

Alternate Level of Care (ALC) and ALC Co-Payment

What is ALC?

When you are waiting in the hospital to be transferred to a complex continuing care setting or long-term care home (also known as a nursing home), you will be identified as an Alternate Level of Care (ALC) patient.

You will be identified as ALC when your health care needs have changed during your stay in the hospital. For example, you no longer need acute care services of a hospital, but are not able to be cared for at home. You may need the type of care provided in a complex continuing care setting or long-term care home.

Who identifies the patient as ALC?

The doctor decides when the patient becomes ALC. This change from acute care to ALC status is noted in the patient's health record.

What happens when a patient is identified as ALC?

While in the hospital, ALC patients waiting for complex continuing care or a long-term care home must pay a daily fee. This is called a co-payment fee. The maximum co-payment is the same amount that is charged for basic accommodation in a long-term care home or complex continuing care setting. This fee covers the cost of your room and meals. Your health insurance (OHIP) will continue to pay the hospital for the services of your health care team.

All ALC patients waiting for a long-term care home or a complex continuing care setting will be charged a co-payment fee, even if they are still on an acute care unit of the hospital.

The ALC co-payment fee is set by the Ministry of Health and Long-Term Care and changes yearly. You may pay all or some of this fee, depending on your income last year.

What are my next steps?

Call our Co-Payment Specialist at 905-521-2100, ext. 12411 right away to book an appointment to discuss your co-payment fee.

At this appointment, the Co-Payment Specialist can help you or your family fill out the Co-Payment Calculation form. This form determines your co-payment fee. The fee may be reduced depending on the financial or family situation. You will need to have a copy of your last **income tax return** at this appointment to determine your fee.

The Co-Payment Calculation form must be filled out and returned within 2 weeks. If the form is not returned within 2 weeks, the hospital must charge the full rate.

When does the co-payment fee start?

Co-payment starts when you no longer need the acute care services of a hospital and the team has determined you need to wait for a bed in a long-term care home or complex continuing care setting.

What happens if my condition changes?

If your condition changes and you need acute care again, the change will be made in your health record. You will not be billed for the days you need acute care.

Where can I get more information?

If you have questions or concerns please speak with a Social Worker.

If your questions are about financial information, call the Co-Payment Specialist at 905-521-2100, ext 12411.

Visit the Ministry of Health and Long-Term Care website at www.health.gov.on.ca/ and search for “chronic care co-payment”.