



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 Criminal Record Check (including Vulnerable Sector Screening) 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 emergencies, 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.

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
- 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 1st of each year must be received by May 15th of each year.
- Any invoices received after May 15th 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 confidentiality, we cannot accept any invoices by email.
- Invoices are payable 30 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.

Common Basket of Services

Effective April 1st 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		

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 1st to March 31st, SMILE will adjust service providers' rates once per fiscal year, April 1st.

We will accept notification of rate changes in writing up to March 1st of each year, to become effective April 1st. We ask that you:

- Notify SMILE of rate changes in writing no later than March 1st of each year
- Changes will become effective April 1st

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.

(Please Print)

Page ___ of ___

Service Provider Invoice

Remit at the end of each month

2. Service Provider Information

Provider Name: _____

Provider Address: _____

City: _____

Postal Code: _____ Phone: _____

1. Service/Billing Period:

From: _____

To: _____

3. Client Name (1 invoice per client)	Client's Address

4. Service Description – As outlined in SMILE Letter	Date of Service (MMM/DD/YYYY)	# of Hours	Fee per Hour/Visit	Total
<i>Example: Household Management</i>	JAN/15/2019	2	15.00	30.00
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
			Total \$	

6. Client Signature: _____

Date: _____

(Must be signed/dated by client after last day of service)

7. Please submit to:

VON SMILE Program
80 Division Street, Suite 14
Trenton, ON K8V 5S5
Fax: 1-866-965-4389

For SMILE Program Use Only		
Received in SMILE Office	Date Entered	Document Number

Created 2009
Revised 2019
Next Review: 2022

Please fill out the Service Provider invoice, using the following instructions.
Submit for payment at the end of each month.

If submitting by fax, please use a cover sheet

It is your responsibility to provide your own invoices.

You may use this template, photocopy it, and keep an appropriate supply for your use.

Instructions

1. Fill in service/billing period. From: (first date worked within billing period)
To: (last day worked within billing period)
**Services must have been provided prior to submission.*
2. Fill service provider information. It is important to fill in your name as it appears on your bank account, complete mailing address and phone number. **Reminder – you are a private business; not a SMILE employee**
3. Fill in client's name and complete address.
4. Fill in each week's service, as outlined in your SMILE letter and include:
 - Service Description
 - Date of Service
 - Number of Hours
 - Fee per hour/visit
 - Total Amount
5. The client must sign and date the invoice prior to submission. Client must sign after last day of service.
6. Either mail OR fax invoice, (not both), to:

SMILE Program
80 Division Street, Suite 14
Trenton, ON K8V 5S5
Fax: 1-866-965-4389

Incomplete invoices will be returned to the service provider, delaying service provider payment

*Please Note: Invoices are payable 30+ days after receipt in the SMILE office.

If you have any questions, please contact the SMILE Program at 1-888-866-6647.

HEALTHY COMMUNITY TIPS TO REDUCE THE SPREAD OF GERMS

Stop the Spread of Colds and Flu Germs to Others

Flu and colds are spread when sick people cough and sneeze, when they touch other things (door knobs, phones), or shake hands with other people.

Colds and Flu

- Viruses cause colds and flu.
- Antibiotics do not kill colds and flu viruses.
- Doctors will prescribe antibiotics for people with a cold or flu that have chronic illnesses and develop complications such as pneumonia.

Follow Respiratory Etiquette

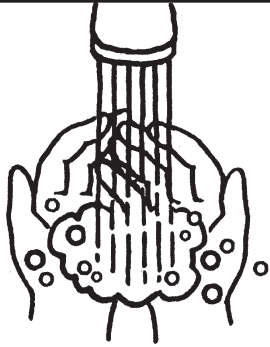
If you are sick with a cold or flu there are a few things you can do to stop the spread of germs to others:

- Stay home.
- Wash your hands frequently.
- Cough or sneeze into a tissue if handy; put the tissue in the garbage right away, and wash your hands.
- If no tissue is available, cough or sneeze into your sleeve or elbow to cover your mouth or nose.
- If you cough into your hands, wash them right away.
- Avoid putting your hands into your eyes, nose, or mouth.

