

Alternate Level of Care (ALC) and Co-Payment

What is ALC and who identifies this status?

When you were first admitted to Hamilton Health Sciences, you required acute medical care and you were considered to be an “acute” patient. Your patient status changed to Alternate Level of Care (ALC) when the attending physician decided that your level of care changed to chronic care and you would become more or less a permanent resident in the hospital or another institution, including a long-term care (LTC) home.

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 determined by the Ministry of Health and Long-Term Care and is typically updated on an annual basis.

Are there any exemptions from co-payment?

The following patients are **exempt** under the regulations from co-payment:

- Any patient under 18 years of age
- Any patient who, on the day before the patient was admitted to the hospital, was receiving income support under the Ontario Disability Support Program Act or income assistance under the Ontario Works Act

The following patients **may be eligible** to apply for a reduced co-payment rate:

- Low-income patients
- Patients with dependents

HHS will work with the patient to determine if either of the above criteria applies.

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 complete the Co-Payment Calculation form. This form determines your co-payment fee which may be reduced depending on your financial or family situation. You will need to have a copy of your last **income tax return (T1 Tax Return Summary)** 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, you will be required to pay 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 clinical 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 require acute care following being designated ALC, the change will be made in your health record. If you require acute care or some other type of care, but you still meet the requirement for ALC status, the co-payment remains applicable.

However, if the attending physician is of the opinion that you no longer require chronic care for a period of time, the co-payment will not be charged during that period of time.

Where can I get more information?

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

If you have questions about your bill, please call the Co-Payment Specialist at 905-521-2100, ext. 12411.

For more information, please visit the Ministry of Health and Long-Term Care website at www.health.gov.on.ca/ and search for “chronic care co-payment” or call 1-866-532-3161 Monday – Friday 8:30 a.m. to 5:00 p.m.