Self-Managed Support-Care Agreement

("hereinafter and commonly referred to as the "Self-Managed Care Agreement")

THIS AGREEMENT BETWEEN:

HER MAJESTY THE QUEEN in the right of the Province of Nova Scotia, represented in this behalf by the Department of Health and Wellness, Continuing Care Branch,
(hereinafter referred to as the "Department of Health and Wellness")

OF THE FIRST PART

- And –

_____
District Health Authority, Continuing Care, (hereinafter referred to as the "District Health Authority")

OF THE SECOND PART

- And –

_____
(hereinafter referred to as the "Client")

OF THE THIRD PART

- And –

_____
(hereinafter referred to as the "Care Manager")

OF THE FOURTH PART

WHEREAS the Department of Health and Wellness wishes to provide funding to individuals so that they may directly purchase Support Services with or without the assistance of a Care Manager as designated by the Client.

WITNESSETH that in consideration of the mutual covenants herein contained, the parties hereto agree as follows:

1.0 DEFINITIONS

Administration: Any task associated with administering a payroll, Employee deductions, remittances to government (federal, provincial or municipal), and keeping of the records required by the Self-Managed Care Agreement.

Applicant: A person who applies to the District Health Authority for Self-Managed Care services.

Approved Care Plan: A Care Plan that has been approved by the District Health Authority and approved for funding by the Department of Health and Wellness.

Approved Setting: Settings approved by the District Health Authority where Support Services are delivered; may include the Client's home and/or residence or a location where the Client attends for volunteer, social, educational or employment purposes.

Assessed Needs: The Applicant's requirements for Support Services, as determined by a Continuing Care assessment and outlined in a Care Plan.

Care Manager: An unpaid individual who is appointed by the Client to manage, on behalf of the Client, the Client's care and/or manage the administrative aspects of the Client's participation in Self-Managed Care services.

Care Plan: A document completed by the Client, in conjunction with the Continuing Care Coordinator, identifying the Client's assessed needs, Support Services being requested, and the anticipated health outcomes of the provision of those services.

Care Provider: A person hired as an Employee, by the Client or the Care Manager, to provide the funded Support Services.

Case Management: The process of providing assessment, coordination, monitoring, follow-up and evaluation of services provided by and through the District Health Authority. This process involves the Client and their support network, Care Coordinator and Care Manager.

Care Coordinator: A person employed by the District Health Authority who is responsible for assessments, referrals, service planning, resource allocation and Case Management of Clients.

Client: An Applicant who has been approved to receive Self-Managed Care services funding, is the direct recipient of the funded Support Services, and employs their Care Provider(s) and who, for the purposes of this Agreement, is

Name: _____

Address: _____

Employee: Qualified Care Provider paid (including statutory benefits) by the Client to provide the Support Services as articulated in the Approved Care Plan.

Family Members: Relations through blood, marriage or adoption and other relatives living in the same household as the client. Family members include: spouses or partners living together in a spousal relationship; parents, parents, step-parents and adoptive parents; grandparents, step-grandparents and adoptive grandparents; children, step-children and adopted children; grand-children, step-grandchildren and adopted grandchildren; step-siblings and adopted siblings; aunts and uncles (including step-aunts and step-uncles); parents-in-law, sons/daughters-in-law and brothers/sisters-in-law; nephews and nieces.

Fiscal Year: The period covering April 1st of one year to March 31st of the next year.

Home Support: Services that assist Clients with homemaking in their own homes and includes light housekeeping, meal preparation and laundry.

Personal Care: Those services that assist the Client with hygiene, toileting, dressing, undressing, feeding and mobility.

Self-Managed Care Agreement: The contract between the Department of Health and Wellness, the District Health Authority, the Client and the Care Manager (if applicable) which governs the terms and conditions of the funding.

Self-Managed Care: A service option through which funds are provided to a Client in the community to directly employ a Care Provider(s) to deliver Support Services as articulated in an approved care plan. Self-Managed Care services are authorized by the District Health Authority and funded by the Department of Health and Wellness.

Support Services: Assistance with the routine activities of living, as determined by the Continuing Care assessment and provided by a person hired by the Client or Care Manager. This may include assistance with Personal Care activities and Home Support activities necessary to maintain hygiene and safety in the home.

2.0 TERM OF AGREEMENT

2.1 This Agreement comes into effect on _____ (the "Commencement Date") and shall continue in full force and effect thereafter from year to year, unless terminated under Section 11.0.

