

**Virtual Home Care Delivery**  
**Interim Guidance to Local Health Integration Networks and Approved Agencies**  
**Delivering Home care under the *Home Care and Community Services Act, 1994***  
Originally Issued March 18, 2020 - Updated March 22, 2021

**Context**

As the COVID-19 outbreak continues to evolve locally and globally, Ontario is taking further action to ensure the province's health care system is prepared to continue to protect the health and well-being of Ontarians.

Based on the advice of the Chief Medical Officer of Health, the ministry, in partnership with Ontario Health, introduced contract and billing code changes in an effort to limit person-to-person contact in home care where it is appropriate.

This guidance document, rates and codes are temporary and intended to support the ongoing COVID-19 response and will be revisited to support ongoing delivery of virtual care in home and community care.

**Purpose and scope**

The ministry is advising Local Health Integration Networks (LHINs) and approved agencies to work with Ontario Health and contracted providers to continue to support the virtual delivery of home care professional services listed under the *Home Care and Community Services Act, 1994*.

Increased virtual home care:

- Supports provincial public health self-isolation and social distancing efforts in a way that minimizes disruption to patient care.
- Supports intake, assessment, monitoring and treatment of patients presumed or confirmed with COVID-19.
- Supports the delivery of home and community care services.

The ministry is focusing first on professional home care services because of the ability to deliver clinical assessments and guidance virtually. The ministry may consider whether to add other home care services.

Ministry guidance will evolve based on experience with implementation. The ministry will continue to work with Ontario Health, LHINs, approved agencies and home and community care providers and will communicate any policy changes.

**Virtual care delivery**

Virtual care delivery includes the meaningful communication of a patient's health status and/or the treatment/intervention needed to support their care needs.

Virtual care includes:

- Phone calls
- Video conferencing
- Secure messaging
- Remote monitoring

LHINs, approved agencies and providers should scale up existing, proven virtual care models where they exist, and consider other models as appropriate.

### **Provincial rates for wellness or health check-ins and assessment or care monitoring visits**

The following are standard provincial rates for two types of virtual visits first introduced as part of this Interim Guidance – these will continue to apply:

1. Wellness or health check-in (5-15 minutes): \$15.00
  - For nursing and professional services. Intended for brief check-ins where interactions would last approximately 5-15 minutes.
2. Assessment or care monitoring (up to 30 minutes): \$30.00
  - For nursing and professional services. Intended for longer interactions, including assessment or reassessment, supporting caregivers to implement elements of the care plan, or other specific tasks as appropriate. Assessment or care monitoring visits would be a minimum of 15 minutes and expected to last between 15 and 30 minutes.

Wellness or health check-ins and assessment or care monitoring visits should be used to complement not replace full scope professional service visits.

### **Local rates for full scope assessment and intervention for nursing and professional services**

LHINs and approved agencies determine local billing rates for the purposes of delivering professional services defined under HCCSA including nursing, therapies, nutrition and social work. Effective of the date of this memo, LHINs and approved agencies are to apply the same locally negotiated rates for care provided virtually as for professional services delivered in-person.

This guidance continues to be interim but is expected to be in place through September 30, 2021.

To support the continuity of care, virtual visits with the in-person rates may be used in circumstances related to IPAC considerations or workforce capacity constraints with the same or similar scope of services. In other circumstances where the clinician has an option to provide virtual care, the clinician should be able to provide the full intended scope of the virtual visit through video conference wherever possible. The ministry appreciates continued progress by providers in expanding virtual care through video conferencing.

Ontario Health is implementing changes in the Client Health and Related Information System (CHRIS) to support billing. Over time, contracts held by LHINs and approved agencies with home care service providers will be updated to reflect these new rates, as appropriate. This guidance document clarifies that despite any provision to the contrary, billing for virtual services is permitted.

The billing codes in CHRIS are retroactive to November 23, 2020.

## Services

Professional services defined under HCCSA such as nursing, therapy and social work, are eligible for deployment of virtually delivered care.

Eligible virtual delivery includes:

- Wellness and health checks, including monitoring of conditions/symptoms
- Remote clinical consultation or intervention related to client care plan goals
- Support for assessment and reassessment of treatment plan
- Videoconferencing for visual assessments
- Caregiver education/training to support patient care and/or self-isolation efforts
- Patient education/training related to care
- Compliment essential hands-on care
- Replacing in-person care when a physical visit isn't possible, or necessary
- Any other service aligned with the goals of this guidance and approved by the LHIN or approved agency

Virtual delivery does not include practices that are normally conducted virtually as part of regular home care, such as scheduling and case management or issues management calls with patients and caregivers.

## Implementation

The Pan-LHIN Guidelines for Virtual Home Care supports consistent implementation across LHINs. Where there is a conflict between the Pan-LHIN Guidelines and the Ministry's updated guidance, the guidance applies.

- Care planning: LHINs and approved agencies are responsible for determining how virtual care may be used by service providers to support the rapid deployment of virtual visits.
- Appropriate use of virtual care: LHINs, approved agencies and front-line home care service providers shall ensure that care delivered virtually is appropriate to meet the assessed needs of the client and considers the clients circumstances and preferences.
- Performance and accountability: LHINs and approved agencies will leverage existing provider performance measures where available to support interim provider reporting of virtual visits in home and community care settings. Ontario Health is making enhancements to CHRIS to support reporting functions.
- Technology: LHINs, approved agencies and providers may leverage existing virtual care technologies, including the secure videoconferencing tools provided through the Ontario Health - Ontario Telemedicine Network to support virtually delivered care. Patients and caregivers will work with their care providers to determine whether they may leverage patient-owned devices to support virtual care. LHINs, approved agencies and provider partners may review the Digital Health Playbook for guidance on the use technologies to support virtual care.
- Privacy and consent: Like all home and community care services, virtual delivery must continue to comply with consent and privacy requirements outlined in the *Personal Health Information Protection Act, 2004* (PHIPA) and the *Health Care Consent Act, 1996*. In situations where providers are working from home or other non-standard locations, they

must ensure that virtual communication is done in a private setting (unless in emergency situations).