

### 1. Prelude

The transportation costs for Québec residents and users who are required to travel to an establishment of the health and social services network are not covered by the Régie de l'assurance maladie du Québec.

In principle, in Québec, any form of travel means to an establishment in the network is assumed by the person transported unless eligible for a free government program.

The Québec MSSS User Transportation Policy of is one of the governmental programs. It determines the general guidelines that must be respected by the CISSS, CUISSS and the Corporation d'urgences-santé. Also, this policy applies to the Cree Board of Health and Social Services of James Bay, the Regional Board of the health and social services of Nunavik and the Regional Centre of health and social services of James Bay concerning transportation of a user in Québec.

In addition, since its entry into force, the MSSS policy recommends the CISSS to develop a complementary regional policy, taking into account the local particularities of users.

This regional policy clarifies the application of the rules and particularities in the following cases regarding a User Transportation:

- Transferred from one establishment to another intraregional or interregional establishment;
- 65 years of age or older;
- In palliative care for end-of-life;
- Lives in a remote area and requires diagnostic services and elective treatment that are not considered emergencies but not available in the establishments or the facilities of their region;
- Radio-oncology;
- Waiting for transplants;
- Indigenous persons within the services of the Cree Board of Health and Social Services of James Bay, the Regional Board of the health and social services of Nunavik.

### 2. Guiding Principles

The Centre intégré de santé et de services sociaux (CISSS) de la Côte-Nord bases the organisation of the North Shore transportation and travel allowances on the following guidelines:

Other committee		Executive Committee		Board of Directors	
Approved on 12-09-2018	Revised on	Approved on 04-09-2018	Revised on	Approved on 03-10-2018	Revised on

- The primary needs of the user;
- The responsibility of the user to efficiently contribute in the organization of their travel needs;
- Regional equity in access to health services and social services;
- Access to health services and social services as close as possible to the living environment of the user;
- The choice of transportation means that is the most economical depending on the user's health condition;
- Allowances to support the users travel needs that take into account the ministerial guidelines and regional particularities;
- Efficient management of public funds.

### 3. Responsibilities

#### CISSS de la Côte-Nord

The CISSS de la Côte-Nord has the responsibility:

- To publicise and ensure that the national policy is implemented;
- To develop a supplementary regional policy taking into account local particularities of the users travel needs (this is the case for this particular policy);
- To set up the administrative and control process that allows the users of its territory to receive care and services that are not available in the region;
- To facilitate intraregional and interregional agreements governing the service corridors;
- To approve the procedures and administrative means necessary for the application of the User Transportation Policy;
- Identify public and private establishments under agreement with the health and social services network in regards to this policy;
- To negotiate with the establishments in its region and with other CISSS establishments, the preferential rates for lodging resources near the facilities that provide care and services outside the region;
- To provide, if necessary, general information intended for the users, the establishments and the physicians at the CISSS to be informed of the means for the application of the User Transportation Policy;
- To negotiate agreements that govern the service corridors that are not available in their region and indicate it in its organization plan;
- To make available and to publicize the list of services that it offers and the established service corridors;
- To designate a person responsible for the application of the User Transportation Policy as well as a person in charge of processing the reimbursement claims for elective cases;

- To set up an Orientation Committee to analyze all requests for an escort that does not meet the criteria;
- To organize inter-establishment transportation working in accordance with the establishment concerned and to assume the costs for the user and the escort, when medically required;
- To conduct verifications with other paying agents;
- To charge the User Transportation expenses to the appropriate activity centre, and to keep up-to-date statistics to ensure regional follow-up of the number of users and the costs of their transportation.

#### Physicians and Dentists

The User Transportation Policy for the CISSS de la Côte-Nord only applies for medical referrals required by the physicians and dentists inscribed in the regional medical manpower plans for travel between the network establishments. Exceptionally, a physician who is not a member of the CPDP may request transportation for a user, but the decision remains with the CISSS.

The referring physician or dentist, for example, the one who prescribed the service has the responsibility:

- To take into account the regional, out-of-region and out-of-province established service corridors during the prescription of care and services;
- For elective cases, to prescribe a consultation that justifies transportation for required care and services, in which validates the reasons for a referral;
- To determine the need for a medical, paramedical, family or social escort during travel. This responsibility may also be delegated to the Orientation Committee (annexes 1 and 2);
- The care and services covered by this policy are the services covered by the Québec Health Insurance Plan prescribed by a physician or a dentist (see Annex 7).

#### Users

The User's Responsibility:

- To respect the conditions and specific management guidelines for each type of travel for treatment and the follow-up of the request for reimbursement or coverage of the transportation in accordance with the annexes in this policy;
- To assume (in the situation of an elective case) all additional travel expenses when choosing to be directed to an establishment other than one provided by the CISSS and request a refund upon return.

#### **4. Exceptional situation**

Any request to meet the needs of an exceptional transportation, not provided for in this policy, may be submitted to the Orientation Committee for a decision (annex 2).

## 5. References

This document is based on the « User Transportation Policy» according to the circular 01.01.40.10 (2009-005) from the Ministry of Health and Social Services (MSSS). The regional policy is transitional until the next revision by the MSSS.

It elaborates the precisions that take into account the regional particularities. Also, the text of the policy was adapted based on the recent organization of the health and social services network, including the application of Bill 10.

