

At Home Program Guide

Introduction

This booklet provides general information about At Home Program benefits for parents and health professionals.

An Index is available on page 27.

Mandate

The At Home Program (AHP) is intended to assist parents with some of the extraordinary costs of caring for a child with severe disabilities at home.

Description

The At Home Program provides a range of health supports and services for children with severe disabilities who are assessed as dependent in the areas of eating, dressing, toileting and washing.

Children may be eligible for full program benefits or for a choice of respite or medical benefits.

Eligibility is reassessed on a regular basis.

Objectives

- Support and maintain the integrity and independence of the family.
- Assist families in their role as primary care providers for children with severe disabilities.
- Provide required health supports and services for children with severe disabilities.
- Prevent the admission of children with severe disabilities to acute and long term care facilities and special care homes.
- Assist in the discharge of children with severe disabilities from acute and long term care resources to the care of their families.

For more information about AHP eligibility and respite, call the regional contact in your area (see Contacts on page 25).

For more information about AHP Medical Benefits 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
Victoria: (250) 387-9649
Fax: (250) 356-2159

How to Enroll

Qualifying for Benefits

To qualify for At Home Program Benefits a child must be:

- age 18 or younger for respite benefits
- age 17 or younger for medical benefits
- a resident of BC
- living at home with a parent or guardian
- assessed as dependent in at least three of four areas of daily living (eating, dressing, toileting, washing)

As well, in order to qualify for At Home Program medical benefits a child must also be enrolled with the BC Medical Services Plan.

Children who require direct nursing care through Nursing Support Services are eligible for At Home Program medical benefits. An At Home Program assessment is not required.

Children who have a palliative condition qualify for full At Home Program benefits. An assessment is not required.

Children with Indian Status who are also eligible for the At Home Program, may receive the AHP benefits not duplicated by First Nation and Inuit Health, Government of Canada, or by the Band or Aboriginal Agency.

Children or parents who are in receipt of an insurance settlement or court award are not eligible for At Home Program benefits.

Eligibility is reassessed on a regular basis.

Application

At Home Program application forms are available at local offices of [Community Living British Columbia](#) (CLBC), the Ministry of Children and Family Development web site, or from local Health Units.

Completed forms should be returned to the At Home Program Regional Contact. For a Regional Contact list see page 25.

Assessment

The Regional Contact reviews the application and arranges for the child to have an assessment by a qualified assessor.

The assessor meets with the parent and child in the family home to complete an assessment of the child's abilities in four areas of daily living: eating, dressing, toileting and washing.

The assessor may also contact the child's physician and other health care professionals to review the child's needs and abilities.

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

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Eligibility Decision

A Regional Eligibility Committee reviews the application and assessment and makes an eligibility decision.

Children who are dependent in four out of four areas of daily living are eligible for both respite and medical benefits. The four areas of daily living are washing, toileting, dressing and eating.

Children who are dependent in three out of four areas of daily living are eligible for either respite or medical benefits.

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

Parents receive a letter notifying them of the eligibility decision.

If a child is not eligible for the At Home Program, parents may be referred to other supports and services.

Coordination of Benefits

Regional Contacts coordinate the At Home Program eligibility process and initiate AHP benefits.

Families whose children are eligible for AHP qualify for services from Community Living British Columbia.

Appeals or Complaints

If parents disagree with eligibility decisions or feel they've been treated unfairly, they can make a complaint or appeal.

Information about AHP appeals and the Complaint Resolution Process is available from the At Home Program Regional Contact or through offices of Community Living British Columbia.

Parents who disagree with medical benefits decisions should contact the Manager of Medical Benefits, Ministry of Children and Family Development.

Respite Benefits

The At Home Program provides 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 any person who is a dependent of the family and lives in the same household, or who is a parent of the child.

Parents make a written agreement with Community Living British Columbia. They may choose to receive benefits through a monthly payment, or be reimbursed for respite expenses.

Parents are responsible for arranging 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 At Home Program respite is enhanced to meet extraordinary need.

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

For further information about respite call the local office of Community Living British Columbia.

