

CHAPTER: 7 CLIENT RATES

NUMBER: 7

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EFFECTIVE: JANUARY 1, 2021

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Intent

To describe health authorities' responsibilities in determining the appropriate client rates for clients who are receiving publicly subsidized home and community care services.

Policy

Health authorities must determine the appropriate daily or monthly rate for a client receiving publicly subsidized home and community care services. Client rates are based on the client's income or set as a fixed rate.

Definitions

after tax income is the client's net income (line 23600) less the sum of taxes payable (line 43500), the Universal Child Care Benefit (line 11700) and the Registered Disability Savings Plan (line 12500), as reported on the client's relevant notice of assessment or re-assessment issued by the Canada Revenue Agency.

client rate is the daily or monthly rate charged to a client for home support, assisted living, family care home, long-term care services, including short-stay services, or adult day services.

earned income is the sum of the following amounts as reported on the client's relevant notice of assessment or re-assessment:

- (a) employment income (line 10100);
- (b) other employment income (line 10400);
- (c) net business income (line 13500);
- (d) net professional income (line 13700);
- (e) net commission income (line 13900);
- (f) net farming income (line 14100); and
- (g) net fishing income (line 14300).

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income benefit includes:

- the Guaranteed Income Supplement (including benefits under International Agreements) under the *Old Age Security Act* (Canada);
- the Widowed Spouse's Allowance or the Spouse's Allowance under the *Old Age Security Act* (Canada);
- support and/or shelter allowance under the *Employment and Assistance Act* or the *Employment and Assistance for Persons with Disabilities Act*; or
- a War Veterans Allowance under the *War Veterans Allowance Act* (Canada).

spouse is a person who is married to or is living in a married-like relationship with a client, and for the purposes of this definition, the marriage or marriage-like relationship may be between persons of the same gender.

subsidized client rate is a client rate that is less than the maximum client rate established for the specific home and community care service.

References

Canada Revenue Agency General Income Tax and Benefit Guide
Continuing Care Act
 Continuing Care Fees Regulation
Employment and Assistance Act and *Employment and Assistance for Persons with Disabilities Act*
Financial Profile and Calculations Form (HLTH 1.6)
Hospital Insurance Act
 Hospital Insurance Act Regulations (division 8)
 Memorandum of Understanding with Respect to Income Verification between the Canada Revenue Agency and the Ministry of Health Services, 2002
Old Age Security Act (Canada)
Power of Attorney Act
Representation Agreement Act
War Veterans Allowance Act (Canada)

CHAPTER: 7	CLIENT RATES	NUMBER:	7.B.1
SECTION: B	INCOME-BASED CLIENT RATES	PAGE:	1 OF 3
SUBSECTION: 1	ASSESSMENT OF CLIENT RATES	EFFECTIVE:	JULY 13, 2020

Intent

To describe health authorities' responsibilities in determining income-based client rates for home support, assisted living, family care home or long-term care services.

Policy

Health authorities must determine the appropriate income-based client rate for a client receiving home support, assisted living, family care home or long-term care services.

Income-based client rates do not apply to group home services, where a client is responsible for all living costs such as shelter, food and utilities.

Consent to Release of Income Information

A) To be eligible for a subsidized client rate for assisted living, family care home or long-term care services or, B) to be eligible to receive publicly subsidized home support services, the client and (where applicable) the client's spouse must:

- have filed an income tax return with the Canada Revenue Agency (CRA) for the appropriate taxation year;
- provide their Social Insurance Number (SIN). If the client or spouse does not have a SIN, he or she must obtain a SIN; and
- sign a consent for release of income information from the CRA to the ministry to establish the client rate.

If the client is not eligible for a subsidized client rate for assisted living, family care home, or long-term care services, they will be charged the maximum client rate established for the specific home and community care service.

A copy of an income tax return, notice of assessment or notice of re-assessment from the CRA does not constitute consent for the purposes of this policy.

If the client or the client's spouse is incapable of providing consent, health authorities must accept consent given by another person on behalf of the client or spouse if the person has legal authority.

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If another person provides consent on behalf of the client or spouse, health authorities must obtain a copy of the document conferring legal responsibility for providing consent at the same time as consent is given. The document must show that the person has legal responsibility to provide consent on behalf of the client or spouse under:

- an Enduring Power of Attorney;
- a Committeeship of Estate; or
- a Representation Agreement (Section 7).

