

At Home Program Guide



Ministry of
Children and Family
Development

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At Home Program

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. It provides assistance in two main areas:

[Respite Benefits](#) allow parents to purchase respite services that best suit their needs.

[Medical Benefits](#) provide a range of basic, essential medical items and services.

A child may be eligible for both Respite Benefits and Medical Benefits, or a choice of one benefit.

Eligibility

To be eligible for the At Home Program, a child must be:

- Age: 18 years or younger for Respite Benefits; 17 years or younger for Medical Benefits;
- A resident of British Columbia;
- Enrolled with British Columbia Medical Services Plan;
- Living at home with a parent or guardian, and;
- Assessed as dependent in at least three of the four activities of daily living (eating, dressing, toileting and washing).¹

Eligibility for the At Home Program is reassessed on a regular basis.

Children who receive direct nursing care through [Nursing Support Services](#) are eligible for At Home Program Medical Benefits without an eligibility assessment.

Children with a palliative condition, as indicated by the child's physician on the At Home Program application form, are eligible for both At Home Program Respite Benefits and Medical Benefits, without an eligibility assessment.

Children or parents who are in receipt of an insurance settlement or court award related to the child's disability are not eligible for the At Home Program.

Contact Information

For more information about At Home Program eligibility or Respite Benefits, contact your local [MCFD Regional office](#).

For more information about At Home Program Medical Benefits, call:

Toll-free: 1 888 613-3232

Victoria: 250 387-9649

At Home Program website: http://www.mcf.gov.bc.ca/at_home/index.htm

¹ Children are considered dependent when they require a great deal more assistance with everyday tasks than other children of the same age. For example, a child who is unable to finger feed at age three is considered dependent in eating.

How to Enrol

Application

To apply for the At Home Program, complete the [At Home Program application](#) form, which is available on the At Home Program website and at your local [MCFD Regional office](#) or health unit (the telephone number of your local health unit can be found in the blue pages of your telephone directory or by calling Health Link BC at 811).

Return the completed form to your local [MCFD Regional office](#).

Eligibility Assessment

Ministry of Children and Family Development staff review the completed application and arrange for the child to have an assessment, if appropriate.

The assessor meets with the parent and child in their home, to complete an assessment of the child's abilities in the four activities of daily living (eating, dressing, toileting and washing). The assessor may also contact the child's other health care providers to review the child's needs and abilities.

The assessor provides the parent with a copy of the completed assessment.

Eligibility Decision

A regional eligibility committee reviews the application and assessment, and makes an eligibility decision. Children who are dependent in all four activities of daily living are eligible for both Respite Benefits and Medical Benefits. Children who are dependent in three out of four activities of daily living are eligible for a choice of Respite Benefits or Medical Benefits.

The parent receives a letter notifying them of the eligibility decision. If the child is not eligible for the At Home Program, the parent may be referred to other supports and services.

Complaints and Appeals

If you disagree with an eligibility decision or feel that you have been treated unfairly, you can make a complaint or appeal.

For complaints and appeals regarding At Home Program eligibility or Respite Benefits, please see the Ministry of Children and Family Development [complaint resolution process](#).

For complaints and appeals regarding an At Home Program Medical Benefits decision, please contact the Manager, Medical Benefits, at:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Respite Benefits

The At Home Program provides funding to purchase respite care for eligible children, either in their home or at another location.

Families may choose the type of respite services that best suit their needs. The program does not cover respite services provided by a parent of the child.

For more information about eligible respite expenses, contact your local [MCFD Regional office](#).

Parents make a written agreement with the Ministry of Children and Family Development to receive funding, and may choose to receive benefits through a direct monthly payment, or to be reimbursed for respite expenses.

Parents are responsible for arranging for respite care, paying caregivers, managing their respite budget and providing a record of respite expenditures.

Benefits are typically \$2400 - \$2800 per year, depending on family income. In some cases, benefits may be enhanced to meet extraordinary need.

Respite funding may not be available immediately. Families may be waitlisted for benefits.

Contact Information

For more information about At Home Program Respite Benefits, contact your local [MCFD Regional office](#).

For families receiving direct monthly respite payments, the following resources may help in determining tax and employer obligations:

- for individual income tax enquiries, [Canada Revenue Agency](#) (CRA)
1 800 959-8281
- CRA specific information on [people with disabilities](#)
- [Work Safe BC](#) (registering for coverage)
- [Employment Standards Branch](#)

It is suggested that you contact a tax professional for information specific to your situation.

