

### 1. Preamble

The transportation costs for a Quebec resident user 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 Quebec, any form of transportation to an establishment of the network is assumed by the person transported unless they are eligible for a free government program.

The User Transportation Policy of the Quebec MSSS is one of these governmental programs. It determines the general guidelines that must be respected by the CISSSes, CUISSSes and the Corporation d'Urgences-santé. This policy also 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, on the territory of Quebec.

In addition, the MSSS policy recommends the CISSSes to develop a complementary regional policy, considering the local specificities of users. Moreover, teleconsultation should always be preferred, when applicable, in order to avoid any unnecessary travel for the user who needs care and services.

Moreover, it provides linkup with the primary care access point (GAP) and the deployment of regulatory paramedicine, which seeks, among other things, the use of alternative transportation means to ambulance transportation for interestablishment transfers or returns home.

This regional policy clarifies the application of the rules and specificities in the following cases regarding transportation for a user:

- Transferred from one establishment to another intraregional or interregional establishment;
- Aged 65 years or over;
- In palliative end-of-life care;
- Who lives in a remote area (200 km and over) and requires elective diagnostic services and treatment, i.e., not considered emergencies, that are medically required but not available in the establishments or facilities of their region;
- In oncology treatment;
- Waiting for a transplant or in post-transplant follow-up;
- Indigenous user that goes to the Cree Board of Health and Social Services of James Bay and the Regional Board of the health and social services of Nunavik;
- Regional specificities.

### 2. Guiding Principles

The Centre intégré de santé et de services sociaux (CISSS) de la Côte-Nord bases the organization 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 31/03/2022	Approved on 04/09/2018	Revised on 06/09/2023	Adopted on 03/10/2018	Revised on 20/09/2023

- The primacy of the user's needs;
- The user's responsibility to contribute to the efficient organization of their travel;
- Regional equity in access to health and social services;
- Access to health and social services as close as possible to the living environment of the user;
- The most economical means of transportation suited to the user's health condition;
- Allowances to support the users' travel needs that consider the ministerial guidelines and regional specificities;
- The efficient management of public funds.

### 3. Responsibilities

#### CISSS de la Côte-Nord

The CISSS de la Côte-Nord has the responsibility to:

- Promote and apply the national policy, and provide general information to users and physicians contacting the establishment to learn about the conditions of the policy and refer them to the facility of the territory where they reside;
- Develop and manage a regional transportation policy considering local specificities;
- Set up the administrative and control processes that enable users of its territory to receive care and services that are not available in the region;
- Facilitate intraregional and interregional agreements governing the service corridors;
- Deploy, in compliance with national orientations on the quality of pre-hospital care, the conditions and alternative non-urgent transportation means for users of health services and social services, between facilities maintained by the establishment or between other service areas determined in the establishment's three-year pre-hospital emergency service organization plan;
- Approve the administrative procedures and modalities required for the application of the User Transportation Policy;
- Identify public and private establishments under agreement with the health and social services network concerned by this policy;
- Negotiate, with establishments of the health and social services network, preferential rates for lodging resources near the facilities that provide care and services outside the territory or region;
- Provide general information to users, establishments and physicians contacting the CISSS to learn about the implementing conditions of the User Transportation Policy;
- Negotiate agreements that govern corridors for the services that are not available in its region and indicate it in its organization plan;
- Make available and promote the list of services that it offers and the established service corridors;
- Designate a person responsible for the application of the User Transportation Policy as well as a person in charge of processing the reimbursement requests for elective cases;
- Organize inter-establishment transportation in collaboration with the establishment concerned and assume the costs for the user and the escort, when medically required;
- Conduct verifications with other paying agents;
- Charge the user transportation expenses to the appropriate activity centre and 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 of the CISSS de la Côte-Nord only applies to medical referrals required by the physicians and dentists registered in the regional workforce plans, including locum physicians and dentists, for travel between establishments of the network. Exceptionally, a physician who is not a member of the Council of Physicians, Dentists and Pharmacists (CPDP) may request transportation for a user, but the decision remains with the CISSS.

The referring physician or dentist, i.e., the one who prescribed the service, has the responsibility to:

- Consider the established regional, out-of-region and out-of-province service corridors when prescribing care and services;
- For elective cases, prescribe a consultation while justifying the care and services requiring transportation;
- Determine the need for a medical, paramedical, family or social escort during travel;
- Ensure that the care and services covered by this policy are the services covered by the Quebec Health Insurance Plan prescribed by a physician or dentist.

## User

The user has the responsibility to:

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

## 4. Update

Annexes can be modified at all times in order to respect the adjustments prescribed by the MSSS.

Any change made to the application standards of the policy will be subject to the approval of the Board of Directors.

