

APPENDIX A - Basic and Special Needs Rates

When special need items and services are not listed in the table of rates below, the following approval levels as outlined in section 6 of the Special Needs Policy shall apply:

Special Needs Request	Final Approval Required
Up to \$500.00/month	Care Coordinator
Up to \$1500.00/month	Casework Supervisor
Up to \$5000.00	District Manager
Over \$5000.00	Regional Administrator

All reoccurring special needs shall be reviewed once every 12 months or at the time of annual review, unless otherwise specified in Policy. Funding for items not listed below require consultation with the SPD Specialist.

Basic and Special Needs Rates

ITEM / SERVICE (SPD Payment Code)	RATE & APPROVAL LEVEL
Clothing	
Clothing- Regular (105) *Applicable for participants in residential placements	\$25 per month or \$150 twice (2) per twelve month period, when requested and approved by Care Coordinator (applies to participants in residential placements only and not in receipt of the Personal Allowance).
Clothing- Special (040)	Actual cost of the most economical option, approved by Casework Supervisor (applies to participants in all SPD Programs).
Funeral and Burial	
Professional Services and Merchandise (009)	Up to a maximum total of \$2700 + taxes Set rate, approved by Care Coordinator.

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ITEM / SERVICE (SPD Payment Code)	RATE & APPROVAL LEVEL
<p>Items Eligible for Cash Disbursements: (009)</p> <ul style="list-style-type: none"> • cemetery charges (open, close, clean up grave), • burial permits, etc.; • grave liner (wooden); • cemetery equipment & set up; • radio notices; • newspaper notices; • clothing for the deceased; • honorariums (clergy, music,); • grave lot • Mileage over twenty-five kilometers 	<p>Up to a maximum total of \$1,100 + taxes Set rate, approved by Care Coordinator.</p> <p>May be paid on a per kilometer basis at a rate of \$0.60 per kilometer (60 cents/ km).</p>
<p>Any exceptions requested in addition to the approved funeral cost such as but not limited to, oversized casket, special-embalming preparations, out of province transfer.</p>	<p>Approved by Casework Supervisor.</p>
Medical	
<p>Ambulance (<i>also see Transportation</i>) (091)</p>	<p>Actual cost at the normal DHW rate, approved by Care Coordinator.</p>
<p>Dental (005)</p>	<p>Dental care approved in accordance with the SPD Dental Fee Guide, approved by the Director. See Appendix C: Dental Rate Guidelines.</p>
<p>Emergency Response Devices (018)</p>	<p>Actual cost of the most economical option, approved by Care Coordinator.</p>
<p>Attending Medical Appointments or Tests Outside of the Local Community</p> <p>Food/Shelter (047) Transportation (046) Staffing (098)</p>	<p>Most economical for all support costs including food, shelter and transportation.</p> <p>Casework Supervisor to approve costs in excess of \$150. SPD approval.</p>
<p>Foot Care / Podiatry (118)</p>	<p>Actual cost, approved by Care Coordinator.</p>

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Guide (Assistance) Dog Allowance (111)	Max of \$60 per month, approved by Care Coordinator.
Hearing Aids/ Hearing Aid Batteries (018)	Actual cost of hearing aid and batteries as a recurring need, approved by Care Coordinator, Casework Supervisor approval over \$500.
Medical Completion Fee (122)	\$25 physician fee for the completion of the <i>Report of Applicant's Personal Physician Form</i> (SPD-425). Current SPD participants only, approved by Care Coordinator.
Medical File Transfer (122)	Electronic and/or paper file transfer, actual cost up to \$50, approved by Care Coordinator.
Medical Equipment (018)	Assistance with purchase / rental of approved equipment at the actual cost of the most economical option, approved by Care Coordinator up to \$500.00. For wheelchair or scooter purchases and repairs, referrals should be made to Easter Seals Nova Scotia.
Medical Insurance (003)	Recurring need in monthly entitlement when part of a cost effective support plan, approved by Care Coordinator.
Medical Supplies (095)	Actual cost of the most economical option(s), approved by Care Coordinator.
Nursing Care (011)	Nursing services are to be accessed through DHW. When part of an approved individual support plan, the most economical option in the participant's area may be approved according to SPD approval levels.
Optical Care Glasses (008)	Glasses and eye exams provided once every 2 years. <ul style="list-style-type: none"> • \$90 for single vision orders with regular glass or CR39 plastic lenses complete with frame once every 2 years • \$110 for bifocal orders with Kryptoc or flat-top glass or CR39

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Eye Exams (058)	<p>plastic complete with frame, once every 2 years</p> <ul style="list-style-type: none"> • \$55 for assistance with the cost of eye exams once every two years <p>Approved by Care Coordinator.</p>
Orthotics (118)	Based on SPD approval levels for customized orthotic shoes and orthotic modifications to regular shoes.
Over the Counter / Non-Prescription Medication (060)	Max of \$99 per month (including blister-packing, where required), approved by Care Coordinator.
Prescription Drugs (004)	As per NS Formulary, paid by Pharmacare only (costs include blister-packing, where required). A participant who has a private or senior health care plan may be eligible for reimbursement of the co-payment amounts, approved by Care Coordinator.
Special Diet* (051)	Max total of \$150 per month, eligible for periodic review (minimum of at least once per year or at time of the annual review), approved by Care Coordinator. Please refer to Special Diets Rate Guidelines. Paraplegic / quadriplegic participants and any other participant with chronic conditions such as diabetes and colitis are eligible for recurring special diet needs with no documentation from a health professional.
Maternal Nutritional Allowance (061)	Max total \$29 per month included in a recipient's monthly entitlement from the date the Care Coordinator is notified of the pregnancy or birth of a child up to and including twelve full months after the birth of the child. In situations where the Care Coordinator is notified of a subsequent pregnancy or birth, the nutritional allowance will continue up to and including twelve full months after the birth of the subsequent child(ren).

