



Dear Service Provider,

You have been selected to be a service provider by a SMILE client. The SMILE program makes it possible for frail elderly seniors, who are at risk of loss of independence, to remain in their own homes.

Please note the following:

- As a service provider, you are not employed by the VON SMILE Program.
- As a self-employed individual or business owner, you are responsible for maintaining your own employee records; including income tax records. VON does not issue a T4 for service providers that support SMILE clients because you are not employed by VON.
- Our funder, the SE LHIN, requires Police Record Checks from all SMILE service providers. SMILE must receive an original copy.
- You will receive a letter outlining the funded services that you have agreed to provide for the SMILE client. The SMILE program will not be responsible for any unapproved services or charges billed over the maximum confirmed amount. Any statutory holiday worked will be paid at regular rates.
- Scheduling of services is between you and your SMILE client. The SMILE program will not pay for any missed or cancelled services. Funding of SMILE services will be put on hold during client's absences from home. Any services provided during the absence will not be funded by the SMILE program.
- Please notify the SMILE program if your client has been admitted to hospital or plans to be away for an extended period.
- When planning time away, we recommend that you discuss with your client, as well as the SMILE client care coordinator your coverage plans.
- For planning purposes, we recommend you exchange contact information with the client.

We value your work as a service provider, enabling many seniors to remain in their homes. On behalf of the SMILE team and SMILE clients, thank you. If you have any questions or concerns please contact the SMILE program at 1-888-866-6647.

### Recommended Professional Boundaries

- For your safety and protection, and the clients, you cannot accept:
  - Client's bank card, credit card or PIN
  - Client's house or mail keys
  - Use of client's personal vehicle
  - Loan of money or large gifts
  - Role of Power of Attorney or executor of client's will
  
- SMILE does not allow service providers to bring anyone in the client's home, including children and other family members.
  
- Client information is confidential and should not be shared outside the client's home.
  
- Never discuss a client with another person outside of that client's circle of care.

### Gambling Venues and Alcohol Purchases

- Clients do not receive funding for transportation to:
  - Gambling venues
  - Establishments to drink alcohol
  - Stores to purchase alcohol (including the LCBO, Beer Store and the Grocery Store)

## Service Provider Billing

- Invoices must be submitted at the end of each month for all services provided in that month. Invoices must be submitted after services are rendered. You can find the SMILE invoice available for download on the SMILE Program website under the heading Service Provider Billing [www.smileprogram.ca](http://www.smileprogram.ca)
- The services that you provide to the clients of the SMILE Program are either fully or partially funded by the South East LHIN. Our funding year extends from April 1st to March 31st of every year, and is not carried over; any LHIN funding not spent by March 31st must be returned to the LHIN. Therefore; all invoices for services provided prior to April 1<sup>st</sup> of each year must be received by May 15<sup>th</sup> of each year.
- Any invoices received after May 15<sup>th</sup> for the previous fiscal year risk being denied.
- Please send one invoice per client, per month. For example, if you provide service for a husband and wife, please send a separate invoice for each client.
- You may use your own invoice, or the enclosed SMILE program invoice. It is your responsibility to maintain a supply by copying the form.
- All invoices must include the following:
  - Service Provider Name
  - Service Provider Address
  - Client Name & Address
  - Type of service (*as specified in your SMILE letter.*)
  - Date of Service
  - Number of hours worked
  - Fee per hour/visit
  - Total Amount

Note: Incomplete or incorrect invoices will be returned by mail for re-submission.
- The client must date and sign each invoice. Do not sign or date on behalf of the client.
- Please fax or mail invoices (not both) to:
  - VON SMILE Program  
80 Division Street, Suite 14  
Trenton, Ontario, K8V 5S5
  - Fax: 1-866-965-4389
  - To respect client privacy, we cannot accept any invoices by email.
- Invoices are payable 35 days after receipt in the SMILE office.

### Direct Deposit

- All funding released from the SMILE program are sent by direct deposit.
- To ensure that you receive your payment, please complete and sign the attached VON Electronic Payment Authorization, include a copy of a void cheque or bank deposit form and return it to the SMILE program by mail or fax.
- There will not be a notification slip sent out following direct deposit

### Service Provider Rate Changes

Service rates affect SMILE client care plans. In order to plan and manage client budgets effectively, SMILE has a time frame for notification of rate changes.

Since our fiscal year runs from April 1<sup>st</sup> to March 31<sup>st</sup>, SMILE will adjust service providers' rates once per fiscal year, April 1<sup>st</sup>.

We will accept notification of rate changes in writing up to March 1<sup>st</sup>, to become effective April 1<sup>st</sup>. We ask that you:

- Notify SMILE of rate changes in writing no later than March 1<sup>st</sup>
- Changes will become effective April 1<sup>st</sup>

Please note that clients' budgets may not be increased in order to accommodate the requested rate change. Some clients services may have to be reduced or changed in order for the care plans to stay within budgeted care plan dollars.

