Community Facilities (Veterans Independence Program - Intermediate Care and Long-term Care)

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Purpose

This policy provides direction on the provision of intermediate care under the Veterans Independence Program (VIP) and intermediate care and chronic care under the Long-term Care (LTC) Program with respect to:

a. community facilities (provincially subsidized beds, non provincially subsidized beds, and contract beds);
b. the cost of care payable to, or on behalf of, a Veteran in a community facility; and
c. the cost of care payable to, or on behalf of, a Veteran who chooses to transfer to an Alternate Care Setting (ACS).

Policy

General

1. For the purpose of this policy, the term "Veteran" is interpreted to include all individuals eligible for intermediate or chronic care (see paragraph 8).
2. If applicable, the term "Veteran" is deemed to include a duly authorized representative of the Veteran.

3. A “community facility” means a health care facility in Canada that is approved by the Minister and provides accommodation and meals and intermediate care or chronic care.
4. “Provincially subsidized beds” is a general term for the purposes of this policy and refers to those beds in which the province/territory:
    a. licenses, accredits, regulates, approves, etc., the bed to provide intermediate or chronic care;
    b. subsidizes the cost of care;
    c. determines the amount a resident has to pay (co-payment) for such things as room and board, articles and services necessary for personal hygiene, etc., and
    d. manages admission to the bed.
5. “Non provincially subsidized beds” is a general term for the purposes of this policy and refers to those beds in which the province/territory:
    a. licenses, accredits, regulates, approves, etc., the bed to provide intermediate or chronic care
    b. may or may not subsidize basic health-related costs;
    c. is not responsible for determining what a resident has to pay (co-payment) for such things as room and board, articles and services necessary for personal hygiene, etc., and
    d. may or may not manage admission to the bed.
6. A “contract bed” means a bed that is set aside in a community facility in accordance with a contractual arrangement entered into by the Minister to provide care to Veteran pensioners, income-qualified Veterans , Overseas Service Veterans and certain Allied Veterans (see policy entitled Eligibility for Health Care Programs – Allied Veteran).
7. An “accommodation and meals contribution” means the amount that a Veteran is required to pay for accommodation and meals while in receipt of intermediate care or chronic care (see policy entitled Accommodation and Meals Contribution).

Eligibility for Care

8. See Eligibility for Health Care Programs – Eligible Client Groups to determine who is eligible for intermediate care under the VIP or intermediate or chronic care under the LTC Program.
9. In cases where a Veteran’s eligibility is limited to intermediate care under the VIP, but the Veteran is assessed as requiring chronic care, a financial contribution for the provision of intermediate care may be approved. This applies whether the Veteran is admitted from home, is moved from one health facility to another or, upon assessment, his/her health care needs are deemed to have increased. The Veteran is responsible for the costs of any services to meet their health needs that exceed the VIP intermediate care financial contribution.

Admission

10. Admission to intermediate or chronic care shall be determined in accordance with either the "Long Term Care Program - Application and Decision Making Process" or the "VIP Intermediate Care Application Process", depending on the Veteran’s eligibility and health needs.

Cost of Care

11. Subject to the applicable rates prescribed in the Veterans Health Care Regulations and the Veteran’s eligibility for care in a community facility, the Department may pay:
    a. the full cost of care based on a provincially subsidized bed rate;

b. the rate charged to a provincial resident in respect to care that is in a non provincially subsidized bed;
c. either of the above rates less the amount, if any, payable by the Veteran for accommodation and meals; or
d. the rate approved by the Minister for a contract bed less the amount, if any, payable by the Veteran for accommodation and meals.

12. The cost of care payable with respect to intermediate care or chronic care provided to a Veteran in either a provincially subsidized or non-subsidized bed is determined in accordance with the "Maximum Rates Payable for Veterans Independence Program and Long Term Care Program Services". For circumstances in which the rates may be exceeded, refer to the policy entitled Exceeding Rates for Veterans Independence Program (VIP) and Long Term Care (LTC).
13. The cost of care may be paid when a Veteran is admitted to a community facility for either:
    a. health reasons; or
    b. respite purposes (see Respite Care policy).

