Home Oxygen Therapy Policy and Administration Manual

Assistive Devices Program
Ministry of Health

ontario.ca/page/assistive-devices-program

Ontario

Table of Contents

Table of Contents **2**

Table of Amendments **7**

Part 1: Introduction to Home Oxygen Therapy Policy and Administration Manual **11**

100 Purpose of the Manual 11

105 Protecting Personal Health Information 12

110 Definitions 12

115 Roles and Responsibilities 17

Part 2: Devices Covered **26**

200 Devices Covered 26

205 Low Flow Oxygen Systems 27

210 Oxygen Equipment and Services Not Funded by ADP 28

215 Travel 30

220 Client Leaves Ontario 30

Part 3: Applicant Eligibility Criteria for Home Oxygen Therapy **33**

300 Prescriber 33

305 Applicant Identified as Ineligible by ADP 34

310 Medical Eligibility Criteria 34

315 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Resting Hypoxemia 35

320 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Exertional Hypoxemia 36

325 Medical Criteria for Long-Term Oxygen Therapy for Children 39

330 Medical Eligibility Criteria for Oxygen Therapy for Palliative Care 40

335 Medical Eligibility Criteria for Short-Term Oxygen Therapy 41

340 Annual Re-assessment of Home Oxygen Therapy 43

345 Discontinuation of Home Oxygen Therapy 44

Part 4: Confirmation of Eligibility for Equipment Required 46

400 Registered Respiratory Therapists 46

405 Acceptable Evidence of Medical Eligibility: Applicants 18 Years of Age or Younger 47

410 Acceptable Evidence of Medical Eligibility: Applicants 19 Years of Age or Older 48

415 Arterial Blood Gas (ABG) Test 51

420 Oximetry Studies 52

Part 5: Funding Periods.....57

500 Funding Periods: Long-Term Oxygen Therapy for Resting Hypoxemia.....57

505 Funding Periods: Long-Term Oxygen Therapy for Exertional Hypoxemia.....58

510 Funding Period: Long-Term Oxygen Therapy for Children.....59

515 Annual Re-assessment for Long-Term funding for Resting Hypoxemia, Exertional Hypoxemia and children requiring Home Oxygen Therapy. 60

520 Funding Period: Oxygen Therapy for Palliative Care.....60

525 Funding Periods: Short-Term Oxygen Therapy.....61

530 Designated Re-assessment Period.....62

535 Discontinuation of Home Oxygen Therapy.....63

Part 6: Funding and Payment.....65

600 Funding Amount for ADP Clients.....65

605 Eligibility for 100 Percent Funding.....65

610 Eligibility for 75 Percent Funding.....66

615 Re-assessment Carried Out After the Designated Re-assessment Period.....66

620 Hospitalization.....68

625 Prescriber Discontinues Home Oxygen Therapy.....68

630 Stale-dated Policy.....69

635 Change in Vendor.....69

640 Request for a Change in Oxygen Delivery System 70

645 Update of Client Data 70

Part 7: Invoicing Procedures 73

700 Invoice Processing 73

705 ADP Processing Errors 73

710 Set-Up Fees 73

715 Long-Term Oxygen Therapy (Resting and Exertional) / Children Funding Invoicing Procedures 74

720 Palliative Care Invoicing Procedures 74

725 Short-Term Oxygen Therapy Invoicing Procedures 74

730 Northern and Southern Designation 75

Part 8: Vendors 77

800 Vendor Status 77

805 Joint Ventures: Vendors Sharing Proceeds with Hospitals 78

810 Preferred Vendor Agreement 78

815 General Vendor Policies 79

820 Client Safety and Education 80

825 Staff Training and Education Program 81

830 Infection Prevention and Control 81

835 Client Record Keeping....82

840 Staff Screening....83

845 Accountability....84

850 Sub-Contracting....84

Part 9: Key Performance Indicators....87

900 Introduction of Key Performance Indicators....87

905 Goal for KPIs....87

910 New Key Performance Indicators....88

Part 10: Contact Information....92

1000 Program Addresses....92

Table of Amendments

This page will list all substantive changes to policies and procedures listed in the Manual.

Section	Change	Date
110	Definitions	April 1, 2017
220	Client Leaves Ontario	April 1, 2017
325	Medical Criteria for Long-Term Oxygen Therapy for Children	April 1, 2017
415.02	Infectious Disease Outbreak in Long-Term Care Home (LTCH)	April 1, 2017
500.04	Annual Re-assessment	April 1, 2017
505.02	Annual Re-assessment	April 1, 2017
510	Funding Period: Oxygen Therapy for Palliative Care	April 1, 2017
715	Palliative Care Invoicing Procedures	April 1, 2017
720	Short-Term Oxygen Therapy Invoicing Procedures	April 1, 2017
800.01	Registration Period	April 1, 2017
800.02	Additional Locations	April 1, 2017
805	Joint Ventures: Vendors Sharing Proceeds with Hospitals	April 1, 2017
810	Preferred Vendor Agreement	April 1, 2017
845	Accountability	April 1, 2017
110.32	Definition of Registration Period	October 3, 2019
320	Long-Term Oxygen Therapy for Exertional Hypoxemia (IEA rewording)	October 3, 2019
900	Home Oxygen Therapy During The COVID-19	February 15, 2021

900	Section Updated	May 17, 2021
110	Definitions (added and modified)	April 1, 2024
115.07	Visit by a Regulated Health Professional End of the 9-month funding period (removal)	April 1, 2024
315.02, 335.02, 335.03	Nocturnal hypoxemia (modified))	April 1, 2024
335	Medical Eligibility Criteria for Short-Term Oxygen Therapy (modified)	April 1, 2024
320.08	Independent Exercise Assessment (modified)	April 1, 2024
320.09	Vendor Exercise Assessment (removal)	April 1, 2024
410	Acceptable Evidence of Medical Eligibility: Applicants 19 years of age or older (re-wording)	April 1, 2024
410.03	12-month funding period: Long-Term Oxygen Therapy for Exertional Hypoxemia (modified)	April 1, 2024
420.04	Procedure for submitting Oximetry Printouts (modified process)	April 1, 2024
500	Funding periods – Long-Term Oxygen Therapy for Resting hypoxemia (modified)	April 1, 2024
500.03	12-month funding (removal)	April 1, 2024
505	Funding periods – Long-Term Oxygen Therapy Exertional Hypoxemia (modified)	April 1, 2024
525	Designated re-assessment (modified process)	April 1, 2024
600	Funding amount for ADP clients (modified)	April 1, 2024
615.03	9-month funding period for Long-Term funding for Resting Hypoxemia – 12-month funding period (removal)	April 1, 2024
710	Set up Fees (new)	April 1, 2024

800.01	Registration Period (modified process)	April 1, 2024
805	Joint Ventures: Vendor sharing proceeds (modified)	April 1, 2024
Section 900	The COVID-19 Pandemic (removed)	April 1, 2024
Section 900	Key Performance Indicators (new)	April 1, 2024

Introduction

1

Part 1: Introduction to Home Oxygen Therapy Policy and Administration Manual

100 Purpose of the Manual

The purpose of the Policy and Administration Manual is to present in one document the policies and procedures for funding Home Oxygen Therapy.

The ADP intends the Policy and Administration Manual to complement the ADP Manual.

This Policy and Administration Manual forms part of the agreement between the Ministry and the Vendor. The Ministry reserves the right to revise the Policy and Administration Manual at any time.

100.01 Intended Target Audience

ADP intends the following to use the Policy and Administration Manual:

1. Physicians or Nurse Practitioners who prescribe Home Oxygen Therapy;
2. Regulated Health Professionals involved in the assessment of individuals requiring Home Oxygen Therapy; and
3. Regulated Health Professionals and other staff employed by a Vendor.

100.02 Goal

The goal of funding Home Oxygen Therapy is to correct or minimize

Hypoxemia, resulting in improved health and increased participation in the activities of daily living.

105 Protecting Personal Health Information

Vendors must comply with all applicable privacy laws governing information regarding their Clients.

See the ADP Manual, Policy 700, Protection of Personal Information and Personal Health Information.

110 Definitions

Capitalized terms used in the Policy and Administration Manual shall have the meaning associated with them as set out in the ADP Manual or such meanings as described below.

110.01 **Aboriginal Health Access Centre (AHAC)** means an Aboriginal-led, primary health care organization that provides a combination of traditional healing, primary care, cultural programs, health promotion programs, community development initiatives, and social support services to First Nations, Métis and Inuit Communities.

110.02 **ADP** means the Assistive Devices Program.

110.03 **ADP-Registered Vendor** means, for the purposes of this Policy and Administration Manual, a person or entity that has met all registration requirements with ADP for Home Oxygen Therapy and holds an executed Vendor Agreement with ADP.

110.04 **Applicant** means an individual who has submitted an Application form to request funding for Home Oxygen Therapy.

110.05 **Applicant Information Sheet** means the document produced by ADP that provides information on eligibility criteria, the assessment process and the Application approval process.

110.06 **Application** means an application for funding assistance for Home Oxygen Therapy on the form provided by ADP titled "Application for Funding Home Oxygen Therapy".

110.07 **Arterial Blood Gas (ABG)** means a blood test to determine the partial pressure of oxygen.

110.08 **Home and Community Care Support Services (HCCSS)** means a local agency established by the Ministry of Health to coordinate services for seniors, people with disabilities or people who need health care services to live independently in their community.

110.09 **Community Health Centre (CHC)** means a non-profit organization that provides primary health and health promotion programs for individuals, families and communities, and is governed by a community-elected board of directors.

110.10 **Cylinders** refer to tanks of compressed gaseous oxygen. This is another system set up for the Client. The Client uses large tanks inside the home, and small tanks for outings or travel. Infants with low flow requirement often use large tanks. Special flow meters, calibrated to deliver less than 0.5lpm are used.

110.11 **Desaturation** means a fall in level of oxygen bound to the hemoglobin. For purposes of this Policy and Administration Manual, this term refers to saturation level (SpO_2) of less than or equal to 88% in arterial blood.