We will make the appropriate revisions to the client's care plan and confirm the changes to you in an updated letter.

### Advertising

Service Providers may not reference the SMILE Program in their advertisements.



## Common Basket of Services

Effective April 1<sup>st</sup> 2019, The VON SMILE Program must adhere to service rate limits for certain services as identified by our funder. These services include Meals (Hot and Frozen), Household Management, Housekeeping, Homemaking, Outdoor Chores, Transportation, Adult Day Program, In Home Respite, Foot Care Clinics and Congregate Dining programs.

These services are now being referred to by the funder as services in a Common Basket of Services (CBOS). This has been developed by the funder in conjunction with the Community Support Service Agencies (CSS). They have indicated maximum rates that can be funded for clients of the SMILE Program. These rates correlate with the rates charged by the CSS Agencies. As a result SMILE, cannot pay more for services than what is charged by the local CSS Agency.

Clients still have the choice of service provider, but will be invoiced by SMILE for any difference in those rates. This change affects new SMILE clients and possibly existing clients when there is a change in service. Invoice and payments for the difference in rates will be made with the VON SMILE Program, and clients will not pay the service provider directly for any VON SMILE program funded services.

As always, the SMILE Case Coordinator will work closely with the client and the service provider to work out the best plan to meet the client's needs.

Service	Client Fee Range	Service	Client Fee Range
Meal Delivery	Entrée: \$5.00 to \$7.00 Additional Sides: \$2.00	Social & Congregate Dining	\$6.00 to \$13.00 per person
Home Making/Home Help	Up to \$22.00 per hour	Adult Day Program	\$14.00 to \$22.00 per day
In Home Respite	\$6.00 to \$14.00 per hour (for first 6 hours)	Transportation	\$0.35 to \$0.45 per km
Foot Care Clinic	Up to \$30.00 per visit		



## Client and Family Safety Reminders You Can Prevent Falls

Falls are a major cause of injuries in Canadians 65 and older and clients with conditions that impact mobility. This information is for you and your family to use as reminders of what you can do to be safe. Consider posting on your fridge or leave it in space where it can be viewed.

# S

### Safe Environment in Your Home

- Use hand railings
- Use night lights
- Avoid scatter mats



# A

### Assist with Mobility – Balance and Walking

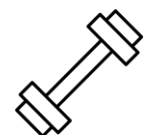
- Be active – every little bit helps
- Use a cane or walker
- Wear good shoes



# F

### Falls Risk Reduction

- Medication Review
- Try exercise classes for building and maintaining strength
- Conduct regular eye exams
- Meals and Nutrition



# E

### Everyone Working Together for a Safe Environment

The VON team works together with you and your family to educate and assist you with referrals to other providers who can help you prevent falls.

## There Are Three Common Risks Associated With Receiving Home and Community Care Services:

- Falls
- Getting or spreading infections
- Not following your medication plan

VON staff and volunteers will help you and your family learn how to avoid these risks and develop a plan of care with your suggestions and input to support your safety.

### Prevent Infection



Help prevent infections by washing your hands and remind staff to wash their hands.

*Remember!* Health care providers (nurses and home support workers) use alcohol based hand rub to remove germs and prevent spread of infections.

### Medication Safety



It is important to be an active partner with your healthcare team in understanding your medication plan.

VON staff will encourage you to ask questions about your medications; it is important to understand how to take them and why you are taking them.

Keep an updated list of your current medication plan available in your home.

## How to Get Up Safely From a Fall:

Check your body.

**If you are injured, call for help. If you have an alert device, use it.**

If you are not injured, look for a sturdy piece of furniture, and follow:

1. Crawl to sturdy piece of furniture
2. From kneeling position steady yourself, bring one knee forward and place that foot on the floor
3. Push up with your arms and legs and pivot to chair
4. Sit down and rest before trying to move

Please report the fall to your care provider (*volunteer, home support worker, nurse*) so we can ensure we work with your care team to prevent injury and make changes to your care plan as needed.

### About VON

VON Canada has been pioneering care at home for over 120 years. Today, we are a highly-trusted non-profit organization that works with our clients, employees and partners to provide innovative clinical, personal and social support to people who want the comfort and peace of mind of living in their own homes and communities.

#### References:

SaferHealthcareNow! (2010). Reducing Falls and Injuries from Falls: Getting Started Kit.  
[www.saferhealthcarenow.ca](http://www.saferhealthcarenow.ca)

Ontario Injury Resources (2014) How to get up after a fall  
<http://www.oninjuryresources.ca/downloads/publications/fall-toolkit/how-to-get-up-after-a-fall.pdf>



For more information, visit [www.von.ca](http://www.von.ca)

Victorian Order of Nurses for Canada | Charitable Number: 129 482 493 RR0001