



# Home Care Services (Veterans Independence Program)

Effective Date: January 1, 2013

## Purpose

This policy outlines the provision of home care services under the *Veterans Health Care Regulations*.

## Policy

### General

1. The Veterans Independence Program (VIP) assists eligible clients (see [Eligibility for Health Care Programs – Eligible Client Groups](#)) to remain healthy and independent in their principal residence by offering a variety of services. Home care services that may be provided to, or on behalf of, a client at the client's principal residence include:
  - a. health and support services;
  - b. personal care;
  - c. housekeeping;
  - d. access to nutrition, and
  - e. grounds maintenance.
2. VIP home care services may be approved if:
  - a. the services are not available to the client either as an insured service under a provincial health care system, or, if applicable, as a former member or [reserve force member](#) of the Canadian Forces;
  - b. the client is resident in Canada; and
  - c. the client has an identified need that impairs their ability to remain self-sufficient at their principal residence.
3. VIP home care services may be required for an indefinite period of time or intermittently based upon the client's need. In some cases, the underlying health issue may be resolved, while in other cases it is not and the need for support exists until the client enters long-term care. (See [Benefit Arrangement \[VIP\] policy](#).)

### Health and Support Services

4. Health and support services are diagnostic or health care interventions which are provided by a regulated [health professional](#). (See [Health Professionals](#) policy.)
5. The list below illustrates some of the types of health and support services which may be approved, if appropriate for a client's assessed health need. The list is NOT all inclusive, but rather a guide to indicate the types of services that may be considered:
  - a. nursing visits (e.g. basic wound care, health teaching, catheter and ostomy care and pain management);
  - b. nursing foot care, and
  - c. occupational therapy.



6. Prior to approving health and support services, a comprehensive assessment must have been completed within the last three months by a qualified individual to determine the client's need for the health and support services. Refer to Requirements for Decision Making and Determination of Need for guidance on the necessary documentation and action required.
7. When a client has eligibility for both Treatment Benefits and the VIP, the provision of health and support services should first be considered under Treatment Benefit policies and procedures. The Treatment Benefits [Nursing Services](#) policy sets out the criteria for the provision of nursing services, regardless if the service is provided as a Treatment Benefit or a VIP Health and Support service.

## Personal Care Services

8. Personal care services are services provided by someone other than a health professional. Such services may include:
  - a. those services required to aid or assist in the performance of the [activities of daily living](#); or
  - b. supervision required by a client who cannot be left unattended.
9. Prior to approving personal care services, a comprehensive assessment must have been completed within the last three months by a qualified individual to determine the client's need for the personal care services. Refer to Requirements for Decision Making and Determination of Need for guidance on the necessary documentation and action required.
10. When selecting a personal care provider, a client should be advised that registered service providers are highly recommended and preferred because they must meet certain qualifying criteria to register with the third party contractor, and they can be paid directly instead of the client being out-of-pocket for the expenses. Registration assures a certain degree of competency.
11. A client who uses a non-registered service provider (e.g. a friend, neighbour, etc.) should be advised that there may be risk involved. For example, non-registered service providers may not be properly trained, or the client may be required to pay for the services in advance and then wait to be reimbursed. Where existing clients are using non-registered service providers, every effort should be made to transition them to a registered service provider.

## Attendance Allowance Recipients

12. Personal care services provided by non professionals/unregulated workers are available to eligible clients under two programs: the VIP and/or Attendance Allowance under the [Pension Act](#).
  - a. If a client is receiving Attendance Allowance, the maximum amount available for personal care services under VIP cannot exceed 59 days per calendar year. A "day" is defined as the actual personal care service needs of a client within a 24 hour period. For example, one client may require two hours of personal care service per day, and another client may require eight hours of personal care service per day. Both of these cases would be considered a "day".
  - b. A client who has applied for Attendance Allowance may continue to receive up to the maximum yearly amount for personal care VIP services until a decision is made on the Attendance Allowance application.
  - c. Once a client receiving personal care services under VIP is approved for Attendance Allowance, the client may continue to receive VIP personal care services for a maximum of 59 days, from the date of approval of Attendance Allowance to the end of the calendar year.

## Housekeeping Services

13. Housekeeping services are:



- a. routine tasks or domestic chores to assist with daily living; and
- b. certain other non-routine tasks or domestic chores required as a result of a client's health and safety being at risk.