In the event of any disagreement as to the interpretation of the components in this policy, those of the Ministry of health and social services would prevail.

## 6. Annexes

Description of the policy: guiding principles, roles, responsibilities

Annex 1: eligible criteria for requesting an escort

Annex 2: particularities that apply to the Lower North Shore territory concerning the Orientation Committee

Annex 3: particularities applicable to intraregional and interregional transportation of users between establishments

Annex 4: particularities applicable to the transportation of users aged 65 and older and in palliative care

Annex 5: particularities for users to receive, at the request of their physician and in an elective manner, care and services not available in their region

Annex 6: particularities applying to Indigenous users

Annex 7: care and services covered by the Québec Health Insurance Plan

Annex 8: definitions

## 7. Entry into force and consultation

Versions	Prepared by	Consulted Authorities						Entry into force
		EC	CN	MC	CPDP	BD	Others	
1	General Administration	X				X	Governance and Ethics Committee	3 october 2018
2								
3								

BD Board of Directors  
 CN Council of Nurses  
 MC Multidisciplinary Council

CPDP Council of Physicians, Dentists and Pharmacists  
 EC Executive Committee

**ANNEX 1****Eligible criteria for a request of an escort**

- Minor children (under 18 years)
- Patients under a protection regime
- Patients with serious and unstable mental health conditions, or a proven and significant dementia disorder, specific mental retardation
- Patients with a physical limited capacity requiring constant help of at least one person. This includes treatment for chemo and radiation therapy, surgery.
- Patients with a severe hearing loss that is not compensated, with a severe language disorder (mute, aphasia)
- Personal or social vulnerability whereby normal supervision provided for travelling may not be sufficient to ensure the safety of the patient and others
- Visual disorder (blind or visually impaired) not compensated and requiring the assistance of a person to travel
- Accompanying a mother for childbirth

N.B. In the case whereby, the patient does not meet the above criteria, but presents serious aspects of vulnerability in their biopsychosocial health, the Orientation Committee may recommend an escort.

For special circumstances due to family conditions or conditions related to work, there could be a change of escort during the long-term care episode. However, there may only be one change during the care episode, after seven (7) days of the start of the accompaniment period.

Also, if the patient wants to be accompanied and they do not meet the criteria mentioned above, the escort could benefit from the preferential air transportation rates of the CISSS de la Côte-Nord.

## **ANNEX 2**

### **Orientation Committee for the North Shore**

The Orientation Committee is responsible to assess and rule on the eligibility of applications for escorts when the objective criteria set out in the policy are insufficient to make a fair and reasonable response.

#### Composition

The Orientation Committee is composed of three (3) people whom are:

- Clinical reception nurse for User Transportation services or another designated nurse, if need be;
- An « administration » representative from the Department of Transport;
- The DPSUI or the representative (clinical manager) from another territory on the North Shore;
- A physician if the DPSUI is absent.

#### Responsibilities

The Orientation Committee is responsible:

- To analyze the context, the person's vulnerability and the environment providing the care (duration, complexity, legalities, etc.);
- To analyze the need for an escort (risk management);
- To communicate the decision to the concerned user and the team mandated for the organization of the transport and the escort;
- To treat the request for revision in an exceptional manner, in which they were not associated with.

#### Operating procedures

- The committee meets two (2) times a week or as needed.
- The clinical reception nurse presents the case and the context of the request.
- As needed, the Committee collects additional « qualitative » information with personnel familiar with the user concerned (physicians, nurses at local clinics).
- If there appears to be or a conflict of interest for one of the members of the Committee, the member withdraws from discussions and decisions.

N.B. In emergency situations that can occur during the night or on weekends, the person on-call does the replacement at the Orientation Committee.

### ANNEX 3

#### Applicable particularities for the transportation of intraregional and interregional users between establishments and facilities

##### General objective

Define the means for the transportation of a user between two health network establishments or two facilities of the health and social services network in the user's region when:

- the establishment or the facility where the user is admitted or registered is not able to provide the care and services required by the user's health condition;
- this establishment or this facility has completed the provision of care and services required by the user's health condition.

##### Eligibility Criteria

- Be a resident of Québec and from the North Shore for the regional particularities  
**and**
- Be admitted or registered in emergency or in a specific service organized by an establishment that provides health services and social services in the following centres: Hospital (H), Local Community Service Centre (CLSC) that operates an emergency, residential and long-term care centre (LTCU), rehabilitation centre (RC), Youth Protection Centre (CPEJ). In addition, birthing homes and palliative care homes for end-of-life that are recognized by the CISSS  
**and**
- The service must be prescribed by the physician and authorized by the establishment  
**and**
- The user must be transported from one network establishment or facility to another network establishment or facility that is the closest and appropriate.

N.B. By way of delegation, the transport and day medicine service nurse can sign a request for elective transportation for follow-ups.

##### Administrative procedures

###### Transportation means

The organisation of the transportation (choice of transportation means, schedules, escorts, etc.) must be subjected to a prior agreement between establishments or facilities of the same establishment.

The transportation means chosen by the establishment must be one that is the most cost-effective in view of the user's health condition.

## **Procedures for escorts**

### Medical or paramedical escort

Determining the need for a medical or paramedical escort is the responsibility of the referring physician from the establishment of origin where the user is admitted and registered. Likewise, this establishment is responsible to reimburse the costs.

