

**Nova Scotia Department of Health and Wellness**

**Continuing Care Branch**

**RESIDENT CHARGE POLICY**

**Effective: November 1, 2017**

<b>Subject: Resident Charge Policy</b>	
<b>Effective date:</b> November 1, 2017	<b>Version:</b> Replaces November 1, 2016 version
<b>Approved by:</b>	Denise Perret, QC, Department of Health and Wellness Deputy Minister, Nova Scotia Department of Health and Wellness
<b>Signature:</b>	<b>Original signed by Deputy Minister Denise Perret</b>

## 1. OVERVIEW

Residents admitted to facilities licensed or approved by the Department of Health and Wellness pay the “accommodation” portion of their long term care costs. Residents may apply to have the Standard Accommodation Charge reduced, subject to an income test. Residents retain assets and income to pay for items of personal need or enjoyment.

Note: For long term care facilities licensed or approved by the Department of Health and Wellness, this policy replaces Chapter 3 - Determination of Financial Eligibility, in the *Community Supports for Adults Manual* (April 1, 1998).

## 2. PURPOSE OF POLICY

The purpose of this policy is to describe how resident charges are determined for persons living in the Department of Health and Wellness long-term care facilities.

## 3. APPLICATION OF POLICY

**3.1** The Resident Charge Policy applies to regular bed applicants or residents of one of the following three types of long term care facilities that exclusively admit applicants assessed and referred by the Department of Health and Wellness.

- Nursing Homes/Homes for the Aged (hereinafter referred to as “nursing homes”) licensed by the Department of Health and Wellness,
- Residential Care Facilities (RCFs) licensed by the Department of Health and Wellness,
- Community Based Options (CBOs) approved by the Department of Health and Wellness.

**3.2** The term “regular bed” is used to refer to beds that are licensed/approved by the Minister of Health and Wellness for the purpose of providing care and accommodation to

individuals who are not expected to be discharged to the community in the short term. Regular beds are distinguished from “respite beds”.

For information on charges pertaining to “respite bed” applicants, refer to the Facility Based Respite Policy in the *Long Term Care Policy Manual*.

#### **4. ALLOWABLE CHARGES**

##### **4.1 FACILITY PER DIEM RATE**

4.1.1 The Department of Health and Wellness reviews the detailed budgets of each long term care facility on an annual basis and individually sets a “facility per diem rate” that covers both “health care costs” and “accommodation costs”.

4.1.2 “Health care costs” are costs approved by the Department of Health and Wellness and include salaries, benefits, and operational costs of resident care. Costs may be related to: nursing and personal care, social work services, and physical, occupational, recreation, and other therapies.

4.1.3 “Accommodation costs” are costs approved by the Department of Health and Wellness and include:

- salaries, benefits, and operational costs of: maintenance, dietary services, housekeeping, management, and administration departments;
- capital (principle, interest and depreciation), including mortgages, equipment and small projects; and
- return on investment.

##### **4.2 INSURER OF LAST RESORT**

4.2.1 The Department of Health and Wellness is the payer of last resort for “health care costs” and “accommodation costs”

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

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

Where a disability necessitating long term care placement is due to an illness or injury and the applicant has received or is pending receipt of a sum of money

through a liability award or settlement for future care, the applicant is considered a private payer and is charged the full cost of care and accommodation.

- Once the amount identified for future care by the court or through an award or settlement is expended on care, the applicant can apply for a reduced accommodation charge. At the point of financial reassessment, any remaining funds which were awarded for damages other than future care, such as wage loss or for pain and suffering, are considered part of the applicant's income.
- Provided for under any other statute;
- The responsibility of :
  - Veterans Affairs Canada;
  - the Workers Compensation Board; or
  - the Federal Government or First Nations individuals living on Reserve in Nova Scotia with a band number who require residential care facility or community based option levels of care. Note: Regardless of status First Nation individuals, who require nursing home level care, pay an accommodation cost only.

