



# What is Continuing Care?

## What are Continuing Care Services and Supports?

Continuing Care Services and supports are provided to eligible people who need care outside of the hospital. Care can be provided on a long or short-term basis.

Services include:

- Home Care which includes nursing, personal care, respite and in home support.
- Assistance with long-term care (living in a nursing home or residential care facility).
- Access to health care equipment through the Health Equipment Loan Program (HELP).
- Supports for caregivers through the Caregiver Benefit Program.
- Access to Home Oxygen Services for people who rely on oxygen therapy in their home and community.
- Personal Alert Assistance Program.
- Self-Managed Care provides funding to people with physical disabilities to manage their own care.
- Supportive Care Program.
- Specialized equipment for long-term care.
- Adult Protection Services offers protection to adults who suffer from neglect and abuse.
- Protection for Persons in Care.
- Respite in long-term care.
- Medication Dispenser Assistive Technology.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# What happens when you call Continuing Care?

## What happens after I call 1-800-225-7225?

The toll free **1-800-225-7225** is a simple way for individuals to connect to the Continuing Care Services. When you call Continuing Care, you will speak with an Intake Worker. The Intake Worker documents basic information about you and forwards this information to a Care Coordinator. A Care Coordinator will call you back and arrange to meet with you. During this meeting, you will be assessed regarding your care needs and the Care Coordinator will talk to you about the outcome of the assessment (i.e., required services). If you are in agreement, services will be set up.

## Can anyone make a referral to Continuing Care?

Anyone can make a referral to Continuing Care Services as long as the individual requiring the services is aware of the referral. A referral may be accepted from the individual or person acting on the individual's behalf. Where an individual has capacity and refuses to give permission for the referral for Intake, the Care Coordinator or the Intake Worker shall not accept the referral. If the Care Coordinator has information that the individual may be an "adult in need of protection" the Care Coordinator or the Intake Worker shall report the situation to Adult Protection Services.

## What are the hours of operation for Continuing Care?

Intake hours of operation are from 8:30 am to 4:30 pm seven days a week. If you get voice mail, please leave a message. An Intake Worker will phone you back.

## What if I am calling from outside of Nova Scotia?

If you are calling from outside Nova Scotia about someone who lives in a community serviced by one of the province's nine District Health Authorities, please call the appropriate number below. These telephone numbers operate every day, including weekends, from 8:30 a.m. to 4:30 p.m.

- Annapolis Valley District Health Authority, (902) 742-0629
- Cape Breton District Health Authority, (902) 563-3695
- Capital District Health Authority, (902) 487-0607
- Colchester East Hants Health Authority, (902) 893-6277
- Cumberland Health Authority, (902) 893-6277
- Guysborough Antigonish Strait Health Authority, (902) 563-3695
- Pictou County Health Authority, (902) 893-6277
- South Shore Health Authority, (902) 742-0629
- South West District Health Authority, (902) 742-0629

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# What is Home Care?

Home Care is available to all Nova Scotians who need help with care in their homes and communities. This service is offered through the Continuing Care offices in each District Health Authority.

Home Care Services supplement the help people already receive from their family, friends or community. Through Home Care, people are able to remain as independent as possible by staying in their home and community. It is always the first option for care in the community.

## Home Care Services include:

- Home Support (such as personal care, respite and essential housekeeping)
- Nursing (such as dressing changes, catheter care, intravenous therapy and palliative care)

## How do I access Home Care?

You can speak to someone about Home Care by calling Continuing Care at the toll-free number, 1-800-225-7225. If you require an assessment for Home Care, a Care Coordinator will arrange a time to meet with you to complete the assessment. The assessment will determine what care services you are eligible to receive based on your needs. Home Care adds to the help you currently have in your community. It does not replace existing care.

## How much does Home Care cost?

Home Care costs are based on your income and the type of services you need. Some services, such as nursing, are free. A Care Coordinator will confirm costs during your assessment.

## Will someone check in on me while I receive Home Care?

A Care Coordinator will check in with you and your caregivers/service providers on an ongoing basis. If your needs change, your services will change to reflect your Home Care needs. Care Coordinators can also connect you with programs in your community that offer additional supports. Some examples are meal programs, Adult Day programs and foot care clinics.

## Will I have to wait to get service?

Every effort is made to provide the services you need quickly. Sometimes the demand for Home Care is so great in some areas, you may be placed on a wait list. If you are placed on a wait list, your Care Coordinator will keep you informed of your status. If your situation changes while you are on a wait list, you will need to let your Care Coordinator know so your needs can be updated.

## What if my needs exceed what Home Care can provide?

You may need to consider other service options. A Care Coordinator can help with these decisions, including determining whether long-term care is the right option for you.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Physicians' Frequently Asked Questions

## What are Continuing Care Services?

Continuing Care Services include Home Care, long-term care, Health Equipment Loan Program (HELP), Caregiver Benefit, Home Oxygen Services, Personal Alert, Self Managed Care Program, Supportive Care Program, Long Term Care Specialized Equipment Program, Adult Protection Services and Protection for Persons in Care.

## How can my patients receive Continuing Care?

There is a toll-free number to call to learn about all Continuing Care Services. The number is 1-800-225-7225.

## Is my patient ready for a nursing home?

Many people wonder if they're ready for nursing home care. An assessment by a Care Coordinator will help determine your patient's ability to care for himself/herself. Nursing homes are not always the answer. There are other options available that can help a patient stay in his/her home and in his/her community. A Care Coordinator will discuss those options with patients.

## My patient may need a nursing home in a few years. Should he/she apply now and get on the wait list?

No. Only those people who are ready to move into a long-term care facility now should apply.

## I think my patient is ready to live in a nursing home now. How do we arrange for this move?

The first step is to call Continuing Care at 1-800-225-7225 but remember, people can only move into a licensed residential care or nursing home if they have been assessed as needing that level of care. Other options, such as Home Care, may meet their needs and should be explored first.

## Does my patient need the consent of a "Substitute Decision Maker" before making an application for long-term placement?

If your patient is unable to make decisions on his/her own, then a Substitute Decision Maker must be designated to make decisions on behalf of the person regarding personal and medical care.

## What happens after my patient has been deemed ready for a long-term care facility?

Once your patient has been assessed by a Care Coordinator and deemed ready for a long-term care facility, he/she will be placed on a wait list according to the date their assessment was completed.