If consent is revoked, the client is A) no longer eligible for a subsidized client rate for assisted living, family care home or long-term care services or, B) no longer eligible to receive publicly subsidized home support services, effective the first day of the month following the date consent is revoked.

Financial Profile and Calculations Form

Health authorities must:

- use the *Financial Profile and Calculations form* (HLTH 1.6) to assess the client rate:
 - for an initial client assessment; or
 - when the client reports a significant change in their financial circumstances (see Policy 7.B 3, Changes in Client Rates and Policy 7.D, Temporary Reduction of Client Rates);
- provide a copy of the signed HLTH 1.6 to the client;
- provide only the client rate to providers; client income information cannot be shared with providers as per the Memorandum of Understanding with Respect to Income Verification between the Canada Revenue Agency and the Ministry of Health Services;
- keep all submitted HLTH 1.6 forms and a copy of documents conferring legal responsibility for providing consent on file for a period of no less than five years after the last day of the taxation year for which consent was provided; and
- use the following documentation to establish the client rate:
 - for an initial client assessment for the client and their spouse, the most recent notice of assessment available at the time of the assessment, but for no more than two years prior to the year for which client rates are being assessed; and
 - proof of receipt of benefit for a client receiving income benefits under the *Old Age Security Act* (Canada), *Employment and Assistance Act*, the *Employment and Assistance for Persons with Disabilities Act*, or the *War Veterans Allowance Act* (Canada), where applicable.

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Health authorities may approve a temporary reduction of the client rate for a client who can prove that payment of the assessed client rate will cause serious financial hardship (see Policy 7.D, Temporary Reduction of Client Rates).

Third Party Liability

When an individual who has expended their future care costs originating from a third party liability (negligence) award or settlement is applying for services, health authorities must consider any funding remaining that was awarded for damages other than future care, such as wage loss or for pain and suffering, as income for purposes of calculating the client rate. Unlike future care funding, this source of income does not have to be exhausted before the client is eligible for services (see Policy 2.B, Eligibility).

Part 7 Accident Benefits

Health authorities must assess the applicable client rate based on the client's income where:

- a disability necessitating home support, assisted living, family care home or long-term care services is due to an illness or injury for which no third party liability has been established; and
- the client is in receipt of Part 7 accident benefits from The Insurance Corporation of British Columbia under the *Insurance (Vehicle) Act*.

Other Considerations

Where a client receives compensation under the *Criminal Injury Compensation Act*, RSC 1996, c.85 or the *Crime Victim Assistance Act*, SBC 2001, c.38 health authorities must assess the applicable client rate based on the client's income.

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SUBSECTION: 2	CLIENT RATES FOR SPECIFIC SERVICES	EFFECTIVE:	JANUARY 1, 2025

Intent

To describe health authorities' responsibilities in determining income-based client rates for home support, assisted living, family care home and long-term care services.

Policy

Health authorities must determine the appropriate income-based client rate for a client approved to receive publicly subsidized home support, assisted living, family care home or long-term care services using the formulas set out in the Continuing Care Fees Regulation and the Hospital Insurance Act Regulations.

Home Support Services

Health authorities must calculate a daily client rate for a client who receives home support services by multiplying the client's remaining annual income (as defined in the Continuing Care Fees Regulation) by 0.00138889. Joint income is used if the client lives with his or her spouse.

If the calculated daily rate is higher than the actual cost of the service to the health authority, the health authority must charge the client no more than the actual cost of the service.

Health authorities must ensure a client who receives home support services is not charged a client rate in the following circumstances:

- if they are in receipt of an income benefit;
- for the first two weeks while receiving time-limited acute home health services; or
- if they have been registered for British Columbia's Palliative Care Benefits by their medical/nurse practitioner and assessed by Home and Community Care as eligible for the Health Authority's Palliative program for approved medical supplies and equipment as per Policy 4.G, Palliative Care Benefits: Medical Supplies and Equipment.

Health authorities must ensure that a client receiving home support services who has earned income or whose spouse has earned income is not charged more than \$300 per month for home support services.

If both members of a couple are eligible for and receiving home support services, health authorities must assess each individual the full client rate. However, health authorities must ensure only one member of the couple is charged per service day.