#### **4.3 STANDARD ACCOMMODATION CHARGE**

- 4.3.1 The Standard Accommodation Charge is based on a review of the average “accommodation costs” for each of the three types of long term care facilities, the Department of Health and Wellness annually sets a provincial Standard Accommodation Charge for each type of facility. The total approved budget for items included as accommodation costs are summed for all facilities of a particular type (e.g. nursing home) and then divided by the total number of resident days in all facilities of that type to arrive at a daily Standard Accommodation Charge.
- 4.3.2 The Standard Accommodation Charge for each type of long term care facility shall be set annually by the Department of Health and Wellness and shall be effective for a twelve month period from November 1<sup>st</sup> to October 31<sup>st</sup> of the following year. The Long Term Care Rates Schedule is updated annually to communicate the current rates.
- 4.3.3 The current Standard Accommodation Charge rates for Nursing Homes, Residential Care Facilities and Community Based Options can be found in the Long Term Care Rates Schedule.
- 4.3.4 With the exception of those who are subject to the “facility per diem rate” under section 4.2, the “health care costs” are provincially funded and the resident pays the authorized accommodation charge as determined by the Department of Health and Wellness.

- 4.3.5 Long term care facilities are prohibited from charging any resident more for accommodation than the amount determined by the Department of Health and Wellness.
- 4.3.6 Long term care facilities are prohibited from charging extra for private or semi-private accommodation.
- 4.3.7 Long term care facilities must provide a full and clear explanation of Basic Services for which the resident cannot be charged and a fee schedule for Optional Services. The list of Basic Services and the Optional Services fee schedule must be provided to the resident/authorized representative at admission and at any time the schedule changes.

See “Appendix A” for a description of Basic Services and an explanation of Optional Services.

#### **4.4 DAY OF BILLING**

- 4.4.1 A long term care facility is permitted to levy an accommodation charge on the resident for the day of admission and the day of death. The client or client's representative (when the client does not have capacity) may be required to sign a contract with the facility declaring their responsibility and agreement to pay the daily accommodation charge as a resident of the long term care facility. Representative may include EPOA, spouse (or other family member), legal guardian or other.
- 4.4.2 The long term care facility is not permitted to levy an accommodation charge on a resident for the day of discharge.
- 4.4.3 For the purposes of billing, the day of admission may be the day the applicant is physically admitted to the facility **or** the day the applicant agrees to pay to hold a bed for his or her imminent admission.
- 4.4.4 A day means a twenty-four hour period that begins at 12:01 a.m. and ends at midnight.

## **5. FINANCIAL COMPLETION**

### **5.1 MANDATORY COMPLETION**

- 5.1.1 The Long Term Care Facility Financial Application (hereinafter referred to as “financial application”) must be completed. A financial application may be made by an individual, or someone authorized to act on the individual’s behalf.
- 5.1.2 With the exception of clients determined to be Adults in Need of Protection in accordance with the Adult Protection Act, failure to complete the financial application shall result in the refusal of admission to long term care facilities.

### **5.2 APPLICATION COMPLETION PROCESS**

- 5.2.1 For each person requesting admission to a long term care facility, the Nova Scotia Health Authority will:
- Explain the authorized accommodation charge;
  - Explain the income test process, if the person is requesting a reduction in the Standard Accommodation Charge;
  - Complete the application package with the applicant or authorized representative.
- 5.2.2 The application package is forwarded to the Eligibility Review Unit, Continuing Care Branch, Department of Health and Wellness for completion of the income test process and to determine the applicant’s authorized accommodation charge.
- 5.2.3 The authorized accommodation charge is communicated to the applicant in a *Notice of Authorized Charge* letter from the Eligibility Review Unit. The authorized accommodation charge is communicated to the admitting long term care facility by the Eligibility Review Unit.

### **5.3 AGREEMENT TO PAY STANDARD ACCOMMODATION CHARGE**

- 5.3.1 Individuals who do not wish to be considered for a reduction in the Standard Accommodation Charge are not required to undergo an income test, but shall indicate on the Financial Application their agreement to pay the Standard Accommodation Charge.

#### **5.4 APPLYING FOR A REDUCED ACCOMMODATION CHARGE**

- 5.4.1 If the value of 85% of an applicant's assessed income is greater than the Standard Accommodation Charge, the applicant shall not be eligible for a rate reduction.
- 5.4.2 Should an individual wish to be considered for a reduction in the Standard Accommodation Charge, the Department of Health and Wellness requires the applicant or his/her legal representative to sign a Department of Health and Wellness *Consent to Release Tax Payer Information*.