Medical Benefits

The At Home Program provides the following basic, essential medical benefits for eligible children:

- Medical Equipment
- Biomedical Equipment
- Orthotics and Splints
- Audiology Equipment and Supplies

- Medical Supplies
- School-Aged Extended Therapies
- Dental, Orthodontic and Optical Coverage
- Medical Transportation
- Medical Services Plan Coverage
- Medications and PharmaCare
- Adult Transition from At Home Program Medical Benefits

Many of these benefits require pre-approval.

At Home Program Medical Benefits does not replace any items due to loss or theft.

Contact Information

For more information about At Home Program Medical Benefits, call:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Requests for Medical Benefits can be faxed to 250 356-2159, or mailed to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Medical Equipment

The At Home Program provides the following basic, essential medical equipment for eligible children:

- Alternate Positioning Devices
- Bathing and Toileting Aids
- Hospital Beds and Mattresses
- Lifts
- Mobility Equipment
- Seating Systems
- Specialized Car Seats
- Therapeutic Equipment

Benefits must be pre-approved.

For more information, contact At Home Program Medical Benefits at:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Requesting Medical Equipment

To request medical equipment, a health care professional must provide a letter of justification, which outlines the following:

- the nature of the child's condition and need for medical equipment;
- a description of the equipment, and;
- a quote from an approved dealer (a list of approved dealers is available from the At Home Program).

For more information, see the [AHP Guidelines for Writing Justification Letters for Medical Equipment](#).

Note: There are additional requirements for requesting custom seating systems and specialized car seats.

Fax the request to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Private Extended Benefits

Families may choose to use their private extended health benefit plans to purchase or upgrade medical equipment.

Medical Equipment Warranty

New medical equipment provided by an approved dealer has a two year, all-inclusive warranty, which includes:

- six-month maintenance checks;
- all repairs due to normal wear and tear (including tire and battery), and;
- loaner equipment during warranty repairs.

For more information, contact the dealer.

Medical Equipment Repairs and Modifications

Medical equipment must be returned to the original dealer for any necessary repairs during the two year warranty period.

After the two year warranty period, requests for repairs should be forwarded to the Canadian Red Cross Society at 1 800 565-8000.

The At Home Program provides medical equipment modifications, where they relate directly to the child's medical condition. Medical equipment repairs and modifications must be pre-approved.

Requests for medical equipment modifications must include a letter from a health care professional, outlining the following:

- the nature of the child's condition and need for medical equipment modifications;
- a description of the modifications, and;
- a quote from an approved dealer (a list of approved dealers is available from the At Home Program).

Note: Generally, funding for repairs and modifications is only available for equipment purchased by the At Home Program. Funding for repairs is limited to normal wear and tear.

Medical Equipment Recycling

The Canadian Red Cross Society operates the Children's Medical Equipment Recycling and Loan Service (CMERLS) for the Ministry of Children and Family Development.

Medical equipment purchased through the At Home Program is the property of the Canadian Red Cross Society, and should be returned there when it is no longer needed. It will be repaired, cleaned and recycled for the benefit of other families.

For more information about CMERLS, call 1 800 565-8000 or visit www.redcrossequipment.com.

Alternate Positioning Devices

The At Home Program provides the following devices for positioning the child at home:

- standing frames
- walkers
- sidelyers
- beanbag chairs
- floor sitters
- other alternate positioning devices recommended by a therapist

Multiple alternate positioning devices may be provided, to a maximum of \$3,200 at any given time. Benefits must be pre-approved. For more information, see Requesting Medical Equipment.

Bathing and Toileting Aids

The At Home Program provides basic equipment for bathing and toileting, including:

- commodes/raised toilet seats
- bath chairs/bath benches
- toilet frames
- poles
- grab bars
- bath lifts

Benefits must be pre-approved. For more information, see Requesting Medical Equipment.

Note: The At Home Program does not pay for any home renovations or structural modifications to the family's home, in order to accommodate new equipment.

Hospital Beds and Mattresses

The At Home Program provides hospital beds based on the following criteria:

- Manual Bed – if the child is dependent and needs position changes or hi/low function for personal care.
- Semi-Electric Bed – if the child can change positions independently and position changes are needed for medical reasons.
- Fully Electric Bed – if the child needs to transfer from a higher to lower surface and is able to perform an independent transfer.

Funding for a hospital bed is provided to a maximum of \$3,000.

The At Home Program also provides the following:

- a basic pressure relief mattress (e.g., foam, air or gel)
- bed rails

Funding for a mattress is provided to a maximum of \$250.

Benefits must be pre-approved. For more information, see Requesting Medical Equipment.

Lifts

The At Home Program provides a floor model lift or ceiling track lift, to a maximum of \$4,200 (including two slings and installation).

Benefits must be pre-approved. For more information, see Requesting Medical Equipment.

