

Nova Scotia Department of Health

Continuing Care Branch

HELP-Specialized Equipment Program

Guidelines

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NOVA SCOTIA DEPARTMENT OF HEALTH CONTINUING CARE BRANCH

HELP-Specialized Equipment Program Guidelines

SECTION I - INTRODUCTION

Introduction

The Nova Scotia Department of Health (DoH), Continuing Care branch will provide access to specialized equipment for residents of long term care (LTC) facilities licensed or approved by the Department of Health.

The Nova Scotia Department of Health has entered into a partnership with the Canadian Red Cross, Nova Scotia Region to provide and recycle specialized equipment to eligible individuals. The Specialized Equipment Program is an adjunct to the community based HELP program and the Bed Loan Program operated by the Canadian Red Cross, Nova Scotia Region.

Access to specialized equipment for eligible individuals will be through the application process established by the Continuing Care branch. Applicants are required to have the need for specialized equipment supported by a professional assessment conducted by a Physiotherapist (PT) or an Occupational Therapist (OT). Approval of requests is the responsibility of the Continuing Care branch. Depending on income, there may be a fee charged to individuals for accessing the specialized equipment.

Specialized equipment shall remain the property of the Red Cross and will be returned to the Red Cross for reuse once it is no longer required by the resident. The Red Cross will be responsible to procure, build to specifications, deliver, set up, maintain and recycle the equipment within the HELP-Specialized Equipment Program inventory.

What is the HELP-Specialized Equipment Program?

The HELP-Specialized Equipment Program is a Department of Health funded service that is available through and administered by the Canadian Red Cross, Nova Scotia Region. Under this program, access to specialized equipment is provide for eligible individuals through an application and approval process which is defined by the Nova Scotia Department of Health and delivered at the District Health Authority level.

Definitions

Applicant means a current regular bed resident of Department of Health licensed or approved long term care who applies for access to specialized equipment through the HELP-Specialized Equipment Program.

Approved Applicant means an individual who has been assessed as having a need for covered equipment, who meets program criteria and who is approved to receive equipment through the HELP-Specialized Equipment Program.

Assessed Income means the income used for the purpose of establishing the applicant's accommodation charge in DoH licensed or approved long term care.

DoH Long Term Care refers to licensed nursing homes or homes for the aged, licensed residential care facilities and approved small option homes and community residences (CBOs), which exclusively admit individuals through the Department of Health's "Single Entry Access" process.

HELP-Specialized Equipment Request and Authorization Form is a standard form provided by the HELP-Specialized Equipment Program which is used to process requests for specialized equipment from applicants.

Publicly assisted resident means an applicant who meets the criteria for a publicly assisted resident as defined in section 6.0 of the Department of Health's *Resident Charge Policy*.

Specialized equipment means equipment or devices that are tailored to a particular individual's needs and that are used to facilitate and promote independence and to improve the quality of care.

Principles of the HELP-Specialized Equipment Program

The NS Department of Health adheres to the following principles when funding a specialized equipment program:

- **accountability** - the responsibilities of the resident, facility, the Department of Health, and the Red Cross, Nova Scotia Region are clearly communicated;
- **appropriateness** - the specialized equipment provided is relevant to the applicant's need, as determined by a professional assessment;
- **consistency** - the specialized equipment is available to eligible applicants throughout the province and is provided in accordance with the policies and processes of the HELP-Specialized Equipment Program;
- **cost effectiveness** - where available, equipment in the program inventory is used before new equipment is purchased.
- **safety** - the equipment provided is maintained, cleaned and disinfected to reduce or minimize risk for the resident and others.

Eligibility

To access equipment through the HELP-Specialized Equipment Program an individual must meet the following criteria:

- is a regular bed resident of a DoH licensed or approved long term care facility; and
- requires equipment which is on the Covered Equipment list; and
- is assessed by an Occupational Therapist or Physiotherapist as requiring the specified equipment; and
- have the request reviewed and approved by Continuing Care.

Specialized equipment is not available through the program for Home Care clients or other individuals not meeting eligibility criteria.

Covered Equipment

The following lists identify the types of specialized equipment available to approved applicants through the HELP-Specialized Equipment Program.

- Specialized mattresses and accessories;
- Resident specific, specialized bariatric beds;
- Power and manual wheelchairs, plus accessories;
- Resident specific specialized transfer aids (i.e.: sliding sheets, trapeze bars);
- Basic positioning chairs;
- Customized 2 wheeled walker with glide tips/skis and rollator walkers, plus accessories;
- Resident specific slings;
- Bariatric commodes.

The specialized equipment provided will be the minimum required to meet the basic identified need. Appropriate substitutions **must be** identified by the prescribing Occupational Therapist and/or Physiotherapist. If no substitutions are listed and/or insufficient rationale is given to support this decision the Red Cross may provide substitutions at its discretion. Residents choosing alternate or upgraded items are responsible for the full cost of the equipment, including labour/maintenance to install upgraded items.

Fees

Approved applicants **may** be required to pay a monthly income based fee for the equipment being provided through the HELP-Specialized Equipment Program.

The Red Cross will invoice the recipient of specialized equipment for any applicable fees on a monthly basis. Payment of applicable fees may be made by cheque made payable to the Canadian Red Cross - HELP, or by pre-authorized Visa, MasterCard, direct debit, or money order.

In the event there is a failure to honour a Fee Agreement and payment to the Canadian Red Cross is in arrears for 120 days, the specialized equipment provided will be recovered at the discretion of the Canadian Red Cross and in accordance with Red Cross procedures.

Note: Applicants who are publicly assisted residents of Department of Health licensed or approved long term care are exempt from payment of fees.

See Appendix V for more information on the determination and application of fees.

Roles and Responsibilities

The following sections provide an overview of the roles, responsibilities and expectations of the various participants and stakeholders in the Specialized Equipment Program processes.

