

**Ministry of Long-Term Care  
Long-Term Care Operations Division**

**High Intensity Needs Fund Policy Manual  
For Long-Term Care Homes**

December 2021

High Intensity Needs Fund Manual

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## **1 HINF Program Objectives**

The objective of the High Intensity Needs Fund (HINF) is to help to prevent unnecessary admissions to hospitals, and to enable the discharge of patients from hospitals to long- term care (LTC) homes, by supporting licensees and approved operators of LTC homes in accordance with terms of this HINF Policy Manual (manual). The HINF program funds the extraordinary treatment costs of residents with acute or intensive service needs that can be addressed by funding assistance for one or more of the claims categories outlined below, and further defined in section 3.0 of this manual.

### **1.1 HINF Program Refinements**

#### **1. Revised HINF Claim Form**

Homes are required to confirm compliance throughout the year on each HINF claim workbook form to confirm that the claim is in compliance with the program guidelines. This requirement will come into effect December 1<sup>st</sup>, 2021, when all homes submitting a HINF Claim Workbook are required to use the revised HINF Claim Workbook. The HINF Claim Workbook will continue to be submitted via email to the MOH-G-HighIntensityNeeds@ontario.ca account.

#### **2. New Attestation Requirement**

Annual Attestation - Homes are required to submit an attestation at the end of each fiscal year (March 31<sup>st</sup>) to confirm the homes compliance with program eligibility requirements for that fiscal year. This attestation form must be signed by an officer with authority to bind the organization. Homes will be required to submit the Annual HINF Attestation Form starting at the end of this fiscal year via email to MOH-G-HighIntensityNeeds@ontario.ca account.

## **2 HINF Program Overview & Requirements**

### **2.1 Eligibility Requirements**

1. An expenditure may be eligible for reimbursement under HINF only when funding is not available through other sources and there is a need that cannot be adequately met without accessing HINF.

Prior to submitting a claim for reimbursement the LTC home must:

- a) Examine all other resources and sources of funding for the four types of assistance funded through HINF. For example:
  - Hospitals may provide some wound care dressing supplies on a short-term basis when the resident is discharged, or alternatively may provide some wound care dressing supplies as a result of volume purchasing;
  - Items eligible for funding through other Ministry of Health and Long-Term Care (ministry) programs (e.g., Assistive Devices Program, Ontario Drug Benefit Program (provided that residents will continue to be responsible for any applicable required co-payments), through Veterans Affairs Canada, or through any other funding source.

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- Local Health Integration Networks (LHINs) may fund services (e.g., through a Community Care Access Center) to meet certain relevant needs of LTC residents.
- b) **Ensure that all resources available at the LTC home are exhausted prior to accessing HINF.** For example, HINF can only be used to acquire supplies<sup>1</sup> and/or services from other sources to which the LTC home currently does not have funded access.
  - c) Ensure that supplies and/or services used provide the most clinically appropriate product in the most cost-effective way.
2. For each of the four categories eligible under HINF, the ministry requires written verification, on the HINF Notification Form, satisfactory to the ministry that the supplies and/or services are clinically necessary and, without this particular treatment, the resident would require transfer to hospital, would be unable to be discharged from hospital, or is at significant risk of causing or contributing to significant harm to self or others. The criteria and eligibility set out under each of the four HINF categories must be met.

“Significant Risk” is defined in this manual as:

- Exposure to noticeable and not miniscule possibility of injury occurring
- Circumstances that are causing concern for the safety, welfare and/ or well-being of the person are present to a significant extent
- Significant risks that have a high level of probability of occurring

### 2.2 Resident Eligibility Requirements

HINF funding may only be used to meet eligible expenses for LTC home residents who:

1. Occupy either a long stay bed or an interim short-stay bed. HINF funding cannot be used for residents who occupy a short stay convalescent care bed, a short stay respite bed, or an ELDCAP bed.
2. Require support under one of the four HINF support categories as defined in section 3.0 of this manual.
3. In the absence of the eligible HINF funded support to the home, would be:
  - a. Required to be transferred to hospital *OR*
  - b. Unable to be discharged from hospital *OR*
  - c. At significant risk of causing or contributing to significant harm to self or others.