For families receiving direct funding, the following list of resources may be of assistance to you in determining your tax obligations or obligations as an employer:

- For individual income tax enquiries [Canada Revenue Agency](http://www.cra-arc.gc.ca/) (CRA) at www.cra-arc.gc.ca/ or 1-800-959-8281
- CRA information on [employment relationships](http://www.cra-arc.gc.ca/agency/resourcekit/individuals/general-relationships-e.html) at www.cra-arc.gc.ca/agency/resourcekit/individuals/general-relationships-e.html
- CRA specific information on [people with disabilities](http://www.cra-arc.gc.ca/disability/) at www.cra-arc.gc.ca/disability/
- [Work Safe BC](http://www.worksafebc.com/insurance/registering_for_coverage/default.asp) regarding registering for coverage at www.worksafebc.com/insurance/registering_for_coverage/default.asp
- [Employment Standards Branch](http://www.labour.gov.bc.ca/esb/) at www.labour.gov.bc.ca/esb/

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

Medical Benefits

The At Home Program provides the following basic medical benefits for children age 17 or younger:

- Dental/Orthodontic and Optical benefits
- Hearing Aids
- Medical Equipment
- Medical Services Plan coverage
- Medical Supplies
- Medical Transportation
- Medications and PharmaCare
- Orthotics and Splints
- School Aged Extended Therapies

The child must be enrolled with the BC Medical Services Plan to qualify for At Home Program medical benefits.

Dental, Orthodontic and Optical Benefits

At Home Program benefits include dental, orthodontic and optical expenses directly related to the child's disability, if the need is not met through another program or insurance plan.

- Dental: Maximum \$700 per year.
- Orthodontic: Maximum \$5,000 lifetime.
- Optical: Prescription lenses and frames to a maximum of \$150 per year.

Note: The program does not cover regular dental care (check-ups or cleanings).

Benefits must be pre-approved.

To apply for Dental or Optical benefits, please obtain a [Request for Dental Benefits](#) or a [Request for Optical Benefits](#) form available at www.mcf.gov.bc.ca/at_home/ or by calling the Medical Benefits Program at **1-888-613-3232**. Fax the completed form to (250) 356-2159 or mail it to the Medical Benefits Program.

Other resources:

Some children are eligible for both the [Healthy Kids Program](#) and the At Home Program. The Healthy Kids Program provides basic optical and dental benefits for families who qualify for Medical Services Plan Premium Assistance. For further information on the Healthy Kids Program call **Toll-Free 1-800-663-7100** or visit www.gov.bc.ca/eia/.

For more information about AHP eligibility and respite, call the regional contact in your area (see Contacts on page 25).

For more information about AHP Medical Benefits contact

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Hearing Aids

The At Home Program provides analog and digital hearing aids and personal FM systems.

Funding is available to a maximum of \$1,500 for one ear and \$3,000 for two ears.

The minimum replacement period is 4 years.

The following items are also available:

- Batteries (to a maximum of 52 per aid per year)
- Earmolds/Acoustic Couplers and Swim Molds
- Dri-Aids and Air Blowers

Prior approval is required for all benefit items, including refits and repairs.

Requests must be submitted by a certified Audiologist and include a justification and an audiogram taken within six months of the application. The request should also include the type of batteries and quantity required.

The Product Distribution Centre will supply batteries.

Medical Equipment

The At Home Program provides basic essential medical equipment as well as funding for repair and modification of the equipment. The At Home Program supplies good quality new or recycled equipment. The following equipment is funded by the AHP:

Equipment Type

- Alternate Positioning Devices
- Bathing and Toileting Aids
- Bio-Medical Equipment
- Hearing Aids
- Hospital Beds and Mattresses
- Lifts
- Mobility Equipment
- Orthotics and Bracing
- Specialized Car Seats (Child Restraint Systems)
- Therapeutic Equipment

Requests for Medical Equipment

Requests for medical equipment must include a letter of justification from a health care professional outlining 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 Medical Benefits Program.