Approved Applicant

- Demonstrates a need for the specialized equipment, which is supported by OT or PT assessment.
- Signs the Red Cross Loan Agreement form acknowledging the conditions of the equipment loan. Where there is no authorized representative designated by the applicant, a representative of the LTC facility may sign on behalf of the applicant.
- Where there is an applicable fee, the applicant or authorized representative, must sign the Fee Record/Agreement form.
- Pay any assessed specialized equipment fees to the Red Cross. Payment may be made by cheque payable to the Canadian Red Cross-HELP or by pre-authorized Visa, MasterCard, direct debit, or money order.
- Responsible for the transfer of specialized equipment when transferring to another Department of Health licensed or approved long term care facility.
- Accept responsibility for loss or damage to the equipment, outside of normal wear and tear.

Prescribing Health Professional

- Provide a professional assessment of the resident, identifying the required specialized equipment and complete a *HELP-Specialized Equipment Assessment Form*, including a manufacturer's order form, two quotes and a Braden scale, if applicable.
- Inform the resident that there may be a monthly fee for equipment provided through the HELP-Specialized Equipment Program.
- Upon delivery of approved specialized equipment, follow up in a timely manner to ensure that the equipment complies with the prescription and is suitable for the resident.
- Provide on-site set up/modifications for recycled equipment.
- Notify the Red Cross upon delivery and set up of equipment for approved resident.
- Inform the resident that Red Cross will be visiting to label the equipment.
- Where applicable, maintain records to ensure that the specialized equipment assigned to a resident remains intact and with that resident until it is no longer required. Alternatively, this function may be the assigned responsibility of a designated LTC staff.
- When requesting in house transfer of equipment to another eligible resident, ensure that the equipment is safe; the equipment has been cleaned and disinfected in compliance with the facility's cleaning and disinfection policies; and that it is set up as appropriate, making any minor adjustments/modifications to meet new recipient's needs. A complete assessment of the new resident receiving the equipment shall be completed and submitted to the continuing care coordinator.

- Where applicable, notify the Red Cross for pick up of equipment, when it is no longer required by the resident. Alternatively, this function may be the assigned responsibility of a designated LTC staff.
- Where applicable, notify the Red Cross if a resident is transferred to another DoH long term care facility. Alternatively, this function may be the assigned responsibility of a designated LTC staff.

Occupational Therapist, Red Cross

- Liaise, as required, with prescribing health professionals, long term care facilities, residents, equipment suppliers, Department of Health staff and District Health Authority staff. This may include assisting continuing care coordinators with fee detail information on requests for complex equipment.
- Review approved specialized equipment requests.
- Arrange for specialized equipment to be provided from HELP-Specialized Equipment Program inventory or through new purchase.
- Ensure completion of the Red Cross *Loan Agreement*, the labeling of purchased equipment and the entry of purchased equipment in the HELP-Specialized Equipment Program inventory.
- Maintain appropriate documentation on the client record.
- Responsible for the ongoing management of the HELP-Specialized Equipment Program.

Long Term Care Facility

- Submit request for specialized equipment, on *HELP-Specialized Equipment Request and Authorization Form*, to Continuing Care on behalf of resident.
- Inform the resident that there may be a monthly fee for the equipment provided through HELP – Specialized Equipment Program.
- Receive specialized equipment and assist with completion of Red Cross *Loan Agreement* documentation. Ensure one copy is placed on the resident's chart and one copy is held in a designated HELP - Specialized Equipment Program binder.
- Provide routine maintenance, cleaning and disinfection of specialized equipment, regularly **and** before it is returned to the Red Cross or transferred with the resident to another DoH LTC facility.
- Ensure that the specialized equipment assigned to a resident remains intact and with that resident until it is no longer required.
- Maintain records to ensure that the specialized equipment, as provided, is returned to the Red Cross inventory when it is no longer required by the resident for whom it was initially provided.
- If a resident is transferred to another DoH long term care facility, that the equipment is cleaned, disinfected and transferred with the resident and that the Red Cross and the new facility is notified of the equipment transfer. Copies of the Letter of Agreement are to be faxed to Red Cross and new facility.
- Ensure that equipment owned by the Red Cross does not leave the facility if a client is discharged from DoH long term care.

Continuing Care Coordinator

- Receive, review and approve, where appropriate, requests for specialized equipment in accordance with the HELP-Specialized Equipment Program Guidelines.
- Where required, forward requests for specialized equipment to a Supervisor for approval decision.
- Liaise with Supervisor, LTC contact, Red Cross OT, and prescribing OT/PT, as required.
- Assess applicants for Specialized Equipment fee and complete any required documentation.
- Inform approved applicant and/or LTC contact whether the request for specialized equipment is approved or not approved.
- Forward approved requests for specialized equipment and fee agreement form, if applicable to the Red Cross.
- Maintain appropriate documentation on client record.

Continuing Care Supervisor

- Review recommended special equipment requests received from continuing care coordinator for approval, pursuant to the Program Guidelines.
- Notify continuing care coordinator of the approval decision.
- Ensure that appropriate documentation is maintained on the client record.

Red Cross

- Maintain and track an inventory of specialized equipment for use by approved applicants, including the type of equipment, the condition, maintenance schedule, recipient, etc.
- Recycle specialized equipment in whole or in part wherever possible.
- When necessary and as approved, procure specialized equipment for inclusion in the HELP-Specialized Equipment Program inventory in a cost efficient manner.
- Maintain and repair recycled specialized equipment before it is reissued.
- Ensure that all specialized equipment is entered into the inventory and identified for easy retrieval.
- Ensure that Red Cross Loan Agreements are signed by approved applicants or their representatives.
- Comply with the Department of Health, HELP-Specialized Equipment Program Guidelines and any requirements for reporting and evaluation.
- Collect approved HELP-Specialized Equipment Program fees.