To expedite the process, applicants are encouraged to provide the Canada Revenue Agency (CRA) *Notice of Assessment* or *Income Tax Summary* for the tax year that corresponds to the assessment period designated by the Department of Health and Wellness.

- 5.4.3 If an individual has not filed an *Income Tax and Benefit Return* with the CRA, the Department of Health and Wellness may accept alternative documentation that adequately meets the Department's information requirements.
- 5.4.4 An income test will be completed annually to determine continued eligibility for a reduced accommodation charge. The client is required to file a tax return. If the client or someone authorized to act on the client's behalf has signed the "Consent to Release Tax Payer Information" form, the Department of Health and Wellness can access the Notice of Assessment directly from CRA. If the form has not been signed, then the client must provide the CRA *Notice of Assessment* or *Income Tax Summary* for the tax year that corresponds to the assessment period designated by the Department of Health and Wellness.
- 5.4.5 Residents are required to provide income information on an annual basis in order to remain eligible for a reduction in the Standard Accommodation Charge. Residents who do not provide the required information by June 30th shall be assessed the Standard Accommodation Charge. Should additional income information become available at a later date, residents may apply for a reduction to the Standard Accommodation Charge by providing supporting income information. Any approved adjustments to the Standard Accommodation Charge shall be effective for the time period in which the supporting income information is relevant.

5.4.6 Sponsored immigrants are not eligible for a reduction in accommodation charges and are required to pay the Standard Accommodation Charge.

## **5.5 INCOME TESTING**

5.5.1 Eligibility for a reduced accommodation charge will be determined by the application of an income test.

5.5.2 The purpose of the income test is to assess eligibility for a reduction in the accommodation rate, determine the amount of the rate reduction and to monitor ongoing eligibility.

5.5.3 Applicants or residents applying for a reduction in the accommodation charge will be income tested at the time of application and annually thereafter.

5.5.4 Each resident shall be notified by the Department of Health and Wellness of any change in the accommodation charge resulting from the annual income test at least 30 days prior to the effective date of the change.

5.5.5 It is the responsibility of the applicant/resident or authorized representative to advise the Department of Health and Wellness of any changes in financial or marital status within 30 days of the change. A review will be completed and the new accommodation charge may be applied retroactively to the effective date of the change. Documentation may be required to support any changes.

5.5.6 A financial review may be undertaken at any time, where the Department receives information related to the individual's income that may affect the individual's authorized accommodation charge (e.g., death of spouse; applicant/resident and/or spouse turns 65 years of age). The new accommodation charge may be applied retroactively to the effective date of the change.

## **5.6 PROVISION OF INFORMATION**

5.6.1 It is the responsibility of the applicant/authorized representative to provide all information required to enable the Department of Health and Wellness to make a determination of financial obligation.

5.6.2 The applicant or any other person may be the subject of legal action by the Province to recover funds if, at any time the person:



- willfully withholds information on an applicant's income;
- under reports the amount of an applicant's income; or
- provides false or misleading information on an applicant's income which results in the applicant obtaining a reduced accommodation charge to which the applicant is not entitled.

## **5.7 REQUEST TO REDUCE ASSESSED INCOME**

5.7.1 Once admitted to a long term care facility, the resident shall not transfer or reduce income in order to qualify for a lower accommodation charge.

5.7.2 Upon providing the Department of Health and Wellness with sufficient documentary evidence, the applicant/authorized representative may request that the Department of Health and Wellness accept a lower income level and reduce a resident's accommodation charge if the higher income level resulted from:

- a one-time payment of surplus pension funds from the Cape Breton Development Corporation;
- the Canada Pension Plan one-time death benefit;
- retroactive income for years preceding the tax year used in the assessment;
- lower interest, currency exchange rates and dividend rates,
- liquidation of an income generating asset, when the funds are used to cover care costs;
- Department of Health and Wellness payments through the Caregiver Benefit Program;
- liquidation of an income generating asset to prepay funeral expenses up to the maximum stated in the Funeral Schedule of the Department of Health and Wellness' Special Needs policy. Receipts or documentation must be provided to confirm funeral prepayment expenses;
- a one-time payment from the Indian Residential School Settlement; or
- mandatory employment deductions (i.e., union fees, EI, and registered pension plan) of the spouse in the community for that tax year.