Aside from the previous information, if an establishment decides to plan the escort's return trip and the escort waits for the user for their return, the establishment assumes all costs associated with the transportation expenses.

### Family or social escort

The responsibility for determining the necessity of a family or social escort belongs to the referring physician or the Orientation Committee by delegation in conjunction with the establishment of origin. Also, it belongs to this establishment to pay the fixed costs.

## **Intraregional transportation**

This section is intended to establish the responsibility of payment for the transportation of a Québec resident from one establishment to another location in the same administrative region, and this, regardless of the user's place of residence.

### Guiding principles

- Use of the services as close as possible to the living environment of the user.
- Planning and prior agreement between the two establishments concerned during the transport of a user or for a return to the original establishment.
- Choice of transportation means that is the most economical, taking into account the user's health condition.

### Intra-regional transportation for diagnosis or treatment

Since April 1<sup>st</sup>, 2015, the CISSS de la Côte-Nord assumes all intra-regional transportation payments, according to ministerial guiding principles.

## **Interregional transportation**

This section is intended to establish the responsibility of payment for the transportation from one establishment to another location in a different administrative region.

### Guiding principles

- Using services as close as possible to the living environment of the user taking into account the missions and organizational plans specific to each establishment.
- Judicious use of the specialized or ultra-specialized services or supra-regional services required by the user that is not available in their region.
- Return of the user as soon as an establishment located in their region is able to ensure a continuity of care.
- Choice of transportation means that is the most economical, taking into account the user's health condition.



Transportation of the user from the region of origin to another region

## Definition

The user is transported to an establishment in another administrative region for a transfer, an examination, a consultation or treatment. Their return, after services have been provided, must be previously planned and subject to an agreement between the two establishments.

## Responsibility for payment

The CISSS that is the origin of a region is responsible for the transportation costs of the round trip of an admitted or registered user if the region that transported the user is the region where they normally live.

The CISSS of origin assumes the costs associated with the following transportations:

- Going from an establishment of origin to the designated establishment (closest as possible and appropriate);
- The return of the user coming from an establishment outside the region having been admitted or registered to the establishment of origin.

Transportation of a user to an establishment outside their region to an establishment in their region

If the establishment where the user is admitted or registered is not the region where they normally live and that this same establishment has completed the required provision of care or services, it is responsible for the costs associated with the transportation of the user to an establishment in the region where they normally live.

Note the following exception to the rule; a child who is born outside the region where they normally live with their parents is considered belonging to the region of origin of their parents. The payment of the transfer to their home region is the responsibility of the establishment or CISSS where their parents live.

The transportation of a user of an establishment outside their region to another establishment outside the region where they normally live

If the establishment where the user is admitted or registered is not in the region where they normally live and this same establishment must transport the beneficiary so that they get a diagnosis, treatment or for a transfer, this establishment is deemed to be the origin and assumes the costs of the transportation going to the receiving institution. Afterward, the rules for intraregional and interregional transportation apply.

**Organisations responsible to assume the transportation costs other than an establishment of the network**

In all cases where an organization, other than an establishment of the health and social services network, is responsible for the transportation of the user, the costs incurred in the transportation of this user are sustained by the organization according to its criteria.

Organisations responsible to assume the transportation costs between establishments in the network

- Société de l'assurance automobile du Québec (SAAQ)
- Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)
- Department of National Defense of Canada
- Royal Canadian Mounted Police
- Health Canada

**Transportation of Québec residents to appropriate establishment outside the province**

This section is intended to clarify the terms of the User Transportation Policy in terms of health care establishments that are considered as the closest and appropriate for residents of Québec that are outside the province, but in Canada.

It is important not to confuse the interregional transportation with the concept of repatriation, which is to repatriate to Québec, a Québec resident hospitalized in an establishment in another province for an event that occurred outside Québec. These costs are at the expense of the user.

Two transportation situations are presented: a) the case of primary transportation by ambulance; and (b) adjoining transportation between establishments of two bordering province: these are not cases of repatriation.

**A) Primary transportation by ambulance**

Eligible criteria:

- Resident of Québec;
- Case management in Québec;
- The closest and appropriate establishments outside the province.

Responsibility of payment:

Patient management from a personal residence or a public place for urgent transportation by ambulance:

- 0-65 years: at user's expense (or relevant paying agent, if applicable);
- Aged 65 years and older: region of origin, the establishment where the user lives (except if there's a special agreement like the one between Abitibi-Témiscamingue and Ontario for specialised services).

**B) Connecting transportation between establishments of two bordering provinces**

Two situations are presented:

- 1) When the case management is in Québec and that the closest and appropriate establishment is in a position to provide the required care and is located in another province, the responsibility for payment is entirely that of the establishment or CISSS located in Québec where the user lives.
- 2) When there is transfer following case management in an establishment in another province for an event that occurred in Québec to an establishment in Québec to complete the episode of care, the responsibility for payment is that of the establishment or CISSS located in Québec where the user lives.

N.B. When there is an episode that necessitates a transfer between two establishments of another province, these charges are the responsibility of the user, except for a user who was referred by our establishment according to the established service corridor.

