

**POLICY NUMBER: POL-82**

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**Chapter:**  
**CLAIMS**

**Subject:**  
**SUPPORT FOR PERSONAL INDEPENDENCE**

**Effective Date:**  
**January 24, 2002**

**Last Updated On:**  
**September 1, 2021**

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**PURPOSE STATEMENT:**

The purpose of the policy is to explain how the Workers Compensation Board (WCB) supports eligible workers with allowances for personal care, independent living and respite care.

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**REFERENCE:**

Workers Compensation Act R.S.P.E.I. 1988, Cap. W-7.1, Section 18  
Workers Compensation Board Policy, POL-92, Health Care Benefits - General Principles

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**DEFINITION:**

In this policy:

“Impairment” means a medically measurable, permanent  
(i) loss of physiological function, anatomical function or anatomical structure, or  
(ii) abnormality of psychological function, physiological function, anatomical function or anatomical structure.

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**POLICY:**

1. As a result of a workplace injury, a worker may require assistance to maintain a level of personal independence that enables them to remain in their own home.
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2. If a workplace injury has long-term impacts on a worker's ability to perform activities related to personal independence, they may be eligible for:
- *A personal care allowance* - 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.
  - *An independent living allowance* – 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.
  - *A respite care allowance* – to provide rest periods for a worker's full time informal caregiver.

The specific eligibility criteria for each of the allowances are explained in the following sections.

3. This policy is effective September 1, 2021. For workers who were supported under this policy prior to September 1, 2021, including those who receive a pension or were assessed with an impairment prior to 1995, entitlement to each of the allowances will be determined on a case by case basis, depending on the severity of the injury and the worker's functional abilities.

### **Personal Care Allowance**

#### Eligibility

4. To be eligible for a personal care allowance, all of the following criteria must be met:
- The worker has an impairment of 10% or greater, based on the 6<sup>th</sup> edition of the *American Medical Association (AMA) Guides to the Evaluation of Permanent Impairment*, as a result of the work-related injury.
  - Objective medical information supports the need for personal care services.
  - The need for personal care services is the result of the work related work injury.
5. A WCB needs assessment may be required prior to determining eligibility for a personal care allowance to determine:
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- The worker’s functional abilities.
- The worker’s immediate and long term needs.
- The type and extent of service that is required to meet those needs.

Payment of Allowance

6. If a worker requires personal care services, the WCB will provide a monthly allowance based on the number of hours of personal care required.

Hours of personal care required per week	Monthly Allowance
Less than 4hrs	\$200
4-8hrs	\$400
More than 8hrs	\$600

7. The personal care allowance is payable directly to the worker who is responsible for obtaining personal care services. Receipts are not required.
8. The personal care allowance will continue for as long as required, based on the eligibility criteria. If medical information supports the need for an increased level of personal care as a result of the work-related injury, the level of allowance may be reviewed.

Costs for Professional Health Care Services

9. If a worker requires the services of professional health care providers, such as a nurse or occupational therapist, these costs will be considered in addition to the personal care allowance under Workers Compensation Board (WCB) policy, POL-92, Health Care Benefits - General Principles.

**Independent Living Allowance**

Eligibility

10. To be eligible for an independent living allowance, all of the following criteria must be met:

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- The worker has an impairment of 10% or greater, based on the 6<sup>th</sup> edition of the *AMA Guides to the Evaluation of Permanent Impairment*, as a result of the work-related injury.
- Objective medical information describes physical, psychological or functional limitations that prevent a worker from performing activities associated with independent living.
- The physical, psychological or functional limitations are a result of the work-related injury.

Payment of Allowance

11. The annual allowance of \$1200 is payable directly to the worker when they become eligible and then every year on the eligibility anniversary date. The worker is responsible for obtaining services and receipts are not required.
12. The independent living allowance will continue for as long as the worker meets the eligibility criteria.

**Respite Care Allowance**

Eligibility

13. To be eligible for a respite care allowance, all of the following criteria must be met:
  - The worker has an impairment of 10% or greater, based on the 6<sup>th</sup> edition of the *AMA Guides to the Evaluation of Permanent Impairment*, as a result of the work-related injury.
  - Objective medical information supports the need for constant supervision to remain in the home.
  - The need for supervision is the result of the work related work injury.
  - The supervision is normally provided by an informal care giver, such as a family member or friend.

Payment of Allowance

14. The annual allowance of \$600 is payable directly to the worker who is responsible for obtaining respite services. Receipts are not required.

**Exceptional Circumstances**

15. There may be exceptional circumstances, due to the severity and impact of a work-related injury, where additional services are required to perform activities related to personal independence, and promote quality of life and independent living. The WCB will consider these circumstances on a case by case basis and may authorize payment for additional costs on a one-time only basis.

**Temporary Allowances**

16. If a worker has not been assessed for an impairment, but their injury has resulted in a significant temporary need for support for specific personal independence needs, consideration may be given to short-term personal care and independent living allowances. Circumstances will be considered on a case by case basis, depending on the severity of the injury, the worker's functional abilities and their individual circumstances.

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**HISTORY:**

September 1, 2021 - Amended to provide allowances directly to workers for personal care, independent living and respite care, in place of WCB-contracted services and receipted reimbursements. Eligibility criteria defined, pre-approval requirement removed and exceptional circumstances clause added. Previously titled, *Support for Independent Living*.

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.

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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