



Home Oxygen Program Application and General Instructions

The Home Oxygen Program booklet contains the following information:

- Page 1:** Did You Know?
Safety
- Page 2:** Home Oxygen Program Applicant and Family Information
- Page 3:** Eligibility Information for Physicians

Applicants should keep the booklet for their information once the Home Oxygen Program Application form has been completed and detached.

Home Oxygen Application Form

*To assist you in completing this application, please read the instructions, **type** or **print** clearly on **all** sections of the form.*

- Section 1:** Is to be completed by the applicant or agent.
- Section 2:** Is to be completed and signed by the physician prescribing the oxygen. The physician's employee or hospital's health professional may complete the information requested in this section but the physician must sign.
- Section 3:** Is to be completed by the physician or oxygen vendor and signed by the oxygen vendor.
- Section 4:** Is to be completed and signed by the health professional performing the oximetry test if other than the physician.
- Section 5:** Is to be completed and signed by the applicant or agent in the presence of a health professional.
- Section 6:** Is to be completed and signed by the applicant or agent. Please allow 8 weeks for processing your application.

Tear out the completed application form and mail to:

Operational Support Branch
Home Oxygen Program (HOP)
5700 Yonge Street, 7th Floor
Toronto ON M2M 4K5

- Office hours are 8:30 a.m. to 4:30 p.m., Monday to Friday except holidays
- You may contact HOP at the following number:

Toronto
1 800 268-6021
(416) 327-8804
TDD – 1 800 268-6023

Français au verso

Did you know?

There are 3 types of oxygen systems. They are:

Concentrator – this is a machine which makes oxygen by taking in room air and sifting out the oxygen. It must be plugged in to a grounded electrical outlet. Because the oxygen concentrator “makes” the oxygen, it does not need to be replaced or refilled regularly. A backup oxygen cylinder is provided in the event of a power failure.

Oxygen users who are also active may choose to use small (portable) oxygen cylinders along with their concentrators. The cylinders are used when they go out. Some suppliers carry lightweight, aluminum cylinders for easier handling.

Cylinder system – cylinders are tanks of compressed oxygen. Large tanks are used inside the home, and small tanks are used for outings or travel. Large cylinders are often used for babies who need special equipment.

Liquid system – this system stores oxygen in liquid form. Oxygen gas is cooled to an extremely low temperature to make it turn into liquid. The liquid oxygen is kept in large stationary containers called “reservoirs”. Portable units are filled from the reservoir for travel or use outside the home. The liquid turns into gas before it leaves the container and it remains a gas when it is breathed in.

Ask your vendor to show you the oxygen systems!!

Conserving devices – the above oxygen systems deliver oxygen continuously (*while you inhale and exhale*). However, when you exhale most of the oxygen is vented into the room. Conserving devices help reduce the amount of oxygen wasted. Therefore, your oxygen supply will last longer and may cut down on the number of deliveries from your vendor and extend the duration of your portable oxygen unit. Ask your doctor or vendor about the different types of conserving devices.

Safety

- ✔ **Be careful!** Oxygen does not burn by itself, but it will “feed a fire” so safety is important. Signs should be posted wherever the oxygen is being used. Ask your vendor for a sign. Also let your local fire department know that you have oxygen in your home.
- ✔ Keep oxygen systems away from any sources of heat or open flame. Ask your doctor and the vendor’s health professional about safety tips for using oxygen in the home and while travelling.
- ✔ **Do not smoke or let anyone else smoke in the area where the oxygen is being used.** Smoking is a serious fire hazard to oxygen users and it is also a health risk. Ask others to refrain from smoking while visiting you.
- ✔ Do not use Vaseline or petroleum products on an oxygen user’s face. Ask your pharmacist for an oil-free face cream if necessary.
- ✔ Store oxygen in a well-ventilated area of the house. Do not store any cylinders or liquid units in a closet!
- ✔ Frost injuries to the skin can occur when filling portable liquid tanks from larger units. Ask the person delivering the oxygen to watch you fill your portable liquid unit to make sure you are doing it right.
- ✔ Sometimes the oxygen or the tubing can cause skin irritation and drying of the nose. Call your doctor or the vendor’s health professional if you are having problems.
- ✔ Conserving devices can be useful under some circumstances. If you tend to breathe through your mouth while using a conserver you may not get the right amount of oxygen. Make sure you discuss your situation with your doctor and your vendor before using a conserving device.