Note: The At Home Program does not fund van or vehicle lifts.

Mobility Equipment

The At Home Program provides the following mobility equipment:

- wheelchairs
- scooters
- special needs strollers

Benefits must be pre-approved. For more information, see Requesting Medical Equipment.

Wheelchairs

The At Home Program provides:

- one manual wheelchair
- or**
- one basic power wheelchair and one basic manual wheelchair or special needs stroller as a backup for the power wheelchair. Funding for a manual backup wheelchair is provided to a maximum of \$1,500.

The minimum replacement period for manual and power wheelchairs is five years.

Scooters

The At Home Program provides a basic rear-wheel drive scooter if the child is:

- not totally wheelchair dependent, and;
- is unable to propel a manual wheelchair (due to medical reasons).

Funding for a scooter is provided to a maximum of \$3,700.

The minimum replacement period for scooters is five years.

Special Needs Strollers

The At Home Program may provide a special needs stroller instead of a wheelchair, when recommended by a health care professional.

Parents are responsible for a \$75 deductible charge for special needs strollers purchased for a child under three years of age.

The minimum replacement period for special needs strollers is three years.

Seating Systems

The At Home Program provides the following:

- one commercial or custom-made postural control seating system (for use in a wheelchair or special needs stroller), and;
- trays, if essential for positioning the child (up to a maximum of \$300).

Note: Custom seating and cushions for backup wheelchairs are not provided.

Benefits must be pre-approved. For more information about requesting commercial seating systems or trays, see Requesting Medical Equipment.

Requesting Custom Seating

Requests for custom seating must include the following:

- a letter of justification from the therapist, and;
- a quote showing the itemized costs of components and labour.

For more information, see the [AHP Guidelines for Writing Justification Letters for Medical Equipment](#).

Fax the request to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Specialized Car Seats

The At Home Program provides specialized car seats for children who cannot use commercial car seats, due to their disabilities.

Commercial car seats are designed for children who are under age nine and whose height is less than four feet, nine inches (145 cm).

Parents must pay a \$50 deductible for specialized car seats provided for children who are under age nine and whose height is less than four feet, nine inches (145 cm).

Benefits must be pre-approved.

Requesting Specialized Car Seats

To request a specialized car seat, a therapist must provide a letter of justification, which outlines the following:

- the requirement for the specialized car seat, and;
- the child's current height.

For more information, see the [AHP Guidelines for Writing Justification Letters for Medical Equipment](#).

Fax the request to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Therapeutic Equipment

The At Home Program provides one of each of the following items, as needed for basic home therapy:

- floor mat
- roll
- ball

Benefits must be pre-approved. For more information, see Requesting Medical Equipment.

Biomedical Equipment

The At Home Program provides essential specialized biomedical equipment to assist with life-sustaining functions, such as breathing or eating, including:

- oximeters
- ventilators
- bi-pap machines, c-pap machines
- nebulisers, suction machines
- feeding pumps

Benefits must be pre-approved.

Health care professionals submitting requests for biomedical equipment are responsible for ensuring that parents receive training in the use of the equipment. Parents should ensure that other caregivers receive training in the use of the equipment.

Every family is responsible for emergency preparedness. Parents should consult with their child's health care team to develop an emergency plan which includes accessing a power source for biomedical equipment during an extended power outage.

For more information, contact At Home Program Medical Benefits at:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Requesting Oximeters

To request an oximeter, a health care professional must complete a [Request for Oximeter](#) form.

A letter of justification may also be required. For more information, see the [Request for Oximeter](#) form and the [AHP Guidelines for Writing Justification Letters for Biomedical Equipment](#).

Fax the request to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Requesting Other Biomedical Equipment

To request any other biomedical equipment, a health care professional must provide a letter of justification, which outlines the following:

- the nature of the child's condition and need for specialized medical equipment;
- a description of the equipment being requested, and;
- a quote from an approved dealer (a list of approved dealers is available from the At Home Program).

For more information, see the [AHP Guidelines for Writing Justification Letters for Bio Medical Equipment](#).

Fax the request to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Private Extended Benefits

Families may choose to use their private extended health benefit plans to purchase or upgrade biomedical equipment.

Biomedical Equipment Warranty

Contact At Home Program Medical Benefits for information about the warranty on specific biomedical equipment.

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Biomedical Equipment Repairs

Biomedical equipment must be returned to the original dealer for any necessary repairs during the warranty period. After the warranty period, requests for repairs should be forwarded to the Canadian Red Cross Society at 1 800 565-8000.

Generally funding for repairs is only available for equipment purchased by the At Home Program.

