

Frequently Asked Questions

Support for Personal Independence Policy

August 25, 2021

Why is the policy changing?

The Workers Compensation Board (WCB) has enhanced benefits to assist workers with personal independence which includes personal care, independent living and respite care, and to provide more flexibility in how workers obtain services. In addition, the policy is changing to an allowance model that will enable workers to access services from the person or company of their choice. To make the process easier for workers, and to reduce the administrative burden, clients will no longer need to contact the WCB for approval, send in quotes, or submit receipts.

What are the changes to the policy?

The changes to the policy will provide eligible workers with an allowance to obtain services and other resources required for personal care, independent living and respite care. The policy outlines three allowances:

1) Independent Living Allowance

This is an annual allowance of \$1,200 per year paid directly to workers. This allowance enables workers to obtain services to assist with home maintenance and quality of life, such as snow removal, grass cutting, wood piling, interior house cleaning, maintenance fees, minor home repairs, social and recreational activities, fitness and communications.

2) Personal Care Allowance

This is a monthly allowance paid directly to workers based on the level of care required. This allowance enables workers to obtain services to assist with routine self-care and home-making, such as dressing, personal hygiene, meal preparation, laundry, essential day to day household tasks, grocery shopping and supervision. There are three levels of allowance:

| Hours of Personal Care Required per Week | Monthly Allowance |
|---|--------------------------|
| Less than 4 hours | \$200 |
| 4 to 8 hours | \$400 |
| More than 8 hours | \$600 |

3) Respite Care Allowance

This is an annual allowance of \$600 per year paid directly to workers. This allowance enables workers to provide rest periods for their full time informal caregiver.

Am I eligible for any of the allowances?

In order to be eligible for an allowance, a worker must have a 10% or greater impairment based on the 6th edition of the *American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment*. In addition, each of the allowances has the following eligibility criteria:

Independent Living Allowance:

- Objective medical information describing functional limitations; and
- The functional limitations are a result of the work-related injury.

Personal Care Allowance:

- Objective medical information supports the need for personal care services; and
- The need for personal care services is the result of the work related injury.

Respite Care Allowance:

- Objective medical information supports the need for constant supervision to remain safely in the home;
- The need for supervision is the result of the work related injury; and
- Supervision is normally provided by an informal care giver, such as a family member or friend.

Do I have to submit quotes to WCB for grass cutting, snow removal, etc.?

Allowances are paid directly to workers. This means workers do not need to contact WCB for approval or have service providers submit quotes for our review. Workers arrange for the service themselves. No receipts need to be submitted to WCB.

Will WCB arrange for the personal independence services I need?

No. The new allowances enable workers to arrange for the services they need. Services can be obtained through informal arrangements or through a company that provides the services.

What if the allowance is more than the service I paid for?

Workers are entitled to the full allowance amounts for as long as they are eligible, regardless of the costs of the services obtained.

How do I find out if I am eligible for one of the allowances?

WCB will determine which workers are eligible for an allowance. If you believe you may be eligible, please speak with your case worker.

What do I do if the allowance does not cover the costs for all the services I need?

The allowances are based on average costs and workers are encouraged to contact several providers when obtaining prices for services. Services may also be arranged with more informal providers such as friends or families. However, WCB will only provide the allowance amounts. In exceptional circumstances, due to the severity and impact of a work-related injury, the WCB may consider additional services.

I need professional health care services; do I have to pay for those with the allowance amounts?

No. The allowances are for services that do not require a professional health care provider, such as routine self-care, home-making, and home maintenance. If you require professional health care services such as those provided by a physiotherapist, registered nurse, licensed practical nurse, occupational therapist, etc., these may be approved under your health care benefit entitlement. Please contact your case worker to discuss any professional health care services that you may need.

Do the new allowances replace the clothing allowance?

The clothing allowance is a separate allowance. Eligible workers will continue to receive the annual clothing allowance.

Do the new allowances mean I am not eligible for mileage or expense reimbursement?

The new allowances do not impact mileage or expense reimbursement. Workers are still eligible for reimbursement of necessary and appropriate expenses related to a work injury. For more information, see WCB Policy 03, Travel and Related Expenses.

Am I eligible for an allowance if I do not have an impairment?

If you have not had an impairment assessment, you may be eligible for a temporary allowance if your injury has resulted in a significant temporary need for support to maintain personal independence. This depends on the severity of your injury, your functional abilities and your individual circumstances. Please contact your case worker to discuss eligibility for a temporary allowance.

I have an impairment but it is less than 10%. Am I eligible for an allowance?

Workers must have at least a 10% impairment in order to be eligible for these allowances.

What do I do if I need modifications to my home to support my personal independence?

The Independent Living Allowance can be used to pay for home maintenance services such as minor home repairs, for eligible workers whose injury is preventing them from performing these types of activities. If home modifications are required due to your work injury to ensure safe access and mobility at home, please contact

your case worker to discuss. You may be eligible for services under WCB Policy 131, Home Modifications and Special Equipment.

In the event of death, would survivors receive the allowance?

These allowances are to allow a worker to maintain a level of personal independence to remain safely in their home. Survivors would not be eligible for these allowances. If a worker died as a result of their workplace injury, survivors may be eligible for survivor benefits under WCB Policy 12, Survivor Benefits.