Ontario

Ministry of Health and Long-Term Care

Hospital Chronic Care Co-payment Form

Patients Who May be Charged a Co-payment

- Consistent with the *Canada Health Act*, Regulation 552 of the *Health Insurance Act* authorizes certain hospitals to charge patients a regulated co-payment for food and accommodation when the patient has been assessed by their attending physician as requiring chronic care **and** more or less permanently resident in hospital or other institution.

- The following patients are **exempt** from the co-payment:
  - Any patient under 18 years of age; and
  - Any patient who, on the day before being admitted to hospital, was receiving income support under the *Ontario Disability Support Program Act, 1997* or income assistance under the *Ontario Works Act, 1997*.

Rate Reductions

Patients may be eligible for co-payment rate reductions in the following circumstances:

A. Patients with no Dependents

All patients are eligible to apply for a reduced co-payment rate based on their estimated taxable income. See Section A below.

B. Patients with Dependents

Patients with dependents, as defined below, may apply for a reduced co-payment rate based on the estimated taxable income of the patient and his or her dependents. See Section B.

C. Patients with Spouses who are not Dependents

In addition to any rate reductions available under Section A or B, a patient or their spouse may apply for a separate rate reduction if:

a) the spouse was cohabiting with the patient immediately before the patient was admitted to the hospital where he or she is receiving insured in-patient services or, if the patient has been in more than one hospital or institution continuously, immediately before the patient was first admitted to the hospital they are currently in;

b) the spouse is receiving benefits under the *Old Age Security Act* (Canada) or the *Ontario Guaranteed Annual Income Act*; and

c) the spouse lives outside an LTC Home, hospital, or other government-funded facility.

To apply for this rate reduction, the patient or the patient's spouse must complete the Application for Reduction of Assessed Co-Payment Fees Form 3266–54. This application is published by, and available from, the Ministry of Health and Long-Term Care and online at http://www.forms.ssb.gov.on.ca/.

D. Financial Hardship

A patient may also be able to apply to the hospital to pay a reduced chronic care co-payment if he or she is experiencing financial hardship and does not qualify for a rate reduction under the criteria outlined above. In such cases, it is within the discretion of the hospital to waive a portion of the chronic care co-payment. Although hospitals may apply the chronic care co-payment provisions and collect chronic care co-payments as set out in the relevant regulations, there are no mandatory minimum co-payment amounts set out in the regulations and hospitals may, at their discretion, determine an appropriate co-payment amount.

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Definitions

For this document, "**spouse**" means a person

a) to whom the patient is married, or

b) with whom the patient is living, or was living immediately before being admitted to hospital, in a conjugal relationship outside marriage, if the two patient and the person,

i. have cohabited for at least one year,

ii. are together the parents of a child, or

iii. have together entered into a cohabitation agreement under section 53 of the *Family Law Act*.

For this document, a "**dependent**" means a person

a) a spouse who is not receiving benefits under the *Old Age Security Act* (Canada) or the *Ontario Guaranteed Annual Income Act* and who was cohabiting with the patient immediately before the patient was admitted to the hospital where they are receiving insured in-patient services or, if the patient has been in more than one hospital or institution continuously, immediately before they were first admitted to such a hospital or institution, or

b) a child who is under 18 years of age.

For this document, "**estimated income**" means the average monthly income of the patient or dependent of the patient, as estimated by the patient or the patient's representative, of any nature or kind whatsoever, **so long as it is taxable under the *Income Tax Act* (Canada)**.

Estimated income comprises taxable income from:

a) the Old Age Security (OAS) pension and Canada Pension Plan (CPP) pension, or any other taxable pensions;

b) any other payments received under any Act of Parliament of Canada or Ontario law, unless listed below under the section "excluded income";

c) salaries and wages;

d) an interest in, or the operation of, a business; and

e) investments.

The following income is to be **excluded** from income calculations made under this form:

a) Non-taxable income:

i. Federal Guaranteed Income Supplement (GIS) where the annual income is less than $72,809. If the annual income is $72,809 or greater, hospital administrators are advised to contact the Canada Revenue Agency to determine which portion of the GIS, if any, is non-taxable.

ii. OAS benefits including:

(i) Allowance for people aged 60 to 64 ('spouse's allowance')

(ii) Allowance for the Survivor

iii. Ontario GAINS (Guaranteed Annual Income Support)

iv. Workers' Compensation (WSIB)

b) Other income:

i. Payments received under the *Universal Child Care Benefit Act* (Canada);

ii. Payments received from a Registered Disability Savings Plan; and

iii. Any other non-taxable income.

Income of any family member who is not a dependent of the patient is not relevant to income calculations under Sections A or B of this form.