3.0 PAYMENT

3.1 All payments by the Department of Health and Wellness under this Agreement are subject to, and conditional upon, the funds required for this Agreement being duly

appropriated by the Legislative Assembly of Nova Scotia for the Fiscal Year in which the payments are to be made.

3.2 All payments to the Client or Care Manager shall be for expenditures that are pre-approved by the District Health Authority as part of the Client's Approved Care Plan and which shall be arranged for, obtained, coordinated and managed by the Client or the Care Manager.

3.3 The funds provided by the Department of Health and Wellness to the Client or Care Manager shall be an amount based on the Approved Care Plan as determined by the District Health Authority and shall be paid in accordance with the terms and conditions set out in the document entitled "Self-Managed Care Funding Payable to the Client" and attached hereto as Appendix "A", which is incorporated into and forms part of this Agreement.

3.4 The amount, terms and conditions set forth in Appendix "A" may be changed by the Department of Health and Wellness from time to time and in accordance with changes to the approved Care Plan, as determined by the District Health Authority. The Client or Care Manager will be provided with thirty (30) days written notice of the intended change or changes. Any change to Appendix "A" shall be deemed to automatically form part of Appendix "A".

3.5 The Client or Care Manager shall manage the funds provided to pay for the Approved Care Plan. If a surplus of funds should accumulate with the Client over the Fiscal Year, the Department of Health and Wellness will make an adjustment at the end of the Fiscal Year to leave only a surplus amount equal to the amount of funds provided to the Client or Care Manager for one month. This amount shall be applied to services in the next Fiscal Year.

3.6 The Client (or the Client and the Care Manager) shall open a separate account with a bank or other financial institution located in the Province of Nova Scotia to deposit all funds paid hereunder by the Department of Health and Wellness. The Client or the Care Manager, whatever the case may be, shall disburse from such account all payments for services properly incurred and the required remittances therefrom to the relevant government authority as and when they become due.

3.7 All funds provided under this Agreement shall be used only to purchase and pay for Support Services in accordance with the Approved Care Plan of the Client. A portion of the Client's Self-Managed Care funding, up to a maximum of $100 per month, may be used for bookkeeping fees resulting from the Client's participation in the Self-Managed Care program.

3.8 Monthly service cost calculations for Support Services shall include the cost of all Continuing Care services provided to the Client for home care, except for costs

associated with Home Oxygen Services, nursing services through the Home Care Program, Personal Alert Assistance and Caregiver Benefit.

3.9 The account into which the funds for Self-Managed Care are transferred for Administration by the Client/Care Manager shall not be accessed by an automatic banking machine or banking card.

3.10 The client shall submit financial statements to the District Health Authority in the format and at the frequency indicated in the Self-Managed Care Policy and the Self-Managed Care Agreement.

4.0 RESPONSIBILITIES OF THE CLIENT/CARE MANAGER

4.1 The Client is responsible for:

4.1.1 Accepting the risk inherent in and associated with the self-management of Support Services and liability issues for Self-Managed Care services;

4.1.2 Delegating a Care Manager, if desired by the Client. The Client must ensure that if a Care Manager is delegated, he/she is at least 19 years of age and is adequately trained and qualified to manage the care, administrative and/or financial requirements of Self-Managed Care Services on behalf of the Client.

4.2 The Care Manager, appointed by the Client, is responsible to:

4.2.1 Act on behalf of the Self-Managed Care Client;

4.2.2 Manage the care of the Client and fulfill the financial/administrative requirements of Self-Managed Care as they relate to the Client; and

4.2.3 Fulfill the duties outlined under sections 3.3 and 3.4 of the Self-Managed Care Policy and the terms of the Self-Managed Care Agreement.

4.3 During the term of this Agreement, the Client or the Care Manager, as the case may be, shall be solely responsible for arranging for, obtaining, coordinating, and managing the required Support Services in accordance with the Approved Care Plan of the Client.

