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BENEFIT GRID

PROVINCE: ON

PROGRAM OF CHOICE: 15 - VETERANS INDEPENDENCE PROGRAM

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE   TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED	GROUP A	ORIZATION   GROUP B	FREQUENCY	   MAXIMUM AMOUNT\VAC FEE 	SUBSEQUENT PREAUTH.	   COMMENT 
ACCESS TO NUTRITION	    345502 	    16-06-2003  		<b></b>       	     100 	DO		       	Y	   SEE NOTES 1,2,3 
ADULT RESIDENTIAL CARE	    345510   	    16-06-2003    		 	     100   	DO		 	Y	    SEE NOTES 1,2,3,4   
AMBULATORY HEALTH CARE	    345500   	 		 	     100   	DO		 	Y	    SEE NOTES 1,2,3   
GRANT GROUNDS MAINTENANCE	    345515   			 	     100   	     		 	Y	 
GRANT HOUSEKEEPING	    345514   			 	     100   	     		 	Y	 
GRANT PRIMARY CAREGIVER GROUNDS MAINTENANCE	    345517   			 	     100   	     		 	Y	 
GRANT PRIMARY CAREGIVER HOUSEKEEPING	    345516   			 	     100   	     		 	Y	 
HEALTH & SUPPORT SERVICES	    345501   	    16-06-2003  		 	     100   	DO			Y	    SEE NOTES 1,2,3 
HOME ADAPTATIONS	    345507   	    16-06-2003  		     	     100   	DO		i 	Y	    SEE NOTES 1,2,3 
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## VETERANS AFFAIRS CANADA PAGE 2 PRINT DATE: DECEMBER 21, 2017

BENEFIT GRID

PROVINCE: ON

PROGRAM OF CHOICE: 15 - VETERANS INDEPENDENCE PROGRAM

BENEFIT DESCRIPTION	BENEFIT	EFF. DATE   TERM. DATE	PRESCRIBER REQUIRED	RECOMMENDER REQUIRED			   MAXIMUM AMOUNT\VAC FEE	SUBSEQUENT	   COMMENT
INTERMEDIATE CARE	    345512 	    16-06-2003    			     100 	DO	 	     Y 	
PERSONAL CARE	    345503 	    16-06-2003    		 	     100   	DO	 	     Y 	    SEE NOTES 1,2,3   
SOCIAL TRANSPORTATION	    345506 	    16-06-2003    		       	     100   	DO	 	     Y 	    SEE NOTES 1,2,3 

## VETERANS AFFAIRS CANADA PAGE 3 PRINT DATE: DECEMBER 21, 2017 BENEFIT GRID

PROVINCE: ON

PROGRAM OF CHOICE: 15 - VETERANS INDEPENDENCE PROGRAM

- NOTE 1 - PROVIDERS MAY OBTAIN AUTHORIZATION NUMBERS FOR APPROVED VETERANS INDEPENDENCE PROGRAM (VIP) SERVICES, AS WELL AS GENERAL INFORMATION BY CONTACTING THE VIP PROVIDER RELATIONS TOLL-FREE INQUIRY LINE 1-888-261-4033.

- NOTE 2 THE CLIENT OR HIS/HER REPRESENTATIVE (IE. FAMILY MEMBER) MUST CONTACT THEIR DISTRICT OFFICE TO OBTAIN PRE-AUTHORIZATION. IF THERE HAS BEEN A CHANGE IN THE CLIENT'S CIRCUMSTANCES (IE. NEED FOR INCREASED SERVICES), THE CLIENT OR HIS/HER REPRESENTATIVE MUST CONTACT THEIR DISTRICT OFFICE.
- NOTE 3 SEE THE VIP SCHEDULE OF BENEFITS FOR THE DESCRIPTION OF THE SERVICES COVERED UNDER EACH VIP SERVICE.
- NOTE 4 MOST CLIENTS ARE RESPONSIBLE FOR A PORTION OF THE FEE CHARGED BY THE FACILITY; THE MONTHLY AMOUNT IS DETERMINED BY VAC. VAC IS NOT RESPONSIBLE FOR EXTRA EXPENSES SUCH AS CABLE, HAIR CUTS, LAUNDRY AND DRY- CLEANING.