110.12 **End of Life Care** means Palliative Care preceding death.

110.13 **Exertional Hypoxemia** means an SpO_2 less than or equal to 88% during exercise or activities of daily living.

110.14 **Family Health Team (FHT)** means a primary health organization that includes a team of family Physicians, Nurse Practitioners and other health care professionals who work together to provide primary health care to their community.

110.15 **Integrated Community Health Services Centre** means a health facility licensed under the *Integrated Community Health Services Centres Act, 2023*, that provides pulmonary function testing.

110.16 **Home Oxygen Therapy** means the oxygen, the Oxygen Delivery System(s) and the services necessary to maintain oxygen therapy in the home.

110.17 **Hospital** means a hospital approved under the *Public Hospitals Act*.

110.18 **Hypoxemia** means an SpO_2 of less than or equal to 88% in arterial blood.

110.19 **Independent Exercise Assessment** means an Exercise Assessment which is used to measure exercise capacity and improvement in exercise tolerance with oxygen therapy and performed:

1. at an Integrated Community Health Services Centre or at a hospital-based pulmonary function laboratory; and

2. by a health care professional who is experienced in performing Exercise Assessments, employed by the Integrated Community Health Services Centre or hospital-based pulmonary function laboratory and not employed by a Vendor.

110.20 **Infant means** a child under the age of one (1) year.

110.21 **Joint Venture** means a business undertaking between a Vendor and a Hospital or Long-Term Care Home to provide Home Oxygen Therapy to

Clients in which profits, losses and control are shared between the Vendor and the Hospital or Long-Term Care Home

110.22 **Long-Term** means that the Client requires Home Oxygen Therapy for longer than twelve (12) months.

110.23 **Long-Term Care Home** means a long-term care home licensed under the *Fixing Long-Term Care Act, 2021*.

110.24 **Medical Eligibility Criteria** means the medical conditions that determine eligibility, including laboratory evidence of the presence of Resting or Exertional Hypoxemia.

110.25 **Nurse Practitioner** means a professional who holds a valid certificate of registration from the College of Nurses of Ontario (CNO) as a Registered Nurse in the Extended Class and is entitled to practice in Ontario.

110.26 **Nurse Practitioner-Led Clinic (NPLC)** means a primary health care organization that provides comprehensive, accessible, person-centred and co-ordinated primary care services to people of all ages.

110.27 **Oximeter** means a non-invasive instrument used for continuous measurement of oxygen saturation of arterial blood. For the purposes of this Manual, the term "Oximeter" refers to a pulse Oximeter.

110.28 **Oximetry Study** means the measurement of arterial oxygen saturation (SpO_2) using an Oximeter, for a defined activity.

110.29 **Oxygen Delivery System** means concentrators (portable or stationary), compressed gas with oxygen conserving devices, liquid oxygen systems and transfill oxygen systems.

110.30 **Palliative Care** means interdisciplinary care for the terminally ill, that comforts and supports the individual and family through the process of dying by addressing a range of physical, psychological, social, spiritual, economic

needs.

110.31 **Physician** means a member of the College of Physicians and Surgeons of Ontario who is qualified to practise medicine in Ontario under the *Medicine Act, 1991*, S.O. 1991, c. 30 or any successor legislation thereto.

110.32 **Policy and Administration Manual** means the Home Oxygen Therapy Policy and Administration Manual.

110.33 **Preferred Vendor** means a Vendor who is the exclusive provider of Home Oxygen Therapy for a hospital or a Long-Term Care Home on the basis of a Preferred Vendor Agreement.

110.34 **Preferred Vendor Agreement** means an agreement between a Hospital or a Long-Term Care Home, and a Vendor, under which the parties agree that Vendor will be the preferred provider of Home Oxygen Therapy to the Hospital or Long-Term Care Home.

110.35 **Prescriber** means a Physician, a Physician who is a respirologist or internist with an expertise in respiratory medicine, or a Nurse Practitioner.

110.36 **Registered Respiratory Therapists** means a Regulated Health Professional who holds a valid certificate of registration from the College of Respiratory Therapists of Ontario and is entitled to practice in Ontario.

110.37 **Regulated Health Professional** means, for the purposes of the Policy and Administration Manual, a member of a college of a health profession as set out in the *Regulated Health Professional Act, 1991* (RHPA) and who has assessment skills and pursuant to their scope of practice is able to determine if an individual requires Home Oxygen Therapy.

110.38 **Resting Hypoxemia** means an Arterial Blood Gas test level of less than or equal to 55mmHg.

110.39 **Short-Term** means a Client requires Home Oxygen Therapy for a short

period of time because their medical condition is not stabilized and treatment regimen is not optimized.

110.40 **SpO_2** means oxygen saturation level.

110.41 **Vendor** means a person or entity that provides Home Oxygen Therapy in Ontario.

110.42 **Vendor Agreement** means the document that outlines the terms and conditions that the vendor must adhere to and, together with the Manuals, constitutes the contract between ADP and the Vendor.

For more definitions, see the ADP Manual, Policy 110, Definitions.

115 Roles and Responsibilities

In the process of confirming eligibility for funding, the Applicant/Client, the Registered Respiratory Therapist, and the Vendor have specific roles and certain rights and responsibilities.

The Manuals and the Vendor Agreement provide additional information.

115.01 Roles and Responsibilities of the Applicant/Client

Has the right to choose from the list of Vendors, any Vendor serving in their community working in the private or public sectors.

Should carefully review all the information in Section 3 (Applicant Consent and Signature) on the Application form prior to signing.

Is responsible for paying the Vendor directly for the Client portion (25 percent) of the Approved Price for Home Oxygen Therapy.

Is responsible for the full costs of Home Oxygen Therapy if ADP denies the

Application.

Is responsible for notifying the Vendor if there are any changes to their personal information or their funding status. This includes the following:

1. change in benefit coverage;
2. admission to the Hospital;
3. discharge from the Hospital;
4. change of address;
5. discontinuation of Home Oxygen Therapy by a Prescriber; and
6. death.

115.02 Roles and Responsibilities of the Registered Respiratory Therapists:

Must be employed at an acute or chronic care Hospital, a HCCSS, a FHT, a NPLC or an AHAC.

Will provide a first time Applicant with accurate information about the policies and procedures of ADP, and the Medical Eligibility Criteria for funding Home Oxygen Therapy.

Will provide a first time Applicant with the Applicant Information Sheet.

Complete the **Application** form (Long-Term oxygen therapy Resting Hypoxemia, 60-day Short-Term oxygen therapy, Long-Term oxygen therapy for Exertional Hypoxemia, and Long-Term oxygen therapy for children) whom the Registered Respiratory Therapist has assessed in person and determined eligible for funding based on ADP criteria.

When completing the Application form will:

1. transcribe the Applicant's diagnosis;

2. certify the Applicant has tried other treatment measures without success; and

3. certify that oxygen therapy is medically indicated and is reasonable and necessary.

Will provide the completed **Application** form and instruct the Applicant to give the Application form and Prescriber prescription to the Vendor they have selected.

Will provide the Applicant with a list of Vendors serving the Applicant's community and advise them to consider more than one Vendor.

Must abide by the ADP Conflict of Interest Policy.

Must notify the College of Respiratory Therapists of Ontario of any or all changes in their employment that would affect their ability to complete the Application form.

Must remain in good standing with the College of Respiratory Therapists of Ontario.

115.03 Roles and Responsibilities of the Vendor:

Will provide the Client with an Oxygen Delivery System(s) that meets the Client's medical needs, including:

1. correcting or minimizing the Client's Hypoxemia;

2. allowing the Client to participate in the activities of daily living; and

3. providing a backup system in the event that the Client experiences a power failure or the equipment malfunctions.

Will have employees on staff:

1. knowledgeable in Home Oxygen Therapy and Oxygen Delivery Systems; and

2. who can teach the Client and/or the caregiver the operation, care and safe handling of the Client's Oxygen Delivery System(s)

Will have on staff a Regulated Health Professional(s).

Subject to the visits mandated in the Policy and Administration Manual (**see 115.04, 115.06, 115.07**), will have a Regulated Health Professional(s) available during normal business hours to visit a Client in the Client's home if the Client, the Prescriber, or another employee of the Vendor has determined that a follow-up visit, or assessment is required.

Will ensure that all employees have received the appropriate training in the operation and safe handling of Oxygen Delivery Systems.

115.04 Visit by a Regulated Health Professional: Initiation of Home Oxygen Therapy

A Regulated Health Professional, employed by the Vendor, will see the Client within three (3) business days from the date the Vendor initiated Home Oxygen Therapy in the Client's home.

On the initial visit, the Regulated Health Professional will do the following.

1. Assess the Client's medical needs and determine if the Oxygen Delivery System(s):

    - corrects or minimizes the Client's Hypoxemia;

    - allows the Client to participate in the activities of daily living;

    - provides a backup system in the event that the Client experiences

a power failure or the equipment malfunctions.

2. If the Client does not have the appropriate Oxygen Delivery System, arrange for the Client to receive the Oxygen Delivery System that does meet their medical needs.

3. Provide the necessary training and education to the Client and/or caregiver on the following:

   - the care and operation of the Oxygen Delivery System;
   - how to use the Oxygen Delivery System in a safe manner; and
   - how to avoid the risks from improper use of the Oxygen Delivery System.

For Clients receiving a northern reimbursement rate, a Regulated Health Professional will see the Client within ten (10) business days from the date the Vendor initiated Home Oxygen Therapy in the Client's home.

115.05 Visit by a Regulated Health Professional: Follow-up and Assessment

A Regulated Health Professional, employed by the Vendor, will see the Client if the Client, the Prescriber or another employee of the Vendor has determined that a follow-up visit or assessment is required.

115.06 Visit by a Regulated Health Professional: End of the 90-Day Funding Period for Resting Hypoxemia.

A Regulated Health Professional, employed by the Vendor, will see the Client at the end of the 90-day funding period.

On the renewal visit, the Regulated Health Professional will do the following.

1. Perform an Oximetry Study to confirm if the Client meets the Medical

Eligibility Criteria for Resting Hypoxemia.