### *Physicians' Frequently Asked Questions*

#### **If my patient opts to defer long-term care placement, will he/she lose their spot on the wait list?**

If your patient is living in his/her home and is on a long-term care wait list, he/she may choose to defer placement for three months without losing his/her wait list spot. However, if he/she defers a second placement, he/she will be removed from the wait list and must reapply for long-term care.

#### **Can relatives or spouses be placed in the same long-term care facility?**

As long as a long-term care facility can meet your patient's level of care needs, every effort will be made to place them in the same facility as their spouse or family member.

#### **I'm concerned about the daily-fee the hospital is charging my patient. Is this charge necessary?**

Due to the critical need for Acute Care beds, the First Available Bed Policy is strictly enforced. While individuals are waiting in hospital for long-term care placement, the District Health Authority has the right to charge patients a daily fee from the time they are "medically discharged" until they leave for the long-term care facility. Please check with the Social Worker or Discharge Planner assigned to your patient for more information on the daily fee policy. If a person in hospital refuses the first available bed, he/she is removed from the long-term care wait list and may be discharged with an alternate care plan. Until discharged, the Hospitals Act allows the hospital to charge these individuals a daily fee.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Entering Long-Term Care - Physician Information

For each long-term care client, your District Health Authority is responsible for completing the care assessments for care while the Department of Health and Wellness is responsible for completing the financial assessments.

## As a physician, what must I do to help my patient get into a long-term care facility?

Before your patient is admitted to a nursing home or residential care facility, you must complete a Medical Status Report containing your patient's most recent clinical information. The Medical Status Report should be completed as soon as possible so the receiving physician has your patient's relevant information and to enable Continuing Care staff to fill bed vacancies quickly. Completing the Medical Status Report is not covered by Medical Services Insurance (MSI); however, you may use your discretion to charge for this service.

## How will my patient know when a long-term care space is available?

Care Coordinators will inform your in-hospital patients about the First Available Bed Policy and your patients in the community where a space is available.

## What's the First Available Bed Policy?

Once your patient's assessments are complete, and a hospital patient is eligible to enter a nursing home and/or a residential care facility, but a suitable bed is not available in a home of his/her choice, the patient will be asked to move to the first available nursing home bed within 100 km driving distance of the community of his/her choice. The patient will stay on the wait list for his/her preferred home and will be moved there when a bed becomes available.

## What's the Deferral Option?

If your patient is entering a nursing home and/or residential care facility from the community, he/she can choose the Deferral Option, which allows him/her to defer long-term care placement for up to three months (i.e., deferral period) from the day they are notified of an available bed.

Deferral periods cannot be extended beyond the first three-month period. If your patient refuses a second bed offer, his/her name will be withdrawn from all wait lists and he/she would need to reapply.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Continuing Care - Patient Information

The toll-free number for information for Continuing Care is **1-800-225-7225**. This number operates between 8:30 a.m. and 4:30 p.m., seven days a week. Please encourage your patients to call and learn more about what options are available to them.

## Continuing Care Services include the following:

- Services for people who need care, either on a long-term or short-term basis.
- Home Care (nursing, respite, home support and palliative care).
- Long-term care (nursing home or residential care facility).
- HELP - Bed Loan Program.
- Caregiver Benefit Program.
- Home Oxygen Services.
- Personal Alert Assistance Program.
- Self Managed Care.
- Supportive Care Program.
- Specialized Equipment for long-term care.
- Adult Protection Services (protection of vulnerable adults).
- Protection for Persons in Care.
- Respite in long-term care.
- Medication Dispenser Assistive Technology.

## Is Home Care the best option?

People may think they are ready for nursing home care; however, an assessment may find that Home Care or other community supports are a better fit for them and their families. Most people prefer to stay at home with the right services in the community to support them.

## What do I do if I think it's time for a family member to go into a nursing home?

Your doctor or a loved one can simply call **1-800-225-7225** to initiate the placement process, but remember, people can only move into a nursing home if they have been assessed as needing that level of care. Home Care, or one of our other programs listed above, might meet their needs.

## Who completes the assessment if a person requires long-term care?

A Care Coordinator with the District Health Authority assesses each client to determine the level of care he/she needs. They will also collect the right information to start the financial assessment process for help with nursing home costs.



# Continuing Care—Patient Information

### Do I need to call several nursing homes to find a placement?

No, all you need to do is call 1-800-225-7225. For people who have been assessed as needing nursing home care, there is a coordinated wait list for all licensed nursing homes in the province. A person is placed on the list according to the date he/she was officially confirmed as needing long-term care. The District Health Authorities coordinate the wait list chronologically by that date. The recommended approach is for the person who needs care and/or the Substitute Decision Maker to visit and pick one or two preferred homes and give this information to their Care Coordinator.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Paying for Long-Term Care

## What is long-term care?

Long-term care provides accommodation, supervisory care, personal care and nursing services to individuals who can no longer live independently in the community with family and other supports available.

Long-term care is provided in two types of homes: Residential Care Facilities and Nursing Homes.

## If I need long-term care, who will pay for it?

Long-term care is paid for jointly by the Department of Health and Wellness and by you, the long-term care recipient.

## What does the Department of Health and Wellness pay for?

- Health care costs for resident care such as, salaries, benefits and operational costs of nursing and personal care, social work services, recreation therapy and physical, occupational and other therapies.
- Patient transportation for dialysis treatment and inter-facility transfers due to the First Available Bed Policy.
- Specialized equipment loan program for residents in long-term care. This program is administered by the Canadian Red Cross, Nova Scotia Region. Depending on income and type of equipment, a resident may be required to pay a fee. Please see the Specialized Equipment Fact Sheet for more information.

## What do I pay for?

- Accommodation charges which include salaries, benefits and operational costs of maintenance, dietary services, housekeeping, management and administration departments, capital, and return on investment. This charge is collected by the long-term care facility.
- Personal expenses including clothing, eyeglasses, hearing aids, dental services, funerals, Pharmacare co-pay, transportation (except for dialysis treatments and inter-facility transfers as per the First Available Bed Policy), and other services provided by the long-term care facility.

## How much are accommodation charges?

Each year, the Department of Health and Wellness sets standard accommodation charges for long-term care homes. These rates are based on average operating costs. Residents are notified of their accommodation charges at least 30 days before the effective date.

Please contact Continuing Care at **1-800-225-7225** for the standard accommodation rate.

Individuals who are able to pay the full standard accommodation charge are not required to undergo a financial assessment. These residents pay the standard accommodation charge and retain all remaining income and assets.