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<sup>1</sup> Please note that “supplies” only refer to wound care dressing supplies with respect to the Exceptional Wound Care category described in Section 3.1 of this manual.

### **2.3 Items Not Eligible Under HINF**

Items covered by the LTC home's level-of-care per diem are not eligible for reimbursement under HINF.

**Funding is also not provided for expenses that exceed reasonable costs for the supplies and/or services. Whether any given expenditure meets the requirements and criteria of this manual will be determined on the sole discretion of the ministry, so it is important, in the event of any uncertainty, to check with the HINF Central Team in advance.**

### **2.4 Additional Funding Details**

Where the ministry is satisfied that a LTC home has provided wound care dressing supplies and/or services in accordance with all the requirements of this manual, the home may be reimbursed by the ministry for the associated eligible costs.

If the ministry determines that the requirements described in this manual have not been met, no reimbursement will be made. Whether any given expenditure meets the requirements and criteria of this manual is determined at the sole discretion of the ministry.

Only LTC homes can directly access and apply for HINF.

The ministry will share the cost of claims made under HINF using a 95 to 5% ratio. This means that, for every claim made to HINF, the ministry will reimburse the LTC home for 95% of these costs while the LTC home is expected to cover 5% of the claim costs.

### **2.5 Procurement Requirements**

In order for any expenditure under this program to be eligible for reimbursement by the ministry, the supplies and/or services must be acquired in compliance with the following requirements:

1. The operator of the LTC home must have and implement a procurement policy that requires the acquisition of supplies and/or services through a competitive process that ensures the best value for funds expended;
2. The operator of the LTC home must make its procurement policy available upon request of the ministry;

**The operator's procurement policy is subject to audit by the ministry.**

### **2.6 Submitting Claims**

Only LTC homes may complete and submit HINF claims; vendors and/or outside agencies cannot complete and/or submit HINF claims.

LTC homes must use the most current HINF Workbook found at [www.LTCHomes.net](http://www.LTCHomes.net)

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(under the Communication tab and HINF redesign) to request reimbursement of expenditures under this manual.

LTC homes requiring assistance or clarification can access the Ministry of Health's claim Services Branch at 1-877-353-4463.

The HINF Workbook consists of:

- HINF Notification Form
  - Resident and LTC home information and overview of claim submitted
- Revised HINF Claim Form
  - Homes are required to confirm compliance throughout the year on each HINF claim workbook form to confirm that the claim is in compliance with the program guidelines. This requirement will come into effect December 1<sup>st</sup>, 2021, when all homes submitting a HINF Claim Workbook are required to use the revised HINF Claim Workbook. The HINF Claim Workbook will continue to be submitted via email to the MOH-G-HighIntensityNeeds@ontario.ca account.
  - Detailed cost information regarding wound care dressing supplies and/or services in respect of each eligible resident

Upon receipt of the completed HINF Workbook, the HINF Central Team will assess the funding request for eligibility and compliance with this manual, and payments may be made accordingly to homes in the next regular payment. **The final determination for eligibility of all claims will be made by the HINF Central Team.**

Finally, please note that, for Exceptional Wound Care and Transportation for Dialysis, only one claim form can be submitted per resident per quarter and all claims must be submitted within 60 days of the quarter in which the expense was incurred. For Preferred Accommodation and Supplementary Staffing, a claim must be submitted every 30 days and within 30 days after the last day of the month being claimed. If claims are sent back to the homes for correction(s), the home must make the required correction and resubmit within two weeks and put the word 'revised' in the body of the email. If further revisions are subsequently needed, a one week turnaround time for the revisions is required.