## 5. Entry into force and consultation

Versions	Prepared by	Bodies consulted						Entry into force
		EC	CN	MC	CPDP	BOD	Others	
1	Direction générale	X				X	Governance and Ethics Committee of the BOD	October 3, 2018
2	DSMQÉPÉ	X	X	X	X	X	Users' Committee of the CISSS, Governance and Ethics Committee, Lower North Shore Users' Committee	January 1, 2023
3	DSMQÉPÉ	X				X	Indexing by the MSSS	September 20, 2023

EC	Executive Committee	MC	Multidisciplinary Council
GEC	Governance and Ethics Committee	BOD	Board of Directors
CN	Council of Nurses	UC	Users' Committee
CPDP	Council of Physicians, Dentists and Pharmacist		

## **6. Reference**

This document is based on the “User Transportation Policy” according to circular 01.01.40.10 (2023-017) from the ministère de la Santé et des Services sociaux (MSSS).

In the event of any disagreement as to the interpretation of the components in this policy, that of the ministère de la Santé et des Services sociaux shall prevail.

## **7. Annexes**

- Annex 1: Particularities applicable to intraregional and interregional transportation of users between establishments
- Annex 2: Particularities applicable to the transportation of users aged 65 and over and end-of-life palliative care
- Annex 3: Particularities applicable to users who need to receive elective care and services not available in their region at the request of their physician
- Annex 4: Particularities applicable to Indigenous users
- Annex 5: Regional specificities
- Annex 6: Eligibility criteria for requesting an escort
- Annex 7: Orientation Committee for the North Shore
- Annex 8: Fee schedule of annual indexing based on the CPI
- Annex 9: Definitions

**ANNEX 1****Particularities applicable to intraregional and interregional transportation of users between establishments****1.1 General Objective**

Define the terms and conditions for the transportation of a user between two establishments or facilities of the health and social services network in their region when:

- The establishment or 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 facility has completed the provision of care and services required by the user's health condition.

**1.2 Eligibility Criteria**

- The user must be a resident of Quebec, and of the North Shore for regional specificities;

**and**

- The user must be admitted or registered in the emergency department or in a specific department 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 department, residential and long-term care centre (CHSLD), residential centre (RC) and youth protection centre (CPEJ). This list also includes birthing centres and hospices recognized by the CISSSes;

**and**

- The service must be prescribed by the physician and authorized by the establishment, in collaboration with a clinical administrative manager;

**and**

- The user must travel from one establishment or facility of the network to another establishment or facility of the network that is the closest and most appropriate.

NB: Through delegation, liaison nurses, transportation, emergency department and day medicines can sign a request for elective or emergency transportation between establishments.

**1.3 Administrative Terms and Conditions****Transportation means**

The organization of 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 the most economical and appropriate taking in account the user's health and psychosocial condition.

#### **1.4 Terms and Conditions Regarding Escorts**

##### Medical or paramedical escort

Determining the need for a medical or paramedical escort is the responsibility of the referring physician (issuing or receiving physician), in collaboration with a clinical administrative manager. Likewise, the establishment of origin is responsible for reimbursing the costs.

Despite the above, if an establishment decides to appoint an escort for the user's round trip, the escort waits for the user's return, this establishment assumes all costs associated with the medical or paramedical escort's transportation.

##### Family or social escort

Determining the need for a family or social escort is the responsibility of the referring physician, in conjunction with the establishment of origin. Likewise, this establishment is responsible for reimbursing the costs incurred. The terms and conditions provided for in Annex 3 of the MSSS circular, regarding financial compensation for the family or social escort, apply. No financial compensation other than the one mentioned in Annex 3 is provided for the escort of a user who is admitted, except if the user is minor (0-18 years old) or a person of full age under legal incapacity.

#### **1.5 Intraestablishment transportation**

The organization of any transportation between facilities of one establishment of the network at the expense of this establishment.

##### Guiding principles

- Use of services as close as possible to the user's living environment.
- Planning and prior agreement between the two establishments concerned during the transportation of a user or for a return to the establishment of origin.
- Choice of the most economical and appropriate means of travel, considering the user's health condition.

#### **1.6 Interestablishment transportation**

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

##### Guiding principles

- Use of services as close as possible to the user's living environment, considering the missions and organizational plans specific to each establishment.
- Judicious use of specialized, ultra-specialized or supra-regional services for the services required by the user that are not available in their region.
- Planning of the user's return to a facility located in their health region that is able to ensure the continuity of care, or when the user is discharged from the receiving establishment, planning of their return in collaboration with the establishment of origin, without having to return to the establishment of origin.

- Choice of the most economical and appropriate means of travel, considering the user's health and psychosocial condition.

## Transportation from the user's region of origin to another region

### Definition:

The user travels 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 be subject to an agreement between the two establishments.

### Responsibility for payment:

The establishment of 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 establishment of origin assumes the costs associated with the following transportation:

- Going from an establishment of origin to the designated establishment (the closest and most appropriate);
- The return from the out-of-region establishment where the user was last admitted or registered, to the establishment of origin.

