

# NOVA SCOTIA DEPARTMENT OF HEALTH CONTINUING CARE BRANCH

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**Subject:** **Over Cost Fund Policy**

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Original Approved Date: January 1, 2005 Revised Date: February 22, 2008

*Original signed by Keith Menzies*

Approved by: \_\_\_\_\_  
Keith Menzies, Executive Director, Continuing Care Branch

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## **1.0 POLICY STATEMENT**

The Department of Health may provide coverage of the cost for the following services or items to eligible residents of long term care facilities under its jurisdiction:

- one-on-one attendant care,
- tube feeds (special diets and related supplies),
- incontinent supplies,
- over the counter medications - *Residential Care Facilities only*
- specialized equipment assessment and follow up visit by an Occupational Therapist or Physiotherapist,
- resident specific supplies (atypical circumstances), and/or
- specified transportation.

## **2.0 APPLICATION OF THE POLICY**

This policy applies to individuals who are regular bed residents of long term care facilities under the mandate of the Department of Health which exclusively admit individuals referred through the Department of Health's "Single Entry Access" process.

## **3.0 ELIGIBILITY CRITERIA**

An individual is eligible to have service costs paid out of the Over Cost Fund when the following criteria have been met:

- The individual is a regular bed resident of a long term care facility, and
- requires a service which is covered benefit under this policy, and
- meets assessment criteria where specified, and
- has the request reviewed and approved by Continuing Care prior to delivery of the service. Retroactive coverage of costs will not be approved.

#### 4.0 CRITERIA FOR AUTHORIZING COVERAGE

##### 4.1 Attendant Care

- May be approved as part of a resident's care plan by a Supervisor or Adult Protection worker for a defined period.
- The resident is assessed by a health professional as requiring one-on-one attendant care due to resident behavioral needs or special care needs.
- Funding will be provided for the most cost effective level of care provider, who can meet the care needs of the resident.
- The long term care facility will provide regular reports of the resident's progress to the Supervisor.
- Attendant care will be monitored regularly by the Supervisor, Care Coordinator or Adult Protection worker, as appropriate.

##### 4.2 Tube Feeds

- May be approved as part of a resident's care plan by a Supervisor.
- The resident requires specialized nutrition through tube feedings based on a completed assessment and recommendation by a registered dietitian.
- The most cost effective and clinically indicated formula and supplies must be selected.
- Funding will be only be considered for costs exceeding the long term care facility's daily raw food costs.
- Authorization may include costs for formulae, bags, tubing and spikes.

##### 4.3 Incontinent Supplies

- The individual is a resident of a RCF or approved CBO under the mandate of the Department of Health.
- May be approved as part of a resident's care plan by a Care Coordinator.
- The resident requires incontinent supplies based on a demonstrated need and supporting documentation.
- The most cost effective supplies must be selected.

##### 4.4 Over the Counter Medications

- The individual is a resident of a Residential Care Facility under the mandate of the Department of Health.
- May be approved as part of a resident's care plan by a Care Coordinator.
- The resident need for over the counter medications is supported by a physician's order.
- The most cost effective items must be selected.

4.5 Specialized Equipment Assessment

- The resident requires a professional assessment/follow up by an Occupational Therapist or a Physiotherapist to determine the requirement for specialized equipment, and
- Occupational Therapy or Physiotherapy services are not provided for in the budget of the facility where the resident lives.

4.6 Resident Specific Supplies

- May be approved as part of a resident's care plan by a Supervisor.
- The resident requires the specific supplies for a demonstrated need which is supported by clinical assessment and documentation.
- The costs of the resident specific supplies is beyond what could be reasonably covered through the facility's nursing budget.
- The most cost effective supplies must be selected.
- The use of resident specific supplies will be monitored regularly by the Supervisor.

4.7 Transportation

- The resident requires transfer from one long term care facility to another as the result of a determination by the Department of Health that a change in the resident's care level necessitates the transfer, or
- The resident requires transfer between long term care facilities when, as a result of the application of the First Available Bed Provision, the resident is placed in a facility which is not the individual's stated first choice at the time of admission and where the resident has not had the cost of an inter-facility transfer covered previously, or
- The resident requires transportation on an ongoing basis between a long term care facility and a hospital for the purposes of hemodialysis treatment or ECT treatment.
- The most cost effective means of transportation must be selected.
- Current ambulance fees are based on rates set by the Department of Health.
- Mileage fees or payment to family members to provide transportation **is not** covered.
- Costs for an escort for the resident during transport are the responsibility of the resident.

**5.0 APPLICATION AND APPROVAL PROCESS**

5.1 General

- Requests for the coverage of service costs under the Over Cost Fund must be submitted on an *Over Cost Fund Request and Authorization Form*. (See attached)
- As appropriate, the Care Coordinator or Placement Coordination Office will inform the long term care facility of the approval or denial of the request.