### **Routine Housekeeping Services**

14. Under housekeeping services, financial contributions (as calculated by the Annual Grant Determination Tool) toward the cost of routine tasks or domestic chores may be approved. Following is a list of some examples of routine tasks or domestic chores:
  - a. laundry, ironing and mending;
  - b. making and changing beds;
  - c. general cleaning, vacuuming, scrubbing, dusting, appliance cleaning;
  - d. meal preparation;
  - e. washing and changing windows;
  - f. errand services to purchase food, do banking and pay bills when the client is unable to do so; and
  - g. routine tasks such as changing fuses, changing batteries in smoke detectors, etc.

While the above list is not all inclusive, it establishes the scope of those types of services that may be provided. Other routine tasks or domestic chores may be approved, at the discretion of the decision-maker, on a case-by-case basis.

### **Non-routine Housekeeping Services**

15. Under housekeeping services, financial contributions (as calculated by the Annual Grant Determination Tool) toward the cost of non-routine tasks or domestic chores may be approved if the health and safety of the client is at risk. Following is a list of examples of non-routine tasks or domestic chores:
  - a. washing walls and ceilings when environmental pollution is a factor (i.e. wood is the primary fuel source, and the client requires a relatively dust-free environment);
  - b. shampoo/steam cleaning carpets and furniture, or professional drapery cleaning may be necessary for clients suffering from respiratory conditions, skin allergies, incontinence, etc.;
  - c. chimney cleaning if a fire hazard exists;
  - d. furnace and duct cleaning for a client requiring a relatively dust-free environment;
  - e. cleaning attics, basements, and garages, if a fire hazard exists;
  - f. extermination/fumigation for the presence of rodents, infestation of fleas or ticks, etc.; or
  - g. industrial cleaning where the lack of cleanliness is to the point that service providers cannot, or refuse to, enter the home until it is professionally cleaned.

While the above list is not all inclusive, it establishes the scope of those types of services that may be provided. Other non-routine tasks or domestic chores may be approved, at the discretion of the decision-maker, on a case-by-case basis.

16. If necessary, the decision maker may seek medical advice to determine if the health and safety of the client is at risk.



## Access to Nutrition Service

17. Access to nutrition service is ensuring clients have access to nutritional prepared food, whether it is delivered to the client's principal residence, offered in the community or served at a local restaurant. Access to nutrition services covers the cost, up to the maximum per meal rate, for the:
- a. delivery of prepared meals to the client if the reimbursement is for the delivery charge which, ideally, should be clearly indicated on the invoice; or
  - b. transportation of the client to access prepared meals, such as transportation to a local restaurant or community facility.
18. Financial contributions toward the cost of access to nutrition services do not cover the cost of the prepared meal. The only exception is where the cost of the food and the transportation cost may be considered as one cost (as an example, meals-on-wheels type programs). In these cases:
- a. the invoice may be paid as billed up to the maximum per meal rate; or
  - b. if multiple meals are included in a single delivery and the delivery charges cannot be separated, the client may claim reimbursement for each meal, up to the maximum per meal rate.
19. If Access to Nutrition service is unavailable to a client (e.g. a client lives in a remote location) meal preparation support under the housekeeping service could be considered (see paragraphs 13-14).

## Grounds Maintenance

20. Grounds maintenance provides the necessary services required in support of the client's independent living at their principal residence when:
- a. the maintenance is the client's responsibility and would normally be performed by the client were it not for the client's limiting health condition; and
  - b. there are no relatives living at the client's principal residence capable (i.e. willing and able) of performing the grounds maintenance. (See [Client Relatives \(VIP\) policy](#).)
21. Grounds maintenance services are those regularly required to maintain the grounds immediately surrounding the client's principal residence. Subject to the requirements set out in paragraph 20, a financial contribution (as calculated by the Annual Grant Determination Tool) toward the cost of the following grounds maintenance services may be approved:
- a. Tilling ground to enable the client to plant a small flower or vegetable garden;
  - b. Removing snow and ice from steps, walkways and driveways to allow safe access to the principal residence;
  - c. Removing snow and ice from roofs and eaves troughs, when such conditions pose a threat to the client's safety and access;
  - d. Cleaning leaves and debris from eaves troughs;
  - e. Mowing and raking lawn, sweeping leaves from pathways, trimming hedges and shrubs;
  - f. Pruning or removing trees which pose a threat to the client's safety and access; and
  - g. Blocking, splitting and stacking firewood, when wood is, and continues to be, the main source of heat and the work was previously performed by the client.

While the above list is not all inclusive, it establishes the scope of those types of services that may be provided. Other reasonable grounds maintenance services normally performed by the client may be



approved, at the discretion of the decision-maker, on a case-by-case basis.

## **When a Facility Considered the Client's Principal Residence Provides Home Care Services**

Note: When a person is receiving VIP intermediate care or long-term care as an eligible client, their accommodation does not constitute a principal residence.