### Specific measures:

- If there is no agreement between the establishments for the user's return, transportation costs must be covered by the out-of-region establishment.
- There is no allowance for the **adult user** or their family or social escort for transportation or living expenses when they are transferred from an establishment in our region to an out-of-region establishment via ÉVAQ, the shuttle or the ambulance for the round trip. Certain allowances are granted only when a portion or the totality of the transportation is elective (see Annex 3).
- Regardless of the above, the family escort of a minor user (0-18 years old) or a user of full age under legal incapacity who is transferred from an establishment in our region to an out-of-region establishment via the air ambulance, the multi-patient shuttle or the ambulance for the round trip may receive certain allowances for transportation and living expenses.

These allowances are granted to the escort of a minor person or a person of full age under legal incapacity only because the user must be accompanied by an adult to consent to the care they must receive.

An allowance of two nights (\$230.48) / week of hospitalization will be reimbursed to the escort of a minor person or a person of full age under legal incapacity to offset a portion of living expenses or the payment of the invoice in a recognized hostel (e.g., Ronald McDonald House).

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

If the establishment where the user is admitted or registered is not in 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 their parents' region of origin. The payment of the transfer to their home region is the responsibility of the establishment or CISSS where their parents live.

Transportation of a user from 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 them so that they get a diagnosis, treatment or for a transfer, this establishment is deemed to be the establishment of origin and assumes the costs of transportation to the receiving establishment. Afterward, the rules for intraregional and interregional transportation apply.

**1.7 Organizations responsible for assuming 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 assumed (sustained) by the organization according to its criteria.

- 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 Defence of Canada
- Department of the Solicitor General of Canada
- Royal Canadian Mounted Police
- Health Canada

**1.8 Transportation of Quebec residents to the appropriate establishment outside the province**

This section is intended to specify the conditions of application of the User Transportation Policy in terms of health care establishments that are considered the closest and most appropriate for residents of Quebec, but that are outside the province, but in Canada.

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

There are two transportation situations: a) cases of primary transportation by ambulance; and b) cases of transportation between establishments of two neighbouring provinces, i.e., which are not cases of repatriation.

A) Primary transportation by ambulance. Eligibility criteria:

- Resident of Quebec;
- Case management in Quebec;
- The closest and most appropriate establishment outside the province. Responsibility for payment:



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

- 0-65 years old: at the user's expense (or relevant paying agent, if applicable);
  - 65 years and over: region of origin, the establishment where the user lives (see Annex 2).
- B) Transportation between establishments of two neighbouring provinces. There are two possible situations:
- 1) When the case management is in the province of Quebec and the closest and most appropriate establishment able to provide the required care is located in another province, the responsibility for payment is entirely that of the establishment located in Quebec where the user lives.
  - 2) When there is a transfer following a case management in an establishment in another province for an event that occurred in Quebec to an establishment in Quebec to complete the care episode, the responsibility for payment is that of the establishment or CISSS located in Quebec where the user lives.

NB: When a transfer between two establishments of another province is required, 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 2****Particularities applicable to the transportation of users aged 65 and over  
and end-of-life palliative care****2.1 Transportation by ambulance for users aged 65 years and over**Objective

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

The targeted transportations are those made from a residence or a public place located in Quebec to the establishment of the health and social services network that is the closest and most 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 their health condition, their physical and social conditions or the accessibility of the residence or place of case management requires it. This includes cases where, without being an emergency, the person's health condition requires transportation by ambulance or other recognized transportation means.

Eligibility criteria

Be a resident of Quebec, including the First Nations of Quebec;

**And**

Be aged 65 years and over;

**And**

That transportation by ambulance be a medico-social necessity.

Eligibility 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 an emergency department;
- 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 Quebec, following an event (sudden illness or medical emergency) that took place outside Quebec.

Determining the medico-social necessity

The attending physician of the receiving establishment or their representative is responsible for determining if the user's condition has required the recognized transportation means and, if not, for

immediately notifying the user if they have to pay the costs. In this case, the establishment charges the user, who pays the costs.

If regulatory paramedicine services are available in a timely manner on the territory, the attending physician can use them to support the decisions made by the nursing staff when determining the medico-social necessity of transportation or the choice of recognized transportation means, based on the user's health and psychosocial condition.

However, this process must be complementary to others used to rule on the medico-social necessity of transportation. The unavailability or the absence of use of regulatory paramedicine interventions on its own cannot lead to a decision of non-necessity for transportation.

### Transportation to the closest or most appropriate establishment

Transportation must be to the closest or most appropriate establishment of the health and social services network that is able to provide the required care or services to the user (including day hospitals and outpatient clinics), even if it is located in another region.

### Responsibility for payment

Receiving establishment:

- For transportation of a user aged 65 years and over in the region where they normally live, the receiving establishment must assume transportation costs. For transportation to the closest or most appropriate out-of-region establishment, the receiving establishment must also assume the costs for the round trip.