Home Oxygen Program Applicant and Family Information

Please read:

1. Who can apply?

Ontario residents who have an illness resulting in the need for long term oxygen therapy. Applicants must have a valid Health Card and meet the medical criteria.

People who require oxygen due to work-related injuries are not eligible for funding through the Ministry's Home Oxygen Program. These people should contact the Workplace Safety and Insurance Board (WSIB). People eligible for benefits through the Department of Veteran Affairs (DVA) Group A are not eligible for HOP funding.

People in acute or chronic care hospitals are not eligible for funding assistance through HOP.

2. Do I have to see my doctor?

Yes, your doctor will order a test to check your (*or your child's*) oxygen levels. Ask the doctor about this test.

This test will help your doctor decide if the results meet the Home Oxygen Program medical criteria.

3. How do I apply?

Fill in your (*or your child's*) name, address, date of birth, telephone number and Health Number on the attached Home Oxygen Program Application form. After you have seen your doctor and oxygen vendor (*also known as a supplier*), you must sign and date the bottom of the form. Your oxygen vendor will send the form to the Ministry's Home Oxygen Program.

4. How will I get my oxygen equipment?

Your vendor can show you the different systems available. A list of registered vendors can be obtained from the Home Oxygen Program at (416) 327-8804 or toll free 1 800 268-6021. Registered vendors agree to follow Home Oxygen Program policies. They must not charge more than the Program-approved price for the oxygen and approved equipment. They may charge less if they choose.

5. How much does the Home Oxygen Program pay?

If you are:

- 65 years or older or,
- a recipient of Ontario Works (OW), Ontario Disability Support Program (ODSP), Assistance to Children with Severe Disabilities (ACSD), or
- receiving professional services through the Community Care Access Centre (CCAC) or,
- a resident of a Long Term Care Facility (LTCF)

the Home Oxygen Program will pay for 100 percent of the monthly cost of a basic oxygen system according to your oxygen needs.

If you are:

- 64 years or younger, and you are not receiving benefits from OW, ODSP, ACSD, and do not reside in a Long Term Care Facility,

the Home Oxygen Program will pay 75 percent of the monthly cost of a basic oxygen system according to your oxygen needs. You are responsible for paying the remaining 25%. All prices include basic disposable supplies such as masks, nasal cannula, bubble humidifiers.

6. Will my private insurance cover any costs?

Many private insurance companies will. If you have private medical coverage, check with them to see if they will pay for additional charges not covered by the Home Oxygen Program.

Doctor,

Please read the following before filling in the form:

1. Who can apply?

Ontario residents who have an illness resulting in the need for long term oxygen therapy. Applicants must have a valid Health Card and meet the medical criteria outlined below.

People who require oxygen due to work related injuries are not eligible for funding through the Ministry's Home Oxygen Program. These people should contact the Workplace Safety and Insurance Board (WSIB). People eligible for benefits through the Department of Veteran Affairs (DVA) Group A are not eligible for HOP funding.

People in acute or chronic care hospitals are not eligible for funding assistance through HOP.

2. What are the medical criteria?

Each applicant's condition must be stabilized and treatment regimen optimized before long-term oxygen therapy is considered. Optimum treatment includes smoking cessation.

Applicants must have chronic hypoxemia on room air at rest (PaO₂ of 55 mmHg or less, or SaO₂ of 88% or less).

Some applicants with a persistent PaO₂ in the range of 56 to 60 mmHg may be considered candidates for long-term oxygen therapy if any of the following medical conditions are present:

- . cor pulmonale
- . pulmonary hypertension
- . persistent erythrocytosis

Also, some persons with a persistent PaO₂ in the range of 56 to 60 mmHg may be candidates for long-term oxygen therapy if the following occurs:

- . exercise limited by hypoxemia and documented to improve with supplemental oxygen
- . nocturnal hypoxemia

3. What is acceptable evidence of hypoxemia?

Arterial Blood Gas Results are required for all **new** clients 19 years or over and must be indicated on the Home Oxygen Program Application Form. A hard copy of ABG results is not required.