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Medical Care (Rehabilitation and Treatment Services)	
Counseling (003)	Short-term interventions (up to 6 months). Supervisory approval required. Requests beyond six (6) months require appropriate documentation. Maximum \$1500 per year.
Occupational Therapy and Physiotherapy (003)	Short-term interventions (up to 6 months) where publicly funded services are not accessible through insured services. Supervisory approval required, up to \$600 per six (6) month period. Exceptions may be considered where medical services are required beyond six (6) months. Maximum \$1200 per year.
Massage Therapy (003)	Based on a physician's recommendation as it relates to a specific physical disability. Supervisory approval required. Maximum \$600 per year.
Personal Use Allowance (Comforts Allowance) (007)	
	\$115 per month.
Shelter / Utility / Food	
Shelter Allowance* (001) *Applicable for DFSA, ILS	Boarding - \$223 per month. Rent or Own Home – up to \$535 per month for individuals. Families of two are eligible for up to \$570 per month and families of three or more are eligible for \$620 per month.
Personal Allowance* (001) *Applicable for DFSA, ILS	\$229 per month.

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Emergency Food Orders (001)	\$25 per person. Approval of a Care Coordinator with prior supervisory approval.
Excess Shelter (062)	Requires supervisory approval for requests up to \$200/month. District Manager approval beyond \$200/month.
Extermination Services (065)	Actual cost of the most economical service option
Fire/Liability Insurance (044)	Actual cost calculated at 1/12 for each month, or full premium. Two quotes should be sought before approval.
Furniture (015)	See ILS Policy.
Homeless Shelters (055) Residential Recovery Program (057) Youth Facility (064)	Actual cost, approved by Casework Supervisor. Actual cost, approved by Casework Supervisor. Actual cost, approved by Casework Supervisor.
House Repairs (014)	As part of an approved individual support plan. SPD approval levels apply.
Moving Expenses – Within Region (045)	Max total of \$200, once every twelve month period.
Security/ Damage Deposits (042)	Will not exceed one half (1/2) of the actual rent, up to the max shelter rate.
Shelter-Related Arrears (Mortgage/ Rental Arrears 049) (Property Tax Arrears 052) (Utility Arrears 053)	One-time only, minimum amount required to avoid foreclosure, eviction, a tax sale or utility service termination. Approved by Casework Supervisor.
Telephone* (059) *Applicable for ILS	Telephone equipment and services as part of an approved service plan, approved by Care Coordinator.

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Support Services	
Child Care (039)	Max total of \$400 per month. Actual cost, as part of an approved individual support plan, approved by Care Coordinator.
Extra Staffing (Extraordinary Staffing) (098)	Short term requests only (less than 3 months). Must be approved by Casework Supervisor and in accordance with SPD Approval Levels.
Homemaker Services* (010) * Applicable for DFS, ILS	Most economical option when not available through Home Care Nova Scotia.
Interpreter Services (025-other. Document in ICM case notes)	Most economical option when these services cannot be accessed through a community organization.
Nursing Care (011)	Nursing services are to be accessed through DHW. Must be approved by Casework Supervisor and in accordance with SPD Approval Levels.
Personal Care (119) * Applicable for DFS, ILS	Most economical option for services not covered under Home Care Nova Scotia or other insured services. May not include costs normally covered by an approved per diem rate, units of service, or hours of support. SPD approval levels apply.
Respite in Licensed Homes (110)	Sixty days annually allowed per participant, approved by Care Coordinator.
Respite In-Home (DFS) (100)	Used for costs associated with in-home respite support. Maximum \$2200 per month.

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Transportation	
Ambulance (091)	Actual cost at the current DHW rate.
Regular Transportation (002)	Max total of \$150 per month based on most efficient and economical means of transportation. For regular transportation requests beyond the \$150 per month maximum, approved by the Casework Supervisor.
Transportation for Medical Attention (Not an Ambulance) (046)	Max total of \$150 per month based on most efficient and economical means of transportation. For medical travel transportation requests beyond the \$150 per month maximum, approved by the Casework Supervisor.
Transportation for Family Visits for Out of Region Placements (002)	Actual cost to max total \$600 per year (max of \$150 per trip based on actual expenditures) for participants who have accepted a placement in another region in the Province, while they are on the wait list to return to their home region. Receipts required.
Vocation / Employment / Day Activity (Rehabilitation and Social Development)	
Approved Day Programs (Adult Service Centres 054) (Transitional Day Programs 114)	Actual costs, as part of an approved individual support plan and within available resources. Must be approved by Casework Supervisor and in accordance with SPD Approval Levels.
Education Programs (012)	Max total of \$500 per twelve month period. Actual cost (50% will be recovered if participant does not complete the course(s))
Books/Supplies/Deposits	Max total of \$700 per twelve month

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(012)	period, includes seat confirmations.
Employability Related Expenses (029)	Max total of \$200 per twelve month period.
Project 50 (099)	The incentive allowed is prorated on a basis of \$2 per hour service to a maximum of \$50 per month. The initial and annual request must be approved by the Case Work Supervisor.
Employment Incentives / Supported Employment Training Allowance/Stipend	Up to the first \$300 earned by the participant, plus 30% of the remaining wages as a monthly employment incentive. Up to the first \$300 monthly earned by the participant