## ANNEX 4

### Applicable particularities for transportation by ambulance for users aged 65 years and older and in palliative care

#### Transportation by ambulance for users aged 65 years and older

##### Objective

This section of the policy specifies the conditions of free transportation by ambulance for the elderly aged 65 years and older.

The targeted transportations are those made from a residence or a public place located in Québec towards the establishment of the health and social services network that is the closest and appropriate, even if this establishment is not in the region of the case management, and the return, if it is necessary.

Free transportation for the user applies when the health condition, the physical and social conditions or the accessibility from the residence where the case management is required. This includes the case where, the user does not present an urgency, but the user's health condition requires transportation by ambulance.

##### Eligible criteria

Be a resident of Québec including the Indigenous

**and**

Be aged 65 years or older

**and**

That the transportation by ambulance is a medico-social necessity

##### Exclusions

- Transportation between two residences;
- Transportation from a residence to a private clinic or a physician's office, and back;
- Transportation from a residence to a CLSC without urgency;
- Transportation from a residence to a self-financing private reception centre and back;
- Transportation between two self-financing private reception centres;
- Transportation from a public transportation station (airport, bus station, train station) to an establishment of the network after a user returns to Québec, following an event (sudden illness or medical emergency) that took place outside Québec.

##### Determining the need of a medico-social transportation

The physician from the receiving establishment or its representative has the responsibility to determine if the patient's condition requires transportation by ambulance and, if not, the establishment immediately notifies the user to inform them that they have to pay the costs. In this case, the establishment forwards a bill to the user and the user pays for the ambulance transportation.

Transportation to the closest or appropriate establishment

The transportation must be organized towards an establishment of the health and social services network that is the closest or able to provide care or services to the user (including outpatient clinics and day hospitals), even if it is located in another region.

Responsibility for payment**Receiving establishment**

- When it comes to the transportation of a user in the region where they normally live, the receiving establishment must assume the transportation of a user aged 65 and older. When it comes to transporting a user to the nearest or appropriate establishment outside the region, it is also the receiving establishment that must pay for the round-trip.

**Returning home for the user aged 65 years or older**

- The establishment that returns the user to their residence must pay the travel expenses if the transportation is done by ambulance and there is a medico-social need.
- When returning home, the user who decides to use the ambulance transportation when it is not authorised, they assume all of the costs for the transportation. In this case, the establishment has a responsibility to inform the user that the transport costs will be charged to them.

**Repatriation**

- A user who is a victim of an event that occurred outside Québec (continuity of transport out of province) is responsible for the costs related to the transportation.

**Organizations responsible for covering the transportation costs**

- In all cases where one organization, other than an establishment of the health and social services network, is responsible for the transportation costs of the user, the costs incurred during the transportation of this user and their escort (medical, paramedical or family) are payable by the organization according to their criteria.

Organizations responsible for the payment of costs related to transportation between establishments of the network

- Société de l'assurance automobile du Québec (SAAQ)
- Employer (for the first transportation only)
- Commission des normes, de l'équité, de la santé et de la sécurité du travail (CNESST)
- Health Canada
- Department of National Defense of Canada
- Royal Canadian Mounted Police

**Transportation of a user at the end-of-life palliative care to a palliative care home (End-of-Life Palliative Care Policy, MSSS 2004)**Objective

The User Transportation Policy intends to gradually endorse the objective mentioned in the end-of-life palliative care policy with regards to the definition and standardization of the user's financial contribution: « Regarding ambulance transportation, no contribution shall be required from the user, regardless of their age or geographic location ».

### Eligible users

In this regard, the first step is to recognise the user's eligibility at the end-of-life to be transferred to a palliative care home or palliative care unit in a hospital centre recognized by each CISSS.

The return of the remains following a user's death is excluded.

### Responsibility for payment

Ambulance transportation to a palliative care home will be assumed by the CISSS of the region where the user normally lives. This responsibility also applies when a user is at the end-of-life and admitted or registered in an establishment outside their region of origin.

## ANNEX 5

### **Applicable particularities for users to receive care and services not available in their region, and this, at the request of their physician and in an elective manner**

#### **Transportation of elective cases: General measures**

##### Objective

The vast expanse of the territory of Québec is known and poses particular geographical constraints. This is why, in order to ensure satisfactory, comparable access to all citizens of Québec and equitable health services and social services, the MSSS provides financial support for elective cases.

The measures in this section of the policy apply to transportation between establishments or facilities for elective cases, meaning that the diagnostic services and treatments that are medically required without presenting an urgency that requires an immediate hospitalization, but in a situation of geographical remoteness and because care and services are not available in the establishments or in the facilities within their region of origin.

These measures are intended to provide to eligible users a subvention that, to some extent, compensates the cost incurred for transportation expenses as well as, living expenses for lodging and meals.

##### Responsibility

The CISSS is responsible and accountable for the implementation of administrative processes and control that permit users from its territory to receive care and services not available in the region. Therefore, it must include in its regional policy, in this situation to negotiate with other CISSS establishments, some special rates for lodging resources near establishment that will provide the care and services outside the region.

The establishment that services the territory that includes the user's principal place of residence is responsible for the treatment and the reimbursement of the allowance to be paid to the user in accordance with the rules laid down by CISSS.

