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VETERANS' LONG-TERM CARE NEEDS

A REVIEW OF THE SUPPORT PROVIDED BY
VETERANS AFFAIRS CANADA THROUGH ITS
LONG-TERM CARE PROGRAM

VETERANS OMBUDSMAN
REVIEW | MAY 2013

Canada

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Introduction

While the provision of long-term care falls under provincial jurisdiction, Veterans Affairs Canada provides financial support toward the cost of eligible Veterans' long-term care as well as benefits that complement those provided by the provinces.

This review has been undertaken to provide a common basis of understanding of the Department's current role in the funding of long-term care benefits for Veterans. It addresses three areas, namely eligibility, accessibility and the cost of the Program.

This review is the first in a series of reviews on Veterans' health care benefits and programs that Veterans may access depending on their level of need over the course of their life, notably the Long-Term Care Program and the Veterans Independence Program. In addition, a subsequent review will be published regarding federal and provincial services with respect to assisted living.

Defining Long-Term Care

Long-term care commonly refers to the provision of personal care, nursing care and medical supervision to patients who have serious, long-term health care needs. These needs may be the result of an injury, disability or illness for which the higher levels of acute care and therapeutic services available in a hospital environment are no longer indicated. Nevertheless, the patient has a continuing need for medical oversight, nursing care and personal care services.

Such services may be provided in the patient's home through regular visits by health care professionals, personal care assistants and community-based support programs for homemaking, such as Meals on Wheels. Most provincial health authorities provide these services free of charge. However, the resources to do so are often limited and are allocated according to assessed needs, forcing some individuals to rely, in part or substantively, on family support or the private acquisition of in-home care.

Alternatively, these services are provided in a residential facility, commonly known as a *nursing home* or *long-term care facility*. The cost of long-term care in such a facility has two components: a medical component and an accommodation component. Most of the medical component (nursing, physician oversight, diagnostic and therapeutic services, etc.) is covered under provincial health insurance plans and is therefore provided free of charge to the patient. The accommodation component (bed space and meals), often called a "co-payment," is the responsibility of the patient and varies according to room type (private room/semi-private room/ward). It is called a "co-payment" because most provinces will subsidize the cost to assist those unable to afford the full cost of the accommodation component. The Department will cover the full cost of accommodation and meals for Veterans who are receiving care under the Long-Term Care Program due to a service-related disability. Additionally, seriously disabled Veterans, defined as those with a disability assessment of 78% or higher, do not contribute to accommodations and meal costs. For other Veterans, household income is considered (income tested) in calculating the amount the Veteran must contribute to accommodation and meal costs. The current maximum monthly amount is \$916.88 (as of October 1, 2012).

Historical Background – Veterans Affairs Canada and the Provision of Health Care

In the years immediately following the Second World War, the Government of Canada established facilities and developed programs to assist men and women returning from war in rejoining civil society. Along with land grants and funding for education and home purchases, health care services were provided to thousands of injured personnel to restore their ability to re-enter the civilian workforce and care for those whose injuries were too disabling to permit a return to independent civil life. Since there was no publicly funded health care system at the time, individuals were expected to pay directly for medical care or acquire some form of private insurance to cover such costs.

At the peak of its post-War expansion, Veterans Affairs Canada operated some 40 facilities across Canada. As the demand for acute treatment and rehabilitative services decreased following the Korean War, the number of departmentally run facilities was reduced to 18 by the mid-1950s, along with a shift in focus to the provision of mainly chronic care for Veterans.

With the passage by the federal government of the *Hospital Insurance and Diagnostic Services Act*¹ in 1957 and the *Medical Care Act*² in 1966, Canada's publicly funded health care system formally came into being and confirmed the provinces' responsibility for the provision of health care for their residents in accordance with the *Constitution Act, 1867*.³ The Department of Veterans Affairs began the transfer of ownership and operation of its care facilities to provincial health authorities and, in so doing, committed substantial funding for their maintenance and improvement.

The provinces, on their part, agreed to maintain and guarantee availability of a certain numbers of beds in these facilities for Veterans. Today, only one facility, Ste. Anne's Hospital, remains federally owned and operated for Veterans. However, its transfer to provincial ownership and operation is tentatively scheduled to occur in 2013, pending negotiations with the Province of Quebec.

In essence, and without regard to the cause or circumstances of an injury or illness, health care, including long-term care for *all* Canadians, save for serving members of the Canadian Armed Forces, is the responsibility of the province or territory in which an individual resides.⁴ In some instances, VAC is the only payer. A number of examples include: when a Veteran is in care for a service-related disability; Veterans in care in Nova Scotia and Prince Edward Island; and Veterans in facilities where the Department covers the full operating costs of the Veterans' unit, wing, or facility where contract beds are located. Such additional benefits may include, for instance, greater access to physio-therapy services, additional hours of nursing care per week, as well as additional social and recreational programming.

¹ *Hospital Insurance and Diagnostic Services Act*, S.C. 1957, c. 78.

² *Medical Care Act*, R.S.C. 1966-76, c. 64.

³ Note: *The Constitution Act, 1867* listed, under the "exclusive powers of provincial legislatures," "The Establishment, Maintenance and Management of Hospitals..."; *Constitution Act, 1867*, 30 & 31 Victoria, c. 3 (UK), Section 92, 7.

⁴ Note: Serving Regular members of the Canadian Armed Forces, as well as Reserve members when on periods of active service, receive federally funded medical care from the Canadian Forces Health Services, via both uniformed and contracted medical personnel working in military facilities or contracted space in public facilities.

Long-Term Care Benefits

In the context of this review, long-term care support refers to the funding by Veterans Affairs Canada of Long-Term Care Program benefits to eligible Veterans and other persons in residential long-term care facilities under legislative authority contained in the *Veterans Health Care Regulations (Part III – Long-Term Care)*.

In accordance with the aforementioned authority, the Department provides funding for three levels of long-term care, namely adult residential care, intermediate care and chronic care:

ADULT RESIDENTIAL CARE (now provided only to “grandfathered” clients who were receiving such care as of 31 August 1990) refers to services required to meet a need for “... personal care and supervision on a continuing basis, where the person is ambulant or independently mobile, but has decreased physical or mental faculties.”⁵ This level of care would be comparable to that which could be provided in a facility for “assisted living,” commonly referred to as a retirement home. Such services are *not* covered by provincial health insurance plans.

INTERMEDIATE CARE refers to services required to meet a need for “... personal care on a continuing basis under the supervision of a health professional, where a person has a functional disability, has reached the apparent limit of recovery and has little need for diagnostic or therapeutic services.”⁶ These requirements would include a moderate amount of daily nursing and personal care as well as assistance with daily living activities.

CHRONIC CARE refers to services required to meet a need for “... personal care and diagnostic, nursing and therapeutic services provided by a health professional on a continuing basis, where the person is chronically ill or has a functional disability and the acute phase of the illness or disability has ended, whether or not the status of the illness or disability is unstable.”⁷ This is a level of care that involves a significant amount of daily nursing and personal care, therapeutic care (i.e. physiotherapy, speech therapy, etc.) and assistance with daily living activities.

⁵ *Veterans Health Care Regulations* (SOR/90-594). Section 2: “type I health need.”

⁶ *Veterans Health Care Regulations* (SOR/90-594). Section 2: “type II health need.”

⁷ *Veterans Health Care Regulations* (SOR/90-594). Section 2: “type III health need.”

