

Media Report, 12 July 2019 – 1 of 2

This report continues NVOC focus on Care for the Veteran and their Family. This weeks media reports will cover Foot Care Services, Footwear and Accessories, Costs Associated with Requested Medical Examinations , Audio Services(HearingLoss) , Aids For Daily Living (ADL) , Ambulance Services, Clothing allowance and local Media Articles.

The info in this report will give the Families and our Senior Veterans the information required to keep living a dignified retirement either in their home or at a Health Care Facility.

Please note: The Canadian Military and Veteran Discounts List may be of importance if you plan to vacation this summer, a lot of discounts for Veterans and their families.

## Foot Care Services

### Purpose

This policy provides direction on the approval of basic and advanced foot care under nursing services.

### Policy

### Definitions

1. Basic foot care is foot care that is limited to non-invasive strategies and interventions, including non-invasive cutting and filing of toenails, non-invasive filing to reduce calluses, corns and hypertrophic nails, packing of involuted nails, moisturizing to help reduce hyperkeratotic skin and corrective foot health education.
2. Advanced foot care is foot care that includes in-depth assessment and short-term interventions to address complex conditions of the foot due to deformities, neurological and circulatory problems and infections.

### Eligibility

3. Refer to the [Nursing Services \(POC 8\)](#) policy.
4. Basic and advanced foot care may be provided where there is no entitled condition of the feet themselves, but where another existing entitled condition renders the client unable to undertake essential foot care. That is, the inability to undertake foot care and the requirement for foot care as a treatment benefit may be related to the entitled condition

(see [Treatment for a Disability Benefits Entitled Condition](#) policy). Entitled conditions that may merit this consideration might include:

1. Internal derangement of the knee(s)
2. Hip disability
3. Low back conditions

## General

5. Advanced foot care will be approved in exceptional circumstances only. The approval will be based on the provision of a prescription by the attending physician and a treatment plan from the service provider which indicates the need, duration, cost and frequency for advanced foot care services.
6. Foot care under Nursing Services may be provided in a clinic, in the home, or in a Long Term Care (LTC) facility. However, if foot care can be provided in a clinic, this should be the first option considered. Foot care should be provided in the client's home only if necessary (e.g. absence of clinic, medical need). Rates charged in a clinic should not exceed the rates charged to non-Veteran clients. Rates charged in the home are in accordance with the dollar limits set in the appropriate Veterans Affairs Canada [Benefit Grid](#).
7. Basic foot hygiene, such as washing feet and clipping nails, can be provided under the VIP program (see Home Care Services policy) where there is no medical condition which requires special attention.
8. Foot care services may also be provided under [ [Related Health Services \(POC 12\)](#) ] by a podiatrist/chiropractist.

## Approval of Nursing Services – Foot Care on the Benefit Grid

9. Nursing foot care services (including services for Rehabilitation Program clients) will be approved by the designated decision-maker for Foot Care Services (POC 8). See also Nursing Services (POC 8) policy.
10. The procedure for approval of nursing foot care services is identified in the related Business Process: POC 8 – Nursing Foot Care (excluding Foreign Countries Operations).

## Qualifications of Providers

11. Payment may be made for basic foot care services provided under Nursing Services by a Registered Nurse (RN), Registered Nursing Assistant (RNA), Licensed Nursing Assistant (LNA), Licensed Practical Nurse (LPN) or Registered Practical Nurse (RPN).
12. The practitioners in paragraph 11 must have obtained competence in basic nursing foot care through an educational program which:
  1. Includes both theoretical instruction and supervised practice; and

2. Possesses a valid certification which entitles them to practice nursing foot care under provincial/territorial regulations (i.e. permitted by provincial standards of practice).
13. If approved, payment may be made for advanced foot care services provided under Nursing Services by the practitioners listed in paragraph 11 who have:
1. Obtained competence in advanced nursing foot care through an educational program which includes both theoretical instruction and supervised practice; and
  2. Possess a valid certification which entitles them to practice advanced nursing foot care under provincial/territorial regulations.
14. In exceptional circumstances, such as in some remote geographic areas, approval for basic foot care services may be authorized where the foot care education criteria in paragraph 12 cannot be met by any of the available local resources. Nevertheless, the person providing service must be certified as one of the practitioners listed in paragraph 11 above. Approval in this situation should only be granted in rare instances where there is no alternative, and where:
1. The attending physician identifies foot care as part of the treatment plan, and specifically refers the client to the provider in question; and
  2. Follow-up or routine monitoring by a physician or independent registered nurse is available to ensure that proper foot care is being provided.
15. The exceptional approval provisions in Paragraph 14 do not apply to advanced foot care.