4.4 Without limiting the generality of the foregoing, the Client or the Care Manager, as the case may be, understands and agrees that he/she is responsible for:

4.4.1 recruiting, screening, interviewing and hiring the required Care Provider(s);

4.4.2 ensuring that the Care Provider(s) selected is adequately trained and qualified to provide the Support Services in accordance with the Client's Approved Care Plan;

4.4.3 establishing and retaining proof of the qualifications of the Care Provider(s) hired and monitoring and reporting on (as required) the quality of the care provided (in relation to meeting the health outcomes as articulated in the Approved Care Plan);

4.4.4 providing initial and ongoing training, supervision and direction for Care Providers and terminating Care Providers, as appropriate;

4.4.5 ensuring compliance with the Self-Managed Support-care Act, the Self-Managed Care Policy and the Self-Managed Care Agreement;

4.4.6 accepting case management services from the District Health Authority;

4.4.7 providing the District Health Authority with information regarding the Care Manager, as requested, if applicable;

4.4.8 negotiating appropriate terms and conditions of employment with the Care Provider(s) selected;

4.4.9 paying the salary and any required benefits of the Care Provider(s) providing the Support Services;

4.4.10 making any deductions, required by law, from the salary of the Care Provider(s);

4.4.11 registering and enrolling for coverage with the Workers' Compensation Board;

4.4.12 registering with the Canada Revenue Agency as required by status as an employer;

4.4.13 complying with any applicable employment and labour laws, and occupational health and safety laws including (without limitation) laws relating to wages, hours of employment, vacation time and occupational health and safety;

4.4.14 ensuring that an emergency back-up service plan is in place and that such emergency services are available to the Client as required. The use of other programs and services funded by the Department of Health and Wellness, Continuing Care Branch, as the back-up service plan is not permitted. This includes, but is not limited to, the Home Care Program;

4.4.15 maintaining and keeping all records related to the Self-Managed Care funds received including, but not limited to: bank statements establishing all deposits and payments; cancelled cheques; original receipts; time sheets and invoices; records of the dates and number of hours of service provided; proof of payment to the Care Provider(s); and employment records;

4.4.16 completing a financial reconciliation report, prepared in accordance with "Appendix C", "Self-Managed Care Financial Reconciliation Report", which is

incorporated into and forms a part of this Agreement, within ninety (90) days of the commencement date of this Agreement, at the first calendar date from the following: March 31st, June 30th, September 30th, and December 31st, and thereafter on an ongoing basis following the same sequence of dates, and return completed interim reports to the District Health Authority; and

4.4.17 within thirty (30) days of the termination of this Agreement, submitting:

i. a Self-Managed Care Financial Reconciliation Report, prepared in accordance with Appendix C.

ii. a final reconciliation report, prepared in accordance with Appendix "D," "Self-Managed Care Final Financial Report and Reconciliation" attached hereto and forming part of this Agreement; and

iii. a cheque or money order, made payable to DHW FINANCE DEPT – CONTINUINING CARE, ACCOUNTS PAYABLE, for any funds not expended by the Client for the provision of Support Services.

4.5 The Client or Care Manager shall ensure the Care Coordinator is advised of any of the following circumstances no later than 24 hours after it occurs:

4.5.1 the Client is admitted to an acute care facility;

4.5.2 the Client is admitted to a long-term care facility;

4.5.3 the Client's health care status affects Support Services;

4.5.4 the Client's Support Services are interrupted for longer than 14 consecutive days;

4.5.5 the Care Manager who signed the Self-Managed Care Agreement will no longer be acting on behalf of the client; or

4.5.6 there is a new Care Manager designated by the Client and a new Agreement must be signed

5.0 RESPONSIBLITIES OF THE DISTRICT HEALTH AUTHORITY

5.1 Without limiting the generality of the foregoing, the District Health Authority is responsible to:

5.1.1 provide access to Self-Managed Care for eligible residents of Nova Scotia;

5.1.2 provide Self-Managed Care services that are compliant with the Self-Managed Support-Care Act, the Self-Managed Care Policy and the Self-Managed Care Agreement established by the Nova Scotia Department of Health and Wellness;

5.1.3 assess the eligibility of Applicants for Self-Managed Care services, using standard assessment tools, which have been approved by the Nova Scotia Department of Health and Wellness;

5.1.4 determine the Client's obligation to pay Self-Managed Care fees, in accordance with the policy and procedure established by the Nova Scotia Department of Health and Wellness, and to notify the Department of Health and Wellness when the Client's Self-Managed Care funding is to be adjusted accordingly;

5.1.5 ensure that all Clients approved for Self-Managed Care are oriented. This includes the identification of financial reporting requirements, the regulatory obligations of employers, the provision of useful contact information, as well as any other requirements related to Self-Managed Care;

