. If clients reapply, they will be placed on the wait list in accordance with their new care level decision date.
- If an individual reapplies for long term care placement, the Health Authority will discuss the application process with the person to ensure the individual understands that the application should only be made when the individual is prepared to accept a suitable placement offer.

5.3 Wait List Organization Criteria

The Health Authority is responsible for organizing and managing the long term care wait list in accordance with the following priority rankings. When a vacancy occurs, the bed will be filled by a Priority 1 client. If there are no suitable Priority 1 clients on the wait list, the bed will be filled by a Priority 2 client. If there are no suitable Priority 2 clients on the wait list, the bed will be filled by a Priority 3 client.

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5.3.1 Priority 1

Adults in Need of Protection. These clients have been assessed by Adult Protection and have been determined to meet the criteria of an Adult in Need of Protection according to the *Adult Protection Act* (R.S., c.2, s.1).

If there is more than one Priority 1 client at any given time, they shall be organized on the wait list according to the urgency of need.

If an Adult in Need of Protection is placed in a facility outside 100 kilometers driving distance from their preferred community of residence, they will become a Priority 2 client until they are placed within approximately 100 kilometers driving distance from their preferred community of residence. After the client is placed within 100 kilometers from their preferred community of residence, their priority status will change to a Priority 3.

5.3.2 Priority 2

The following eight types of clients are deemed to be Priority 2 status for placement:

Client Returning "home" to their Facility - The client

- was a resident of a long term care facility who lost their bed due to an extended hospital stay;
- is ready for hospital discharge and wants to return to their original long term care facility; and
- has been assessed by the Health Authority as having a care level consistent with that provided by the client's preferred facility.

Client Requiring a Different Level of Care that can be met at the **same Long Term Care Facility** (i.e. facility has both Nursing Home and Residential Care level beds) - The client

- is an existing resident of a long term care facility (currently residing in the facility or a hospital) and wants to continue living at the same facility;
- has been assessed by the Health Authority as having a care level consistent with that provided by the client's preferred facility; and
- in cases where safety is a serious concern, the First Available Bed Provision may be applied to residents in these facilities.

Client Requiring a Different Level of Care that cannot be met at the **same Long Term Care Site** - The client

- is an existing resident of a long term care facility (currently residing in the facility or in hospital); and
- has been reassessed as requiring a different level of care that can only be met at another long term care facility.

OR

- is an existing resident of a Department of Community Services facility/community based option program, which includes Regional Rehabilitation Centers, Adult Residential Centers, Residential Care Facilities, Group Homes, Developmental Residences, Small Option Homes, and Alternative Family Support Homes;

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- may be currently residing in the facility/community based option program or a hospital; and
- has been reassessed as requiring a different level of care that can only be safely met at a Department of Health and Wellness licensed long term care facility.

Client whose Family Member is a Resident of a Long Term Care Facility - The client

- wants to live in the same location as the spouse, parent, sibling or dependent child; and
- has been assessed by the Health Authority as having a care level consistent with that provided by the facility in which the family member resides.

Client Requiring Peritoneal Dialysis - The client

- requires placement in a facility that has specially trained staff, an appropriate staffing complement and the physical environment to support the provision of peritoneal dialysis care.

Client who is Transferring out of one of the following two facilities:

- Peter's Place Bridgewater
- Peter's Place Halifax

Clients with an Approved Community Variance Request – See *Variance to the Wait List Ordering System - Clients in Community, Section 5.4.2.*

Client moving from a long term care facility outside 100km of the client's preferred community of residence to a long term care facility within 100km of a client's preferred community of residence.

- Applies only to clients placed through a community variance (see section 5.4.2) or Adults in Need of Protection placed through First Available Bed.

With the exception of clients with an approved Community Variance Request, Priority 2 clients are organized on the wait list in chronological order in accordance with their "Care Level Decision" dates.

5.3.3 Priority 3

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

Client Waiting in the Community - The client:

- has been assessed by the Health Authority as having a care level consistent with that provided by a long term care facility; and
- is receiving appropriate care in their current setting due to the presence of family supports or other system resources.

Client Waiting in Hospital - The client:

- has been medically discharged and cannot return home to the community with home and community based care services; and
- has been assessed by the Health Authority as having a care level consistent with that provided by a long term care facility.

Client Waiting for Transfer in a Long Term Care Facility - The client:

- is currently residing in a long term care facility; and
- has requested a transfer to another long term care facility which will provide the same level of care; and
- the client is in financially good standing in the facility in which they currently reside.

