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Update 2020 – 1

**TO: HOLDERS OF THE *REHABILITATION SERVICES & CLAIMS MANUAL*
– VOLUME I**

This update of the *Rehabilitation Services & Claims Manual* contains amendments in the *Manual* implemented since update 2019 – 1.

The revised pages are amendments for:

- Consumer Price Index adjustments in Chapter 10, Health Care

A summary is attached and the amended pages are included as part of the package, effective **January 1, 2020**.

These amended pages and the complete manual are available at
http://www.worksafebc.com/regulation_and_policy/default.asp.

Ian Shaw
Senior VP and General Counsel

Attachments

Rehabilitation Services & Claims Manual, Volume I

SUMMARY OF AMENDMENTS – Update 2020 – 1

Chapter 10	Pages 1 to 2	Item C10-82.00, CPI adjustments
	Pages 5 to 6	Item C10-83.00, CPI adjustments
	Pages 3 to 4	Item C10-83.10, CPI adjustments
	Pages 5 to 6 and 11 to 12	Item C10-84.00, CPI adjustments

RE: Clothing Allowances**ITEM: C10-82.00**

BACKGROUND

1. Explanatory Notes

This policy provides guidance on a worker's entitlement to clothing allowances.

2. The Act

Section 21:

- (1) See Item C10-72.00.

POLICY

1. GENERAL

The Board may pay the clothing allowances set out below to upper and/or lower limb amputees wearing prostheses, and to workers wearing an upper or lower limb brace, or a back brace. The amputation must be at or above the wrist, or at or above the ankle. An upper limb brace is a brace worn at or above the wrist. The brace must be either a major joint brace with rigid frame or contain rigid materials; or a hard back brace, with a rigid frame or shell.

Workers are paid a clothing allowance under one category as set out below:

	Jan. 1, 2019 – Dec. 31, 2019	Jan. 1, 2020 – Dec. 31, 2020
Upper Limb	\$357.36	\$364.02
Lower Limb	\$716.47	\$729.83
Bilateral Limb	\$716.47	\$729.83
Upper and Lower Limb	\$1,073.95	\$1,093.97

If required, earlier figures may be obtained by contacting the Board.

The Board also pays the allowance to a worker confined to a wheelchair, who is not otherwise entitled, at the upper and lower limb rate. The Board pays the allowance to a worker wearing a back brace at the upper and lower limb rate.

Effective January 1st, 2008, the Board adjusts the amounts of the clothing allowances on January 1st of each year. The Board determines the percentage change to be applied annually to these amounts by comparing the percentage change in the consumer price index for October of the previous year with the consumer price index for October of the year prior to the previous year.

The Board automatically pays the clothing allowance to a worker with an amputation at or above the wrist, or at or above the ankle. Proof is not required of the wearing of the prosthesis or prostheses, nor of the replacement, repair, or damage to clothing. In the case of braces however, the Board only pays the clothing allowance contingent on the worker's continued wearing of the apparatus as prescribed. Similarly, in the case of a worker confined to a wheelchair, the Board only pays the clothing allowance contingent on the worker's continued use of the wheelchair as prescribed.

Entitlement to the clothing allowance commences as of the date of the amputation or the worker commencing to use the brace or wheelchair. The Board makes the first payment following the initiation of the permanent disability award and this first payment includes any retroactive entitlement for prior periods of disability not previously paid. Subsequent payments are made annually.

The Board withholds payment of the clothing allowance while a worker is in prison. The Board pays the amount withheld to the worker on release, if the period in prison was less than one year. If the period in prison was more than one year, the Board does not pay the clothing allowance for each full year the worker was in prison.

EFFECTIVE DATE:
APPLICATION:

July 18, 2018
This Item applies to health care expenses incurred and health care provided on or after July 18, 2018.

travel for the expected transportation costs incurred, up to an amount the Board considers reasonable. A worker is required to reimburse the Board for the transportation allowance where:

- (a) the worker either does not attend, or does not attend in part, the health care in respect of which the transportation allowance was paid; and
- (b) the allowance cannot be applied towards the transportation at another time.

