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Treatment Benefits - Nursing Services Policy

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This document replaces the following policies, which are archived:

1. Nurse visits (POC 8)
2. Footcare services (POC 8)
3. Nursing services (POC 8)

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Authority

Veterans Health Care Regulations (VHCR) enacted under the authority of the *Department of Veterans Affairs Act* (R.S.C., 1985, c. V-1)

Policy statement

Under the authority of the *Veterans Health Care Regulations (VHCR)*, the Treatment Benefits Program provides eligible Veterans and other qualified individuals with financial support to access / obtain approved benefits to meet their identified health care needs. The benefits available under Nurses Services ensure eligible individuals obtain nursing services. Nursing services support health and well-being.

Eligibility criteria

1. Eligibility for Treatment Benefits is set out in section 3 of the *VHCR*.
2. Subsections 3(1) to 3(3) of the *VHCR* describe eligible individuals with A-line coverage.
3. A former member or serving civilian member of the Royal Canadian Mounted Police (RCMP) with entitlement to a disability pension in respect of RCMP service is eligible for Treatment Benefits for their entitled condition, in accordance with a Memorandum of Understanding between the RCMP and Veterans Affairs Canada (VAC).
4. The Treatment for a Disability Benefits Entitled Condition policy sets out principles to be applied by the decision-maker when determining if a relationship exists between a Treatment Benefit and an individual's disability benefits entitled condition.
5. VHCR subsections 3(4) to 3(6) describe eligible individuals with B-line coverage. See the Requirement to Access Provincial Programs policy for more information on determining B-line coverage, including where provincial or territorial programs are not sufficient to meet an eligible individual's needs, or are not provided promptly. See the Costs Recoverable From Third Parties for information related to situations where the benefit cost is recoverable from a third party.
6. Where an eligible individual has both A-line and B-line coverage, VAC's funding for Treatment Benefits is considered in the following sequence:
    a. Treatment Benefits related to a disability entitled condition;
    b. Treatment Benefits for non-entitled conditions:
        i. "topping-up" of any residual amounts payable by the eligible individual after accessing benefits provided under a provincial or territorial public health system; or
        ii. eligible benefits not provided by the provincial or territorial public health system.

Exclusions

7. Still-serving Regular Force members of the Canadian Armed Forces are not eligible for Treatment Benefits from VAC. However, certain Reserve Force members who are entitled to a disability benefit may be eligible to access financial support provided by the Department for Treatment Benefits.
8. Canadian Forces Income Support benefit recipients are not eligible for Treatment Benefits under the *VHCR*.
9. Individuals requiring nursing services within the Rehabilitation Program, refer to the policy entitled Rehabilitation Services and Vocational Assistance Plan: Assessments, Development and Implementation.
10. Individuals not eligible for nursing services under Treatment Benefits may be eligible for services under Veterans Independence Program (VIP) Health and Support Services. Refer to the Veterans Independence Program - Benefits at Home Policy.

Qualifying conditions and considerations

Nursing services

11. When an individual is eligible for nursing services under both the Treatment Benefits Program and VIP, provision of Nursing Services should be considered under Treatment Benefits policies and procedures first.

12. The amount the Department is authorized to pay is established in accordance with section 5 of the *VHCR*. See policy entitled Rates Payable for Treatment Benefits.
13. Nursing services consist of nursing assessments, nursing visits, nursing foot care, and specialty nursing services.
14. Nursing services require pre-approval as stated in the benefit grids.
15. Acceptable nursing services and service providers are stated in the benefit grids.
16. Nursing services may be delivered either in person or virtually by service providers who are currently registered and meet the criteria set out in the Health Professionals Policy.
17. Nursing services are not intended to include the provision of personal care or instrumental activities of daily living.

Nursing assessments

18. A nursing assessment is a process whereby a nurse gathers, sorts, and analyzes an individual's health and well-being status by collecting both subjective and objective information using a variety of evidence-informed health tools.
19. A nursing assessment can be used to identify unmet health needs and provide evidence–based recommendations to address those needs.
20. A current health professional assessment completed by a health professional outside of VAC can be used to make evidence-based recommendations.
21. As the health and well-being of an individual changes across their life course, they may be eligible to receive more than one nursing assessment in their lifetime.