Effective Date of Payment or Reimbursement

14. The effective date from which a Veteran is eligible for the payment or reimbursement of the cost of care by the Department is the later of:
    a. the date that the Veteran first contacts the Department for the care, or
    b. the date that the Veteran is admitted for care.
15. Where circumstances beyond the Veteran's control (e.g. urgent placement) prevent the Veteran from notifying the Department that he/she has been admitted to care, VAC may reimburse or pay the cost of care back to the date of admission. Payment or reimbursement of the cost of care is subject to section 34.1 of the Veterans Health Care Regulations and, therefore, limited to a maximum period of 18 months.

Provincially Subsidized Beds

16. The Department will fund the full cost of care as well as the Accommodation and Meals Contribution in provincially subsidized beds for:
    a. Veteran pensioners, civilian pensioners, special duty service pensioners, military service pensioners, and former members or reserve force members of the Canadian Armed Forces who are entitled to a disability award or pain and suffering compensation, if the care is required as a result of a disability benefits entitled condition, and
    b. Veteran pensioners and civilian pensioners who are seriously disabled.
17. All other Veterans may receive a financial contribution towards the cost of care (depending on eligibility) in a provincially subsidized bed up to the maximum rate charged by the province for a provincial resident, less the amount, if any, payable for accommodation and meals.

Non Provincially Subsidized Beds

18. The Department will provide a contribution toward the cost of care in a non provincially subsidized bed, less the amount, if any, payable for accommodation and meals, if:
    a. the Veteran urgently requires the care; that is the individual’s care needs are such that immediate action is required, e.g., health and safety is at risk in their current environment;

b. there are no provincially subsidized beds providing the required level of care available in the Veteran's community; and
c. the Field Nursing Services Officer has confirmed that the facility has the capacity to meet the care requirements. Where the Field Nursing Services Officer determines that the Veteran's health has deteriorated to the point where the facility can no longer meet the care requirements, the individual and his/her family should be counselled with a recommendation that the Veteran be transferred to another more appropriate facility.

Where the cost exceeds a provincially subsidized bed, the Department will contribute up to the maximum cost for the lowest-priced, non provincially subsidized bed available in the Veteran's community.

19. The funding provided by the Department to access a non provincially subsidized bed should not exceed that charged by the facility for a provincial resident. If the rate charged for the non provincially subsidized bed exceeds the maximum rate payable, or if it is considerably higher than that charged by other health care facilities in the same community for the same level of care, a review of the services provided should take place to determine if any of the charges are the responsibility of the Veteran. For example, the Veteran is responsible to pay for any items or services (non-necessities) that would not be covered in a provincially subsidized bed (e.g. cable television and telephone hookup charges; fees for private garden plots; surcharge for private room when selected by the Veteran).

Veteran Chooses Admission or is Residing in a Non Provincially Subsidized Bed

20. If a Veteran chooses to be admitted to a non provincially subsidized bed (regardless if the individual is at his/her principal residence, in hospital, in a transitional bed or is already residing in a non provincially subsidized bed); the Department will pay the amount that would have been paid if the Veteran had been admitted to a provincially subsidized bed. The Veteran is responsible for all other costs, including the applicable Accommodation and Meals Contribution.