Prior to submitting a claim for reimbursement of expenditures for Wound Dressing Supplies or Services, the following steps must be completed:

- The LTC home fulfills all other applicable requirements listed in this manual (e.g. determining that no other funding source is available)
- The LTC home obtains the appropriate wound care dressing supplies and/or services from the vendor for a specific resident
- The vendor sends the invoice to the LTC home for wound care dressing supplies purchased for the resident.
- The LTC home reconciles wound care dressing supplies and services received with the invoice. The invoice includes the resident's name and an itemized list of wound care dressing supplies/services purchased. Any discrepancies between wound care dressing supplies/services received by the LTC home and those listed on the invoice are clarified and resolved with the vendor by the LTC

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home

- Upon verification of wound care dressing supplies/services received and those listed on the invoice, the LTC home provides payment to the vendor.
- The LTC home enters the details of the invoice on the HINF Workbook for each resident benefiting from wound care dressing supplies or services funded through HINF and submit the HINF Workbook electronically to the HINF Central Team.

**TIP:** A common reason for late submissions we have been told, are turnover of staff and the absence of a proper succession plan. One suggestion would be to create a separate email account specifically for the HINF program. Designated staff at the LTCH would have access to passwords and there would be a continuous history of claims that have been submitted to the Ministry. Another suggestion is to c.c. another person in the home or affiliated with the home when submitting claims.

### 2.7 Audit Requirements

The LTC home must retain documentation that demonstrates compliance with all the applicable criteria and requirements. These records should be kept for seven years and must be made available for audit to the HINF Central Team and/or any other ministry staff upon request. Without limiting the generality of the foregoing, LTC homes shall keep the following records for these inspections:

- HINF Excel Workbook as submitted to and approved by the HINF Central Team.
- Invoices;
- Receipts;
- Records that identify and detail application of eligibility criteria to the applicable resident.

### 2.8 Applicable Law and Policy Prevails

This manual, and any decision of the ministry with respect to funding under this manual, does not relieve the licensee or approved operator of the LTC home from complying with all applicable law, legal obligations, and policy.

## 3 HINF Claim Categories

### 3.1 Exceptional Wound Care

HINF funding is available for wound care dressing supplies that are necessary to support wounds defined as chronic and intractable, where costs exceed what the LTC home is expected to provide based on its level-of-care funding. LTC home licensees may use the level-of-care per diem funding in conjunction with other ministry initiatives.

**Definitions is defined in this manual as:**

**Chronic** – long duration and slow progression

**Intractable** – not easily managed, controlled, solved, relieved or cured

The funding is contingent upon an accurate assessment of the type of wound (i.e., chronic and intractable), staging of wound, predisposing causes (the resident's health status), determination of the most appropriate and effective treatment, and what has previously been used to try to heal the wound.

Wounds can be classified according to a variety of characteristics that describe location, etiology, size, stage, exudate and base. Following assessment of the wound, an appropriate treatment plan can be developed. It is essential that the wound be properly assessed on an ongoing basis.

The operator of the LTC home must not use the same company or an affiliated company to both complete an assessment and supply wound care dressing supplies;

### 3.1.1 Requirements:

Funding will be provided for wound care dressing supplies for exceptional wounds which are defined as chronic and intractable and:

- Are verified by a doctor or nurse practitioner<sup>2</sup> as chronic and intractable wounds;
  - To obtain approval for these claims, a doctor or nurse practitioner is required to verify that the resident's wound is exceptional in nature, meaning the wound is chronic and intractable.  
**TIP:** The MD notification form is to be signed, with printed name and contact number (as many signatures are illegible) and scanned. This is to be sent with the Excel HINF workbook.
  - Other methods of healing have been tried but were ineffective and the wound is unlikely to heal. This verification must accompany the first and any subsequent claims for exceptional wound care purposes. This verification is provided on the HINF Notification Form.
  - In addition, expenditures for specialized wound care dressing supplies must be justified by comprehensive assessment, continued monitoring, and regular reassessment, at a minimum per quarter, by a doctor or nurse practitioner.
- The wound care dressing supplies are required for the care of an exceptional wound that is chronic and intractable;
  - Specialized wound care dressing supplies used must be consistent with best practices.

