NOVA SCOTIA
Department of Health and Wellness

Self Managed Care Exceptional Request

Continuing Care 1-800-225-7225 toll free across Nova Scotia 8:30 a.m. to 4:30 p.m., 7 days a week

Reset | Print

Client Name:	Health Card Number:
District	Client Fee Category

Exceptional Request:

- ☐ Greater Than Self Managed Care Service Maximum Costs
- ☐ Family as Care Providers for short term — Review Date: _____
- ☐ Other

Services Plan:

1. Monthly SMC Funding Amount $ _____
2. Cost of HCNS Nursing Service (monthly) $ _____
3. Combined cost of line 1 and 2 $ _____

Home O2 ◯ YES ◯ NO

Rationale for Exception:	
SMC- Continuing Care Coordinator Signature	Date

Exception Recommended by: _____ SMC Supervisor _____ Date (mm/dd/yyyy)

Exception Approved by: _____ Service Delivery Coordinator _____ Date (mm/dd/yyyy)

Conditions of Approval: _____