22. Some clients live in facilities, considered their principal residence, where home care services are provided as part of the monthly fee agreement. Although the services are provided by the facility, the Department may compensate the client for the cost of certain services if the services are performed as a direct, individual service to the client.
23. Financial contributions toward the cost of the health and support, personal care, or cleaning the client's personal living quarters, including making and changing the bed, may be considered if:
  - a. a current client assessment identifies a need for the service provided;
  - b. the duration and cost of the service can be identified on an individual client basis, and
  - c. the cost of the service is equal to or less than the standard rate for similar services in the area.
24. If the service provider is unable to break down the cost of the VIP services indicated in paragraph 23, the Department may determine the amount of the financial contribution by taking the amount of hours that is deemed necessary to provide the services according to the current assessment and multiplying those hours by the standard rate for a similar service in the area.
25. Financial contributions toward access to nutrition service may only be considered if a client is billed separately and specifically for meal delivery or transportation to a meal.
26. Financial contributions toward the cost of services that do not provide a direct, individual benefit to the client will not be considered. For example:
  - a. Grounds maintenance service is not the responsibility of the client and would not normally be performed by the client in these situations. In addition, this service is not performed as a direct, individual benefit for the client, but rather the entire facility.
  - b. Meal service reflects the cost of the food and its preparation rather than the cost of accessing it. In addition, this service is not performed as a direct, individual benefit for the client, but rather the entire facility.

## **When a Facility Considered the Client's Principal Residence Does Not Provide Home Care Services**

27. If a client lives in a facility considered their principal residence and the facility does not provide home care services, the client is eligible to receive a financial contribution for home care services in the same manner as if they were living in a traditional principal residence.

## **Temporary Absences**

28. Housekeeping and grounds maintenance services may continue to be required when a client is temporarily absent from their principal residence. Financial contributions toward these services:
  - a. may continue for periods of absence for treatment or respite.
    - i. This arrangement may continue uninterrupted for up to 30 days.
    - ii. If after 30 days the client has not returned to the principal residence, the case must be reviewed to determine the likelihood of the client returning.
    - iii. If the client's return to the principal residence continues to be a potential outcome, the



Benefit Arrangement may be extended; however, if it is determined that the client requires permanent long-term care, the home care services of the Benefit Arrangement must be terminated immediately. If a client's Benefit Arrangement requires termination and the primary caregiver's eligibility for an extension of services is being considered, care should be taken to avoid a break in service, if possible. (See [Termination of Benefits, Services and Care](#) policy and [Primary Caregivers \(VIP\)](#) policy, if applicable.)

b. may not continue for periods of absence for extended periods of time (e.g. snowbirds). In these cases, Benefit Arrangements for these services are suspended during the client's absence.

29. Health and support, personal care, and access to nutrition services are not required when the clients are temporarily absent from their principal residence. In these cases, Benefit Arrangements for these services are to be suspended during the absence.

## Client Relatives

30. Relatives of a client who reside in the client's principal residence are not usually paid to provide home care services; however, they may be paid in exceptional circumstances. (See [Client Relatives \(VIP\) policy](#))

31. Relatives of a client living outside the client's principal residence may be paid to provide home care services and are to be treated like any other service provider in the community.

## Primary Caregivers and Survivors (see [Primary Caregivers \(VIP\) and Survivors \(VIP\) policies.](#))

32. Primary caregivers and survivors are eligible for the home care services of housekeeping and/or ground maintenance if they meet the necessary eligibility requirements.

33. Eligible primary caregivers and survivors may receive the housekeeping services described in paragraph 14 and in paragraph 15 if the specific criteria are satisfied.

34. Primary caregivers and survivors are not eligible for health and support, personal care, or access to nutrition services.

## Rates Payable for Home Care Services

35. Subject to exceeding rates, the maximum rates payable for VIP Home Care services are outlined in [Maximum Rates Payable for Veterans Independence Program and Long-term Care Program Services](#). These rates are adjusted annually, effective January 1.

## References

[Pension Act](#)

[Veterans Health Care Regulations](#)

[Health Professionals policy](#)

[Nursing Services \(POC 8\) policy](#)

[Foot Care Services \(POC 8\) policy](#)

[Nurse Visits \(POC 8\) policy](#)

[Benefits Arrangement \(VIP\) policy](#)

[Principal Residence \(VIP\) policy](#)



Client Relatives (VIP) policy

Primary Caregivers (VIP) policy

Survivor (VIP) policy

Termination of Benefits, Services or Care policy

Exceeding Rates (VIP and LTC) policy

Eligibility for Health Care Programs – Eligible Client Groups