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Health authorities must recalculate the home support client rate based on the remaining spouse's income where a couple receiving home support services become permanently separated.

Assisted Living Services

Health authorities must calculate a monthly client rate for a client who receives assisted living services by multiplying 70% of the client's annual after tax income, then dividing by 12, subject to the minimum and maximum rate.

Health authorities must calculate a monthly client rate for a client who resides with his or her spouse in an assisted living unit by multiplying 70% of the couple's joint annual after tax income, then dividing by 12, subject to the minimum and maximum rate.

The minimum client rate for a client receiving assisted living services is \$1,219.40 per month. The minimum client rate for a client is established as follows:

- the monthly maximum total amount for a single person of Old Age Security and Guaranteed Income Supplement on July 1 of the year two years prior multiplied by 0.70 and rounded down to the nearest \$0.10.

The minimum client rate for a couple residing in an assisted living unit is \$1,857.30 per month. The minimum client rate for a couple is established as follows:

- the monthly maximum total amount for a couple of Old Age Security and Guaranteed Income Supplement on July 1 of the year two years prior multiplied by 0.70 and rounded down to the nearest \$0.10.

The maximum rate is based on a combination of the market rent for the housing and hospitality services for the geographic area where the client is receiving assisted living services and the actual cost of the personal care services for the client.

Health authorities must recalculate the assisted living client rate based on the remaining spouse's after tax income (see Policy 5.B.1, Service Needs Determination) where a couple living together in an assisted living unit become permanently separated.

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Health authorities must ensure that only one service is charged for at a time, either assisted living or long-term care, including short-stay services, during the month in which a client transfers from an assisted living unit to a long-term care home.

Family Care Home and Long-term Care Services

Health authorities must calculate a monthly client rate for a client receiving family care home or long-term care services, subject to the minimum and maximum rates as follows:

Formula A: For a client with income less than \$19,500 the client rate is calculated as:

- annual after tax income less \$3,900 (\$325 multiplied by 12), divided by 12.

Formula B: For a client with income equal to or greater than \$19,500 the client rate is calculated as:

- annual after tax income multiplied by 0.80, divided by 12.

The minimum client rate for a client receiving family care home or long-term care services is \$1,466.20 per month. The minimum client rate is established as follows:

- the monthly maximum total amount for a single person of Old Age Security and Guaranteed Income Supplement on July 1 of the year one year prior less \$325 and rounded down to the nearest \$0.10.

The minimum client rate for spouses receiving long-term care services and sharing a room, where the couple is in receipt of GIS at the married rate, is \$1,039.17 per month.

The maximum client rate for a client receiving family care home or long-term care services is \$4,073.40 per month.

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Temporary Absences

For temporary absences for a client receiving assisted living services, see Policy 5.B.2, Access to Services, and for a client receiving long-term care services see Policy 6.D, Access to Services.

References

Continuing Care Fees Regulation
Hospital Insurance Act Regulations (division 8)

CHAPTER: 7	CLIENT RATES	NUMBER:	7.B.3
SECTION: B	INCOME-BASED CLIENT RATES	PAGE:	1 OF 1
SUBSECTION: 3	CHANGES IN CLIENT RATES	EFFECTIVE:	JULY 15, 2019

Intent

To describe health authorities' responsibilities in managing changes in income-based client rates for home support, assisted living, family care home and long-term care services.

Policy

Health authorities are responsible for managing changes in client rates as follows:

Health authorities must:

- notify clients and service providers of annual client rate changes based on updated client income and rate information provided by the ministry in accordance with the terms of the Memorandum of Understanding with Respect to Income Verification between the Canada Revenue Agency and the Ministry of Health;
- manually calculate a revised client rate upon notification from the client or client's representative of a significant change in the client's financial circumstances, and notify providers of the manually revised client rate; and
- make manual client rate changes effective the first day of the month following the date the health authority receives complete documentation from the client or the client's representative demonstrating the change in the client's financial circumstances.

Health authorities can require a client to report a change in the client's or spouse's income to the health authority and provide proof of the income change.

CHAPTER: 7	CLIENT RATES	NUMBER:	7.B.4
SECTION: B	INCOME-BASED CLIENT RATES	PAGE:	1 OF 2
SUBSECTION: 4	ALTERNATE PAYERS	EFFECTIVE:	JULY 15, 2019

Intent

To describe health authorities' responsibilities in managing client rates where an alternate payer is responsible for contributing towards the cost of the client's care or the client's rate.