The Board may recover the amounts paid:

- for transportation booked directly,
- through the provision of a transportation allowance, and/or
- for change fees, cancellation fees, or additional costs.

The Board may recover the above amounts by treating them as an overpayment and deducting them from the worker's compensation, or the worker may reimburse the Board directly.

If direct booking or payment by way of a travel allowance is not possible, the worker generally pays transportation costs as they are incurred, and advises the Board of the amount paid. The Board then calculates the amount of transportation payable and reimburses the worker for that amount.

5. AMOUNT PAYABLE

If the worker chooses to take a mode of transportation other than the one recommended by the Board, the Board pays for the more cost effective option, which is usually bus fare, together with transportation to and from the bus terminal. In this regard, the Board may establish a schedule of rates, adjusted periodically. Otherwise, the following sections set out how the Board determines how much it will pay for transportation for a worker's receipt of health care.

5.1 Travel by Air

Where the Board considers travel by air to be the most appropriate mode of transportation for the worker, the Board pays for transportation equal to the cost of the airfare, together with the cost of transportation to and from airports.

5.2 Travel by Public Transportation

Where the Board considers travel by public transportation to be the most appropriate mode of local transportation for the worker, the Board pays for transportation equal to the actual cost of the public transportation.

Generally, the Board considers travel by public transportation the most appropriate mode of local transportation where it is available and is a reasonable means of travel for the journey to be made by the worker.

5.3 Travel by Private Vehicle

Where the Board considers travel by private vehicle to be the most appropriate mode of transportation for the worker, the Board pays for transportation based on mileage at the rate set out below:

Date	Amount Per Kilometre
January 1, 2019 – December 31, 2019	44¢
January 1, 2020 – December 31, 2020	45¢

If required, earlier figures may be obtained by contacting the Board.

Effective June 30, 2002, the Board adjusts the mileage rate annually on January 1st of each year using the percentage change in the consumer price index, rounded to the nearest cent.

5.4 Travel by Taxi

Where the Board considers travel by taxi to be the most appropriate mode of transportation for the worker, the Board pays a transportation amount equal to the actual cost of taxi fares. The Board may consider travel by taxi reasonably necessary where, given the nature and extent of the worker's compensable or pre-existing personal injury, occupational disease or mental disorder:

- (a) no other mode of transportation is appropriate for local travel; or
- (b) when travelling to a distant centre for health care, the worker:
 - (i) requires transportation from his or her residence to or from an airport or commercial bus or ferry terminal; or
 - (ii) requires transportation while at the distant centre, for example, between health care facilities or between a health care facility and his or her place of accommodation.

- the cost effectiveness of roundtrip travel as compared to the cost of subsistence associated with an overnight stay.

3.2 Amounts Payable

Whenever possible, the Board schedules and pays for accommodation directly. If it is not possible for the Board to schedule accommodation directly, the Board pays the worker a subsistence allowance for the actual accommodation costs incurred, up to an amount that the Board considers reasonable.

The Board may recommend a particular accommodation based on:

- the nature of the worker's medical condition;
- the medical opinion or other expert professional advice it receives;
- any contracts the Board has entered into with accommodation providers; and
- the proximity of the recommended accommodation to the health care appointment.

If the worker wishes to stay elsewhere, the Board pays a subsistence allowance equal to the most cost effective option. Where the worker wishes to stay with a friend or family member, the Board does not pay a subsistence allowance for accommodation. In all cases where a worker chooses to stay somewhere other than the recommended option, any additional transportation costs are paid for by the worker.

Where the Board considers that the worker's choice or location of accommodation would put the worker's safety at risk, the Board may consider the worker to be engaging in an insanitary or injurious practice, and therefore reduce or suspend the worker's compensation, if the circumstances in Item C10-74.00, *Reduction or Suspension of Compensation*, are met.

Where accommodation is included in the amount the Board pays for a health care program, the Board does not pay any additional subsistence allowance for accommodation.

