

At Home Program Guide



Ministry of
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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 [At Home Program Regional Contact](#). This contact information is also available through the ministry's Client Relations Branch at 1 877 387-7027 (toll-free) or 250 387-7027 (Victoria).

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

Toll-free: 1 888 613-3232

Victoria: 250 387-9649

At Home Program website (includes program forms and guidelines for requesting certain benefits): 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).

Mail or fax the completed form to your local [At Home Program Regional Contact](#).

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 functional 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 functional activities of daily living are eligible for both Respite Benefits and Medical Benefits. Children who are dependent in three out of four functional 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 At Home Program 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](#). Contact information is also available through the ministry's Client Relations Branch at 1 877 387-7027 (toll-free) or 250 387-7027 (Victoria).

For complaints and appeals regarding an At Home Program Medical Benefits decision, please contact the Manager, Medical Benefits, at 1 888 613-3232 (toll-free) or 250 387-9649 (Victoria).

Respite Benefits

The At Home Program provides funding to purchase respite care for eligible children. Families may choose the type of respite services that best suit their needs, either in their home or at another location.

The program does not cover services that are:

- provided by a parent of the child;
- required as a result of the parent's paid or unpaid employment, training or education, or;
- provided by any other Ministry of Children and Family Development program.

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.

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 respite care, paying caregivers, managing their respite budget and providing a record of respite expenditures.

For more information about At Home Program Respite Benefits, contact your local [At Home Program Regional Contact](#). This contact information is also available through the ministry's Client Relations Branch at 1 877 387-7027 (toll-free) or 250-387-7027 (Victoria).

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](#)

Many of these benefits require pre-approval.

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

Forms and guidelines for requesting certain benefits are available at www.mcf.gov.bc.ca/at_home/index.htm.

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

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

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](#)

Medical equipment must be pre-approved.

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).

Note:

- requests for custom seating must also include a quote showing the itemized costs of components and labour, and;
- requests for specialized car seats must also include 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

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).

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.

Types of Medical Equipment

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.

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

The At Home Program does not pay for any home renovations or structural modifications, 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), to a maximum of \$250
- bed rails

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).

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

Mobility Equipment

The At Home Program provides the following mobility equipment:

- Wheelchairs –
 - 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 - a basic rear-wheel drive scooter may be provided, 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 - may be provided, instead of a wheelchair, when recommended by a health care professional. Parents are responsible for a \$75 deductible charge for special needs strollers provided for children 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).

Custom seating and cushions for backup wheelchairs are not provided.

Specialized Car Seats

The At Home Program provides specialized car seats for children who cannot use commercial car seats due to their disabilities. Parents are responsible for a \$50 deductible for specialized car seats provided for children under age nine and whose height is less than four feet, nine inches (145 cm).

Therapeutic Equipment

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

- floor mat
- roll
- ball

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

Biomedical equipment 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.

Requesting Biomedical Equipment

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](#).

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

The At Home Program provides the following orthotic devices:

Upper-Extremity Devices

- cervical collars
- wrist-hand resting orthotics
- wrist orthotics
- wrist-hand orthotics
- hand orthotics

Lower- Extremity Devices

- ankle-foot orthotics (made from low-temperature material)
- foot orthotics
- bilateral twister cables
- orthopaedic shoes if required to accommodate a medical condition (to a maximum of \$200 per year)

For a description of each device, see the Ministry of Children and Family Development [Glossary of Orthotic Devices](#).

Orthotic devices that are made from high-temperature material must be fitted and manufactured under the direct supervision of an orthotist or podiatrist.

Orthotic devices that are made from low-temperature material must be fitted and manufactured under the direct supervision of an orthotist, podiatrist, occupational therapist or physiotherapist.

The At Home Program does not provide orthotic devices that are available through [PharmaCare](#). This includes:

- certain lower-extremity devices (e.g., ankle-foot orthotics made from high-temperature material); and,
- body braces.

Certified orthotists should forward requests for PharmaCare benefits to [PharmaCare](#). Exceptions may be considered for temporary devices in acute situations (e.g., post-surgical), where a certified orthotist is unavailable to forward a request to PharmaCare in time. For more information, call:

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

Requesting Orthotics

To request orthotics, an orthotist, occupational therapist, physiotherapist, podiatrist or physician must complete a [Request for Orthotics](#) 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)

Audiology equipment and supplies 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).

Cochlear implant supplies 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

Medical supplies must be pre-approved.

Parents can request trials of nutritional supplies from their child's dietician, to ensure that the supplies are appropriate for their child.

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.

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 pre-approved incontinence supplies, in order to purchase them from a supplier of their choice.

If a parent chooses to receive direct funding for incontinence supplies, a payment will be provided every three months, based on the child's age and weight. These payments are a contribution towards the cost of incontinence supplies for children aged three and 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).