Policy

Health authorities must manage a client's rate when an alternate payer is responsible for directly or indirectly contributing towards the cost of the client's care or the client's rate.

An alternate payer is a party other than the client who is responsible for contributing towards the cost of the client's care or the client's rate.

Depending upon the alternate payer, a client may be responsible for payment of their assessed client rate. Typically, clients are receiving assisted living or long-term care services.

The health authority must record information on alternate payers on the appropriate section of the Financial Profile and Calculations form (HLTH 1.6).

Alternate payers include:

- Veterans' Affairs Canada;
- Indigenous Services Canada; and
- WorkSafeBC.

Veterans' Affairs Canada

Veterans' Affairs Canada is responsible for paying the maximum client rate for long-term care services if the client is classified as a Type A veteran (as determined by Veterans' Affairs Canada):

- the client has a pensioned condition; and
- the reason for admission is directly related to the pensioned condition.

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SUBSECTION: 4 ALTERNATE PAYERS	EFFECTIVE: JULY 15, 2019

Indigenous Services Canada

Indigenous Services Canada is financially responsible for status or non-status Aboriginal clients who were residing on a reserve prior to entering an assisted living residence or long-term care home, provided the client is admitted to a residence or long-term care home where Indigenous Services Canada is authorized to pay for the care.

The client is responsible for payment of their assessed client rate, which is based on the client's income. Indigenous Services Canada pays the difference between the full cost of care and the client rate.

WorkSafeBC

WorkSafeBC pays for health care services provided at health care facilities that WorkSafeBC considers necessary for the diagnosis and treatment of a worker for a work-related compensable disability.

The Insurance Corporation of British Columbia and the Ministry of Social Development and Poverty Reduction are not alternate payers for the purpose of this policy section.

References

Workers Compensation Act [Part 1, division 3 (21)]

WorkSafeBC, Rehabilitation Services & Claims Manual, Volume II, Chapter 10

Insurance (Vehicle) Regulation, Schedule 3 Limits of Coverage

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SECTION: B	INCOME-BASED CLIENT RATES	PAGE:	1 OF 2
SUBSECTION: 5	OTHER PAYERS	EFFECTIVE:	JANUARY 1, 2025

Intent

To describe health authorities' responsibilities in managing client rates for individuals who receive financial support through a source other than an alternate payer.

Policy

Health authorities must manage a client's rate when certain other payers are responsible for directly or indirectly contributing toward the cost of the client's care or the client's rate.

Depending on the type of financial support received, a client may be responsible for payment of their assessed client rate, in full or in part, for home support, assisted living, family care home or long-term care services, including short-stay services.

For clients who receive monthly support and/or shelter allowance under the *Employment and Assistance for Persons with Disabilities Act* or the *Employment and Assistance Act*, the following special arrangements apply:

Home Support Services

As per Policy 7.B.2, Client Rates for Specific Services, health authorities must not charge a daily client rate for clients receiving home support services.

Assisted Living Services

Health authorities must charge a fixed rate of \$631.00 per month for a single client receiving assisted living services, \$857.00 per month for a couple where one person is receiving support and/or shelter allowance, or \$1,063.00 per month for a couple where both persons are receiving support and/or shelter allowance. As per Policy 7.B.2, Client Rates for Specific Services, health authorities must ensure that only one service is charged for at a time, either assisted living or long-term care, including short-stay services, during the month in which a client transfers from an assisted living unit to a long-term care home.

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SUBSECTION: 5 OTHER PAYERS	EFFECTIVE: JANUARY 1, 2025

Family Care Home and Long-Term Care Services, including Short-Stay Services

Health authorities must charge the minimum client rate of \$1,466.20 per month for a client receiving family care home or long-term care services (other than short-stay services), or the fixed daily rate of \$48.20 for a client receiving short-stay services (see Policy 6.B, Short-Stay Service Needs Determination).

References

Employment and Assistance Regulation, Schedule A: People Receiving Special Care
 Employment and Assistance for Persons with Disabilities Regulation, Schedule A:
 People Receiving Special Care

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SUBSECTION: 1 SHORT-STAY SERVICES	EFFECTIVE: JANUARY 1, 2025

Intent

To outline health authorities' responsibilities in managing client rates for short-stay services, including convalescent care, hospice care and respite care services.

