

**Policy:** Service Eligibility Policy

**Originating Branch:** Continuing Care Branch

**Original Approval Date:** November 19 2004      **Effective Date:** February 28, 2015

**Approved By:** Original signed by Peter W. Vaughan  
**Peter W. Vaughan, CD, MA, MD, MPH, Deputy Minister  
Health and Wellness**

---

**Version #:** 2

---

**1. POLICY STATEMENT**

1.1 To be eligible for admission to a long term care facility, licensed or approved by the Department of Health and Wellness, an individual must complete an application and meet eligibility criteria as established in this policy.

**2. DEFINITIONS**

2.1. **Assessment** refers to a standardized, comprehensive evaluation used to determine the clients care needs and eligibility for Continuing Care Services using the most cost effective and least intrusive service plan.

2.2. **Community Based Options** refers to a home that provides accommodation and minimal supervision for two or less seniors who are not immediate family of the Service Provider. They must meet the Community Based Options Program Requirements and be approved by the Department of Health and Wellness. The home assists the resident in the development of self-care skills.

2.3. **Home and Community Based Care Services** refers to supports and services for individuals who may require care in their homes and communities to help them to maintain their optimal well-being and to remain as independent as possible for as long as possible.

2.4. **Long term care facility** refers to a facility licensed or approved by the Department of Health and Wellness and includes nursing homes and residential care facilities licensed under the *Homes for Special Care Act (R.S., c.203, s.1)* and Community Based Options approved in accordance with the Community Based Options Program Requirements.

2.5. **Nursing Homes or Homes for the Aged**, hereinafter referred to as nursing homes, refers to a facility that provides supervisory care, personal care, and skilled nursing care in a residential setting to individuals who require the availability of a registered nurse on-site at all times.

- 2.6. **Placement** refers to the admission of a Continuing Care client into a long term care facility.
- 2.7. **Referral** refers to the initial screening process to gather the information necessary to determine whether the individual's request is appropriate for assessment for home care, adult protection, long term care placement, or other Continuing Care Services. Referrals may be accepted by the individual or any person acting on the individual's behalf.
- 2.8. **Residential Care Facilities** refers to a facility that provides supervisory care and/or personal care in a residential setting to three or more persons. Trained staff is available on site at all times.
- 2.9. **Service Provider** refers to the owner(s)/operator(s) of a long term care facility.

### 3. **POLICY OBJECTIVES**

- 3.1. The objective of the Service Eligibility Policy is to ensure that a consistent approach is utilized across the province regarding eligibility determination for placement in long term care facilities and participating in the Single Entry Access process

### 4. **APPLICATION**

- 4.1. The Policy applies to the Health Authority in their determination of service eligibility for admission to a long term care facility.

### 5. **POLICY DIRECTIVES**

#### 5.1. Coordinated Access

- 5.1.1. The Health Authority, at a minimum, will provide coordinated access to long term care services through the provincial Single Entry Access (SEA) process for Continuing Care Services. Other services may be included, as appropriate.

#### 5.2. General Eligibility

- 5.2.1. An applicant for long term care facility admission must meet all of the following criteria in order to have their application considered:
- a) is lawfully entitled to be or to remain in Canada;
  - b) makes his/her home and is ordinarily a resident in Nova Scotia;
  - c) meets the eligibility requirement for Nova Scotia's Health Insurance Plan (i.e. the person has been issued a valid Nova Scotia Health Card with an effective date which precedes the date of the individual's Long Term Care Facility Financial Application);
  - d) all home and community based care services have been explored, and it has been determined by the Health Authority that placement in a long term care facility is an appropriate care referral; and
  - e) is 18 years of age or older
    - o Persons 18 years of age or younger, or their substitute decision maker, may apply for admission to specialized long term care facilities

for children.

5.2.2. If a person does not meet the requirements outlined in either Section 5.2.1 (b) or (c) above, an application may be made to the Minister of Health and Wellness or designate to have 5.2.1(b) and/or 5.2.1(c) waived under the following exceptional circumstances:

- The person is residing in Nova Scotia and has made Nova Scotia their permanent home and does not yet have a valid Nova Scotia Health Card; or
- The person is a resident of another province and, for care reasons, it is not feasible to establish Nova Scotia residency prior to admission; and the applicant wishes to live close to his/her family supports.