Depending on the eligibility status of the Veteran, the care may be provided in three types of beds, namely contract beds (sometimes referred to as “priority access beds”), community beds and departmental beds:

CONTRACT BEDS are identified and funded for priority access by Veterans under federal–provincial agreements. Many are located in former federal Veterans’ facilities such as Toronto’s Sunnybrook Health Sciences Centre, where entire wings are dedicated to long-term care for Veterans. Other contract beds are available in smaller numbers in some 197 provincially licensed facilities across Canada. In some cases, contract beds, although allocated and funded by the Department, are not assigned to a given facility until needed by a Veteran. These beds are not paid for unless occupied.

COMMUNITY BEDS found in provincially licensed facilities are not specifically identified and funded for Veterans. Access to these beds is not prioritized for Veterans. Veterans are considered for placement based on health need as are all other residents of the province.

DEPARTMENTAL BEDS refer to beds available for eligible Veterans at Ste. Anne’s Hospital, the only remaining departmentally owned and operated facility.

As will be discussed later, eligibility for the various levels of care (adult residential, intermediate and chronic care) and types of bed (contract, community or departmental beds) is complex and involves a determination of service eligibility and program eligibility.

Through departmental beds at Ste. Anne’s Hospital, and contract beds in provincially licensed facilities across the country, Veterans Affairs Canada provides for a measure of prioritized access to beds for eligible Veterans, mitigating to a degree possible availability and wait times, issues they would likely encounter if they were seeking placement in a community bed.

The Department also funds long-term care for eligible Canadian Veterans residing outside Canada, up to the reasonable normal cost in the foreign jurisdiction, for care comparable to Canadian standards.

The following Table depicts the sourcing of beds occupied by Veterans and other clients⁸ of Veterans Affairs Canada by type and province. It is interesting to note that community beds account for more than two thirds of the total occupied beds (6,058 of 9,025). This is not surprising, given that there are, in total, some 215,000 community beds located in more than 2,000 provincially funded and licensed residential care facilities across Canada.

⁸ Note: Refer to Annex 1 for the definition of client groups and Annex 2 for a summary of eligibility for the Long-Term Care Program by client group.

TABLE 1

**Number of Beds Occupied by Veterans and Other Clients by Type and Province
(as of 5 September 2012)**

Province	Community Beds Occupied	Contract Beds Occupied	Departmental Beds Occupied	Total Beds Occupied
Newfoundland and Labrador	29	70	0	99
Nova Scotia	261	301	0	562
Prince Edward Island	66	8	0	74
New Brunswick	168	209	0	377
Quebec	356	34	372*	762
Ontario	2,675	985	0	3,660
Manitoba	319	187	0	506
Saskatchewan	303	87	0	390
Alberta	562	241	0	803
British Columbia	1,319	473	0	1,792
Yukon	0	0	0	0
Northwest Territories	0	0	0	0
Nunavut	0	0	0	0
National Total	6,058	2,595	372	9,025

*Beds occupied in the only remaining departmental facility, Ste. Anne's Hospital, Quebec
(Source: Department of Veterans Affairs)⁹

⁹ Some statistics and related program information also include Veterans accessing Intermediate Care through the Veterans Independence Program.

Veterans' Eligibility for Long-Term Care

Eligibility in the context of this review refers to the determination of who, based on established criteria, is qualified to receive long-term care benefits from Veterans Affairs Canada.

Provincial Eligibility First

Since the provision for health care falls under provincial jurisdiction, typically, Veterans applying for or being recommended for long-term care benefits from Veterans Affairs Canada must first meet the eligibility criteria for long-term care set by the province in which they reside. These criteria apply to all residents of the province, including Veterans.¹⁰ It is noteworthy that eligibility criteria are by no means identical from one province to the next or standardized, nor are they harmonized with the Department's eligibility criteria for long-term care. This has been an issue of concern in regards to equal access to long-term care for Veterans.

Meeting such provincial eligibility criteria for long-term care first establishes a Veteran's *entitlement* to, and the respective province's obligation to provide such care. However, this is not the case in Nova Scotia or Prince Edward Island or in some facilities with contract beds in other jurisdictions where Veterans Affairs Canada funding covers the full costs of Veterans' care. These facilities include: Ridgewood in Saint John, New Brunswick; Parkwood Hospital in London, Ontario; and, Wascana Rehabilitation Centre in Regina, Saskatchewan.

Provincial legislation in Nova Scotia provides that care for persons eligible for health care funding or support stemming from legislation (including the various federal Acts and Regulations pertaining to benefits for Veterans), court awarded settlements or programs such as Workers' Compensation will be fully funded by those sources and not the provincial health insurance plan. Therefore, Veterans Affairs Canada is responsible for the entire cost of Veterans' long-term care in Nova Scotia. In Prince Edward Island, long-term care is not a provincially insured service except in very exceptional circumstances and therefore the funding of such care for Veterans in that province is also entirely the responsibility of the Department.

Federal Eligibility Second

Once provincial eligibility criteria for long-term care has been met, a Veteran may apply to Veterans Affairs Canada for federal funding support and other benefits such as greater access to physiotherapy services and more nursing care hours per week than provincial health care programs provide.

In the post-War establishment of programs for Veterans of war service and some categories of civilians, the Government passed various Acts and Regulations creating a number of distinct "client" groups, with differing eligibilities for federally funded health care benefits. In so doing, the term *veteran* was repeatedly and distinctly defined within each Act or Regulation to specifically identify (and limit) to whom the benefits may be provided (refer to Annex 1). As a result, at present there are 15 client groups, each with differing eligibilities for long-term care benefits (refer to Annex 2).

¹⁰ *Veterans Health Care Regulations* (SOR/90-594), subsections 21.1–22.1.

The very existence of so many distinct eligibility categories and the associated challenges entailed in establishing a Veteran's eligibility through interpretation and cross-referencing has been and remains a source of contention for both clients and front-line employees of Veterans Affairs Canada. Indeed, the 2006 *Veterans Health Care Program Review* found that the *Veterans Health Care Regulations* lacked flexible provisions, rendering the determination of eligibility a complex process requiring navigation through difficult and unclear eligibility "grids" and often the use of backdoor gateways to access programs.¹¹

Of note, and as previously stated, all Canadians, including Veterans, are expected to pay the costs of the accommodation and meals portion of care received in a long-term care facility. Neither the province nor the federal government is responsible for such costs; however, the federal government has established maximum amounts payable by eligible Veterans and will pay any charges in excess of this maximum directly to the institution or will reimburse the Veteran for such payment. As well, in instances where care is required for a condition for which a Veteran is receiving a disability award or pension or they are seriously disabled, costs associated with accommodation and meals are covered by Veterans Affairs Canada. For other Veterans, household income is considered (income tested) in calculating how much the Veteran is required to contribute to accommodation and meal costs. Currently, the maximum monthly amount that a Veteran may have to contribute is \$916.88 (as of October 1, 2012).

Among the 15 client groups, four enjoy the broadest eligibility and access to long-term care benefits from Veterans Affairs Canada, namely allied Veterans,¹² income-qualified Veterans, overseas service Veterans and Veteran pensioners (refer to Annex 2). These Veterans are the only clients with continued access to adult residential care¹³ (i.e. type I health care need) in addition to eligibility for both intermediate and chronic care. Members of these groups are also entitled to receive such care through the broadest range of bed types: departmental beds (Ste. Anne's Hospital), contract beds or community beds.