Policy

Health authorities must manage a client's rate for short-stay services, including convalescent care, hospice care, and respite care.

Health authorities must ensure that a client is charged a fixed daily rate for short-stay services that is based on the minimum monthly rate for family care home and long-term care services as set out in Policy 7.B.2, Client Rates for Specific Services.

The daily rate for short-stay services is \$48.20.

The short-stay service daily rate is established by multiplying the minimum monthly long-term care services client rate by 12 months, then dividing by 365 days:

- [(\$1,466.20 multiplied by 12) divided by 365 = \$48.20].

Health authorities must not charge more than the minimum monthly family care home or long-term care services client rate, as set out in Policy 7.B.2, Client Rates for Specific Services, for a client receiving short-stay services.

Health authorities are not required to complete a financial assessment (HLTH 1.6) for a client receiving short-stay services.

References

Continuing Care Fees Regulation
Hospital Insurance Act Regulations (division 8)

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SUBSECTION: 2 ADULT DAY SERVICES RATES	EFFECTIVE: OCTOBER 15, 2012

Intent

To describe health authorities' responsibilities in managing charges for adult day services.

Policy

Health authorities may charge a nominal daily rate to a client to assist with the cost of craft supplies, transportation (if provided) and meals.

Health authorities must ensure that a client is not charged more than \$10.00 per day for craft supplies, transportation and meals.

Health authorities may waive the daily rate if it would cause the client serious financial hardship and result in the client not being able to access the services.

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SUBSECTION:	EFFECTIVE: JANUARY 1, 2021

Intent

To describe health authorities' responsibilities in authorizing a temporary reduction of the assessed client rate for clients who are receiving publicly subsidized home and community care services.

Policy

Health authorities may authorize a temporary reduction of the assessed client rate for up to one year, where a client or their family will experience serious financial hardship by paying the assessed client rate for publicly subsidized home support, assisted living, family care home or long-term care services, including convalescent care, hospice care, and respite care services.

Health authorities may temporarily waive all, or a portion, of the assessed client rate for eligible clients. A client is considered eligible if the client and the client's spouse are not in receipt of monthly support and/or shelter allowance under the *Employment and Assistance for Persons with Disabilities Act* (persons with disabilities) or the *Employment and Assistance Act* (persons with persistent multiple barriers), and one of the following conditions is met:

- the client, where the client does not have a spouse and/or dependent children, will experience serious financial hardship if the assessed client rate is charged;
- the client and the client's spouse and/or dependent children will experience serious financial hardship if the assessed client rate is charged; or
- for clients receiving short-stay services, the client or the client's spouse is unable to pay the client rate and still maintain the family home or unit.

Serious financial hardship is when payment of the assessed client rate would result in the client or client's spouse being unable to pay for:

- adequate food;
- monthly mortgage/rent;
- sufficient home heat;
- prescribed medication; or
- other required prescribed health care services.

Health authorities must direct the client to the appropriate agency, if the client or the client's spouse is eligible for, but not receiving, government income assistance.

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As per Policy 7.B.1, Assessment of Client Rates, the client and the client's spouse (if applicable) must have filed an income tax return with the Canada Revenue Agency for the appropriate taxation year.

Health authorities must:

- complete a ministry authorized application form for eligible clients, itemizing the monthly income for the client and the client's spouse (if applicable) and the monthly expenses for the client, the client's spouse and/or dependent children (if applicable). The application form must be one of:
 - Application for a Temporary Reduction of the Monthly Rate for Long-Term Care Services (HLTH 3989);
 - Application for a Temporary Reduction of the Monthly Rate for Assisted Living Services (HLTH 3990);
 - Application for a Temporary Reduction of the Daily Rate for Short-Stay Services (HLTH 3991); or
 - Application for a Temporary Reduction of the Daily Rate for Home Support Services (HLTH 3992);
- require the client or the client's legal representative to provide complete supporting documentation to the health authority to verify the income and expenses claimed on the application form;
- make the financial calculations on the joint income of the client and the client's spouse, if the client has a spouse; and
- process a client's application for a temporary reduction of the client rate within 30 business days of the date the health authority receives complete documentation supporting the application for a temporary reduction of the client rate from the client or the client's legal representative.