Prevent the Spread of Germs to Volunteers and Health Care Workers

- If you visit a Walk-In Clinic, an Emergency Room or Doctor's office let someone know you are sick as soon as you arrive.
- To help stop the spread of colds or flu to others, you may be asked to wash your hands and put on a mask OR you may consider purchasing some for your own personal use.
- Contact your local health unit for up-to-date influenza information.

Hand Washing



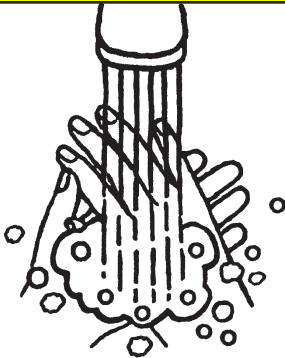
1. Wet hands.



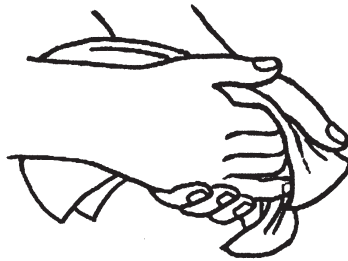
2. Apply soap.



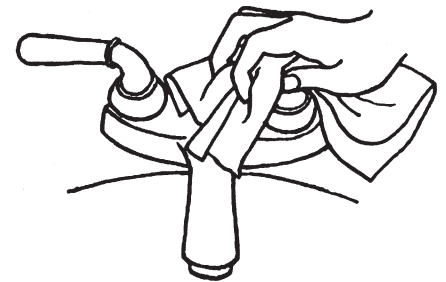
3. Lather for 15 seconds.
Rub between fingers,
back of hands,
fingertips, under nails.



4. Rinse well under
running water.



5. Dry hands well with
paper towel or hot air
blower.



6. Turn taps off with
paper towel, if
available.

Stop the Spread of Germs

Always Wash Your Hands

After you:

- Sneeze, cough or blow your nose
- Use the washroom or change diapers
- Handle garbage
- Play outdoors

Before and after you:

- Prepare or eat food
- Touch a cut or open sore

Preventing a Fall

- Slow down – it takes time to be safe
- Have your vision checked on a regular basis
- Eat healthy: calcium and vitamin D are important for strong bones and regular, balanced meals help prevent dizziness
- Be active – every little bit helps
- Ask your pharmacist to review your medications (if you are taking three or more)
- Wear nonslip shoes, boots and slippers that fit well
- Ensure your hallways and bathroom are well lit at night
- Install hand rails and grab bars in your bathroom (toilet and tub/shower area)
- Reduce clutter in hallways
- Limit scatter mats, and if using make sure all edges are secured by tape



Local Community Resources:

References:

1. Grey Bruce Falls Prevention and Intervention Program. Six Warning Signs of Falls: Self Administered Fall Risk Screening Tool. Grey Bruce Health Unit, Grey Bruce, ON.
2. Safer Healthcare Now! (2010). Reducing Falls and Injuries from Falls: Getting Started Kit. www.saferhealthcarenow.ca
3. Falls Prevention Canada (2011). Prevent a Fall: Safety Checklist. Northwest Local Integrated Health Network, ON.



Falls Prevention

Are You at Risk?

Falls are a significant cause of injuries in Canadians 65+. VON cares about improving your safety in your home. The most important thing you can do is to observe your environment and identify areas in your home that may put you at risk. This checklist will assist you to identify potential risks for falls in and around your home.

	Yes	No
• Do your outdoor stairs, pathways or decks have railings?	<input type="checkbox"/>	<input type="checkbox"/>
• Can you reach your mailbox safely and easily?	<input type="checkbox"/>	<input type="checkbox"/>
• Have you removed scatter mats in your home?	<input type="checkbox"/>	<input type="checkbox"/>
• Is your balance okay?	<input type="checkbox"/>	<input type="checkbox"/>
• Can you easily change position from sitting to standing?	<input type="checkbox"/>	<input type="checkbox"/>
• Is your vision okay?	<input type="checkbox"/>	<input type="checkbox"/>
• Are your hallways and high traffic areas clear of clutter?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there handrails on both sides of the stairs?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there grab bars installed in your tub and shower?	<input type="checkbox"/>	<input type="checkbox"/>

If you checked 'NO' to any two of these questions, or have had a fall within the last 90 days, you are at increased risk of falling. VON can work with you to make a plan to decrease your risk of falls.

**Be aware of your risk.
Please report all falls to your VON service provider.**