



The Veterans Independence Program

Background

The Veterans Independence Program (VIP) was established in 1981 by Veterans Affairs Canada (VAC) to help clients remain healthy and independent in their own homes or communities. When living at home is no longer practical, VIP provides for Intermediate (Federal Type II) Care in a community facility. It complements existing federal, provincial and municipal programs to provide necessary health benefits not available to them as residents of the province. Today it is a \$273 million program serving 103,000 clients nationally.

Objectives

The main objective of the Veterans Independence Program (VIP) is to help clients remain healthy and independent in their home and communities for as long as possible.

Key Principles

- Preventative community care approach to continuing care
- Concepts of dignity and independence
- Comprehensive continuum of care
- Early intervention
- Home support
- Self-managed approach to care (if client is capable) promotes consumer choice, family control and independence
- Managed care transitions to assist clients as they move to, or through different care settings
- Supplements provincial and community programs

Who is eligible for programs?

Access to VIP is based on a demonstrated health need. Most clients who receive VIP are veterans and their primary caregivers. Once need has been established there are three main ways to access VIP:

- Clients may receive VIP if the services are required due to a health condition recognized by a disability pension or disability award. In addition, for clients with higher levels of disability entitlement, there is no requirement to relate VIP services directly to the disability;
- Clients who qualify for the War Veterans Allowance Program are eligible to receive VIP services;
- Clients who served overseas during war (Overseas Service Veterans) can receive VIP if they are at home on a waitlist for a Long Term Care bed in a facility where VAC has Contract Beds.

Eligibility has been expanded over the years but because access to VIP is through the gateways described above, barriers remain for those who do not meet the eligibility requirements while still having health needs. The Department is working to develop a needs-based eligibility system – where need is the primary determinate to access benefits.

What services are available?

Services are offered according to clients' particular circumstances and health needs. They include:

- Homecare Services:
 - ▶ Health and Support Services (e.g., nurses to administer medication)

- ▶ Personal Care (e.g., assistance with bathing, dressing, respite care)
 - ▶ Housekeeping (e.g., laundry, vacuuming, meal preparation, dusting, cleaning floors)
 - ▶ Grounds maintenance (e.g., grass cutting and snow removal)
 - ▶ Access to Nutrition (e.g., Meals-on-Wheels)
- Ambulatory Health Care: to assist with health and social services outside the home such as adult day care, health assessments, diagnostic services, and travel costs to access these services
 - Transportation: to allow participation in social and other activities such as attending senior citizen centers and churches, shopping, banking, and visiting friends when transportation is not otherwise available.
 - Home Adaptations: to facilitate access/mobility in the home (e.g., bathrooms, kitchens and doorways can be modified to provide access for basic everyday activities such as food preparation, personal hygiene and sleep).
 - Nursing Home Care may be provided if/when the client can no longer remain at home.

Most clients who receive VIP services are also eligible to receive treatment benefits. These benefits include health services such as physiotherapy, psychology or chiropractic treatments, prescription drugs and medical supplies and equipment. These benefits are available based on a physician's prescription and are meant to complement existing provincial programs or a client's private insurance. It is important to note that Primary Caregivers are only eligible to receive VIP housekeeping and grounds maintenance services. They are not eligible to receive treatment benefits.

While the program delivers a broad range of services, there are several recommendations for improvement. For example, an identified need is the desire for Veterans to delay entry into a long term care facility by providing enhanced benefits that are fully transportable between home and supportive/assisted living settings.

How is care delivered? Critical role of case manager

VAC case managers carry out a comprehensive assessment with the client (ideally in the client's home) to determine health and social needs. The case manager then develops a "contribution arrangement" which is signed by the client or representative. This contribution arrangement defines which services the client is eligible to receive, hours of services approved and the cost of those services.

VIP is not intended to duplicate or replace existing provincial or community services. When provincial or local services are not sufficient to meet client needs, **VIP services may be approved to complement or "top up" the services provided by the province or local agency.**

Case managers re-assess clients when health needs change. Reassessment may happen because clients contact VAC or when case managers follow-up with clients. If changes are minor, a new contribution arrangement can be completed over the telephone. If health needs have changed more substantially, a VAC case manager will visit the client to conduct a more comprehensive reassessment.

How are services paid?

Services are paid through a third-party claims administrator. All services are paid based on the client's contribution arrangement (the contribution arrangement is developed based

on the Area Counsellor Assessment or other assessments and defines which VIP services the client is approved to receive). Once the services have been approved there are three payment options:

1. Clients can be reimbursed for eligible expenses;
2. Registered service providers can bill directly for approved services provided by a "registered service provider"* (meaning the client does not have to worry about receipts or record-keeping);
3. In some instances, funds are advanced to the client on a prorated basis. Clients are then responsible for maintaining records of services received.

*A registered service provider is a service provider that meets VAC's criteria for service delivery and is registered in VAC's claims processing system. Registration allows for direct payment.

VIP benefits are tailor-made to meet individual client needs. There are annual program limits for various VIP services, but there are also provisions for exceptional decisions based on individual circumstances. The vast majority of clients do not exceed annual limits. The annual limits are increased with inflation every year.

Cost Limits (2008)

- Home care: \$8,885.15 per client per calendar year. This includes grounds maintenance, personal care, housekeeping and health and support services
- Ambulatory health care: \$1,033.16 per year
- Transportation Services: \$1,239.79 per year
- Home Adaptation Service: \$5,165.78 per principal residence
- Intermediate Care Service: \$124.48 per client per day

Approval Authorities for VIP are as close to the point-of-service as possible. Most approvals are made at one of VAC's District Offices by Area Counsellors and Client Service Agents. When clients need to exceed their limits, they may seek approval for a higher limit at VAC Regional Offices and then at Head Office if required. Clients also have appeal rights if they are unsatisfied with VAC's decisions.

The following chart provides the Canadian average costs and costs for selected provinces. Please note that variations in large part reflect the availability of community based services. In Newfoundland which has the highest average cost, VAC pays for most of veteran services whereas in other provinces, VAC may "top up" services which veterans get from the province or local agencies.

Selected VIP Average Cost Information for Fiscal year: 2006/07

Province	VIP average for veterans	VIP average for primary caregivers
Newfoundland*	\$6,429.07	\$3,566.01
Nova Scotia	\$4,236.94	\$2,512.95
Ontario	\$2,319.78	\$1,888.06
Manitoba	\$1,541.35	\$1,237.98
Saskatchewan**	\$1,325.94	\$1,096.64
British Columbia	\$2,072.82	\$1,480.83
Canadian Average	\$2,415.71	\$1,839.67

Source: Statistics Directorate, Finance Division, Veterans Affairs Canada

Note: VIP averages do not include VIP Nursing Home Care costs. Averages are lower for primary caregivers as they are only eligible for housekeeping and grounds maintenance services under VIP.

- * NF has the highest average cost
- ** SK has the lowest average cost

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