In accordance with the requirements set out in the *Long-Term Care Homes Act, 2007* and O.Reg. 79/10 under that Act, LTC home staff must be educated in wound assessment and treatment and must provide the care set out in the resident's plan of care.

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<sup>2</sup>Registered Nurse in the Extended Class, registered as such with the College of Nurses of Ontario.



All HINF claims made under the Exceptional Wound Care category must be verified by a doctor or a nurse practitioner as chronic and intractable. However, a long-term care home may involve other health care professionals in the care of residents with these and other wounds, including enterostomal nurses whose specialty is addressing complex wound care needs of residents. Enterostomal nurses are able to consult and make recommendations on the appropriate approach to take.

### **3.1.2 Eligible Costs:**

The final determination to approve an exceptional wound claim rests with the HINF Central Team.

Wound care dressing supplies required for wound treatment may include specialized dressings. **Many products such as bandages, protectant creams, tapes, cleansers, dressing trays and topical medications should be purchased using the level-of-care per diem. For a list of items, please see the ministry's *Guideline for Eligible Expenditures for Long-Term Care Homes*.**

**NOTE:** Approval for exceptional wound care dressing supplies will only be reimbursed for claims exceeding \$100 per month per resident.

### **3.1.3 Duration of Funding:**

HINF funding with respect to wound care dressing supplies needed in the treatment of exceptional wounds will be assessed by the ministry on a case-by-case basis depending on the ongoing assessment (at least quarterly) of a doctor or nurse practitioner.

### **3.1.4 Exclusions:**

- Freight, shipping or delivery costs for wound care dressing supplies.
- Therapeutic surfaces since these are used as a preventative measure and to promote active healing of wounds. LTC homes must use their level-of-care per diem funding to purchase therapeutic surfaces for their residents. Please note that special surfaces are an eligible expenditure under the NPC envelope.
- Consultations by other health professionals and enterostomal nurses.

**TIP:** The description of needs must be current and is an update of the resident's current assessment and not just a copy and paste of the previous submission. The onset and location of the wound and other methods of treatment that have been tried should be in the description of needs.

## **3.2 Transportation for Dialysis Treatment**

A claim may only be submitted in this category for reimbursement of expenditures for **providing transportation to and from treatment sites for actual dialysis treatment.**

### **3.2.1 Requirements**

A claim for reimbursement in this category will only be considered if the following conditions are met:

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- Resident requires planned, and frequent transportation to and from dialysis treatment, either at a hospital or a clinic.
- All other potential sources of assistance have been explored and are not available which may include exploring dialysis treatment options closer to the LTC home.
- When determining the form of transportation, LTC homes must use the most cost effective method which continues to ensure the safety and security of the resident.
- The home is accountable and responsible to ensure that the transportation method used maintains the safety and security of the resident.
- If oxygen is required for any resident using Transportation for Dialysis, the LTC home must use the resident's portable oxygen tank.
- The home is to ask for three (3) quotes per mode of transportation each year and submit prior to Q1 submission to HINF. If only one transportation provider, please notify the ministry of this in the description of needs.

### 3.2.2 Eligible Costs

- Taxi, bus, handicapped transit, non-emergency transfer vehicle, and ambulance fees.

### 3.2.3 Exclusions:

- Fuel surcharges.
- Decontamination or cleaning fees for the transportation vehicle.
- Air transportation.
- Transportation costs for any appointments or treatments other than dialysis. These include routine transportation to hospitals and/or medical appointments.
  - Routine transportation costs may be funded through community support services. LTC homes are expected to assist with arrangements as necessary, to ensure that residents have access to required treatment.

### 3.2.4 Duration of Funding

Ongoing reimbursement for transportation is normally provided as long as the resident continues to require transportation to and from treatment sites for dialysis treatment. LTCH homes can only submit one claim form per resident per quarter and all claims must be submitted **within 60 days of the quarter** in which the expense was incurred.