## *Paying for Long-Term Care*

### **What if I'm not able to pay the full standard accommodation charges?**

If you cannot pay the full standard accommodation charges, you can apply to have your rate reduced by undergoing an income-based financial assessment. As part of the financial assessment, you'll be asked to provide your income tax information (e.g. Notice of Assessment provided by Canada Revenue Agency) for the designated tax year. A financial assessment considers your net income as well as the income of a spouse, partner and/or dependent child. Long-term care residents are not expected to pay more than 85% of their assessed income toward accommodation charges.

The financial assessment does not take into account any assets you may have (e.g. house, car, etc.) nor will you be expected to sell your assets to pay for accommodation charges.

Financial reviews are conducted annually. You may also request a review at any time if your financial situation changes significantly.

### **Will my spouse have money once I receive long-term care?**

If your spouse remains in the community when you enter a long-term care facility, he or she will be able to retain 60% of your joint family income and maintain control over all assets. The minimum a spouse living in the community will retain is \$20,000/year, or an average of \$1,666.67/month. To review your rate, please contact an Eligibility Review Officer.

### **How much of my income will I be able to keep?**

As a long-term care resident, the Department of Health and Wellness ensures you keep some of your income to cover expenses after paying for long-term care. You'll retain at least 15% of your annual income. You will not be left with an income lower than \$3,042 a year. You will also have full control over the use and management of your retained income and all assets.

### **What is included in "net income?" Does it include my investments and savings accounts?**

Your net income amount is taken from your most recent Notice of Assessment issued by the Canada Revenue Agency. The income that will be considered in your financial assessment is derived from net income (line 236) minus taxes payable (line 435). Line 236 may include income from pension, employment, dividends, interest earned on investments, RRSPs, etc.

### **Will the value of my house and other assets be considered in determining the amount I pay for long-term care?**

No. Assets are not included in the calculation.

### **What if I disagree with the decision made on the financial assessment?**

Following the financial assessment, you will receive a letter from the Department of Health and Wellness informing you of the amount you are expected to pay for long-term care. If you disagree with the result of the financial assessment, you may request an administrative review. A review request form will be attached to your letter.

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# Entering Long-Term Care

For those who can no longer live in their home or community alone, or with relatives/friends with Home Care supports, long-term care may be the answer. Long-term care provides meals and accommodation, supervision, personal care, and nursing services for those who need it.

The Department of Health and Wellness licenses and approves two types of long-term care facilities; residential care facilities and nursing homes. Residential care facilities are designed for people who need minimal supervision, but may require help with personal care and reminders about routine tasks and activities, such as taking medication. Nursing homes are designed for people who require personal care, nursing services and medication administration.

## How do I know if I need to go to a long-term care home?

Everyone's situation is different. Some people enter long-term care because:

- Their care needs may exceed what Home Care can provide.
- The family member(s) who usually provide their care, can no longer do so.
- Their health care status may change, requiring a higher level of care, such as ongoing nursing services.

## How do I apply for long-term care?

If you or a family member needs long-term care, call Continuing Care, toll free, at **1-800-225-7225**.

If you are in the hospital, you can also call the toll-free line or have the hospital staff make the referral on your behalf.

## How do I know the level of care I need?

After you contact Continuing Care, a Care Coordinator will meet with you to assess your care needs. Other professionals may also need to meet with you and your family to better understand your personal situation.

## I may need a nursing home in a couple of years . . . should I apply now?

No, only those who are ready to move into a home now should apply.

## Can I choose where I want to live?

Yes, you can choose the home you prefer and is able to meet your care needs. Your Care Coordinator will discuss your options with you and your family. You may choose as many long-term care homes as you wish. Your name will be placed on a wait list according to the date you were approved for long-term care.

## What should I keep in mind when selecting these homes?

It is important you put your name only on wait lists of homes where you are sure you want to live. You or a family member should consider visiting some homes when making selections. When choosing a nursing home or residential care facility, keep the following points in mind:

- Is the home in a community where you would like to live?
- Is the location of the home convenient for friends and family to visit?
- Does the home offer activities and services you enjoy?



# Entering Long-Term Care

## How long are the wait lists?

The length of home wait lists varies and depends on a number of factors. Wait times can range from several weeks to several months, or longer. Wait times depend on the number of people who are waiting to get into a specific home, as well as how quickly suitable vacancies become available.

If you live at home and your situation worsens while you are on the wait list, you should contact your Care Coordinator. The Care Coordinator may be able to arrange for other services, such as additional Home Care or respite care. If you feel you need hospital care, please call your family doctor.

## What happens if I turn down a space that is offered to me?

If you are living at home or in the community and you are offered a placement in a long-term care facility, you may defer placement for up to three months. Nearing the end of the three-month deferral period, your Care Coordinator will contact you to determine whether you want to reactivate or withdraw your application for long-term care. Your care needs will be reviewed at that time as well as your list of preferred facilities. You cannot defer your placement for more than three months.

If you are living in your home, have reached the end of the three-month deferral period, and you decline long-term care placement, you will be removed from all wait lists. However, you may reapply at a later date by contacting Continuing Care, toll-free, at **1-800-225-7225**.

## Will I lose my place on the wait list if I defer placement?

No, your place on the wait list is not affected if you defer for the three-month period.

## How long will I have to wait for a long-term care placement if I want to live in the same home as my family member?

When you meet with your Care Coordinator, he/she will determine whether you require long-term care and if your care needs can be met in the same facility as your family member. Efforts are made to place certain family members in the same facility as soon as possible.

## What do I need to know if I am in the hospital waiting for long-term care placement?

Every effort will be made to place you in the home of your choice. However, when a suitable bed is not available in your chosen home, you will be asked to move to the first available bed within 100 kilometers of the community of your choice. When a suitable bed becomes available in one of your selected home(s), you will have the option to transfer there. If you decline a placement, the hospital may discharge you or charge you a daily fee to stay in the hospital.

## What if I'm not eligible for long-term care?

There is a Service Decision Review Process that you can discuss with your Care Coordinator.

## Do I pay for my own long-term care?

Long-term care costs are shared by you, the resident, and the provincial government. You pay your accommodation costs and personal expenses and the Department of Health and Wellness pays your health care costs.

