



Continuation of Benefits, Services or Care

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This policy is titled “Continuation of Benefits, Services or Care” (formerly “Termination of Benefit, Services or Care”) as of August 22, 2018.

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Purpose

This policy provides direction on the termination of benefits, services or care for those individuals who are no longer eligible to receive such benefits, services or care under the [Veterans Health Care Regulations \(VHCR\)](#).

Policy

General

1. Where a client who is in receipt of any benefit, service, or care under the VHCR ceases to be eligible for it, the benefit, service or care shall be continued for a reasonable period in order to allow the client to make alternate arrangements.
2. Termination of benefits, services or care the client is receiving must take place if:
 - a. the client is found to no longer meet the service eligibility criteria (e.g. cases of fraudulent service documents, administrative error); or,
 - b. the client experiences a change in circumstances such that the eligibility criteria are no longer met.
3. Before any action to terminate benefits, service or care is taken:
 - a. the client's circumstances must be reviewed to determine if eligibility as a member of another client group exists (e.g. as an exceptional health needs client); and,
 - b. for clients in receipt of long term care in departmental facilities and contract beds, their date of admission should be verified, as those in receipt of this care on August 31, 1990, may continue receiving it (see Continuation of Care to Clients in the Departmental Facility and Contract Beds).

Immediate Termination

4. Benefits, services or care terminate immediately:
 - a. in cases of fraud;
 - b. on a client's death (if applicable, see Continuation of VIP Services to Primary Caregivers);
 - c. on written request from the client or the client's representative to discontinue the benefits, services or care;
 - d. on termination of a VIP benefit arrangement where a renewal (i) has not been requested or (ii) has been declined; or,
 - e. on a change of residence outside Canada (except for disability benefits entitled clients who have specific health care benefits' eligibility and long term care eligibility outside Canada).

NOTE: Benefits, services or care terminate immediately under the

circumstances noted above; however, other than in cases of fraud, payment may be made for invoices received after termination if they are for the cost of benefits, services or care approved for and received by the client prior to the termination.

Termination After a Reasonable Period

5. Benefits, services or care shall be continued, other than in cases of fraud, for a reasonable period beyond the date of lost eligibility in order to allow clients time to make alternate arrangements. This period of continued benefits, services or care can be for up to a maximum of 12 months beyond the end of the month in which the letter is sent notifying the client of lost eligibility. During this period, only the benefits, services, and care the client was receiving prior to the loss of eligibility shall be continued.

Continuation of Benefits, Services or Care

6. Once an [income-qualified Veteran](#), [income-qualified civilian](#) or [Canada Service Veteran](#) has met the income criteria to be eligible for treatment benefits, VIP services, long-term care, and/or the cost of premiums or fees required in relation to provincially-insured health services, their eligibility will continue for life providing they continue to meet the eligibility requirements for these benefits or services, regardless of any changes in their income. Eligibility should not be terminated for those individuals who experience a change in income which results in their assessable income exceeding the applicable income limits.

References

[Veterans Health Care Regulations](#)

[Veterans Independence Program - Benefits at Home Policy](#)