Please refer to the AHP Guidelines for Writing Justification Letters for [Medical Equipment](#) and [Bio-Medical Equipment](#). The guidelines are available at www.mcf.gov.bc.ca/at_home/requests.htm or by contacting the Medical Benefits Program.

Requests should be forwarded to the Medical Benefits Program.

Note: An AHP request form must be completed for [Orthotics and Splints](#). This form can be obtained by visiting the AHP website at www.mcf.gov.bc.ca/at_home/orthotics.htm or by contacting the Medical Benefits Program.

Private Extended Benefits

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

Recycling Medical Equipment

The Canadian Red Cross Society operates the **Children's Medical Equipment Recycling and Loan Service [CMERLS]** for MCFD.

Medical equipment purchased through the At Home Program, after May 1, 2001, is the property of the Red Cross. Medical equipment should be returned to the Red Cross when it is no longer required.

Families who received new equipment before May 1, 2001 are also asked to return the equipment to the Red Cross when it is no longer required. It will be repaired, cleaned and recycled for the benefit of other families.

For further information on **CMERLS** call **Toll-Free 1-800-565-8000** or visit www.redcrossequipment.com.

Warranty on Medical Equipment

New equipment provided by approved dealers has a **TWO YEAR, all-inclusive warranty**. The warranty includes:

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

Contact the dealer for more information.

Equipment Repairs

Equipment must be returned to the original medical equipment dealer for any necessary repairs during the 2-year warranty period.

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

Generally, funding for modifications, adaptations and repairs is not available for equipment not purchased by the At Home Program. Funding for repairs is limited to normal wear and tear.

Equipment Modifications

Equipment modifications or adaptations are available where they relate directly to the child's medical condition. Pre-approval is required for modifications.

Requests for equipment modification must include a letter of justification from a health care professional outlining the nature of the child's condition and need for medical equipment, a description of the equipment, and a quote from an approved dealer.

Generally, funding for modifications, adaptations and repairs is not available for equipment not purchased by the At Home Program.

Alternate Positioning Devices (APD)

The At Home Program provides alternate positioning equipment including standing frames, walkers, sidelyers, beanbag chairs, floor sitters or other equipment recommended by the therapist for positioning children at home.

Children may have more than one APD to a maximum of \$3,200.

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 and bath lifts.

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.

Bio-Medical Equipment

The At Home Program provides essential specialized medical equipment including:

- Ventilators
- Bi-pap machines, C-pap machines
- Apnea monitors, nebulizers, suction machines
- Feeding pumps
- Oximeters

Requests for bio-medical equipment must include a letter of justification from a health care professional outlining the nature of the child's condition and need for specialized medical equipment, a description of the equipment and a quote from a dealer. Please refer to the [AHP Guidelines for Writing Justification Letters for Bio-Medical Equipment](#). The guidelines are available at www.mcf.gov.bc.ca/at_home/requests.htm or by contacting the Medical Benefits Program.

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

Please note: 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 outage.

Other resources:

The **Home Oxygen Program** provides assistance with the cost of oxygen and oxygen equipment. Contact the local Health Authority.

Specialized Car Seats

The At Home Program provides specialized car seats for children who cannot use commercial car seats.

Commercial car seats are designed for children who are under age six and who weigh less than 40 pounds.

Parents must pay a \$50 deductible for specialized car seats provided for children who weigh less than 40 pounds, or are under age 6.

Requests for a specialized car seat must include a letter of justification from the therapist outlining the requirement for the specialized car seat, and the child's current weight.

Hospital Beds and Mattresses

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

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

Funding of up to \$3,000 may be provided towards a specialized bed.

Basic pressure relief mattresses such as Foam, Air or Gel, and Bed Rails are benefits available through the Program.

Lifts

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

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

Mobility 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. Maximum funding for a manual back up chair is \$1,500.

Scooters

The At Home Program provides a basic rear wheel drive scooter up to \$3,700 if the child is not totally wheelchair dependent and, for medical reasons, is unable to propel a manual wheelchair.

Special Needs Strollers

The At Home Program may provide a special-needs stroller where recommended instead of a wheelchair.

