

NOVA SCOTIA DEPARTMENT OF HEALTH AND WELLNESS CONTINUING CARE BRANCH

Subject: **Service Eligibility Decision Review Policy**

Original Approved Date: April 25, 2003 Revised Date: January 24, 2011

Original signed by Keith Menzies

Approved by: _____
Keith Menzies, Executive Director, Continuing Care Branch

1.0 Application

This policy applies to service eligibility decisions related to applications for Continuing Care services available through the Department of Health and Wellness. For information on the administrative review process related to financial eligibility decisions, refer to the Financial Decision Review Policy in the *Long Term Care Policy Manual*.

2.0 Legislation

Homes for Special Care Act & Regulations

3.0 Definitions

3.1 “*Adjudicator*” means the District Manager for Continuing Care to whom a *Review Request* is referred to for administrative review and decision.

3.2 “*Applicant*” means the person who is requesting Continuing Care services, or that person’s authorized representative.

3.3 “*Authorized Representative*” means:

- any person acting on the applicant’s behalf, where the applicant has given written permission; or
- a person with enduring power of attorney or power of attorney for the applicant;
- the applicant’s legal guardian appointed pursuant to the *Incompetent Persons Act*.

The “*Authorized Representative*” shall not be an employee of Continuing Care, unless that employee is acting in a private capacity on behalf of a member of his or her family.

3.4 “*District Manager*” means the staff of Continuing Care with area responsibilities for Continuing Care Branch operations.

- 3.5 “*Original decision maker*” means:
- the Care Coordinator, for service eligibility decisions related to home care or Self Managed Care services; or
 - the Classification Officer, for service eligibility decisions related to long term care facility admission.
- 3.6 “*Reassessment*” means a comprehensive review of the applicant’s situation and care needs through an in-person interview with the client.
- 3.7 “*Review Committee*” means a District Manager of Continuing Care.
- 3.8 “*Review Request*” is the prescribed form for submitting a request for an administrative review of a service eligibility decision.
- 3.9 “*Statement of Reasons for Decision*” means a written statement from the original decision maker containing:
- a statement of the facts on which the original decision was based;
 - a statement of the original decision;
 - a statement of reasons for the decision; and
 - any supporting information reviewed in making the original service eligibility decision.

4.0 Administrative Review

- 4.1 The applicant may request an administrative review of a decision with respect to the following:
- the type of services offered (e.g. home care, residential care facility);
 - the amount of services offered (e.g. hours of home care); or
 - a denial of services requested.
- 4.2 The request for an administrative review must be submitted within 30 days of the date of the applicant receiving the original service eligibility decision.
- 4.3 The request for an administrative review must be made using the approved *Review Request* form and should include the decision for which a review is requested, the grounds for review, supporting arguments and all required information identified on the form.

- 4.4 An administrative review may be requested on the following grounds:
- **Error of fact:** The decision was based in whole or in part on erroneous or irrelevant facts.
 - **Error of policy:** The original decision maker failed to follow the relevant policies.
 - **Error of law:** In the case of long term care service eligibility decisions, the original decision maker failed to follow the relevant provisions of the *Homes for Special Care Act & Regulations*.

- 4.5 The *Review Request* must be sent to the District Manager in the district where the service eligibility decision was made.

5.0 Administrative Review Process

- 5.1 The District Manager shall, upon receipt of a request for administrative review of a service eligibility decision, request a *Statement of Reasons for Decision* from the original decision maker.
- 5.3 The original decision maker shall provide the *Statement of Reasons for Decision* to the District Manager within 10 days of receiving the request.
- 5.4 A copy of the *Statement of Reasons for Decision* shall also be provided to the applicant.
- 5.5 The District Manager shall consider all material provided by the applicant and original decision maker, within the prescribed time limits, to determine whether it is appropriate to forward the request to an Adjudicator.
- 5.6 The District Manager shall decline to refer the review request to adjudication if, after consideration of the submitted material, he or she determines that:
- the application falls outside of the prescribed time limits established by this policy;
 - there are no grounds for an administrative review; or
 - the applicant requires a reassessment, due to a significant change in the applicant's care needs since the original service request.
- 5.7 If, pursuant to section 5.6, the District Manager declines to forward the review request for adjudication, the applicant shall be provided with written notification, giving reasons for the decision.
- 5.8 If the District Manager deems that there are sufficient grounds for an administrative review, the request shall be referred for adjudication to a District Manager in another Continuing Care district. The referral for adjudication shall be made within 21 days of receipt of the *Review Request* form.

- 5.9 The Adjudicator shall conduct the administrative review of the request by examining all written material submitted. There is no in-person hearing.
- 5.10 The Adjudicator may, for the purposes of clarification, request additional information from the applicant and/or the original decision maker. Any additional information provided shall be made available to all parties involved in the review.
- 5.11 The Adjudicator shall provide a written notification of the administrative review decision, including reasons for the decision, to the applicant and to the original decision maker within 14 days of receiving the request from the District Manager.