Return home for a user aged 65 years and over:

- The establishment that returns the user to their residence must pay the transportation expenses if it is done by a recognized transportation means and it is a medico-social necessity.
- When returning home, the user who decides to use the ambulance transportation when it is not authorized must assume all the costs for the transportation. In this case, the establishment is responsible for informing the user that the transportation costs will be charged to them.

Repatriation:

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

Organizations responsible for covering transportation costs:

- In all cases where an 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 covering 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)

- Ministère de la Sécurité publique
- Health Canada
- Department of National Defence of Canada
- Royal Canadian Mounted Police
- Ministère du Travail de l'Emploi et de la Solidarité sociale

## **2.2 Transportation of a user at end-of-life care to a hospice or waiting for medical aid in dying**

The Act respecting end-of-life care (CQLR, chapter S-32.0001) states that no contribution shall be required from the user, regardless of their age or geographic origin. Therefore, any user at the end-of-life who requires a transfer to a recognized hospice or palliative care hospital unit is eligible for transportation without contribution from the user. The same applies for the user who requires a recognized transportation means for a transfer to a facility of the network or at home to receive medical aid in dying.

### Responsibility for payment

Costs for transportation to the hospice will be assumed by the CISSS of the user's home region. This responsibility also applies when a user at the end of life is admitted or registered in an establishment outside their region of origin.

### Eligible user

In this regard, the first step is to recognize the eligibility of the user at the end of life transferred to a hospice or palliative care unit in a hospital recognized by each CISSS.

Any user at the end of life who requires transfer to a hospice recognized by an establishment of the network or to a palliative care unit in a hospital is eligible for transportation without contribution from the user.

A user who requires a recognized transportation means for a transfer to a facility of the network or at home to receive medical aid in dying is eligible for transportation without contribution from the user.

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

## ANNEX 3

**Particularities applicable to users who need to receive elective care and services not available in their region at the request of their physician****3.1 Transportation of elective cases: general measures**Objective

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

The measures in this section apply to transportation between establishments of the health and social services network for elective cases (for non-urgent care and services that are not available in the region of origin), or during intra-establishment transportation with high kilometre impact, or when care and services are not available within a medically required timeline.

These measures are intended to provide eligible users with a subsidy that, to some extent, covers a portion of the costs for transportation expenses as well as living expenses for meals and lodging.

Responsibility

The establishment is responsible and accountable for the implementation of administrative and control processes that enable users from its territory to receive care and services not available within a 200 km radius. Therefore, it must include in its regional policy, if applicable, the negotiation, with other establishments, of some special rates for lodging resources near places where care and services are provided outside the region.

The establishment that serves the territory that includes the user's principal place of residence is responsible for the processing and reimbursement of the allowance to be paid to the user in accordance with the rules established by the establishment.

Eligibility

Given their health condition and at the request of the referring physician, some users in the region must travel long distances to receive the required care and services. These services must be insured by the Régie de l'assurance maladie du Québec. Three situations of geographical remoteness apply:

- 200 kilometres or more separate the establishment or facility where the user usually receives basic **care** and services (or their place of residence) and the closest appropriate establishment or facility of the health and social services network that is able to provide the user with such care and services covered by the Régie de l'assurance maladie du Québec.

- The user lives in Îles-de-la-Madeleine, on Anticosti Island, from La Romaine to Blanc-Sablon, in Schefferville, in Fermont, in Kawawachikamach, in Nunavik, on the Cree Territory of James Bay or in Radisson.
- The user lives in Clova or Parent.

### 3.2 General conditions for reimbursement

Reimbursement conditions apply (1) for transportation expenses on the one hand, and on the other hand, (2) for living expenses (lodging and meals). The establishment where the user lives reimburses the user and the escort, if applicable, a portion of the costs for transportation, 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 as the social or family escort. 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 city of the establishment where the user normally receives basic care and services to the establishment or facility that will provide the required services;

**Or**

- \$0.21/km for the use of an automobile covering the round trip distance from the city of the establishment or facility where the user normally receives basic care and services to the establishment or facility that will provide the required services, minus the 200 km deductible, plus the cost of a ferry for the user, escort, and the automobile, if applicable.

#### Living expenses (lodging and meals)

A flat rate of \$115.24 per night (maximum two nights) when travelling outside or within the region is granted to the user to cover a portion of the costs for lodging and meals. This amount includes accommodation for the family or social escort when required by medical prescription. However, the escort receives a compensation of \$49.35 per night (maximum two nights) to cover meal expenses.

In the case of a round trip without spending a night, the user and their escort, if applicable, will each receive \$49.35 if they travel by automobile. A \$29 allowance is added when using public transportation to cover a portion of taxi fares.

No financial compensation other than the one mentioned in Annex 3 is provided for the escort of a user who is admitted, except if the user is minor (0-18 years old) or a person of full age under legal incapacity.

