NOVA SCOTIA

Department of Health and Wellness

Insert Today's date

Insert SMC Continuing Care Coordinator Address Above Under Logo

Reset Print

Insert client's name and address

Dear

It is the responsibility of Self Managed Care clients to submit quarterly reconciliations on the following dates:

March 31st, June 30th, September 30th and December 31st.

The information to be submitted has been updated as outlined below and must include:

1. Monthly bank statements for the reconciliation period.

2. Record of Caregiver Payment Form (attached) needs to be completed and submitted. Name of caregivers, hours of work, rate of pay and signature of caregiver for receipt of payment is required.

3. Breakdown of payments made to CRA by CPP, EI and WCB.

4. Copies of cancelled cheques (both sides). If employees are being paid by direct deposit a receipt of payment should be obtained from the employee and submitted (employee's signature on the Record of Caregiver Payment Form is acceptable).

5. Completed Self Managed Care Financial Reconciliation Report (attached)

Once completed, please send reconciliation to:

Please be reminded that the Self Managed Care Funding can only be used for payment of caregivers, bank charges on program account and up to $40.00/month towards book keeping services.

If you have any questions concerning the above please do not hesitate to contact your Care Coordinator or FSO.

Sincerely yours,