2. Assess if the Client's Oxygen Delivery System continues to meet the Client's medical needs, including:

   - correcting or minimizing the Client's Hypoxemia;
   - allowing the Client to participate in the activities of daily living; and
   - providing a backup system in the event that the Client experiences power failure or the equipment malfunctions.

3. If necessary, arrange for the Client to receive the appropriate Oxygen Delivery System.

4. If necessary, provide additional training and education to the Client and/or caregiver on the following:

   - the care and operation of the Oxygen Delivery System;
   - how to use the Oxygen Delivery System in a safe manner; and
   - how to avoid the risks from improper use of the Oxygen Delivery System.

115.07 Annual Follow-up Visit by a Regulated Health Professional

A Regulated Health Professional, employed by the Vendor, will see the Client annually. On the annual follow-up visit, the Regulated Health Professional will do the following:

1. Perform an Oximetry Study.

2. Assess if the Client's Oxygen Delivery System continues to meet the Client's medical needs, including:

- correcting or minimizing the Client's Hypoxemia;
- allowing the Client to participate in the activities of daily living; and
- providing a backup system in the event that the Client experiences power failure or the equipment malfunctions.

3. If necessary, arrange for the Client to receive the appropriate Oxygen Delivery System.

4. If necessary, provide additional training and education to the Client and/or caregiver on the following:

   - the care and operation of the Oxygen Delivery System;
   - how to use the Oxygen Delivery System in a safe manner; and
   - how to avoid the risks from improper use of the Oxygen Delivery System.

115.08 Other Services Provided by the Vendor

The Vendor will:

1. provide 24-hour emergency service;

2. return a telephone call from a Client within one (1) hour;

3. have an employee attend the Client's home within three (3) hours if the problem cannot be solved over the phone, unless the Client agrees that attendance is not necessary;

4. provide a basic Oxygen Delivery System for the Client to use;

5. delivery, setup and pickup of the Oxygen Delivery System;

6. inspect the Client's home to determine whether it is safe for the use of the Home Oxygen Therapy;

7. notify the Prescriber if any clinically significant changes occur in the Client's respiratory status;

8. conduct regular, documented maintenance and repair of the Oxygen Delivery System as per manufacturer's specifications and replacement of defective units at no additional cost to the Clients; and

9. continue to meet all requirements and conditions specified in the Vendor Agreement and the Manuals.

115.09 Will provide Key Performance Indicators metrics as set out by ADP to improve the program and services provided to the Clients (**see Part 9**)

Devices Covered

2

Part 2: Devices Covered

200 Devices Covered

200.01 ADP provides funding for Home Oxygen Therapy, which includes oxygen, the Oxygen Delivery System and the service necessary to maintain oxygen therapy in the home.

200.02 The Prescriber and/or the Regulated Health Professional must consult with the Client before determining the appropriate Oxygen Delivery System a Client will need.

200.03 The Oxygen Delivery System provided by the Vendor must meet the Client's medical needs, including:

1. correcting or minimizing the Client's Hypoxemia;
2. allowing the Client to participate in the activities of daily living; and
3. providing a backup system in the event that the Client experiences a power failure or the equipment malfunctions.

200.04 Oxygen Delivery Systems

Concentrators (Portable or Stationary) are electrically or battery-operated Oxygen Delivery Systems.

Liquid Oxygen Systems store oxygen in liquid form. A large stationary container called a reservoir, stores the liquid oxygen. The Client can fill a portable unit from the reservoir for travel or use outside the home. The liquid turns to gas before it leaves the reservoir, and it remains in the gaseous state

when the Client inhales. The Client must use extreme caution when filling a portable unit from a liquid unit.

For safety, Clients using large cylinders (M or H) must properly secure the cylinders in stands.

Transfill Oxygen Systems are concentrators capable of transfilling a small, lightweight cylinder.

Other methods of Oxygen Delivery Systems

Cylinder Systems refer to tanks of compressed gaseous oxygen. The Client uses large tanks inside the home, and small tanks for outings or travel. Infants with low flow requirements often use large tanks. Special flow meters, calibrated to deliver less than 0.5 lpm, are used.

205 Low Flow Oxygen Systems

205.01 Infants may require oxygen to be administered at a very low flow rate. Infants with bronchopulmonary dysplasia (BPD) may require oxygen administered at very low flow rates for at least the first two (2) years of life.

Special low flow flowmeters can be used with compressed gas cylinders when the flow rate is 0.5 lpm or less.

ADP recognizes that there are additional costs for specialized equipment and provides a higher rate per cylinder for low flow oxygen systems.

205.02 When low flow rates of 0.5 lpm or less are prescribed and special low flow flowmeters are utilized with compressed gas cylinders, the Vendor may use special billing codes (HPPED1; HPPED2).

205.03 Because of the low flow rates used, Clients use a small number of cylinders per month. ADP limits the quantities of low flow cylinders to a maximum of four (4) small cylinders (size "E" or smaller) and two (2) stationary cylinders (larger than "E") per Client per month.

205.04 Vendors using the Low Flow codes must install both stationary and portable cylinders and must not supply more than the maximum quantity per Client per month.

205.05 Once low flow codes have been approved, Vendors cannot use the regular cylinder codes**.**

Therefore, they must carefully assess the Client's oxygen requirements to determine the number of cylinders the Client will use.

205.06 Vendors who find that Clients have surpassed the monthly- approved quantities must credit ADP for any HPPED payments against the application before requesting a switch to HPGAS codes.

210 Oxygen Equipment and Services Not Funded by ADP

210.01 The ADP Approved Price includes oxygen conserving devices and certain standard disposable items necessary to administer oxygen such as tubing, masks, humidifiers, etc.

210.02 When the Prescriber prescribes oxygen equipment that ADP does not fund or the Client requests the equipment, the Vendor may charge the Client directly for the equipment.

210.03 When the Client incurs costs, the Vendor must explain all costs in detail.

210.04 The Vendor may bill the Client directly, without the prior written consent of

the ADP, for transtracheal cannula and supplies.

210.05 Duplicate Systems

Clients provided with the same Oxygen Delivery System, e.g., two (2) concentrators or two (2) liquid oxygen systems, have duplicate systems.

ADP does not provide funding for duplicate Oxygen Delivery Systems.

If a Client requests a duplicate Oxygen Delivery System for convenience, whether for home use or travel, the Vendor may seek reimbursement directly from the Client for the duplicate system

210.06 Multiple Systems

A Vendor may provide a combination of Oxygen Delivery Systems to meet the Client's medical need:

1. to correct or minimize Hypoxemia;
2. to increase the Clients participation in the activities of daily living; or
3. to use in case of an emergency.

For example, the Vendor may provide a concentrator and liquid system or a concentrator and cylinders.

It is not necessary to inform ADP; however, the Vendor may not charge the Client for the second Oxygen Delivery System.

210.07 Unsafe Environment

A Vendor is not required to provide Home Oxygen Therapy where, in the opinion of the Regulated Health Professional inspecting the Client's premises, the provision of Home Oxygen Therapy will create an unsafe environment.

In this instance, the Vendor must inform the Client's Prescriber and ADP immediately of the decision in writing.

215 Travel

215.01 Temporary Change in Vendor within Ontario

When there is a temporary change in the Vendor (e.g., vacationing client), the Vendor accepting the Client temporarily should reach an agreement with the Client's home Vendor regarding financial arrangements (e.g. sharing the reimbursement rate).

215.02 Temporary Travel - Out-of-Province/Country

Clients out-of-province/country for a period of six (6) months or less, are eligible to continue to receive funding.

The Vendor should arrange with the out-of-province/country vendor to provide an Oxygen Delivery System to the Client.

If the cost exceeds the Approved Price, the Client will be responsible for the additional cost.

The Vendor cannot charge the Client for the administrative costs associated with arranging for out-of-province/country service.

215.03 In-Flight Oxygen

Clients traveling by air are not eligible for reimbursement for any costs incurred during the flight.

220 Client Leaves Ontario

Subject to temporary travel out-of-province or country (**see 215.02**), if a Client moves out of the province permanently, the Client is not eligible to continue to receive funding for Home Oxygen Therapy.

Applicant Eligibility Criteria for Home Oxygen Therapy

3

Part 3: Applicant Eligibility Criteria for Home Oxygen Therapy

300 Prescriber

ADP provides funding for the following:

1. Long-Term oxygen therapy for Resting Hypoxemia;
2. Long-Term oxygen therapy for Exertional Hypoxemia;
3. Long-Term oxygen therapy for children;
4. oxygen therapy for Palliative Care; and
5. Short-Term oxygen therapy.

An Applicant, who wishes to access funding for one of the following, must have their oxygen needs assessed by a Physician or Nurse Practitioner:

1. Long-Term oxygen therapy for Resting Hypoxemia;
2. Long-Term oxygen therapy for children;
3. oxygen therapy for Palliative Care; or
4. Short-Term oxygen therapy.

An Applicant who wishes to access funding for the following, must have their oxygen needs assessed by a Physician who is a respirologist or an internist with an expertise in respiratory medicine:

1. Long-Term oxygen therapy for Exertional Hypoxemia.

It is the Prescriber's responsibility to ensure that the necessary consent to disclose confidential Client information to the Ministry and the Vendor has been obtained.

305 Applicant Identified as Ineligible by ADP

ADP may deem an Applicant ineligible if the Applicant does not meet the Medical Eligibility Criteria or where information supplied in connection with an Application form, is incomplete and/or inaccurate.

In cases of denial, ADP will advise the Vendor, the Applicant and the Prescriber of the reason.

310 Medical Eligibility Criteria

There are specific Medical Eligibility Criteria for each of the following:

1. Long-Term oxygen therapy for Resting Hypoxemia (**see 315**);
2. Long-Term oxygen therapy for Exertional Hypoxemia (**see 320**);
3. Long-Term oxygen therapy for children (**see 325**);
4. oxygen therapy for Palliative Care (**see 330**); and
5. Short-Term oxygen therapy (**see 335**).