After assessing the application, health authorities must:

- provide the client with a copy of the completed application form;
- notify the client of the decision in writing; and
- inform the client that they must re-apply for a temporary reduction of the client rate one month prior to the date their current reduced client rate expires, if necessary.

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Approved Applications for a Temporary Reduction of the Client Rate

Health authorities must:

- make the reduced client rate for short-stay services effective the date the health authority receives complete documentation supporting the approved application for a temporary rate reduction from the client or the client’s legal representative;
- for all other services, make the reduced client rate effective the first day of the month following the date the health authority receives complete documentation supporting the approved application for a temporary rate reduction from the client or the client’s legal representative;
- advise service providers of the reduced client rate; and
- reimburse service providers for the difference between the assessed client rate and the reduced client rate, for clients receiving assisted living, family care home or long-term care services.

Re-Applying for a Temporary Reduction of the Client Rate

Health authorities may authorize a new temporary reduction of the assessed client rate where a client or their family will continue to experience serious financial hardship by paying the assessed client rate when their current reduced client rate expires.

Health authorities must:

- require a client to re-establish his or her eligibility for a temporary reduction of the client rate
 - at least once each calendar year; or
 - within ten days of a declared change in the financial circumstances of the client or the client’s spouse (if applicable);
- complete a new ministry authorized application form for eligible clients who are re-applying for a temporary reduction of the assessed client rate;
- require the client or the client’s legal representative to provide complete supporting documentation to the health authority to verify the income and expenses claimed on the new application;
- make the new reduced client rate effective the first day of the month following the date the health authority receives complete documentation supporting the approved application for a temporary rate reduction from the client or the client’s legal representative; and

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- require a client who fails to re-establish his or her eligibility for a reduced client rate to repay all charges that were waived after the expiry date of the previously approved application.

Reporting and Monitoring

Health authorities must record and track all approvals and denials it receives for temporary reductions in client rates and must track exceptions to Policy 7.D, Temporary Reduction of the Client Rate. Health authorities must report this data to the Ministry on a regular basis as determined by the Ministry.

References

Application for a Temporary Reduction of the Monthly Rate for Long-Term Care Services (HLTH 3989 form)
 Application for a Temporary Reduction of the Monthly Rate for Assisted Living Services (HLTH 3990 form)
 Application for a Temporary Reduction of the Daily Rate for Short-Stay Services (HLTH 3991 form)
 Application for a Temporary Reduction of the Daily Rate for Home Support Services (HLTH 3992 form)
 Continuing Care Fees Regulation (section 6)
 Hospital Insurance Act Regulations (division 8.6)

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SECTION: E EFFECTIVE DATE OF PAYMENT	PAGE: 1 OF 2
SUBSECTION:	EFFECTIVE: JULY 15, 2019

Intent

To clarify health authorities' responsibilities in authorizing the commencement or termination of monthly payments for assisted living, family care home and long-term care services.

Policy

Health authorities must determine the appropriate dates to begin and stop payments for services on behalf of clients.

Commencement of Payment

The effective date for payment is the date of actual admission.

For long-term care services, the health authority may, however, approve payment for two days immediately prior to the date of the actual admission when it is in the best interests of the client concerned that the bed be held, subject to the following:

- the client cannot be physically moved on the date so arranged; or
- urgent and exceptional personal reasons preclude the client's admission on the date arranged.

This provision does not apply to transfers between funded long-term care homes and is to be used only when exceptional circumstances exist and not as a matter of routine.

Termination of Payment

Where payment for a client in long-term care is terminated, the effective date will be as follows:

- In the case of payment being terminated due to death, payment will be up to and including the date of death as long as no one is admitted to this vacancy on the same date; in situations where the bed which became available due to the death of a client is again occupied on the same date, payment will be up to but not including the date of death.
- In all other situations where payment is terminated, payment will be up to but not including the date on which the bed is released.

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Prorating Client Rates

The monthly client rate for clients receiving assisted living, family care home, or long-term care services must be prorated for clients who are admitted to or discharged from one of these settings, or who are transferred from one service to another partway through a month. A prorated daily rate is calculated based on the following formula and is applied based on the actual number of days spent in the assisted living, family care home, or long-term care home during the month:

$$\text{prorated daily rate} = \frac{\text{client monthly rate}}{\text{number of days in the month}} * \text{number of days in the long-term care home}$$