Biomedical Equipment Recycling

Where appropriate, the Canadian Red Cross Society will collect and arrange for the cleaning and recycling of biomedical equipment purchased through the At Home Program.

Biomedical equipment should be returned to the Canadian Red Cross Society when it is no longer needed.

For more information, call 1 800 565-8000 or visit www.redcrossequipment.com.

Other Resources

The Home Oxygen Program provides assistance with the cost of oxygen and oxygen equipment. For more information, contact your local health authority.

Orthotics and Splints

The At Home Program provides orthotics and splints not covered by [PharmaCare](#), including the following:

- bilateral custom foot orthotics
- foot splints
- night resting splints
- extra-depth shoes
- wrist-hand orthotics
- wrist splints

- abduction splints (excluding hip abduction splints, which are covered by PharmaCare)
- bilateral twister cables
- hand orthotics
- arch supports

Orthotics must be fitted and manufactured under the direct supervision of a podiatrist or certified orthotist.

Splints must be fitted and manufactured under the direct supervision of an occupational therapist or physiotherapist.

Benefits must be pre-approved.

Requesting Orthotics and Splints

To request orthotics or splints, an orthotist, therapist, podiatrist or physician must complete a [Request for Orthotics and Splints](#) form.

Fax the form to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Other Resources

For information about orthotics available through [PharmaCare](#), call:

Toll-free: 1 800 663-7100
Lower Mainland: 604 683-7151

Audiology Equipment and Supplies

Children who are under three and a half years of age and have a permanent hearing loss receive their first set of hearing aids and FM equipment through the BC Early Hearing Program located at public health audiology clinics. For more information, including contact information for local audiology clinics, visit www.phsa.ca/AgenciesAndServices/Services/BCEarlyHearing/ContactUs.htm.

The At Home Program provides audiology equipment and supplies for eligible children with a documented hearing loss.

Audiology equipment includes:

- analog hearing aids
- digital hearing aids
- personal FM systems (for use outside of the school setting)

Audiology equipment is provided to a maximum of \$1,500 per ear. The minimum replacement period is four years.

Audiology supplies include:

- dri-aid maintenance kits (up to one every two years)
- air blowers (up to one every two years)
- ear clips (up to one every two years)
- diagnostic stethoscopes (up to one every four years)
- battery testers (up to one every four years)
- batteries (up to 52 per hearing aid, per year)
- swim molds (up to four per ear, per year)
- ear molds/acoustic couplers (up to four per ear, per year)

Benefits must be pre-approved.

Requesting Audiology Equipment and Supplies

To request audiology equipment or supplies, an audiologist must complete a Request for Audiology Benefits form.

For more information, see the [Guidelines for Requesting Audiology Equipment and Supplies](#).

Fax the completed form to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Cochlear Implant Supplies

The At Home Program may provide cochlear implant supplies for eligible children who have received cochlear implantation.

Cochlear implant supplies are provided to a maximum of \$750 per year (may be prorated for up to \$3,000 per four year period).

Benefits must be pre-approved.

Requesting Cochlear Implant Supplies

To request cochlear implant supplies, a representative from the Cochlear Implant Program, BC Children's Hospital, must complete a Request for Audiology Benefits form.

For more information, see the [Guidelines for Requesting Cochlear Implant Supplies](#).

Fax the completed form to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Medical Supplies

The At Home Program provides essential medical supplies, including:

- bandages and dressings
- burn-treatment garments
- catheters, syringes, tubing, connectors
- diabetic supplies not covered by PharmaCare
- feeding system or gastrostomy supplies including bags, feeding adapters, tubing, and connectors, buttons
- specialized feeding formula and nutritional supplements
- incontinence supplies including diapers, pull ups, reusable briefs, diaper pads and wipes (for children three years of age and older)
- oxygen masks and supplies
- special shampoo for treatment of a diagnosed condition
- special ointments, salves and lotions for the treatment of specific conditions

Benefits must be pre-approved (see Requesting Medical Supplies).

For more information call:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Note: The list of available incontinence supplies has recently changed, and some higher-priced products are no longer available. Good quality, less expensive products will be available instead. At Home Program Medical Benefits staff or Product Distribution Centre staff can assist parents in selecting suitable products. For more information, call:

At Home Program Medical Benefits:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Product Distribution Centre:

Toll-free: 1 877 927-2234
Lower Mainland: 604 927-2910

Requesting Medical Supplies

To request medical supplies, the health care professional (e.g., registered nurse, physician or registered dietician/nutritionist) must complete a Request for Medical Supplies form.