- 5.7.3 The Department shall not assume responsibility for an individual's indebtedness (e.g. loans, household personal expenses, monthly bills, bankruptcy).
- 5.7.4 Where an applicant/resident's financial affairs are managed by the Office of the Public Trustee and their liquid monetary assets are less than \$4000, the Department shall deduct Public Trustee fees from the applicant's assessed income before determining an authorized accommodation charge.

## **5.8 MAXIMIZING INCOME**

- 5.8.1 To be eligible for a reduction in the Standard Accommodation Rate the applicant must apply for the maximum level of all income for which they are eligible. The applicant's spouse must also maximize income in cases of income splitting.
- 5.8.2 Income sources that may be available include, but are not limited to, the Federal government's Old Age Security, Guaranteed Income Supplement (GIS) and Canada Pension Plan benefits.
- Guaranteed Income Supplement benefits may be increased for married couples that have to live apart for care reasons, referred to as Involuntary Separation. The couple's marital status is not changed. In these cases, the couple applies to the Federal government for an increase in their GIS benefits by informing the Federal government of their new circumstances.

## **5.9 DEFINITION OF ASSESSED INCOME**

- 5.9.1 Income is assessed based on the applicant's, and if applicable the spouse's, "net income" less "total taxes payable" as reported to the Canada Revenue Agency (line 236 less line 435) on the *Income Tax and Benefit Return*.
- 5.9.2 If circumstances related to the applicant's, and spouses if applicable, income have changed since his/her last Notice of Assessment (e.g., deceased spouse, applicant turns 65 years of age, etc.), the Department of Health and Wellness may exercise the discretion to calculate the accommodation charge based on the applicant's current income. This new accommodation charge may be applied retroactively to the effective date of the change.

## **5.10 MINIMUM RETAINED INCOME**

- 5.10.1 Minimum Retained Income (MRI) is the annual amount that, at a minimum, each adult applicant shall be left with as retained income.
- 5.10.2 The Minimum Retained Income amount shall be adjusted annually by a rate equivalent to the annual rate of change to the Federal Old Age Security, Guaranteed Income Supplement and Canada Pension Plan payments.
- 5.10.3 The current Minimum Retained Income Rate can be found in the Long Term Care Rates Schedule.

## **5.11 ACCOMMODATION CHARGE- SINGLE, WIDOWED OR DIVORCED APPLICANT**

- 5.11.1 Eighty-five percent (85%) of an applicant's assessed income will be applied to the accommodation charge. However, no adult applicant's annual income shall fall below the Minimum Retained Income level defined by the Department of Health and Wellness.
- 5.11.2 If the applicant's assessed income is less than the Minimum Retained Income amount, the Department of Health and Wellness shall supplement the applicant's income to the Minimum Retained Income amount, in accordance with the following procedures:
- On the first day of each month when the person is residing at the facility on that day, the facility bills the Department of Health and Wellness one-twelfth of the annualized Minimum Retained Income amount, less one-twelfth of the person's assessed annual income.
  - For persons transferred from another approved/licensed facility, the admitting facility bills the Department of Health and Wellness commencing on the first day of the next calendar month following the day of admission.
  - The bill to the Department of Health and Wellness is not pro-rated for partial month stays.

## **5.12 ACCOMMODATION CHARGE- MARRIED, COMMON LAW PARTNERS, DOMESTIC PARTNERSHIPS**

- 5.12.1 All applicants who have a "spouse" and seek a reduction in the Standard Accommodation Charge must, along with their spouse, undergo an income test. The assessed income of

the applicant and their spouse is combined and then divided. Sixty percent of the combined income is retained by the spouse who stays in the community and forty percent is used to calculate the applicant's accommodation charge. If both spouses are residents of a provincially funded long term care facility, their combined income is divided in half (50/50 split) to calculate their accommodation charges.