Kinds of Accommodation Payable for Care

21. Payment for accommodations for care cannot exceed standard ward rates, unless the criteria in paragraph 22 are met. "Standard ward rate" refers to the lowest rate available in the facility.
22. The cost of care above standard ward rates may be approved by the Field Nursing Services Officer if:
    a. there is no standard ward rate accommodation available in the facility providing the required care (in this situation payment of the cost of care above standard ward rates should only be made until a standard ward rate accommodation becomes available); or
    b. the Veteran's treating physician states that, for medical reasons, a bed other than in a standard ward is required, and the Field Nursing Services Officer agrees with the physician's recommendation.
23. In such cases, costs above the standard ward rate may be paid less the amount, if any, payable by for accommodation and meals.
24. If a Veteran, solely as a matter of preference, chooses accommodations above the standard ward rate, the Department will pay only up to the standard ward rate less the amount, if any, payable for accommodation and meals.

Benefits and Services

25. The Department does not pay for additional nursing or personal care services for a Veteran receiving intermediate or chronic care in a facility. The level and intensity of care required should be included in the

facility charge.

26. The Department does not pay for equipment, medical supplies, etc., that are normally expected to be included in the facility charge. See the following policies for more details: Medical Supplies – General (POC 7); and Equipment (POC 13).

Discharge

27. Discharge from care may occur:
    a. if the Veteran no longer wishes to remain in care;
    b. at the end of a period of respite care;
    c. if the Veteran no longer requires the care, as confirmed through reassessment; or
    d. if the Veteran moves to acute or palliative care.

Veteran in receipt of Intermediate or Chronic Care Chooses to Transfer to an Alternate Care Setting (ACS)

28. The provisions of this section of the policy are limited solely to those Veterans who are already accommodated in a community facility and who decide to transfer to an ACS. The policy does not apply to those Veterans who are in a hospital, in respite care, in a transitional bed, etc., awaiting admission to a community facility.
29. An ACS refers to a facility that is not licensed by the province to provide intermediate or chronic care. An ACS may be registered with the province or a self-regulating organization but is not equivalent to a long-term care facility within the provincial health care system. There is no oversight in respect to monitoring the care provided insofar as compliance with provincial long-term care legislation, policies and guidelines. For the purpose of this policy, an ACS may include, but is not limited to, a retirement home, assisted living, supportive housing, or a nursing home.
30. The Department recognizes that some Veterans may prefer an ACS to their accommodation in a community facility. This policy recognizes extending those individuals that freedom of choice. The Department will counsel the Veteran that the ACS should have the capacity to deliver the care to meet their assessed needs.
31. When a Veteran chooses to transfer to an ACS, the Department will maintain its financial contribution to the cost of care at the current rate, or the rate of the ACS, whichever is less. The funding by the Department at the time of transfer is the amount that will continue in subsequent years; the funding from the Department will not increase.
32. The Veteran continues to be responsible for paying the applicable Accommodation and Meals Contribution when in care at the ACS.

If the Alternate Care Facility Cannot Meet the Veteran's Health Needs

33. When the Department determines that an ACS does not have the capacity to deliver the care to meet a Veteran's assessed needs, it shall advise the individual and recommend that they remain at the community facility or transfer to an ACS with the capacity to meet their needs. If, contrary to that advice, the Veteran or other qualified person chooses to transfer to the ACS, the Department will require the individual to sign an Acknowledgement, Waiver and Certificate of Independent Legal Advice before undertaking any financial contribution with respect to the transfer to the ACS.

Alternate Care Facility Considered a Principal Residence

34. Veterans who transfer to an ACS may choose to consider the ACS as their Principal Residence. In these cases, the Veteran would be eligible for certain Home Care services under the VIP, subject to the Home Care Services policy.
35. Veterans in receipt of funding for VIP Home Care Service are not eligible for funding for VIP Intermediate Care or for the LTC program.

References

Veterans Health Care Regulations

Eligibility for Health Care Programs – Eligible Client Groups

Eligibility for Health Care Programs – Allied Veteran

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

Accommodation and Meals Contribution policy

Palliative Care policy

Home Care Services (Veterans Independence Program) policy

Principal Residence (Veteran's Independence Program) policy

Respite Care policy

Medical Supplies – General (POC 7) policy

Equipment (POC 13) policy