

1. STATUTORY AUTHORITY

At Home Program Medical Benefits: *Supply Act*

At Home Program Respite Benefits: *Child, Family and Community Service Act* Section 93

2. PURPOSE

The purpose of this policy and accompanying standards is to provide clarification on the criteria and process used to determine eligibility for the At Home Program.

Definitions are provided in Section 5.

3. POLICY

The Ministry of Children and Family Development will provide At Home Program Medical Benefits and/or Respite Benefits for eligible children and their families, subject to the Determining Priority for Children's Services Policy (for Respite Benefits) and eligibility reassessments.

4. PROGRAM DESCRIPTION

The At Home Program is intended to assist parents with some of the extraordinary costs of caring for a child with severe disabilities at home. This includes children who:

- are assessed as dependent in at least three of four functional activities of daily living (eating, dressing, toileting and washing), or;
- are eligible for direct nursing care through the Ministry of Children and Family Development's Nursing Support Services, or;
- have a palliative condition.

The At Home Program provides Medical Benefits and/or Respite Benefits. A child may be eligible for both benefits or for a choice of one benefit. The eligibility criteria for each benefit is provided in Section 5.

If a child is eligible for a choice of one benefit, the family may switch benefits up to once per calendar year.

Eligibility is reassessed on a regular basis.

4.1 At Home Program Medical Benefits

Provides the following basic, essential benefits for eligible children (as defined in Section 5 of this policy):

- medical supplies
- medical equipment
- biomedical equipment
- medical transportation
- School-Aged Extended Therapies
- orthotics and splints

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- audiology equipment and supplies
- dental, orthodontic and optical benefits (directly related to the child's disability)
- Medical Services Plan and PharmaCare coverage

At Home Program Medical Benefits are delivered through Ministry of Children and Family Development Provincial Office.

4.2 At Home Program Respite Benefits

Provides \$2,400 - \$2,800 per year (depending on family income) to assist families of eligible children (as defined in Section 5 of this policy) to purchase the respite services that best meet their needs. Funding may be enhanced to meet extraordinary need. Families may be waitlisted for At Home Program Respite Benefits.

At Home Program Respite Benefits are delivered through Ministry of Children and Family Development Regional Offices.

5. DEFINITIONS

The following definitions relate to the At Home Program eligibility policy and standards.

5.1 "Eligible children" means those children who meet the eligibility criteria below, with the exception of children who are in receipt of, or whose parents or guardians are in receipt of, an insurance settlement or court award related to the child's disability.

Aboriginal children, who live either on- or off-reserve, are eligible for the At Home Program if they meet the eligibility criteria below.

Eligibility Criteria:

- resident of British Columbia;
- enrolled with British Columbia Medical Services Plan;
- living at home with a parent or guardian, and;
- the following, based on the particular At Home Program benefit(s):

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	Medical Benefits Only	Respite Benefits Only	Both Medical Benefits and Respite Benefits
Age	17 years or younger	18 years or younger	<ul style="list-style-type: none"> • 17 years or younger for Medical Benefits • 18 years or younger for Respite Benefits
Severe Disability Criteria	<p>One of the following:</p> <ul style="list-style-type: none"> • assessed, by a qualified At Home Program Assessor, as dependant in three functional activities of daily living, or; • eligible for direct nursing care through Nursing Support Services, or; • has a diagnosis of a condition with a predictable rate of degeneration (e.g., Duchenne's Muscular Dystrophy or Spinal Atrophy Type II), as indicated by the child's physician on the At Home Program Application, and requires expensive medical equipment (e.g., splints, wheelchair). 	Assessed, by a qualified At Home Program Assessor, as dependant in three functional activities of daily living.	<p>One of the following:</p> <ul style="list-style-type: none"> • assessed, by a qualified At Home Program Assessor, as dependant in four functional activities of daily living, or; • has a palliative condition, as indicated by the child's physician on the At Home Program Application.

5.2 "Functional activities of daily living" means eating, dressing, toileting and washing.

5.3 "Guardian" is defined in accordance with the *Family Relations Act*, and means the person who has all the powers and duties under section 25 of that Act respecting a child.

5.4 "Health professional" means a nurse, occupational therapist, physiotherapist or medical social worker.

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5.5 “Parent” is defined in accordance with the *Child, Family and Community Service Act*, and means:

- the mother of a child;
- the father of a child;
- a person to whom custody of a child has been granted by a court of competent jurisdiction or by an agreement, or;
- a person with whom a child resides and who stands in place of the child’s mother or father,

but does not include a caregiver or director under the *Child, Family and Community Service Act*.

5.6 “Qualified At Home Program Assessor” means a health professional (see 5.4 above) who has experience working with children with severe disabilities and is trained to conduct At Home Program assessments.