Persons who have eligibility criteria under provisions 5.2.1(b) and/or 5.2.1(c) waived by the Minister of Health and Wellness, and who are admitted to a long term care facility, shall be responsible to:

- pay the full “facility per diem rate”, including health and accommodation costs, until the person becomes eligible for Nova Scotia Health Insurance coverage and the Department of Health and Wellness issues a Notice of Authorized Charge;
- ensure adequate financial coverage of all physician, hospital, and prescription drug expenses is in place, until becoming eligible for Nova Scotia Health Insurance and Nova Scotia Pharmacare;
- have sufficient funds to cover items of personal need such as scheduled or emergency local transportation, dental services, eyeglasses, hearing aids and any other required devices or equipment; and
- cover any and all transportation costs related to relocating for admission to the long term care facility.

5.2.3. The applicant must demonstrate, through a comprehensive assessment, a need for long term care services, including the type and level of care required.

5.2.4. The applicant must undergo a financial application process to determine the applicable accommodation charge for long term care services prior to being considered for long term care placement (refer to the Departments Resident Charge Policy).

5.2.5 If requested for care level decision purposes, the applicant must obtain and provide supporting medical documentation (e.g., *Medical Status Report, report from Geriatric physician, physiotherapist or occupational therapist*) and/or give written permission for Continuing Care to obtain the supporting documentation.

5.2.6 The options for placement in any particular long term care facility are determined in accordance with the level(s) of care the facility is licensed or approved to provide by the Department of Health and Wellness.

### 5.3. Eligibility Determination

#### 5.3.1. Consent

5.3.1.1. The Health Authority must ensure that the processes used to obtain informed consent for referral for intake, assessment and/or referral for placement in a long term care facility, are compliant with the *Personal Directives Act (2008, c.8, s.1)*.

#### 5.3.2. Referral/Intake

5.3.2.1. A referral may be accepted from an individual, their substitute decision maker, or any person who has received consent or has been requested to make a referral by the individual.

5.3.2.2. The Health Authority shall refer an individual to Adult Protection Services, if they have information that an individual may be an “adult in need of protection” as defined by the *Adult Protection Act (R.S., c.2, s.1)*.

#### 5.3.3. Assessment

5.3.3.1. The Health Authority is responsible to conduct a functional assessment to determine eligibility for long term services under Continuing Care in accordance with the Department of Health and Wellness Home Care Policy Manual (Section 5: Assessment Process).

5.3.3.2. The applicant must obtain and provide a Medical Status Report ninety days prior to admission to a long term care facility.

5.3.3.3. The Health Authority is responsible for informing clients of their responsibilities in the application process, including the financial application process.

#### 5.4. Care Level Decisions For Long Term Care

5.4.1. The Health Authority shall examine and interpret the application and assessment documentation and make one of the following decisions.

- Denied - If the applicant’s care needs are too low or can be reasonably supported with home and community based care services, the application is denied. If applicants care needs exceed what can be reasonably provided in a long term care facility, the application is denied.
- Residential Care Facility - The care needs of the applicant are consistent with the admission criteria for the category of licensed Residential Care Facilities or approved Community Based Options as outlined in section 6.0 of this policy.
- Nursing Home - The care needs of the applicant are consistent with the admission criteria for the category of Department of Health and Wellness licensed nursing home as outlined in section 6.0 of this policy.

5.4.2 The Health Authority shall establish and implement a management-level review and approval process of care level decisions to placements in Residential Care

Facility and Nursing Home. This process is intended to ensure efforts have been made to support clients to live within the community prior to seeking long term care placement and to facilitate fairness and consistency in long term care placement decisions.

## 5.5 Client Disagreement with Care Level Decision

5.5.1 See the Service Eligibility Decision Review Policy.

## 5.6 Change in Resident Care Needs

5.6.1 If a service provider finds that a resident's care needs can no longer be safely met at the long term care facility, the service provider shall work with the resident, the resident's family, the Health Authority and the resident's physician to secure appropriate care arrangements at an alternative setting.

5.6.2 If a service provider, the Health Authority, or the Department of Health and Wellness suspects that a resident does not meet the Department of Health and Wellness's admission criteria, but believes that the service provider can continue to provide safe and appropriate care to the resident, he or she shall report this situation to the Director, Monitoring and Evaluation, Continuing Care Branch and the Health Authority. The Health Authority and Department will work together to:

- ensure that an assessment of the resident is conducted by the appropriate health professionals;
- determine, in collaboration with the service provider, the facility's capacity to serve the client; and
- provide direction to the service provider on the appropriate action to be taken. This may or may not include the relocation of the resident to another long term care facility more appropriate to meet the resident's care needs.

