

**Alberta WCB  
Policies &  
Information**

Chapter:

**BENEFITS**

Subject:

**SERVICES FOR WORKERS WITH SEVERE  
INJURIES**

Authorization:

**BoD Resolution 2013/08/27**

Date:

**October 31, 2013**

**APPLICATION 4: SELF-CARE**

**1. *What self-care aids does WCB provide?***

To promote independence, WCB provides aids and devices, allowances, and skills training that, based on the worker’s medical condition, are required as a result of the compensable disability. Self-care may include, but is not limited to:

- the provision of daily living aids
- assistance with personal hygiene and grooming
- assistance with independent eating, nutrition, and food preparation
- training in health and self-treatment
- family/relationship counselling, and
- personal care, home maintenance, and clothing allowances.

WCB does not normally provide recreational aids such as hot tubs, Jacuzzis, whirlpools, etc. However, when a bathroom modification is required, WCB may supply a therapeutic bathtub if required for the disability (based on the worker's functional abilities, the therapeutic value, and medical opinion).

**2. *What if a self-care aid is required for a worker's non-compensable condition?***

WCB will not supply self-care aids unless the need is related to the compensable condition. For example, if a worker has non-compensable diabetes and is unable to self-administer insulin due to the compensable condition, WCB will provide the worker with the necessary assistance. When the relationship between a non-compensable and compensable condition is more difficult to determine, WCB will determine its level of responsibility, based on medical information.

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**3. *What kinds of allowances are available to severely injured workers?***

There are four kinds of allowances for which the worker may be eligible: personal care allowance, home maintenance allowance, clothing allowance, and special needs allowance.

Depending on individual circumstances, workers may be eligible for all four allowances.

**4. *When will WCB pay a personal care allowance?***

WCB may pay a personal care allowance when, in order to live at home, a worker needs assistance with communication, mobility, self-care, or supervision due to the compensable injury. Personal care allowances are authorized and paid under s.82 of the Act. A worker who is confined to a hospital, nursing home, or other institution is normally not eligible, however, if the worker is temporarily hospitalized, WCB may continue to pay a personal care allowance during hospital stays up to 30 days from the date of admission.

When a worker is permanently totally disabled WCB will, in every case, consider whether or not the worker is eligible for a personal care allowance.

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**5. *What costs are included in a personal care allowance?***

The amount of the allowance depends on the level of personal care required. WCB will pay actual and reasonable costs for the care provided. When a family member is the primary care-provider, WCB will base the allowance on competitive rates for equivalent care.

Costs of respite care (to provide care when the primary care giver is off-duty or on vacation) may also be included.

Provided the care-giver is not agency personnel, WCB will also include the costs of any necessary training that the care-provider requires in order to provide medical care.

In addition to personal care of a nursing nature, the allowance may also include incidental services such as homemaking, if the worker is not functionally able to perform these activities. The care-provider may perform these activities or additional help may be required.

WCB will also pay for skills training in cases where a worker is functionally capable but needs to learn new methods of performing these activities due to the disability (usually for paraplegic or quadriplegic workers, but may also be required for other severely injured workers such as amputees or workers with brain injuries).

**6. *To whom is the personal care allowance paid?***

The allowance is paid to the worker or legal designate. If the worker or legal designate gives written authorization, the allowance may be paid directly to the health care agency providing the service.

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**7. *What is the purpose of a home maintenance allowance?***

The home maintenance allowance is a benefit paid under s.89 of the Act that is intended to optimize and/or maintain the worker's independence by offsetting additional home maintenance costs caused by the compensable injury. There are two levels of home maintenance allowance.

Level 1 is meant to offset the labour costs of normal day-to-day maintenance that the worker is no longer able to do because of the compensable injury (see Policy 04-10 for details and eligibility criteria).

Level 2 is meant to offset the costs of additional wear and tear to flooring, walls, etc. caused by wheelchairs or similar mobility aids which are required because of the compensable injury.

**8. *Who is eligible for a Level 2 home maintenance allowance?***

Workers are eligible for a Level 2 allowance if they:

- a. have permanent compensable disabilities which require them to use a wheelchair or similar mobility aid (e.g., scooter) in the home all or most of the time, and
- b. own their residence or are responsible for the maintenance costs of their residence.

Severely injured workers who meet eligibility requirements for Level 1 (see Policy 04-10) and Level 2 will receive both.