The Department of Health and Wellness sets standard accommodation charges annually. Those who can pay the standard accommodation charge are not required to complete a financial assessment. Those who cannot pay the standard accommodation charge can apply to have their rate reduced through an income based financial assessment. Please refer to the Paying for Long Term Care fact sheet for more detail.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Facility Based Respite Care

Family caregivers provide personal care and support to help their loved ones stay in their homes and communities longer. However, this can put a lot of physical, mental and emotional stress on the caregivers themselves. To support them and their families, the Department of Health and Wellness helps caregivers by providing access to respite beds for their loved ones in licensed long-term care facilities (nursing homes) across the province. There is also an option available for children.

## **I'm the sole caregiver for my relative. What will happen to him/her if I go on vacation?**

Licensed long-term care facilities provide beds to those who need temporary care when their regular caregiver is unavailable. Respite bed service is usually preplanned and scheduled; however, there are emergency services available for those unexpected and temporary events.

## **How does facility based respite care work?**

A respite bed gives a person who needs personal care, a place to stay for a scheduled amount of time where he/she can continue to receive care and support from long-term care facility staff when his/her regular caregiver is unavailable. During his/her stay, the person gets the necessary care and support, including meals, from the facility staff, and returns home at the end of the scheduled time in the facility.

## **How long can someone stay in a respite bed?**

A person may stay in a licensed respite bed for up to a total of 60 days within a calendar year. However, to ensure fair access to the beds during the high demand periods (July 1 to October 1), no more than 30 days can be scheduled.

## **How can I schedule a respite bed?**

You can apply for a respite bed by calling **1-800-225-7225** (toll free). A Care Coordinator will assess the applicant's care needs and eligibility. Once the applicant is confirmed eligible for the service, the Care Coordinator will arrange for a respite bed for the applicant on a first-come, first-served basis.

## **How much does a respite bed cost?**

There is a standard charge for a licensed respite bed. This charge may change, so please contact Continuing Care at **1-800-225-7225** for the current rate.

People in need of a respite bed or family member can apply to receive a reduced rate by completing an application form and undergoing an income assessment.



## *Facility Based Respite Care*

### **How quickly can a respite bed be found in an emergency?**

In emergency situations, every effort is made to complete the application process prior to admission into a long-term care facility. However, if necessary, applicants can be admitted to a long-term care facility respite care bed before the application process is complete.

### **When is a situation considered an "emergency"?**

A situation is considered an emergency when there is a sudden and/or temporary loss of a caregiver, and a replacement caregiver is not available.

In an emergency situation, the person needing care should be willing to accept the closest available respite bed and his/her authorized representative must agree to complete any outstanding parts of the person's application immediately after admission to the respite bed.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Specialized Equipment Program

Residents of provincially licensed and funded long-term care facilities such as nursing homes and residential care facilities, can borrow specialized health equipment from the Canadian Red Cross through its Health Equipment Loan Program (HELP), which is funded by the Department of Health and Wellness. Some examples of specialized health equipment are walkers, crutches, specialized mattresses and beds, and custom wheelchairs.

## Can I buy my own specialized health equipment?

Long-term care residents who wish to purchase their own equipment independently or through private health insurance may do so.

## How do I know what specialized health equipment is right for me?

Staff members at long-term care facilities can help determine residents' needs for specialized health equipment and ensure the appropriate application process is followed. Approval for the program is required, and therefore, requests for specialized health equipment should be forwarded to a Care Coordinator.

## How much will I be required to pay?

Approved applicants may be required to pay a monthly fee for the use of specialized health equipment. Fees are based on income, and the type and quantity of the equipment provided.

## Will the equipment fit me and meet my specific needs?

Specialized equipment can be adjusted to meet your needs. However, the equipment belongs to the Canadian Red Cross and will be returned to its inventory when it is no longer needed by you.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Adult Protection Services

In Nova Scotia, Adult Protection Services are governed by the Adult Protection Act. This legislation, along with the Canadian Charter of Rights and Freedoms, guides all aspects of Adult Protection Service delivery.

## Who needs protection?

Within Continuing Care, people who are 16 years of age and older, and are at risk of harming themselves or are being harmed by others because of a mental or physical condition, are eligible for Adult Protection Services. Adult Protection staff have the authority to act based on the following:

- The person is in immediate and significant danger, and does not understand or is unaware of the danger he/she may be in.
- The person does not have the physical ability to get him/herself out of the dangerous situation.
- The person is unable to protect him/herself because of a physical or mental condition.

## If I think an adult needs Adult Protection Services, should I report the case?

Yes. Regardless of how you learned of a suspected case of adult neglect and/or abuse, under the law, you must report it to the Department of Health and Wellness. Nothing more will be required of you other than the information you provide, and no action will be taken against you when you call, unless you provide information with malicious intent or without reason and probable cause.

## How do I report a suspected case of adult neglect or abuse?

If you know of an adult in need of protection, you must immediately report it by calling **1-800-225-7225**. Please leave your name and phone number. A staff member will contact you to discuss the case. **If you feel the person's life is in danger, please call 911 immediately.**

## What happens when I report a suspected case of neglect or abuse?

The case will be assigned to an Adult Protection Worker who will follow up on your information. If the Adult Protection Worker determines there are reasonable and probable grounds to believe the person is in need of protection, he/she will complete an assessment. Based on the assessment, a care plan to mitigate the risks to the individual, which may include a referral for services in the home or placement in a long-term care facility, will be established.

## What about financial abuse?

Amendments to the Adult Protection Act will provide the authority for the Adult Protection Workers, Continuing Care Branch, Department of Health and Wellness to investigate alleged cases of financial abuse of seniors over the age of 65 who lack the mental capacity to protect themselves from financial abuse.

In the months ahead, the Department of Health and Wellness will be working with the Public Trustee, Department of Seniors, Department of Justice and the Department of Community Services to develop the program and implementation plan for the investigation of financial abuse.



# Adult Protection Services

### Who should I contact until the change in law takes effect?

You should call your local police or the toll free Seniors Abuse Line at **1-877-833-3377**.

There are many seniors groups, law enforcement agencies, and provincial departments that are proactively working to protect seniors from financial abuse.

### Examples of adults who may be in need of protection:

- Mentally challenged adults who require care and support in areas of daily living, who are left alone, or whose needs are not being met.
- Adults diagnosed with Alzheimer's disease who do not appear to be managing their daily living needs, such as cooking, bathing, dressing, medication management, and who do not have support to assist with meeting their needs.
- Adults living in environments that have unsanitary conditions, excessive hoarding, blocked exits, no running water or heat, no food, and who may not understand the risks to living in such an environment.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Caregiver Benefit

The Caregiver Benefit recognizes the important role of caregivers in their efforts to assist loved ones and friends. The program is intended for caregivers of low income adults who have a high level of disability or impairment, as determined by a Home Care assessment. If the caregiver and the care recipient both qualify for the program, the caregiver will receive \$400 per month.