5.1.6 provide Case Management services for Self-Managed Care Clients;

5.1.7 ensure that a legally binding Self-Managed Care Agreement, governing the terms and conditions of funding, is completed for all Clients of the program. The terms of the Self-Managed Care Agreement must include, but are not limited to:

i. the amount of the approved funding and a schedule for transfer of funds;
ii. Client/Care Manager responsibilities;
iii. provisions related to financial accountability and reporting;
iv. liability agreement; and,
v. terms under which the Agreement can be terminated;

5.1.8 establish any district level policies and procedures necessary to support the delivery of Self-Managed Care;

5.1.9 notify the Department of Health and Wellness when the Self-Managed Care Agreement/Client funding are to be terminated and also when Client funding is to be temporarily placed on hold, as indicated in the Self-Managed Care Agreement;

5.1.10 review Clients' reconciliation reports and other relevant financial documentation to ensure Clients' expenditures are in keeping with their approved care plans;

5.1.11 forward Clients' financial statements to the Department of Health and Wellness as requested; and

5.1.12 collect and track information regarding Self-Managed Care usage and provide this information to the Department of Health and Wellness as requested.

6.0 RESPONSIBLITIES OF THE DEPARTMENT OF HEALTH AND WELLNESS

6.1 Without limiting the generality of the foregoing, the Department of Health and Wellness is responsible:

6.1.1 to establish provincial program policy, congruent with the *Self-Managed Support-care Act*, for the delivery of Self-Managed Care services;

6.1.2 to establish the funding rate for Self-Managed Care and the monthly maximum amount of funding which is available to a Client through Self-Managed Care. The Department of Health and Wellness may revise the funding rate and the monthly funding limit on November 1st of each year;

6.1.3 to set Self-Managed Care service fees and to establish policy and procedures related to the determination and collection of these;

6.1.4 to provide funding directly to the Self-Managed Care Client/Care Manager for authorized Support Services;

6.1.5 to develop accountability measures, performance measurements and reporting requirements that the District Health Authorities are required to meet; and

6.1.6 for auditing reviewed Self-Managed Care Clients and/or Care Managers for compliance with provincial program requirements.

7.0 ADJUSTMENTS OF PAYMENTS

7.1 If at any time the Client is hospitalized or, for any other reason, has not required, or does not require, Support Services for any period exceeding one month, the Department of Health and Wellness, in consultation with the District Health Authority, may:

7.1.1 make such adjustments to payments otherwise due under this Agreement, as are appropriate, including the Client portion paid towards the cost of Support Services, taking into consideration the services provided and the amount of funds allocated; or

7.1.2 deduct any amount or amounts received by the Client, or Care Manager, for Support Services with respect to such period from future payments; or

7.1.3 require repayment of any amount or amounts, received by the Client or Care Manager for Support Services with respect of such periods.

8.0 CLIENT RECORDS

8.1 The client or Care Manager shall ensure that records are kept satisfactory with respect to Support Services. This includes a cheque register, receipts journal, invoices, Employee time records, copies of Revenue Canada T4 summaries and related T4 slips, bank statements and any other records and documents related to Support Services as may be requested by the District Health Authority and/or the Department of Health and Wellness.

8.2 The Client and the Care Manager agree that the District Health Authority and/or the Department of Health and Wellness may inspect and copy all records and documents of

the Client and/or Care Manager relating to this Agreement. The Client and Care Manager agree to provide any clarification requested with respect to these records and documents.

8.3 The District Health Authority and/or the Department of Health and Wellness may audit the books and records of the Client relating to this Agreement at any reasonable time and the Client and Care Manager shall cooperate with any auditor appointed by the District Health Authority or the Department of Health and Wellness.

8.4 The Client or Care Manager, as the case may be, agrees to provide the District Health Authority and/or the Department of Health and Wellness, as requested and identified, such information and documents as are, in the opinion of the District Health Authority and/or the Department of Health and Wellness, necessary to assist in reviewing and evaluating the effectiveness of this Agreement or Self-Managed Care.

9.0 LIABLITY

9.1 The Department of Health and Wellness' obligation under this Agreement is limited solely to providing funding for Self-Managed Care in accordance with the terms and conditions set out in this Agreement.