## 5.2 Attendant Care

- A request is submitted to the Care Coordinator who reviews it, makes a recommendation and forwards it to the Supervisor for consideration.
- The Supervisor makes an approval decision and returns it to the Care Coordinator. The Care Coordinator informs the facility of the decision.
- An Adult Protection worker may approve attendant care for Adult Protection clients upon admission to a long term care facility.
- The Adult Protection worker will inform the Supervisor of the approval for attendant care within five (5) working days of making the approval.
- Approval of attendant care is to be documented by the Adult Protection worker on an *Over Cost Fund Request and Authorization Form*. Copies are to be forwarded to the Supervisor and Care Coordinator for inclusion in the client's file.
- Upon receipt of approval, the Administrator or designate will arrange for a care provider to meet the needs of the resident.

## 5.3 Tube Feeds

- A request is submitted to the Care Coordinator who reviews it, makes a recommendation and forwards it to the Supervisor for consideration.
- The Supervisor makes an approval decision and returns it to the Care Coordinator. The Care Coordinator informs the facility of the decision.
- Requests for coverage of special diets and related supplies must be accompanied by a completed assessment and recommendation from a registered dietitian.

## 5.4 Incontinent Supplies

- A request is submitted to the Care Coordinator. The Care Coordinator reviews request, contacting facility administrator as necessary to discuss resident's care needs and general condition to ensure that the needs can be met within the RCF/CBO setting.
- Care Coordinator makes approval decision and informs the facility administrator.
- Upon receipt of approval, the Administrator or designate will arrange for the provision of incontinent supplies by the most cost effective means.

## 5.5 Over the Counter Medications

- A request is submitted to the Care Coordinator.
- Care Coordinator makes approval decision and informs the facility administrator.
- Upon receipt of approval, the Administrator or designate will arrange for the provision of the approved over the counter medications by the most cost effective means.

5.6 Specialized Equipment Assessment

- A request is submitted to the Care Coordinator who reviews it, makes a recommendation and forwards it to the Supervisor for consideration.
- The Supervisor makes an approval decision and returns it to the Care Coordinator. The Care Coordinator informs the facility of the decision.

5.7 Resident Specific Supplies

- A request is submitted to the Care Coordinator who reviews it, makes a recommendation and forwards it to the Supervisor for consideration.
- The Supervisor makes an approval decision and returns it to the Care Coordinator. The Care Coordinator informs the facility of the decision.
- Upon receipt of approval, the Administrator or designate will arrange for the provision of approved resident specific supplies by the most cost effective means.

5.8 Transportation

- Except for coverage of inter-facility transfer costs, requests are submitted to the Care Coordinator for review and approval decision.
- Requests for coverage of inter-facility transfer costs are to be made to the Supervisor of the Placement Coordination Office, or designate.
- Upon receipt of approval, the Administrator or designate will arrange for the resident's transportation by the most cost effective means.

**6.0 BILLING FOR APPROVED SERVICES**

The long term care facility will invoice the Department of Health for all approved Over Cost Fund charges on a monthly basis in accordance with the procedures established by the DoH - Financial Services.

## OVER COST FUND REQUEST AND AUTHORIZATION FORM

DHA: \_\_\_\_\_

DATE: \_\_\_\_\_

<b>Care Coordinator</b>		PHONE	FAX
<b>Resident Name</b>	FIRST                      INITIAL                      LAST		
<b>HCN</b>		<b>DOB</b>	
<b>Facility:</b>		<b>Facility fax #</b>	
<p><b>Description of Coverage Requested:</b> (Attach assessment, if applicable)</p> <p style="text-align: center;"> <input type="checkbox"/> ATTENDANT CARE                      <input type="checkbox"/> OVER THE COUNTER MEDICATIONS                      <input type="checkbox"/> TUBE FEEDS  <input type="checkbox"/> INCONTINENT SUPPLIES                      <input type="checkbox"/> SPECIALIZED EQUIPMENT ASSESSMENT  <input type="checkbox"/> TRANSPORTATION                      <input type="checkbox"/> RESIDENT SPECIFIC SUPPLIES </p> <p><b>RATIONALE:</b></p>          			
<b>Amount requested: \$</b> _____		<b>Attendant Cost: \$</b> _____ <b>estimate per month</b>  <b>Level of Care:</b> _____ <b>#hrs/mth</b> _____  <b>Hourly rate:</b> _____	

<b>For Continuing Care Office Use Only</b>
<p><b>Recommendation &amp; Comments</b></p> <p> <input type="checkbox"/> Recommended                      <input type="checkbox"/> Not Recommended </p>   <p>_____</p> <p>Signature (Care Coordinator)</p>

<p><b>Decision</b></p> <p style="text-align: center;"> <input type="checkbox"/> Approved                      <input type="checkbox"/> Not Approved </p>	<p>Amount Approved: \$ _____</p>
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<p>_____</p> <p>Signature &amp; Title</p>	<p>_____</p> <p>Date</p>
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