In the case of a long stay, i.e., more than seven days, the method used is the measure provided for radio-oncology cases (two nights per week) or the reimbursement of the invoice of a stay in a recognized hostel.

An allowance of two nights per week of hospitalization will be reimbursed to the escort of a minor person or a person of full age under legal incapacity to offset a portion of living expenses or the reimbursement of the invoice of a stay in a recognized hostel.

Particular measures may be applied after authorization from the person in charge of the authorization of transportation. Any claim for additional nights must be supported by receipts from a recognized accommodation establishment.

Financial compensation for lodging, escort and mileage expenses will be indexed every year on April 1<sup>st</sup>, based on the calculation of the increase in the Consumer Price Index (CPI) by the ministère des Finances du Québec for the previous financial year (consult Annex 8 for indexed rates).

### Specific conditions for certain geographic areas

In addition to general conditions for the reimbursement of transportation expenses, specific conditions also apply.

For users from Îles-de-la-Madeleine, Anticosti Island, Kegaska (**only for care received within the Lower North Shore local services network**), La Romaine to Blanc-Sablon, Schefferville, Fermont, Kawawachikamach, Nunavik, Cree Territory of James Bay and Radisson, the establishment of origin pays the full cost of the most economical airplane ticket or the use of a personal vehicle. Fees charged by a private travel agency are borne by the user, if applicable.

When there is a medically required family or social escort, the travel allowance for them only covers the cost of public transportation when used, excluding 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.

### Specificities for air transportation

In the case of an elective appointment, without an emergency, no airplane ticket will be reimbursed, except for users in the geographic areas above.

### Prior clinical authorization

The establishment's administration and staff are responsible for organizing and authorizing transportation, and determining the amount paid.

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

### Responsibility of the user

To be eligible for the subsidy for transportation to the closest establishment or facility, the user must, in non-urgent cases:

- Ensure that the designated person give the clinical authorization for their transportation allowance form and their user transportation roadmap in accordance with the procedure established in their community;

- Within 45 days of their return, present to the finance department of the CISSSCN one medical attestation per appointment on the form provided for this purpose. This document confirms that the user has received the care prescribed by the physician in the receiving establishment or facility;
- Failing to produce this attestation within the prescribed time, the user will see their reimbursement request refused or, if sums of money were paid in advance, they will be required to reimburse to the CISSS the total amount of the subsidy they received for themselves and, if applicable, their escort.

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

In case of non-urgent transportation, if the user wishes to use a transportation means other than the one provided in this policy:

- The subsidy granted cannot exceed the eligible amount as stipulated in this policy;
- The CISSS pays the actual expenses incurred up to a maximum of the granted subsidy for the most economical transportation to the closest establishment or facility.

#### Missed medical appointments

When a user fails to attend their scheduled appointment and the medical transportation allowance has been granted, the user may have to reimburse transportation expenses, unless they provide sufficient justification to explain why they did not attend the appointment or inform the carrier concerned by the cancellation.

### **3.3 Transportation of users waiting for a transplant: specific measures**

Access to lodging services for people waiting for a transplant is an integral part of the orientations contained in the document “L’organisation des services en don et transplantation d’organes solides au Québec” (MSSS, October 2006) provided 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 Living Donors administered by Transplant Québec, these measures of the User Transportation Policy only applies specifically to users waiting for an organ transplant, a hematopoietic stem cell transplant, a vascularized composite allotransplantation or CAR T-cell therapy, or to users in post-transplant follow-up and living donors in Quebec who must travel and stay at lodging facilities operated by one of the two organizations recognized by the MSSS and the establishments of the network, namely:

- 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 located 200 km away or more;
- Reimbursements of daily allowances only apply to users referred to and staying in facilities operated by hostels and lodging facilities recognized by the MSSS and the CISSSes and CIUSSSes:
  - Maison des greffés Lina Cyr, 1989, rue Sherbrooke est, Montréal (Québec) H2K 1B8  
[www.maisondesgreffes.com](http://www.maisondesgreffes.com)
  - Fondation de la greffe de moelle osseuse de l’Est-du-Québec 21-2450, avenue du Mont-Thabor, Québec (Québec) G1J 5B9
- The maximum reimbursement of the daily contribution for long-term lodging for the user and their escort, if applicable, is \$35 per day. These sums will be indexed every year on April 1<sup>st</sup>, based on the



calculation of the increase in the Consumer Price Index (CPI) by the ministère des Finances du Québec for the previous financial year;

- During hospitalization related to a user's transplant, the medically required escort can, if possible, continue to stay at the dedicated establishment and cover the daily cost.

### 3.4 Users in radio-oncology: specific measures

The following rules apply to determine the eligibility of patients in oncology or other cancer-related treatment (including diagnostic research) for the reimbursement of transportation, lodging and living expenses.