Parents are responsible for a \$75 deductible charge for special needs strollers purchased for a child under 3 years of age.

Replacement Guidelines for Mobility Equipment

- Manual or Power wheelchairs – 5 years.
- Scooters – 5 years
- Strollers – 3 years

Note: The Program does not replace any item due to loss or theft.

Seating Systems

The At Home Program provides one commercial or custom made postural control seating system for use in a wheelchair or special needs stroller.

Custom seating or cushions for backup chairs are not available.

Trays will be provided (maximum \$300) if they are essential for positioning the child.

Requests for custom seating must include a letter of justification from the therapist, and a quote for the seating system that shows the itemized costs of components and labour.

Therapeutic Medical Equipment

The At Home Program provides essential equipment needed for basic home therapy. This includes one of each of the following items: floor mat, roll and ball.

Medical Services Plan (MSP)

Children who are eligible for At Home Program Medical Benefits qualify for MSP premium free coverage. As of May 1, 2002 children can also retain their parent's MSP coverage. Parents may reinstate parental MSP coverage for AHP eligible children who were enrolled prior to May 1, 2002 by contacting the Medical Benefits Program.

Children must be enrolled with MSP to qualify for AHP Medical Benefits. Generally this means that the child must:

- be a Canadian citizen or have a right to reside permanently in Canada
- make his or her home in BC
- be resident for three months
- be physically present in BC at least 6 months in a calendar year

MSP pays for medically required services including:

- services of physicians
- diagnostic 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 further information contact [Health Insurance BC](http://www.health.gov.bc.ca/insurance/) at www.health.gov.bc.ca/insurance/ or call:

Vancouver: (604) 683-7151

Victoria: (250) 386-7171

Toll-Free: 1-800-663-7100

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, wipes, gloves, bed pads (for children 3 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.

To request Medical Supplies, please obtain a [Request for Medical Supplies form](#), which is available at www.mcf.gov.bc.ca/at_home/med_supplies.htm or by contacting the Medical Benefits Program. Fax the completed form to **(250) 356-2159** or mail it to the Medical Benefits Program.

The form must be must be completed by a health care professional (e.g., Registered Nurse, Physician or a Registered Dietician/Nutritionist).

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

For further information concerning PDC call:

Lower Mainland: (604) 927-2910

Toll-free: 1-877-927-2234

For more information about AHP eligibility and respite, call the regional contact in your area (see Contacts on page 25).

For more information about AHP Medical Benefits contact

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Victoria: (250) 387-9649
Fax: (250) 356-2159

Direct Funding for Incontinence Supplies

As an alternative to government purchased supplies, parents may choose to receive Direct Funding. Direct Funding enables parents to purchase incontinence supplies in their own community or from a supplier of their choice. Annual payments, based on the age and weight of the child, will be available for parents who choose this option. These payments are a contribution toward the cost of incontinence supplies for children age three or older and may not cover all costs.

Direct funding is for the provision of incontinence supplies only (diapers, Pull-ups, reusable briefs, diaper pads, and wipes).

For more information on the Direct Funding option and how to apply, please read the [Incontinence Supplies Direct Funding Guidelines](#), which is available at www.mcf.gov.bc.ca/at_home/pdf/incont_funding_guidelines.pdf or by contacting the Medical Benefits Program.

Medical Transportation

Ambulance Service

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

Should you receive a bill for ambulance services, forward it to the Ambulance Billing Department of the Ministry of Health Services. Be sure to include the child's Personal Health Number on the bill.

Non-Emergency Medical Transportation

The At Home Program may assist with transportation to therapy, medical or clinic appointments if the treatment or therapy is not available in the child's community and the round trip exceeds 80 kilometres.

The Program does not reimburse travel expenses related to routine medical or dental appointments.

Travel benefits assist with the cost of car, bus, train, ferry or air transportation, accommodation, and pre-approved medical supplies.