## 6. POLICY GUIDELINES FOR ADMISSION CRITERIA

6.1. The following are written as exclusionary criteria, outlining circumstances under which persons are generally not eligible to be admitted to long term care facilities.

### 6.2. All Long Term Care Facilities

6.2.1. Individuals are not eligible for admission to a Nursing Home, Residential Care Facility or Community Based Option facilities if they:

- have physical or mental illness that is not stabilized (e.g. daily medication orders, Cheyne-Stokes respirations, etc.).
- are likely to expire in the next 5 to 7 days.
- have ongoing or unpredictable expression of behaviour not currently managed that places self and/or others at risk.
- are in acute withdrawal from substance abuse or are active substance abusers.

- are persons with communicable diseases/viral infections, which are still infectious. Exceptions to this restriction include applicants with anti-microbial resistant micro-organisms identified within the Department of Health and Wellness's Partners For Infection Control Committee Guidelines, (e.g. MRSA, C-Difficile, VRE). In addition, persons diagnosed with HIV or Hepatitis would be considered for admission. Long term care facilities must adhere to applicable guidelines established by Partners For Infection Control.
- have treatment needs that are not covered by Acute Home Care and which fall outside the mandate of the service providers (e.g. extensive dressings in which cost and frequency of nursing care are a factor).
- have physical difficulty in swallowing that places the applicant at risk of aspiration, with or without food or drink.
- take their nutritional requirements other than by mouth, by gastrostomy or jejunostomy (e.g. Naso-gastric tube, TPN or IV).
- have inadequate nutritional intake. Applicants must have 800-1000cc per 24-hour period. IV should be discontinued for 2 days prior to making a care level decision to ensure this intake has stabilized. Special consideration will be given to applicants requiring palliative care.
- have been placed on a new medication or whose medications have been significantly adjusted without sufficient time to monitor effectiveness or to ensure a therapeutic blood level where appropriate (e.g. psychiatric medications, cardiac medications, anti-convulsive medications, pain medications).
- require blood work more than 3 times a week. Exceptions may occur depending on the admission status of the applicant, the reason for and duration of the blood work required and accessibility to service within the community.
- have retention sutures. Following extensive surgery it is recommended that a nursing representative see the long term care applicant making a care level decision.
- require continuous bladder irrigation.

### 6.3. Residential Care Facilities and Community Based Options

6.3.1. Individuals may be considered for admission to Residential Care Facility or Community Based Option facilities, in the following circumstances. Applications will be reviewed on an individual basis by the Health Authority.

- applicants who require an indwelling catheter;
- applicants who are insulin dependent diabetics; and
- applicants who require wound management care (dressing).

6.3.2. Individuals are not eligible for admission to Residential Care Facility or Community Based Option facilities if they:

- require the services of a Registered Nurse (e.g. ongoing professional nursing assessment and care), with the exception of acute home care services which can be provided through the Health Authority's Home Care Program.
- cannot ambulate on their own (with or without the assistance of a cane, wheelchair, or walker).
- do not have the physical or cognitive ability to evacuate independently, in the event of an emergency (may use devices if necessary).
- require more than 1.5 hours of care, including one-on-one care for supervision or assistance with activities of daily living.
- are consistently confused or an elopement risk.
- require complete assistance with activities of daily living due to confusion and/or physical impairment.

## **7. ACCOUNTABILITY**

7.1. For the purpose of the administration of this policy, accountability is delegated to the Deputy Minister of Health and Wellness.

7.2. The Executive Director of the Continuing Care Branch has responsibility for ongoing monitoring and enforcement of this policy.

## **8. MONITORING / OUTCOME MEASUREMENT**

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

## **9. REFERENCES**

- 9.1. *Adult Protection Act (R.S., c.2, s.1.)*
- 9.2. Department of Health and Wellness Home Care Policy Manual
- 9.3. Department of Health and Wellness Partners For Infection Control Committee Guidelines
- 9.4. Department of Health and Wellness Resident Charge Policy
- 9.5. Department of Health and Wellness Service Eligibility Decision Review Policy
- 9.6. *Homes for Special Care Act (R.S., c.203, s.1)*
- 9.7. *Personal Directives Act (2008, c.8, s.1)*

## **10. VERSION CONTROL**

---

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

---

**11. INQUIRIES**

- 11.1. All inquiries relating to this policy should be to:  
Director, Liaison and Service Support  
Continuing Care Branch  
Nova Scotia Department of Health and Wellness  
PO Box 488  
Halifax, NS B3J 2R8  
Tel: (902) 424-6985  
Fax: (902) 424-0558