The client group with the least accessibility to long-term care and benefits are Canadian Forces Veterans¹⁴ (Regular and Reserve Forces). Essentially, these Veterans, also referred to as modern day Veterans, are only entitled to federal support through the Long-Term Care Program in a community bed, and then only if the requirement for such care is related to a disability for which they are receiving a disability award or pension.¹⁵

The remaining client groups have varying levels of entitlement to Veterans Affairs Canada benefits, and their individual cases require considerable "navigation" through the interrelated policies and regulations. The process to establish eligibility for federal support can take several months, in part

¹¹ Department of Veterans Affairs. *Veterans Health Care Program Review – Final Report and Observations: Complex Eligibility and "Gateway" Rules*, articles 6.2.2 and 6.2.3, 11 April 2006.

¹² As of March 2013, four allied Veterans are in contract beds and one is receiving care at Ste. Anne's Hospital.

¹³ Veterans Affairs Canada's authority to support Veterans in adult residential care was repealed in 1990. Today, there is only one Veteran being supported in adult residential care. This is a Veteran who, consistent with regulations, was "grand-fathered" by virtue of having been in care on or before August 31, 1990.

¹⁴ Note: Canadian Forces Veterans are members who have served after 1947, excluding Veterans of the Korean War.

¹⁵ Intermediate care under the Veterans Independence Program provided to Veterans who meet the "Frailty" criteria will be covered in a subsequent report by the Office of the Veterans Ombudsman.

due to the time needed to assemble the necessary records and documentation. This is a point of concern and dissatisfaction for many clients and their families. Recent initiatives to facilitate the electronic transfer of medical records to Veterans Affairs Canada are expected to result in measurable reductions in application processing delays.

While efforts are made by the Department to reduce application processing time for all programs, future reduction in turnaround times for the Long-Term Care Program will result not only from administrative improvements but also from a decline in the number of applications due to the declining population of eligible Veterans. The total number of War Service Veterans receiving long-term care (8,488) represents just over 7 percent of the total population of War Service Veterans (Second World War and Korean War), which was estimated to be 118,200 as of March 2012 (refer to Annex 3). The average age of these Veterans is estimated to be 87 years and their population is forecasted to *decline* by nearly 50 percent by 2016.¹⁶

Conversely, of the total population of Canadian Forces Veterans, estimated at 594,500 in March 2012, only 448, or less than 0.1 percent, were Long-Term Care inpatients as of September 2012.¹⁷ The average age of Canadian Forces Veterans as of March 2012 was estimated to be 55 years and the entire population of Canadian Forces Veterans is forecasted to *increase* by 18 percent by 2016.¹⁸

Given these demographic trends, the demand for Long-Term Care benefits will decline sharply over the next four years and beyond in the absence of any substantial broadening of eligibility for Canadian Forces Veterans.

Accessibility

Accessibility refers to the degree to which a bed in a residential facility is available in the desired location and at the time needed by an eligible Veteran.

Veterans entered military service from all walks of life and from virtually every location and community in Canada and many returned to those same locations after their service to live out the rest of their lives in the company of family and friends. There are, however, identifiable concentrations of Veterans within and surrounding larger centres and communities across Canada. Many of these locations were the sites of post-War Veterans' hospitals, which remain as provincially operated facilities with contract beds or even floors or entire wings set aside for Veterans. For those who reside in rural or in much smaller communities, however, it becomes difficult to guarantee eligible Veterans access to long-term care facilities in immediate proximity to their chosen domicile. Notwithstanding consideration of the number of smaller provincially licensed facilities located throughout the country, there will likely always remain some accessibility "gap" in this regard.

¹⁶ Department of Veterans Affairs. *VAC Client and Expenditure Forecast 2013–2014 (2012)*, Table 1.

¹⁷ Note: This figure also includes clients meeting the "Frailty" criteria under the Veterans Independence Program.

¹⁸ Department of Veterans Affairs. *VAC Client and Expenditure Forecast 2013–2014 (2012)*, Table 1.

Even for those Veterans located within or in proximity to larger communities where there are multiple facilities, accessibility may not always be immediate to need. In some respects, this is caused by demographics that make it difficult to accurately predict demand for space in a timely enough fashion to ensure availability. The ability to establish and maintain contact with Veterans who are not current clients of Veterans Affairs Canada but who may be eligible for benefits such as long-term care could help the Department better anticipate and react to such needs. The Veterans Ombudsman has called for such a proactive approach in his report entitled *Honouring and Connecting with Canada's Veterans – a National Veterans Identification Card*.¹⁹ Additionally, this same issue was identified by the House of Commons Standing Committee on Veterans Affairs in its report *Improving Services to Improve Quality of Life for Veterans and their Families*.²⁰

The matter of personal preference for space in certain facilities, be it for reasons of the perceived quality of the facility or a simple desire to be accommodated among a larger group of Veterans, is another factor rendering accessibility to some sites inadequate. As a result, some facilities with contract beds for priority access for Veterans seem to operate constantly at near capacity levels while others have few to no Veteran occupants.

Conversely, as Table 2 shows, of 3,133 allocated contract beds, only 2,595 were occupied, leaving 613, or nearly 20 percent, not being used by Veterans as of September 2012. It is important to note, however, that this data may not account for a small number of beds that, while allocated to Veterans' use via contract, are in fact assigned to other patients by the province. Although the intent of establishing contract beds was to ensure priority availability for Veterans and to reduce wait times, for certain community facilities with a small number of beds where Veterans have priority access, provincial health authorities may assign the bed to a civilian based on a greater critical need. However, the same would not apply for community facilities where a large number of beds have been dedicated solely to Veterans, such as the Sunnybrook Health Sciences Centre or Parkwood Hospital. Wait times continue to exist and are sometimes a source of complaint by clients and their families. This is an issue of concern that the Veterans Ombudsman raised in his 2011–2012 Annual Report.²¹

¹⁹ Veterans Ombudsman. *Honouring and Connecting with Canada's Veterans: A National Veterans Identification Card*, 2012.

²⁰ House of Commons Standing Committee on Veterans Affairs. *Improving Services to Improve Quality of Life for Veterans and their Families*, 41st Parliament, 1st Session, May 2012, p. 56.

²¹ Veterans Ombudsman. *One Veteran – A Matter of Fairness*, 2011–2012 Annual Report, p. 16.

TABLE 2**Contract Beds Allocated and Occupied (as of 2 August 2012)**

Province	Contract Beds Allocated	Contract Beds Occupied
Newfoundland and Labrador	86	70
Nova Scotia	334	301
Prince Edward Island	10	8
New Brunswick	227	209
Quebec	61	34
Ontario	1,097	985
Manitoba	215	187
Saskatchewan	94	87
Alberta	297	241
British Columbia	712	473
Yukon	0	0
Northwest Territories	0	0
Nunavut	0	0
National Total	3,133	2,595

(Source: Department of Veterans Affairs)

Wait Times

Wait times refers to how long it takes for a Veteran to be admitted to a residential facility, taking into account personal preferences, once his or her eligibility for departmental support for long-term care has been established.

Once qualified provincially to receive long-term care, a Veteran is assigned a bed at a facility type from which the individual is eligible to receive services, ideally one in proximity to the individual's family or normal place of residence. Depending on the Veteran's specific eligibility (i.e. client group), this may be a departmental bed at Ste. Anne's Hospital, a contract bed in a provincially licensed facility or a community bed in a community facility.

If a bed is not immediately available, for instance, in the facility requested by the Veteran, the individual will be placed on a waiting list and may be offered a bed temporarily in another facility pending availability of space at the chosen facility. Alternatively, and where practicable, the Veteran may be offered services through the Veterans Independence Program to enable him or her to remain at home while waiting for a bed to become available at the chosen facility.

