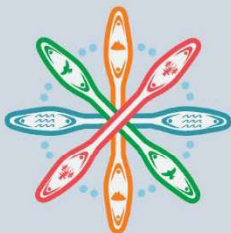




HEALTH BENEFITS: MEDICAL TRANSPORTATION BENEFITS SCHEDULE

APRIL 2023



First Nations Health Authority
Medical Transportation



First Nations Health Authority
Health through wellness

Version History

Version	Effective Date	Description/Summary of Changes
Medical Transportation Benefit Schedule	July 2022	<ul style="list-style-type: none"> • Structural changes to improve organization and readability. Including but not limited to: Criteria for coverage, Transportation, Accommodation, Escorts, Coordination of Benefits moved and updated. • Policy changes: changes to three Exceptions, Section 4 removed Opioid Agonist Treatment (OAT), withdrawal management, The First Nations Health Authority (FNHA) Funded Treatment Centres for Substance Use to regular coverage. Schedule updated to reflect these changes. • Language changes for clarity: “should” has been changed to “must” to indicate importance. Private vehicle travel, “day trip” and “overnight” have been replaced by “daily” and “nightly” respectively, with weekly rate clarified for Clients. • Updates: Escorts for Clients in hospital, appointments section, and reimbursements clarified, Exceptions list updated, appeals contact. • Definitions: Added definition of Residence, OAT, and the FNHA funded Treatment Centres for Substance Use for increased clarity.
	October 2022	<ul style="list-style-type: none"> • Section 3.4., change to meal rates.
	April 2023	<ul style="list-style-type: none"> • Structural changes to improve organization and readability: travelling providers section moved and escort sections reorganized. • Policy changes: changes to the duration of ‘Escort while Client in hospital’ Exception requirement, escort due to language barrier adjudication and coverage for escorts to assist Clients home after hospitalization. • Language changes for clarity: changed “must be approved through the Exceptions process” to “must be submitted as an Exception,” “prenatal confinement” to “medical birthing” and “compassionate travel” for escorts to “travel to visit

		<p>a Client that falls outside the scope of escort coverage” to provide further clarity.</p> <ul style="list-style-type: none">• Updates: created sections for ‘Closest appropriate provider,’ ‘Air ambulance or medivac,’ ‘Travel over five nights,’ ‘Request for two escorts,’ ‘Coverage for escort travel,’ ‘Escorts for Clients in hospital’ and ‘Accommodation for escorts while Clients in hospital.’
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Medical Transportation Benefit Schedule

Revised April 2023

1. Purpose and scope

The Health Benefits program manages the Medical Transportation benefit, which is administered by First Nations Health Benefits (FNHB) and Funding Agreement Recipients. The purpose of *the Medical Transportation Benefit Schedule* is to provide the Medical Transportation Benefit Administrators with details about the policies, eligibility, criteria and rates for the Medical Transportation Benefit. This document replaces the Medical Transportation Policy Framework and the Medical Transportation Operational Guideline documents.

The *Medical Transportation Benefit Schedule* applies to all Medical Transportation benefits administered directly by the FNHA or by Funding Agreement Recipients, who have assumed responsibility for the administration of the Medical Transportation benefit.

2. Medical Transportation benefit eligibility

Individuals must have Indian Status and be a resident of British Columbia (BC), as defined by the Medical Services Plan (MSP), or be an infant up to 24 months of age with an eligible parent in order to receive Medical Transportation benefits.

3. Medical Transportation

The Medical Transportation benefit is intended to provide financial support when a Client is accessing medically necessary health services not available in the Client's community of residence. This support may include coverage towards the cost of transportation, meals and accommodation.

Accessing Medical Transportation benefits may require written authorization from the Client or the Client's representative to provide additional information for the assessment of the Client's request ([see Section 7 Personal Information and Privacy](#)). It may also require prior approval by Health Benefits Operations or the relevant Funding Agreement Recipient.

A Client's community of residence is the municipality in which they reside, with the exception of municipalities in the Metro Vancouver Regional District. For the purposes of medical transportation, the Health Benefits program classifies Metro Vancouver as one community of residence.

Medical Transportation benefits cover the most efficient and economical means of travel, taking into account the urgency of the situation and the Client's medical condition. The Health Benefits program will not be responsible for any differences in cost if the Client chooses to make changes to their itinerary. Please see [Appendix A](#) for information on Client

responsibilities. Original warrants or travel vouchers will not be replaced if lost or stolen.