**TIP:** The description of needs must be current and is an update of the resident's current assessment and not just a copy and paste of the previous submission. Reason (diagnoses), location and distance travelled for dialysis treatment and the reason for mode of transportation chosen should also be in the description of needs.

### 3.3 Preferred Accommodation

A claim may be submitted for reimbursement of preferred accommodation costs, for

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private accommodation only (i.e. not shared accommodation and/or accommodation with a shared bathroom), for a resident in one or more of the following circumstances:

- Residents with ongoing or emerging responsive behaviours that are severe and pose a significant risk to themselves or others in the LTC home and who require segregation;
- Residents with ongoing or emerging responsive behaviours who pose a significant risk to themselves or others in the LTC home and are newly transferred from hospital or other facilities back to a LTC home;
- Residents who are returning from a psychiatric leave of absence or Form 1 referral with ongoing responsive behaviours, who require preferred accommodation as part of their reintegration back into the home;
- Residents who require extensive therapeutic supplies and equipment needs that cannot be provided in a multi-bed room and which would provide a well-documented and significant disruption to the quality of life and safety of other residents;
- Residents who require isolation related to infectious disease, where additional precautions, other than routine practices, are indicated and where no infirmary room is available, or other cases as approved by the Director of the ministry's Performance Improvement and Compliance Branch.

### 3.3.1 Requirements

An expenditure may be eligible for reimbursement under the preferred accommodation category when the following criteria has been met:

- A comprehensive plan of care must be in place and implemented to address the needs of the resident, which includes:
  - A psychological assessment;
  - A behavioural assessment;
  - Any identified supplemental training requirements for staff.
- The resident's comprehensive plan of care must be updated, as required, to address any changing needs of the resident on an ongoing basis;
- The following information must appear in the application for reimbursement:
  - The onset date for preferred accommodation,
  - The LTC home's daily preferred accommodation rate;
  - The number of days in the month that preferred accommodation was required,
  - All other documented management techniques that have been trialed with the resident,
  - Details of the LTC home's plan to transfer the resident out of preferred accommodation.
- LTC Homes are required to submit their HINF claims for any residents that fall into this category **once every 30 days**.

### 3.3.2 Transfer Back

The determination that a resident no longer requires preferred accommodation should be made by the LTC home's Director of Care. This determination is made in conjunction

with the resident's care team.

Once the resident placed in preferred accommodation has been determined to no longer require preferred accommodation, they may be placed on the transfer list and transferred back to the next appropriate bed available pursuant to the transfer requirements set out in O.Reg. 79/10 under the Long-Term Care Homes Act, 2007.

If the resident's previous bed type is not immediately available, the ministry will pay for the difference between the cost of their previous bed type and preferred accommodation for up to a maximum of 30 days from the day the resident is placed on the transfer list or until the previous bed type becomes available again, whichever period is shorter.

All bed transfers are subject to all applicable requirements under the *Long-Term Care Homes Act, 2007* and any other applicable agreements or policy.

### **3.3.3 Eligible Costs**

HINF funding to support eligible preferred accommodation placements may be provided based on the difference in cost between the accommodation co-payment paid by the resident prior to being transferred and the preferred accommodation cost for up to 30 days. If the LTC home believes that the preferred accommodation needs to be maintained after the 30 days and the resident continues to meet the criteria identified above then a new HINF claim must be submitted.

For residents with a rate reduction, HINF will pay the difference between the current basic rate and the current preferred accommodation rate. Where a resident is moving from basic accommodation to preferred accommodation in accordance with the criteria and in the circumstances set out in this manual and the resident has a rate reduction in basic accommodation, a claim for preferred accommodation costs will not be reimbursed unless the LTC home designates the room that would otherwise be preferred as a standard room as per the definition of "standard room" in s. 1 of O.Reg. 79/10.

### **3.3.4 Duration of Funding**

A maximum 30-day period which may only be extended in exceptional circumstances, as determined by the Ministry, with a new HINF claim.