Oximetry test results are accepted for applicants under 19 years of age. If someone other than yourself performs the oximetry test the Health Professional must write his/her name and address on the application form. (*see section 4 of the form*).

A hard copy of oximetry test results must be submitted with the Home Oxygen Program (HOP) Application form. The applicant's name and date must appear on the submitted test results. If the test was performed while using oxygen, the oxygen flow rate must also be noted. The oximetry results must be signed by the Health Professional performing the test. Signature stamps are not acceptable.

Oximetry studies must record at least **5 continuous minutes** of monitoring and must indicate a consistent saturation level of 88% or less. "Consistent" is defined as 2 continuous minutes of sustained desaturation. Improvement with the use of oxygen should also be documented.

All persons must meet the medical criteria on the annual renewal to demonstrate they continue to meet the medical criteria. Oximetry tests are acceptable for all renewals. Print-outs must be provided.

Oximetry test results must be dated within one month from the date you sign the application form. Physicians should ensure that prescribed flow rates are no higher than necessary to achieve the optimal therapeutic effects.

Note: When oximetry results are questionable or inconsistent, an arterial blood sample is considered more accurate and preferable. When carbon dioxide retention is suspected as a result of oxygen therapy, then blood gas analysis is also recommended.

4. What happens if my patient's test results do not meet the medical criteria?

Applications with test results not meeting the medical eligibility criteria will be denied.

5. What can I do if I feel my patient really does need oxygen but HOP has denied funding assistance?

The applicant, under your supervision, may obtain oxygen at his/her own expense from any home oxygen supplier of their choice. Alternately, you may appeal the funding decision on the applicant's behalf. You should forward a written request for review and enclose a summary of the clinical findings, including appropriate laboratory results. A Home Oxygen Program consultant will review the information and, if necessary, forward it to a Medical Advisor for review. The Home Oxygen Program will inform you of the funding decision.

6. Will persons receiving palliative care be eligible for funding if they do not meet the medical criteria?

People not meeting medical criteria who are receiving palliative care may receive funding for up to a maximum of three months.

Section 1 – Biographical Information (to be completed by the applicant)

Last name	First name	Middle init.	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address			Apt. no.
City, town, village			Postal code
Telephone no.	Health no.	Version code	Date of birth (dd/mm/yyyy)

Check all that apply.

I am receiving the following social assistance benefits:

- Ontario Works (OW)
 Ontario Disability Support Program (ODSP)
 Assistance to Children with Severe Disabilities (ACSD)
- I am receiving professional services through a Community Care Access Centre.
- I am residing in a Long-Term Care Facility.

Section 2 – Medical Information (to be completed by your doctor or your doctor's employee only (no. 1 – 5 must be fully completed))

 Is this the first application for provincial funding for oxygen? yes no

 1. Diagnoses and findings relating to oxygen need – *check all that apply*
Obstructive Lung Disease

- chronic bronchitis
 emphysema
 cystic fibrosis
 bronchiectasis
 bronchopulmonary dysplasia
 chronic obstructive pulmonary disease (COPD)

Restrictive Lung Disease

- interstitial lung disease
 kyphoscoliosis
 neuromuscular disease
 (specify) _____

Other
 (specify) _____

Complications

- cor pulmonale
 Pulmonary hypertension
 secondary polycythemia
 indicate hematocrit _____%

 2. Date of last examination (*must be within last six months*)
 I last examined this patient for this condition in _____
(mm/yy)

 4. Arterial blood gas and/or oxygen saturation tests on Room Air. **Print-outs of oximetry test results, signed and dated, must accompany this form.** (see #3 on physician information sheet.)

ABGs:

Date(dd/mm/yy)	pH	PaO ₂ (mmHg)	PaCO ₂ (mmHg)	SaO ₂

Oximetry (SpO₂):

Rest	Exertion	Sleep
Date(dd/mm/yyyy)	Date(dd/mm/yyyy)	Date(dd/mm/yyyy)

The above test results must be within one month prior to the physician signing the form, for new applicants.

 Tested on room air yes no

If no, specify _____ % _____ flowrate

 Note: Some applications cannot be approved without special, compelling medical documentation. If PaO₂ level exceeds 55mm Hg or the arterial blood saturation exceeds 88%, this will require special authorization. (see #5 on physician information sheet)

The patient has appropriately tried other treatment measures without success. Oxygen therapy and oxygen equipment as prescribed is medically indicated and is reasonable and necessary for the treatment of this patient. This section of the form has been completed by me, or by my employee and reviewed by me. The foregoing information is true and complete to the best of my knowledge.