315 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Resting Hypoxemia

315.01 The Applicant's medical condition must be stabilized, and treatment regimen optimized before Home Oxygen Therapy is considered. Optimum treatment includes smoking cessation.

315.02 The Applicant must meet the one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as an Arterial Blood Gas value (PaO_2) of **LESS THAN OR EQUAL TO 55 mmHg.**

2. An Applicant with a PaO_2 consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for funding if one of the following medical conditions is present:

   - cor pulmonale;
   - pulmonary hypertension; or
   - persistent erythrocytosis.

3. An Applicant with a PaO_2 consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for funding if one of the following occurs:

   - exercise limited by Hypoxemia ($SpO_2 \leq 88\%$); or
   - nocturnal Hypoxemia defined as $SpO_2 \leq 88\%$ on room air for at least one (1) continuous minute during sleep.

315.03 If an Arterial Blood Gas cannot be taken due to a documented medical risk, the Applicant must meet one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as a SpO_2 of **LESS THAN OR EQUAL TO 88%.**

2. An Applicant with a SpO_2 consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following medical conditions is present:

   - cor pulmonale;
   - pulmonary hypertension; or
   - persistent erythrocytosis.

3. An Applicant with a SpO_2 consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following occurs:

   - exercise limited by Hypoxemia ($SpO_2 \leq 88\%$); or
   - nocturnal Hypoxemia as defined as $SpO_2 \leq 88\%$ on room air for at least one (1) continuous minute during sleep.

***All testing using oximeter to be completed on room air.

320 Medical Eligibility Criteria for Long-Term Oxygen Therapy for Exertional Hypoxemia

320.01 Medical Eligibility Criteria for Ambulatory Home Oxygen Therapy

Ambulatory Home Oxygen Therapy is only recommended for individuals:

1. with exercise tolerance restricted due to severe breathlessness; and
2. who are motivated to improve their daily activity level using oxygen

therapy. Severe breathlessness is defined as Grade 4 or greater on the Medical Resource Council Dyspnea Scale (see Canadian Thoracic Society COPD Guidelines).

320.02 Funding for ambulatory Home Oxygen Therapy is available only for individuals who do not qualify under the Medical Eligibility Criteria for Resting Hypoxemia (**see 315**).

Documentation that the individual does not exhibit Resting Hypoxemia must be included with the Application form.

Documentation may include:

1. ABG results (confirming PaO_2 is > 60 mmHg); or

2. Oximetry Study (confirming Resting SpO_2 is > 90%)

If a Resting Oximetry Study is provided, a copy of the study must be submitted and kept on file with the Vendor.

320.03 ADP will only provide funding to individuals, who exhibit Exertional Hypoxemia and improved exercise tolerance with oxygen.

320.04 An Independent Exercise Assessment is required to confirm that the Applicant meets the Medical Eligibility Criteria for ambulatory Home Oxygen Therapy.

320.06 ADP defines improved exercise tolerance as one of the following:

1. The Applicant Desaturates to a SpO_2 < 80% on walking, regardless of dyspnea or distance walked.

2. The Applicant walks for five (5) minutes or more on room air, the individual must demonstrate an objective measured improvement in their walking performance on oxygen compared to room air, so that the time walked increases by 25%, along with an improvement of at least

one (1) unit in the BORG score at the end-exercise point of the shortest test.

Example: If the Applicant walks for seven (7) minutes on room air and ten (10) minutes on oxygen, the tester measures and records the BORG score at the 7-minute mark for both room air and oxygen.

The BORG score must improve by at least one unit.

3. The Applicant walks for less than five (5) minutes on room air, the individual must demonstrate an objective measured improvement in their walking performance on oxygen compared to room air, so that the time walked increases by a minimum of two (2) minutes, along with an improvement of at least one (1) unit in the BORG score at the end-exercise point of the shortest test.

   Example: If the Applicant walks for three (3) minutes on room air and six (6) minutes on oxygen, the tester measures and records the BORG score at the 3-minute mark for both room air and oxygen.

   The BORG score must improve by at least one unit.

320.07 If the Applicant is unable to walk for reasons unrelated to dyspnea or arterial saturation, the individual does not qualify for funding based on Exertional Hypoxemia.

320.08 Independent Exercise Assessment

An Independent Exercise Assessment is required for the Long-Term funding period for Exertional Hypoxemia. There is only one Application required for this funding.

The Independent Exercise Assessment must include a walk test on compressed air and a walk test on compressed oxygen, unless the Applicant demonstrates a $SpO_2 < 80\%$ on walking, regardless of dyspnea or distance

walked.

Independent Exercise Assessment must be a single-blinded compressed air versus compressed oxygen test.

The Independent Exercise Assessment must be performed by:

1. a Regulated Health Professional with experience in respiratory assessment, such as a Registered Respiratory Therapist, a Physiotherapist, or a Registered Nurse; or

2. a Pulmonary Function Technologist, who the Medical Director of the Integrated Community Health Services Centre has delegated to carry out Exercise Assessments.

The distance walked must reflect the maximum distance the Applicant can walk when walking at their normal pace.

The Regulated Health Professional or Pulmonary Function Technologists can discontinue the walk test at any time if in their opinion the walk test should be discontinue due to medical risk to the Applicant, for example chest pain, extreme dyspnea or sudden increase in heart rate.

Using the results from the Independent Exercise Assessment, a respirologist or an internist with an expertise in respiratory medicine must assess the Applicant to determine if the individual exhibits Exertional Hypoxemia and improved exercise tolerance with oxygen.

A list of Independent Health Facilities can be obtained by calling or emailing the Ministry's Independent Health Facilities Program.

325 Medical Criteria for Long-Term Oxygen Therapy for Children

325.01 The Applicant must meet the following

1. The Applicant must have a SpO_2 of **LESS THAN OR EQUAL TO 90%.**

325.02 Infants with bronchopulmonary dysplasia (BPD) who are unable to tolerate room air testing are eligible for funding. The Prescriber must submit Oximetry Study results. If oxygen is used during the Oximetry Study, the flow rate must be documented on the Oximetry Study.

330 Medical Eligibility Criteria for Oxygen Therapy for Palliative Care

330.01 For compassionate reasons, ADP allows funding for individuals who are at the end stage of a terminal illness (i.e. life expectancy < three months), are receiving End of Life Care and require Home Oxygen Therapy.

330.02 ADP does not intend this funding be used for individuals who are receiving treatment for Short-Term reversible conditions or to circumvent the Medical Eligibility Criteria for Resting Hypoxemia or Exertional Hypoxemia.

330.03 ADP provides funding for oxygen therapy for Palliative Care for a maximum period of ninety (90) days.

330.04 Within their lifetime, individuals are entitled to receive funding for **one (1)** 90-day Palliative Care funding period. This includes Clients who have previously accessed funding due to Long-Term oxygen therapy for Resting Hypoxemia**,** Long-Term oxygen therapy for Exertional Hypoxemia or Short-Term oxygen therapy.

330.05 Funding for oxygen therapy for Palliative Care is available only to Applicants who do not meet the Medical Eligibility Criteria for Long-Term oxygen therapy for Resting Hypoxemia **(see 315)**, Long-Term oxygen therapy for Exertional Hypoxemia **(see 320)** or Short-Term oxygen therapy **(see 335).**

330.06 The start date of the coverage will be based on the date oxygen therapy was initiated.

330.07 Prescribers ordering Home Oxygen Therapy for Palliative Care must indicate the Applicant's diagnosis on the Application form.

The diagnosis must be specific to the Applicant's terminal condition. The term "cancer" alone is not acceptable. As well, the Prescriber must indicate "Palliative".

330.08 ADP will not provide funding for Home Oxygen Therapy for Palliative Care if the Prescriber has indicated a diagnosis of Obstructive Lung Disease or Restrictive Lung Disease

330.09 ADP will not extend funding for Clients receiving oxygen therapy for Palliative Care beyond the 90-day funding period.

330.10 If funding is required after the 90-day funding period, the Client must submit a new Application form and must meet the Medical Eligibility Criteria for Resting Hypoxemia or Exertional Hypoxemia.

330.11 If the Client has Resting Hypoxemia, the Application form must include an Oximetry Study demonstrating that the Client meets the Medical Eligibility Criteria for Long-Term oxygen therapy for Resting Hypoxemia.

330.12 If the Client has Exertional Hypoxemia, the Application form must include an Independent Exercise Assessment demonstrating that the Client meets the Medical Eligibility Criteria for Long-Term oxygen therapy for Exertional Hypoxemia.

335 Medical Eligibility Criteria for Short-Term Oxygen Therapy

335.01 ADP provides funding for Short-Term oxygen therapy for Applicants whose medical condition is not stabilized, and treatment regimen is not optimized.

The Applicant must be:

1. an inpatient in an acute care Hospital and require Home Oxygen Therapy to be discharged;

2. in the emergency department and require Home Oxygen Therapy to be discharged; or

3. In a Long-Term Care Home and require Home Oxygen Therapy to prevent an emergency room visit and an assessment by a medical professional to ensure medical eligibility criteria is met.

335.02 The Applicant must meet the one of the following.

1. The Applicant must have Hypoxemia at rest. ADP defines Hypoxemia at rest as an Arterial Blood Gas value (PaO_2) of **LESS THAN OR EQUAL TO 55 mmHg.**

2. An Applicant with a PaO_2 consistently in the range of 56 to 60 mmHg on room air may be considered a candidate for funding if one of the following medical conditions is present:

   - cor pulmonale;

   - pulmonary hypertension; or

   - persistent erythrocytosis.

3. An Applicant with a SpO_2 consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following occurs:

- exercise limited by Hypoxemia ($SpO_2 \leq 88\%$); or
- nocturnal Hypoxemia as defined as $SpO_2 \leq 88\%$ on room air for at least one (1) continuous minute during sleep.

