



VETERANS AFFAIRS CANADA IMPORTANT REMINDERS FOR BHSOL NURSING PROVIDERS PROGRAM OF CHOICE 08 – NURSING SERVICES

August 2023

Veterans Affairs Canada (VAC) is committed to providing nursing services that are informed, responsive and timely. VAC would like to remind all registered nursing providers of important information associated with the provision of nursing services authorized as part of VAC's Program of Choice (POC) 08 – Nursing Services. Providers must conform to the requirements established by VAC policy including the [Benefit Grid](#) for Nursing Services.

- ✓ Veterans are to access their provincial health care system first for nursing services, except for clients receiving visits for their pensioned/awarded condition(s).
- ✓ Nursing services focus on **empowering** Veterans and their families and promoting **independence** at every stage of the nursing process.
- ✓ Nursing visits are needs-based, goal-oriented, veteran-centric, and time-limited.

VAC determines client and benefit eligibility and subsequently funds health benefits for eligible clients. VAC payment for these benefits is made through the Health Care Benefits Program administered by Medavie Blue Cross.

As claims' administrator, Medavie Blue Cross is responsible for establishing and maintaining VAC's list of registered service providers, addressing provider inquiries, processing claims, and making payments to providers on behalf of VAC.

Please take note of the following important information. As a VAC registered provider:

- ✓ You are assigned a provider identifier that is **unique to your province and provider type**. As per the Provider [Claims Submission Agreement](#), note that you can seek payment from Medavie Blue Cross only for professional services rendered that relate to the province, and provider type for which the Medavie Blue Cross unique provider identifier has been issued to you.
- ✓ You are responsible to **immediately** notify Medavie Blue Cross of:
 - Changes to your practice as it relates to restrictions, new conditions or limitations imposed by your regulatory body, including temporary or full suspension of your licensure, if this occurs.
 - Expansion of your service provision to Veterans beyond the region, province, and provider type for which your unique provider identifier was originally provided.

Claim Submission for Nursing Visits

- ✓ All requests for nursing visits must be pre-authorized by VAC.
- ✓ Claims will be ruled ineligible for payment if:
 - Visits are not pre-authorized
 - Visits exceed the number of authorized occurrences
 - Subsequent pre-authorization is not submitted before the expiry date

- ✓ The service approval period will not be backdated.
- ✓ VAC has no authority to reimburse any provider for mileage, tolls for road/bridge/ferry or any travel delays due to construction, traffic, weather, or road conditions.
- ✓ The rate payable for time-in-travel costs is in accordance with the [Benefit Grid](#) (Benefit Code: 230410 Nursing Visit – Time in Travel). Travel occurrences will be authorized using the fastest route from the provider's work location to the Veteran's home. Providers must **not** claim for time-in-travel that was pre-approved but not incurred. Claims must be true and accurate.

Required Documentation

- ✓ The **Request for Approval of Nursing Visits (VAC595)** is required for new clients, renewals and change of frequency. The treatment plan (developed by the nurse) outlines the diagnosis/priority needs, specific goals and interventions required to optimize Veteran's health and level of independence. Solid rationale must justify the need for nursing visits.
- ✓ Providers are responsible for monitoring the nursing visit expiry dates to ensure timely discharge or submission of nursing visit renewal. Benefits and Health Services (BHSOL) **Form Inquiry** allows providers to view all completed VAC595 forms to confirm expiry dates.
- ✓ Providers must contact the Field Nursing Service Officer (FNSO) to request the VAC595 if the form is not in their BHSOL inbox and on-going visits are required.
- ✓ The **Progress Note (VAC534)** is required on a regular basis. The initial, ongoing and discharge reports track the progress of the nursing care plan and determine if:
 - Goals remain appropriate or require adjustment.
 - New interventions are warranted.
 - Additional referrals are required.
 - It is time to conclude visits.
- ✓ **Discharge planning** should occur early in the nursing visit process, and intermittently as needed. Some indicators a Veteran may be ready for discharge include:
 - Client has achieved their goals to the extent possible.
 - Client has increased capacity to independently address their needs.
 - Mental health and/or physical health conditions have been stabilized.
 - The appropriate resources are in place to maintain health & wellness.
- ✓ The discharge report (VAC534) should highlight the client's accomplishments (achieved goals), formal resources, informal supports, strengths, and coping strategies.
- ✓ Providers are responsible for submitting required documentation in a timely manner. Any concerns regarding quality and/or timeliness of reports will be addressed through direct discussion with the provider.
- ✓ The required documentation remains the same for nursing visits within the context of POC 15 Veterans Independence Program (VIP) Health & Support Services (Benefit Code: 345501).

General Information

- ✓ To assist in identifying mental health services and supports, we encourage providers to become familiar with the [Atlas Institute for Veterans and Families](#) (formally the Centre of Excellence on PTSD)

and Related Mental Health Conditions). Their resources provide meaningful, curated, and trustworthy information to supports Veterans' health and well-being journey. The Atlas Institute recently launched a new mental health education hub, **created for and by youth**. [MindKit](#) offers youth-friendly tools, interactive information, and downloadable resources for young Veteran Family members to learn about and cope with a loved one's Posttraumatic Stress Injury (PTSI), as well as real-life stories from children of Veterans who have gone through similar experiences. Providers are encouraged to share these websites with Veterans and families.

- ✓ Your safety is paramount. It is important to assess safety prior to each home visit, whether it is an initial appointment or subsequent visit. We encourage providers to scan the inside of the client's home before entering. If there is any potential hazard (i.e., active alcohol or drug use, unsecured firearms, or weapons), providers are encouraged to end the visit by advising the client of the need to reschedule appointment and notify the FNSO.
- ✓ During home visits, providers can write prescriptions as per [Benefit Grid](#) and/or make recommendations based on health needs. Providers must inform clients that coverage through VAC is dependent on their eligibility. The extent of coverage depends on several factors, including military/RCMP service, disability condition(s), health needs and individual circumstances. VAC has the sole authority to determine eligibility for benefits, programs, and services. It is important to manage these expectations to minimize the potential for disappointment or misunderstanding.
- ✓ Foot Care is outside the scope of nursing visits (Benefit Code: 230337 Registered Nurse – Visit (Not Foot Care)).
- ✓ VAC would like to remind providers that foot care in a clinic should be the first option considered. Foot care should be provided in the client's home only if necessary (e.g., absence of clinic or medical needs).
- ✓ We take the responsibility of protecting the privacy rights of all our clients very seriously and hold our providers to a high standard. External e-mail accounts are not secure and are never to be used to communicate sensitive information. The acceptable modes of communicating with the FNSO are the BHSOL portal and by telephone.
- ✓ It is also important to mention that professional boundaries between a provider and a Veteran must be maintained. Taking on an advocacy role in addition to the treatment provider role may become inappropriate.

For further details on requirements and claim submission, providers may visit the following links:

- [Benefit Provisions and Payment Requirements for Treatment Benefits - VAC](#)
- [Provider Claims Submission Agreement](#)

Providers should bring any concerns regarding the payment of claims to Medavie at 1-888-261-4033.

Thank you for the ongoing care and service that you provide to our Veterans.