Priority 3 Clients are organized on the wait list in chronological order in accordance with their “Care Level Decision” dates, except as follows:

- clients who are removed from the wait list, and subsequently reapply, are entered on the wait list system according to their most recent “Care Level Decision” date;
- residents who request a transfer to another long term care facility, after they have been placed, are positioned on the wait list according to the date that the Health Authority is informed of the resident’s transfer request; and
- clients who have received a “Care Level Decision” and subsequently become acutely ill, will not be considered for long term care placement or transferred until they are medically stable, have been reassessed, and, if warranted, undergo an eligibility review. If after the reassessment/review the client is deemed eligible, the original “Care Level Decision” date will be used as the wait list reference date.

5.4 Variance to the Wait List Ordering System

5.4.1 Clients in Hospital

In exceptional circumstances, where a hospital in a District is unable to meet accepted standards of service provision because of a shortage of beds, the Health Authority may implement a temporary variance from the Department of Health and Wellness’ wait list priority ranking (section 5.3). Detailed information regarding all hospital variances shall be documented and maintained by the Health Authority. This information shall be reported to the Director of Monitoring and Evaluation, Department of Health and Wellness, as per the frequency and format determined by the Department.

This variance may be used to increase the priority ranking of clients who are waiting in the hospital for long term care placement. The rank order of clients may be increased within the Priority 3 category, but they shall not be given a higher priority than existing Priority 1 and Priority 2 clients.

5.4.2 Clients in the Community

In exceptional circumstances, where a client is deemed to be in a high risk situation and his/her support system and the Health Authority have demonstrated reasonable efforts to meet the needs of the client in the community, the Health Authority may implement a needs-based variance to the Department of Health and Wellness’ wait list priority ranking (section 5.3).

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This variance may be used to increase the priority ranking of clients waiting in the community. The rank order of clients may be increased from Priority 3 to Priority 2, but they shall not be given a higher priority than existing Priority 1 clients.

If a Community Variance is granted, the client and/or substitute decision maker should understand that the criteria for placement ahead of others *are based on risk*; preference is secondary. Therefore, clients will have Priority 2 status for placement and be put on the wait list for all “suitable” facilities in Nova Scotia. In the event the client is placed in a facility outside 100 kilometers (one way) driving distance from their preferred community of residence, they will remain a Priority 2 client until they are placed within approximately 100 kilometers driving distance from their preferred community of residence. After the client is placed within 100 kilometers from their preferred community of residence, their priority status will change to a Priority 3 as they await a transfer to their preferred facility.

Detailed information regarding all community variances shall be documented and maintained by the Health Authority. This information shall be reported to the Director of Monitoring and Evaluation, Department of Health and Wellness, as per the frequency and format determined by the Department.

5.5 Temporary Absences

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

5.6 Inter & Intra-Facility Transfers

- 5.6.1 Inter-facility transfer requests from residents who were admitted to a long term care facility before the implementation of the Facility Placement Policy or the policy of "Universal Classification" (February, 2001) and who have not undergone the full care level and financial assessment and eligibility processes must undergo the interRAI-HC assessment before being placed on the wait list.

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- 5.6.2 For residents who are transferring between facilities and who have already had a financial and an interRAI-HC assessment completed, the assessment and eligibility determination do not need to be conducted again unless the level of care has changed and the admitting facility is operating under an approved per diem schedule that varies by care level.
- 5.6.3 The assessment and eligibility determination processes are not required for residents who move within a facility, or for residents who return to their "held" bed in a facility after a stay at hospital, unless the level of care has changed and the facility has Department of Health and Wellness designated Residential Care Facility beds and Nursing Home beds.

Long term care residents who lose their bed due to an extended stay in a hospital must undergo a care assessment and eligibility process before being placed in a facility.

- 5.6.4 Residents who have been assessed as requiring a different level of care will be considered a new placement, not a transfer. In such instances, a new application shall be completed and the resident will go on the wait list in accordance with section 5.3 of this policy.
- 5.6.5 The Health Authority shall ensure there is a process in place to confirm with residents and/or their substitute decision makers, after their first 3 months of placement in non-preferred facilities, whether they still would like to transfer to their preferred facilities. Residents who choose to transfer to their preferred facilities will retain their care level decision dates on the wait list.

5.7 Placement to Licensed Respite Beds

See the Department of Health and Wellness' Facility Based Respite Policy.

5.8 Placement to Residential Care Facilities

- 5.8.1 Due to the distribution of Residential Care Facilities across the province, some clients will not have access to a Residential Care Facility bed within 100 km (one-way) driving distance of their home or preferred community of residence. Under certain conditions these clients may be admitted to a nursing home.
- 5.8.2 Under the following exceptional circumstance, a client who has been approved for Residential Care Facility placement may be wait listed for or admitted to a nursing home.
- there are no Residential Care Facilities, licensed by the Department of Health and Wellness, within 100 kilometers driving distance of the client's preferred community of residence.