4. MEALS

4.1 Eligibility

The Board may pay a subsistence allowance to cover the cost of meals where, in connection with attendance at a Board-approved health care appointment or program, the worker:

- travels by air; or

- is required to be away from his or her residence for 10 hours or more.

In these cases, the Board may pay a subsistence allowance to cover the cost of those meals missed due to the worker being away from his or her residence over the entire meal period(s).

For the purposes of this policy, meal periods are defined as follows:

Meal	Time Period
Breakfast	6:30 to 8 am
Lunch	12 to 1 pm
Dinner	5 to 6:30 pm

If a worker is eligible for payment for transportation to visit his or her residence while participating in a Board-approved health care program, the worker may also be eligible for a subsistence allowance for meals during the course of travel to and from the worker's residence.

The Board only pays the subsistence allowance for meals during the course of travel if the worker chooses the Board's recommended mode of transportation. For example, if the Board recommends air travel, but the worker chooses to drive, the Board pays the subsistence allowance for meals based on the meal periods that would have been missed had the worker travelled by air.

4.2 Amounts Payable

Where the eligibility requirements are met, the Board pays a subsistence allowance for meals with reference to the full or partial per diem meal allowance rates set out below:

Date	Breakfast	Lunch	Dinner	Per Day
January 1, 2019 – December 31, 2019	\$13.49	\$16.65	\$28.64	\$58.78
January 1, 2020 – December 31, 2020	\$13.74	\$16.96	\$29.17	\$59.87

If required, earlier figures may be obtained by contacting the Board.

Effective June 30, 2002, the Board adjusts the meal allowance rates annually on January 1st of each year using the percentage change in the consumer price index.

Where meals are included in the amount the Board pays to a health care facility, the Board does not pay any additional subsistence allowances for meals.

Category 3: The worker requires moderate assistance with activities of daily living. The worker requires assistance with feeding, cleansing, grooming, and dressing him or herself.

Examples of compensable disabilities that might entitle a worker to a Category 3 personal care allowance include, but are not limited to:

- severe head injury resulting in brain damage to the extent that the worker is not bedridden, but is dependent upon assistance and ongoing care; and
- quadriplegia.

Category 4: The worker is almost totally immobile and requires extensive assistance in all activities of daily living.

Examples of compensable disabilities that might entitle a worker to a Category 4 personal care allowance include, but are not limited to:

- high lesion quadriplegia; and
- severe head injuries.

Category 5: The worker is totally immobile and requires extensive assistance in all activities of daily living.

Examples of disabilities that might entitle a worker to a Category 5 personal care allowance include, but are not limited to:

- high lesion quadriplegia with ventilator dependency;
- disabilities requiring palliative care in the home;
- severe head injuries that require constant attendance and care; and
- a combination of quadriplegia and head injury.

4.1.4 Personal Care Allowance Payable at Each Category

The Board pays each category of personal care allowance as set out below:

		Category 1	Category 2	Category 3	Category 4	Category 5
January 1, 2019	–					
December 31, 2019						
	Daily Amount	\$18.12	\$30.87	\$45.93	\$59.47	\$73.34
	Monthly	\$545.53	\$954.39	\$1,378.52	\$1,787.39	\$2,196.80
Amount						
January 1, 2020	–					
December 31, 2020						
	Daily Amount	\$18.46	\$31.45	\$46.79	\$60.58	\$74.71
	Monthly	\$555.70	\$972.18	\$1,404.22	\$1,820.71	\$2,237.75
Amount						

If required, earlier figures may be obtained by contacting the Board.

Effective June 30, 2002, the Board adjusts personal care allowances annually on January 1st of each year, using the percentage change in the consumer price index.

4.2 Respite Care

Severely disabled workers in receipt of a personal care allowance may qualify for respite care.

“Respite care” is short-term, temporary care provided to a severely disabled worker to relieve the worker’s informal caregiver from providing the worker with care and assistance with his or her activities of daily living. Respite care is provided by an agency or in a facility registered to provide health care services to severely disabled workers.

