Purpose

To ensure all Alternate Level of Care designations, as mandated by the Ministry of Health and Long Term Care, are processed in a complete and timely manner.

Scope

The policy pertains to all staff members and physicians at Muskoka Algonquin Healthcare (MAHC).

Policy Statement

To ensure all Alternate Level of Care designations, as mandated by the Ministry of Health and Long Term Care, are processed in a complete and timely manner.

Definitions

ALC: Alternate Level of Care
CCC: Complex Continuing Care
CCAC: Community Care Access Centre

Procedure

1. Physician designates patient as ALC.

2. Nursing staff/ward clerk enter the order onto the for ALC Tracking power form as ALC – LTC
   a) The box stating 'patient is co-payment eligible' is marked as NO
   b) The comment is entered as CCAC to assess
   c) A copy of the order prints in the Business Office with the Orderable noted

3. Using the 'Putting Patient on ALC' icon in the Patient Registration program
   a) the ward clerk or designate enters the ALC date, time and Reason for ALC as well as the Transaction Date & Time
   b) The ALC Report prints in the business office the following morning listing all patients that are currently ALC and the ALC Reason

4. CCAC staff assess the patient and determine the discharge plan

5. If CCAC determines the patient is to be discharged to a nursing home
   a) Staff go back into the ALC Tracking form and mark YES beside the 'patient is co-payment eligible'

   b) If a Category other than Long Term Care is selected on the ALC tracking form
      - They are not co-payment eligible or chargeable
   c) If the designation is "Palliative Care' and the patient remains in an ALC bed for more than 45 days they will be retroactively charged the co-payment fee

6. Using the 'Putting Patient on ALC' icon in the Patient Registration program
   a) the ward clerk or designate enters the updated information re ALC date, time and Reason for ALC as well as the Transaction Date & Time
   b) The ALC Report prints in the business office the following morning listing all patients that are currently ALC and the ALC Reason

7. The Patient and/or family is given an information package while on the in-patient unit
   a) this includes advising them to make an appointment with the Office Services Coordinator/designate

8. Patient and/or family work with staff on the in-patient unit to facilitate discharge.

9. Business office staff will gather and complete financial information as below for all patients designated as ALC – CCAC to assess, when the original report is printed in the business office.
   a) This paper work is held until step 5 is completed by CCAC and the copayment eligible designation is confirmed.

10. **Co-payment Form 3264-54** is completed by the Office Services Coordinator/designate
    a) The patient representative provides financial information if they wish to apply for a reduced rate
    b) Financial information is taken from Line 236 on the Income Tax Return or Notice of Assessment for the previous calendar year
       - WSIB is only exception – financial information is taken from Line 260
       - the daily and monthly ALC rates are determined
    c) The calculations are explained to the patient representative and they are advised of payment requirements
       - the paper work is copied and given to the patient representative

11. **Application for Reduction of Assessed Co-Payment Fees Form 3266-54** is completed by the Office Coordinator/designate when appropriate
    a) If the patient has an Eligible Spouse living in the community it may indicate patient is entitled to a further reduction in the fees payable
    b) The patient representative provides the spouse's Income Tax Return or Notice of Assessment for the previous calendar year
    c) The calculation is completed using the information from line 236 on the notice.
    d) The results of both calculations are explained to the patient representative and they are advised of payment requirements
    e) the paper work is copied and given to the patient representative

12. **ALC information is entered into MediAR (Refer to MAHC Policy Alternative Level of Care Process - MediAR**
    a) ALC accounts are reviewed at month end and may be manually invoiced

ALC Patient Does or Does Not Return to Active Status

The underlying philosophy is 'what is the patient's longer term prognosis'.

13. If the patient is destined for a nursing home then we charge the CCC co-payment.

14. If the patient is destined to go home or a Ministry designated psychiatric bed or rehabilitation or palliative care then we don't charge.

15. If a patient is already established as requiring long term care and they are paying the CCC co-payment, they should continue to pay during episodes of acute care.

ALC Patient Becomes Palliative

16. In the case of palliative care, a patient who has been established as requiring long term care and subsequently becomes terminally ill should continue with their CCC co-payment.

17. If a patient is deemed ALC placement and then within the first four weeks of their hospital stay they become palliative we will not charge the co-payment.

18. If a patient is initially admitted because of a terminal illness requiring palliative care, and they had not been previously paying the CCC co-payment, then we do not charge the co-payment.

Cross Reference

MAHC Policy Alternative Level of Care Process - MediAR

Notes

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References / Relevant Legislation

Appendices