## Eligibility Checklist

The person receiving care must:

- Be 19 years of age or older.
- Be a Nova Scotia resident.
- Be in a care relationship with a caregiver.
- Have a net annual income of \$22,003 or less if single, or a total net household income of \$37,004 or less, if married or common-law.
- Have been assessed by a Care Coordinator as having a very high level of impairment or disability requiring significant care over time.

The caregiver must:

- Be 19 years of age or older.
- Be a Nova Scotia resident.
- Be in an ongoing care relationship with the person receiving care, providing 20 or more hours of assistance per week.
- Not already be receiving payment to provide assistance to the person for whom she/he is providing care.
- Be willing to sign an agreement that defines the terms and conditions for receiving the Caregiver Benefit.

## How does the Caregiver Benefit work?

Both the caregiver and the person for whom he/she provides care must meet the program's eligibility criteria. The Care Coordinator determines eligibility through an assessment process. The Caregiver Benefit is reportable income so caregivers should contact Canada Revenue Agency for information about tax implications.

## How do I know if I qualify for the program?

A Care Coordinator will meet with you to perform an assessment to identify your needs and determine if you meet the eligibility requirements. If you are deemed as having "very high care needs", you will qualify for the program.

## Applicants who are assessed as having very high care needs have some combination of:

- Significant memory loss and memory problems that affect daily functioning.
- Very high level of physical impairment.
- Many challenges in managing their personal needs.
- Serious behavioural problems.
- A high risk of falls.
- A high risk of institutionalization.



## *Caregiver Benefit*

### **Do I qualify financially?**

To qualify financially for the program, you must have a net household income of \$22,003 or less if you're single, or \$37,004 or less if you're married or common-law.

"Net Income" is the income identified on Line 236 of the Federal Income Tax Return or in the Notice of Assessment provided by the Canada Revenue Agency.

### **How do I apply for the Caregiver Benefit?**

To apply, call Continuing Care, toll free at **1-800-225-7225**. You, your caregiver or someone else (with your consent) can make an application. You will need to provide your name, Health Card Number and some additional information about your situation.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Health Equipment Loan Program/Community Bed Loan Program

## What is the Health Equipment Loan Program?

The Health Equipment Loan Program (HELP), also known as the Community Bed Loan Program, provides hospital-type beds to eligible Nova Scotians who need specialized beds in their homes. The program is funded by the Nova Scotia Department of Health and Wellness and administered through the nine provincial District Health Authorities and the Canadian Red Cross - Nova Scotia Region. The loaned beds are delivered and assembled in the client's home by the Canadian Red Cross - Nova Scotia Region.

## How do I know if I am eligible?

You are eligible to borrow a hospital-type bed through the HELP/Community Bed Loan Program if you:

- Are a resident of Nova Scotia with a valid Nova Scotia Health Card.
- Meet the criteria for the program as deemed by a Care Coordinator.

## What is included in a hospital-type bed system?

When you receive a bed from the HELP/Community Bed Loan Program, you receive the following:

- A fully electric model bed.
- A foam pressure reduction mattress.
- A set of bed rails.

## How much does this program cost?

There is no cost for specialized beds through the HELP/Community Bed Loan Program.

## How do I apply?

Call Continuing Care, toll-free, at **1-800-225-7225** to arrange for an assessment from a Care Coordinator.

## What happens after my assessment?

Based on your assessment, the Care Coordinator will determine if you are eligible for the HELP/Community Bed Loan Program. If you are eligible, the Care Coordinator will contact the Canadian Red Cross and make arrangements on your behalf.

## How do I get the bed into my home?

The Canadian Red Cross will take care of the delivery and assembly of your loaned bed. Staff from the Canadian Red Cross will contact you to find out the layout of your home and to set up a convenient time for the delivery of your bed. When you no longer need your bed, the Canadian Red Cross will pick it up from your home.



### *Health Equipment Loan Program/Community Bed Loan Program*

#### **When I'm finished with the bed, can I give it someone else to use?**

No. Your loaned bed is only for you. It has been modified for your needs and your home. When you are finished with the bed, please call the Canadian Red Cross toll free, at **1-888-496-0103** for pick-up.

#### **Will someone show me how to use the bed?**

When the Canadian Red Cross staff deliver and set up your bed, they will show you how to adjust the bed so you will always be comfortable and well positioned. They will also give you their toll free contact number, **1-888-496-0103**, should you have questions about your bed.

#### **Are the beds easy to use?**

Each bed is a high quality piece of equipment that is simple to use and operate. However, if you have any questions or concerns after the bed has been delivered to your home, you can contact the Canadian Red Cross toll free, at **1-888-496-0103**.

#### **What if I need repairs made to my bed?**

The Canadian Red Cross is responsible for maintaining the bed system and will either repair or replace the bed system, as necessary, in your home. If you require assistance, please contact the Canadian Red Cross toll free at **1-888-496-0103**.

#### **Who owns the bed system?**

You are responsible for the loaned bed while it's in your home, or must have someone else willing to do so, on your behalf. While you are the user of the bed, the bed and the accompanying parts (rails and mattress) belong to the Canadian Red Cross-Nova Scotia Region.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Home Care Services Wait List

## What is a Home Care Services wait list?

Although every effort is made to provide the services you need quickly, sometimes the demand for Home Care is greater than the supply. Wait lists are used to track those who are waiting for Home Care Services in their area. As services become available, people on the wait list will be notified. If you are placed on a wait list, your Care Coordinator will keep you informed of your status.

## What happens if my situation changes while I'm on the wait list?

If your situation changes while you're on a wait list, you will need to let your Care Coordinator know so they can update your needs.

## Who gets Home Care Services first?

Home Care Services are provided based on need and date of eligibility. For example, palliative care clients would be assessed as high need and be given a high priority for care. A Care Coordinator will explain the wait list to you.

## If I'm on a wait list, can I still receive some of the services I need?

Yes, through a partial care plan, it is possible to receive some services while on the Home Care wait list. A Care Coordinator can discuss the partial care plan options available to you.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Home Oxygen Services

The Home Oxygen Services Program is available to eligible Nova Scotians through the Department of Health and Wellness. This program funds oxygen equipment such as oxygen concentrators, portable oxygen tanks and other related supplies.

