



Home Adaptations

Effective Date: November 23, 2012

Purpose

This policy provides direction on the provision of home adaptations either as a Treatment Benefit or as a service under the Veterans Independence Program (VIP). The *Veterans Health Care Regulations (VHCR)* authorize home adaptations in support of special equipment provided as a Treatment Benefit or as a service to enable the client to carry out the activities of daily living in their principal residence under the VIP.

Policy

Eligibility

1. See *Veterans Well-being Act* for information on eligibility for Treatment Benefits.
2. For Rehabilitation Program clients, the need for the requested service or benefit must be identified by an assessment of the rehabilitation needs and must be included as part of an approved Rehabilitation Plan.

Eligibility as a Treatment Benefit

3. Home adaptations as a treatment benefit are those required as a result of a person having a surgical or prosthetic device or any aid approved by the Minister. The need for the adaptation must arise directly as a result of the client's reliance on the device or aid and the need to alter current structures in order to accommodate the special equipment (e.g., widening doorways to allow access to a bathroom by a wheelchair user or adding a stair glide).
4. While home adaptations as a treatment benefit may be provided to a client's principal residence, which is normally the client's year-round residence, limited (usually lower cost) home adaptations may also be considered for a secondary residence (e.g., cottage) which is owned and continuously occupied by the client for a significant portion of the year (a minimum of two continuous months). Home adaptations will only be authorized for one secondary residence in the client's lifetime.
5. When a client has eligibility for home adaptations under both the treatment benefits program and the VIP, provision of home adaptations should be first considered under treatment benefits policies and procedures.

Eligibility as a VIP Service

6. Home adaptations as a VIP service may be made to a client's principal residence in order to allow the client to remain self-sufficient in performing the normal *activities of daily living*. Home adaptations can be used to support the changing and increased health needs of clients.
7. Home adaptations under VIP are subject to a financial limit per client, per principal residence. If a client changes their principal residence, a new limit takes effect for the new principal residence. Where required, application may be considered under section 34 of the VHCR.
8. Provision of a home adaptation service alone under VIP does not provide access to health care benefits.
9. Adaptations may be made to a secondary residence owned by the client, but the costs incurred can only be considered within the financial limit allowed for adaptations to the client's principal residence. A temporary move (less than two continuous months) to a secondary residence is not a change of principal residence.



Example: Assume the maximum financial limit for home adaptations is \$5,000.00. A client has previously received a contribution from Veterans Affairs Canada (VAC) of \$3,000.00 for home adaptations to their principal residence. The client also has a cottage (lives in a minimum of two continuous months) which requires adaptations of \$2,500.00. However, the client can only receive a maximum contribution of \$2,000.00 for adaptations to the cottage. This amount is the difference between the maximum limit of \$5,000.00 and the contributions provided previously for adaptations to the principal residence. ($\$5,000.00 - \$3,000.00 = \$2,000.00$).

10. The list below illustrates the types of home adaptations which may be approved under the Veterans Independence Program if appropriate for a client's assessed health needs. This list is NOT all inclusive, and is rather a guide to indicate the type of home adaptations that would typically be considered.
 - a. electrical alterations (e.g. electrically operated garage doors, remote control unlocking devices);
 - b. minor adaptations (e.g. handrails on stairways, grab bars);
 - c. physical alterations (e.g. stair glides, widening of doorways, hallways, corridors or stairways);
 - d. plumbing alterations (e.g. cantilevered wash basin, shower seat);
 - e. ramps (including rails and ramp landings);
 - f. safety alterations (e.g. bath spigot or thermostatic mixing valve to prevent scalding, slip-resistant flooring at stairways or entranceways.)

Eligibility as a Rehabilitation Service

11. Home adaptations for clients with dual eligibility under both the *Veterans Well-being Act* and the VHCR should be considered under the eligibility criteria as listed above for treatment benefits.
12. Home adaptations for rehabilitation clients with eligibility for rehabilitation services and benefits through the *CFMVRCA* only will not be considered.
13. It is the role of the VAC Case Manager to advise and assist VAC rehabilitation clients with non-service related health conditions to connect with community services and programs that offer this type of assistance. There are a number of Federal, Provincial or Territorial home adaptation programs such as the Residential Rehabilitation Assistance Program for Persons with Disabilities offered by the Canada Mortgage and Housing Corporation which could assist the client with paying for home adaptations.
14. Where required, the VAC Case Manager will co-ordinate services and/or facilitate communication on behalf of rehabilitation clients with other agencies or programs in order to assist the client in removing their barrier to independent functioning.