As previously described, the existence of contract beds does not always guarantee immediate occupancy for Veterans, as the terms of contracts vary with regards to bed availability. However, in some instances provincial authorities determine priority of access to health care facilities as per provincial legislation. Together with the aforementioned challenges posed by personal preference for certain facilities, this sometimes results in waiting lists, despite statistics that show an overall nearly 20 percent vacancy rate for contract beds across Canada (refer to Table 2).

For example, when contract beds are not required for use by eligible Veterans they may be released for patients who are not Veterans and the costs associated with that care are covered by provincial authorities. If a Veteran subsequently becomes eligible for the Long-Term Care Program and requests a bed in the same facility, the Veteran will be placed on a waiting list.

Costs of the Long-Term Care Program

Veterans Affairs Canada spent nearly \$266 million in fiscal year 2011–2012 for long-term care benefits to Veterans under both the Long-Term Care Program and the Veterans Independence Program, not including the costs of operating Ste. Anne's Hospital. The cost of contract beds in facilities across the country totaled nearly \$171 million and more than \$94 million for non-contract beds (community beds).

With the expected decline in the size of those Veteran populations with the broadest eligibility for long-term care support from Veterans Affairs Canada, these costs to the Department are projected to decrease over the next decade by nearly 20 percent to approximately \$216 million by fiscal year 2021–2022.

The number of clients for both programs in fiscal year 2011–2012 and the forecasted number of clients for the succeeding five years to 2016–2017 are shown in Annex 4, Table 1. The actual costs for fiscal year 2011–2012 by type of care and program as well as forecasted annual costs for the succeeding five years are shown in Annex 4, Table 2. It is noteworthy that the overall cost to the Department of contract beds is significantly higher than that for community beds and this stems from differences in the terms and manner in which contract beds are funded and identified for Veterans' use.

As well, there are wide variations in actual costs per bed from province to province and even between facilities in a given province. This is due to varying levels of provincial support to such facilities and services, as well as demographic cost differences based on location (large metropolitan centres versus smaller communities). Thus no simple average cost per bed is easily discernible.

Conclusion

Attaining a better understanding of the Long-Term Care Program requires an understanding of the role of Veterans Affairs Canada in funding Veterans' long-term care. The Long-Term Care Program's original purpose was to provide care to the wounded of the Second World War who were too disabled to return to civilian life upon their return to Canada. This provision of care later evolved – once health care was firmly placed in the jurisdiction of the provinces – into the modern-day Long-Term Care Program, which financially supports eligible Veterans in various residential care settings where the types of programs and level of services offered may vary.

Thus, it is important to reiterate that Veterans and other clients of the Department must first meet provincial eligibility criteria before being considered for the Long-Term Care Program. While provincial eligibility is based on health care need, the Department's eligibility criteria takes into consideration both health need and client type, which is dependent on where or when a Veteran served. This classification is what determines the level of care a Veteran is eligible for, and if they meet any provision for federally funded long-term care at all. While many Veterans are still placed in long-term care beds and facilities across the country, those who enjoy the broadest eligibility are declining in numbers with no other cohort of clients, including Canadian Forces Veterans, eligible to take their place. With this, the Department expects a decline in long-term care expenditure in the years to come.

Apart from eligibility, some Veterans living outside of urban or Veteran-population centres are experiencing continued difficulty finding long-term care within or close to the communities in which they reside. This difficulty is not experienced by Veterans in rural communities alone, but also by other Veterans, who can at times be placed on waiting lists for beds funded by the Department in their preferred facility due to the provinces' determination of whom to provide priority access to.

Given that this is the first in a series of reviews into Veterans' health care benefits and programs, other aspects of the benefits and programs provided by Veterans Affairs Canada will be presented in upcoming reports. Specifically, a review of the Veterans Independence Program, as well as a review of federal and provincial services available to Veterans in need of assisted living, will complete the continuum of care as offered by the Department and will offer a snapshot of the administration of these benefits and programs.

Annex 1 – Definition of Client Groups²²

ALLIED VETERAN means a person who meets the service requirements described in subsection 34(4), (4.1) or (4.2) of the *War Veterans Allowance Act*, namely:

any former member of

- a) any of His Majesty's forces,
- b) any of the forces, other than resistance groups, of any of His Majesty's allies,
- c) any of the forces, other than resistance groups, of any power associated with His Majesty in World War I, or
 - c.1) any of the forces that took part in the Korean War who was domiciled in Canada at the time when he or she joined that force or at any time while a member of that force, and
- d) served in a theatre of actual war during World War I or World War II,
 - d.1) served in a theatre of operations during the Korean War,
- e) is in receipt of a pension for disability under the *Pension Act* in respect of service during World War I or World War II as those wars are defined in that Act,
- f) has accepted a commuted pension in respect of service described in paragraph (e),
- g) is, after death, declared to have been eligible for, or awarded, a pension described in paragraph (e) above, or
- h) served in the United Kingdom during World War I.

An allied veteran is also any former member of any of His Majesty's forces, or of any of the forces, other than resistance groups, of any of His Majesty's allies in World War II, who served during that war, who resided in Canada for a total period of at least 10 years beginning on or after August 15, 1945, who has been honourably discharged or has been permitted honourably to resign or retire from one of those forces and who:

- a) served in a theatre of actual war during that war;
- b) is in receipt of a pension for an injury or disease incurred or aggravated during service in any such force during that war or is declared to have been eligible for, or awarded, such a pension subsequent to their death; or
- c) has accepted a commuted pension.

An allied veteran is also any former member of any of the forces that took part in the Korean War and who served during that war, who resided in Canada for a total period of at least 10 years beginning on or after July 27, 1953, who has been honourably discharged or has been permitted honourably to resign or retire from one of those forces and who served in a theatre of operations during that war.

²² Department of Veterans Affairs. *Definitions for Health Care Benefits, Veterans Independence Program, and Long Term Care*, 2012, (<http://veterans.gc.ca/eng/department/policy/definitions/992>).

CANADA SERVICE VETERAN means:

- a) a veteran who served on full-time active service, other than service in a theatre of actual war, as a member of the Canadian forces or similar forces raised in Newfoundland; or
- b) a Canadian merchant mariner, other than a merchant navy veteran, and who
 - i) served for a minimum of 365 days during any of the following periods, namely:
 - the period beginning on August 4, 1914, and ending on August 31, 1921, and
 - the period beginning on September 1, 1939, and ending on August 15, 1945;
 - ii) is 65 years of age or more, and
 - iii) satisfies the income requirement of an income-qualified veteran.