Nova Scotia Department of Health

- Provide funding to the Canadian Red Cross, Nova Scotia Region for the operation and management of a program to deliver specialized equipment to eligible recipients.
- Provide direction and guidance through the Specialized Equipment Program Policy and maintenance of the HELP-Specialized Equipment Program Guidelines.
- Ensure applicants are assessed for possible payment of HELP-Specialized Equipment Program fees.
- Ensure processes are in place for review and approval decisions for requests for specialized equipment.
- Provide direction and review of requirements for reporting and evaluation of the HELP-Specialized Equipment Program to the Red Cross, as required.
- Audit the HELP-Specialized Equipment Program for compliance, as required.

SECTION II - PROGRAM PROCESSES

Assessment for Applicants

Any request for equipment through the HELP-Specialized Equipment Program requires an assessment by a health professional. Initial assessments will be completed by an Occupational Therapist or Physiotherapist. Qualified Rehab Assistants or Directors of Care for long term care facilities may submit assessments for repair of Red Cross equipment on behalf of the prescribing therapist. This assessment is to be documented on the *HELP-Specialized Equipment Assessment Form* along with a copy of the Braden Scale, if relevant.

The assessment package must include the recommendation for the specialized equipment along with a detailed prescription, rationale, allowable substitutions, manufacturer's form, two vendor quotes, and Braden scale, if applicable.

The specialized equipment provided will be the minimum required to meet the basic identified need. Appropriate substitutions **must be** identified by an Occupational Therapist and/or Physiotherapist. If no substitutions are listed and/or insufficient rationale is given to support this decision the Red Cross may provide substitutions at their discretion. Residents choosing alternate or upgraded items are responsible for the full cost of the equipment, including labour/maintenance to install upgraded items.

In the event that a resident's physical status changes and new equipment is required to meet the change in need, a new assessment and approval is required.

Approval Process

Applicants to the HELP-Specialized Equipment Program require approval from the Continuing Care for the requested specialized equipment. The approval process includes the following steps:

Step 1

The facility and/or health care professional identify the need for an OT/PT assessment.

Step 2

The facility arranges for an OT/PT assessment for the applicant. The assessment is completed and documented on the *HELP-Specialized Equipment Assessment Form*.

Step 3

The prescribing OT/PT submits the request on the *HELP-Specialized Equipment Request and Authorization Form* to the continuing care coordinator along with the *HELP-Specialized Equipment Assessment Form*, detailed prescription, rationale, substitutions, manufacturer's order form, two vendor quotes, and Braden scale if applicable.

Step 4

Except for requests for specialized beds or mattresses, the continuing care coordinator reviews the request and makes an approval decision. The continuing care coordinator forwards requests for specialized beds or mattresses to the Continuing Care Supervisor for an approval decision. The supervisor will advise the continuing care coordinator of the approval decision.

Step 5

When a request is approved for a fee eligible applicant, the continuing care coordinator visits the applicant to explain the fee and to obtain required documentation. The Red Cross OT may assist with fee detail information on request for complex equipment.

Step 6

The continuing care coordinator notifies the applicant and the prescribing OT/PT of the decision.

Step 7

When a request is approved, the continuing care coordinator forwards the approved authorization, the assessment package and the completed fee agreement letter, where applicable, to the Red Cross for the provision of the specialized equipment.

Equipment Procurement and Provision Process

Once a request for equipment is approved and authorized, it is sent to Red Cross for procurement and provision of the equipment. Whenever possible, the Red Cross will provide the specialized equipment, in whole or in part, from existing inventory. The following describes the steps in the process to provide specialized equipment.

Step 1

The *HELP-Specialized Equipment Request Authorization Form*, assessment package and signed fee agreement letter, if applicable is received by Red Cross.

Step 2

The request and authorization is received and reviewed by the Red Cross Occupational Therapist for processing.

Step 3

The specialized equipment is retrieved from the inventory, or purchased by Red Cross for addition to the inventory.

Step 4

Red Cross notifies the continuing care coordinator, facility, and/or prescribing OT/PT of the status of the equipment request.

Note: Long term care facilities are not to order specialized equipment directly. Inventory is the responsibility of the Red Cross. Facilities are not to perform any repairs without prior approval of Red Cross. Facilities must notify the Red Cross, prescribing therapist, and Continuing Care if any equipment is missing or damaged. The facility is responsible for the cost of replacing missing or damaged equipment.

Delivery & Set-up Process for Specialized Equipment

Once the authorized specialized equipment has been procured, the Red Cross will arrange for its delivery. The following describes the steps in the process for delivery of specialized equipment.

Step 1

The specialized equipment is delivered to the appropriate site.

- Red Cross arranges delivery from existing inventory
- Supplier delivers purchased equipment

Step 2

The specialized equipment is set up and checked by the prescribing Occupational Therapist or Physiotherapist for compliance with the prescription and suitability. OT/PT confirms set up with the Red Cross.

Step 3

Red Cross representative arranges for completion of the Red Cross Loan Agreement and the labeling of equipment. Copies of the Loan Agreement are provided to the recipient and the facility. One copy is to be placed on the recipient's chart and one copy is to be held in a designated HELP – Specialized Equipment binder.

Recycling Process

Red Cross will tag and inventory all specialized equipment purchased for, donated to, or returned to the HELP-Specialized Equipment Program and enter the information in the Specialized Equipment Program database.

Process for Return or Transfer of Equipment

The following describes the processes for return or transfer of specialized equipment.

When the individual is no longer a resident of a facility (discharged or deceased)

- The facility identifies that the specialized equipment is owned by the Red Cross.
- The facility notifies the Red Cross to retrieve the specialized equipment.
- The Red Cross arranges to pick up the equipment and return it to the HELP-Specialized Equipment Program inventory.