##### Eligibility

Given their health conditions and at the request of the referring physician enrolled in the regional medical manpower plans, some users in the region must travel long distances to get required care and services outside the region. Three situations of geographical remoteness apply:

- There are 200 kilometres or more separating the establishment or the facility of the region where the user usually receives care and basic services (or their place of residence) and the appropriate establishment or facility to the nearest health and social services network and able to provide to the user such care or services provided by the Régie de l'assurance maladie du Québec.
- Users living in Iles-de-la-Madeleine, Ile d'Anticosti, from Kegaska to Blanc-Sablon, Schefferville, Fermont, Kawawachikamach, Nunavik, Cree Territory of James Bay and Radisson (remote areas).
- Users living in Clova or Parent.

## General terms for reimbursement

Reimbursement terms applies; (1) for transportation on the one hand, and (2) on the other hand, for the living expenses (lodging and meals). The establishment where the user lives reimburses the user and the escort, if applicable, the costs of transport, lodging and meals. In order to receive the authorized allowance, the user must present the consultation request duly signed by the referring physician to the referring establishment. In order to be approved, the consultation request must indicate (1) the place, (2) the date, (3) the summary of care or services and proof of the user's attendance for the required treatment (as well a social or family escort, authorized by the Orientation Committee by delegation when medically authorized). Invoices or supporting documents may also be required.

## Transportation

The establishment reimburses the lesser of:

- the cost of the most economical public transit for a round trip from the establishment where the user lives and where they normally receive basic care and services to the establishment or the facility that will provide the required services;

**or**

- \$0.13/km for the use of an automobile covering the round-trip distance from the establishment or the facility where the user lives and normally receives basic care and services to the establishment or the facility that will provide the required services, minus the 200 km deductible, plus the cost of a ferry for the user, the escort, and the use of an automobile;
- in remote areas, \$0.25/km for the use of an automobile covering the round-trip distance from the establishment or the facility where the user lives and where they normally receive basic care and services to the establishment or the facility that will provide the required services, without the 200 km deductible (reference: page 14 "Eligibility").

## Living expense (lodging and meals)

A flat rate of \$75 per night when travelling outside or within the region is granted to the user to cover all the costs of lodging and meals. This amount includes accommodations for the family or social escort when required by medical prescription. However, the escort benefits from a daily compensation of \$20 per night to compensate for meal expenses.

In general, the maximum calculation of the number of nights is determined according to the MSSS policy, as shown in the following table:

Region of departure	Receiving region					
	Bas-Saint-Laurent	Saguenay-Lac-Saint-Jean	Québec	Montreal and Laval	Abitibi-Témiscamingue	Outaouais
Bas-Saint-Laurent			1	1-2		
Saguenay-Lac-Saint-Jean			1	2		
Abitibi-Témiscamingue				2		2
North Shore		1	1-2	2		
Nord-du-Québec		1	2	2	1	
Gaspésie-Îles-de-la-Madeleine	1		2	2		

However, the calculation of the number of nights allowed by the North Shore CISSS may consider including the destination, the availability of the air carrier depending on the place of residence of the user, daily and weekly schedules of health services, as well as weather conditions.

Any claim for additional nights must be **justified** and **supported** by receipts from recognized lodging facilities.

A user living in a remote area and using the plane as the means of transportation, a flat-rate allowance of \$75 is granted to the user and \$ 20 to the escort for a round trip, plus a \$75 flat-rate allowance to the user and \$20 to the escort per authorized night.

In the case where a user stays with a relative or a friend, a flat-rate allowance of \$44 is granted to the user and \$20 to the escort per authorized night.

Specific arrangements for certain geographic regions

In addition to the general terms of reimbursement for transportation, specific terms are added.

For users coming from Iles-de-la-Madeleine, Ile d'Anticosti, from Kegaska to Blanc-Sablon, Schefferville, Fermont, Kawawachikamach, Nunavik, Cree Territory of James Bay and Radisson, the establishment of origin pays the user the full cost of the plane ticket, at the most economical price, or the use of a personal vehicle.



When there is social or family escort that is medically required, the travel allocation for the latter covers only the cost of public transportation when used, excluding the use of carpooling.

The return of a user to their home must be no later than 30 days following the date of their last medical appointment and/or treatment.

### Particularities of transportation by air

The use of air transportation can be allowed if it is established that it is the most appropriate, practical and economical means of travelling, taking into account the urgency of the situation or the pathology of the user and that it allows access to the nearest and appropriate medical facility.

The CISSS and its administrative staff is responsible for organizing the transportation, authorizing the subvention and determining the amount.

### Responsibility of the CISSS

The CISSS will regularly update the list of medical services available in each of its facilities. This list will be available on the CISSS website.

The CISSS must inform the user of the destination and the eligible subvention amount.

### Responsibility of the user

To be eligible for the subvention to the closest establishment or facility, users must, in non-urgent cases:

- Within thirty (30) days of their return, present the medical attestation on the form provided for this purpose by the CISSS at the transport services office. This document confirms that the patient has received the care prescribed by the physician in the receiving establishment or facility.
- Failing to produce this attestation within the given time, the user will be required to reimburse the total amount of the subvention that they had received for themselves and if need be, their escort.

### Appointments cancelled by the user

If a user decides to cancel a medical appointment made by the transport service, it must be recorded on the form provided for this purpose and filed in the user transportation file. There may be administrative costs that will be billed to the user in relation to the costs incurred by the establishment if there is a cancellation without good reason.