#### Eligibility

Any user (and their family or social escort when required) who, at the request of the establishment of origin, must travel to another establishment that is more than 200 km away to receive oncology treatments can receive compensation for a portion of transportation, living and lodging expenses, based on the following criteria:

#### Reimbursable transportation expenses

Transportation expenses for such a patient (and their escort, if medically required) are reimbursable in accordance with the terms and conditions established for elective cases, but due to the frequency of travel, without the 200 km deductible.

#### Reimbursable lodging and living expenses

The first resources to consider for lodging such a user are facilities operated by transit houses and "hostels for cancer patients" recognized by the MSSS and the CISSSES. 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 is available below.

If there is no availability in these resources, lodging reimbursement terms and conditions for other types of establishments are those of elective cases, which is \$115.24 per night for a maximum of two nights per week of treatment. The family or social escort receives \$49.35 per night (maximum two nights) to offset their meal expenses.

Quebec Cancer Foundation  
Hôtellerie de l'Estrie  
3001, 12<sup>e</sup> Avenue Nord  
Fleurimont (QC) J1H 5N4  
Tel.: 819 822-2125  
Fax: 819 822-1392  
[cancerquebec.she@info-cancer.com](mailto:cancerquebec.she@info-cancer.com)

Canadian Cancer Society  
Maison Jacques Cantin  
5151, boulevard de l'Assomption  
Montréal (QC) H1T 4A9  
Tel.: 514 255-5151  
Toll-free: 1 888 939-3333  
[maison@quebec.cancer.ca](mailto:maison@quebec.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: 1 877 336-4443  
Fax: 514 527-1943  
[cancerquebec.mtl@fqc.qc.ca](mailto:cancerquebec.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@fqc.qc.ca](mailto:cancerquebec.gat@fqc.qc.ca)

Association du cancer de l'est-du-QC  
Hôtellerie Omer Brazeau  
151, rue Saint-Louis  
Rimouski (Qc) G5L 0A4  
Tel.: 418 724-2120  
Toll-free: 1 800 463-0806  
Fax: 418 724-9725  
[mestpierre@aceq.org](mailto:mestpierre@aceq.org)  
<http://www.fqc.qc.ca>

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)

Hôtellerie de Québec  
2375, avenue de Vitre  
Québec (Qc) G1R 4J1  
Tel.: 418 657-5334  
Toll-free: 1 800 363-0063  
[cancerquebec.que@fqc.qc.ca](mailto:cancerquebec.que@fqc.qc.ca)  
<http://www.fqc.qc.ca>

Hôtellerie Chaudière-Appalaches  
1660, rure Wolfe  
Lévis (Qc) G6V 3Z5  
Tel.: 581 502-0184  
Toll-free: 1 800 363-0063  
[cancerquebec.lev@fqc.qc.ca](mailto:cancerquebec.lev@fqc.qc.ca)

**ANNEX 4****Particularities applicable to Indigenous users****4.1 General conditions**

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 under the responsibility of Health Canada or band councils for Indigenous communities without an agreement.

**4.2 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 regulated by the conditions established in their respective agreements (James Bay and Northern Quebec Agreement for Cree and Inuit users and Northeastern Québec Agreement for Naskapi users).

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

- Be listed in the Register of Indigenous People or the Indian Register, based on the jurisdiction that applies under the responsibility of the MSSS in accordance with the application of the James Bay and Northern Quebec Agreement and the Northeastern Québec Agreement;

**And**

- Be a member of one of the following First Nations:
  - Cri
  - Naskapi
  - Inuit

Payment responsibility and procedure

Emergency transportation by ambulance and elective transportation:

If the user lives permanently on the territories governed by the Cree Board of Health and Social Services of James Bay, the Nunavik Regional Board of Health and Social Services and the CLSC Naskapi, transportation and living expenses of users referred by a physician will be assumed by these organizations or their establishments, regardless of the user's age.

### **4.3 Indigenous users with an agreement**

#### Payment responsibility and procedure

In general, an Indigenous user living on a federal reserve without an agreement is under the responsibility of Health Canada or the band council, which they need to contact to learn about the terms and conditions for the reimbursement of transportation expenses.

#### Emergency transportation by recognized means

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 an establishment of the MSSS with a medical recommendation. Health Canada will only reimburse the ambulance transportation 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 who need to travel to an establishment for a consultation, a diagnostic test or specialized treatment.

#### Inter-establishment transfers for Indigenous users

Regarding inter-establishment transportation, the User Transportation Policy of the MSSS applies for First Nations people included in the INAC register.