3.1. Criteria for coverage

Medical Transportation benefits are available under the following conditions:

3.1.1. Travel is to access medically necessary in-person health service(s) including:

- Medical services insured through the BC Medical Services Plan;
- Publicly funded diagnostic tests and preventative screening programs;
- Traditional healers, if approved as an Exception;
- Travel to a Treatment Centre for Substance Use (formerly NNADAP) funded or referred facilities;
- OAT; or
- Services eligible under the Health Benefits Program including dental, vision care, medical supplies and equipment and mental health.

3.1.2. Travel requests must meet the following criteria to be approved:

- The service(s) is not available in the Client's community of residence;
- The service(s) is to the closest appropriate health professional acting within their scope of practice or facility;
- There is a [written confirmation](#) of a scheduled in-person appointment; and
- Coverage is not available through other publicly funded health or social programs, such as ICBC or WorkSafeBC, or any private insurance.

Travel that does not meet the above criteria will not be covered by the Medical Transportation benefit.

3.1.3. Closest appropriate provider

Medical Transportation benefits may be available for travel to the appropriate provider closest to the Client's community of residence.

When a health professional or travelling provider (e.g., General Practitioner, doctor or dentist) is brought into the community to provide services, the community facility is considered the closest facility.

Travel outside the community to access similar services or to the next closest provider must be submitted as an Exception ([see Section 4 for Exceptions](#)). Factors considered in assessing the appropriateness of a health professional include, but are not limited to:

- Medical documentation indicating that the urgency of the Client's medical condition makes it inappropriate to wait for a travelling provider or to be on the waitlist of the closest health professional;
- Access to the closest health professional is not the most efficient and economical option; or
- Clients report a culturally unsafe experience with the closest health professional.

3.2. Appointments

- Travel arrangements should be scheduled appropriately so that the Client attends their appointment and returns home through the earliest available means.
- Upon attending their appointment, Clients must submit written documentation confirming attendance.
- A Client who does not attend a scheduled appointment may have to assume some or all of the cost of travel, unless proper justification for missing the appointment is provided. Future Medical Transportation benefit funding may also be affected.

3.3. Transportation

Coverage will be provided for the most efficient and economical mode of transportation taking into consideration the urgency of the situation and the Client's medical condition. Travel must be arranged in such a way that the Client can attend their appointment and return home by the earliest appropriate means.

3.3.1. Private vehicle travel

Eligible:

Where the most appropriate mode of transportation is a private vehicle, only mileage at the established mileage rate is eligible under the Medical Transportation benefit.

Mileage may also be covered if a private vehicle is used to travel to a transportation terminal that is located outside of the Client's community of residence.

Ineligible:

- Additional costs related to hiring a driver, rental car or vehicle wear and tear are not eligible benefits.
- Mileage will not be provided for any travel within the destination city, including between the Client's accommodation and scheduled appointment.

The standard mileage rate for private vehicle travel is:

Fee Schedule for Private Vehicle Travel	
Standard Mileage Rate	\$0.23 per kilometer

Health Benefits has identified certain communities that experience significant transportation challenges and higher travel costs. These communities are eligible for an enhanced mileage rate.

3.3.2. Taxis

Taxi coverage may be provided for travel between the transportation terminal in the destination city and the Client's booked accommodation, as well as between the Client's accommodation and medical appointment.

Clients travelling in a private vehicle are not eligible for taxi coverage.

3.3.3. Coordinated travel

If the Client has multiple appointments within a short period of time, or if members of the same household are travelling to the same destination, travel should be coordinated to reduce the number of trips.

For multiple Clients travelling to appointments in the same vehicle, reimbursement will be granted to only one Client at the established mileage rate.

3.3.4. Community vehicles

Clients living in communities where there is a medical van or vehicle available for medical travel should coordinate medical appointments with regularly scheduled van trips.

Where a community vehicle is available to access medically necessary health services and a Client chooses not to use this service, private vehicle mileage coverage will not be approved.

3.3.5. Air Ambulance or medevac

When a Client who was transported by Emergency Services to a medical facility requires travel assistance to return home, the Medical Transportation benefit may provide coverage for the Client's return travel to their community of residence.