5.7 “Resident of British Columbia” is defined in accordance with the *Medicare Protection Act*, and means a person who:

- is a citizen of Canada or is lawfully admitted to Canada for permanent residence;
 - makes his or her home in British Columbia, and;
 - is physically present in British Columbia at least six months in a calendar year,
- and includes a person who is deemed under the regulations to be a resident but does not include a tourist or visitor to British Columbia.

5.8 “Urgent admission” means a child in respect of whom a completed At Home Program Application has been submitted, and who:

- has a palliative condition, as indicated by the child’s physician on the At Home Program Application, or;
- is deemed eligible for the At Home Program (through the process outlined in the Urgent Admissions standard), is in hospital and cannot be discharged without expensive medical equipment (e.g., respirator, feeding pump).

6 At Home Program Eligibility Standards

6.1 Information and Support to Families

1	The organization ensures that families, staff and community members have access to a knowledgeable Regional Contact (or alternate)
	<ul style="list-style-type: none">• The Regional Contact (and alternate) is a regional staff person(s) who is knowledgeable about:<ul style="list-style-type: none">○ the At Home Program application, eligibility assessment , eligibility determination and appeal processes;○ other services and supports for children and youth with special needs and their families, and;○ the potential impact of a child's disability on the family.• The Regional Contact (or alternate) provides the family with an At Home Program Application, or informs the family of where one may be obtained.• The Regional Contact (or alternate) provides information to the family regarding the status of their child's At Home Program Application, as requested.

6.2 Application and Eligibility Assessment

1	The organization receives the completed At Home Program Application from the family and reviews it for completeness
	<ul style="list-style-type: none"> • Section A must be completed and signed by the child's parent or guardian. • Section B must be completed and signed by the child's physician, and include a: <ul style="list-style-type: none"> ○ primary diagnosis, or; ○ primary and secondary diagnosis.
2	The organization arranges an eligibility assessment within a timeframe that allows an eligibility decision to be made within six weeks of the completed At Home Program Application being received
	<ul style="list-style-type: none"> • An eligibility assessment is not required if the child: <ul style="list-style-type: none"> ○ is subject to an urgent admission (see Definition 5.8 - an eligibility assessment may be arranged at the earliest possible date, subject to the Urgent Admissions standard 6.4), or; ○ is eligible for direct nursing care through Nursing Support Services and have requested At Home Program Medical Benefits (the child may continue to receive At Home Program Medical Benefits for three months following his/her discharge from Nursing Support Services; an eligibility assessment is required to continue benefits beyond this timeframe), or; ○ has a diagnosis of a condition with a predictable rate of degeneration (e.g., Duchenne's Muscular Dystrophy or Spinal Atrophy Type II), as indicated by the child's physician on the At Home Program Application, requires expensive medical equipment (e.g., splints, wheelchair), and has requested At Home Program Medical Benefits.
3	The organization ensures that each At Home Program eligibility assessment is completed by a qualified At Home Program Assessor
	<ul style="list-style-type: none"> • The qualified At Home Program Assessor meets with the child and his/her parent or guardian to assess the child's level of dependence in the activities of daily living, by: <ul style="list-style-type: none"> ○ observing the child (at a minimum, the child's eating is directly observed); ○ interviewing the parent or guardian, and; ○ gathering information from the child's health care providers and other sources (if needed). • The qualified At Home Program Assessor may also consult with the child's health care service provider(s) (e.g., physician, occupational therapist, physiotherapist, speech-language pathologist) in order to complete the assessment. • The At Home Program eligibility assessment is completed in accordance with the At Home Program Regional Committee and Assessors' Handbook.
4	The organization ensures that a copy of the completed At Home Program eligibility assessment is provided to the child's parent or guardian
	<ul style="list-style-type: none"> • The completed eligibility assessment is documented on the At Home Program Assessment of Functional Activities of Daily Living form. • The qualified At Home Program Assessor informs the parent or guardian of what to do if they disagree with the eligibility assessment or have new information that is relevant to the At Home Program eligibility determination process. • The qualified At Home Program Assessor may refer the family to other services as appropriate.