Fax the completed form to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children & Family Development
PO Box 9763 - STN PROV GOVT
Victoria BC V8W 9S5

Ordering Medical Supplies

When a request for medical supplies has been approved, an order may be placed through the Product Distribution Centre (most supplies are available through the Product Distribution Centre).

For more information about the Product Distribution Centre, visit www.pss.gov.bc.ca/pdc/ or call:

Toll-free: 1 877 927-2234
Lower Mainland: 604 927-2910

Direct Funding for Incontinence Supplies

Parents may choose to receive direct funding for incontinence supplies, in order to purchase them from a supplier of their choice.

Annual payments will be provided to parents who choose this option, based on the child's age and weight. These payments are a contribution toward the cost of incontinence supplies for children aged three or older, and may not cover all costs.

Direct funding may only be used for the purchase of incontinence supplies (diapers, pull-ups, reusable briefs, diaper pads and wipes).

For more information about direct funding, see the [Incontinence Supplies Direct Funding Guidelines \(Appendix A\)](#) or contact At Home Program Medical Benefits at:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

School-Aged Extended Therapies

The At Home Program may provide extended occupational therapy (OT), physiotherapy (PT), speech-language pathology (SLP), chiropractic and massage services for children aged five or older who are enrolled in At Home Program Medical Benefits.

These direct (one-to-one) therapy services are intended to:

- assist in the maintenance or improvement of functional skills, and;
- address post-surgical rehabilitation needs.

At Home Program extended therapy services must be pre-approved and delivered by a qualified professional.

Each therapy service should be:

- goal-directed and based on practical, meaningful outcomes and an identified family priority, and;
- responsive to the child's individual and changing needs.

Please note that physiotherapy, chiropractic, and massage services may also be available through the [Medical Services Plan](#).

OT, PT and SLP Services

At Home Program extended OT, PT and SLP services must complement and be consistent with the child's existing therapy plan, and not duplicate school-/community-based therapy services.

At Home Program extended therapy services enhance the primary OT and PT services available through the [School-Aged Therapy Program](#), and school district SLP services.

In partnership with the parent, occupational therapists, physiotherapists, and speech-language pathologists providing services through the School-Aged Extended Therapies benefit consult, and coordinate services, with the school-/community-based therapist(s) or school district designate.

Extended OT, PT and SLP services are provided to a maximum of 24 hours during a six-month period. Exceptions to this maximum will be considered for children requiring post-surgical rehabilitation services.

Therapy service providers may bill up to a combined total of three hours (within the maximum of 24) for consultation, report writing and travel purposes within the six-month period. This is intended to support a coordinated therapy plan across multiple environments and professional disciplines.

The maximum billing rate for OT, PT and SLP services is \$80 per hour. Services lasting less than one hour must be pro-rated.

Chiropractic and Massage Services

The maximum billing rate for chiropractic services is \$40 per session – up to a maximum of 24 sessions per six-month period.

The maximum billing rate for massage services is \$40 per hour – up to a maximum of 24 hours during a six-month period. Services lasting less than one hour must be pro-rated.

Requesting School-Aged Extended Therapies

To request School-Aged Extended Therapies, occupational therapist, physiotherapist, speech-language pathologist, chiropractor or massage therapist must complete an [At Home Program Request for School-Aged Extended Therapies](#) form (fill and print, or print only).

Fax the completed form to 250 356-2159, or mail it to the following address:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria BC V8W 9S5

It is recommended that therapists assist families to prioritize outcomes and address a limited number of outcomes at a given time. Sequential, rather than simultaneous, therapy services are preferred - with each outcome having distinct services, frequency and intensity.

The therapist is required to:

- describe the intended functional outcomes of the therapy on the request form, and;
- provide an outcome summary prior to submitting a subsequent request for School-Aged Extended Therapies.

For more information, see [Writing Functional Outcomes - Guidelines for Therapists](#).

Invoices for approval services must be submitted on the [Sample School-Ages Extended Therapies Invoice](#). Please note that therapists may submit invoices on a different form, provided that it contains all of the required information. Failure to provide this information may result in delayed processing of the invoice.

Fax the completed form to 250 356-2159, or mail it to the following address:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria BC V8W 9S5

Dental, Orthodontic and Optical Benefits

The At Home Program provides dental, orthodontic and optical benefits for eligible children, if the need for benefits is:

- directly related to the child's disability, and;
- not met through another program or insurance plan.

The following maximum benefit limits apply:

Dental: \$700 per year

Orthodontic: \$5,000 lifetime

Optical: Prescription lenses and frames up to \$150 per year

Benefits must be pre-approved.

For more information, call At Home Program Medical Benefits toll-free at 1 877 210-3332.