Note: The facility is responsible to ensure that equipment owned by the Red Cross does not leave the facility if a client is discharged or transferred to a location other than a DoH long term care facility.

Note: If equipment owned by the Red Cross is transferred to a location other than a DoH licensed or approved long term care facility; the facility must contact the Red Cross immediately. The following process will be implemented to ensure equipment is returned to the Red Cross as soon as possible.

- Red Cross to liaise with all involved parties (e.g. facility representative, care staff, family members) to discuss reasons equipment was removed from facility.
- Red Cross to contact client / family to discuss return of equipment. Information on the Community HELP will be given, to allow family/client to make arrangements for alternative equipment.
- Arrangements will be made to pick up specialized equipment, in accordance with Red Cross procedures.

When a resident is transferred between DoH long term care facilities

- The facility identifies that the specialized equipment is owned by the Red Cross.
- The facility notifies the Red Cross of the resident's transfer and of the name and address of the new facility.
- The originating facility is to notify the new facility of the resident's transfer and to provide a copy of the Red Cross Loan Agreement.
- The originating facility is responsible to ensure that the equipment is cleaned and transferred with the resident.
- A new Red Cross Loan Agreement is to be completed once the resident has relocated.

When the equipment is no longer needed due to change in recipient's health status

- The facility identifies that the specialized equipment is owned by the Red Cross.
- The facility notifies the Red Cross to retrieve the specialized equipment.
- The Red Cross arranges to pick up the equipment and return it to the HELP-Specialized Equipment Program Inventory.

SECTION III - FREQUENTLY ASKED QUESTIONS

1. Who owns the specialized equipment?

The Canadian Red Cross, Nova Scotia Region owns the specialized equipment provided through the HELP-Specialized Equipment Program. Approved applicants will have use of the specialized equipment for as long as needed, as supported by professional assessment and authorized by Continuing Care.

2. Will applicants be able to have a trial period?

The HELP-Specialized Equipment Program will not be providing specialized equipment for a trial period in the facility, unless the equipment is not available locally for a trial and is available in the Red Cross inventory. The continuing care coordinator will provide authorization if a trial from Red Cross is required.

3. Who is responsible to set up the specialized equipment?

For newly purchased equipment, the equipment supplier is responsible for set up. Where the equipment is provided through the HELP-Specialized Equipment Program inventory, the Red Cross is responsible for set up in accordance with the prescribing professional's specifications, prior to delivery. The specialized equipment will be delivered to the prescribing professional, usually the Occupational Therapist. A long term care staff person, e.g. Rehab Assistant, may be designated to accept delivery, where no therapist is available.

The prescribing professional is responsible for the follow-up assessment to ensure that the specialized equipment is safe and suitable for the resident. Once the equipment is properly set up as prescribed, notification is provided to the Red Cross. The facility is responsible to ensure that this is done for the purposes of resident safety.

4. Can unused items be donated to the Red Cross?

It is possible that unused equipment may be donated to the Red Cross for inclusion in the HELP-Specialized Equipment Program inventory. Items suitable for donation will be identified by the Red Cross. Red Cross may purchase used equipment. Such purchases made are at the discretion of the Red Cross OT and in accordance with Red Cross purchasing guidelines.

Facilities are responsible to dispose of any equipment which is unusable or which has been identified by the Red Cross as not suitable for donation.

5. Will batteries be recycled through the Red Cross?

No. However, batteries that still work are to be returned to the Red Cross with the power wheelchair. When required, replacement batteries for equipment provided through the HELP-Specialized Equipment Program are provided through the Red Cross.

6. Will the HELP-Specialized Equipment Program reuse wheelchair cushions?

ROHO's will be recycled. Other cushions, if they are cleanable, will be returned to the Red Cross and recycled. However, products deemed by the Red Cross OT as unfit for recycling due to hygienic reasons will not be accepted.

7. Is there a standard assessment form for health professionals when prescribing equipment?

The HELP-Specialized Equipment Program has developed a standard assessment form that is to be completed by all health professionals who are requesting authorization of specialized equipment. A copy of the *HELP-Specialized Equipment Assessment Form* is found in the appendix section of this document.

8. How will maintenance and repairs to specialized equipment be done?

The long term care facility is responsible for routine maintenance and cleaning of specialized equipment provided through the HELP-Specialized Equipment Program. Requests for repairs outside of routine maintenance will need to be submitted to the continuing care coordinator for approval. Qualified Rehab Assistants or the Director of Care may submit assessments for repair of Red Cross equipment on behalf of the prescribing therapist if there has been no change to the original prescription. If the Occupational Therapist, Physiotherapist, or Rehab Assistant is aware that the equipment is under warranty, he/she will contact the vendor to provide repair or replacement at no cost. Otherwise, the Red Cross will determine if the repair is covered under warranty.

9. Where will the equipment in the Program inventory be stored?

The Red Cross is responsible for storage of the equipment inventory. There are a number of Red Cross service centres across the province. A list of these centres is available in the appendix section of this document. The Red Cross will maintain a database to effectively manage access to the inventory.

10. How will specialized equipment be transported to outlying areas in the province?

The Red Cross will arrange for the most cost effective means to transport specialized equipment.

11. How long will it take to deliver specialized equipment from the Red Cross inventory to the approved resident?

Red Cross will attempt to deliver the specialized equipment as soon as possible to meet the requested need. This will be monitored as the HELP-Specialized Equipment Program evolves and standards are developed.

12. How will the cost-effectiveness of the Specialized Equipment Program be determined?

The Department of Health in partnership with the Red Cross will be evaluating the success of this program.

13. How will Red Cross equipment be identified?

It will be identified by bar codes and Red Cross sticker labels.