9.2 Without limiting the generality of the foregoing, neither the Department of Health and Wellness nor the District Health Authority shall be liable for:

9.2.1 any failure of the Client and/or the Care Manager, as the case may be, to ensure that the Support Services received by the Client are appropriate;

9.2.2 injury (including death) to the Client, Care Manager or any person employed or providing Support Services to the Client, or on behalf of the client, including a Care Manager;

9.2.3 any economic loss suffered by, or damage to, or loss of property of, the Client or any person employed by or providing services to the Client or on behalf of the Client, including a Care Manager; or

9.2.4 any failure on the part of the Client, or the Care Manager, to comply with applicable laws; and

9.2.5 any failure on the part of the client, or the Care Manager appointed by the Client, to make any required deductions or remittances.

10.0 INDEMNIFICATION BY CLIENT AND INSURANCE REQUIREMENTS

10.1 The Client shall be solely responsible for those matters set out in Articles 9.2.1 to 9.2.5 and for any act or omission of the Client or any person employed by or providing Support Services to the Client or on behalf of the Client, (including the Care Manager when

designated), and shall save harmless and indemnify the District Health Authority and Department of Health and Wellness, their officers, staff and agents from and against all claims, liabilities, and demands arising with respect thereto.

10.2 While this agreement is in effect, the Client, and/or Care Manager, shall comply generally with the *Workers' Compensation Act of Nova Scotia* and, in particular, will obtain and maintain coverage under this *Act* of any Employees and will, upon request by the District Health Authority, provide particulars of such coverage.

11.0 TERMINATION

11.1 The Department of Health and Wellness, the District Health Authority, the Client or the Care Manager, on behalf of the Client, may terminate this Agreement at any time by giving thirty (30) days' notice, in writing, to the other parties.

11.2 In addition to its rights under subsection 11.1 and without restricting any other remedies available, the Department of Health and Wellness and/or the District Health Authority may terminate this Agreement without notice if, in its sole discretion, the Department of Health and Wellness determines that:

11.2.1 the Self-Managed Care funds are not being used to purchase the Support Services as set out in Client's Approved Care Plan;

11.2.2 access to Self-Managed Care records is not provided to the Department of Health and Wellness and/or the District Health Authority upon request;

11.2.3 the Client and/or the Care Manager is otherwise in breach of a term or condition of this Agreement; or

11.2.4 the Client is insolvent or has declared bankruptcy pursuant to the *Bankruptcy Act* (Canada).

11.3 Upon termination of this Agreement, the Department of Health and Wellness shall be under no obligation to the Client, or the Care Manager, other than to pay, upon receipt of evidence satisfactory to the Department of Health and Wellness, such amounts as may have been incurred by the Client with respect to the Approved Care Plan of the Client up to the date of termination.

11.4 The termination of this Agreement does not preclude the Client from receiving other Continuing Care services in accordance with the current guidelines, procedures and policies of the Department of Health and Wellness.

11.5 Upon termination or expiration of this Agreement, any unexpended funds pertaining to the Client's Support Services in the Client's bank account shall be returned to the Department of Health and Wellness.

12.0 PAYMENT OF FAMILY

12.1 Payment of Family Members to provide Support Services to the Client is not permitted, except as may be allowed in accordance with the terms and conditions set out in the document entitled “Self-Managed Care, Approval to Pay Family Members,” attached hereto as Appendix “B”, which is incorporated into and forms part of this Agreement.

13.0 GENERAL PROVISIONS

13.1 This Agreement does not create the relationship of employer and Employee, or of principal and agent, between the Department of Health and Wellness and the Client or between the Department of Health and Wellness and any person or agency employed by, or providing Support services to the Client or on behalf of the Client, including the Care Manager.

13.2 This Agreement does not create the relationship of employer and Employee, or of principal and agent, between the District Health Authority and the Client or between the District Health Authority and any person or agency employed by, or providing Support Services to the Client or on behalf of the Client, including the Care Manager.

13.3 The Client, or Care Manager, shall not incur any expenses or debts on behalf of, nor make any commitments for, the Department of Health and Wellness or the District Health Authority, outside the terms and conditions of this Agreement.

13.4 The Client, or Care Manager, shall not assign or transfer this Agreement or any of the rights or obligations under this Agreement, with the exception of payroll management services. The Client may appoint a Care Manager in accordance with the terms and conditions set out in the Self-Managed Care Policy.

13.5 Articles 9 and 10 shall survive the termination or expiration of this Agreement.

13.6 Subject to Article 3.4, no amendment or change to, or modification of this Agreement shall be valid unless it is in writing and signed by all parties to this Agreement.