- 5.12.2 A spouse in relation to an applicant includes a person to whom the applicant is married, a common law partner or a domestic partner. As it relates to the above definition of spouse, a common law partner or domestic partner is a person to whom an applicant 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 partners declaration pursuant to Nova Scotia's *Vital Statistics Act*.
- 5.12.3 The Spousal Income Threshold is the amount set by the Department of Health and Wellness each November 1<sup>st</sup> and shall be adjusted annually. The Spousal Income Threshold is the minimum amount retained by the spouse in community.
- 5.12.4 The current Spousal Income Threshold Rate can be found in the Long Term Care Rates Schedule.
- 5.12.5 If after a couple's assessed income is divided, the applicant's spouse is left with less than the Spousal Income Threshold amount, the Department of Health and Wellness may allow more of the applicant's income to remain with the applicant's spouse by further reducing the accommodation charge. However, the applicant's retained income shall not be reduced below the monthly Minimal Retained Income amount. The Department of Health and Wellness shall not reduce the applicant's accommodation charge in order to increase the income of the applicant's spouse to be an amount higher than the Spousal Income Threshold.

### **5.13 ACCOMMODATION CHARGE- ALLOWANCE FOR DEPENDANTS**

- 5.13.1 An applicant's spouse may retain an additional amount of the couple's assessed income equivalent to fifty percent of the Spousal Income Threshold for each "dependant". However, the applicant's retained income shall not be reduced below the Minimum Retained Income amount.
- 5.13.2 A "dependant" in relation to an applicant is an individual other than a spouse who qualifies to be claimed, and is claimed, as a dependant exemption on the *Income Tax and Benefit Return* of the applicant or his/her spouse.

5.13.3 There must be a spouse in the community to care for the dependant.

5.13.4 The dependant must be a child under the age of majority, or if older than 19 years and younger than 25, be attending school full time (proof is required). If the child is a disabled adult, proof is required that the dependant is claimed on the client's or spouse's income tax return as a dependant exemption.

Any income received by the dependant would be used to reduce the amount of dependant deduction allowable for the client's accommodation charge.

#### **5.1.4 ACCOMMODATION CHARGE- ADULT PROTECTION CLIENTS**

5.14.1 Every effort is made to have the financial application completed and a resident accommodation charge established before the placement of an adult in need of protection is made. In some circumstances however, clients of the Department of Health and Wellness's Adult Protection Services may have to be placed prior to the completion of a financial application.

5.14.2 For Adult Protection clients who are placed prior to a determination of the client's financial responsibility for costs, the following shall apply, until the completion of the financial application process.

The Department of Health and Wellness shall continue to work with the resident/authorized representative to complete the financial application process.

The long term care facility shall attempt to redirect the resident's income to the facility, for application toward their personal and accommodation costs.

Where the long term care facility has been unsuccessful at redirecting the resident's income, the facility may bill the Department of Health and Wellness for an amount equivalent to the Minimum Retained Income, provided that the Public Trustee, a court appointed guardian, a power of attorney, or a family member is not involved in managing the resident's financial affairs.

Between the date of placement and the date that the financial assessment is completed, the long term care facility shall not be responsible to collect an accommodation charge amount from the resident.

The resident shall be reported as an Adult Protection client with a \$0 accommodation charge on the Long Term Care Billing Details report until such time as an accommodation charge is established. Once an accommodation rate is established, the individual would be reported as a new policy resident, with an identified accommodation charge.

5.14.3 For residents subject to Section 5.14.2, once the financial application process is completed and a resident accommodation charge established, the Department of Health and Wellness shall:

- require the facility to commence billing the resident/authorized representative; and
- be responsible to recover from the resident/authorized representative any costs which were paid for by the Department of Health and Wellness and which are assessed to be the resident's responsibility, including accommodation charges for the period between placement and completion of the financial assessment.

## **6.0 PRE-2005 PUBLICLY ASSISTED RESIDENTS**

6.1 Any resident who is in a regular bed and who was residing in a long term care facility prior to January 1, 2005 and who was receiving financial assistance from the Department of Health and Wellness exceeding \$12.75 per day, shall be referred to as a "publicly assisted" resident for the purpose of this policy.

At any time, the "publicly assisted" resident may inform the Department of Health and Wellness in writing that he/she wishes to be assessed under the new policies. The resident's decision shall be recorded on a Department of Health and Wellness approved form. The resident's decision shall take effect 30 days from the date that the Department of Health and Wellness receives the resident's request form. A resident's decision to be assessed under the new policies cannot be reversed.

6.3 A "publicly assisted" resident who transfers between Department of Health and Wellness's licensed/approved long term care facilities or is discharged from a long term care facility to hospital and then is subsequently readmitted to a long term care facility shall retain their "publicly assisted" status.