If the Client requires an escort to return home, coverage may be provided for an escort to assist the Client back home ([see Escorts for Clients in Hospital in Section 3.8.6.](#)).

3.3.6. Regular repeated travel

Clients who need to travel repeatedly, twice or more per week, on a long-term basis to access medically necessary health services may receive Medical Transportation benefits for up to four months.

Regular repeated travel beyond four months must be submitted as an Exception ([see Section 4 for Exceptions](#)).

3.3.7. Travel over five nights

Travel outside the Client's community of residence for more than five consecutive nights must be submitted as an Exception ([see Section 4 for Exceptions](#)).

In order to provide a timely response to the Exception request, Clients are to submit documentation supporting their request in advance.

For long-term travel or extended stays, [see Section 3.5.2](#).

3.4. Meals

The Medical Transportation benefit supplements the cost of meals in accordance with the following rates:

Fee Schedule for Meal Rates	
Daily Rate for same-day trips lasting more than six hours	\$16.00 per person
Nightly Rate for trips up to six nights duration	\$64.00 per night per person five years of age or over
	\$27.00 per night per person under 5 years of age
Weekly Rate for overnight trips of seven nights or more	\$260.00 per week per Client (this rate is inclusive of the Client and an escort, if utilized)

Clients travelling for less than six hours may still be eligible for the daily trip meal rate if they have a medical condition that requires regular meals, such as diabetes or pregnancy.

Clients who are travelling for more than six nights should be booked in accommodation with cooking facilities and given the weekly meal rate for groceries inclusive of an escort, if utilized.

3.5. Accommodation

Medical Transportation benefits are provided for overnight accommodation on a case-by-case basis. Coverage is based on medical justification, time of appointment, distance travelled, location of accommodation and schedule of coordinated transportation.

Arrangements for accommodation will be made by the FNHB or the relevant Funding Agreement Recipient.

- Clients who choose to make different accommodation arrangements may seek reimbursement but will be responsible for any difference in cost.
- Not-for-profit accommodations such as the Easter Seals or Cancer Lodge must be used whenever possible. Accommodation for minors accessing treatment at BC Children's Hospital or Sunny Hill Health Centre for Children should be arranged through the BC Family Residence Program.
- The Health Benefits program will cover the room cost and any appropriate taxes for the most efficient and economical accommodation.

- The Health Benefits program will not cover any incidental fees incurred by the Client.
- Accommodations lasting more than six nights should be in hotel rooms with a kitchenette. The fees listed below are meant as a guide for reasonable nightly rates.

Fee Schedule for Nightly Accommodation Rates		
	High Season (May - Oct)	Low Season (Nov - Apr)
Metro Vancouver	\$300	\$150
Victoria	\$200	\$125
Rest of BC	\$150	\$125

3.5.1. Accommodation in a private home

Clients who choose accommodation in a private home will be reimbursed in accordance with the following rates:

Fee Schedule for Accommodation in a Private Home	
Rate Per Night	Maximum Rate Per Week
\$30	\$100

The rate for staying in a private home is inclusive of an escort. Taxis are not covered.

3.5.2. Long-term or extended stays

- Travel for more than five consecutive nights in duration must be submitted as an Exception.
- Clients approved for a duration of more than six nights should be booked accommodation with cooking facilities and provided the weekly meal rate (to purchase groceries for the Client and an escort, if utilized).
- Extended stays for Clients accessing medical services where the Client is required to remain close to a treatment facility outside their community of residence must be submitted as an Exception and may be covered for up to a three month transition period only. Clients are encouraged to arrange for alternative funding or consider relocation during the transition period.
- After the first 30 days of an extended stay, the FNHB will take over the cost of accommodation upon request of the First Nations Organization or relevant Funding Arrangements Recipient. The cost of meals and travel are not included.

Travel back to the community of residence during an approved extended stay is not eligible for coverage.

3.6. Traditional healing

Travel to a traditional healer may be approved as an Exception under the following criteria ([for Exceptions see Section 4](#)):

- The traditional healer is recognized as such by the community or Tribal Council;
- The traditional healer is located in the traditional territories where the Client currently resides; and
- The Client has a medical condition confirmed, in writing, by a licensed physician or community health professional for which the traditional healer will provide care.

Travel to bring a traditional healer into the community may be approved as an Exception.

The Health Benefits program does not cover the cost of honoraria, ceremonial expenses, and medicines from traditional healers.