Requesting Dental, Orthodontic and Optical Benefits

To request dental or orthodontic benefits, a physician, dentist or orthodontist must complete a [Request for Dental Benefits](#) form.

To request optical benefits, a physician must complete a [Request for Optical Benefits](#) form.

Fax the completed form to 250 356-2159, or mail it to:

At Home Program Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria, BC V8W 9S5

Other Resources

The Healthy Kids Program provides basic optical and dental benefits for families who qualify for Medical Services Plan premium assistance. Some children are eligible for both the Healthy Kids Program and the At Home Program.

For more information about the Healthy Kids Program, call toll-free 1 800 663-7100 or visit www.eia.gov.bc.ca/factsheets/2005/healthy_kids.htm.

Medical Transportation

Ambulance Service

Emergency ambulance service is available at no charge for children who are enrolled in At Home Program Medical Benefits.

If you receive a bill for ambulance services, forward it to the following address (include the child's Personal Health Number on the bill):

Ambulance Billing Department, Financial Services Division
Ministry of Health Services
PO Box 9676 STN PROV GOVT
Victoria BC V8W 9P7

Non-Emergency Medical Transportation

The At Home Program may assist with transportation costs to therapy, medical or clinic appointments, if:

- the service is not available in the child's home community, and;
- the round trip exceeds 80 kilometres.

Allowable transportation costs include:

- the least costly mode of car, bus, train, ferry or air transportation for the child and one other person from the family home;
- accommodation (to a maximum of \$100 per night, including parking at the hotel), and;
- pre-approved medical supplies for the trip.

Note:

- The At Home Program does not reimburse transportation expenses related to routine medical or dental appointments.
- Reimbursement for car travel is provided at 40 cents per kilometre.

For more information, contact At Home Program Medical Benefits at:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Requesting Non-Emergency Medical Transportation

Pre-Approval

Requests must be pre-approved and include a letter from a health care professional or clinic, which indicates:

- the purpose of the appointment, and;
- confirmation that the service is not available in the child's home community.

Reimbursement

Contact At Home Program Medical Benefits for a Request for Reimbursement of Approved At Home Program Medical Expenses form:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

Submit the following to the address below:

- completed Request for Reimbursement of Approved At Home Program Medical Expenses form;
- original receipts, and;
- a letter from a health care professional or clinic, which includes the purpose of the appointment and confirmation that the service is not available in the child's home community.

At Home Medical Benefits
Ministry of Health Services
PO Box 9676 STN PROV GOVT
Victoria BC V8W 9P7

Other Resources

Some travel discounts are available through the [Travel Assistance Program](#) (TAPS). Families should apply to [TAPS](#) before accessing medical transportation benefits through the At Home Program.

For more information about [TAPS](#), call:

Toll-free: 1 800 661-2668
Victoria: 250 952-2657

Medical Services Plan Coverage

Children who are enrolled in At Home Program Medical Benefits receive premium-free Medical Services Plan (MSP) coverage.

As of May 1, 2002 children may also retain their parents' MSP coverage. Contact At Home Program Medical Benefits to reinstate parental MSP coverage for children enrolled prior to May 1, 2002:

Toll-free: 1 888 613-3232
Victoria: 250 387-9649

MSP pays for medically required services, including:

- services of physicians
- diagnostic services
- surgical podiatry services
- dental and oral surgery, when required to be performed in hospital
- orthodontic services related to severe congenital facial abnormalities

Supplementary health care benefits include:

- up to a combined annual total of 10 visits for chiropractic, massage therapy, naturopathy, physical therapy and non-surgical podiatry per calendar year, when performed in British Columbia by a practitioner who is enrolled with MSP
- eye examinations

For more information, contact [Health Insurance BC](#) at:

Toll-free: 1 800 663-7100

Vancouver: 604 683-7151

Victoria: 250 386-7171

Medications and PharmaCare

Children who are enrolled in At Home Program Medical Benefits are eligible for the following PharmaCare benefits:

- prescription medications prescribed by a physician and approved by PharmaCare
- orthotics and prosthetics
- needles and syringes for insulin-dependent diabetics
- blood glucose testing strips for individuals with a certificate of training from a recognized Diabetic Training Centre

Note:

- Some medications are not covered by PharmaCare. A Physician may request special approval by submitting a Special Authority Request to PharmaCare.
- PharmaCare benefits do not remain in effect when a child is temporarily out of the province.

For more information about PharmaCare benefits, visit the [Health Insurance BC](#) website, or call:

Toll-free: 1 800 663-7100

Lower Mainland: 604 683-7151

Adult Transition from At Home Program Medical Benefits

At Home Program Medical Benefits come to an end on the last day of the month of a youth's 18th birthday. Respite benefits may continue until age 19.