335.03 If an Arterial Blood Gas cannot be taken due to medical risk, the Applicant must meet one of the following.

1. The Applicant must have chronic Hypoxemia at rest. ADP defines Hypoxemia at rest as a SpO_2 of **LESS THAN OR EQUAL TO 88%.**
2. An Applicant with a SpO_2 consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following medical conditions is present:
   - cor pulmonale;
   - pulmonary hypertension; or
   - persistent erythrocytosis.
3. An Applicant with a SpO_2 consistently in the range of 89 – 90% on room air may be considered a candidate for funding if one of the following occurs:
   - exercise limited by Hypoxemia ($SpO_2 \leq 88\%$); or
   - nocturnal Hypoxemia as defined as $SpO_2 \leq 88\%$ on room air for at least one (1) continuous minute during sleep.

340 Annual Re-assessment of Home Oxygen Therapy

340.01 A Prescriber must re-assess the Client's continued need for Home Oxygen

Therapy annually.

340.02 The Prescriber bases their decision to continue with Home Oxygen Therapy on a re-assessment of the Client's clinical needs. The re-assessment by the Prescriber must include an assessment of the Client's oxygenation status.

345 Discontinuation of Home Oxygen Therapy

345.01 Based on the Prescriber's assessment of the Client's clinical needs, the Prescriber will make the decision on whether to discontinue a Client's Home Oxygen Therapy.

345.02 If based on the assessment the Prescriber determines that Home Oxygen Therapy is no longer required the Prescriber must provide the Vendor with appropriate documentation to discontinue Home Oxygen Therapy, which the Vendor must retain in the Client's record or file.

Confirmation of Eligibility for Equipment Required

4

Part 4: Confirmation of Eligibility for Equipment Required

400 Registered Respiratory Therapists

A Registered Respiratory Therapist **may** complete the Application form in place of the Prescriber, for Applicants applying for Home Oxygen Therapy for the first time for the following:

1. Long-Term oxygen therapy for Resting Hypoxemia;
2. Long-Term funding oxygen therapy for Exertional Hypoxemia;
3. Long-Term oxygen therapy for children;
4. oxygen therapy for Palliative Care; and
5. Short-Term oxygen therapy.

One of the following must employ the Registered Respiratory Therapist:

1. an acute or chronic care Hospital;
2. Home and Community Care Support Services (HCCSS);
3. a Family Health Team (FHT);
4. a Community Health Centre (CHC);
5. a Nurse Practitioner-Led Centre (NPLC); or
6. an Aboriginal Health Access Centre (AHAC).

A Registered Respiratory Therapist employed by a Vendor **may not** complete the Application form in place of the Prescriber. This includes Registered Respiratory Therapists who are employed by both a Vendor, and an acute or chronic care Hospital, a HCCSS, a FHT, a CHC, a NPLC, or an AHAC.

In completing the Application form, the Registered Respiratory Therapist will be:

1. transcribing the Applicant's diagnosis;
2. confirming the Applicant has tried other treatments measures without success; and
3. confirming that oxygen therapy is medically indicated and is reasonable and necessary.

405 Acceptable Evidence of Medical Eligibility: Applicants 18 Years of Age or Younger

Results from an Oximetry Study are required for an Applicant, eighteen (18) years of age or younger, who is applying for Long-Term Home Oxygen Therapy for children.

The Regulated Health Professional must perform the Oximetry Study within thirty (30) days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application form.

The Oximetry Study must demonstrate that the Applicant meets the Medical Eligibility Criteria for Long-Term oxygen therapy for children **(see 325).**

410 Acceptable Evidence of Medical Eligibility: Applicants 19 Years of Age or Older

410.01 90-day funding for Resting Hypoxemia

ABG measurements are required for individuals who are applying for the first time for Long-Term Oxygen Therapy for Resting Hypoxemia. Oximetry may be used if ABGs are not medically indicated.

For Applicants, the ABG test or Oximetry must be performed within thirty (30) days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application form.

For Clients renewing their funding following a 60-day or 30-day funding period for Short-Term oxygen therapy, the ABG test or Oximetry Study must be performed within the 10-day re-assessment period. Day one (1) of the 10-day re-assessment period begins on the expiry date of the previous funding period.

For Clients renewing their funding following a Palliative Care funding period (90-days), the Regulated Health Professional must perform the Oximetry Study within the 30-day re- assessment window. Day one (1) of the 30-day re-assessment window begins on the expiry date of the previous funding period.

If the Prescriber's prescription date is prior to the re-assessment period, ADP will not accept the test results.

The ABG measurements, or the Oximetry Study must demonstrate that the Applicant meets the Medical Eligibility Criteria (**see 315**).

410.02 9-month funding for Resting Hypoxemia.

Results from an Oximetry Study are required for Clients who are renewing their funding following a first-time funding period which expires after 90-days.

The Regulated Health Professional must perform the Oximetry Study within the 45-day re-assessment period. Day one (1) of the 45-day re-assessment period begins on the expiry date of the first-time funding period (90-days).

ADP will not accept test results performed prior to the end date of the first-time funding period (90-days).

The Oximetry Study must demonstrate that the Client continues to meet the Medical Eligibility Criteria (**see 315**).

410.03 Long-Term funding for Exertional Hypoxemia.

An Independent Exercise Assessment is required for individuals who are applying for the Long-Term funding for Exertional Hypoxemia.

For Applicants applying for the first time, the Independent Exercise Assessment must be performed within thirty (30) days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application form.

For Clients renewing their funding following a 60-day or 30-day funding period for Short-Term oxygen therapy, the Independent Exercise Assessment must be performed within the 10-day re-assessment period. Day one (1) of the 10-day re-assessment period begins on the expiry date of the previous funding period.

For Clients renewing their funding following a Palliative Care funding period (90-days), the Independent Exercise Assessment must be completed within the 30-day re-assessment window. Day one (1) of the 30-day re-assessment window begins on the expiry date of the previous funding period.

If the Prescriber's prescription date is prior to the re-assessment period, ADP will not accept the test results from the Independent Exercise Assessment and the assessment must be completed again and the prescription re-issued.

The Independent Exercise Assessment must demonstrate that the Applicant meets the Medical Eligibility Criteria (**see 320**).

410.04 60-Day funding for Short-Term Oxygen Therapy

ABG measurements are required for individuals who are applying for the 60-day funding period.

The ABG results must be performed within three (3) days prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date on the Application form.

The ABG results must demonstrate that the Applicant meets the Medical Eligibility Criteria (**see 335**).

410.05 30-Day funding for Short-Term Oxygen Therapy

Results from an Oximetry Study are required for Clients who are renewing their funding following the 60-day funding period.

The Regulated Health Professional must perform the Oximetry Study within the 10-day re-assessment period. Day one (1) of the 10-day re-assessment period begins on the expiry date of the 60-day funding period.

If the Prescriber's prescription date is prior to the 10-day re-assessment period, ADP will not accept the test results.

The Oximetry Study must demonstrate that the Client continues to meet the Medical Eligibility Criteria (see **335**)

415 Arterial Blood Gas (ABG) Test

If requested by ADP, the Vendor must provide a hard copy of the ABG laboratory report to confirm the test results written on the Application form.

ADP **does not accept** capillary gases as a method of determining if the Applicant meets the Medical Eligibility Criteria.

ADP **does not accept** ABG tests analyzed in the Applicant's home, using a portable blood gas analyzer.

415.01 Applicants in Northern Ontario

Applicants in northern Ontario, residing hundred (100) km or more from a licensed ABG testing facility, are exempt from ABG testing.

For these Applicants, ADP will accept an Oximetry Study that demonstrates the Applicant meets the Medical Eligibility Criteria, if the Oximetry Study is performed within the time allowed for ABG testing.

The Application form completed by the Prescriber or the Respiratory Therapists, should include a statement that ABG testing facilities are not accessible.

This exception is available to individuals living in rural northern Ontario whose postal code begins with the first alpha character of "P" and the first numeric code of "0".

415.02 Infectious Disease Outbreak in Long-Term Care Homes (LTCH)

First time Applicants who reside in a LTCH are exempt from ABG testing, if the LTCH has restricted resident movement to and from the LTCH due to an infectious disease outbreak.

For these Applicants, ADP will accept an Oximetry Study:

1. if the Oximetry Study demonstrates the Applicant meets the Medical Eligibility Criteria and is performed within the assessment period allowed for ABG testing (**see 410.01**); and

2. the Prescriber has indicated on the Application form, that an Oximetry Study is provided because the Applicant cannot leave the LTCH due to an infectious disease outbreak.

420 Oximetry Studies

420.01 Steady State Oximetry Study

When Oximetry Studies are used to confirm Medical Eligibility Criteria, Prescribers are required to submit an original printout of the Oximetry Study to the Vendor to be kept on file.

For daytime Resting Oximetry Studies, each printout must record at least five (5) **continuous** minutes of **room air at rest** monitoring and must indicate at least two (2) continuous minutes of sustained Desaturation during the five (5) minutes of **room air at rest** Oximetry Study.

Improvement of the Applicant's condition with the use of oxygen must also be documented.

When using Oximetry Studies as a guideline, it is important to note that oximetry values can deviate from ABG results.

When results are questionable or inconsistent on an Oximetry Study, then an ABG sample is considered more accurate and preferable.

420.02 Minimal Requirements for Oximetry Studies Performed on Room Air

The Regulated Health Professional must perform a baseline Oximetry Study

at rest before the professional performs an Exertional study.

Whenever possible, the Regulated Health Professional must perform the study with the individual breathing room air.

The Regulated Health Professional should not perform room air studies immediately following discontinuation of supplemental oxygen. At the time of the study, the Regulated Health Professional must provide a suitable interval to allow for stabilization of the oxygen saturation before the room air study is started.

If the Regulated Health Professional must discontinue the Oximetry Study before obtaining two (2) minutes of consistent **room air at rest** Desaturation, the Regulated Health Professional may, in consultation with the Prescriber, submit the results with an explanation of the circumstances.

420.03 Minimal Requirements for Oximetry Printouts Performed with Supplemental Oxygen

In some exceptional circumstances, the removal of supplemental oxygen to perform an Oximetry Study may be contraindicated.

The Regulated Health Professional may, in consultation with the Prescriber, perform the Oximetry Study and indicate the oxygen flow rate used during the study on the printout.