6.3 Eligibility Determination

1	The organization uses the criteria outlined in the At Home Program Eligibility Policy and the At Home Program Regional Eligibility Committee and Assessors' Handbook to determine eligibility
2	<p>The organization appoints a Regional Eligibility Committee to:</p> <ul style="list-style-type: none"> • make recommendations regarding At Home Program eligibility, and; • establish eligibility review dates <ul style="list-style-type: none"> • The Regional Eligibility Committee consists of at least three members who have experience with children with severe disabilities. • The Regional Eligibility Committee should not include members who: <ul style="list-style-type: none"> ○ have direct involvement with, or act as a direct caregiver or advocate for, the child or family applying for the At Home Program; ○ have associations with an organization or business that would benefit from the child being admitted to the At Home Program; ○ conducted the At Home Program eligibility assessment of the child, and/or; ○ would be involved in a complaint resolution process related to the child or family. • The Regional Eligibility Committee meets on a regular basis to review At Home Program Applications and eligibility assessments (may be face-to-face or via teleconference). This occurs within a timeframe that allows an eligibility decision to be made within six weeks of the completed At Home Program Application being received. • The Regional Eligibility Committee makes a recommendation to the designated staff person(s) regarding At Home Program eligibility, based on the child's level of dependence in the activities of daily living and mobility. • Personal presentations and/or videos are not considered in making an eligibility recommendation. • For children under age 3, the following may be considered in combination with each other: <ul style="list-style-type: none"> ○ extraordinary medical equipment costs; ○ extraordinary care needs, and; ○ long-term prognosis. • The eligibility recommendation and review date are documented in Section D of the At Home Program Application.
3	<p>The organization ensures that At Home Program eligibility decisions are made, based on a review of the required documents and the eligibility recommendation, within six weeks of receipt of the At Home Program Application (for regular admissions)</p> <ul style="list-style-type: none"> • Required documents: <ul style="list-style-type: none"> ○ completed At Home Program Application, indicating the eligibility recommendation in Section D, and; ○ copy of the completed At Home Program assessment. • The organization documents the eligibility decision in Section C of the At Home Program Application.
4	<p>The organization informs the family of the eligibility decision in writing</p> <ul style="list-style-type: none"> • The letter informing the family of the eligibility decision includes: <ul style="list-style-type: none"> ○ information regarding whether the child is eligible for both Medical and Respite Benefits, or a choice of one benefit; ○ the reason(s) for the eligibility decision; ○ information regarding how the family may appeal the eligibility decision, and; ○ the child's eligibility review date. • If the child is eligible for a choice of one benefit, the family is informed that they may choose a benefit.

6.4 Urgent Admissions

1	The organization ensures that eligibility decisions are made within three days of receipt of an At Home Program Application for urgent admission (see Definition 5.8)
<ul style="list-style-type: none">• If the Regional Eligibility Committee will not be meeting within the time limit for an urgent admission:<ul style="list-style-type: none">◦ the Regional Contact (or alternate) may make a temporary eligibility decision, to be confirmed by the Regional Eligibility Committee, or;◦ the Regional Eligibility Committee may hold a teleconference to determine eligibility.• An eligibility assessment is arranged at the earliest possible date for children who have been urgently admitted because of a need for expensive medical equipment in order to be discharged from hospital.• Children who have been urgently admitted because of a palliative condition do not require an eligibility assessment.	

6.5 Initiating Program Access

1	The organization reviews the completed At Home Program Application to confirm the child's eligibility
	<ul style="list-style-type: none"> • The completed At Home Program Application must include the child's Personal Health Number and confirmation that he/she is: <ul style="list-style-type: none"> ○ eligible for Medical Benefits, Respite Benefits, or both; ○ age 17 or younger for Medical Benefits; ○ age 18 or younger for Respite Benefits.
2	The organization activates At Home Program Medical Benefits and/or Respite Benefits for each eligible child
	<ul style="list-style-type: none"> • The child is eligible for Medical Benefits and/or Respite Benefits, as applicable, from the date that the completed At Home Program Application is received by the Ministry of Children and Family Development or Health Unit.

6.6 Eligibility Reassessments for Children who were living out of province, in care, or admitted to hospital

1	<p>The organization ensures that At Home Program eligibility reassessments are conducted, as required, for children who have been discharged and subsequently request At Home Program benefits</p>
	<ul style="list-style-type: none"> • A child who otherwise meets the eligibility criteria will be discharged from the At Home Program if he/she: <ul style="list-style-type: none"> ○ is no longer a resident of British Columbia; ○ is in the care of the director under the <i>Child, Family and Community Service Act</i>, or; ○ has been admitted to hospital, and has remained there over four months without a discharge plan in place. • If the child's situation changes, so that he/she may once again be eligible for the At Home Program, the Regional Contact determines the need for an eligibility reassessment, based on the following: <ul style="list-style-type: none"> ○ the child's age; ○ the length of time since the child was discharged from the At Home Program; ○ the length of time since the child's initial At Home Program eligibility assessment, and; ○ the child's eligibility review date, as indicated in Section D of the At Home Program Application. • The eligibility reassessment may be completed while the child is in care or in hospital, in order to ensure that benefits are in place when he/she returns home. • An eligibility reassessment is not required for children who: <ul style="list-style-type: none"> ○ are subject to an urgent admission (an eligibility reassessment may be arranged at the earliest possible date, subject to the Urgent Admissions standard); ○ are eligible for direct nursing care through Nursing Support Services and have requested At Home Program Medical Benefits, or; ○ have a diagnosis of a condition with a predictable rate of degeneration (e.g., Duchenne's Muscular Dystrophy or Spinal Atrophy Type II), as indicated by the child's physician on the At Home Program Application, require expensive medical equipment (e.g., splints, wheelchair), and have requested At Home Program Medical Benefits.