3.7. Travel to FNHA Funded Treatment Centres for Substance Use

Travel may be covered to one of the FNHA funded Treatment Centres for Substance Use (formerly National Native Alcohol and Drug Abuse Program) or referred facility when a Client has written confirmation of acceptance from the treatment centre.

Travel for trips home, or family visits to the treatment facility, during the course of treatment are not eligible Medical Transportation benefits unless it is considered part of the treatment plan as established by the facility and approved prior to starting treatment.

Return travel back to the Client's community of residence will be covered regardless of whether or not the treatment program was completed.

Travel to a non-FNHA funded Treatment Centre must be submitted as an Exception.

3.8. Escorts

Medical transportation coverage may be available for an escort when a Client requires support to access medically necessary health services. Escort coverage is provided for the appropriate length of time the escort is required, based on the Client's health, medical condition and legal requirements.

For coverage for an escort to be approved, the [travel request](#) must be submitted before the start of the trip. For emergency hospitalization (e.g., via medivac) requiring an escort, the [travel request](#) must be submitted within three days of the hospital admission.

The payment of a fee, honorarium, or salary to an escort is not an eligible benefit under the medical transportation benefit.

3.8.1. Escort coverage

Clients that meet one of the following conditions and provide the [travel request form](#) may receive escort coverage without submitting additional documentation:

- The Client is a minor (under the age of 19);

- The Client is travelling for the purpose of medical birthing, including hospitalization or to be near medical care while awaiting childbirth;
- The Client is travelling for cancer-related appointments; or
- There is an existing record that explains the continued need for an escort.

Note: If the travel is for more than five days, the Client must submit additional documentation to support the travel Exception request ([see Section 3.3.7. Travel over five nights](#)).

3.8.2. Reasons for Escorts

Clients that meet one of the following conditions and provide the [travel request form](#) and [written documentation](#) from a physician, nurse or nurse practitioner that demonstrates their need for an escort may receive coverage:

- The Client has a physical or mental disability and requires assistance with activities of daily living (e.g., dressing, eating, bathing, etc.);
- The Client faces a language barrier;

Note: Patient Travel Clerks can also determine and document the need for an escort for Clients facing language barriers.

- The Client will receive instructions on specific and essential home medical or nursing procedures that cannot be given to the Client only; or
- The Client is undergoing a medical procedure (e.g., day surgery and diagnostic procedures requiring sedation) or has a medical condition that results in the Client requiring assistance during the trip.

Note: For Escorts while the Client is in the hospital, refer to [Section 3.8.6](#).

3.8.3. Request for two Escorts

Requests for coverage for two Escorts must be submitted as an Exception ([see Section 4 for Exceptions](#)).

Considerations for a second Escort include, but are not limited to:

- Client is a minor in the hospital with a critical condition or undergoing significant treatment with supporting documentation; **and**
- Both Escorts must be able to share accommodation and travel arrangements.

3.8.4. Criteria to travel as an Escort

Individuals must meet the following criteria to travel as an escort:

- Be a legal adult who can sign consent forms, when necessary;
- Be capable of caring for themselves and the Client throughout the duration of the medical travel;
- Be capable of translating between the Client's language and English, when necessary;

- Be able to share personal space, including accommodation, to support the Client; and
- Be able to support the Client getting to or from their appointments.

3.8.5. Coverage for Escort travel

Transportation – An escort is required to travel with the Client to and from the Client’s medical appointment. Coverage will be provided for the most efficient and economical mode of transportation. When an escort and Client travel together in a private vehicle or taxi, only one mileage rate will be reimbursed. [See Transportation in Section 3.3.](#)

Meals – An escort travelling with a Client will be reimbursed for meals at the rates stated in [Section 3.4.](#)

Note: The weekly meal rate for the Client is inclusive of an escort.

Accommodation – An escort is required to share accommodation with the Client in order to provide support to the Client when needed. [See Accommodation in Section 3.5.](#)

3.8.6. Escorts for Clients in hospital

Clients who are in the care of a hospital outside their community of residence may receive coverage for an escort for the lesser of the length of their stay or five days.

Requests for escort coverage for more than five days or an indeterminate period of time must be submitted as an Exception ([See Section 4 for Exceptions](#)). In order to provide a timely response to the Exception request, the Benefit Administrator must submit a copy of the Exception Request form and supporting documentation in advance.