In some cases, individuals may require testing in a controlled environment, for example, a laboratory setting.

ADP does not intend that the requirement for Oximetry Studies jeopardize the well-being of Applicants. The Regulated Health Professional performing an Oximetry Study should discuss all concerns regarding the Applicant's condition with the Physician. Regulated Health Professionals should perform an Oximetry Study as part of an overall respiratory assessment.

420.04 Procedure for Submitting Oximetry Printouts

With the new electronic submissions, the ADP no longer requires the original Oximetry Studies. The Oximetry Studies must be submitted to the Vendor to keep on file.

The ADP reserves the right to ask to see the Oximetry Studies at any time to confirm Client eligibility.

The Oximetry Study must contain the following:

1. the name of the Applicant;
2. date and time the Oximetry Study was performed;
3. name and professional designation of the Regulated Health Professional performing the Oximetry Study; and
4. signature of the Regulated Health Professional.

Only Regulated Health Professionals holding valid certificates with a regulatory college specified by the *Regulated Health Professions Act, 1991* (RHPA), who have assessment skills within their scope of practice, may perform Oximetry Studies submitted to ADP.

In instances where an "unregulated" health care worker performs an Oximetry Study, i.e., Pulmonary Function Technologists, the person performing the Oximetry Study must sign and date the strip.

The strip must also be co-signed and dated by a Regulated Health Professional, for example a Physician, a RRT or a RN.

The Regulated Health Professional must submit the Oximetry Study intact.

If in the opinion of ADP, the Oximetry Study has been cut and pasted, ADP will require a repeat Oximetry Study.

420.05 Exception for Public Hospitals and Health Facilities

When the Oximetry Study is performed in Hospital, a copy of the study is acceptable. The *Public Hospitals Act* requires that the Hospital retain the original study. The name of the facility retaining the original records must be noted on the copy. Health Facilities must also follow the same procedure.

Funding Periods

5

Part 5: Funding Periods

500 Funding Periods: Long-Term Oxygen Therapy for Resting Hypoxemia

The designated funding periods for Home Oxygen Therapy for Resting Hypoxemia are:

1. an initial 90-day funding period; and
2. 9-month funding period.

500.01 90-day funding for Resting Hypoxemia

On receipt and approval of a fully completed Application form, the Client will receive funding for ninety (90) days.

First Time Applicants

A first time Applicant means the Applicant is requesting funding for the first time, after a gap in funding of greater than 90 days or after a Prescriber has discontinued Home Oxygen Therapy.

Complete the **Application** form.

ADP will base day one (1) of the 90-day funding period on the date the Vendor initiated Home Oxygen Therapy, unless the Vendor initiated Home Oxygen Therapy prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base day one (1) of the 90-day funding period on the

Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

If Client previously was funded for Short-Term Oxygen Therapy or Oxygen Therapy for Palliative Care

Complete the **Application** form and apply for Long-Term Oxygen Therapy for Resting Hypoxemia**.**

ADP will base day one (1) of the 90-day funding period on the expiry date of the previous funding period.

Medical Eligibility criteria for Resting Hypoxemia must be met (**see 315**)

500.02 9-month Funding Period for Resting Hypoxemia

Complete **Application** form**.**

On receipt and approval of a fully completed Application form that follows a previous 90-day funding period the Client will continue to receive funding.

ADP will base day one (1) of the Long-Term funding period on the expiry date of the previous 90-day funding period.

505 Funding Periods: Long-Term Oxygen Therapy for Exertional Hypoxemia

Complete the **Application** form.

On receipt and approval of a fully completed Application form, the Client will receive funding.

ADP will base day one (1) of the Long-Term funding for Exertional Hypoxemia on the date the Vendor initiated Home Oxygen Therapy, unless the date the

Vendor initiated Home Oxygen Therapy is prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base day one (1) of the Long-Term funding for Exertional Hypoxemia on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

If Client previously was funded for Short-Term Oxygen Therapy or Oxygen Therapy for Palliative Care

Complete the **Application** form and apply for Long-Term Oxygen Therapy for Exertional Hypoxemia**.**

ADP will base day one (1) of the Long-Term funding on the expiry date of the previous funding period.

Medical Eligibility criteria for Exertional Hypoxemia must be met (**see 320**).

510 Funding Period: Long-Term Oxygen Therapy for Children

Complete the **Application** form.

On receipt and approval of a fully completed Application form, the Client will receive funding.

ADP will base day one (1) of the funding period on the date the Vendor initiated Home Oxygen Therapy, unless the Vendor initiated Home Oxygen Therapy is prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base day one (1) of the funding period on the Prescriber's prescription date or the Registered Respiratory Therapist's

authorization date.

515 Annual Re-assessment for Long-Term funding for Resting Hypoxemia, Exertional Hypoxemia and children requiring Home Oxygen Therapy.

The Prescriber must re-assess the Client's continued need for Home Oxygen Therapy annually.

If based on the re-assessment, the Prescriber determines that Home Oxygen Therapy is still required the Prescriber must provide the Vendor with an updated written prescription to continue Home Oxygen Therapy.

If based on the re-assessment, the Prescriber determines that Home Oxygen Therapy is no longer required the Prescriber must provide the Vendor with appropriate documentation to discontinue Home Oxygen Therapy.

The Vendor must retain a copy of the updated prescription or documentation to discontinue Oxygen Therapy in their Client's file.

520 Funding Period: Oxygen Therapy for Palliative Care

Complete the **Application** form.

On receipt and approval of a fully completed Application form, the Client will receive funding for ninety (90) days.

For Applicants requesting funding for the first time, ADP will base day one (1)

of the 90-day funding period on the date the Vendor initiated Home Oxygen Therapy, unless the Vendor initiated Home Oxygen Therapy prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base day one (1) of the 90-day funding period on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

525 Funding Periods: Short-Term Oxygen Therapy

The designated funding periods for Short-Term oxygen therapy are:

1. 60-day funding period; and
2. 30-day funding period.

525.01 60-Day Funding Period

Complete the **Application** form.

On receipt and approval of a fully completed Application form, the Client will receive funding for sixty (60) days.

ADP will base day one (1) of the 60-day funding period on the date the Vendor initiated Home Oxygen Therapy, unless the Vendor initiated Home Oxygen Therapy prior to the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

In that case, ADP will base day one (1) of the 60-day funding period on the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

At the end of the initial 60-day funding period, a Client who continues to meet the Medical Eligibility Criteria can apply for one of the following:

1. 30-day funding period for Short-Term oxygen therapy if the Client meets medical eligibility criteria
2. Long-Term oxygen therapy for Resting Hypoxemia if the Client meets medical eligibility criteria); or
3. Long-Term oxygen therapy for Exertional Hypoxemia if the Client meets medical eligibility criteria).

525.02 30-Day Funding Period

Complete the **Application** form**.**

On receipt and approval of a fully completed Application form, the Client will receive funding for thirty (30) days.

ADP will base day one (1) of the 30-day funding period on the expiry date of the previous (60-day) funding period.

530 Designated Re-assessment Period

530.01 At the end of each designated funding period, the Client must be re-assessed to determine if the individual continues to meet the Medical Eligibility Criteria.

530.02 The designated re-assessment periods are:

Funding Period Ending	Re-assessment Period
90-day funding period (Long	45-day re-assessment period

Funding Period Ending	Re-assessment Period
Term oxygen therapy for Resting Hypoxemia)	
90-day funding period (Palliative)	30-day re-assessment period
60-day funding period (Short-Term oxygen therapy)	10-day re-assessment period
30-day funding period for (Short-Term oxygen therapy)	10-day re-assessment period

535 Discontinuation of Home Oxygen Therapy

535.01 Notification of Discontinuation of Home Oxygen Therapy

If the Prescriber discontinues Home Oxygen Therapy, the Vendor will notify ADP using the electronic update submission process.

535.02 Effective Date

ADP will base the effective date for the discontinuation of Home Oxygen Therapy on the Prescriber's prescription date for discontinuation.

Funding and Payment

6

Part 6: Funding and Payment

600 Funding Amount for ADP Clients

ADP reimburses the Vendor for providing Home Oxygen Therapy by:

- **Set up**: one time compensation per Client to Vendors for the set-up and removal of an Oxygen Delivery System for the Client.
- **Daily rate:** which compensates Vendors for the ongoing provision of an Oxygen Delivery System to Clients.
- **Cylinder rate:** which compensates Vendors for the provision of cylinders for Clients who require the primary method of delivery of Home Oxygen Therapy in the form of a cylinder.

605 Eligibility for 100 Percent Funding

ADP will pay 100 percent of the daily reimbursement rate and set up fee if the Client is:

1. 65 years of age or over; or
2. 64 years of age or younger and meets one of the following criteria:
    - is a resident of a Long-Term Care Home;
    - is receiving social assistance through Ontario Works, Ontario Disability Support Program or Assistance to Children with Severe Disabilities; or
    - is receiving professional services through the HCCSS.

610 Eligibility for 75 Percent Funding

ADP will pay 75 percent of the daily reimbursement rate and set up fee if the Client is 64 years of age or younger and does not meet one of the criteria listed above.

615 Re-assessment Carried Out After the Designated Re-assessment Period

615.01 At the end of each designated funding period, the Client must be re-assessed to determine if the individual continues to meet the Medical Eligibility Criteria.

If the re-assessment is carried out after the designated re- assessment period, there will be a gap in funding.

615.02 90-days to 9-month funding for Resting Hypoxemia

For the 45-day re-assessment period, following a 90-day funding period for Resting Hypoxemia, ADP will use the date of the Oximetry Study to determine if the re-assessment was carried out within the designated re-assessment period.

If the date the Vendor carried out the Oximetry Study is **more than 90 days** from the end date of the previous funding period, ADP will consider this an Applicant applying for the first-time and ABG results will be required.

Complete the **Application** form. Upon approval, ADP will provide funding for 90 days. ADP will base day one (1) of the 90-day funding on the Prescriber's prescription date.

If the date of the Oximetry Study is outside the designated re-assessment

period but **less than or equal to 90 days** from the end date of the previous funding period, ADP will consider the Application form a 9-month funding application.