13.7 By entering into this Agreement, the Client and the Care Manager, if there is one, acknowledge that neither of them shall financially benefit, directly or indirectly, through the process of managing the Self-Managed Care funds.

13.8 The Client, and the Care Manager, acknowledge that they have read all of the terms, conditions and provisions of this Agreement and understand all provisions hereof and agree to be bound by them.

14.0 NOTICES

14.1 All notices under this Agreement shall be deemed given and received on the occurrence of one of the following: on delivery if the notice is delivered by hand; or three days after

posting the notice if the notice is sent by registered mail, with receipt requested; or to a third party at the address as identified below. Nothing in this section shall prevent notice from being given by any other means.

Department of Health and Wellness	**District Health Authority**
Insert Address	*Insert Address*

Care Manager	**Client**
Insert Address	*Insert Address*

15.0 GENDER

15.1 The reference to the masculine gender contained herein shall be deemed to include a reference to the feminine gender.

16 GOVERNING LAWS

16.1 The Agreement shall be construed in accordance with the laws of the Province of Nova Scotia.

IN WITNESS WHEREOF the parties have caused this Agreement to be executed on the last date set out below.

SIGNED, SEALED AND DELIVERED
in the presence of

_____
Witness

HER MAJESTY THE QUEEN in right of
the Province of Nova Scotia as represented in this behalf by the Department of Health and Wellness

_____
Name:
Title:

Date_____

DISTRICT HEALTH AUTHORITY

_____ _____

Witness Name:

Title:

Date_____

CLIENT

_____ _____

Witness Name:

Title:

Date_____

CARE MANAGER

_____ _____

Witness Name:

Title:

Date_____

Alternate Contact Person / Designate (Responsible to notify Financial Services Officer if any changes in Client's status or if Client moves)

_____ _____

Phone Number Name (Please Print)

APPENDIX "A"

SELF-MANAGED CARE
FUNDING PAYABLE TO THE CLIENT

The Department of Health and Wellness will provide funding to the Client on a monthly basis, for the Client to arrange, obtain, coordinate and manage the Support Services that are part of the Approved Care Plan. The **AUTHORIZED MONTHLY PAYMENT** specified in this Appendix is paid to the Client in advance of the purchase of Support Services for which it is intended.

$_____ **CARE PLAN AMOUNT***

Minus $_____ **CLIENT FEES****

= $_____ **AUTHORIZED MONTHLY PAYMENTS**

The first authorized monthly payment shall be for the month of _____20_____

***CARE PLAN AMOUNT:** Attach Proposed Client Care Plan (Signed & Dated)

****CLIENT FEES:** In accordance with the *Self-Managed Care Policy* and based on the information provided during assessment, a Client fee may be assessed for each funded hour of service. Client fees, up to a monthly maximum, are based on income and family size and will be deducted from the Authorized Monthly Payment amount.

APPENDIX "B"

SELF-MANAGED CARE
APPROVAL TO PAY FAMILY MEMBERS

This Appendix acknowledges the exemption of the Client from the provisions of the Department of Health and Wellness *Self-Managed Care Policy* which relates to hiring of family as paid Care Providers. This exemption will be reviewed on a quarterly basis by the District Health Authority to determine that there is no other realistic alternative to the hiring of the designated Family Members as paid Care Providers.

By this exemption the Client is permitted to hire the following Family Members as paid Care Provider(s) under this Agreement.

Name _____

Address _____

_____

Name _____

Address _____

_____

Name _____

Address _____

_____

Name _____

Address _____

_____

_____ _____

Manager, Liaison and Service Support
Department of Health and Wellness

Date

APPENDIX "C1"

SELF-MANAGED CARE
FINANCIAL RECONCILIATION REPORT

This financial Reconciliation Report is being submitted under the Agreement between the Department of Health and Wellness, the District Health Authority, the Client and the Care Manager (if applicable) and:

_____
Client (Print Name in Full)

for the Period: _____ to _____

NOTE:

- This Financial Reconciliation Report must be submitted quarterly within ninety (90) days of the Commencement date of this Agreement at the first calendar date from the following: March 31st, June 30th, December 31st and thereafter on an ongoing basis following the same sequence of dates or, if this Agreement has been terminated, within thirty (30) days of the termination date.