Premium-free Medical Services Plan (MSP) coverage and PharmaCare benefits provided through the At Home Program also end on the last day of the month of the youth's 18th birthday. Parents who wish to reinstate their son or daughter as a dependent on their MSP coverage should contact Health Insurance BC at:

Toll-free: 1 800 663-7100
Lower Mainland: 604 683-7151

Note: Youth who are eligible for Persons with Disability designation through the Ministry of Housing and Social Development will not need to be reinstated on their parents' MSP coverage (see below).

Transition to Adult Disability Assistance

Young people with disabilities, 18 years of age or older, may qualify for [Persons with Disabilities](#) (PWD) designation financial and supplementary health assistance through the Ministry of Housing and Social Development (MHSD).

Eligibility for PWD is determined by a review of medical and financial documentation by MHSD.

There are procedures in place to reduce the amount of medical information that young people in receipt of At Home Program Medical Benefits must provide in order to apply for the PWD designation. Rather than submitting a PWD Designation Application form, they may give permission for the At Home Program to share medical and functional assessments with MHSD. If the information from the At Home Program file is sufficient to meet the medical eligibility criteria for PWD designation, a PWD Designation Application Form will not have to be completed.

Financial eligibility for the PWD designation will be determined by a MHSD Employment and Assistance Worker (EAW), based on an assessment of financial documentation.

To ensure a smooth transition to PWD from the At Home Program, youth should begin the PWD designation application process six months before their 18th birthday.

For more information, see the [At Home Program Medical Benefits Transition to Disability Assistance Information Sheet](#).

Incontinence Supplies Direct Funding Guidelines Appendix A

At Home Program Medical Benefits Incontinence Supplies (Diapers Etc.)

The Ministry of Children and Family Development (MCFD), through At Home Program Medical Benefits, provides incontinence supplies (diapers etc.) for children over age three with severe disabilities. Parents may choose to order approved incontinence supplies through the government's Product Distribution Centre. With this method, government pays the Product Distribution Centre directly. As an alternative, parents may choose to receive direct funding and purchase supplies from the supplier of their choice.

Direct funding can only be used to purchase incontinence supplies (diapers, pull-ups, reusable briefs, pads and wipes). Other approved medical supplies must still be ordered through the Product Distribution Centre.

Direct funding payments are intended to assist parents with the cost of incontinence supplies. Payments may not cover the total cost of supplies.

Direct Funding Guidelines Questions & Answers

Eligibility

1. Who can apply?

Parents can apply for Direct Funding if their child is eligible for incontinence supplies through At Home Program Medical Benefits. A Request for Medical Supplies Form, completed by the child's doctor, nurse, or occupational therapist must specify the ongoing need for incontinence supplies.

Incontinence supplies are provided for eligible children ages 3 to 17 years old.

2. Once funding is approved, when can it be cancelled?

It is a parent's responsibility to keep the Medical Benefits Program informed of any changes that might affect their eligibility. Direct funding will be cancelled when:

- a) the child no longer requires incontinence supplies
- b) the child is no longer eligible for incontinence supplies through At Home Program Medical Benefits
- c) the child or parent no longer resides in British Columbia
- d) the child is for any reason no longer in the parent's care
- e) the child reaches age 18

Funding not utilized for the purchase of incontinence supplies for the eligible child must be returned to the Medical Benefits Program.

APPLYING

3. How do I apply?

Call the Medical Benefits Program and ask for a Direct Funding application package. They will send you an Incontinence Supplies Direct Funding Application and a Direct Deposit Application (FIN312) (to arrange direct deposit into your bank account).

If you have not received incontinence supplies before, you will also need to ask your child's doctor, nurse or other health professional to complete the Request for Medical Supplies Form. Complete and sign the forms and mail (not fax) the completed documents to:

Medical Benefits Program
Ministry of Children & Family Development
PO Box 9763 - STN PROV GOVT
Victoria BC V8W 9S5
Toll-free: 1 888 613-3232 or
Victoria: 250 387-9649
Fax: 250 356-2159

When completing and signing the Direct Deposit Application, please complete sections 1, 3 and 4 and retain the green copy for your records.

4. Do I need to apply every year?

No, however, the Medical Benefits program may ask you to submit an updated Request for Medical Supplies Form and Incontinence Supplies Direct Funding Application.

5. Once I send in my application, how long will it be before I receive the Direct Funding?

You can expect the first direct deposit into your bank account six weeks after you send in your application. When you submit your application please ensure that you have a six-week supply of incontinence supplies ordered or on hand.