14. Must the full assessment form be completed for all assistive devices requests?

Yes, all relevant information must be completed. The continuing care coordinator needs this information to complete the approval process. Incomplete assessment packages will not be approved. The assessment package must include the recommendation for the specialized equipment along with a detailed prescription, rationale, allowable substitutions, manufacturer's order form, two vendor quotes, and a Braden Scale, if applicable.

15. Will the HELP-Specialized Equipment Program provide accessories for equipment not yet part of the program inventory?

Any recyclable assistive device that has been approved will be provided through the HELP-Specialized Equipment Program. If the equipment is resident owned and requires any modification or and/or repairs, ownership of the equipment must transferred to Red Cross **before** the modification/repair will be completed. If resident owned equipment requires substantial additions of removable parts only, Red Cross will purchase the parts, tag them and recover them at a later date. When submitting requests wherein the resident's equipment is to be transferred to Red Cross ownership, a full description of the equipment is required to complete Letter of Agreement.

16. Are individuals with private insurance required to access that coverage for their specialized equipment needs?

Having private insurance does not affect an individual's eligibility to access the specialized equipment provided through the HELP-Specialized Equipment Program. Insurance policies may supplement the services which are available through other programs. DoH long term care residents with private insurance may choose to access this coverage or may be covered by their insurer for any user fee they are required to pay. It is the responsibility of the resident to address any insurance issues.

17. What if the resident wishes to use their insurance but wants the HELP-Specialized Equipment Program to cover a co-pay or deductible amount?

Residents choosing to use their private insurance coverage for equipment are normally responsible to pay any co-pay amount. If the resident elects to complete an agreement which assigns ownership of the equipment to the HELP-Specialized Equipment Program, the Red Cross **may** choose to pay the outstanding amount and will loan the equipment to that particular resident until it is no longer required. Negotiation of this arrangement is a matter between the resident and the Red Cross.

18. Who is responsible for lost or damaged equipment?

The Red Cross manages the HELP-Specialized Equipment Program inventory and will address issues related to lost or damaged equipment with the resident and/or the long term care facility as appropriate. Where a professional assessment deems equipment damage to be beyond normal wear and tear, the long term care facility shall be responsible for replacement or repair of the equipment. This includes replacement of mattress systems and cushions which are not cleaned and disinfected on a regular weekly basis or more as required based on client's level of incontinence. Note: Incontinence products should be utilized when required to ensure the integrity of the specialized equipment is maintained.

19. Who purchases the new equipment when the requested item is not in the HELP-Specialized Equipment Program inventory?

The Red Cross is responsible for the management of the HELP-Specialized Equipment Program. This includes maintenance, repair and reuse of existing equipment items in the inventory as well as arranging for the purchase of new items of specialized equipment when required.

20. Can I transfer equipment in house to another resident after the initial resident user is discharged or deceased?

Possibly. The prescribing therapist must first contact the continuing care coordinator for approval when requesting an in house transfer of equipment. If the request is approved, the prescribing therapist must ensure that the equipment is safe and that it has been cleaned in compliance with the facilities cleaning and disinfection policies. The prescribing therapist is responsible to set up equipment as deemed appropriate, making any small adjustments or modifications to meet the new resident's needs. When submitting a formal assessment, the prescribing therapist must indicate the last known user's name and barcode. If there is no change to the prescription of parts, the therapist is permitted to use the last quotes provided from the initial resident's approved assessment package.

21. Will the Red Cross provide equipment for rehabilitative purposes? E.g.: a walker used for a walking program.

No, the HELP-Specialized Equipment Program provides equipment to meet the basic identified need. Any rehabilitative equipment used for walking programs, etc. are funded through the capital equipment process or small equipment budget.

22. What are the "positioning devices", identified in the fee table as chargeable items?

Positioning devices are used as a component to a seating system in order to maintain functional seating posture and includes: all positioning belts, chest and leg harnesses, drop bases, footboards, foot boxes, specialized armrest pads (e.g.: ottobock) and all trays. Some positioning devices such as elbow stops and/or lateral supports, soft or rigid lateral supports for backrests (excluding lateral supports for gerichairs), all headrests, adductor pads, abductor pads/ pommels, and elevating legrests will be considered a "single charge" positioning device.

23. What is a “single charge” positioning device?

Single charge positioning devices include equipment pieces that can be used in multiples or as a single item, depending on the resident’s need. A single charge will apply if requesting 2 elevating legrests, 2 lateral supports for a backrest, more than one elbow stop, and more than one adductor/abductor pad. E.g., if requesting a tray with 2 elbow stops, the resident will be charged for the tray and one additional positioning device only.

24. Is there a maximum number of “positioning devices” the resident will be charged for?

Yes. The resident will not be charged for more than five positioning devices. E.g., if requesting a seating system with a headrest, a tray with 2 elbow stops (single charge), a positioning belt, a footboard, an adductor pad, and a drop base, the resident will be charged for 5 positioning devices.

25. What is “rehab seating”?

Any custom seating completed by the Nova Scotia Rehab or IWK.

26. What happens if a resident fails to pay the assessed SEP fees?

The Red Cross will use the following process in addressing delinquent fees:

1. When payment has not been received for 60 to 90 days, a phone call will be made by the Red Cross to the resident and/or person who signed Fee Record/Agreement form as the responsible party. Payment arrangement will be made at time of phone call. If extenuating circumstances arise, responsible party is expected to contact the Red Cross for arrangement of payment.
2. If issue is not resolved after 90 days, a letter will be sent to the person responsible for payment.
3. If payment is in arrears after 120 days, a second letter will be sent to make arrangements to pay in full.
4. If at such a time there is no payment, a meeting will be arranged with the appropriate parties (e.g. family members, Red Cross representative, facility representative, etc.) to discuss program policy and fee payment requirements.
5. If failure to honour the fee agreement continues and payments remain in arrears, the equipment provided will be recovered by the Red Cross, at the discretion of the HELP program manager.