The Health Benefits program will assess the Exception request based on the continued need or responsibility of the escort to support the Client in the hospital. Factors considered in assessing the eligibility of Exception requests for extended escort coverage include, but are not limited to:

- The escort will provide ongoing legal and decision-making services for the Client that can only be done in person;
- The escort will assist a Client who is elderly, frail, or has mental or physical impairments with daily activities that contribute to the Client’s recovery that cannot be provided by the hospital or care staff;
- The escort will provide the Client with translation or interpretive services that cannot be sufficiently addressed by the hospital; or
- The escort will receive instructions on necessary medical procedures that cannot be given to the Client alone, within the requested extension period.

If a Client is transported to a hospital by Emergency Services without an escort, the Medical Transportation benefit may provide coverage for an escort to travel to the hospital where the Client is being treated. Coverage will be provided for the most economical means of travel from the Client's community of residence or the escort's community of residence, whichever is a lesser distance.

Note: Coverage will not be provided if the health care facility is located in the escort's community of residence.

When a Client is discharged from a hospital outside their community of residence and requires an escort to return home, coverage may be provided for an escort to assist the Client back home.

3.8.7. Accommodation for Escorts when Clients are in Hospital

Escorts may receive medical transportation benefits when Clients are in the hospital for up to five days. Requests for escort coverage for Clients in the hospital for more than five days or an indeterminate period of time must be submitted as an Exception in advance. Escorts will receive Medical Transportation benefits for more than five days if the Exception request is approved.

The Health Benefits program may cover either the escort's accommodation or the escort's daily return trip, whichever is more efficient and economical:

If the escort is eligible for:	And:	Then:
Daily Return Trip*	Escort's residence is different from the Client's residence	The lesser distance to the hospital will be covered.
Accommodation	Client is in the hospital for up to six days	Escort is provided coverage for accommodation at the nightly rates stated in Section 3.5 .
	Client is in the hospital for more than six days	Escort is booked in accommodation with kitchen facilities and provided the weekly meal rate.

***Note:** Coverage will not be provided if the health care facility is located in the escort's community of residence.

3.9. Ambulance bills

The Health Benefits program covers the cost of ambulance transport services in the following situations:

- Transport to a hospital in an emergency situation;
- Transport from a lower level care facility to a higher level care facility; and
- Transport between two hospitals.

Ambulance coverage is based on the rules and rates set out by the BC Emergency Health Services. Coverage for ambulance transport services from the hospital back to the home, and for ambulance services outside of BC may be covered as an Exception.

Ambulance transport services are paid directly by Health Benefits Operations, not Funding Agreement Recipients.

3.10. Reimbursements

Clients who have paid out-of-pocket for expenses that are eligible Medical Transportation benefits can apply for reimbursement. Clients are to submit reimbursement requests within 12 months of the date of the scheduled appointment. The FNHB program will reimburse up to the benefit limits outlined in this document.

4. Exceptions

The following types of travel must be submitted as Exceptions:

- Escort coverage if the Client is in the care of a hospital or care facility for more than five days or an indeterminate period of time;
- Travel not to the closest provider;
- All travel greater than five consecutive nights' duration;
- Travel to be fitted for medical supplies or equipment covered by FNHB when the fitting cannot take place in the community of residence;
- Travel for preventative screening programs such as mammograms funded by the province or a health authority;
- Travel to a traditional healer;
- Regular, repeated travel beyond four months;
- Travel to a non-FNHA funded treatment centre;
- Ambulance transport services from hospital back to the home; and
- Ambulance services outside of BC.

Requests for coverage of travel for services not clearly identified as an eligible benefit in the Medical Transportation Benefits Schedule must be submitted as an Exception.

5. Exclusions

Exclusions for the Medical Transportation benefit include, but are not limited to:

- Travel to visit a Client that falls outside the scope of escort coverage;
- Local travel within the Client's community of residence;
- Travel back to a Client's community of residence if the Client becomes ill while away from home other than on medical travel;
- Travel to pick up prescriptions (for OAT, [see Section 3.3.6 Regular Repeated Travel](#));
- Travel by Clients who are in the care of a federal, provincial or territorial institution, such as Clients who are incarcerated;
- Travel to access court-ordered treatment/assessment, or a condition of parole, that

- is arranged by the justice system;
- Travel to day care or respite care;
 - Accessing medical appointments when travelling outside of Canada;
 - Incidental accommodation fees beyond the cost of the room and any applicable taxes;
 - Payment of fees for doctor's notes in support of a Client accessing Medical Transportation Benefits; and
 - Payment of fees, honorarium, or salary to an escort

Exclusions are not eligible for coverage through the Health Benefits Exceptions or Health Benefits Appeals process.