Funding

6. How much money will I receive?

The amount of money you receive is based on the age and size of your child and the level of their incontinence. The grant is a contribution toward the cost of supplies and may not cover all costs. You may qualify for one of the following grants.

Incontinence Supplies Direct Funding Levels	
Direct Funding Levels	Amount
Level A • Age 3 to 5 years and under 20 kg or 44 lbs • Full Incontinence (Child uses incontinence supplies day and night)	\$840.00 per year
Level B • Age 3 to 5 years and under 20 kg or 44 lbs • Partial Incontinence (Child uses incontinence supplies night or day)	\$420.00 per year

**Ministry of Children and Family Development
At Home Program Guide**

Level C <ul style="list-style-type: none"> • Age 6 to 17 years or over 21 kg or 45 lbs • Full Incontinence (Child uses incontinence supplies day and night) 	\$1560.00 per year
Level D <ul style="list-style-type: none"> • Age 6 to 17 years or over 21 kg or 45 lbs • Partial Incontinence (Child uses incontinence supplies night or day) 	\$780.00 per year

Note: If your child is age 5 or under but over 20kg (44 lbs), you are eligible for Level C or D funding. If your child is 6 or over but under 20 kg (44lbs), you are still eligible for Level C or D funding.

7. What can I buy with the Direct Funding?

The Direct Funding grant can only be used for the purchase of diapers/pull-ups, reusable briefs, wipes, and incontinence diaper pads.

Other approved medical supplies can still be ordered through Product Distribution Centre.

8. Can I use my grant to purchase supplies from the Product Distribution Centre?

Yes. The purpose of the grant is to provide parents with the flexibility to purchase supplies from stores in their own community or another supplier of their choice.

9. How will payments be made?

Every 3 months you will receive a quarter of the approved grant. For example, if a Level A grant of \$840.00 per year is approved, the first payment of \$210.00 will be made about six weeks after the initial application is approved and every 3 months from then on. Payments will be directly deposited into your bank account. No cheques will be mailed.

Payments are made on the 15th of the month and apply to the 3 month period following the payment.

10. How do I get my funding level changed?

Your grant amount will automatically change when your child turns six. The increase will take effect the first payment after your child's sixth birthday. If your child is 5 years old or under and is larger than 20 kg (44 lbs) you can apply for the higher grant level. Similarly, if your child's level of incontinence changes from partial to full incontinence you can apply for the higher grant level. Just submit a new Request for Medical Supplies Form.

If you are asking for a smaller grant amount, just send a new Incontinence Supplies Direct Funding Application form to the Medical Benefit Program

11. What if I don't spend all the funds?

Any unused funds must be returned to the Medical Benefits Program. Cheques should be made payable to the Minister of Finance.

Changing from Direct Funding to Government Purchased Supplies

12. What if I want to cancel my Direct Funding and return to having government purchase my supplies?

You can switch from Direct Funding to government purchased supplies once during the year. To cancel your Direct Funding, please send your request by letter or fax to the Medical Benefits Program.

You can begin to order government purchased incontinence supplies 15 days before the end of the last 3 month funding period. For example, if you received a direct deposit on January 15th for the period February through April, you may place an order for government purchased supplies on April 15th.

If you do not want to wait to the end of the 3 month period, you may repay the applicable portion of the funds. The Medical Benefits program will make this calculation for you.

Please note that the Medical Benefits Program requires 10 working days to cancel your Direct Funding and Direct Deposit.

Parent's Responsibility

13. Should I keep my original receipts?

Yes. You must keep your receipts for 3 years. This includes grocery receipts if you purchase diapers when doing grocery shopping. You may be asked to provide a copy of the receipts as part of an audit or review. You may also be asked to reconfirm your need for the benefit by providing an updated Request for Medical Supplies Form completed by your child's physician or other health professional.

Direct Funding may be cancelled if you are unable to show a need for the grant.

14. What are my responsibilities as a parent?

Parents must agree to advise the Medical Benefits Program when:

- a) the parent's address changes;
- b) the child is for any reason no longer in the parent's care; and/or
- c) there is any change in the child's need for incontinence supplies.

Parents are responsible for:

- a) using Direct Funding only to purchase incontinence supplies for their eligible child;
- b) retaining receipts for three years;
- c) providing receipts on request;
- d) providing an updated Request for Medical Supplies form, on request; and/or
- e) repaying any unused funds.

More Questions

15. What if I have more questions?

Please contact: Medical Benefits Program
Ministry of Children and Family Development
PO Box 9763 - STN PROV GOVT
Victoria BC V8W 9S5
Toll-free: 1 888 613-3232 or
Victoria: 250 387-9649 Fax: 250 356-2159