Section IV - APPENDICES

Appendix I - Red Cross Service Centres

Appendix II - Specialized Equipment, Request and Authorization Form

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APPENDIX I
HEALTH EQUIPMENT LOAN PROGRAM
Red Cross Services Centres

RED CROSS LOCATIONS - NOVA SCOTIA

Client Billing Enquiries (provincial): 1-800-568-0040

CENTRAL AREA

HALIFAX (DHA 9)

Occupational Therapists

– Dartmouth office (902) 424-1435 & (902) 424-1428

Continuing Care billing enquiries only: (902) 424-1423

Fax: (902) 492-0544

133 Troop Avenue

Dartmouth, NS B3B 2A7

NORTHERN AREA

TRURO (DHA 4, 6)

139 Truro Heights Road

Truro Heights, NS B6L 1X2

AMHERST (DHA 5)

16 Church Street, Suite B

Amherst, NS B4N 3A6

WESTERN AREA

KENTVILLE (DHA 3)

10 Pelton Drive

Kentville, NS B4N 3V7

BRIDGEWATER (DHA 1)

Suite 102, 42 Glen Allan Drive

Bridgewater, NS B4V 3N2

YARMOUTH (DHA 2)

341 Highway #1, Dayton Mall

Yarmouth, NS B5A 4A5

EASTERN AREA

SYDNEY (DHA 6, 7, 8)

Occupational Therapist

– Sydney office (902) 564-4114 ext 1001

Fax (902) 564-6752

1140 Upper Prince

Sydney, NS B1P 5P6

Although Red Cross Service Centres exist in each Health District, for the purposes of accessing the HELP - Specialized Equipment Program all enquiries for equipment from Health Districts 1-5 and 9 are processed through the Central District office. Equipment enquiries from Health Districts 6, 7 and 8 are processed through the Sydney office.

APPENDIX II

HELP-SPECIALIZED EQUIPMENT PROGRAM

Request and Authorization Form

HELP Specialized Equipment Program REQUEST AND AUTHORIZATION FORM

DHA: _____

DATE: _____

Care Coordinator		PHONE	FAX
Client Name	FIRST	INITIAL	LAST
	HCN		
	DOB (DD/MM/YYYY)		

Delivery Address (STREET ADDRESS, <u>NOT</u> MAILING ADDRESS)	Contact phone #
	Facility fax #

Description of item requested:
 PLEASE ATTACH ASSESSMENT

Rationale:

Quotes attached: \$ _____ \$ _____

Signature of the person making the request	YYYY /MM /DD
---------------------------------------------------	----------------------

Recommendation & Comments	For Continuing Care Office Use Only
<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended	
_____ Signature (continuing care coordinator)	

Decision	<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved	<input type="checkbox"/> Monthly HELP User Fee: \$ _____ (Attach Resident Fee Record/Agreement)
_____ Signature & Title		_____ Date

For Red Cross Use Only	
<input type="checkbox"/> Provided from Inventory	
<input type="checkbox"/> Purchased for Inventory	_____ Cost: \$ _____ Supplier

* All fields must be completed or the form will be returned.

APPENDIX III

HELP-SPECIALIZED EQUIPMENT PROGRAM

Specialized Equipment Assessment Form & Guidelines for Completion

HELP-Specialized Equipment Assessment Form

The HELP-Specialized Equipment Assessment Form is not intended to be a comprehensive functional assessment for the purpose of determining a product prescription. Instead it is a summary of pertinent information which supports the need for the equipment request. Health professionals are expected to complete full assessments on residents in order to prescribe the most appropriate equipment.

Use your professional judgment in completing this form.

Part 1A

Identification

Please provide the following information:

- report date
- resident name
- health care number
- date of birth
- gender
- facility where resident is living

Relevant Diagnosis and Associated Conditions

Please list the pertinent medical condition. Include pertinent information on the following items:

Cognitive and perceptual status:

- orientation to time, place, person
- short term and long term memory
- comprehension and insight (include resident's competency and physical ability to complete any required forms. If resident has a user fee and is unable to sign, include Power of Authority contact information).
- attitude and behaviour
- note any hemianopsia or apraxia
- comment on functional hearing and vision

Physical Status:

- weight and height
- pain or discomfort
- edema, location and severity (what measures have been taken to reduce edema)
- range of motion of upper and lower extremities (note contractures or limitations)
- ability to weight shift
- strength - upper and lower extremities
- note any flaccidity or spasticity
- sitting and standing balance - static and dynamic
- endurance

Environmental Factors:

Describe the residents living arrangements as it relates to the prescription and expected pattern of use.

- accessibility (indoor, outdoor terrain)
- safety factors
- existing adaptations
- vocational access
- transportation

Stability of Condition:

Comment on whether the resident's current situation appears to be stable, whether the resident has recently undergone medical treatment or whether condition is thought to be progressive.

Residents Perception of Problem:

Comment on residents own perception of the problem. Are all involved in agreement? Are there any parties who think differently about how the issues should be addressed?

Problem Necessitating Equipment and Therapeutic Benefit Expected

This section describes the reason and benefit of the requested equipment. Include the following information if pertinent.

Functional Status:

Describe the functional level and endurance of the resident affected by the requested equipment. Include the resident's ambulation status, chair propulsion status and method of propulsion, if applicable. Include continence status. If using a wheelchair, indicate number of hours and pattern of use of equipment. How will the equipment impact functional status? What changes is anticipated to occur by the use of the equipment?

Skin Condition:

If the equipment includes pressure relief devices, please describe the resident's current skin condition. Include specific information related to ulcer location, depth, risk, size and length of time ulcer has existed. What other measures have been taken to improve wound healing?