Requests for **pre-approval** for **air travel** and/or requests for **reimbursement** for car, bus, train and/or ferry travel expenses, must include a note from a health care professional or clinic indicating the purpose of the appointment and confirming that the service is not available in the child's community. Reimbursement for medical supplies is limited to supplies that have been pre-approved by the Medical Benefits Program.

To obtain reimbursement for travel expenses, contact the Medical Benefits Program for a travel expenses reimbursement form, complete the form and return it along with original receipts.

Other resources:

Some travel discounts are available through the Travel Assistance Program (TAPS). Families should apply to TAPS prior to accessing At Home Program Benefits. For more information on TAPS call:

Travel Assistance Program
Ministry of Health Services
Victoria: (250) 952-2657 Victoria
Toll-Free: 1-800-661-2668

Medications and PharmaCare

Children who are eligible for At Home Program Medical Benefits also qualify for the following PharmaCare Benefits:

- **Prescription Medications**
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

* Some medications are not approved by PharmaCare. A physician may make a request for a special approval by submitting a Special Authority Request to PharmaCare.

For further information about **PharmaCare** benefits call:

Lower Mainland: (604) 683-7151

Toll-Free: 1-800-663-7100

or visit: www.healthservices.gov.bc.ca/pharme/

Note: PharmaCare benefits do not remain in effect when a child is temporarily out of the province.

Orthotics and Bracing

The At Home Program provides orthotics and bracing devices not covered by Pharmacare, including:

- Bilateral Custom Foot Orthotics
- Foot Splints
- Night Resting Splints
- Knee Ankle Foot Orthotics
- Extra Depth Shoes
- Wrist Hand Orthotics
- Wrist Splints
- Abduction Splints
- Bilateral Twister Cables
- Hand Orthotic
- Arch Supports

Orthotics and bracing devices must be pre-approved.

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

Splints must be fitted and manufactured under the direct supervision of an Occupational or Physical Therapist.

To request orthotics and splints, please obtain a [Request for Orthotics and Splints](#) form which is available at www.mcf.gov.bc.ca/at_home/orthotics.htm or by contacting the Medical Benefits Program. A health care professional (orthotist, therapist, podiatrist or physician) must complete the form. Fax the completed form to (250) 356-2159 or mail it to the Medical Benefits Program.

Other resources:

For information about orthotics (leg and body braces for children) available through the **PharmaCare** program call:

Lower Mainland: (604) 683-7151

Toll-Free: 1-800-663-7100

or visit: www.healthservices.gov.bc.ca/pharme/

School-Aged Extended Therapies

Children aged five or older who are eligible for At Home Program Medical Benefits may qualify for extended occupational therapy (OT), physiotherapy (PT), speech-language pathology (SLP), chiropractic and massage services. 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. For more information, please contact [Health Insurance BC](#) at 1-800-465-4911 or visit www.health.gov.bc.ca/insurance/.

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. These primary therapy services may include screening/assessment, consultation in school and at home, program planning, training and education of school staff, monitoring, and assistance in diagnosis, treatment and equipment selection/adaptation.

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 and 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.

School-Aged Extended Therapies Request Form

To request School-Aged Extended Therapies, print an [At Home Program Request for School-Aged Extended Therapies](#) form (fill and print, or print only) and have the form completed by a health care professional (occupational therapist, physiotherapist, speech-language pathologist, chiropractor or massage therapist). Fax the completed form to (250) 356-2159 or mail it to the Medical Benefits Program:

**Medical Benefits Program
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 health care professional must describe the intended functional outcomes of the therapy on the request form and should refer to the [Writing Functional Outcomes – Guidelines for Therapists](#), available at www.mcf.gov.bc.ca/at_home/school_aged.htm or by contacting the Medical Benefits Program at 1-888-613-3232.

An outcome summary is required prior to subsequent requests for School-Aged Extended Therapies. Refer to the Writing Functional Outcomes - Guidelines for Therapists for more detail.

Note: The guidelines and request form are in PDF format and require Adobe Acrobat to view, fill and print.