This funding may be used in conjunction with supplementary staffing

- If HINF funded private accommodation is used for the care of a resident, HINF funded supplementary staffing may be used for that resident (subject to the eligibility requirements below) only if the resident meets the criteria for supplementary staffing.

### **3.3.5 Exclusions**

- Where a resident in one of the circumstances set out in article 3.3 above is already paying for private accommodation or has entered into an agreement with the licensee to pay for private accommodation, the LTC home is not eligible

for the preferred accommodation subsidy under HINF.

**TIP:** The description of needs must be current and is an update of the resident's current assessment and not just a copy and paste of the previous submission. The onset date of the preferred accommodation, daily rate and number of days in the month that preferred accommodation was required, other management techniques that have been explored and documented and the plan for ongoing monitoring to determine if preferred accommodation is no longer required is to be in the description of needs.

### 3.4 Supplementary Staffing

The level-of-care per diem is provided to cover all staffing costs based on the level-of-care identified for each LTC home through the current classification process. However, under exceptional circumstances, a HINF claim may be submitted and funding may be provided for additional staffing costs for a resident who requires short-term one-to-one care and supervision because that resident is at significant risk of harming themselves or others as a result of responsive behaviours and the resident falls within at least one of the following categories:

- Current residents with ongoing, emerging responsive behaviours where there is a significant risk of seriously harming themselves or others;
- Newly admitted residents with ongoing or emerging responsive behaviours, who have a significant risk of seriously harming themselves or others;
- Residents newly transferred from hospital or other facilities back to a LTC home with ongoing, emerging responsive behaviours, with a significant risk of seriously harming themselves or others;
- Residents returning from a psychiatric leave of absence or Form 1 referral with ongoing responsive behaviours who require support as part of their reintegration back into the home and who exhibit a significant risk of seriously harming themselves or others.

#### 3.4.1 Requirements for First 72-Hours of Supplementary Staffing

- Written confirmation and validation from LTC home administrator and/or Director of Care, must be included in the HINF Notification Form. This must also be clearly documented in the resident's plan of care.

The plan of care must outline:

- Need for supplementary staffing;
- Information about the incident or incidents that have led to the need for supplementary staffing;
  - If a critical incident number(s) exists, this must be included on the HINF Notification Form
- Clear strategies to address and de-escalate responsive behaviours.
- Supporting documentation can also be provided, if available, through an external assessment/consultation with a specialized geriatric mental health outreach team, physician or psychiatrist or nurse practitioner
  - This information will be used to develop/amend the resident's plan of care in consultation with the LTC home's health care team and PIECES trained staff, including specialized Behavioural Supports Ontario (BSO)

staff, if available.

### **3.4.2 Requirements for Subsequent Supplementary Staffing Hours (over 72 hours)**

- If the responsive behaviours have not de-escalated and the resident requires additional supplementary staffing hours, these hours can be extended only if:
  - A clearly documented plan of care is in place for the resident that includes information from assessments and consultations with a specialized geriatric mental health outreach team, physician or psychiatrist or nurse practitioner; or
  - There is written confirmation and validation from a team member with the specialized geriatric mental health outreach team, a physician, a psychiatrist, or a nurse practitioner. This written confirmation is to be included with the HINF Notification Form which is to be signed, scanned with printed name and contact number and submitted along with the HINF claim form.

This funding may be used in conjunction with preferred accommodation:

- If preferred accommodation is used for the care of residents, supplementary staffing may also be used only if the resident meets the criteria for supplementary staffing.
- If supplementary staffing is used for residents in shared accommodation, preferred accommodation funding may not be used for these residents.

LTC Homes are required to submit their HINF claims for any residents that fall into this category once every 30 days.