### **Choosing transportation means other than the most economical means designated by the CISSS**

If the transportation is considered as non-urgent and the user wishes to use a means of transportation other than that chosen by the CISSS personnel:

- The subvention that will be granted to the user will not exceed the eligible amount as stipulated in this policy.
- The CISSS pays the actual expenses incurred up to a maximum of the allotted subvention for the most economical transportation to the closest establishment or facility.

**Allowance for a return only**

For a return to their residence, following an inter-establishment transfer, the user will be entitled to 50% of the allowance provided for in the section: General terms for reimbursement.

**Successive medical appointments**

When a user needs to travel by air for a medical appointment, the establishment must ensure that all appointments surrounding this event should be fixed in advance so that they could take advantage of their stay to attend other consultations or examinations. No additional air travel will be allowed for scheduled appointments within (7) seven days.

**Missed medical appointments**

When a user fails to attend their scheduled medical appointment and the medical transportation allowance has been assured, the user may have to cover the cost of their return transportation, or the cost for the next medical transportation to have access to the required health services, unless the user provides sufficient justification that explains the reasons for not attending the scheduled appointments or not informing the concerned carrier of the cancellation.

**Presence of an escort when travelling by air**

The presence of an escort must comply with the eligible criteria (annex 1) or approved by the committee formed for this purpose and if the escort is medically prescribed (annex 2).

**Specific situations**

Shared responsibility of payment may differ according to two specific situations:

- When a user travels for elective reasons from the establishment where they live to an establishment outside their region and that, for purposes of unplanned treatment, the user is registered or admitted to the recipient establishment which, once the episode of care is completed, the user returns home by interregional inter-establishment transportation, the sharing of responsibility of payment is demonstrated the following table:

<b>DÉPLACEMENTS:</b>	EXEMPLE: A → R → A Électif Interétablissement
<b>RESPONSABLE DU PAIEMENT:</b>	Resp. A Resp. B

- When a user uses inter-establishment transportation from the establishment where they live to an out-of-region establishment and once the episode of care is completed; they return to their establishment of origin or their home by using elective transportation, the responsibility of payment is as follows:

<b>DÉPLACEMENTS:</b>	EXEMPLE: A → R → A Interétablissement Électif
<b>RESPONSABLE DU PAIEMENT:</b>	Resp. A Resp. A

**Transportation of users waiting for transplants: specific measures**

Access to lodging services for people waiting for a transplant is an integral part of the orientations contained in this document « L'organisation des services en don et transplantation d'organes solides au Québec » (MSSS, octobre 2006) offered to the population. The User Transportation Policy is consistent with the ministerial orientations for this type of clientele. Given that living organ donors are eligible for the Reimbursement Program for expenses to living donors administered by Québec – Transplant, these measures of the User Transportation Policy only applies specifically to users waiting for an organ transplant or a hematopoietic stem cell transplant or post-transplants and donors living in Québec and who must travel and stay at lodging facilities operated by one of the three organizations recognized by the MSSS and the CISSS:

- All users targeted by this section are eligible for lodging;
- Authorized reimbursements for transportation costs of a user and their medically required escort are the same as those established for elective cases, when exceeding 200km or more;
- Reimbursements of daily allowances only apply to users referred to and staying in facilities operated by transit and lodging facilities recognized by the MSSS and the CISSS:
  - La Maison des greffés du Québec à Montréal  
1989, rue Sherbrooke Est, Montréal (Québec) H2K 1B8  
[www.maisondesgreffes.com](http://www.maisondesgreffes.com)
  - La Fondation de la greffe de moelle osseuse de l'Est-du-Québec  
1433, 4<sup>e</sup> avenue, Québec (Québec) G1J 3B9
  - La Roseraie à Québec  
825, rue Arthur-Rousseau, Québec (Québec) G1V 4S6
- The amount of a daily allowance reimbursement for long-term lodging of the user and an escort (if applicable) may vary between \$10 and \$25, depending on the recognized organizations;
- During hospitalization in relation to a user's transplant, the medically required escort can, if possible, continue to stay at the recognized facility and cover the daily cost.

**Users in radio-oncology: specific measures**

The following rules apply to determine the reimbursement eligibility for transportation, lodging and living expenses for patients in oncology or other treatments related to cancer.

Eligibility

Patients having to travel 200 kilometres or more

All patients (and escort, when medically prescribed) who, at the request of the establishment of origin, must travel more than 200 kilometres to another establishment to receive radiation therapy may be reimbursed for transportation, lodging and living expenses, according to the following:

Reimbursable transportation expenses

Transportation expenses for such a patient (and their escort, if medically needed) are reimbursable in accordance with the terms and conditions established for elective cases, but, due to the frequency of travel, with no deduction.

Reimbursable lodging and living expenses

The first resources to consider for lodging such a user; are facilities operated by transit houses and « lodging houses for cancer patients » recognized by the MSSS and the CISSS. In this case, the daily contribution (which covers lodging and living expenses) paid by the user to these resources is reimbursable. A list of recognized lodging facilities receiving public funding appears below.

If there is no availability in these resources, lodging reimbursement terms and conditions for other types of establishments are those of elective cases: \$75 per night for a maximum of two nights per transportation episode (see table p.16).