- A detailed accounting of all expenses supported by copies of the monthly bank statements and receipts must be included with this Reconciliation Report.

Unexpected Funds Brought Forward	Add	$ _____	(A)
Total Self-Managed Care funds (including interest) received this period.	Add	$ _____	(B)
Total Self-Managed Care funds spent for Support Services (attach supporting documents).	Subtract	$ _____	(C)
Unexpended Funds (A + B + C	Equals	$ _____	(D)
Amount equal to funding for 1 month.	Subtract	$ _____	(E)
Amount to return with reconciliation (D-E)	Equals	$ _____	(F)

APPENDIX "C1" (continued)

SELF-MANAGED CARE
FINANCIAL RECONCILIATION REPORT

_____	_____
Client (Print Name in Full)	Phone (Home)

_____
Address

_____	_____
Client Signature	Date
_____	_____
Witness (Print Name)	Signature

Return this Financial Reconciliation Report along with all supporting documentation to the appropriate regional office listed below:

Districts 1, 2 & 3
Financial Services Office
Continuing Care
South Shore Regional Hospital
90 Glen Allen Drive
Bridgewater, NS B4V 3S5

District 4
Financial Services Officer
Continuing Care
797 Prince Street
Truro, NS B2N 1G7

District 5
Financial Services Officer
Continuing Care
71 Victoria St. East
Amherst, NS B4H 1X7

District 6
Financial Services Officer
Continuing Care
835 East River Road
New Glasgow, NS B2H 3S6

District 7
Payroll/Finance Clerk
Continuing Care
39 James Street, PO Box 610
Inverness, NS B0E 1N0

District 8
Financial Services Officer
Continuing Care
Heath Park
45 Weatherbee Road, Suite LL02
Sydney, NS B1M 0A1

District 9
Financial Services Officer
CDHA, Continuing Care
3825 Joseph Howe Drive
Halifax, NS B3L 4R6

APPENDIX "C2"

SELF-MANAGED CARE – CLIENT DECLARATION

I, _____, the Client under this Agreement, declare that I have:

a) retained all Self-Managed Care funds received pursuant to this Agreement in a separate bank account;

b) retained in my possession all records and all other information regarding the provision of the Support Services provided under this Agreement;

c) kept all payments up to date with respect to the Self-Managed Care funds received from the Department of Health and Wellness and all payments required for the provision of the Support services; and

d) accounted for any commissions, surcharges or rebates and that all Self-Managed Care funds provided by the Department of Health and Wellness, have been truly spent in accordance with this Agreement and that, there has been a full disclosure of the use made of all Self-Managed Care funds received.

e) kept all payments up to date with respect to the Self-Managed Care funds received from the Department of Health and Wellness and all payments required for the provision of the Support Services; and

f) accounted for any commissions, surcharges or rebates and that all Self-Managed Care funds Provided by the Department of Health and Wellness have been truly spent in accordance with this agreement and that there has been a full disclosure of the use made of all Self-Managed Care funds received.

APPENDIX "D"

SELF-MANAGED CARE
FINAL FINANCIAL REPORT AND RECONCILIATION

This Final Financial Report and Reconciliation is being submitted under the Agreement between the Department of Health and Wellness, the District Health Authority, the Client and the Care Manager (if applicable) and:

_____
Client (Print Name in Full)

for the Period: _____ to _____

NOTE:

- This Final Reconciliation Report must be completed and returned within thirty (30) days of the termination of the Agreement.
- A detailed accounting of all expenses supported by copies of the monthly bank statements and receipts must be included with this Final Reconciliation Report.
- Any unexpended Self-Managed Care funds in the control or possession of the Client at the time that this Final Reconciliation Report is submitted must be enclosed with this Final Reconciliation Report in the form of a cheque or money order made payable as set out below.

Total Unexpended Funds Brought Forward	Add	$_____	(A)
Total Self-Managed Care Funds (including interest) received from Continuing Care this period	Add	$_____	(B)
Total Self-Managed Care funds spent for Support Services (attach supporting documents)	Subtract	$_____	(C)
Equals: Unexpected Funds (A + B – C), and amount to be returned to Continuing Care	Equals	$_____	(D)

I, _____, the Client under this Agreement, certify that I have:

a) retained all Self-Managed Care funds received pursuant to this Agreement in a separate bank account;

b) retained in my possession all records and all other information regarding the provision of the Support Services provided under this Agreement.