Parents are responsible for:

- keeping receipts for incontinence supplies for three years, and providing them on request;
- providing an updated [Request for Medical Supplies](#) form on request (to confirm the child's continued need for incontinence supplies), and;
- returning unused funds to the Medical Benefits Program (cheques should be made payable to the Minister of Finance).

Requesting Direct Funding for Incontinence Supplies

If the child has not received incontinence supplies before, the health care professional 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

Once the request for incontinence supplies has been approved, the parent may request an Incontinence Supplies Direct Funding application package by calling:

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

Return the completed application package to the address above.

The first payment will be provided approximately six weeks after the completed application package is received and approved.

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. Therapy services must be pre-approved.

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.

Each therapy service should be:

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

Therapists are responsible for ensuring that adequate insurance is in place for the delivery of services and that all relevant employer-employee obligations are met. The At Home Program cannot provide advice regarding employer-employee obligations.

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

- complement, and be consistent with, the child's existing therapy plan; and,
- not duplicate school-/community-based therapy services.

Services may be delivered on a one-to-one or group basis, by a:

- therapist; or,
- therapist assistant, under the supervision of a therapist.

The use of therapist assistants must be done in accordance with the [At Home Program Guidelines: Use of Therapist Assistants](#). For more information about therapist assistants, see [Use of Therapists Assistants: Questions and Answers](#).

In partnership with the parent, the therapist who is providing or supervising services consults, and coordinates services, with the school-/community-based therapist(s) or school district designate.

A maximum of \$3,840 may be provided for any one of OT, PT or SLP, per twelve-month period (including services delivered by a therapist and/or a therapist assistant). Exceptions to this maximum will be considered for children requiring post-surgical rehabilitation services.

Therapists may bill up to a combined total of \$480 (within the maximum of \$3,840) for consultation, report writing and travel purposes within the twelve-month period. This is intended to support a coordinated therapy plan across multiple environments and professional disciplines.

The maximum hourly billing rates are as follows:

- services delivered directly by a therapist: \$80 per hour
- services delivered by a therapist assistant: \$40 per hour

Both the therapist's and the therapist assistant's rates may be billed when the therapist provides child-specific instruction to the therapist assistant (the child may or may not be present).

Services lasting less than one hour must be prorated.

Chiropractic and Massage Services

A maximum of \$1,920 may be provided for any one of chiropractic or massage services, per twelve-month period. Exceptions to this maximum will be considered for children requiring post-surgical rehabilitation services.

The maximum billing rates are:

- \$40 per session for chiropractic services; and,
- \$40 per hour for massage services (massage services lasting less than one hour must be prorated).

Requesting School-Aged Extended Therapies

To request School-Aged Extended Therapies, an 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).

Part 5 of the request form requires identification of the intended functional outcomes of the service for the child. 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](#).

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

Payment for Approved School-Aged Extended Therapies

Invoices for approved services should be submitted on the [School-Aged Extended Therapies Sample 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:

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

Dental, orthodontic and optical 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.

The Children's Dental Program **at the University of British Columbia** provides free basic dental and preventative services for school-aged children and youth in low-income families who:

- are from the Lower Mainland; and,
- are not eligible for other programs.

Services are provided between September and December of each year.

For more information about the Children's Dental Program, call 604 822-2112 or visit www.dentistry.ubc.ca/CommunityPrograms/SpecialChildren/default.asp.

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:

- least costly mode of car, bus, train, ferry or air transportation for the child and one other person from the family home (car transportation is reimbursed at 40 cents per km);
- accommodation (to a maximum of \$100 per night, including parking at the hotel), and;
- pre-approved medical supplies for the trip.

Examples of costs that are not reimbursed include:

- transportation to routine medical or dental appointments that are not related to the child's disability;
- transportation within the city where the child's appointment is, and;
- meals.

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

After the request has been submitted, parents should contact At Home Program Medical Benefits to make arrangements for air travel and/or accommodation:

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

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
- original receipts (please do not submit gas receipts)

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

For more information about reimbursement, see [At Home Program Reimbursement: Frequently Asked Questions](#).

Other Resources

Some medical travel discounts are available through the Ministry of Health Services' [Travel Assistance Program](#) (TAP). TAP is available to eligible B.C. residents who are required to travel outside their home community to obtain non-emergency, physician-referred specialist medical care.

Families are encouraged to refer to the [TAP](#) web site for a listing of private transportation carriers who provide discounts to patients and families. The TAP web site also includes links to other medical travel and accommodation programs.

For more information about the Travel Assistance Program please call:

Toll-free: 1 800 465-4911
Victoria: 250 952-2657

Or email: HLTH.RuralHealth@gov.bc.ca

Medical Services Plan Coverage

Children 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 (e.g., to access MSP benefits available to families who qualify for MSP premium assistance). 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

Medications and PharmaCare

Children 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 are not 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

Victoria: 250 386-7171

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](#).