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Respite Care

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This policy replaces the following VPPM 2 policy: 1.1.7 Respite for Informal Caregivers.

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Purpose

This policy provides direction on the approval of health care benefits, Veterans Independence Program (VIP) services or long-term care for the purpose of providing respite care.

Policy

General

1. Recognizing that the task of care giving can be very onerous and often entails great personal sacrifice, the respite care policy acknowledges the significant contribution caregivers must make to ensure the well-being of VAC clients. It stresses the principle of assessing the “total need” of the family, and the capacity and willingness of caregivers to provide care.
2. Respite, by itself, is not a service. It is generally defined as a temporary interval of rest or relief for a caregiver. Respite care is the provision of services for the purpose of granting respite to a caregiver. All provinces and territories provide respite care services as part of their publicly-funded home care programs; however, there are variations among and within the jurisdictions. Veterans Affairs Canada (VAC) may supplement provincial respite care programs through a combination of health care benefits, VIP services and long term care designed to meet the unique needs of each eligible client. The eligible client is always the recipient of the benefit of these services.

Eligibility

3. Clients eligible to receive health care benefits, VIP services or long-term care under the *Veterans Health Care Regulations (VHCR)* are eligible to receive these benefits, services and care in order to obtain or give respite to a caregiver.
4. Respite care may be required/provided in two types of situations:
    a. Where the eligible client is in need of care; or
    b. To a more limited extent, where the eligible client is the caregiver.
5. When the eligible client is the care recipient, the purpose is to provide care for the eligible client; this results in respite for the client's caregiver. The tasks that are performed or the services that are provided fall within the services for which the client is eligible, such as:
    a. Health care benefits such as the provision of special equipment (e.g. E-Z-Lift Chair, grab bars);
    b. VIP services such as housekeeping and grounds maintenance, and temporary intermediate care in a health care facility to allow the caregiver time for a vacation or to receive required health care; and/or
    c. Long term care, such as temporary care in a health care facility. The length of time would vary according to the client's needs, the caregiver's needs and the availability of a respite bed.
6. When the eligible client is the caregiver, appropriate assistance may be provided to the client in order to prevent the client's own health from deteriorating due to the strain of being a caregiver. However, the Department's legislated mandate is limited to providing care only to clients of the Department. Health care services may not be provided to a non-client, when that person is being cared for by a client.
7. If the client is the informal caregiver and is eligible for VIP services, assistance may be provided with housekeeping and grounds maintenance services to ease some of the burden. The Department may also assist the client by coordinating access to any available community resources.

Assessments

8. A respite care plan, based on assessed need, must be developed to ensure a client is supported to the extent to which the client is eligible for VAC benefits, services and care. The care plan should be developed in conjunction with any provincial and/or municipal care program and should consider all aspects of the client's well being, while also ensuring sufficient support for the spouse or primary caregiver.
9. The care plan must meet the client's assessed needs by incorporating physical, psychosocial, and/or spiritual support, as appropriate, provided by a multi-disciplinary team, including physicians, nurses, social workers and clergy who work together with the client, the client's family and other caregivers.

Program Limitations

10. All limitations within the current policies concerning health care benefits, VIP services and long term care apply. For example:
    a. A client who is normally required to pay an accommodation and meals contribution must still do so when receiving facility-based care for respite purposes; or
    b. A client receiving Attendance Allowance is limited to 59 days of VIP personal care services annually.

Non-eligible Veterans Requiring Respite Care

11. In the event that a Veteran is not eligible for any VAC benefits, VAC staff can still help the Veteran by coordinating access to available resources through provincial or municipal programs.

Approval/Authorities/Financial Limits

12. The approval of funding must be consistent with the health care benefits, VIP and long term care authorities, as well as the policies on Contribution Arrangements and Exceeding Rates, if applicable.

References

Veterans Health Care Regulations (VHCR), sections 3, 15, 18 and 21