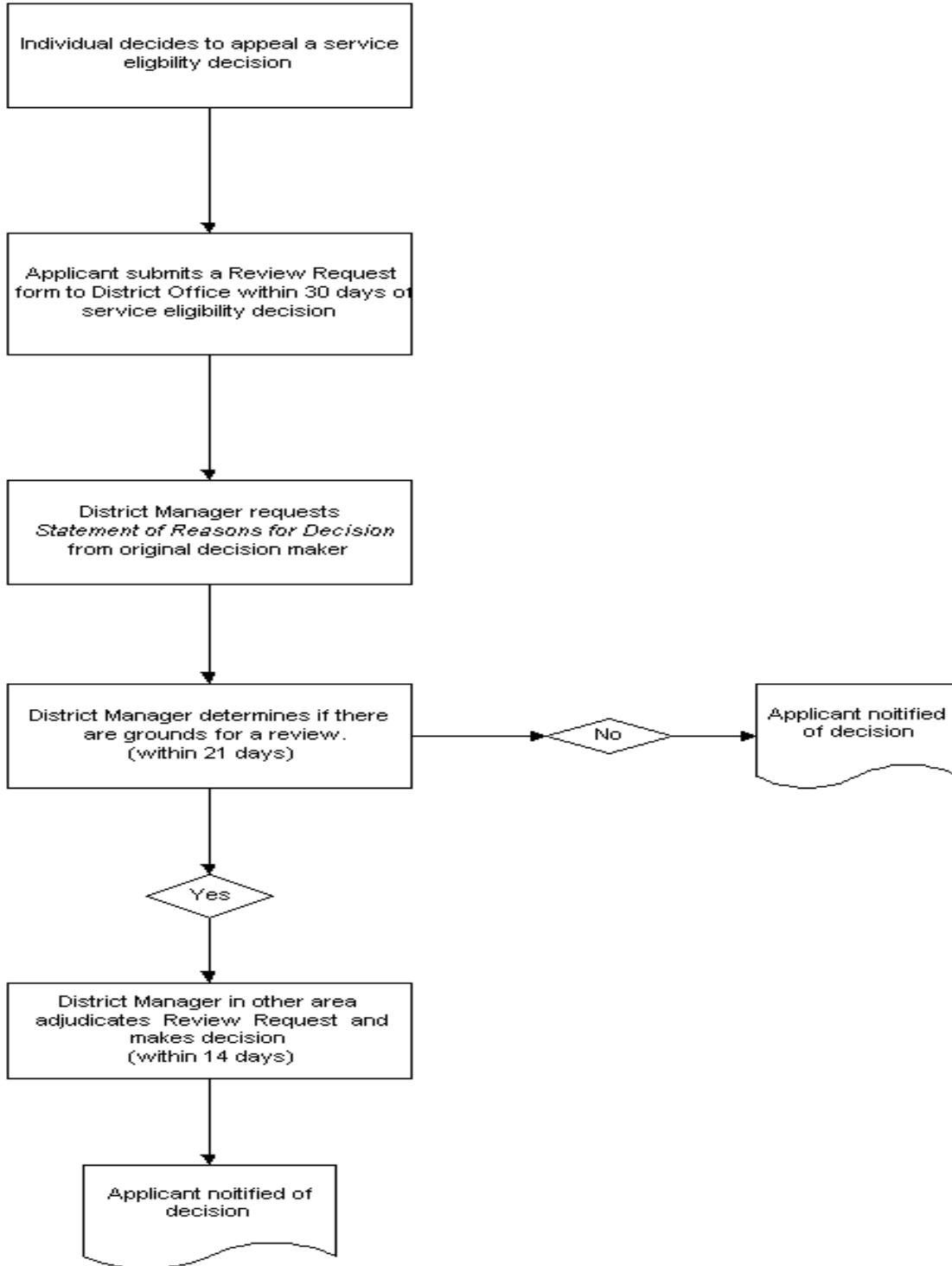
6.0 Service Provision While an Administrative Review is in Process

- 6.1 While an administrative review is in process, the applicant shall receive the authorized level of service as indicated in the decision of the original service decision maker.
- 6.2 While an administrative review is in process, the applicant continues to be subject to all applicable Continuing Care policies.

7.0 Interpretation of Dates

- 7.1 When determining dates as defined in legislation, regulations and policy, they shall be calculated according to the *Interpretation Act*, section 19(k) and section 7(j).
- 7.2 The 30 day period within which an applicant must request an administrative review commences on the day following communication of the original service eligibility decision to the applicant.
- 7.3 The time lines for processes identified in this policy commence on the day following delivery of the *Review Request* to the Continuing Care district office.
- 7.4 For process time lines identified in this policy:
- if the expected completion date falls on a Saturday, the work is to be completed by the end of day on the preceding Friday,
 - if the expected completion date falls on a Sunday, the work is to be completed by the end of day on the following Monday,
 - if the expected completion date falls on a statutory holiday, the work is to be completed by the end of the next regular working day following the statutory holiday.

8.0 Process Flowchart





Review Request
Service Eligibility Decisions – Long Term Care and Home Care

Full name of applicant

Address of applicant

Health card number

Review is being requested by: applicant or other (please provide details)

Name

telephone #

Address

Relationship to applicant

Will the applicant be represented by legal counsel during the review?

yes, (please provide details) no don't know

Name

telephone #

Address

Please give details of decision for which a review is requested.
(If applicable, attach copy of decision or correspondence from Department of Health and Wellness)

Please outline the reasons for your review request.

(Please reference relevant facts, policy and/or law. Attach additional sheets, if required)

Name

Signature

Date