

Updated: April 24, 2020

Common Questions and Answers Regarding AT Home Program (AHP) Service Delivery

Q1: Will services continue?

A1: Yes. Some services may transition to virtual service delivery, but the ministry is dedicated to preserving essential services for children and youth with special needs wherever possible. Support services for children with extra support needs have been designated as essential services. Please see the [List of COVID-19 Essential Services](#) for additional detail.

Q2: Will home visits continue?

A2: The ministry encourages continued service delivery where possible. To support in-person appointments, you and your family can use the [COVID-19 Self Assessment tool](#) and the [COVID-19 preventative measures information](#) to determine if it would be safe to bring a professional into your home; regulated health professionals (such as Physical Therapists and Occupational Therapists) are mandated to follow the [BC Centre for Disease Control's COVID-19 Care instructions for vulnerable people](#).

Q3: Will regular assessments for applications continue?

A3: The Ministry acknowledges that regular assessments may be interrupted by the COVID-19 pandemic.

If a child is likely to be eligible for the At Home Program and appears to meet the [AHP eligibility criteria](#) as evaluated by the eligibility committee, they will be temporarily admitted without an assessment until assessors become available.

Parents will apply to the AHP using the process outlined on the AHP website and they must provide supportive documentation from a regulated health professional (e.g. Physical Therapist or Pediatrician) describing the child's functional need for support for daily living activities (eating, dressing, bathing and toileting). These admissions will come through to the Medical Benefits program as "urgent admits" and will need to be tracked by CYSN social workers for follow up AHP assessments. Once assessors become available after the interim COVID-19 period (April 1st to June 24th), each child on a temporary admission must be assessed to determine continuing eligibility for the program.

Q4: Will urgent admissions be prioritized?

A4: Urgent admissions to the AHP are prioritized in the current system, and this will continue to be the case.

Q5: Can regional contacts act as one of the three necessary bodies for eligibility meetings?

A5: Yes; it is acceptable for a regional coordinator to act as a chair and as a member simultaneously on the Regional Eligibility Committee. The 2009 Eligibility for the At Home Program Policy states that the Regional Eligibility Committee consists of at least three members who have experience with children with severe disabilities. There are no other restrictions on who those people are/their other roles with the AHP.

Q6: Will there be an interruption in payments to School Aged Extended Therapies service providers?

A6: There are no anticipated interruptions to payments to providers. The At Home Program Medical Benefits program continues to process payments as usual.

Q7: What business support for providers of School Aged Extended Therapies are available for service providers during the COVID-19 pandemic?

A7: The [Federal COVID-19 Resources for Businesses](#) page has a list of different resources available for employees and small and medium businesses. These benefits include (1) a [wage subsidy](#) for the next 90 days (beginning March 30th), and (2) a [business credit availability program](#).

Q8: What additional financial resources are available to families during the COVID-19 pandemic?

A8: Please look to the [Federal COVID-19 financial support plan](#) and the [BC Provincial government's COVID-19 response](#) learn more about emergency benefits that are available to you and your family.

MCFD is allowing for more flexible respite funding so families can purchase services not usually allowed, including: services during school hours, home making services, and sibling care. Additionally, MCFD is initiating an emergency relief fund for children/youth with special needs and their families that have demonstrated a need but are not receiving services (e.g. families that are eligible for respite funding but are not currently receiving benefits). Please speak to your CYSN worker to determine which resources are right for your family and to learn more.

Q&A For businesses billing for Virtual Care

Q9: Who decides if virtual care is an option for serving a child's needs through the School Aged Extended Therapies Program?

A9: Parents/ caregivers make the final decision on whom and how services are provided for their child. Therefore, if the therapist suggests virtual provision of an eligible service, it is up to the parent/ caregiver to decide if that supports the therapy plan. Essentially, each therapy service should be goal directed, based on practical meaningful outcomes and an identified family priority. Additionally, as per page 27 of [‘At Home Program Guide For Healthcare Professionals and Families’](#), “AHP Medical Benefits cannot provide advice regarding employer-employee obligations”

Q10: Who decides if virtual care is an option for serving a child’s needs through the School Aged Extended Therapies Program?

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Q11: What are MCFD’s guidelines for virtual care for providers?

A11: Service providers are expected to comply with the standards set by their regulatory colleges related to Virtual Care and all other service practices.

To bill Medical Benefits At Home Program for direct service the following is required:

- Child/youth must be present for the session
- Parent/guardian must have authorization for services
- Privacy considerations must comply with MCFD’s [confidentiality and Disclosure of Information guidelines](#) and [E-communication guidelines](#) along with other provincial [privacy laws](#).

Q12: What is direct service in the context of virtual care?

A12: Direct service is

- Virtual service delivered directly by a therapist with the child/youth present
- Virtual service delivered by a therapist assistant (TA) with the child/youth present; and/or,
- Parent/caregiver coaching delivered by the therapist or TA who are providing feedback on a session where a parent/caregiver is interacting with the child.

Q13: What are MCFD's guidelines for virtual care for providers?

A13: Service providers are expected to comply with the standards set by their regulatory colleges related to Virtual Care and all other service practices.

To bill Specialized Provincial Services [Autism Funding Branch and Medical Benefits At Home Program] the following is required:

- Child/youth must be present for the session
- Child/youth must have already been assessed by the practitioner in a face to face meeting
- Parent/guardian must have existing authorization for services
- Privacy considerations must comply with MCFD's [confidentiality and Disclosure of Information guidelines](#) and [E-communication guidelines](#) along with other provincial [privacy laws](#).
- Families are the employer. If a parent refuses virtual care as an option for interim services during the COVID19 response, they will not lose their current services once face to face services are safe to be resumed

Q14: What should the SAET invoices look like when billing for virtual care?

A14: SAET Invoices must clearly indicate details of existing authorization for services in order to qualify for payment. It should be clearly stated that these services are being provided through virtual care. Services lasting less than one hour must be prorated. Therapy service providers may bill up to a combined total of \$480 (within the maximum of \$3,840) for consultation, report writing and travel purposes within the twelve-month period. This is intended to support a coordinated therapy plan across multiple environments and professional disciplines.