



Exceeding Rates for Veterans Independence Program (VIP) and Long Term Care (LTC)

Issuing Authority: Director General, Policy and Research

Effective Date: 23 December 2015

Document ID: 1014

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Purpose

This policy provides direction on the authority contained in section 34 of the [Veterans Health Care Regulations](#), which enables designated Veterans Affairs Canada staff to exceed the maximum authorized rates for:

- a. [Veterans Independence Program \(VIP\) services](#) (as set out in section 20 of the regulations); or
- b. [chronic care](#) (as set out in section 23 of the regulations).

This policy is to be read in conjunction with the [Exceeding Rates Program Directive](#).

Policy

General

1. For the purpose of this policy, the term “Veteran” is interpreted to include:
 - a. in respect of VIP services, all individuals eligible for VIP services, including a primary caregiver or survivor; and
 - b. in respect of chronic care provided in a community bed, all individuals eligible for such care.

If applicable, it also includes a duly authorized representative of a Veteran, primary caregiver or survivor.

2. Primary caregivers (see [Primary Caregivers \(VIP\)](#) policy) and survivors (see [Survivors \(VIP\)](#) policy) are eligible for the home care services of housekeeping and/or ground maintenance.

Situations Where it May be Appropriate to Exceed Rates

3. The maximum amounts set out in sections 20 and 23 of the *Veterans Health Care Regulations* are usually sufficient to address an eligible Veteran's needs. However, the payment of costs at a rate higher than those maximum amounts may be authorized if:
 - a. necessary to ensure an appropriate standard of service or care (i.e. the level of service or care required to meet the Veteran's assessed health needs and ensure the Veteran's health and/or safety is not compromised);
 - b. necessary on humanitarian grounds (i.e. any compassionate reason that will alleviate undue hardship caused by either exceptional circumstances or a situation beyond the Veteran's control);
 - c. necessary to secure intermediate or chronic care in a health care facility within a reasonable distance of the community in which the Veteran resides;
 - d. necessary because no health care facility within a reasonable distance of the community in which the Veteran resides accepts the Veteran for the care he/she requires, and the rate at the nearest health care facility that will accept the Veteran is higher than the maximum authorized rate;
 - e. necessary because a Veteran requires VIP interventions to remain in their principal residence, and it is deemed to be the best solution for the Veteran/family's health and well-being;
 - f. necessary because a Veteran refuses to move to a health care facility even after the risks of remaining in their principal residence have been explained to them;
 - g. necessary because the Veteran's health and safety would be compromised without receiving the level of services or care deemed necessary; or
 - h. a higher rate is provided for by an agreement between the Minister and the health care facility or the province in which the health care facility is located.
4. The decision-maker, on a case-by-case basis, may also authorize the payment of costs at a rate that is higher than the maximum amounts set out in section 20 and 23 of the *Veterans Health Care Regulations* to address other exceptional circumstances or situations beyond the Veteran's control not described above.

Situations Where it May be Inappropriate to Exceed Rates

5. Maximum rates would not normally be exceeded for:
 - a. Access to Nutrition services - the current maximum amount payable per meal should not be exceeded. However, if adding this service to a Veteran's Benefit Arrangement results in the maximum rate for Home Care Services being surpassed, consideration may be given to exceeding rates for other Home Care Services;
 - b. grounds maintenance services, except when extra services are required as a result of a natural disaster (e.g. hurricane, flood), or the Veteran's health and/or safety would be compromised (e.g. decaying tree causing a threat to safety if not removed).

Delegation of Authority

6. The total dollar value of the required services must be considered and approved by the appropriate approval authority.

References

[*Veterans Health Care Regulations*](#)

[Primary Caregivers \(VIP\) policy](#)

[Survivors \(VIP\) policy](#)

[Exceeding Rates](#) program directive