

## RESPONSIBILITY FOR PAYMENT FOR EQUIPMENT AND SUPPLIES

(Note: Alternate service providers may be responsible in some situations)

<b>HOME CARE RESPONSIBILITY</b>	<b>RECIPIENT RESPONSIBILITY</b>
<p><b>EQUIPMENT:</b> <i>(as per assessed need and care plan)</i></p> <ul style="list-style-type: none"> <li>• Mechanical lifts</li> <li>• Slings</li> <li>• Commodes including pail/ bed pan</li> <li>• Overhead trapeze bars</li> <li>• Oxygen concentrators and supplies( Manitoba Oxygen Concentrator Program)</li> <li>• Compressors</li> <li>• Cushion, Jay/Roho (as per Canadian Paraplegic Association Agreement/spinal cord Injuries)</li> <li>• Heel/elbow protector</li> <li>• Intermittent Pump</li> <li>• Jobst Unit</li> <li>• Hospital bed frame</li> </ul>	<p><b>MEDICAL/NURSING SUPPLIES:</b></p> <ul style="list-style-type: none"> <li>• Incontinence care products preferred by the recipient and not supplied by Home Care.</li> <li>• Supplies and monitors for assessing blood glucose levels.</li> <li>• Supplies for administering own insulin unless administered by RHA staff.</li> </ul> <p><b>EQUIPMENT:</b></p> <ul style="list-style-type: none"> <li>• Specialized WC seating- pressure reduction/relieving</li> <li>• transport wheelchairs (WC) for daily use, or custom fitted ( alternate service provider)</li> <li>• Walkers, crutches, canes for long term use</li> <li>• Compression garments</li> <li>• Transfer belts</li> <li>• Transfer poles</li> <li>• Crutches for short term use</li> <li>• Raised toilet seats</li> <li>• Portable oxygen ,</li> <li>• Shower chairs</li> <li>• Special tubs</li> <li>• Repair, Insurance and preventive maintenance of owned or contracted equipment.</li> <li>• Safe handling and storage of equipment provided by Home Care as well as return post use</li> </ul>

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<b>HOME CARE RESPONSIBILITY</b>	<b>RECIPIENT RESPONSIBILITY</b>
<ul style="list-style-type: none"> <li>• Bedside Rail</li> <li>• Bedside Table</li> <li>• Hospital bed</li> <li>• Mattress</li> <li>• Mattress, APP (Alternate Pressure) and maintenance</li> <li>• Nebulizer</li> <li>• Percussor</li> <li>• Pumps and Air</li> <li>• Sheepskin</li> <li>• Silent Air Compressor</li> <li>• Hair tray</li> <li>• Suction Unit</li> </ul> <p style="margin-top: 10px;"><b>MEDICAL/NURSING SUPPLIES:</b></p> <p><b>Dressing/wound management supplies</b></p> <ul style="list-style-type: none"> <li>• IV supplies as per Home IV program where applicable</li> </ul>	<p><b>DRUGS :</b></p> <ul style="list-style-type: none"> <li>• Prescribed drugs and over the counter preparations as well as products whether or not prescribed by physician or nurse practitioner.</li> </ul> <p><b>DIETARY SUPPLIES:</b></p> <ul style="list-style-type: none"> <li>• Food, including special and therapeutic diets, dietary supplies, thickeners, supplements whether or not recommended by a professional.</li> <li>• Personal use aids and utensils, herbal remedies whether or not recommended by a professional.</li> </ul> <p><b>PERSONAL CONSUMPTION / USE:</b></p> <ul style="list-style-type: none"> <li>• General personal hygiene and skin care products. E.g. body lotion, toothbrush &amp; paste, mouthwash, denture cups, toothettes, shampoo, deodorant, body cleanser including soap, powder.</li> <li>• Cosmetics, facial tissue, prescription and non prescription perineal cleanser and barrier products, lotions, creams, ointments, sun screen.</li> <li>• Personal hygiene products where the recipient prefers a type not supplied by the Home Care (as <i>part of the care plan</i>), support hose, and compression stockings.</li> </ul>

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HOME CARE RESPONSIBILITY	RECIPIENT RESPONSIBILITY
<ul style="list-style-type: none"> <li>• Disposable incontinence care products as per regional guideline.</li> </ul> <p><b>Specialized Equipment</b></p> <ul style="list-style-type: none"> <li>• Requires special approval through the respective RHA.</li> </ul>	<ul style="list-style-type: none"> <li>• Disposable incontinent care products if recipient is independent in using same or by other provider such as Children Special Services</li> </ul> <p><b>PERSONAL AIDS:</b></p> <ul style="list-style-type: none"> <li>• Labeling, repair, and replacement of dentures and eye glasses, denture adhesive, hearing aides and batteries.</li> </ul> <p><b>PERSONAL SERVICES:</b></p> <ul style="list-style-type: none"> <li>• Additional services such as hairdressing (cut, color, perm), manicures, pedicures, massage therapy, chiropody, companion care or private duty nursing.</li> </ul> <p><b>CLOTHING:</b></p> <ul style="list-style-type: none"> <li>• Purchase, replacement, labeling, minor repairs e.g. button replacement, seam repairs, major repairs, alterations,</li> <li>• Laundering (<i>unless part of the care plan</i>) dry cleaning of owned items e.g. dry cleanable items drapes, blankets.</li> </ul> <p><b>TRANSPORTATION:</b></p> <ul style="list-style-type: none"> <li>• Recreational outings, trips for medical care, dental care, chiropractic care, podiatry, acupuncture, audiology and optometry.</li> </ul> <p><b>ESCORT</b></p>

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	<ul style="list-style-type: none"> <li>• Payment to private person or community resource/organization to accompany an individual recipient on an outing and/or to an appointment for any health service.</li> </ul> <p><b>CLEANING PRODUCTS AND EQUIPMENT</b></p> <ul style="list-style-type: none"> <li>• Provision of necessary cleaning products and necessary equipment (in good condition) where cleaning and laundry is part of the care plan.</li> </ul>

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