Braden Scale Score:

If the skin condition is a concern, please complete and include a copy of the Braden Scale. See Attachment 2 for a copy of the Braden Scale. Refer to the Nova Scotia Wound Management Protocol for a description of the tool.

Other Considerations:

Use this section to add any additional comments that will help describe the benefits of the requested equipment.

Equipment currently being used, available or tried and reason why not suitable

Comment on any current equipment in use, any trials and/or any equipment available but no longer in use. Explain why such a situation exists. Why the equipment is no longer in use or no longer considered suitable.

Part 1B - Additional Supporting Information and Rationale for request.

Use this section if there is insufficient space in Part 1A to include all pertinent information. Please be clear and concise in your comments. If writing by hand, please ensure document is legible.

Part 2

Equipment Requested

Please include a copy of the manufacturers form if available. This will ensure that the prescription is filled as recommended. Describe the requested equipment in detail and provide rationale for request. The specialized equipment provided will be the minimum required to meet the basic identified need. List all acceptable substitutions. Appropriate substitutions **must be** identified by an Occupational Therapist and/or Physiotherapist. If no substitutions are listed, and insufficient rationale is given to support this decision the Red Cross can provide substitutions at their discretion. Give further rationale if no substitutions are appropriate. Residents choosing alternate or upgraded items are responsible for the full cost of the equipment, including labour / maintenance to install upgraded items.

Since the program will fill requests with recycled equipment where available, the more detail provided in the equipment specifications, the better chance that the appropriate equipment will be delivered in a timely manner. Include detailed specifications such as hanger degree, seat to floor height to rails, as well as the finished seat to floor height for wheelchair requests. Include the orientation of components, including seat angle (front and rear seat heights), back height and angle, wheel placement (axle position), footplate position, joystick position, power profile settings, position of brakes, positioning devices, etc. Ensure assessment, quotes and manufacturer's order forms are accurate.

Details of special features beyond standard issue

Use this section to provide a rational and description of any equipment considered beyond standard issue. This would include any items such as wheelchair accessories. Be clear in your rational as these items may be considered optional and will not be provided.

Any delivery concerns

Include any concerns with delivery time, date, location. Please include an additional contact name and number for delivery.

Referral Agents Information

Please include the following:

- name of person completing assessment
- professional designation
- signature
- date
- phone number and alternative phone number
- fax number and email address

HELP-Specialized Equipment Assessment Form

PART 1A

Report Date:	HCN #:
Resident Name:	
Date of Birth:	Sex: Male Female
Facility:	
Relevant Diagnosis & Associated Conditions:	
Cognitive Status:	Physical Status: Ht _____ Wt _____
Environmental Factors:	Stability of Condition:
Resident's Perception of Problem to be addressed by equipment request:	
Problem Necessitating Equipment & Therapeutic Benefit Expected:	
Functional Status:	Skin Condition: Braden Scale Score: <i>(include copy)</i>
Other Considerations:	
Equipment Currently Being Used, Available or Tried (RC __ ; other __) and Reason Why Not Suitable:	

Additional Information: Attach Part 1B sheet

PART 1B Additional Information: Resident Name:

HCN#:

Additional Supporting Information and Rationale for Request:

Signature:

Date:

PART 2

Resident Name:

HCN#:

Equipment Requested: *(include copy of manufacturer's order form)* **Acceptable Substitution:** *(list below)***Details of Special Features Beyond Standard Issue:** *(include rationale for need to support additional cost. Add additional sheets if required.)*

Features	Benefits

Any Delivery Concerns:

Any Delivery Concerns:	
Name of Assessor:	Signature:
Designation:	Date:
Primary Phone Number:	Fax:
Alternate Phone Number:	Email:

APPENDIX IV

HELP-SPECIALIZED EQUIPMENT PROGRAM

Red Cross Loan Agreement

**Canadian Red Cross
Loan Agreement**

Resident Name

Facility

Health Care Number

Red Cross Loan Number
See page 2 for barcode numbers

Billing Client

You have been authorized to receive a loan of specialized health equipment from the Canadian Red Cross, Nova Scotia Region.

Description of specialized equipment delivered:

Canadian Red Cross Loan Agreement

Resident Name

Facility

Health Care Number

Red Cross Loan Number

Canadian Red Cross Loan Agreement

Resident Name

Facility

Health Care Number

Red Cross Loan Number

Continuing Care has authorized the loan of specialized equipment, as recommended by your health care provider. The Canadian Red Cross Society agrees to loan you this specialized equipment under the following conditions.

1. The specialized equipment has been inspected and has arrived in good condition.
2. The person/facility taking responsibility for the specialized equipment must understand the safe operation of and follow the proper instructions for use of the equipment.
3. If there is a problem with the equipment, the Red Cross will be contacted by telephone at 902-424-1435 / 902-424-1428 / 902-564-9564 or by fax at 902-424-0544 / 902-564-6752.
4. The facility and resident acknowledge that the specialized equipment is loaned on an "as is" basis and that the resident, by accepting the loan of the device, waives any right to claim against the Canadian Red Cross concerning the condition, quality, duration, suitability fitness or operation of the device.
5. The specialized equipment is available to the resident for as s/he requires it. When the equipment is no longer required, it shall be returned to the Red Cross.
6. If the resident transfers to another facility, the Red Cross shall be notified.

Signature of person receiving the specialized equipment

Date

Witnessed by

Date

Agreement Release

___ Client no longer needs equipment. (Red Cross to pick up equipment)

___ Client deceased. (Red Cross to pick up equipment)

___ Client transferred to _____ (New Agreement letter to new facility)

APPENDIX V

HELP-SPECIALIZED EQUIPMENT PROGRAM

FEES

HELP-SPECIALIZED EQUIPMENT PROGRAM FEES

DESCRIPTION

There may be a monthly fee charged to approved applicants for equipment provided through the HELP-Specialized Equipment Program. Fees are based on the applicant's income and the type and quantity of the equipment provided.