General Provisions (applicable to both VIP and Treatment Benefits)

15. Home adaptations are limited to those adaptations that are permitted under this policy. Repairs and maintenance required as part of the normal upkeep of a home (e.g., roof repair, painting) are not considered home adaptations
16. Home adaptations are those modifications which are considered necessary in order to assist a client to live independently at home. Changes to a residence, whether through modification of the structure or the addition of a special feature (e.g., bathroom, ramp), may be authorized only to the extent that they are required to create a functioning environment or facility that responds to the client's health-related needs.
17. The principal/secondary residence must lend itself to adaptation without major construction or enlargement (extensions or additions). Major additions such as new entryways are not authorized, unless required to accommodate a device.



18. Appropriate assessments shall be completed in order to determine the health-related needs of the client and the interventions that may be required.
19. The need for home adaptations must be for health and functional reasons to permit the client access to essential facilities in carrying out the activities of daily living. Safe access to, and exit from, the home will be considered as justification for home adaptations. In addition, modifications to a secondary entry to the home, sufficient to ensure safe exit in the event of an emergency (e.g., fire, medical), may be authorized.
20. Proposed home adaptations must be economical, and their approval is to be based on their expected effectiveness in responding to the client's needs.

Example:

When a client is unable to access a bathroom located on another floor, alternatives to new construction should be explored. For example, installation of stair glides or wheelchair lifts should be considered for clients in wheelchairs, if effective and less costly than the installation of a second bathroom. When the installation of a lifting device is not possible because of the construction of the home, a bathroom may be installed on another floor.

Once it has been determined that the construction of another bathroom, or modification of an existing bathroom, is justified, the Department may authorize costs normally associated with the creation of a functioning bathroom. Such costs would typically include plumbing, electrical, carpentry, accessories, drywalling, painting and finishing work, etc. The conversion of an existing space (e.g. dining room, bedroom) to a bathroom may result in additional necessary expenses, such as installation of a wall and appropriate flooring. Repair of unavoidable damage to adjacent spaces may be authorized.

21. The most expensive model of a product may not necessarily be required in order to ensure that the client's assessed needs are met. Similarly, the least expensive model may be more costly in the long term, if replacement of the product is necessary due to its inferior quality. The Department should endeavour to authorize a product whose price falls within the middle range of the scale. The costs of the adaptations should be within an acceptable range for the geographic area in which the home is located.
22. A client who chooses to build a home is expected to construct one that adequately addresses their health needs (i.e., a bedroom and bathroom should be situated on the main floor where required). Also, a wheelchair bound client should ensure that the home entrance is built sufficiently close to the ground so that the requirement for a ramp is minimized.
23. The Department will not normally consider adapting a home which, at the time of purchase or construction, the client knew was clearly inappropriate for the client's present or foreseeable health condition. Home adaptations will only be considered to address unforeseen circumstances brought about by the client's altered health condition.
24. The Department may approve adaptations to a home that the client is building only if the intervention is not one that would typically be installed in new construction, and only to the extent that these are incremental costs over and above a typical installation.

Example:

The Department would not pay for the cost of installing wider doorways, as there would be no significant cost difference in comparison to standard doorways. However, the cost of providing wheelchair accessible bath fixtures is an incremental cost over typical installation costs, and so the incremental costs could be covered.

Authorization Requirements

25. If the client is not the owner of the principal residence but permanently resides there:
 - a. written consent of the owner is required before any home adaptations can be considered; and



b. adaptations are not to be approved for common areas in shared residences (ie. seniors' complex, supportive housing, assisted living, retirement homes, condominiums, etc.).

26. Home adaptations and the maximum allowable cost of the adaptations must be pre-authorized by the Department, based on estimates obtained by the client. Requests for reimbursement received after-the-fact will be considered based on the same criteria as pre-authorization requests. It should be noted that not seeking pre-authorization could leave the client financially liable for an already completed home adaptation.
27. A client seeking home adaptations must provide two detailed cost estimates of the adaptations required in order to address the client's health-related needs. In exceptional circumstances (for example, in rural areas where it may be difficult to obtain two estimates), one estimate may be permitted.
28. The principal residence owner must ensure the home adaptations being completed conform to all municipal by-laws and ordinances and do not jeopardize the safety of the client and other members of the household.
29. The Department is not responsible for the selection of contractors (providers) or for oversight of the provider's work. The Department is not liable for work undertaken by the provider.

Limitations (both programs)

30. Home adaptations will not normally be approved when:
- a. the client's health needs would be more appropriately met through the Long Term Care Program (Intermediate and Chronic Care), including VIP (Intermediate Care); and
 - b. there is medical uncertainty as to whether the home adaptations will have a desirable effect or will only meet the client's health needs for a short period of time.
31. If home adaptations are in progress at the time of a client's death, the Department may consider a request to restore the residence to its former state.

References

Veterans Well-being Act

Veterans Health Care Regulations