6.4 The "publicly assisted" option **is not** available to persons who:

- were not long term care facility residents at December 31, 2004
- were long term care facility residents who did not receive financial assistance greater than \$12.75/day from the Department of Health and Wellness at December 31, 2004

- were residents of respite beds
- were discharged from a long term care facility to the community and subsequently were readmitted to a long term care facility

6.5 “Publicly assisted” residents shall continue to:

- have their regular recurring “actual income” sent in their name to the address of the facility and then redirected to the facility for application against the Standard Accommodation Charge;
- receive the special needs benefits for which they are eligible under the Special Needs Policy in the *Long Term Care Policy Manual*; and receive a monthly Personal Use Allowance (PUA), unless the resident meets the exclusion criteria outlined in section 6.8 of this policy.

6.6 An authorized representative of the resident may sign an agreement with the long term care facility to take responsibility for the payment of the resident’s regular recurring “actual income” to the facility in lieu of having the resident’s income directly sent to the facility from the income source. In such cases, the authorized representative must agree in writing to:

- on a monthly basis, pay all the resident’s actual income to the facility
- on a quarterly basis, submit an actual income statement to the facility on the prescribed form, and
- on an annual basis, submit the residents CRA taxation Notice of Assessment to the facility.

If the authorized representative fails to provide all of the resident’s actual income to the facility, the agreement will be considered null and void and the payment arrangement would revert back to the method detailed in section 6.5 of this policy.

6.7 The term “actual income” includes but is not limited to

- public and private domestic and foreign pensions;
- transfer payments from any level of government (e.g. OAS, GIS, Workers

Compensation, Veterans' Allowance);

- business revenues;
- investment income (e.g. interest and dividends);
- loan repayments from family members;
- income from a trust fund; and
- any other form of monies received with the exception of:
  - GST refunds,
  - lump sum compensation payments for Merchant Mariners in World War II,
  - veterans disability pensions,
  - income earned by the spouse,
  - ownership of a private business by a spouse,
  - refundable child care credit, and
  - Federal child tax benefits.

- 6.8 If the “publicly assisted” resident’s “actual income” exceeds the Standard Accommodation Charge, the facility shall return the excess income to the resident. If the excess income is equal to or exceeds the equivalent value of the Personal Use Allowance, the resident will not be eligible for a PUA. If the resident has excess income that is less than the PUA, the Department of Health and Wellness will issue a partial PUA to ensure that the combined value of the partial PUA and the excess income is equivalent to the value of a full PUA.
- 6.9 For “publicly assisted” residents who have a spouse, any income split approved prior to January 1, 2005 shall continue to be in effect. If the couple seeks an adjustment to the income split after December 31, 2004, the Department of Health and Wellness shall consider the assets and income that were assessed in the original decision as well as the spouse’s current income and expenses.
- 6.10 On an ongoing basis, it is the responsibility of the facility to report all resident income that is redirected to the facility and if a resident’s regularly recurring income is not received by the facility, it is the responsibility of the facility to ensure immediately that the income is recovered and applied to the costs of care.
- 6.11 In the month of death or discharge, the facility shall charge the “publicly assisted” resident the Standard Accommodation Charge for each day the resident occupied a bed at the facility, as long as the resident’s assessed income is sufficient. Any excess income shall be returned to the resident or their estate.



6.12 Residents:

- who were in a long term care facility for a period before January 1, 2005; and
- who were assessed as having sufficient assets and income to cover the full per diem rate for the period of their stay that preceded January 1, 2005; but
- who received financial assistance greater than \$12.75/day from the Department of Health and Wellness because some or all of their assets were unavailable (e.g. locked in Guaranteed Investment Certificate)

shall continue to be responsible for paying the costs of the full per diem rate for the period preceding January 1, 2005.

This means that, as accumulated income and/or assets become available, the Department of Health and Wellness shall recover from the resident/authorized representative the costs of care which were paid by the Department of Health and Wellness and which were assessed to be the resident's responsibility.

**7 ACCOUNTABILITY**

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

**8 MONITORING**

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

**9. REFERENCES**

Not applicable

**10. ENQUIRIES**

Director, Liaison and Service Support  
Department of Health and Wellness  
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Halifax, NS  
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**11. APPENDICES**

Appendix A - Basic and Optional Services

## APPENDIX A

### Basic and Optional Services

#### Part A - Basic Services

Each long term care facility resident pays an accommodation charge that is authorized by the Department of Health and Wellness. The following is a list of the basic services that a long term care facility provides at no additional charge to the resident. These services are available to meet the basic requirements of the resident. This list does not necessarily constitute a complete inventory of the services available at no additional charge to the resident.