Complete the **Application** form**.** Upon approval, there will be a gap in funding.

615.03 30-day Reassessment Period Following a Palliative Funding Period

For the 30-day re-assessment period, following a Palliative funding period (90-days), ADP will use the Prescriber's prescription date to determine if the re-assessment was carried out within the designated re-assessment period.

If the Prescriber's prescription date is **more than 90 days** from the end date of the previous funding period, ADP will consider this an Applicant applying for the first time and ABG results will be required.

Complete the **Application** form. Upon approval, ADP will provide funding for 90 days. ADP will base day one (1) of the 90-day funding on the Prescriber's prescription date.

If the Prescriber's prescription date is outside the designated re-assessment period but **less than or equal to 90 days** from the end date of the previous funding period, ADP will consider the Application form a 9-month funding application.

Complete the **Application** form and ensure that the medical eligibility criteria are met**.** Upon approval, there will be a gap in funding.

615.04 10-day Re-assessment Period Following Short-Term Oxygen Therapy

For the 10-day re-assessment period, following a 60-day or 30-day funding period, ADP will use the Prescriber's prescription date to determine if the re-assessment was carried out with the designated re-assessment period.

620 Hospitalization

620.01 Hospital Admission

The Vendor must notify ADP when:

1. a Client, receiving funding for Long-Term oxygen therapy or Short-Term oxygen therapy, is admitted to an acute care Hospital for 15 days or more (ADP does not provide funding during Hospital admissions that are greater than fifteen (15) days); or

2. a Client, receiving funding for oxygen therapy for Palliative Care, is admitted to an acute care Hospital regardless of the length of stay (ADP does not provide funding during a Hospital admission).

620.02 Hospital Discharge

The Vendor must notify ADP when the Client is discharged from the Hospital.

620.03 If due to Hospitalization, funding is suspended for greater than 90 days from the end date of the previous funding period, ADP will consider this an Applicant applying for the first time and ABG results will be required.

Complete the **Application** form.

Upon approval, ADP will provide funding for 90 days. ADP will base day one (1) of the 90-day funding on the Prescriber's prescription date.

625 Prescriber Discontinues Home Oxygen Therapy

If Home Oxygen Therapy is resumed following Home Oxygen Therapy being discontinued by a Prescriber, a new Application form is required.

ADP will consider the Application form an initial application and ABG results will be required.

630 Stale-dated Policy

Application is stale-dated when ADP receives the Application form more than six (6) months after the Prescriber's prescription date or the Registered Respiratory Therapist's authorization date.

ADP will not process an Application form, for the purpose of confirming the Applicant's eligibility for funding, if the Application form is stale-dated.

635 Change in Vendor

Clients have the right to change their Vendor if the original Vendor is not meeting their needs.

When a change occurs, the Client and the new Vendor must complete the Request for Change in Vendor form. Once received and processed by the ADP the new vendor can begin billing on the first day of the next billing cycle. The Program will notify the new Vendor of the appropriate claim details and notify the old Vendor of the Client's intention to change to a new Vendor in the Vendor Report.

When a Client changes their Vendor, the Client is responsible for arranging for pick-up of the equipment belonging and being returned to the old Vendor. The Client may delegate this task to their new Vendor.

Funding will only be provided for one Vendor at a time and cannot be provided simultaneously to two different Vendors.

If there is a change of Vendor while a Client is receiving home oxygen

therapy, only the first Vendor can invoice for the set-up fee. Vendors are to work with one another on coordinating invoicing and billing to the Ministry to ensure each Vendor receives appropriate funding with no interruptions to Client services.

There is to be no cost to the Client for changing Vendors.

640 Request for a Change in Oxygen Delivery System

When a change in modality occurs, for example from cylinders only to a concentrator and cylinders, the Vendor must notify ADP, using the electronic update submission process.

Supporting documentation from the Prescriber may be required.

ADP may deny a request for a more costly system if a less expensive system will meet the Client's clinical needs.

If approved, ADP will notify the Vendor of the effective date of the change on the Status of Application Report.

The Vendor must not charge the Client or ADP more than the Approved Price. The Vendor may charge less.

ADP does not backdate requests.

645 Update of Client Data

The Vendor must notify ADP, using the electronic update submission process, of any change to the Client data.

Changes in Client data include the following:

1. change in Oxygen Delivery System;
2. change in benefit coverage;
3. admission to a Hospital;
4. discharge from Hospital;
5. discontinuation of Home Oxygen Therapy; and
6. date of death.

The Vendor must inform ADP of a change of Client address by email to adpvendors@ontario.ca.

Invoicing Procedures

7

Part 7: Invoicing Procedures

700 Invoice Processing

Refer to the ADP Manual, Part 9, Invoice Processing and Payment for details.

705 ADP Processing Errors

In the event that the ADP identifies a processing error following payment of an invoice, ADP will cooperate with the Vendor and the Client to make the necessary changes.

The Vendor must notify ADP in writing of the error(s), along with a request for ADP to amend the approval.

710 Set-Up Fees

ADP provides **one** (1) funding per Client for initial set up fees for Long-Term oxygen therapy for Resting Hypoxemia, Long-Term oxygen therapy for Exertional Hypoxemia, Long-Term oxygen therapy for children, Palliative Care, and Short-Term Oxygen Delivery System set-ups.

ADP Approved Prices can be invoiced by the Vendor following the set up in the Client's home.

Set-up fees apply at the initiation of services. If a Client has previously had Home Oxygen Therapy but it has been discontinued for more than 12 months the Vendor can invoice for a new set-up fee.

715 Long-Term Oxygen Therapy (Resting and Exertional) / Children Funding Invoicing Procedures

ADP provides funding based on the daily rate Approved Price, when the Vendor provides equipment and services to the Client. The Vendor can bill for the number of days the service was provided.

720 Palliative Care Invoicing Procedures

ADP provides funding based on the daily rate Approved Price, approved as of the start date of the 90-day funding period, for the number of days of actual service.

If a Client changes Vendors and two Vendors (or more) have provided service, each Vendor must bill the daily rate for the total number of days each Vendor provided the service.

In this instance, ADP will allow the Vendors to submit more than one (1) invoice for the Client.

There will be a set-up fee for the initiation of Palliative oxygen. If there is a change in Vendor during the approved funding period, the Vendors need to reach a financial agreement regarding the set-up fee. A secondary set-up fee will NOT be provided by ADP.

725 Short-Term Oxygen Therapy Invoicing Procedures

ADP provides funding based on the daily rate Approved Price, approved as of

the start date of the 60-day or 30-day funding period, for the number of days of actual service.

The Vendor may submit one (1) invoice for the 60-day funding period and one (1) invoice for the 30-day funding period.

If the Client is hospitalized or therapy is discontinued, the Vendor will use the electronic update submission process to notify ADP.

If a Client changes Vendors and two Vendors (or more) have provided service, each Vendor must bill the daily rate for the total number of days each Vendor provided the service.

In this instance, ADP will allow the Vendors to submit more than one (1) invoice.

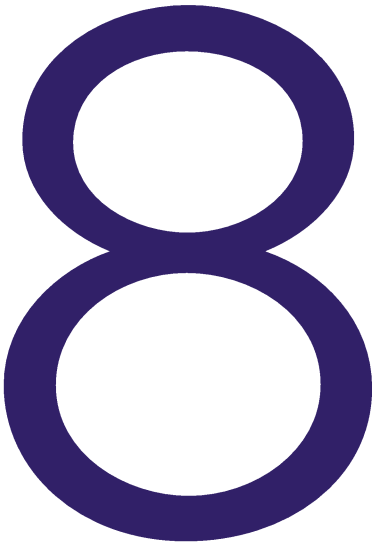
There will be a set-up fee for the initiation of Short-Term oxygen. If there is a change in Vendor during the approved funding period the Vendors need to reach a financial agreement regarding the set-up fee. A secondary set-up fee will NOT be provided by ADP.

730 Northern and Southern Designation

ADP will reimburse Vendors who provide service in northern Ontario at a higher set-up and daily rate than Vendors who provide service in southern Ontario.

The Vendor is entitled to the higher reimbursement rate for services provided in northern Ontario only when both the Vendor and the Client have a postal code beginning with the letter “P”.

Vendors for Home Oxygen Therapy



Part 8: Vendors

800 Vendor Status

The ADP must register a person or an entity as a Vendor if the person or entity wishes to submit a request for funding for Home Oxygen Therapy.

800.01 Registration Period

A new registration period will be effective April 1, 2024. This will be an open registration period meaning that any Vendor wishing to enter into a Vendor Agreement to deliver Home Oxygen Services can do so at any time.

Any Vendor wishing to terminate a Vendor Agreement must provide ADP written confirmation at least thirty (30) days prior to the intended termination date of the Vendor Agreement.

New Vendors will need to complete the Vendor application form and ensure they meet all the criteria which can be found on the ADP website at Register as an authorizer or vendor with the Assistive Device Program | Assistive Devices Program for health care professionals | ontario.ca

800.02 Additional Locations

To register additional locations, the Vendor must submit:

1. an application Form;
2. documentation confirming that the new location has the required insurance coverage;
3. list of Regulated Health Professionals operating from the new location;

and

4. a list of Preferred Vendor Agreements entered into by the new location.

The registration of new locations is at the sole discretion of ADP.

805 Joint Ventures: Vendors Sharing Proceeds with Hospitals

805.01 As of April 1, 2024, Vendors in any existing and new Joint Ventures will be allowed to register with ADP.

Joint Venture Agreements must be provided to the ADP as part registration.

805.02 The Vendor in a Joint Venture must;

- provide the Applicant with a list of Vendors located in the Applicant's community, along with the Vendor's contact information; and
- inform the Applicant that they are allowed to select a Vendor or continue with their current Vendor regardless of the business relationship between the Joint Venture;

810 Preferred Vendor Agreement

Preferred Vendor Agreements must be provided to the ADP as part registration.