6. Appeals process

Health Benefits Clients, their parent/guardian, or representative have the right to appeal a decision made by the Health Benefits program. An Appeal can be submitted up to 12 months from the date that the benefit was denied. For information on how to submit an appeal, visit the FNHA website.

7. Personal information and privacy

The FNHA is a non-profit society that is governed by the BC Personal Information Protection Act (PIPA). The FNHA only collects, uses and discloses Personal Information on a need-to-know basis to administer the FNHA business, programs or activities where permitted or authorized under PIPA. We do not collect, use or disclose more personal information than is required to fulfill those purposes. We do this in accordance with PIPA and other applicable legislation.

Protecting your personal information is our priority, and all personal information is kept strictly confidential in accordance with our Shared Vision, Values and 7 Directives.

8. Definitions

Funding Agreement Recipient: a First Nations community or an organization that is mandated by a First Nations community or communities to provide health and wellness programs and services to First Nations communities.

The FNHA Funded Treatment Centres for Substance Use: in BC, the FNHA funds residential treatment centres. These treatment centres offer a variety of cultural and clinical interventions and support for First Nations people in BC. Services offered at treatment facilities vary but overall include services to clients with: physical disabilities, concurrent disorder, clients on OAT, family treatment, couples counselling, pregnant women and clients on psychoactive medications.

Client(s): people who meet the criteria as described in the *FNHA Programs and Services Guide*.

Exception(s): items, services, or travel that are not defined benefits but which may be approved with appropriate justification.

Exclusion(s): items, services, or travel that will not be covered under the Health Benefits Program under any circumstances and are not subject to the Health Benefits Exception process or the Health Benefits Appeal process.

Opioid agonist treatment (OAT): OAT is the first-line recommended option prescribed for someone diagnosed with Opioid Use Disorder. It can be an effective way to avoid the acute symptoms of opioid withdrawal and find a pathway to hope and healing. It works by replacing short-acting opioids with longer-acting opioid medication. The two most commonly-used OAT medications are methadone and buprenorphine/naloxone.

Residence: a client's community of residence is the municipality where they live, unless they live in the Metro Vancouver Regional District. Municipalities in Metro Vancouver are considered one single community. Any travel within Metro Vancouver is considered local travel. Medical Transportation provides coverage outside of the Client's municipality of residence.

Appendix A: Client responsibilities

To best utilize the Medical Transportation benefits, Clients have responsibilities, including:

- When possible, Clients must provide at least five (5) days' notice prior to travelling to access medical necessary services to allow time for travel arrangements to be made. Without enough notice, Clients may have to reschedule their appointment, or pay for their travel up front and seek reimbursement later.
- Clients must get prior approval from the FNHB or the responsible First Nations Health Service Organization for all non-emergency medical trips.
- Clients must attend their medical appointment as scheduled. Not attending medical appointments as scheduled may impact future Medical Transportation coverage and in some cases, Clients will be required to pay for their travel costs on subsequent medical travel, and submit reimbursement requires.
- Clients who miss scheduled and arranged travel and accommodations may be required to pay back any benefits they have received, and may be required to make their own travel arrangements home and pay for their travel costs on subsequent medical travel.
- Clients need to get a signed or stamped confirmation from the health professional or facility that they attended their appointment, and provide it to the FNHB or the appropriate First Nations Health Service Organization.
- Clients must protect all original warrants or vouchers given to them for their medical trip as they cannot be replaced if lost or stolen.
- Clients must give as much notice as possible when cancelling an appointment. Clients must provide at least 24-hour notice when cancelling hotel or flight arrangements.
- Clients must keep all receipts associated with their Medical Transportation travel so that they can be submitted for reimbursement.
- Clients must not use threatening or verbally abusive language used towards Patient Travel clerks or providers. Such behavior will not be tolerated, and may result in Clients being asked to pay for their travel upfront and request reimbursement later. Clients are responsible for any damages caused to rooms.