## Am I eligible for Home Oxygen Services?

If you need oxygen services for medical reasons and have been referred to the program by a designated physician throughout the province, you can receive Home Oxygen Services. After your initial referral, your eligibility for Home Oxygen Services will be assessed every year by a designated physician.

## How do I find a designated physician?

A list of designated physicians can be found at [http://novascotia.ca/health/ccs/home\\_oxygen/Home\\_Oxygen\\_Service\\_Designated\\_Physician\\_List.pdf](http://novascotia.ca/health/ccs/home_oxygen/Home_Oxygen_Service_Designated_Physician_List.pdf).

You can also call Continuing Care at **1-800-225-7225** to find someone in your area.

## How can I access this program?

Home Oxygen Services are available through your District Health Authority's Continuing Care division. Once you've been referred to the program by a designated physician, you'll be assessed by a Care Coordinator who will help determine your specific oxygen therapy needs. To contact Continuing Care, call toll free, **1-800-225-7225**.

## What equipment will I receive?

The Home Oxygen Services program gives you equipment to maintain your oxygen treatments at home. You'll be given an oxygen concentrator, regulator, nasal cannula, oxygen tubing and a backup cylinder. If you are eligible, you'll also receive a monthly portable oxygen delivery system that will allow you to continue your therapy when you're not at home. The portable system includes a standard regulator, a cylinder cart, and up to 10 oxygen tanks.

## How much does Home Oxygen Service cost?

The cost of Home Oxygen Services depends on your medical needs, income and family size. A Care Coordinator will meet with you to discuss your options and determine your Home Oxygen Service fees. The Home Care fee structure can be viewed at [http://novascotia.ca/health/ccs/homeCare/HomeCare\\_fees\\_factSheet.pdf](http://novascotia.ca/health/ccs/homeCare/HomeCare_fees_factSheet.pdf).

## What is my responsibility?

Oxygen therapy is only effective if taken as directed, which means you must be smoke-free when receiving Home Oxygen Services. You must sign a non-smoking agreement when funded for this service by the Department of Health and Wellness. You must also maintain regular appointments with a designated physician who will monitor your therapy progress and make adjustments if necessary, and you must continue your therapy as directed and renew your oxygen prescription every year.



## *Home Oxygen Services*

You will be required to sign a non-smoking agreement. It's up to you to notify your Care Coordinator and oxygen provider when your personal information changes such as a change in address, an anticipated change in service delivery (vacations, hospital stays, etc.) and/or a change to your emergency contact.

### **How do I get my oxygen?**

A Care Coordinator will provide you with a list of approved oxygen providers. You can choose any provider from the approved list found at, [http://novascotia.ca/health/ccs/home\\_oxygen/Home\\_Oxygen\\_Service\\_Approved\\_Vendor\\_List.pdf](http://novascotia.ca/health/ccs/home_oxygen/Home_Oxygen_Service_Approved_Vendor_List.pdf). Once you choose a provider, you must continue to receive your oxygen from them for at least one year. Whichever provider you choose will deliver, set up and maintain your equipment as part of the service they provide.

### **Can I receive Home Oxygen Services when I travel?**

Your Home Oxygen Services funding is covered for use within Nova Scotia only. The program does not cover any costs for oxygen received while traveling outside the province. Please note that if you are away from the province for more than 90 days, you'll be discharged from the Home Oxygen Services Program.

### **Will I continue to receive Home Oxygen Services if I go into the hospital?**

Yes, your home oxygen funding will continue for up to 30 days after you enter the hospital. Your funding will be placed on hold if you are hospitalized for more than 30 days. However, if your hospital stay lasts for more than 90 days, you will be discharged/released from the Home Oxygen Services Program.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Long Term Care Facilities

Long-term care facilities licensed and funded by the Department of Health and Wellness provide services for people who need ongoing care; either on a long-term basis (permanent placement) or short-term basis (respite care). There are two types of long-term care facilities available, nursing homes and residential care facilities.

## What are nursing homes?

Nursing homes are important options for people who have difficulty performing everyday tasks such as, dressing, bathing and toileting. Nursing home placement is appropriate for people who are medically stable but have nursing needs that cannot be met through home care.

## What are residential care facilities?

When Home Care does not meet the needs of a person and nursing home care is not required, a residential care facility may be the solution. Residential care facilities provide people with personal care, supervision and accommodation in a safe and supportive environment. (People living in residential care facilities must have the ability to self-evacuate in the event of an emergency.)

## What services do nursing homes and residential care facilities provide?

Nursing homes provide nursing and personal care on a 24-hour basis including care given under the supervision of a nurse, administration of medication and

assistance with daily living. Other services may include physiotherapy, occupational therapy, recreation, and those provided by a Social Worker.

Residential care facilities provide assistance with personal care such as, bathing and dressing, and reminders about daily routines. Personal care and supervision are provided by Residential Care Workers who are available on site at all times.

For both nursing homes and residential care facilities, staff administer all medications for residents. The facilities have medical advisors but residents may continue to visit their family doctor. Residents usually have private bedrooms or share with one other person but common spaces include dining and living areas, bathrooms, and outdoor spaces. Residents are served three meals per day and snacks. Menus consider residents' preferences, accommodate special diets, and follow Canada's Food Guide.

## How do I apply to live in a nursing home or residential care facility?

To apply for residency in a nursing home or a residential care facility, contact Continuing Care, toll-free at **1-800-225-7225** to find out about the application process, to arrange for a Care Coordinator to assess your care needs, and to identify the best method of having your needs met.



# Long-Term Care Facilities

## Calling from outside of Nova Scotia:

If you are calling from outside Nova Scotia about someone who lives in a community serviced by one of the province's nine District Health Authorities, please call the appropriate number below. These telephone numbers operate every day, including weekends, from 8:30 a.m. to 4:30 p.m.

Annapolis Valley District Health Authority,  
1-902-742-0629

Cape Breton District Health Authority,  
1-902-563-3695

Capital District Health Authority,  
1-902-487-0607

Colchester East Hants Health Authority,  
1-902-893-6277

Cumberland Health Authority,  
1-902-893-6277

Guysborough Antigonish Strait Health Authority,  
1-902-563-3695

Pictou County Health Authority,  
1-902-893-6277

South Shore Health Authority,  
1-902-742-0629

South West District Health Authority,  
1-902-742-0629

## How much do nursing homes and residential care facilities cost?

Long-term care costs are shared by you, as the resident, and the provincial government. The Department of Health and Wellness pays for the health care costs, and you pay your accommodation costs and personal expenses.