**The ministry will not approve claims without the appropriate supporting documents listed above.**

### **3.4.3 Eligible Costs**

- Where the request for reimbursement through HINF meets the criteria identified above, HINF funding for up to 72-hours of staff-time for supplementary staffing may be provided. This might be extended, as outlined above and with appropriate documentation, for additional periods of up to 72-hour if the resident continues to pose a serious risk to themselves or others and this risk has not been mitigated
- LTC homes may hire the most appropriate staff (includes agency staff) to meet the assessed needs of the resident, however, the ministry will only reimburse the regular salary costs, up to the LTC home's regular PSW pay rate. This includes the employer contribution of benefits for the eligible hours. If agency staff is used, please include their regular hourly salary.
- Claims submitted for supplementary staffing must indicate the number of hours worked the wage rate of the employee and the prorated benefit cost.

**Note:** the 72-hours of supplementary staffing does not need to be consecutive.

**3.4.4 Exclusions**

- Cost of providing one-to-one care and supervision that are expected to be provided within existing level-of-care per diem are not eligible for HINF funding.
- Overtime costs are not funded by HINF with the exception of premium pay required under the Employment Standards Act, 2000 to be paid in respect of hours worked on a public holiday as defined in that Act.
- Costs of private caregiver time provided to the resident prior to that resident requiring supplementary staffing.

**TIP:** The description of needs must be current and is an update of the resident’s current assessment and not just a copy and paste of the previous submission. The onset date of the supplementary staffing, hourly rate and number of hours/days in the month that supplementary staffing was required, other management techniques that have been explored and documented and the plan for ongoing monitoring to determine if supplementary staffing is no longer required is to be in the description of needs.

**4. Helpful Hints for Submission**

When submitting a claim, both the subject line and file name are to be the same and **MUST INCLUDE** the following:

LHIN Number, LTC Home Name, Resident RAI-MDS 2.0 number, Claim Quarter and funding year for quarterly submission. In the case of a monthly submission, the month and the funding year need to be indicated.

**Quarterly claims** – Dialysis transportation and Exceptional Wounds (exceptional wounds also requires that the MD or Nurse Practitioner have signed and printed their contact information on the first page of the HINF workbook). Must be submitted within 60 days of the end of the quarter.

Claim Period	Claim Due
Q1 – April, May, June	August 30
Q2 – July, August, September	November 30
Q3 – October, November, December	February 28
Q4 – January, February, March	May 31

**Monthly claims** – Supplementary Staffing (the MD or Nurse Practitioner have signed and printed their contact information on the first page of the HINF workbook if more than 72 hours) and Preferred Accommodation. Must be submitted within 30 days of the end of the month.

Claim Period	Claim Due
April	May 31

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May	June 30
June	July 31
July	August 31
August	September 30
September	October 31
October	November 30
November	December 31
December	January 31
January	February 28
February	March 31
March	April 30

**NOTE:** LHINS 1 through 9 must be in the format LHIN1, LHIN2, LHIN3, etc. with no space between the word “LHIN” and the number,  
LHINS 10 through 14 must have a hyphen between the word “LHIN” and the number  
i.e. LHIN-11, LHIN-12, LHIN-13 or LHIN-14 with no space

A few examples: (please note, we work on the fiscal calendar and not the annual calendar. For example: Q1 2021 is April, May and June of 2021. Q4 2021 is January, February and March of 2022.

Quarterly Claim: Exceptional Wounds and Dialysis Transportation

LHIN3,EveryhomeLTC,12121212121212121212,Q1 2021  
LHIN-10,EveryhomeLTC,12121212121212121212,Q1 2021

OR

Monthly Claim: Preferred Accommodation and Supplementary Staffing

LHIN3,EveryhomeLTC,12121212121212121212,April 2021  
LHIN-10,EveryhomeLTC,12121212121212121212,April 2021

### 5. Claims Requiring Correction

When a claim contains a correctable error in submission, the HINF Team will return a claim for revision.

All returned claims must contain the word 'REVISED' in the title and body of the email.

**Upon First Return:** If claims are sent back to the homes for correction(s), the HINF central team will advise the LTC home of the error. The home must make the required correction(s) to the claim and resubmit within two weeks from the dated return.

**Upon Second Return:** If further revisions are subsequently needed after first return, the HINF central team will advise the LTC home of the error. The home must make the required correction(s) to the claim and resubmit within one week from the dated return.