CIVILIAN means a person who meets the service requirements described in subsection 56(1) of the *Civilian War-related Benefits Act*, namely:

- a) a person who served at sea in a ship of Canadian or Newfoundland registry during World War I or World War II for a period of at least six months, and made at least one trip through dangerous waters during that period of service;
- b) a Canadian citizen, a Canadian national, or a British subject domiciled in Newfoundland at the commencement of his/her qualifying service who served at sea during World War I or World War II for a period of at least six months in a ship of United Kingdom registry or the registry of one of the countries allied or associated with His Majesty in either of those wars, and during that period of service made at least one trip through dangerous waters;
- c) a Canadian citizen who served at sea in a ship of another country allied or associated with the United Nations during United Nations military operations in Korea for a period of at least six months, and during that period of service served at least twenty-eight days on such a ship within dangerous waters off the coast of Korea;
- d) a person who was a member of the Corps of (Civilian) Canadian Fire Fighters for Service in the United Kingdom and served in a theatre of actual war during World War II;
- e) a person who was a Canadian member of the Voluntary Aid Detachment of the British Red Cross during World War I and served in a theatre of actual war during World War I;
- f) a person who, during World War II, served in a theatre of war under the auspices of the Canadian Red Cross Society or the St. John Ambulance Brigade of Canada, as welfare workers, nursing aids, ambulance or transport drivers, members of Overseas Headquarters Staff, or in any other capacity; or were selected by the Canadian Red Cross Society and served with the Scottish Ministry of Health as orthopaedic nurses or surgeons; or served outside Canada during the Korean War in a capacity similar to above;
- g) a person who was a civilian member of Ferry Command and served in a theatre of actual war during World War II as air crew with Number 45 Wing of the Royal Air Force Transport Command, Number 45 Group of the Royal Air Force Ferry Command or the Atlantic Ferrying Organization;
- h) a person who was a member of the Newfoundland Overseas Forestry Unit and served in a theatre of actual war during World War II, engaged in cutting pit props for coal production in the United Kingdom; or
- i) a person who is in receipt of a pension under Parts I to X of the *Civilian War-related Benefits Act* or is declared to have been eligible for, or awarded, such a pension subsequent to the person's death.

CIVILIAN PENSIONER means a person who is entitled to a pension under any of Parts I to III or VI to X of the *Civilian War-related Benefits Act*, or the *Civilian Government Employees (War) Compensation Order*, namely:

- a) Canadian Saltwater Fishers;
- b) Auxiliary Services Personnel;
- c) Newfoundland Overseas Forestry Unit;
- d) Corps of (Civilian) Canadian Firefighters for service in the United Kingdom;
- e) Air Raid Precautions Workers;
- f) Voluntary Aid Detachment (World War I or II);
- g) Overseas Welfare Workers (World War II or Korea); or
- h) Ferry Command.

FLYING ACCIDENT PENSIONER means a person entitled to compensation under the *Flying Accident Compensation Regulations* for death or injuries sustained by that person.

FRAIL PENSIONER means a Veteran pensioner, a civilian pensioner, a special duty service pensioner, a military service pensioner, or a member or former member of the Canadian Forces who is entitled to a Disability Award who is considered to be at risk due to frailty. Frailty, in this instance, is defined as the occurrence of a critical mass of physiological conditions that place an individual at risk for falls, injuries, illnesses or the need for supervision or hospitalization. Frailty also results in a severe and prolonged impairment of function with little or no likelihood of improvement.

INCOME-QUALIFIED CIVILIAN means a civilian who:

- a) is in receipt of an allowance under subsection 57(1) of the *Civilian War-related Benefits Act*; or
- b) would be eligible for an allowance under that Act if the civilian or their spouse or common-law partner were not eligible for or in receipt of payments under the *Old Age Security Act*, or similar legislation of another country.

INCOME-QUALIFIED OVERSEAS SERVICE CIVILIAN means an overseas service civilian who is an income-qualified civilian.

INCOME-QUALIFIED VETERAN means a veteran who:

- a) is in receipt of an allowance under the *War Veterans Allowance (WVA) Act*; or
- b) would be eligible for an allowance under the WVA Act were the veteran or their spouse or common-law partner not eligible for or in receipt of payments under the *Old Age Security Act*, or similar legislation of another country.

MERCHANT NAVY VETERAN means a person who meets the service requirements described in subsections 37(7.3) or 37(7.4) of the *War Veterans Allowance Act*, namely:

- a) any person who served on board a Canadian ship while it was making a qualifying voyage (specific details can be found in subsection 37(7.3) of the *War Veterans Allowance Act*) during World War I or World War II, or any person domiciled in Canada who served on board an allied ship while it was making a qualifying voyage during World War I or World War II;

- b) any person who, during World War I or World War II, made a trip by sea, land or air through or over a theatre of actual war for the purpose of proceeding to a Canadian ship in order to serve on a qualifying voyage or returning to Canada or the country of which the person was a citizen or national, after having made a qualifying voyage;
- c) any person who, during World War I or World War II, served in a theatre of actual war as a member of a Canadian manning pool;
- d) any person domiciled in Canada who, during World War I or World War II, made a trip by sea, land or air through or over a theatre of actual war for the purpose of proceeding to an allied ship in order to serve on a qualifying voyage, or returning to Canada, after having made a qualifying voyage;
- e) any person domiciled in Canada who, during World War I or World War II, served in a theatre of actual war as a member of an allied manning pool or was a distressed mariner;
- f) any person who is in receipt of a pension, has accepted a commuted pension, or is declared eligible for, or is awarded, a pension subsequent to the person's death for an injury or disease incurred or aggravated during service as a Canadian merchant mariner of World War I or Canadian merchant mariner of World War II within the meaning of section 21.1 of the *Pension Act*;
- g) any person who, at any time during the period from June 25, 1950 to July 27, 1953, served on board a Canadian ship while in prescribed waters (specific details can be found in subsection 37(7.4) of the *War Veterans Allowance Act*) off the coast of Korea; or
- h) any person who is in receipt of a pension, has accepted a commuted pension, or is declared eligible for, or is awarded, a pension subsequent to the person's death for an injury or disease incurred or aggravated during service as a Canadian merchant mariner of the Korean War within the meaning of section 21.1 of the *Pension Act*.

MILITARY SERVICE PENSIONER²³ means a person who is entitled to a pension under the *Pension Act* for a disability related to military service that was not active service in World War I or World War II, service in a theatre of operations, or special duty service.

NEWFOUNDLAND SPECIAL AWARD PENSIONER means a person who was not entitled to a pension in accordance with the terms of the union of Canada and Newfoundland but was recognized by the Canadian government as entitled to the continuation of an award paid before that union in respect of a disability incurred during war time service.

OVERSEAS SERVICE CIVILIAN means a person who meets the service requirements described in paragraph (e), (f), (g), (h) or (i) of subsection 56(1) of the *Civilian War-related Benefits Act*, namely:

- a) a person who served in a theatre of actual war during World War II as a member of the Corps of (Civilian) Canadian Fire Fighters for Service in the United Kingdom. (These individuals served in the United Kingdom assisting the National Fire Service combat fires caused by enemy air raids and bombing.);
- b) a person who
 - i) served in a theatre of actual war during World War II as an overseas welfare worker. (These individuals served, under the auspices of the Canadian Red Cross Society or the St. John Ambulance Brigade of Canada, as welfare workers, nursing aids, ambulance or transport drivers, members of Overseas Headquarters Staff, or in any other capacity; or were selected by the Canadian Red Cross Society and served with the Scottish Ministry of Health as orthopaedic nurses or surgeons.); or

²³ This definition has since been revised effective January 1, 2013.

- ii) served outside Canada during the Korean War in a capacity similar to paragraph i) above;
- c) a person who served in a theatre of actual war during World War II as a civilian member of Ferry Command. (These individuals were employed by the Air Ministry of the United Kingdom, and served as air crew with Number 45 Wing of the Royal Air Force Transport Command, Number 45 Group of the Royal Air Force Ferry Command or the Atlantic Ferrying Organization.);
- d) a person who served in a theatre of actual war during World War II as a member of the Newfoundland Overseas Forestry Unit. (These individuals were engaged in cutting pit props for coal production in the United Kingdom.); or
- e) a person who served in a theatre of actual war during World War I as a Canadian member of the Voluntary Aid Detachment of the British Red Cross. (These individuals were selected by the St. John's Ambulance Brigade and sent to the United Kingdom to assist the Voluntary Aid Detachments of the British Red Cross.)