Referring physician's signature (*a stamped signature is not acceptable*)

Date (dd/mm/yyyy)

Health Insurance billing no.

 Name of referring physician (*please print*)

Address

Telephone no.

 Name of attending physician if different from above (*please print*)

Address

Telephone no.

Section 3 – Oxygen Equipment Supplied (to be completed by physician or oxygen supplier)

Description of oxygen system	HOP catalogue no.	Quantity/ month	Total cost
Note: Vendor must indicate total cost to applicant and where applicable, amount paid by applicant. Date of installation (dd/mm/yyyy)	Total monthly cost		
	Less monthly amount paid by applicant		
	Amount billed to HOP		

(Vendor must complete section below or claim will not be approved)

Vendor's name	Vendor's registration no.	I hereby certify that the information is true, and complete to the best of my knowledge and that the oxygen equipment as listed has been provided to the above applicant by
Vendor's address		
Telephone no.		
		Vendor's signature
		Date (dd/mm/yyyy)

Section 4 – Oximetry Testing (to be completed by Regulated Health Professional performing the oximetry test)

Last name	First name	Profession
I confirm that I performed a pulse oximetry test on _____ (dd/mm/yyyy)		Business telephone no.
on _____ (name of applicant)		College Registration/Certificate no.
to the best of my ability and that the results submitted are listed in Section 2.		Signature
		Date (dd/mm/yyyy)

The Ministry of Health and Long-Term Care reserves the right to confirm that the Health Professional indicated above is a member in good standing with the appropriate professional college.

Section 5 – Liability Release (to be completed by the applicant or agent in the presence of a Health Professional)

Does this person smoke? <input type="checkbox"/> no <input type="checkbox"/> yes	Do any other residents in the household smoke? <input type="checkbox"/> no <input type="checkbox"/> yes
Has the applicant's physician been informed? <input type="checkbox"/> no <input type="checkbox"/> yes	Has the applicant agreed to a smoking cessation program? <input type="checkbox"/> no <input type="checkbox"/> yes

If yes to any of the above statements the applicant/agent must sign the following:
I, on behalf of myself and heirs and assigns, release Her Majesty the Queen in right of the Province of Ontario as represented by the Minister of Health and Long-Term Care, her employees and agents from any responsibility for any damages or losses that may occur as result of smoking and my concurrent use of oxygen.

Remember SMOKING is a health hazard

Applicant or applicant's agent signature
(if agent, indicate relationship)

Date (dd/mm/yyyy)

Section 6 – Applicant's Declaration (to be completed by the applicant or agent)

I hereby certify that I am a resident of Ontario and in need of the oxygen prescribed on this form. I am not a resident of an acute or chronic care hospital and I am not eligible to receive funding for oxygen through the Workplace Safety & Insurance Board, or Department of Veteran Affairs, Group A. I certify that the information on this form is true, correct and complete to the best of my knowledge. I understand the rules of eligibility for HOP and I am eligible to receive funding assistance. I authorize the release of the information on this form to the Ministry of Health and Long-Term Care, and HOP Medical Advisor and my insurance company.

I understand that I am free to go to any HOP vendor in the community and that I may obtain the location of these vendors directly from the Home Oxygen Program.

I consent to the collection by HOP oxygen vendors on behalf of the Ministry of Health and Long-Term Care of the applicant's name, address, Health Number and Oxygen Application number where such information is required by the Ministry to process this claim and related invoices.

I consent to the collection and disclosure of medical and non-medical information by the Home Oxygen Program (HOP) to the Workplace Safety & Insurance Board (WSIB), and by the WSIB to the HOP, to determine my eligibility to receive funding assistance from the HOP. I further consent to the Ministry of Health and Long-Term Care collecting information from the Ministry of Consumer and Commercial Relations (MCCR) collected by MCCR under the Vital Statistics Act, for the purpose of confirming termination of eligibility of HOP benefits and the disclosure of any such information to HOP oxygen vendors for the purpose of submitting the HOP application and related invoices.

Signature of applicant, parent or agent

Date (dd/mm/yyyy)