

Executive Officer Notice: Update to Home Care Eligibility under the Ontario Drug Benefit Program

Effective May 1, 2022

Overview:

On May 1, 2022, the *Home Care and Community Services Act, 1994* (HCCSA) will be repealed. From that date onward, the *Connecting Care Act, 2019* (CCA) and the Home and Community Care Services Regulation (O. Reg. 187/22) under that Act will be the new legal framework for home and community care services provided by Home and Community Care Support Services organizations (formerly known as local health integration networks, or LHINs) and by health service providers¹ or Ontario Health Teams (OHTs) funded by Ontario Health (OH) to provide those services.

In addition, because HCCSA is being repealed, the Ministry of Health will be transitioning the direct funding agreements it now holds with First Nations communities for home and community care services under HCCSA. After May 1st, those agreements will be under the *Ministry of Health and Long-Term Care Act*.

In alignment with these changes, O. Reg. 201/96 under the *Ontario Drug Benefit Act* (ODBA) has been amended effective May 1, 2022, regarding eligibility for the Ontario Drug Benefit (ODB) program. These amendments:

- carry forward current ODB eligibility under the outgoing legislative framework of persons receiving home and community care services that are professional services from an approved agency under HCCSA, by updating the language of O. Reg. 201/96 to reflect the incoming legislative regime (e.g., to refer to ‘health service providers’ instead of ‘approved agencies’)
- extend ODB eligibility to persons who are receiving substantially equivalent services under a funding agreement between the Ministry of Health and an Indigenous organization under the *Ministry of Health and Long-Term Care Act* (MOHLTCA).

¹ The term “health service providers” or “HSP” includes LHINs. LHINs may also be known as Home and Community Care Support Services organizations.

Separately, the incoming Home and Community Care Services Regulation under the CCA includes an exemption from a requirement that a person be insured under the *Health Insurance Act* to be eligible for home and community care services that are professional services, if the person:

- a) is in the last stages of life;
- b) is living in Ontario;
- c) immediately before living in Ontario was a resident of another province or territory of Canada and was an insured person under the publicly funded health care insurance plan of that province or territory; and
- d) has submitted an application to the General Manager under the *Health Insurance Act* to establish their entitlement to be an insured person under that Act, in accordance with the regulations under that Act.²

What this means:

These changes mean that starting on May 1, 2022, individuals who receive home and community care services that are professional services from a health service provider or Ontario Health Team, or who receive substantially equivalent services from an Indigenous organization funded by the Ministry of Health, will be eligible for benefits under the ODB program, and this includes individuals who have moved to Ontario from another province/territory and are receiving home and community care services that are professional services as part of their end-of-life care even if they do not have [OHIP coverage](#).

There is no change in process for individuals claiming coverage as recipients of professional services from a health service provider or an approved agency. These patients will continue to be identified as ODB-eligible in the Health Network System (HNS).

Please see below the process for claims submission for Home Care recipients receiving professional services as part of their end-of-life care who recently moved to Ontario from

² This incoming provision is an example of a 'Dan's Law' provision, named after an Alberta resident (Dan Duma) who moved back to Ontario to spend his final days in Ontario. While he wanted to receive end-of-life care in his family's home, he was ineligible for home care during the inter-provincial waiting period at that time. A private member's bill (Bill 73, Home Care and Community Services Amendment Act (Dan's Law), 2019) proposed to provide out-of-province patients moving to Ontario with immediate access to community services under HCCSA.

another province/territory or from an Indigenous organization but do not have an OHIP number.

Eligibility

Please refer to Section 4.1 in the [Ontario Drug Programs Reference Manual](#) (the “Manual”) for further details on Eligibility for Home Care which will be updated to reflect the changes.

How these Home Care recipients are identified:

Recipients may present a Drug Benefit Eligibility Card valid for the date of service or the health service provider (HSP) or Ontario Health Team (OHT) will fax a notification indicating eligible recipients and the effective dates of service directly to the pharmacy.

Claims Submission

The claims submission process remains the same for Home Care recipients except for the scenarios outlined below for those receiving end-of-life care who recently moved from another province/territory and Indigenous recipients who do not have OHIP coverage but are eligible for ODB as of May 1, 2022. Please refer to Section 5.1 in the Manual for details on how to submit a standard online claim.

Required claim information for this group of Home Care recipients:

- If the recipient recently moved from another province/territory, does not have OHIP coverage and is receiving end-of-life professional home care services:
 - Enter the temporary eligibility number (begins with ‘08’) from the Drug Benefit Eligibility Card or notification in the Client ID # field
- If the recipient is receiving professional home care services from an Indigenous organization:
 - For recipients who do not have a Health Card, enter the eligibility number (begins with ‘08’) from the Drug Benefit Eligibility Card or notification in the Client ID # field; OR
 - For recipients with a Health Card, enter the Health Card number in the Client ID # field and include the version code if embossed on the Health Card
- If the eligibility number that begins with ‘08’ is rejected (in the event the HNS hasn’t been updated with recipient’s Home Care coverage), the pharmacy may establish eligibility by entering the following:
 - Carrier ID / Plan Code “P”

- Date of Birth
- Gender
- “ML” intervention code (standard override)*
- Pharmacist ID

The “ML” intervention code will establish 30 days temporary eligibility in the HNS for the eligible Home Care recipients.

***Note:** Do not use the “MK” intervention code for recipients with an eligibility number that begins with ‘08’. Using “MK” will result in the claim being rejected with the response codes “C8” (no record of beneficiary) and “65” (intervention/exception code error).

Please refer to Section 4.2 Policy for Establishing Payment Eligibility of the Manual for more information.

Co-payments for all home care recipients (up to \$2 co-payment for those 25 years of age and older and no co-payment for those 24 years of age and under) remain the same.

Documentation Requirements:

For claim validation purposes, pharmacies are required to maintain supporting documentation that verifies a person’s eligibility for the Retention Period defined in the Manual. The supporting documentation that must be obtained and maintained is specific to the type of eligible person. For example, for Home Care recipients, a copy of the Drug Benefit Eligibility Card or fax notification valid for the date of service must be retained.

Additional Information:**For pharmacies:**

Please call ODB Pharmacy Help Desk at: 1-800-668-6641

For all other Health Care Providers and the Public:

Please call ServiceOntario, Infoline at 1-866-532-3161 TTY 1-800-387-5559. In Toronto, TTY 416-327-4282