

**POLICY NUMBER: POL-82**

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**Chapter:  
CLAIMS**

**Subject:  
SUPPORT FOR INDEPENDENT LIVING**

**Effective Date:  
January 24, 2002**

**Last Updated On:  
January 28, 2016**

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**PURPOSE STATEMENT:**

The purpose of the policy is to explain how the Workers Compensation Board determines eligibility, payment and delivery of home care services, home maintenance services and respite care.

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**REFERENCE:**

Workers Compensation Act R.S.P.E.I. 1988, Cap. W-7.1, Section 18.

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**DEFINITION:**

In this policy:

“Home care” means services provided to make it possible for workers to remain in their homes. These services help workers achieve and maintain health, well-being, and independence through a process of assessment, coordination and/or provision of services.

“Personal care” means aspects of care such as hygiene, eating, dressing, toileting, and supervision of activities.

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“Impairment” means a medically measurable permanent anatomical loss or disfigurement and includes, but is not limited to, amputation, loss of vision, loss of hearing, impaired nerve function, scarring causing disfigurement, joint ankylosis, or joint fusion from surgery.

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**POLICY:**

**General**

1. The Workers Compensation Board recognizes that as a result of a workplace injury, a worker may require assistance to maintain a level of independence that enables them to remain in their own home. The Workers Compensation Board may authorize home care and/or home maintenance services to assist in meeting a worker’s needs.

These services are intended to supplement, but not replace, the efforts of workers to care for themselves with the assistance of family and friends.

**Eligibility**

2. The Workers Compensation Board will authorize payment for home care services and/or home maintenance services only for injured workers who have an impairment which prohibits them from performing an activity independently. Eligibility will be determined based on the merits of each case, the severity of the injury and the worker’s functional abilities.

To be eligible, all of the following criteria must be met:

- the need for the service resulted from the compensable work injury;
- the service must be recommended by an approved health care provider; and
- the worker has sustained an impairment as a result of the compensable work injury.

There may be exceptional cases where a worker does not have an impairment but an injury has resulted in a significant temporary functional restriction. In these cases consideration will be given to short term authorization of services.

### **Home Care Services**

3. The Workers Compensation Board may require a needs assessment prior to authorizing home care services. If required the assessment will be performed by a health care provider, approved by the Workers Compensation Board, who has the expertise to determine:
  - the worker's functional abilities;
  - the worker's immediate and long term needs; and
  - the type and extent of service that is required to meet those needs.
  
4. Home care services generally include the following:
  - health care services such as nursing care and occupational therapy;
  - personal care;
  - meal preparation;
  - laundry and essential household tasks;
  - assistance with daily activities (e.g. banking and grocery shopping); and
  - travel accompaniment (e.g. medical appointments).
  
5. Where home care services are authorized by the Workers Compensation Board, the request for services will be referred to a home care service provider authorized by the Workers Compensation Board through its service procurement process.

### **Home Maintenance Services**

6. The Workers Compensation Board may authorize the following home maintenance services for an injured worker with a permanent impairment or a significant temporary functional restriction:
  - yard maintenance such as snow removal and grass cutting;
  - interior house cleaning
  - repair of additional wear and tear to flooring and walls, caused by wheelchairs or similar mobility aids which are required as a result of a compensable injury.

Eligible costs do not include major projects or renovations (i.e. roof repairs).

7. Where home maintenance services are authorized by the Workers Compensation

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Board, the request for services will be referred to a home maintenance service provider authorized by the Workers Compensation Board through its service procurement process.

**Respite Care**

8. The Workers Compensation Board recognizes that family members who provide care for severely injured workers require periods of rest. A family member who normally provides 24 hour care for the worker may be eligible to access respite care services. A worker's eligibility for respite care will be determined by the Workers Compensation Board based on the individual merits of each case.

Where respite care services are authorized by the Workers Compensation Board, the request for services will be referred to a home care provider authorized by the Workers Compensation Board through its service procurement process.

9. Home care services, home maintenance services and respite care must be pre-approved by the Workers Compensation Board and wherever possible, payment for such services will be made by the Workers Compensation Board, directly to the service provider.

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**HISTORY:**

January 28, 2016 - The policy was amended to reflect process improvements, including the requirement for pre-authorization of service providers and direct-billing to the Workers Compensation Board.

February 16, 2011 - The policy was updated as a result of the 60 month policy review process. As a result of this review there were a number of changes made in order to provide clarity regarding services provided under this policy.

May 27, 2004 - Amended to reflect that when the Workers Compensation Board authorizes home care services, the services will be procured by using standing offers.

January 24, 2002 - Replaces "Home Care of WCB Claimants", dated November 15, 1994 and "Child Care Costs" dated November 15, 1994.

Board of Directors Approval Date: January 24, 2002

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