#### Transportation for Indigenous users aged 65 years and over without an agreement

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

**4.4 Paying agents for First Nations and Inuit for ambulance transportation:**

Users	Where to send the billing to receive payment
First Nation user living in a non-agreement community	Band council of the community where the user resides
First Nation user living outside a community	Indigenous Services Canada (Non-Insured Health Benefits program)
First Nation user of the Cree agreement community (living on the territory or outside the community)	Cree Board of Health and Social Services of James Bay
First Nation user of the Kawawachikamach community (Naskapi)	CLSC Naskapi
First Nation Naskapi user living outside the community	Indigenous Services Canada (Non-Insured Health Benefits program)
Inuit user living in Inuit communities (region 17)	Nunavik Regional Board of Health and Social Services
Inuit user living outside a community (based on the number of years outside the territory)	Nunavik Regional Board of Health and Social Services  Indigenous Services Canada (Non-Insured Health Benefits program)

## ANNEX 5

## Regional specificities

## 5.1 Giving birth away from your living environment

Reimbursable transportation expenses

Transportation costs for such a user and an escort are reimbursable under the same conditions as for elective cases.

Reimbursable lodging and living expenses

A daily allowance of \$65 covers the reference period established by the referring physician up to the maximum amounts detailed below (for normal pregnancies). The duration of the allowance is from the departure date determined by the attending physician to the user's date of admission to 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 east sector (Baie-Johan-Beetz, Aqanish and Natashquan))</li> </ul>	21 days	\$1365
<ul style="list-style-type: none"> <li>Minganie (Havre-Saint-Pierre and the west sector (Longue-Pointe-de-Mingan, Rivière-Saint-Jean, Magpie, Rivière-au-Tonnerre and Sheldrake))</li> </ul>	14 days	\$910
<ul style="list-style-type: none"> <li>Other territories of the North Shore in case of a high-risk pregnancy requiring transportation to a tertiary centre more than 150 km away or a service interruption in our birthing centres requiring transportation of more than 150 km.</li> </ul>	14 days	\$910

NB: Any excess stay for vulnerable clientele (SIPPE), service interruptions or high-risk pregnancies must be justified and the daily allowance is \$40, paid upon presentation of invoices.

## 5.2 Special measures – Psychosocial component

Objective

Give targeted clientele access to the required resource if they are not available in their home territory.

Reimbursable transportation expenses

Transportation costs associated with the following particular situations are reimbursable under the conditions stipulated in Annex 1 of this policy. Lodging and living costs are covered by the organization that receives the user.

The most economical transportation means must be used.

## Targeted clientele

- Victims of domestic violence and their children;
- Users who have to travel more than 200 km to receive rehabilitation services with addiction support accommodation;
- Users who require admission in crisis bed or mental health;
- Homeless users who accept services from a recognized organization on the North Shore or outside the region.

## Eligibility criteria

- Absence of the resource in the territory;
- Authorization of the transportation request by a physician or a member of the psychosocial team of the establishment of origin;
- For non-urgent transportation, prior clinical authorization following the procedures in place at the establishment of origin.

## Responsibility for payment

The facility that authorizes the transportation is responsible for organizing transportation to the closest resource in its territory and for paying the real cost for the round trip. For the return trip, the conditions stipulated in Annex 3 apply.

\*\*\* Please note that another policy (Transportation and housing program for people with disabilities) addresses subsidies for the transportation of users with physical disability, intellectual disability and autism spectrum disorder. Information is available on the website of the CISSS de la Côte-Nord.

**ANNEX 6**

**Eligibility criteria for requesting an escort**

1. Minor child (under 18 years old).
2. User under a protection regime.
3. User with a serious and unstable mental health condition or proven and significant dementia disorder or specific mental retardation.
4. User with limited physical capacity who requires constant help from at least one person. This includes chemotherapy, radiotherapy, surgery, sedation/anaesthesia.
5. User with a severe hearing loss that is not compensated, with a severe language disorder (mute, aphasia).
6. Visual disorder (blind or visually impaired) that is not compensated and requires someone's assistance to travel.
7. The escort of a mother for childbirth.
8. Personal or social vulnerability whereby normal supervision provided for travelling is not sufficient to ensure the safety of the user and others.  
(explain: \_\_\_\_\_)



**ANNEX 7****Orientation Committee for the North Shore**

The Orientation Committee is responsible for assessing and ruling on the eligibility of transportation and escort requests for which the objective criteria set out in the policy are insufficient to give a fair and reasonable response. Moreover, it can address the dissatisfaction expressed by users regarding this policy in the first instance.

Composition

The Orientation Committee is composed of four people:

- The nurse in charge of clinic authorization;
- An “administration” representative from the direction in charge of transportation (DSTHL);
- The Director of professional services and university instruction or their representative;
- The person in charge of the application of the regional User Transportation Policy or their replacement.

Responsibilities

The Orientation Committee is responsible for:

- Determining eligibility for the program in special situations;
- Analyzing the context, vulnerability and environment related to the care to be provided (duration, complexity, legality, etc.);
- Assessing the need for an escort (risk management);
- Communicating the decision to the user concerned and to the team mandated for the organization of transportation and the escort;
- Processing, on an exceptional basis, a request for revision in which it was involved.