#### Long-term Care Facilities

16. Basic or advanced foot care services may be provided to VAC clients in an intermediate or chronic care facility only when it is verified that non-VAC clients are being charged user fees for foot care service in that facility. Payment for the service will not exceed that charged to non-VAC clients in the same facility.

#### References

[Veterans Well-being Act](#), sections 8 – 17.

[Veterans Health Care Regulations](#), paragraph 4(a), subparagraphs 19(a)(i) and (ii)

[Home Care Services \(Veterans Independence Program\)](#)

[Nursing Services \(POC 8\)](#)

[Home Care Services \(Veterans Independence Program\)](#) policy

[Related Health Services \(POC 12\)](#)

## [Treatment for a Disability Benefits Entitled Condition](#)

### [Benefit Grids](#)

## Footwear and Accessories

### Purpose

This policy provides direction on the provision of footwear and accessories.

### Policy

#### General

1. Custom-built footwear and modifications to regular footwear may be approved, as outlined in the [Prosthesis and Orthotics Benefit Grids](#), for clients whose needs cannot be reasonably addressed by regular or unmodified (i.e. off-the-shelf) footwear because of a medical condition resulting in changes in foot shape or a significant anatomical deformity of the foot.
2. For the purposes of this policy, minor deformity such as asymptomatic pes planus is considered variations of normal and should not be considered as a "significant deformity".

#### Eligibility

3. Eligibility to receive treatment benefits (which includes footwear and accessories) is outlined in [Eligibility for Health Care Programs – Eligible Client Groups](#).

#### Approval Custom-built Footwear

4. Custom-built orthopaedic footwear is footwear designed, constructed, and fitted specifically for an individual with a severe foot or ankle deformity.
5. In order to qualify for custom-built footwear, it must be determined that modified regular footwear would not meet the client's needs.

#### Modifications to Footwear

6. The Department is not responsible for the purchase of the footwear itself, only the modifications or orthotics prescribed to adapt the footwear.
7. Modified regular footwear is standard "off-the-rack" footwear which is modified under prescription to be fitted with orthotics, or otherwise modified for specific foot problems so as to allow somewhat normal foot function.
8. Modifications to regular footwear refer to modifications to the sole of the shoe. External modifications would include: building up the shoe to

compensate for length discrepancy, rocker soles, etc.; internal modifications would include foot bed alterations such as heel wedges, insoles, arch supports, metatarsal pads, etc.

9. All arch supports which exceed \$100 a pair must be pre-authorized by the District Medical Officer (DMO) or Regional Medical Officer (RMO).
10. In order for clients to be eligible for modifications to footwear, they must have an abnormality of the foot caused by changes in the foot structure that prevents wearing regular footwear with normal foot function.

### Replacements

11. Replacements for both "custom-made" footwear and "modifications" to footwear should not exceed one pair every twelve calendar months unless anatomic changes to the foot have occurred such that this is considered medically necessary for proper foot function.
12. Where clients have abnormalities of gait such that there is unusually abnormal wear of the footwear, approval for earlier replacement may be made by the RMO where medically warranted.

### Accessories

13. The following footwear and/or accessories may also be approved (i.e. in addition to the frequency which applies to the custom-built footwear or modifications to footwear):
  1. custom-built winter boots, or special overshoes issued as an accessory to custom-built orthopaedic footwear, or to modified regular footwear where stock sizes of boots or overshoes will not suffice; and,
  2. leg braces or splints fitted to custom-built orthopaedic footwear, modified regular footwear purchased by the client or regular footwear purchased by the client.

### Exceptional Circumstances

14. Although it would be a very rare case, exceptions to modifications to footwear can be made at the discretion of the Regional Office Health Care Team if it is considered that the client's health would be placed at serious risk in the absence of having off-the-shelf footwear provided. An example would be extreme peripheral vascular insufficiency.

### References

[Veterans Health Care Regulations](#), Section 4

[Eligibility for Health Care Programs – Eligible Client Groups](#)

[Prosthesis and Orthotics \(POC 11\) - Benefit Grids](#)

# Costs Associated with Requested Medical Examinations

## Purpose

This policy provides direction on reimbursing and compensating persons for costs associated with medical examinations requested by the Minister for the purpose of determining entitlement under the Veteran Health Care Regulations or the Veterans Review and Appeal Board (VRAB).

## Policy

1. Persons requested by the Regional Medical Officer, the Senior District Medical Officer or the District Medical Officer to undergo a medical examination in order to determine eligibility for health care benefits, Veterans Independence Program services or long term care are eligible to receive:
  1. reimbursement of the cost incurred by the person for the examination; and
  2. reimbursement of the travel costs incurred by the person to receive the examination, paid in accordance with the policy on Travel Expenses.
2. Persons requested by the VRAB to undergo a medical examination are eligible to receive:
  1. reimbursement of the cost incurred by the person for the examination;
  2. reimbursement of the travel costs incurred by the person to receive the examination, paid in accordance with the policy on Travel Expenses; and
  3. the payment of treatment allowance, when eligible, if hospitalized in order to undergo the examination.