Patient Information

Name of Patient

Last Name	First Name	Middle Initial

Patient's Health Number	Date that patient was assessed by the attending physician as requiring chronic care and more or less permanently resident in a hospital or other institution.	Date (yyyy/mm/dd)

Name of Attending Physician

Last Name	First Name	Middle Initial

Name of Patient's Spouse

Last Name	First Name	Middle Initial

Number of dependents (including spouse, if a dependent)

Name(s) of Non-Spouse Dependent(s)

	Last Name	First Name	Middle Initial
1.			
2.			
3.			
4.			
5.			
6.			

Co-payment Amount Calculations

Section A: Patients with no Dependents

Item	Amount
1. Monthly estimated income (Line 14 from the Estimated Monthly Income Worksheet below)	$
2. Monthly comfort allowance	$ 149.00
3. Monthly income available for co-payment fees (Line 1 less Line 2, if less than zero, enter nil)	$
4. Monthly co-payment amount (The lesser of Line 3 or the current maximum co-payment amount, as set in regulation) Proceed to Section C.	$

Section B: Patients with Dependent(s) in the Community

Item	Amount
1. Number of dependents (including spouse, if spouse is a dependent)	
~~2. Total aggregated estimated monthly income of patient and dependents~~ (Line 14 from the Estimated Monthly Income Worksheet below)	$
3. Monthly aggregate income for 'no co-payment' for the number of dependents in Line 1 above (From the table in Hospital Chronic Care Co-payment Questions and Answers, available online)	$
~~4. Monthly income available for co-payment fees~~ (Line 2 minus Line 3, if less than zero, enter nil)	$
5. Amount in Line 4 divided by the number 3	$
6. Monthly co-payment amount (The lesser of Line 5 or the current co-payment maximum amount, as set in regulation). Proceed to Section C.	$

Section C: Final Co-payment Amount

Item	Amount
1. Monthly co-payment amount calculated above in Section A, Line 4 or Section B, Line 6	$
~~2. Monthly co-payment rate reduction calculated from Application for Reduction of Assessed~~ Co-payment Fees (Form 3266-54) for patients with non-dependent spouses, if applicable	$
3. Final monthly co-payment amount (Line 1 minus Line 2). If less than zero, enter nil	$
4. Final daily co-payment amount (Line 3 divided by 30.4167)	$

Hospital Staff Member

Last Name	First Name	Middle Initial

Position or Title

Patient/Spouse Signature

I/We understand the eligibility criteria. I/We have supplied the information in this application to the best of my/our knowledge and belief. All statements are true and no information required to be given has been withheld or omitted.

Should a lower co-payment apply on the basis of information in this application, I/we will notify the hospital administrator or his/her representative as the case maybe, of any change of relevant circumstances pertaining to income.

I/We acknowledge that the information contained in this application may be used for the purposes of verifying eligibility for, and determining the applicable co-payment and I/we undertake to provide any information that may be required.

Signature of Patient	Date (yyyy/mm/dd)
Signature of Spouse	Date (yyyy/mm/dd)

Estimated Income Calculations Worksheet

- For Section A calculations, calculate only the patient's estimated income.
- For Section B calculations, calculate the aggregate estimated income of the patient and all dependents.

(Add more columns as needed)

Estimated annual income from the following sources	Patient	Dependent 1	Dependent 2	Dependent 3	Grand Total
1. OAS (Federal Old Age Security) pension	$	$	$	$	$
2. Salaries or wages	$	$	$	$	$
3. Annuities, superannuation, insurance benefits	$	$	$	$	$
4. Earned interest	$	$	$	$	$
5. Canada Pension Plan/Quebec Pension Plan	$	$	$	$	$
6. Foreign pensions / US social security	$	$	$	$	$
7. Privately administered trust	$	$	$	$	$
8. Mortgage/Loan agreement	$	$	$	$	$
9. Farm or business	$	$	$	$	$
10. Rental of property	$	$	$	$	$
11. Support payments	$	$	$	$	$
12. Other income sources (please explain)	$	$	$	$	$
13. Total estimated annual income	$	$	$	$	$
~~14. Total aggregated estimated monthly income~~ **(divide Line 13 by 12 months)**					$

Please note: This worksheet is intended to assist with calculating estimated monthly taxable incomes for patients and their dependents. Alternatively, Line 260 (‘taxable income’) from the patient’s or dependent’s recent Notice of Assessment (NOA) from the Canada Revenue Agency may simply be inserted into Line 13 of this worksheet, without the need for an breakdown by income source, so long as the patient or dependent confirms to the hospital that their NOA accurately reflects their current situation. Please note that patients and dependents are not required to provide an NOA to the hospital. In the absence of an NOA, the hospital should request other supporting documentation, having consideration for what is reasonable in the circumstances.