**A user who needs to travel to Québec at the request of their establishment to meet the deadline for a medically required treatment** (The term medically required is usually determined by the physician but, can also be used by the Orientation Committee for situations outside the criteria.)

Any user (and the escort, when medically required) which must, at the request of the establishment where they should receive their treatments, receive them at another establishment in order to meet the ministerial wait-time targets can be reimbursed for transportation costs, lodging and living expenses according to the following:

Reimbursable transportation expenses

The costs of transport, including those within a 200-kilometer radius, for such a user (and an escort, when medically required) are reimbursable under the other terms established for elective cases, but, due to the frequency travel, without a deductible.

Reimbursable lodging and living expenses

The first resources to consider when lodging such a user; are facilities operated by transit houses and « lodging facilities for cancer patients » recognized by the MSSS and the CISSS. In this case, the daily contribution (which covers lodging and living expenses) paid by the user (and the escort, when medically required) to these resources is reimbursable. If there is no availability in these resources, lodging reimbursement terms and conditions for other types of establishments are the same as those of elective cases. A list of recognized lodging facilities receiving public funding is the following:

Québec Cancer Foudantion  
Hôtellerie de l'Estrie  
3001, 12<sup>e</sup> avenue Nord  
Fleurimont (Qc) J1H 5N4  
Tel.: 819 822-2125  
Fax: 819 822-1392  
[cancerQuébec.she@info-cancer.com](mailto:cancerQuébec.she@info-cancer.com)

Canadian Cancer Society  
Maison Jacques Cantin  
5151, boulevard de l'Assomption  
Montréal (Qc) H1T 4A9  
Tel.: 514 255-5151  
Fax: 514 255-2808  
[lrichard@Québec.cancer.ca](mailto:lrichard@Québec.cancer.ca)  
[www.cancer.ca](http://www.cancer.ca)

Hôtellerie de Montréal  
2075, rue de Champlain  
Montréal (Qc) H2L 2T1  
Tel.: 514 527-2194  
Toll-free: 514 527-1943  
Fax: 514 527-1943  
[cancerQuébec.mtl@fqc.qc.ca](mailto:cancerQuébec.mtl@fqc.qc.ca)

Hôtellerie de l'Outaouais  
Pavillon Michael J. MacGivney  
555, boulevard de l'Hôpital  
Gatineau (Qc) J8V 3T4  
Tel.: 819 561-2262  
Fax: 819 561-1727  
[cancerQuebec.gat@info-cancer.com](mailto:cancerQuebec.gat@info-cancer.com)

Association du cancer de l'est-du-Qc  
Hôtellerie Omer Brazeau  
151, rue Saint-Louis  
Rimouski (Qc) G5L 8M2  
Tel.: 418 724-2120  
Toll-free: 1 800 463-0806  
Fax: 418 724-9725

Hôtellerie de la Mauricie  
3110, rue Louis-Pasteur  
Trois-Rivières (Qc) G8Z 4E3  
Tel.: 819 693-4242  
Fax: 819 693-4243  
[cancerQuebec.tv@fqc.qc.ca](mailto:cancerQuebec.tv@fqc.qc.ca)

Hôtel-Dieu de Québec  
Hôtellerie hospitalière de l'Hôtel-Dieu Qc  
Pavillon Charlton-Auger  
1, rue de l'Hôtel-Dieu  
Québec (Qc) G1R 4J1  
Tel.: 418 691-5242  
Fax: 418 691-2935  
[http://www.chuq.qc.ca/fr/lesservices/hotellerie\\_lhdq/](http://www.chuq.qc.ca/fr/lesservices/hotellerie_lhdq/)

**Pregnant women: specific measures**

Reimbursable transportation costs

The transportation costs of such a patient and of an escort are reimbursable according to the modalities established for elective cases.

Reimbursable accommodation and living costs

A daily allowance of sixty-five dollars (\$65) covering the reference period established by the referring physician up to the maximum amounts detailed below (for carefree pregnancies). The duration of the allowance spreads from the **departure date** determined by the attending physician to the **admission date** of the mother in the birthing centre.

Territory	Maximum number of days	Maximum amount
<ul style="list-style-type: none"> <li>• Lower North Shore</li> <li>• Fermont</li> <li>• Minganie (Port-Menier (Anticosti) and the eastern sector (Baie-Johan-Beetz, Aguanish and Natashquan)</li> </ul>	21 days	\$1 365
<ul style="list-style-type: none"> <li>• Minganie (Havre-Saint-Pierre and the western sector (Longue-Pointe-de-Mingan, Rivière-St-Jean, Magpie, Rivière-au-Tonnerre and Sheldrake)</li> </ul>	14 days	\$910

N.B. Any excess length of stay requires justification and the daily allowance is then forty dollars (\$40).

**ANNEX 6****Particularities applying to Indigenous users**Transportation for Indigenous users

This section determines the general framework of the User Transportation Policy for Indigenous users whether under an Agreement or not. It explains payment responsibilities and procedures for Indigenous persons registered in the Cree, Inuit, and Naskapi population under the responsibility of the MSSS, and Health Canada or band council for Indigenous communities without an Agreement.