## References

[Veterans Health Care Regulations](#), subsections 13(1) & 13(2)

## Canadian Military and Veteran Discounts List

The Dealhack Canadian Military and Veteran Discounts List is the result of our quarterly survey of brands that offer discounts to all members of the Canadian Armed Forces. Every 3 months, our team independently verifies each and every discount on this list. We also add more brands to the list regularly when we come across them.

The list currently includes more than 80 brands conveniently broken down into 10 categories. You can also save or print the list to use as a handy reference.

[Download the Canadian Military & Veteran Discounts List in PDF format here.](#)

Note that in addition to the discounts listed below, many businesses offer informal discounts to military personnel and veterans across Canada. When buying something, always be sure to ask the store associate about whether or not they offer military or veteran discounts.

Go to: [Discount Programs](#), [Retail](#), [Vacation & Travel](#), [Transportation](#), [Entertainment](#), [Health & Fitness](#), [Financial](#), [Pet & Animal Care](#), [Food & Restaurant](#), [Technology](#)

VAC Deputy Minister's Kaffeeklatsch. Considered as one of the most important venues for the veterans organizations to have direct input to VAC and to receive information from the source

<https://webmail.bell.net/appsuite/api/mail/CPVA%20Blue%20Beret%20--%20Spring%202019.pdf?action=attachment&folder=default0%2FINBOX&id=107075&attachment=2&delivery=view>

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## **2 CER and 5 RGC Teams participating in 2019 Nijmegen Marches**

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Government of Canada

A [contingent of Canadian Armed Forces \(CAF\) members](#) recently participated in the Nijmegen Marches Departure Parade at the Canadian War Museum. Lieutenant-General Jean-Marc Lanthier, Commander of the Canadian Army and reviewing officer for the departure parade, wished them safe travels as they prepare to depart for the Netherlands, where they will take part in the 103rd annual International Four Days Marches Nijmegen. [READ MORE](#)

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## **Team Canada returns from Warrior Games with medals and memories**

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Canadian Military Family Magazine

Team Canada recently returned home from the experience of a lifetime at the 2019 U.S. Department of Defense Warrior Games in Tampa, FL. While Team Canada's showing on the podium was an impressive one, the true impact of the events extends far beyond the medal count and even the Games themselves. [READ MORE](#)

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## **Second in command of Canadian Forces resigns — issues caused by Norman case cited by Lt. Gen. Paul Wynnyk**

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Ottawa Citizen

The Canadian Forces senior leadership is facing more turmoil after the second highest officer recently tendered his resignation. Lt. Gen. Paul Wynnyk, who had been the vice chief of the defence staff, gave his notice to Chief of the Defence Staff Gen. Jon Vance that he was leaving the Canadian Forces. Wynnyk was asked to stay on beyond his retirement to fill Vice Adm. Mark Norman's job only

to have that decision abruptly changed by Vance in May, who then reversed yet again in June. [READ MORE](#)

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## [Le lieutenant-général Wynnyk, vice-chef d'État-major de la Défense, quitte les Forces armées](#)

45e Nord

Le Lieutenant-général Paul Wynnyk, Vice-chef d'état-major de la Défense des Forces armées canadiennes, a annoncé qu'il prenait sa retraite après plus de 38 ans de service dans les Forces armées. Il a écrit, ce 9 juillet, une lettre cinglante au général Jonathan Vance, chef d'État-major de la Défense, où perce l'amertume de n'avoir été qu'un « pion » d'ici au retour de son prédécesseur, le vice-amiral Mark Norman. [LIRE PLUS](#)

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## [Royal Canadian Legions support 6 Field Engineer Squadron Museum](#)

CMEA

Throughout 2019, Royal Canadian Legion branches have continued their support of 6 Field Engineer Squadron Museum in North Vancouver. Earlier this year, the museum received a \$200 cheque from RCL Legion Branch 263 (Coquitlam) and in June we received \$2,000 from RCL Legion Branch 118 (North Vancouver). In previous years Branches 277 (Squamish), 114 (Lynn Valley) and 60 (West Vancouver) have financially assisted our museum. [READ MORE](#)

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## [Marching in France — Remembering D-Day 75 Years Later](#)

By Captain Andrew Gower, 39 CER

Op DISTINCTION is the operation name for Canadian Joint Operations Command (CJOC) ceremonial events. As part of the efforts to commemorate the 75th anniversary of D-Day, CJOC deployed a contingent of over 300 members of the Canadian Armed Forces (CAF) to France to participate in over 10 ceremonies and events. [READ MORE](#)