The Department of Health and Wellness sets standard accommodation charges annually. Those who are able to pay the full standard accommodation charge are not required to complete a financial assessment. Those who cannot pay the standard accommodation charge can apply to have their rate reduced through an income based financial assessment.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Self-Managed Care

The Self-Managed Care Program allows people with physical disabilities to hire their own care providers and develop their own care plans, which gives them control over the services they need and the providers they choose. In addition, clients may appoint a third party "Care Manager" to act on their behalf in carrying out these tasks.

## What is a care provider?

A care provider is a person hired by someone with a physical disability to assist them with daily and routine activities such as bathing, dressing, preparing meals and taking medication.

## What is a care manager?

A care manager is an unpaid person appointed by the Self-Managed Care client to carrying-out the management and administrative duties of their care.

## Who can benefit from this program?

Anyone aged 19 years or older, with a physical disability and in stable health, who requires assistance with the routine activities of daily living, is eligible to apply for the Self-Managed Care Program. You must be able to fully participate in decisions and arrangements about your own care requirements, and enter into a legal agreement with the District Health Authority and Continuing Care.

## What do I need to know about hiring a care provider?

Self-Managed Care funding goes toward the hiring, training, managing, supervising and payment of a care provider. Essentially, you are your care provider's boss. The Department of Health and Wellness does not state required qualifications for care providers, but you cannot hire family members as your care providers.

## How will I know how to do everything that's expected of me?

The Self-Managed Care Orientation Session and the client guide, which can be found at [novascotia.ca/health/ccs/selfmanage.asp](http://novascotia.ca/health/ccs/selfmanage.asp), will tell you everything you need to know.

## Can my program funding be adjusted or stopped?

If your situation changes, a Care Coordinator can recommend modifications to your funding. Program funding can be stopped when a request is received within 30 days by either you or your Care Coordinator. Continuing Care may stop funding if a client does not meet the conditions of their agreement.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at [www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)





# Medication Dispenser Assistive Technology

The Medication Dispenser Assistive Technology Program helps eligible Nova Scotians manage their medications in their home. The Department of Health and Wellness provides \$499/year to help with the purchase of an in-home automated medication dispenser.

To receive funding for an automated medication dispenser you must:

- Be 65 years of age or older.
- Be a Nova Scotia resident with a valid Health Card.
- Be considered low-income (have a net annual income of \$22,003 or less if single / \$37,004 or less if married).
- Require prescription medication for more than 90 days.
- Require reminders and/or active monitoring for your medication.
- Agree to take your medication.
- Have a medication review or be able to obtain one before getting a medication dispenser.
- Explore other medication management options before applying for this program.

## What is my net annual income?

"Net income" is the income identified on line 236 of the Federal Income Tax Return, or in the Notice of Assessment provided by the Canada Revenue Agency.

## Will this funding affect my income tax return?

You will not have to report this funding as income on your income tax return because it is less than \$500/year. Since everyone's situation is different, please confirm this with Canada Revenue Agency by calling 1-800-959-8281.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# Personal Alert Assistance Program

The Personal Alert Assistance Program provides financial assistance to eligible, low-income seniors. The program provides up to \$480/year to reimburse for the purchase of a personal alert assistance service.

To receive funding for personal alert services, you must:

- Be 65 years or older.
- Be a Nova Scotia resident with valid Health Card.
- Live alone and have an annual net income of less than \$22,003.
- Have a history of recent falls.
- Use a cane, wheelchair or walker.
- Have a requirement for Home Care Service that will extend beyond 90 days.
- Sign an agreement with the Department of Health and Wellness.

## How do I know what my net income is?

Your net income is the income identified on line 236 of the Federal Income Tax Return or in the Notice of Assessment provided by Canada Revenue Agency. Continuing Care staff will work with you determine your net income.

## How do I choose a personal alert provider?

There are many companies that provide a personal alert service, including those listed in the Department of Seniors' Programs for Positive Aging, which can be found at [www.gov.ns.ca/seniors/positive\\_aging\\_directory.asp](http://www.gov.ns.ca/seniors/positive_aging_directory.asp)

## How do I get reimbursed for the expenses?

You can submit your receipts for reimbursement monthly, quarterly or annually to your District Health Authority.

## How do I apply for the program?

Apply by calling Continuing Care, toll-free, at **1-800-225-7225**.

## Will I have to report this funding as income on my income tax return?

You should not have to report this funding as income on your income tax return because it is less than \$500/year. Since everyone's situation is different, please contact Canada Revenue Agency by calling **1-800-959-8281** to confirm.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at [www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)





# Supportive Care

The Supportive Care Program supports eligible Nova Scotians with cognitive impairments (difficulty thinking, concentrating, remembering, etc.) by providing them with \$500/month for Home Support Services (personal care, respite, meal preparation and household chores). Under this program people may also be eligible to receive reimbursement for snow removal services up to \$495/year.

To receive funding for Supportive Care, you must:

- Be 65 years or older.
- Be a Nova Scotia resident with a valid Health Card.
- Have significant memory loss and memory problems that affect daily functioning.
- Be deemed by Continuing Care as needing a minimum of 25 hours/month of care support.
- Have a Substitute Decision Maker (someone who will act on your behalf and has signed an agreement that defines terms and conditions for this program).

## How do I get Supportive Care?

You can apply by calling Continuing Care toll-free at 1-800-225-7225. Once approved, the money will be deposited into your bank account by the Department of Health and Wellness every month. All receipts for services must be submitted to your District Health Authority.

## How can I get reimbursed for snow removal costs?

Once a Supportive Care recipient has been approved for assistance with snow removal services, he/she will be reimbursed for up to \$495/year. All receipts for services must be submitted to your District Health Authority for reimbursement. You must be considered low income, which is an annual net income of \$22,003 or less if single or \$37,004 or less if married, to be eligible for reimbursement of snow removal costs.

## Who can provide home support and snow removal services?

There are many companies who provide these services. Some can be found in the Department of Seniors' Programs for Positive Aging, which can be read online at [http://www.gov.ns.ca/seniors/pub/2012\\_ProgramsPA.pdf](http://www.gov.ns.ca/seniors/pub/2012_ProgramsPA.pdf). Home support and snow removal services may also be purchased from private companies or people living within your community.

