

AP0200 – Client Rates for Alternate Level of Care Patients Awaiting Long-term Care Access

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Interior Health recognizes that diversity in the workplace shapes values, attitudes, expectations, perception of self and others and in turn impacts behaviors in the workplace. The dimensions of a diverse workplace includes the protected characteristics under the human rights code of: race, color, ancestry, place of origin, political belief, religion, marital status, family status, physical disability, mental disability, sex, sexual orientation, gender identity or expression, age, criminal or summary conviction unrelated to employment.

1.0 PURPOSE

To define the billing rules and billing effective dates for Alternate Level of Care (ALC) patients assessed and approved, and awaiting access to long-term care services while remaining in an acute care bed.

2.0 DEFINITIONS

TERM	DEFINITION
Alternate Level of Care (ALC)	<i>When a patient is occupying a bed in a facility and does not require the intensity of resources/services provided in that care setting (CIHI 2016).</i>
ALC Designator	<i>The patient must be designated ALC by the most appropriate care team member, which may be a physician, patient care coordinator, transition liaison, most responsible clinician, clinical operations manager, or other care team member. The decision to assign ALC status is a clinical responsibility (Contextual Information, CIHI 2016).</i>
Alternate Level of Care Waiting For Placement (ALCP)	<p><i>The ALC designation given to a person who is assessed and approved who remains in an acute care bed while awaiting access to an Interim Care Home.</i></p> <p><i>Includes:</i></p> <ul style="list-style-type: none"> • <i>Interior Health (IH) ALC Category and Z-codes*; P-ALCP Wait listed, P-Z75.1</i> • <i>Patients admitted involuntarily to a psychiatric or observation unit under the Mental Health Act (sections 22 or 28)**</i>

Policy Sponsor: VP & Chief Financial Officer		1 of 4
Policy Steward: Accounts Receivable Manager		
Date Approved: December 2011	Date(s) Reviewed-r/Revised-R: April 2019(R); March 2023 (r)	
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TERM	DEFINITION
	<ul style="list-style-type: none"> Patients involuntarily undergoing treatment for tuberculosis** <p><i>*IH ALC Category and diagnosis code (ICD-10-CA) associated with the reason for ALC.</i></p> <p><i>**These populations will not be charged for their ALCP stay, while being held involuntarily, follow 4.0 in procedure.</i></p> <p><i>Excludes:</i></p> <ul style="list-style-type: none"> Patients that have not yet been approved for access to Long Term Care Home services; Patients who were assessed and approved for access to Long Term Care Home services prior to their acute hospitalization, who require reassessment Patients waiting for assisted living, convalescent care, palliative care (hospice), or other home health services; Patients waiting for detoxification accommodation.
ALCP Effective Date	<ul style="list-style-type: none"> For a patient who is assessed and approved by exception from acute care for an Interim Care Home, the effective date is equal to their accessed and approved date. For a patient who was waitlisted in community prior to their acute care admission and reassessed through the exception process, their effective date is equal to their revised access date.
Full Hospital Acute Daily Rate	The Uninsured Canadian Resident rate as per Interior Health Schedule of Fees and Charges Acute Care Billing .

3.0 POLICY

- All ALC patients who are eligible for Home and Community Care services, who no longer require acute care services, and are assessed as eligible for access to Long Term Care Home services will be charged the current daily rate for time-limited services after a designated grace period.

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- Client rates are determined in accordance with Policy 7.C.1 Fixed Client Rates for Time-limited services in the [Home and Community Care Policy Manual](#).
- Patients who have been previously assessed and approved in the community as requiring Long Term Care Home services, and patients who are assessed and approved for Long Term Care Home services during their hospital stay receive a 30-day grace period from the date of approval by exception.
- Where the patient experiences an acute episode during the 30 day grace period, IH will suspend the grace period and resume it when the patient is reassessed as returning to ALC status, and is suitable to access Long Term Care Home services. The client rate is not charged until a cumulative 30 days have elapsed.
- Patients discharged from their Long Term Care Home prior to their hospital admission receive no grace period, and are charged the client rate starting the date the patient is reassessed as suitable for returning to a Long Term Care Home.

4.0 PROCEDURE

- Access to Long Term Care Home services from acute care must comply with the [IH Access to Long-term Care Home Standardized Process and Procedure](#), revised September 2022.
- Upon approval, information is communicated to the appropriate ALC designator.
- The appropriate designator will ensure the patient's classification is changed to ALCP.
- The appropriate designator is to meet with patient/family representative to review and complete an ALC Agreement Form [#807638](#). If patient/family, refuse to sign form, indicate this in the patient/family representative signature box and date it for when the charges were verbally presented.
- Once signed, the original ALC Agreement Form will be submitted to the Accounts Receivable department via interdepartmental mail, a copy will be provided to the patient, or the patient's financial representative, and a copy remains on the patient's chart.
- All IH sites will follow the Meditech Order Management process. (Meditech 6.1 pages 116 – 120) [Meditech Manual, Part B](#).

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5.0 REFERENCES

- Ministry of Health Services, Home and Community Care Policy Manual
- Hospital Policy Manual, Ministry of Health, Revised Feb 2011
- Financial Management Policy Manual for Health Authorities, Revised April 2011
- Access to Long-term Care Home Initial Admission and Transfers Standardized Process, August 2018
- Interior Health Internal Audit, Residential Care Billing Audit, August 2014
- Interior Health Alternate Level of Care: Designation, Standard Process and Procedure. Revised (December 2021),
- Canadian Institute for Health Information. (CIHI 2016). *Discharge Abstract Database (DAD) Abstracting Manual*

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