The fee charged for specialized equipment is comprised of two elements, a monthly flat rate charge and an amount associated with the particular type of equipment provided. The flat rate charge is a standard amount which is charged to the resident once per month, regardless of the number of pieces of specialized equipment provided. The fee associated with each piece of equipment provided is added to the flat rate charge to determine the monthly specialized equipment fee. The fee is collected by the Red Cross. Payment of fees may be made by cheque payable to the Canadian Red Cross - HELP, or by pre-authorized Visa, MasterCard, direct debit, or money order.

If there is a failure to honour a Fee Agreement and payment to the Canadian Red Cross is in arrears for 120 days, the equipment provided will be recovered by the Red Cross HELP - Specialized Equipment Program, at the discretion of the Canadian Red Cross and in accordance with Red Cross procedures.

FEE EXEMPTIONS

No fees are charged to applicants who fit the following criteria:

- applicants whose assessed income falls within or below a designated income category (see table).
- applicants who are publicly assisted residents of Department of Health licensed or approved long term care.

No fees are charged for the loan of resident specific, specialized bariatric beds.

FEE DETERMINATION PROCESS

1. Continuing care coordinator receives a request on *HELP-Specialized Equipment Request and Authorization Form*. Continuing care coordinator reviews the request and makes an approval decision or forwards the request to a Supervisor, as appropriate.
2. Where the decision is to approve the request, the continuing care coordinator obtains the applicant's assessed income information from the Eligibility Review Unit. If the applicant is required to pay a specialized equipment fee, the Care Coordinator prepares a *Client Fee Record/Agreement* using the HELP-Specialized Equipment Program - Fee Table.

3. The continuing care coordinator visits the resident to explain the fee and to get the *Client Fee Record/Agreement* completed. A copy is provided to the applicant.
4. When the applicant or representative has completed the *Client Fee Record/Agreement*, the continuing care coordinator completes the *HELP-Specialized Equipment Request and Authorization Form*, attaches a copy of the *Client Fee Record/Agreement* and forwards this to the Red Cross.
5. Applicants who choose not to disclose income information shall be deemed to be in the highest Resident Income Category for the purposes of fee determination.



Department of Health
Continuing Care

HELP-Specialized Equipment Program

Fee Record/Agreement

Applicant Name: _____ HCN: _____

Your assessed income, as determined through your application for placement in a long term care facility, places you in Resident Income Category: _____.

You are required to pay a fee for the specialized equipment you receive through the HELP-Specialized Equipment Program. You will be billed on a monthly basis.

Payment of fees can be made by cheque payable to the Canadian Red Cross – HELP, or by pre-authorized Visa, MasterCard, direct debit, or money order.

If payment to the Canadian Red Cross is in arrears for 120 days, the equipment provided will be returned to the Red Cross HELP – Specialized Equipment Program.

FEE DETAIL : Details of the monthly fees you are required to pay are provided below.

1. Monthly Flat Rate \$ _____
 2. Equipment Charge
 - + \$ _____ for _____
 - + \$ _____ for _____
 - + \$ _____ for _____
 - + \$ _____ for _____
 - + \$ _____ for _____
- Monthly Fee = \$ _____

BILLING ADDRESS (include telephone numbers)

Telephone Numbers: _____ (h) _____ (w)

DECLARATION OF RESIDENT OR REPRESENTATIVE

By signing below, I acknowledge my agreement to pay the assessed fees.

Resident/Representative Signature

Date

HELP - Specialized Equipment Program					
FEE TABLE 2014/15					
Resident Income Category					
01	02	03	04	05	06

Income Range:

Low	\$0	\$22,126	\$37,210	\$47,267	\$57,323	\$67,380
High	\$22,125	\$37,209	\$47,266	\$57,322	\$67,379	More

Equipment Charge:

Wheelchair - powered	\$0.00	\$18.35	\$35.60	\$53.95	\$71.20	\$89.55
Wheelchair - tilt/recline	\$0.00	\$9.70	\$19.40	\$28.05	\$37.75	\$47.50
Wheelchair - manual	\$0.00	\$7.55	\$16.20	\$23.75	\$32.35	\$39.95
Mattress - L.A.A.L	\$0.00	\$19.40	\$37.75	\$57.20	\$75.55	\$94.95
Mattress - other specialized	\$0.00	\$9.70	\$19.40	\$28.05	\$37.75	\$47.50
Mattress overlay	\$0.00	\$4.30	\$7.55	\$11.85	\$16.20	\$19.40
Back support - specialized	\$0.00	\$3.25	\$6.45	\$10.80	\$14.05	\$17.25
Rehab seating	\$0.00	\$3.25	\$6.45	\$10.80	\$14.05	\$17.25
Cushions	\$0.00	\$2.15	\$3.25	\$5.40	\$6.45	\$8.65
Rollators	\$0.00	\$1.10	\$1.10	\$2.15	\$3.25	\$4.30
Slings	\$0.00	\$1.10	\$1.10	\$2.15	\$3.25	\$4.30
Walkers	\$0.00	\$1.10	\$1.10	\$2.15	\$3.25	\$4.30
Positioning devices	\$0.00	\$1.10	\$1.10	\$2.15	\$3.25	\$4.30
Transfer aids	\$0.00	\$1.10	\$1.10	\$2.15	\$3.25	\$4.30
Bariatric commodes	\$0.00	\$1.10	\$1.10	\$2.15	\$3.25	\$4.30

Monthly Flat Rate:

\$0.00	\$17.25	\$17.25	\$17.25	\$17.25	\$17.25
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Fee table revised: November 1, 2014