## A. Indigenous users under an Agreement

Eligibility

Cree and Inuit users permanently living in territories served by the Cree Board of Health and Social Services of James Bay and the Nunavik Regional Board of Health and Social Services, or Naskapi users living in category 1A-N territories are in accordance with the conditions laid down in their respective agreements (Cree and Inuit are beneficiaries of the James Bay and Northern Québec Agreement, and Naskapi are beneficiaries of the Northeastern Québec Agreement).

To be eligible for the reimbursement of expenses under the funding by Québec, the following criteria must be met:

- Be entered in the register of Indigenous people under the responsibility of the Minister in accordance with the application of the James Bay and Northern Québec Agreement and the Northeastern Québec Agreement
- and**
- Be a member of one of the following Indigenous nations:  
Cree  
Naskapi  
Inuit

Responsibility and procedure for payment

Emergency transportation by ambulance and elective transport

If the user remains permanently on the territories governed by the Cree Board of health and social services of James Bay, the Regional Board of health and social services of Nunavik and the health center of Kawawachikamach, the transportation cost and the living expenses of users referred by a physician will be assumed by these organizations or their establishments, regardless of the user's age.

## B. Indigenous users without an Agreement

Responsibility and procedure for payment

In general, an Indigenous user living on a federal reserve without an Agreement is under the responsibility of Health Canada or of the Band Council on the reserve and they need to address the Band Council to learn about the terms and condition for reimbursements of transportation expenses.

**Emergency transportation by ambulance**

Health Canada or the reserve's Band Council also covers ambulance transportation to receive emergency care in an establishment for Indigenous users without an Agreement living on a federal reserve or living off-reserve. Health Canada or the Band Council also covers ambulance transportation from a MSSS establishment with a medical recommendation. Health Canada will reimburse the ambulance as the last paying agent.

**Elective transportation for Indigenous users without an Agreement**

Health Canada or the reserve's Band Council covers elective transportation costs for Indigenous users without an Agreement needing to get to an establishment for a consultation, a diagnostic test, or specialised treatment.

**Inter-establishment transfers for Indigenous users**

With regards to inter-establishment transportation, the MSSS user transportation policy applies for Indigenous people included in the INAC Register.

**Transportation for Indigenous users without an Agreement aged 65 and older**

Indigenous users without an Agreement aged 65 and over are eligible to the MSSS' User Transportation Policy, regardless of where they live in Québec.

## ANNEX 7

### **List of medical and surgical specialities eligible to the Québec Health Insurance Plan**

Allergy  
Cardiology  
General surgery  
Dental and maxillofacial surgery  
Orthopedic surgery  
Plastic surgery  
Thoracic and cardiovascular surgery  
Dermatology  
Endocrinology  
Gastroenterology  
Hematology  
Internal medicine  
Nuclear medicine  
Nephrology  
Neurosurgery  
Neurology  
Obstetrics/gynaecology  
Otorhinolaryngology  
Ophthalmology  
Pediatrics  
Physical medicine  
Respirology  
Psychiatry  
Diagnostic radiology  
Radiotherapy  
Rheumatology  
Urology  
Computed tomography

### **List of non-medical specialized services eligible to the Québec Health Insurance Plan**

Physiotherapy  
Audiology  
Speech therapy  
Rehabilitation treatments



## ANNEX 8

### Definitions

#### Family or social escort

A person whose role is to guide and assist the user during the duration of the trip.

#### Medical and paramedical escort

A person whose role is to guide, supervise, protect and provide care to the user during the duration of the trip.

#### Establishment

Health care and social services are provided by establishments in the following centres: hospital centre (CH), residential and long-term care centre (LTCU), rehabilitation centre (CR), local community service centre (CLSC), child and youth protection centre (CPEJ) whose missions are defined in the *partie II. Prestations des services de santé et des services sociaux. Titre I. Les établissements. Chapitre I. Dispositions générales. Articles 79 to 118*, of the Act respecting health services and social services. As well as, birthing centres and end-of-life palliative care centres recognized by the CISSS.

#### Home establishment

An establishment whose service region includes the user's principal place of residence.

#### Establishment of origin

An establishment where the user is admitted or registered.

#### Admitted person

A person admitted to an establishment when their condition requires hospitalization or accommodation, the applicable formalities are met and that the person occupies a bed included in the establishment permit number.

#### Registered person

A person is registered in an establishment when they receive services that do not require hospitalization or accommodation or they do not occupy a bed included in the establishment's permit number.

#### Repatriation

Returns a person to Québec to an establishment of the network as a result of an event (sudden illness or emergency) outside Québec.

#### Residence

A person's principal home

Resident of Québec

In accordance with section 338 of the application regulation of the Act respecting health and social services, the residence is established by the physical presence, without regard to intent.

The quality of a resident is acquired through birth in Québec of a mother already having the quality of a Québec resident.

However, a person who is:

- a landed immigrant;
- a repatriated Canadian;
- a Canadian returning to the country;
- a landed immigrant returning to the country;
- a Canadian citizen or their spouse who moved to Canada for the first time;
- a member of the Canadian Forces or the RCMP of Canada who has not acquired the status of a Québec resident;
- a prisoner who has not acquired the status of a Québec resident at the time of their incarceration in Québec;

is considered as well as each of their dependents, to be a Québec resident after having resided for three months in Québec following their arrival, discharge or liberation, as the case may be.