The Board arranges for the respite care and makes payments directly to the agency or facility providing the care. The worker’s personal care allowance is not suspended where the duration of the respite care is for a period of up to 14 consecutive days once each calendar year.

4.3 Major Home and Vehicle Modifications

In order to promote the mobility, accessibility, safety and self-sufficiency of severely disabled workers, the Board may provide major home and vehicle modifications as discussed below. When providing major home and vehicle modifications to severely disabled workers, the Board also applies the policy in Item C10-81.00, *Home and Vehicle Modifications*.

Where the worker has a pre-existing disability that is non-compensable, the compensable disability must be at least half the worker's combined total disability, and be a significant factor in the worker's inability to do the activities covered by the allowance.

A worker's eligibility for the independence and home maintenance allowance commences as of the date the Board determines the worker has an inability to perform instrumental activities of daily living and/or perform home maintenance activities that most other workers would have the physical capacity to do on their own. This includes the date the worker begins living in a health care facility where the worker's spouse and/or child(ren) continue to live in the family home.

A worker's eligibility for the independence and home maintenance allowance terminates upon the death of the worker, when the worker requires long-term care in a health care facility, or when the Board determines the worker is actually able to perform instrumental activities of daily living and/or the home maintenance activities that most other workers would have the physical capacity to do on their own.

If the worker lives in a health care facility and the Board is providing the home maintenance allowance for the spouse or child(ren) living in the family home, the Board stops paying the allowance at the earliest of:

- the spouse and/or child(ren) no longer living in the family home;
- the spouse and/or child(ren) living in the family home but no longer responsible for the maintenance activities covered by the allowance; or
- the death of the worker.

The Board adjusts the independence and home maintenance allowance annually on January 1st of each year, using the percentage change in the consumer price index.

The amount of the independence and home maintenance allowance is set out below:

Date	Monthly Amount
January 1, 2019 – December 31, 2019	\$319.55
January 1, 2020 – December 31, 2020	\$325.51

If required, earlier figures may be obtained by contacting the Board.

4.6 Extensions of Health Care Treatments and Services for Severely Disabled Workers

The Board applies the policy in Items C10-76.00, *Physicians and Qualified Practitioners*, and C10-77.00, *Other Recognized Health Care Professionals*, in determining a severely disabled worker's general entitlement to the services of a physician, qualified practitioner or other recognized health care professional.

The Board may consider it reasonable to provide routine or long-term health care to severely disabled workers, based upon the nature and extent of their compensable personal injury or occupational disease. For example, the Board may pay for physiotherapy treatments beyond the limits set out in policy.

In extending the duration of health care, the Board considers the medical evidence that the health care will provide functional, preventive, or pain management benefits.

The Board may consider it reasonable to pay for treatment by more than one other recognized health care professional at a time (for example, treatment by a physiotherapist and a massage therapist), if both types of treatment are expected to lessen the impact of the worker's compensable personal injury or occupational disease.

4.7 Palliative Care Benefit

The Board, in consultation with the worker's physician, determines a worker's eligibility for a palliative care benefit. Generally the Board gives consideration to a worker for the palliative care benefit where the worker:

- has been diagnosed with a compensable injury or occupational disease;
- has a life expectancy of less than six months due to the compensable injury or occupational disease;
- is at or below 50% on the Palliative Performance Scale; and
- consents to the focus of care for the compensable injury or occupational disease being palliative rather than treatment aimed at cure.

Examples of items or treatments the Board may pay for as a palliative care benefit include, but are not limited to, homeopathic medicines, dietary supplements, non-prescription items and non-standard or experimental services. The Board provides these items or treatments at its discretion and pays the actual costs for them. When considering whether to pay for a specific item or treatment as a palliative care benefit, the Board gives consideration to whether the item or treatment:

- places the worker at greater risk than the effects of the compensable injury or occupational disease due to adverse side effects; and
- may be provided legally in Canada and is available from an accredited source.