5.9 Refusal of Admission by Service Provider

- 5.9.1 A service provider may refuse admission of a client if the service provider can demonstrate that:
- admission would place the client, other residents and/or staff at risk of serious illness, harm or injury; and
 - all reasonable steps have been taken by the service provider and the Health Authority to address the reason for the refusal, but the risk cannot be adequately mitigated.
- 5.9.2 A service provider shall not refuse admission of a client based on the following:
- age, community of residence, diagnosis, ethnicity, gender, language, mental or physical disability, race, religion, sexual orientation, socio-economic status;
 - the client has been identified as an Adult in Need of Protection; or
 - the resident room is not ready (i.e., requires painting)
- 5.9.3 The service provider shall inform the Health Authority in writing of any decision to refuse placement. The following information shall be included in the refusal:
- the reasons for the refusal;
 - the steps that have been taken to facilitate placement;
 - if/when this client may be placed at the facility in future; and
 - any other relevant information as requested by the Health Authority.
- 5.9.4 The Health Authority shall follow up with the service provider on all refusals. When refusals from service providers cannot be resolved within a maximum of five business days, at the discretion of the Health Authority, the vacant bed may be offered to the next client, based on the Wait list Organization Criteria.
- 5.9.5 Detailed information regarding all refusals from service providers shall be documented and maintained by the Health Authority. This information shall be reported to the Director of Monitoring and Evaluation, Department of Health and Wellness as per the frequency and format determined by the Department.

5.10 Discharge of a Patient from an Acute Care Facility

- 5.10.1 The Health Authority shall work collaboratively with service providers to ensure the needs of clients have been determined and communicated prior to discharge from hospital to long term care facilities. This includes the need for specialized equipment and medications, including required approvals from Pharmacare.

5.11 Discharge of a Resident from a Long Term Care Facility

5.11.1 Self-Discharge

In the event that a resident wants to leave a facility in order to permanently reside back in the community, the service provider, in consultation with the Health Authority and the client (and/or their substitute decision maker if applicable), must make all reasonable efforts to ensure there is an appropriate discharge plan in place to support the client in the community.

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

5.11.2 Discharge by Service Provider

In the event that a service provider wants to discharge a client, the facility staff in consultation with the Health Authority and the client (and/or their substitute decision maker if applicable), must make all reasonable efforts to ensure there is an appropriate discharge plan in place to support the client.

5.11.3 Resident Capacity

Service providers are responsible to verify that residents have capacity to make decisions related to their personal care. If there is a reasonable basis to believe that the resident may lack or does lack the capacity to make this decision, then the service provider should respond in accordance with the provisions outlined in the *Personal Directives Act (2008, c.8, s.1)*.

5.12 Response Time Standards

The following Response Time Standards should be used by the Health Authorities and service providers as a benchmark for placing/admitting clients to vacant long term care beds. The table outlines the maximum expected timeline to complete each of the six main steps in the placement process.

Step	Time Line	Responsibility	Action
1	½ business day	Service Provider	Placement is notified of vacant bed
2	½ business day	Health Authority	Bed offer is made to next appropriate client/SDM*
3	1 business day	Client/SDM	Placement is notified of client's/SDM's decision
4	1 business day	Health Authority/ Service Provider	If accepted, client information is sent to facility; Service provider notifies placement of decision re: admission
5	1 business day	Health Authority	Client/SDM is notified of service provider's decision
6	2 business days	Service Provider	Client is admitted

SDM = Substitute Decision Maker

*If the client does not accept the bed offer, the Health Authority shall select the next appropriate client and make another offer. This is repeated until a bed offer is accepted. Once the offer has been accepted, the Health Authority sends the client's information package to the service provider.

The Department of Health and Wellness is responsible to ensure that the financial assessments are completed in a timely manner based on the client's priority for placement.

6. ACCOUNTABILITY

- 6.1. For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Health and Wellness.
- 6.2. The Executive Director of the Continuing Care Branch has responsibility for on-going monitoring and enforcement of this policy.

7. MONITORING / OUTCOME MEASUREMENT

- 7.1. The Executive Director of the Continuing Care Branch, is responsible for the implementation, performance, and effectiveness of this policy.

8. REPORTS

- 8.1 Service providers are responsible to track vacant bed days and report this information to Financial Services, Department of Health and Wellness, as per the frequency and format determined by the Department.
- 8.2 The Health Authority is responsible to track the following information and report to the Director of Monitoring and Evaluation, Department of Health and Wellness as per the frequency and format determined by the Department:
- Exceptions to First Available Bed (see Section 5.2.3)
 - Variance Reports-hospital and community (see Section 5.4)
 - Refusals from Service Providers (see Section 5.9)

9.0 REFERENCES

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

10.0 VERSION CONTROL

Version Control: Version 2, February 28, 2015, replaces all previous versions

11.0 INQUIRIES

All inquiries relating to this policy should be to:

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