Nursing visits

22. A nursing visit is the activity of providing treatment interventions which may occur following an assessment of health needs. Nursing visit interventions are typically limited to those identified in a nursing care plan that includes clear goals and action steps. All treatment interventions provided during a nursing visit must be within the nurse's scope of practice and qualification.
23. Nursing visits are a time limited service based on current identified health needs. A nursing visit is typically delivered within a two-hour time frame and occurs as needed, based upon an agreed nursing care plan. Once goals in a care plan are achieved, nursing visits will cease. If a nursing visit is required beyond the two-hour period, services may be considered under health and support services of VIP if eligibility requirements are met. Refer to the Veterans Independence Program - Benefits at Home
24. Nursing visits are not provided to individuals in a hospital or a long-term care facility.
25. Nursing visits do not routinely provide for the provision of acute care nursing interventions in the home (i.e. short-term post-operative, advanced wound care, IV therapy).

Nursing foot care

26. Nursing foot care is broken down into two types of services:
    a. **Basic Foot Care** - is foot care limited to non-invasive strategies and interventions, including non-invasive cutting or filing of toenails, non -invasive filing to reduce calluses, corns and hypertrophic nails, packing of involuted nails, moisturizing to help reduce hyperkeratotic skin and corrective foot health education.

b. **Advanced Foot Care** - is foot care that includes short term interventions to address complex conditions of the foot due to deformities, neurological and circulatory problems and infections.

27. Nursing foot care is that which is performed by a nurse and is within their scope of practice and/or they have additional training and certification in foot care.
28. Nursing foot care may be provided where there is no entitled condition of the feet themselves, but where another existing entitled condition renders the client unable to undertake essential foot care.
29. Nursing foot care is different from foot hygiene which is simply intended to improve the appearance of the feet and toenails (i.e. washing feet and clipping nails) and does not require the services of a health professional. Foot hygiene can be provided under the VIP program.
30. Advanced foot care should only be approved in exceptional circumstances. Approval requires submission of a treatment plan from the service provider and a prescription as stated in the benefit grids.
31. Nursing foot care may be provided in a clinic, in the home or in a long-term care facility. Nursing foot care provided in a clinic should be the first option considered. Refer to the In-home Treatment Policy. For VAC clients in an intermediate or chronic care facility nursing foot care should only be covered when it is verified that non-VAC clients are being charged user fees for foot care service in that facility. Payment for the service will not exceed that charged to non-VAC clients in the same facility.
32. Foot care services may also be provided by a podiatrist/chiropodist under Related Health Services.

Specialty nursing services

33. Specialty nursing services include assessments, treatments, or therapeutic interventions which require the nurse to have advanced education or additional training and continued certification (excluding foot care) to deliver nursing services. All treatment or therapeutic interventions provided by a specialty nurse must be within the nurse's scope of practice and qualifications.
34. Specialty nursing services are intended to support the health and well-being needs of individuals that cannot be met through other nursing services. Specialty nursing services may be approved when there is medical evidence of the need for specialized nursing services, at the discretion of the department.
35. Specialty nursing services can be provided to individuals in a clinic, in a home or in a long-term care facility, if not accessible via the province or territory.
36. Specialty nursing services can be of short-term or long-term duration based on the eligible individual’s identified health needs and an agreed upon nursing care plan.
37. When exercising their full scope of practice as primary care clinicians, Nurse Practitioners fall under Medical Services.

Duration and continuity

38. If an eligible individual ceases to be eligible for a benefit under this policy, the decision-maker should refer to the Continuation of Benefits, Services and Care

Redress

39. An individual who is dissatisfied with a decision rendered under this policy may ask to have the decision reviewed in accordance with the Review of Health Care Decisions

Overpayments

40. Overpayments will be addressed in accordance with the Overpayments - Health Care Programs

Appendix A – References and related policies

Legislation

Department of Veterans Affairs Act

Veterans Health Care Regulations, paragraph 4(a), subparagraph 19(a)(i)

Veterans Well-being Act

Veterans Well-being Regulations

Policies

Benefit Grids

Health Professionals policy

Veterans Independence Program - Benefits at Home policy

Requirement to Access Provincial Programs policy

Costs Recoverable From Third Parties policy

In-home Treatment policy

Overpayments - Health Care Programs policy

Review of Health Care Decisions policy

Payment Time Limits for Benefits, Services, or Care policy

Continuation of Benefits, Services and Care policy

Rehabilitation Services and Vocational Assistance Plan: Assessments, Development and Implementation policy