OVERSEAS SERVICE VETERAN (OSV)

For the purpose of qualifying for treatment benefits and long-term care, an OSV is defined as:

- a) a veteran who, on or before March 31, 1946, served during World War I or World War II in a theatre of actual war; or
- b) a Merchant Navy Veteran of World War I or World War II.

For the purpose of qualifying for Veterans Independence Program benefits, an OSV is defined as:

- a) a veteran who served in a theatre of actual war during:
 - i) World War I – specifically from August 4, 1914, to August 31, 1921; or
 - ii) World War II – specifically from September 1, 1939, to May 8, 1945, in respect of service in connection with operations in the European and Mediterranean theatres of war; and September 1, 1939, and August 15, 1945, in respect of service in connection with operations in the Pacific theatre of war;
- b) a Merchant Navy Veteran of World War I or World War II;

The following clients are also considered Overseas Service Veterans:

- a) a Veteran who was on service in a theatre of operations as a member of the Canadian Forces, including the special force;
- b) a Canadian Merchant Navy Veteran of the Korean War; or
- c) effective January 1, 2010, an Allied Veteran described in paragraphs 37(4)(c.1) and (d.1) or subsection 37(4.2) of the *War Veterans Allowance Act*.

PRISONER OF WAR means a prisoner of war of Japan or a prisoner of war of another power.

A Prisoner of War of Japan is:

- a) a person who served during World War II in the Canadian Forces;
- b) a person who served during World War II in the Allied Forces and was domiciled in Canada at the time of enlistment;
- c) a merchant navy veteran; or
- d) a civilian

who was a prisoner of war of Japan or was engaged in evading capture by or in escaping from the Japanese.

A Prisoner of War of another power is:

- a) a person who served during World War I or II in the Canadian Forces;
- b) a person who served during World War I or II in the Allied Forces and was domiciled in Canada at the time of enlistment;
- c) a merchant navy veteran; or
- d) a civilian

who was a prisoner of war of any power, excluding Japan, that was engaged in military operations against His Majesty's forces or allies, or who was engaged in evading capture by or in escaping from such a power.

A Prisoner of War of another power is also a person who served in the Canadian Forces during military operations subsequent to World War I or II and who, while serving, was a prisoner of war of any power or was engaged in evading capture by or in escaping from any power; and a Canadian merchant navy veteran of the Korean War who was a prisoner of war of any power or was engaged in evading capture by or in escaping from any power.

RED CROSS PENSIONER means a Red Cross worker who is entitled to a pension under an order in council made pursuant to the *National Defence Act* as a result of that service. The order in council was made subsequent to a memorandum of agreement between Her Majesty and the Canadian Red Cross Society on October 17, 1952.

RESERVE FORCE MEMBER means a member:

- a) of the Supplementary Reserve Force;
- b) on a period of Class A Reserve Service, as described in article 9.06 of the *Queen's Regulations and Orders* for the Canadian Forces; or
- c) on a period of Class B Reserve Service, as described in article 9.07 of the *Queen's Regulations and Orders* for the Canadian Forces for a period of 180 days or less.

SERIOUSLY DISABLED, in relation to a client, means that the client's extent of disability, in respect of the aggregate of all of the client's disability assessments under the *Pension Act* and the *Canadian Forces Members and Veterans Re-establishment and Compensation Act*, is equal to or greater than 78%. (Only clients with at least a portion of their disability related to service in WWI, WWII, or the Korean War may be eligible for benefits as seriously disabled.)

SPECIAL DUTY SERVICE PENSIONER²⁴ means a person who is entitled to a pension under the *Pension Act* for a disability attributable to or incurred during special duty service.

VETERAN means:

- a) a person who was on active service during World War I or World War II as a member of the naval, army or air forces of Canada or of similar forces raised in Newfoundland;
- b) a person who was on service in a theatre of operations as a member of the Canadian Forces, including the special force;
 - b.1) a person who was on active service during the Korean War as a member of the special force;
- c) a special operator who is deemed to be a veteran pursuant to section 3 of the *Special Operators War Service Benefits Act*;

²⁴ This definition has since been revised effective January 1, 2013.

- d) a supervisor who is deemed to be a veteran pursuant to section 3 of the *Supervisors War Service Benefits Act*;
- e) an allied veteran within the meaning of subsection 37(4), (4.1) or (4.2) of the *War Veterans Allowance Act*;
 - e.1) a person described in paragraphs 64(1)(a) or (b), 65(1)(a) or (b), or 66(1)(a) or (b) of the *Pension Act*.
- f) a Canadian merchant mariner of World War I, World War II or the Korean War;
- g) a person who is an allied veteran within the meaning of paragraph 37(4)(b) of the *War Veterans Allowance Act*, as that paragraph read immediately before February 27, 1995
 - i) in respect of whom a determination has been made, on or at any time before that day, that the person is or has been an income-qualified veteran, or
 - ii) who, on or at any time before that day, has submitted a request that has at any time been approved for
 - a) adult residential care pursuant to section 17.1;
 - b) Veterans Independence Program services pursuant to section 18;
 - c) adult residential care, intermediate care or chronic care; or
 - d) the cost of chronic care in a community facility pursuant to paragraph 22(4)(b);
- h) a former member of His Majesty's forces, or of any of the forces, other than resistance groups, of any of His Majesty's allies or powers associated with His Majesty in World War I or World War II, who
 - i) served during either of those wars during the period set out in paragraph 37(10)(b) or (c), as the case may be, of the *War Veterans Allowance Act*;
 - ii) has resided in Canada for a total period of at least 10 years;
 - iii) does not meet the Canadian domicile requirements of subsection 37(4) of that Act; and
 - iv) served in a theatre of actual war as defined in subsection 37(8) of that Act, or receives a pension for an injury or disease incurred or aggravated during service in any such force during either of those wars or accepted a commuted pension.

VETERAN PENSIONER is a veteran, referred to in any of paragraphs (a) to (g) of the definition "veteran," who is entitled to a pension under the *Pension Act* for a war-related pensioned condition.

Annex 2 – Summary of Eligibility by Client Group²⁵

Eligibility for Health Care Programs – Canada Service Veteran

LONG-TERM CARE

Canada Service Veterans are eligible to receive the cost to them of chronic care received in Canada in a community facility, other than a contract bed, to the extent that the chronic care is not available to them as an insured service under a provincial health care system, if an assessment shows that the care is an appropriate response to their health needs.

Individuals who meet the service and age requirements to qualify as a Canada Service Veteran, but would only meet income criteria because the cost of care reduces their income below the applicable WVA income factor, are eligible to receive chronic care in a community facility, other than a contract bed, to the extent that the chronic care is not available to them as insured service under a provincial health care system, if an assessment shows that the care is an appropriate response to their health needs.

These clients are required to pay the amount of their assessable income that exceeds the WVA income factor toward the cost of care. They are also required to pay up to the maximum accommodation and meal rate.

Eligibility for Health Care Programs – Civilian

LONG-TERM CARE

Civilians are eligible to receive chronic care in Canada in a community facility, other than a contract bed, if:

- a) the chronic care is not available to them as an insured service under a provincial health care system;
- b) the cost of their care reduces their income below the applicable *War Veteran's Allowance Act* (WVA) income factor; and
- c) an assessment shows that the care is an appropriate response to their health needs.