Operating procedures

- The committee meets once a week or as needed, virtually;
- The nurse in charge of clinical authorization presents the case and the context of the request;
- As needed, the committee collects additional “qualitative” information with professionals who know the user concerned (physicians, nurses from CLSCs and clinics, social workers, etc.);
- If there is an apparent conflict of interest for one member of the committee, this member withdraws from discussions and decisions.

NB: In emergencies, the attending physician or the manager on call substitutes for the Orientation Committee.

**ANNEX 8**

**Annual indexing of financial compensation  
Based on Circular 2023-017 (01.01.40.10)**

**Fee schedule**

<b>Year</b>	<b>Consumer Price Index (CPI)</b>	<b>Lodging expenses</b>	<b>Escort expenses</b>	<b>Allowance per kilometre</b>
2023-01-01	-	\$108	\$46.25	\$0.20/km
2023-05-19	6.7%	\$115	\$49	\$0.21/km
2023-08-03		\$115.24	\$49.35	\$0.21/km

Revised on August 3, 2023

**ANNEX 9****Definitions**

**Family or social escort:** Person whose role is to guide and assist the user for the duration of the trip.

**Medical or paramedical escort:** Person whose role is to guide, supervise, protect and provide care to the user for the duration of the trip.

**Establishment:** An integrated health and social services centre (CISSS), an integrated health and social services university centre (CIUSSS), a non-merged establishment or an establishment serving a northern and Indigenous population.

Services of these grouped establishments are provided by the following facilities: hospital, residential and long-term care centre (CHSLD), rehabilitation centre, local community service centre (CLSC) or child and youth protection centre (CPEJ) whose missions are defined by the ministère de la Santé et des Services sociaux (MSSS). There are also birthing centres and end-of-life and palliative care centres recognized by establishments of the health and social services network (RSSS).

**Home establishment:** Establishment whose service territory (local service network) includes the user's principal place of residence.

**Establishment of origin:** Establishment where the user is admitted or registered.

**Facility:** Physical location where care and services are provided.

**Regulatory paramedicine:** Measures to mitigate demand for ambulance and hospital services, by redirecting low-acuteness cases towards a health and social services resource that is more appropriate to their condition than the emergency room, or by using alternative transportation to the ambulance.

Examples:

- Secondary triage
- Co-assessment between the paramedic and the authorized professional

These measures are deployed in partnership with the primary care access point (GAP) or the clinical support units of pre-hospital emergency services.

**Repatriation:** Return of a user to Quebec to an establishment of the health and social services network (RSSS) as a result of an event (sudden illness or emergency) outside Quebec.

**Residence:** Place where the person usually lives. When there are more than one, the one considered the main residence.

**Resident of Quebec:** In accordance with section 338 of the Regulation respecting the application of the Act respecting health services and social services for Cree Native persons (CQLR, chapter S-5, r. 1), residence is established on the basis of physical presence without regard to intention.

- Section 339 of the same regulation also states that: “[...], when a child is born outside Quebec of a mother having the status of resident of Quebec, he shall be deemed to be a resident of Quebec.”

The status of resident is acquired by birth in Quebec of a mother already having the status of resident of Quebec.

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 his spouse who takes up residence in Canada for the first time;
- A member of the Canadian Armed Forces or of the Royal Canadian Mounted Police who has not acquired the status of resident of Quebec;
- A prisoner who has not acquired the status of resident of Quebec at the time of his incarceration in Quebec;

As well as each of his dependents shall be deemed, after having resided for 3 months in Quebec following his arrival, discharge or liberation, as the case may be, to be a resident of Quebec.

**End-of-life care:** End-of-life care within the meaning of the Act respecting end-of-life care (CQLR, chapter S-32.0001).

**Alternative transportation means:** Non-urgent transportation means with a vehicle other than an ambulance, used for the transportation of users between facilities maintained by establishments or between other service areas determined in the establishment’s three-year pre-hospital emergency service organization plan, in accordance with section 7, paragraph 5, of the Act respecting pre-hospital emergency services (CQLR, chapter S-6.2.).

The chosen alternative transportation means must be adapted to the user’s health and psychosocial condition. It must also meet national orientations on the quality of pre-hospital emergency care.

In addition to facilities maintained or recognized by an establishment, the user’s residence legally constitutes an authorized destination for alternative transportation as part of the establishment’s three-year pre-hospital emergency service organization plan.

**Recognized transportation means:**

- Ambulance;
- Medical paratransit;
- Paratransit;
- Personal vehicle or that of a loved one;
- Taxi;
- Public transportation;
- Air transportation;
- Marine transportation.

**User:** Anyone who receives or may receive health care and services as well as social services provided by an establishment.

**Admitted user:** A user is admitted to a facility when their condition requires hospitalization or accommodation, the applicable formalities are met and they occupy a bed included in the number of the establishment's license.

**Registered user:** A user is registered in a facility when they receive services that do not require hospitalization or accommodation or they do not occupy a bed included in the number of the establishment's license.