Funding under this program cannot be used to purchase services from:

- A person or organization providing home support and/or snow removal services and who also owns, rents or manages the household / facility the client lives in (e.g. an assisted living facility).
- Family members of a Supportive Care client, including a spouse/partner, children/grandchildren, parent/grandparent, siblings, aunts/uncles and nephews/nieces.



### *Supportive Care*

#### **Will this funding need to be reported as income on my income tax return?**

No, you do not have to report this funding as income on your income tax return because it is considered payment for medical expenses (attendant/respite services) by the Canada Revenue Agency.

Expenses incurred under this program cannot be claimed when filing income tax returns.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at **[www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)**





# What is Palliative Home Care?

Palliative home care is compassionate end of life care which is provided to an individual who is terminally ill. The individual and/or his/her substitute decision maker have determined that treatment to extend their life is no longer the primary goal.

### **Palliative Home Care Services include:**

- Nursing (such as dressing changes, catheter care, intravenous therapy and palliative care)
- Home Support (such as personal care, respite and housekeeping)
- Palliative Home Care Medication Coverage Program

### **How much does Palliative Home Care cost?**

The fee for home support services are based on your income therefore you may or may not be required to pay a fee for service. Nursing services are free. A Care Coordinator will advise you about any fees you may have to pay.

### **How do I access this service?**

Call **1-800-225-7225** a Care Coordinator will set up an in home visit to complete a care assessment. If you already have a Care Coordinator, speak with him/her about this service.

### **Will I have to wait to get service?**

Every effort is made to provide this service to you as quickly as possible.

### **Will someone check in on me while I receive Palliative Home Care?**

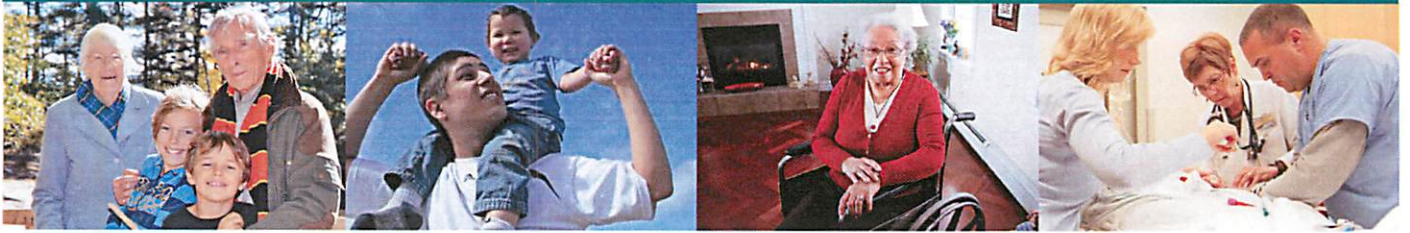
A Care Coordinator will check in with you/substitute decision maker and your caregivers/service providers on an on-going basis. If your needs change, your services will change to reflect your care needs.

### **What if my needs exceed what Palliative Home Care can provide?**

You may need to consider other service options. A Care Coordinator can help with these decisions, including determining whether long-term care is the right option for you.

To learn more about the Supportive Care Program, please call Continuing Care toll-free line at **1-800-225-7225**, or visit the Department of Health and Wellness website at [www.gov.ns.ca/health/ccs](http://www.gov.ns.ca/health/ccs)





# Seniors Community Wheelchair Loan Program

The Seniors Community Wheelchair Loan Program provides new and recycled wheelchairs (manual and/or electric) to eligible residents of Nova Scotia to support them in their homes and communities.

## How do I qualify for this program?

To qualify for this program, you:

- Are a resident of Nova Scotia with a valid Nova Scotia health card number;
- Are 65 years of age or older at the time of application;
- Have been assessed by an authorized health care provider (Occupational Therapist or Physiotherapist);
- Require assistance because of a long-term disability, chronic illness, or terminal illness;
- Agree to sign a consent form for the safe and proper use of your wheelchair;
- Are considered low-income (have a net annual income of \$22,003 or less if single or \$37,004 or less if married), and
- Are not covered by other programs such as private insurance or other publicly funded organizations.

## How do I know if this program is right for me?

To determine if you qualify for the Seniors Community Wheelchair Loan Program call Continuing Care toll-free at 1-800-225-7225. If you are eligible, an occupational therapist or physiotherapist will arrange a time to meet with you to complete an assessment.

## Will the wheelchair fit me and meet my specific needs?

You will be assessed by a health care provider who is skilled in the fitting of wheelchairs. The assessment will determine proper fit and make sure the wheelchair you receive meets your needs. If you already have a chair through this program and your needs change, you should call Continuing Care for a reassessment.

**Note:** If it is determined that a recycled wheelchair is available and can be adapted to suit your needs, that recycled wheelchair will be provided to you.

## What happens if I am currently accessing the Department of Community Services Adult Wheelchair Recycling Program and turn 65?

A referral for assessment should be initiated by calling Continuing Care, at which time it will be determined if you qualify for the Department of Health and Wellness



### *Seniors Community Wheelchair Loan Program*

program. Once wheelchair needs are determined, an appropriate transition plan will be developed between your healthcare professional and wheelchair providers.

#### **What happens if I move into Long Term Care?**

You can keep the wheelchair as long as you are living in the community and it is serviceable. Upon entry to a long term care facility, the wheelchair will remain with you and a referral for reassessment will be initiated. A transition plan will be put in place for you to get a wheelchair through the Specialized Equipment Program in long term care.

#### **How much will I be required to pay?**

There are no fees for this program.

#### **Who will own the wheelchair?**

Ownership is maintained by MEDlchair and the wheelchair must be returned to them when it is no longer needed.

#### **If I have maintenance or repair issues who do I contact?**

MEDlchair is responsible for maintaining and repairing the wheelchair, as necessary, in your home. Upon delivery, MEDlchair staff will leave you information on the operation of the wheelchair and his/her contact information. If you require assistance, please contact MEDlchair toll free at 1-800-262-2269.

#### **Can I buy my own specialized wheelchair?**

Wheelchairs included in this program are not for sale. If you wish to purchase your own wheelchair you may do so from any supplier of your choosing.

For more information about the Seniors Community Wheelchair Loan Program:

Phone Toll Free: **1-800-225-7225**

Website: <http://novascotia.ca/dhw/ccs/>