These clients are required to pay the amount of their assessable income that exceeds the WVA income factor toward the cost of care. They are also required to pay up to the maximum accommodation and meals rate.

Eligibility for Health Care Programs – Civilian Pensioners

LONG-TERM CARE

Civilian pensioners are eligible for the following Long-Term Care benefits if an assessment shows that the care is an appropriate response to their health needs.

Civilian pensioners are eligible to receive the cost to them of chronic care, in respect of a war-related pensioned condition, if the care is:

- a) received in Canada in a community facility, other than a contract bed;
- b) and received in a health care facility, outside Canada, that is of a standard equivalent to the care that would have been provided under a) provided that the cost of such care does not exceed the usual cost of chronic care in the jurisdiction in which the care is received.

²⁵ Excerpts from *Eligibility for Health Care Programs – Eligible Client Groups*, 2012, available on the intranet site of the Department of Veterans Affairs.

Civilian pensioners are eligible to receive the cost to them of chronic care in Canada in a community facility, other than a contract bed, if:

- a) the chronic care is not available to them as an insured service under a provincial health care system; and
- b) they are medium or seriously disabled.

Civilian pensioners are eligible to receive chronic care in Canada in a community facility, other than a contract bed, if:

- a) the chronic care is not available to them as an insured service under a provincial health care system; and
- b) the cost of their care reduces their income below the applicable *War Veterans Allowance Act* (WVA) income factor.

These clients are required to pay the amount of their assessable income that exceeds the WVA income factor toward the cost of care. They are also required to pay up to the maximum accommodation and meals rate.

Eligibility for Health Care Programs – Allied Veteran

LONG-TERM CARE

Allied Veterans of World War II who either satisfy a pre-war Canadian domicile criterion or are grandfathered are eligible to receive adult residential care, intermediate care or chronic care in a departmental facility or contract bed, if they satisfy the definition of an income-qualified Veteran or an overseas service Veteran, and an assessment shows that the care is an appropriate response to their health needs.

Allied Veterans of World War II who either satisfy a pre-war Canadian domicile criterion or are grandfathered and satisfy the definition of an income-qualified Veteran are eligible to receive the cost of chronic care in Canada in a community facility, other than a contract bed, if the care is not available to them as an insured service under a provincial health care system, and an assessment shows that the care is an appropriate response to their health needs.

Allied Veterans of World War II who either satisfy a pre-war Canadian domicile criterion or are grandfathered and satisfy the definition of an overseas service Veterans are eligible to receive the cost to them of intermediate care or chronic care in a community facility to the extent that it is not available to them as an insured service under a provincial health care service, if:

- a) they have applied to the Minister for admission to a departmental facility or contract bed; and
- b) they are not admitted because there is no vacancy in a departmental facility or contract bed within a reasonable distance of the community in which they normally reside.

World War II Allied Veterans described in paragraph (h) of the definition “veteran” are eligible to receive the cost to them of intermediate care or chronic care in a community facility, other than a contract bed, if

- a) admitted for the first time on or after November 6, 2003; and
- b) it is not available to them as an insured service under a provincial health care system; and
- c) an assessment shows that the care is an appropriate response to their health needs.

World War II Allied Veterans described in paragraph (h) of the definition “Veteran” are eligible to receive intermediate care or chronic care in a departmental facility or contract bed, if

- a) admitted from home or a community facility, other than a contract bed, on or after November 6, 2003; and
- b) an assessment indicates that their health care needs have increased and they require specialized care that cannot adequately be provided in a community facility, other than a contract bed.

World War II Allied Veterans with at least 10 years of post-war Canadian residence, and Korean War Allied Veterans (both pre-war domicile and those with 10 years post-war residence) are eligible to receive chronic care in a community facility, other than a contract bed, if

- a) it is not available to them as an insured service under a provincial health care system;
- b) they satisfy the definition of an income-qualified veteran; and
- c) an assessment shows that the care is an appropriate response to their health needs.

Allied Veterans of World War II who satisfy the post-war Canadian residence requirement, and Allied Veterans of the Korean War (both pre-war domicile and those with 10 years post-war residence) who satisfy the definition of an overseas service veteran may be eligible for chronic care in a community facility, other than a contract bed, if:

- a) the chronic care is not available to them as an insured service under a provincial health care system; and
- b) the cost of care reduces their income below the applicable WVA income factor.

These clients are required to pay the amount of their assessable income that exceeds the WVA income factor toward the cost of care. They are also required to pay up to the maximum accommodation and meal rate. The provision of intermediate and chronic care for some Allied Veterans of World War II may overlap, as a result of the recent amendments to the VHCR. In these cases, eligibility under section 21.1 should be considered first, as entitlement eligibility under this section provides intermediate or chronic care in a departmental facility or contract bed under certain circumstances, whereas eligibility under sections 15, 18, 21 and 22.1 precludes this.

**Eligibility for Health Care Programs – Entitled to a Disability Award²⁶
(Regular and Reserve Force Services)**

LONG-TERM CARE

Members or former members who are entitled to a disability award are eligible to receive the cost to them of chronic care in respect of a disability for which they are entitled to a disability award, if:

- a) the care is received in Canada in a community facility, other than a contract bed;
- b) the care is received in a health care facility outside Canada that is of a standard equivalent to the care that would have been provided under a) provided that the cost of such care does not exceed the usual cost of chronic care in the jurisdiction in which the care is received; and
- c) an assessment shows that the care is an appropriate response to their health needs.

²⁶ Eligibility has since changed as of January 1, 2013.

Eligibility for Health Care Programs – Entitled to a Disability Award in Respect of Special Duty Service²⁷

LONG-TERM CARE

Members or former members who are entitled to a disability award in respect of special duty service are eligible to receive the cost to them of chronic care in respect of a disability for which they are entitled to a disability award, if:

- a) the care is received in Canada in a community facility, other than a contract bed;
- b) the care is received in a health care facility outside Canada that is of a standard equivalent to the care that would have been provided under a) provided that the cost of such care does not exceed the usual cost of chronic care in the jurisdiction in which the care is received; and
- c) an assessment shows that the care is an appropriate response to their health needs.

Eligibility for Health Care Programs – Medium Disabled Veteran and Civilian Pensioners

LONG-TERM CARE (any health condition)

Veteran pensioners or civilian pensioners who satisfy the criteria to be recognized as “medium disabled” are eligible to receive the cost to them of chronic care received in Canada in a community facility, other than a contract bed, to the extent that the chronic care is not available to them as an insured service under a provincial health care system.

Eligibility for Health Care Programs – Income-Qualified Civilian

LONG-TERM CARE

Income-qualified civilians are eligible to receive the cost to them of chronic care in Canada in a community facility, other than a contract bed, if:

- a) the care is not available to them as an insured service under a provincial health care system, and
- b) an assessment shows that the care is an appropriate response to their health needs.

Eligibility for Health Care Programs – Income-Qualified Veteran

LONG-TERM CARE

Income-qualified Veterans are eligible to receive adult residential care, intermediate care or chronic care in a departmental facility or contract bed.

Income-qualified Veterans are eligible to receive the cost to them of chronic care in Canada in a community facility, other than a contract bed, if the care is not available to them as an insured service under a provincial health care system.

Eligibility for Health Care Programs – Military Service Pensioner

LONG-TERM CARE

Military service pensioners are eligible to receive the cost to them of chronic care, in respect of a pensioned condition, if:

- a) the care is received in Canada, in a community facility, other than a contract bed;
- b) the care is received in a health care facility, outside Canada, that is of a standard equivalent to the care that would have been provided under a) provided that the cost of such care does not exceed the usual cost of chronic care in the jurisdiction in which the care is received; and
- c) an assessment shows that the care is an appropriate response to their health needs.