1. Nursing and/or Personal Care -
  - a. Nursing homes - Nursing and personal care on a 24-hour basis, including care given by or under the supervision of a registered nurse, the administration of medication, and assistance with the activities of daily living.
  - b. Residential Care Facilities and Community Based Options - Personal care and/or supervision on a 24-hour basis, including care given by non-licensed staff, the administration of medication, and assistance with the activities of daily living.
  
2. Basic and Advanced Foot Care-
  - a. Basic Foot Care: Facility staff shall provide basic foot care services within their defined scopes of practice and education, which is defined as washing feet, clipping nails, and the use of emery boards, files, nail brushes for uncomplicated upkeep.
  - b. Advanced Foot Care: Advanced Foot Care is not included in the health care services funded by the Department of Health and Wellness. Advanced Foot Care is foot care which significantly improves comfort, mobility and the general health of a person's feet in accordance with the definition detailed in the *Practice Guideline: Foot Care*, of the College of Licensed Practical Nurses of Nova Scotia.\* The College of Registered Nurses of Nova Scotia and the College of Licensed Practical Nurses of Nova Scotia recognises this distinction between basic and advanced foot care. Both Colleges indicate that special training is required to provide advanced foot care.

Publicly assisted residents may be approved for advanced foot care as a special need (Special Needs Policy- Long-term Care, Section: 28.0). All other residents are responsible to pay for their own Advanced Foot Care, whether provided by the facility or arranged with external provider.

\* <http://clpnns.ca/sites/default/files/Foot%20Care%20July%202012.pdf>

3. Selected common over-the-counter medication and treatment products. (Note: Prescription drugs are the responsibility of the resident. Residents may be eligible for Nova Scotia Pharmacare benefits).
4. Safety-engineered insulin syringes for residents who are insulin dependent diabetics.
5. Residents may continue to have their personal physician provide care to them in the facility. (Note: Charges for services that are not covered under Medical Services Insurance, MSI are the responsibility of the resident).
6. Supplies and equipment necessary for the care of residents, including the management of skin care and incontinence as well as standard precautions for infection control.
7. Supplies and equipment for personal hygiene and grooming, including skin care products, shampoos, soaps, toothpaste, toothbrushes, denture cups, toilet tissue, and facial tissue.
8. Equipment for the general use of residents, including portering wheelchairs, geriatric chairs, walkers, mechanical lifts, shower chairs, and raised toilet seats. This does not include items that are individualized for a specific resident.
9. Meal services and meals, including three meals daily, afternoon and bedtime snacks, therapeutic diets, dietary supplements, and when prior approved by the Department of Health and Wellness, specialized formula, supplies, and equipment required for tube feeding.
10. Social, recreational, and physical activities and programs, including the related supplies, equipment and staff.
11. Laundry, including labeling and machine washing and drying of personal clothes.
12. Bedding and linen, including mattresses, pillows, bed linen, wash cloths and towels.
13. Bedroom furnishings, including beds, bedside tables, chairs, drawers and wardrobes or closets.
14. Standard ward, semi-private, or private accommodation with or without private washroom. Facilities that have private or semi-private rooms/washrooms are prohibited from charging extra, and assign such rooms based on resident care need first.
15. The housekeeping and maintenance of accommodations.
16. Suitable space both indoors and outdoors for the relaxation of residents, and for resident council meetings.
17. Resident trust account services

## Part B - Optional Services

Long term care facilities are permitted to charge residents for optional services that do not form part of the services that are included as basic services. Residents must have choice of either using an optional service that is offered by a facility, or making alternative arrangements for themselves

Facilities must provide a full and clear explanation of services for which the resident cannot be charged and a fee schedule for optional services. This document must be provided to the resident/authorized representative at admission and at any time the schedule changes. Optional services may include but are not limited to:

1. Hairdressing/barbering
2. Dry cleaning
3. Telephone service in a resident's room
4. Tax return preparation
5. Transportation services
6. Purchase of internet or television services.