The Preferred Vendor must:

- provide the Applicant with a list of Vendors located in the Applicant's community, along with the Vendor's contact information; and

- inform the Applicant that they are allowed to select a Vendor or continue with their current Vendor regardless of the business relationship between the Preferred Vendor;

The Preferred Vendor does not pay any fee or amount to the Hospital or Long-Term Care Home.

815 General Vendor Policies

Vendors can find detailed information in the ADP Manual about Vendor registration, and policies and procedures on the following:

1. Part 4, General Authorizer and Vendor Policies;
2. Part 6, Vendors;
3. Part 7, Personal Health Information; and
4. Part 9, Invoice Processing and Payment.

Note in Particular:

1. Policy 405, Conflict of Interest;
2. Policy 415, Advertising;
3. Policy 615, Relationships of Hospitals and Vendors;
4. Policy 620, Vendors Sharing Proceeds with Long-Term Care Homes;
5. Policy 640, Informing Persons of the Program;
6. Policy 660, Refusal to Supply for Safety Reasons;
7. Policy 700, Protection of Personal and Personal Health Information; and
8. Policy 905, Rebates.

The ADP Manual is available at:

Policies, procedures, administration, and product manuals for the Assistive Devices Program | Assistive Devices Program for health care professionals | ontario.ca

820 Client Safety and Education

It is the responsibility of the Prescriber to initiate or change therapy, to ensure that all Clients are educated in the use of Home Oxygen Therapy, and to oversee the effectiveness of Home Oxygen Therapy.

To prevent possible medical/operational risks due to improper use of Home Oxygen Therapy, the Vendor must conduct regular Client follow- up.

The Vendor must:

1. inform the Client of the safety related hazards associated with Home Oxygen Therapy;
2. establish the smoking status of the Client and all members of the household before the Vendor provides Home Oxygen Therapy; and
3. post "No Smoking" signs in the appropriate areas of the Client's residence.

The Prescriber and Regulated Health Professional should inform these individuals that smoking is not only a health hazard but is also a serious fire hazard.

Smoking is not allowed in the same room as the Client on oxygen or where oxygen tanks are stored.

Where municipal by-laws indicate, the Client or the Vendor must notify the

local fire department that the Client is using Home Oxygen Therapy.

The Vendor must observe all federal and provincial standards when transporting or handling hazardous materials.

825 Staff Training and Education Program

Vendors will have in place a Staff Training and Education Program that includes the following.

1. All staff involved in the transportation and storage of hazardous materials will receive the appropriate training to ensure compliance with provincial and federal regulations.

2. All staff who has contact with Clients will receive appropriate training on identifying risk, the policies and procedures of ADP, and maintaining up to date and accurate Client files. ADP defines contact as any communication by phone, in person or in writing.

3. All staff with in-person contact with Clients or with the Client's equipment will receive appropriate training in the prevention and control of infection.

830 Infection Prevention and Control

Vendors will have written policies and procedures for infection prevention and control.

The policies and procedures will adhere to all provincial and federal guidelines for infection prevention and control.

Vendors will ensure that all staff are trained and educated in the policies and

procedures for infection prevention and control.

Vendors will ensure that along with appropriate training and education the staff demonstrate competency.

Vendors will ensure that all staff receive updated training on these policies and procedures and continue to demonstrate competency every 2 years.

835 Client Record Keeping

Vendors will maintain and update Client files. Each Client file will contain the following documentation.

1. A copy of the prescription from the Prescriber for Home Oxygen Therapy, including any changes to the prescription.

2. A copy of the appropriate documentation to discontinue Home Oxygen Therapy, if applicable.

3. The appropriate documentation that confirms the specific medical risk to the procurement of ABGs, if applicable. This may include a letter of support from the Prescriber or a copy of the Client's medical records that document the medical risks.

4. The required correspondence and/or documentation if Home Oxygen Therapy is discontinued without a Prescriber's documentation due to any of the following:

    - an unsafe environment;
    - Client refuses therapy; or
    - Client no longer meets the Medical Eligibility Criteria and is refusing to reimburse the Vendor for equipment and services provided.

5. A copy of all Application forms, including all supporting documentation that accompanies the Application form and a copy of the Oximetry Study, if applicable.

6. A copy of the Independent Exercise Assessment, if applicable.

7. A written record of all Client visits by the Regulated Health Professional. This will include any supporting documentation associated with the visit such as Oximetry Studies, progress notes, Client care plans.

8. A Record of any incident reports, if applicable.

9. A record of all Client complaints and the resolution, if applicable.

The Client file will also contain the following information unless the Vendor has developed an alternative system that allows for the easy retrieval of client information and ADP has approved the alternative system:

1. all signed Proof of Delivery Statements;

2. a repair and maintenance record for the Oxygen Delivery System using equipment serial numbers; and

3. record of any Oxygen Delivery System removed from the Client's home due to routine maintenance or repairs.

840 Staff Screening

Employees of a Vendor who provide service in the home of Clients will undergo a Vulnerable Sector Screening every five years, subject to applicable laws, including the *Police Record Checks Reform Act, 2015.*

845 Accountability

ADP may at any time request documentation to confirm that the Vendor is providing Home Oxygen Therapy:

1. in accordance with the terms and conditions of the Vendor Agreement and the Manuals; and

2. in compliance with all federal and provincial laws and regulations, all municipal by-laws, and any other orders, rules and by-laws related to Home Oxygen Therapy.

This may include complete Client files and/or any other documentation that ADP considers relevant.

850 Sub-Contracting

The Vendor should have the necessary personnel, equipment, and other resources, without having to sub-contract, assign, or enter into a joint venture with any other person, business or health facility.

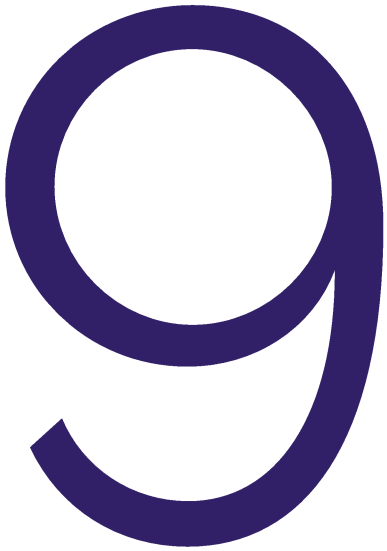
A Vendor either considering, or who has entered into sub-contracting, partnerships must inform ADP Registration Unit, in writing, of the circumstances, financial arrangements and names of the business, health facility and persons involved.

ADP will review the information provided and in some circumstances, may approve the arrangement (e.g., in remote areas of the province where accessibility is difficult).

When an individual is traveling outside the primary service area (e.g., vacation) or where there is an unexpected event (e.g., delivery truck breaks down) that results in having to make alternate arrangements quickly, prior written

consent for sub-contracting from ADP is not necessary.

Key Performance Indicators



Part 9: Key Performance Indicators

900 Introduction of Key Performance Indicators

900.01 The ADP is introducing Key Performance Indicators (KPIs) as part of the strategy to improve the program and services provided by Vendors to Clients.

These KPIs are outcome focused, concrete, measurable and can determine service compliance/quality and Client experience.

Metrics measuring a Vendor's performance on the KPIs are to be completed by Vendors annually due on June 30th each year after fiscal year end (April 1 20XX-March 31, 20XX) in accordance with the template set out at section **910.01.**

ADP reserves the right to adjust or change KPIs at any time through updates to the Policy and Administration Manual.

905 Goal for KPIs

905.01 To include quantifiable measures that can be used to evaluate the success of the ADPfor the Client, ADP-Registered Vendor, Prescriber and the Ministry.

To standardize performance metrics for the ADP.

910 New Key Performance Indicators

910.01

NAME OF ADP-Registered VENDOR: _____

Key Performance Indicator Template

Reporting Period April 1, 20__ - March 31, 20__

TO BE SUBMITTED BY JUNE 30 EACH YEAR (starting June 30, 2025)

Number of Assistive Devices Program Clients for fiscal year (April 1 – March 31)

Part A:

Total number of clients (ACTIVE)	
Total number of new Clients in fiscal year	
Total number of people who were Clients but are no longer receiving funding for the fiscal year.	

Client satisfaction for fiscal year (April 1 – March 31)

Part B:

Client choice – Percentage of clients that confirm they received choice of vendor.	
Service satisfaction – Percentage of clients that are satisfied with the	

vendor services provided.	

Service Compliance for fiscal year (April 1 – March 31)

Part C:

Initial set up – Percentage of Clients that were seen within 3 (Southern) of 10 (Northern) business days from date the ADP-Registered Vendor initiated Home Oxygen Therapy in the Client's home **(See section 115.04)**	
Number of Clients who utilized the 24hr emergency service in the fiscal year **(See section 115.08)**	
Percentage of Clients that were seen in their home within 3 hours if the concern could not be solved over the phone – unless Client agrees that a visit is not necessary **(See section 115.08)**	
Staff training – Percentage of staff that have received appropriate training in the operation and safe handling of Oxygen Delivery Systems **(See section 825)**	

Equipment and Maintenance Inventory for fiscal year (April 1 – March 31)

Part D:

Number of maintenance and repair of Oxygen Delivery Systems required.	
Number of replacement devices of defective equipment.	

Contact Information

10

Part 10: Contact Information

1000 Program Addresses

1000.01 Assistive Devices Program

Assistive Devices Program
Ministry of Health
5700 Yonge Street, 7th Floor
Toronto, Ontario M2M 4K5

Email: adpvendors@ontario.ca

Telephone: Toronto area (416) 327-8804
Toll free: 1-800-268-6021
TTY: 1-800-387-5559
Fax: (416) 327-8192

Public Website:
https://www.ontario.ca/page/assistive-devices-program

Health Professionals Website:
https://www.ontario.ca/document/assistive-devices-program-health-care-professionals

1000.02 Financial Management Branch

Ministry of Health
Financial Management Branch, Program Payments Unit
P.O. Box 48
49 Place d'Armes, 3rd Floor
Kingston Ontario K7L 5J3

Telephone: In Kingston (613) 548-6477
Toll free: 1-800-267-9458
Fax: (613) 547-1963