²⁷ Eligibility has since changed as of January 1, 2013.

Eligibility for Health Care Programs – Overseas Service Civilians

LONG-TERM CARE

Overseas service civilians are eligible to receive chronic care in Canada in a community facility, other than a contract bed, if:

- a) the chronic care is not available to them as an insured service under a provincial health care system;
- b) the cost of their care reduces their income below the applicable WVA income factor; and
- c) an assessment shows that the care is an appropriate response to their health needs.

These clients are required to pay the amount of their assessable income that exceeds the WVA income factor toward the cost of care. They are also required to pay up to the maximum accommodation and meal rate.

Eligibility for Health Care Programs – Seriously Disabled

LONG-TERM CARE

Veteran pensioners or civilian pensioners who satisfy the criteria to be recognized as “seriously disabled” are eligible to receive the cost to them of chronic care received in Canada in a community facility, other than a contract bed, to the extent that the chronic care is not available to them as an insured service under a provincial health care system.

Accommodation and Meals Contribution

Veteran pensioners or civilian pensioners who satisfy the criteria to be recognized as “seriously disabled” are not required to pay the cost of accommodation and meals while in receipt of adult residential care, intermediate care or chronic care when the cost of that care is payable, in whole or in part, under the VHCR.

Eligibility for Health Care Programs – Overseas Service Veterans

LONG-TERM CARE

Overseas service veterans are eligible to receive adult residential care, intermediate care or chronic care in a departmental facility or contract bed.

Overseas service veterans are eligible to receive chronic care in a community facility other than a contract bed, if the cost of their care reduces their income below the applicable WVA income factor. These clients are required to pay the amount of their assessable income that exceeds the WVA income factor toward the cost of care. They are also required to pay up to the maximum accommodation and meals rate.

Overseas service veterans are eligible to receive the cost to them of intermediate care or chronic care in a community facility to the extent that it is not available to them as an insured service under a provincial health care service, if:

- a) they have applied to the Minister for admission to a departmental facility or contract bed; and
- b) they are not admitted because there is no vacancy in a departmental facility or contract bed within a reasonable distance of the community in which they normally reside.

The preceding paragraph does not apply to those Allied Veterans being recognized effective January 1, 2010, as these individuals are precluded from receiving long-term care in a departmental facility or contract bed.

Eligibility for Health Care Programs – Veteran Pensioner
LONG-TERM CARE

Veteran pensioners are eligible for the following long-term care benefits if an assessment shows that the care is an appropriate response to their health needs.

Veteran pensioners are eligible to receive adult residential care, intermediate care or chronic care in a departmental facility or contract bed.

Veteran pensioners are eligible to receive the cost to them of chronic care, in respect of a war-related pensioned condition, if the care is:

- a) received, in Canada, in a community facility, other than a contract bed; and
- b) received in a health care facility, outside Canada, that is of a standard equivalent to the care that would have been provided under a) provided that the cost of such care does not exceed the usual cost of chronic care in the jurisdiction in which the care is received.

Veteran pensioners are eligible to receive the cost to them of chronic care in Canada in a community facility, other than a contract bed, if:

- a) the chronic care is not available to them as an insured service under a provincial health care system; and
- b) they are medium or seriously disabled.

Veteran pensioners are eligible to receive chronic care in Canada in a community facility, other than a contract bed, if:

- a) the chronic care is not available to them as an insured service under a provincial health care system; and
- b) the cost of their care reduces their income below the applicable WVA income factor.

These clients are required to pay the amount of their assessable income that exceeds the WVA income factor toward the cost of care. They are also required to pay up to the maximum accommodation and meal rate.

Eligibility for Health Care Programs – Income-Qualified Overseas Service Civilian
LONG-TERM CARE

Income-qualified overseas service civilians are eligible to receive the cost to them of chronic care in Canada in a community facility, other than a contract bed, if:

- a) the care is not available to them as an insured service under a provincial health care system, and
- b) an assessment shows that the care is an appropriate response to their health needs.

Annex 3 – Long-Term Care Clients by Service and Eligibility Type

	War Service Veterans		Canadian Forces (CF) Veterans*			Unknown (87) Dual Service (2)	Total Clients
	Second World War	Korea	Total War Service	CF Released	Special Duty Area		
Allied Veteran	462	5	467	0	0	23	490
Canada Service Veteran	557	0	557	1	0	1	559
Community Chronic Care Reduces Income Below MVA	1	0	1	0	0	0	1
Exceptional Health Needs Client	4	0	4	0	0	1	5
Frail Pensioner	1,310	21	1,331	279	69	1	1,680
Income-Qualified Civilian	35	2	37	0	0	0	37
Income-Qualified Overseas Service Civilian	1	0	1	0	0	0	1
Income-Qualified Veteran	1,963	88	2,051	0	2	2	2,055
Medium Disabled Civilian (48%-77%)	6	1	7	0	0	0	7
Medium Disabled Veteran (48%-77%)	397	14	411	0	0	0	411
Military Service Pensioner	0	0	0	6	1	0	7
Overseas Service Veteran	1,227	52	1,279	1	1	61	1,342
Pensioner for Non-Pensioned Condition	1,903	50	1,953	31	16	0	2,000
Pensioner for Pensioned Condition	126	16	142	25	15	0	182
Prisoner of War	5	0	5	0	0	0	5
Seriously Disabled Veteran	219	23	242	0	0	0	242
Special Duty Area	0	0	0	0	1	0	1
Total Clients	8,216	272	8,488	343	105	89	9,025

*Canadian Forces Veterans are those that served after 1947, excluding the Korean War. Source: Data as of 5 September 2012 provided by the Department of Veterans Affairs.²⁸

²⁸ Data includes clients of both the Long-term Care Program and the Veterans Independence Program.

Annex 4 – Clients and Expenditures by Program and Fiscal Year

TABLE 1

**Veterans Affairs Canada – Long-Term Care Clients by Program and Fiscal Year
(Actual* and Forecast)²⁹**

Type/Program	2011-2012*	2012-2013	2013-2014	2014-2015	2015-2016	2016-2017
Long-Term Care Program (LTC)	5,408	5,191	4,910	4,526	4,071	3,591
Veterans Independence Program (VIP) Intermediate Care	3,429	3,266	3,066	2,805	2,495	2,259
Ste. Anne's Hospital	388	376	354	322	285	244
TOTAL	9,225	8,833	8,330	7,653	6,851	6,094

(Source: Department of Veterans Affairs, 2012)

TABLE 2

**Veterans Affairs Canada – Long-Term Care Expenditures by Program and Fiscal Year
(Actual* and Forecast) (\$000)**

Type/Program	2011/2012*	2012/2013	2013/2014	2014/2015	2015/2016	2016/2017
Adult Residential Care	\$235	\$269	\$261	\$239	\$262	\$254
Intermediate and Chronic Care (under LTC)	\$208,537	\$207,045	\$205,822	\$203,757	\$200,832	\$197,345
Intermediate Care (under VIP)	\$56,907	\$53,045	\$51,796	\$49,868	\$46,953	\$44,606
TOTAL	\$265,679	\$260,359	\$257,879	\$253,864	\$248,047	\$242,205

(Source: Department of Veterans Affairs, 2012)

²⁹ The number of clients represented in this chart are the number of clients on March 31 of each year.