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:

Lower Mainland: (604) 683-7151

Toll-Free: 1-800-663-7100

Please note that youth who are eligible for Persons with Disability designation through the Ministry of Employment and Income Assistance will not need to be reinstated on their parents' MSP coverage (please 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 Employment and Income Assistance (MEIA). Eligibility for PWD is determined by a review of medical and financial documentation by MEIA.

There are new 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 MEIA. 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 MEIA 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, please see the [At Home Program Medical Benefits Transition to Disability Assistance Information Sheet](#).

Regional Contacts

Information about the At Home Program is available from Regional Contacts.

- Locate the office in the community closest to your home.
- Phone and ask to speak to the At Home Program Regional Contact.

REGION	AREA	ADDRESS	PHONE	FAX
INTERIOR	South Interior East Kootenay	CLBC Suite 202 – 100 N Cranbrook St Cranbrook , BC V1C 3P9	(250) 426-1282	(250) 426-1559
	South Interior West Kootenay	CLBC 620 – 17 th St Castlegar , BC V1N 4G7	(250) 365-8558	(250) 365-8560
	South Interior South Okanagan	CLBC 240-1640 Leckie Rd Kelowna , BC V1X 7C6	(250) 861-7255	(250) 861-7266
	Thompson North Okanagan Cariboo	CLBC 101-275 Lansdowne St Kamloops , BC V2C 1X8	(250) 377-4444	(250) 377-4436
NORTH	Northwest	CLBC 4741 Park Ave Terrace , BC V8G 1W1	(250) 638-3600	(250) 638-2341
	Peace Liard	CLBC 205, 1508-102 Ave Dawson Creek , BC V1G 2E2	(250) 784-2262	(250) 784-2303
	Northern Interior	CLBC 207, 1600-15 th Ave Prince George , BC V2L 3X3	(250) 565-6890	(250) 565-4442
FRASER	Upper Fraser Valley	CLBC C6, 33824 King Rd Abbotsford , BC V2S 8H8	(604) 870-5970	(604) 870-5959
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Regional Contacts Continued

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VANCOUVER ISLAND	Upper Island Central Island	CLBC 3090 Barons Rd Nanaimo, BC V9T 4B5	(250) 729-2500	(250) 751-0133
	South Island	CLBC 220, 4460 Chatterton Way PO Box 9736 STN Prov Govt Victoria, BC V9W 9S2	(250) 952-4067	(250) 952-4205

For information about At Home Program Medical Benefits call:

Toll-free: 1-888-613- 3232

Victoria: (250) 387-9649

Fax: (250) 356-2159

Or write to:

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

INDEX

- Alternate Positioning Devices (APD), 11**
- Appeals or Complaints, 5**
- Application, 3**
- Assessment, 3**
- Bio-Medical Equipment, 12**
- Children's Medical Equipment**
 - Recycling and Loan Service [CMERLS], 10**
- Coordination of Benefits, 4**
- Dental, Orthodontic and Optical Benefits, 7**
- Description, 1**
- Eligibility Decision, 4**
- Equipment Modifications, 11**
- Hearing Aids, 8**
- Hospital Beds and Mattresses, 13**
- How to Enroll, 2**
- Introduction, 1**
- Lifts, 13**
- Mandate, 1**
- Medical Benefits, 6**
- Medical Equipment, 9**
- Medical Services Plan (MSP), 15**
- Medical Supplies, 16**
- Medical Transportation, 17**
- Medications and PharmaCare, 18**
- Mobility Equipment, 14**
- Objectives, 1**
- Orthotics and Bracing, 19**
- Qualifying for Benefits, 2**
- Recycling Medical Equipment, 10**
- Regional Contacts, 25**
- Requests for Medical Equipment, 9**
- Respite Benefits, 5**
- School-Aged Extended Therapies, 20**
- Scooters, 14**
- Seating Systems, 14**
- Special Needs Strollers, 14**
- Specialized Car Seats, 13**
- Therapeutic Medical Equipment, 15**
- Transition from At Home Program**
 - Medical Benefits, 23**
- Transition to Adult Disability Assistance, 23**
- Warranty on Medical Equipment, 10**
- Wheelchairs, 14**