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**9. *Is a hospitalized worker eligible for a home maintenance allowance?***

A worker who is confined to an institution on a permanent basis is not eligible for a home maintenance allowance. However, if a worker receiving a home maintenance allowance is temporarily hospitalized, WCB will continue the allowance for as long as the worker maintains the residence.

**10. *How is the Level 2 home maintenance allowance paid, and what is it based on?***

The Level 2 allowance is paid annually at the beginning of the year. If a worker becomes eligible part way through the year, the amount is prorated for that year.

The amount is based on average additional costs of the included services. Level 2 includes labour and materials as this is additional maintenance over and above normal maintenance requirements.

The maximum amounts payable are adjusted on January 1 of each year by the same percentage as the cost-of-living adjustment paid under s.59 of the Act.

Please refer to Addendum B for home maintenance allowance Level 2 amounts.

**11. *When does WCB pay a clothing allowance?***

If, because of a compensable injury, a worker uses a prosthesis, appliance, or wheelchair, WCB may, on application by the worker, pay an allowance to help replace clothing worn or damaged as a consequence.

The clothing allowance is paid annually, usually on the anniversary of the date the prosthesis or appliance was first fitted or the wheelchair supplied. The allowance continues uninterrupted, unless the worker no longer uses the prosthesis, appliance, or wheelchair.

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*Clothing allowance category (continued)*

necessary materials and notions). The amounts for each category vary and are based on the typical needs of the category.

*Change in ACPI commodity*

This is the change in the Alberta Consumer Price Index commodity over the 12-month period ending on September 30 of the year prior to the adjustment. The commodities used in the adjustment formula for clothing allowances are part of the Clothing and Footwear commodity group.

This information is obtained from Statistics Canada.

**13. *What vocational rehabilitation services are available to severely injured workers?***

Usually, vocational services are determined by the impact compensable work restrictions have on earning capacity and are provided on a cost-effective basis to, as far as possible, restore the worker's pre-accident earning capacity (see Policy 04-05, *Return-to-Work Services*). When a worker is severely disabled with catastrophic injuries such as quadriplegia, paraplegia, severe brain injury (as assessed by a neurologist, physiatrist or neurosurgeon using standard criteria), or other similar injuries, however, WCB will consider the worker's overall rehabilitation and may sponsor a training program that does not improve earning capacity or, alternatively, goes beyond what is required to restore earning capacity.

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**14. *Will WCB consider additional family costs when a worker is hospitalized?***

When a severely injured worker’s condition is so serious it is considered life threatening, WCB may pay reasonable expenses resulting from the immediate family’s attendance at the hospital. Reasonable expenses may include accommodation, meals, and transportation, and unusual child care expenses. Unusual child care expenses are expenses, other than casual baby-sitting, which the family would normally not pay. For example, if the child does not usually go to daycare, but is temporarily enrolled in day care so the other family members can be at the hospital.

**15. *Will WCB provide counselling for family members to help them deal with the impact of the injury?***

WCB will offer counselling services for families of workers with permanent severe injuries to help them adapt to and deal with the effect the worker’s injury has on the family. This gives family members access to counselling independently from the injured worker and is in addition to the counselling provided to the worker.

WCB offers the counselling to family members with the goal of maintaining the worker’s family relationships and support network. The extent of the counselling provided depends on the individual circumstances and the severity of the injury. Generally, the more severe the injury, the more likely it is the family may need ongoing support to help them deal with the impact.

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**16. *Will WCB consider providing assistance when the worker's rehabilitation is affected by the worker's financial situation?***

WCB may consider some special and limited financial assistance when it is likely this will help the worker's rehabilitation. This financial assistance will only be considered when the worker's financial stability is seriously affected due to unusual circumstances related to the compensable injury (for example, if the worker is required to move as a result of the injury, and is unable to pay the security deposit or rent, or if the worker has had unusual expenses because of the injury and is temporarily unable to meet regular monthly payments).

**17. *Are there any additional allowances paid to workers with severe injuries?***

Workers with disabilities of 50% or more are eligible for a special needs allowance. Eligibility for the allowance is based on the date of accident.

**18. *What is the purpose of the special needs allowance?***

WCB recognizes that benefits for workers with severe injuries that were appropriate at the time of injury may no longer be sufficient. This is mainly due to two factors:

- the maximum insurable earnings before 1982 were much lower, and many workers had earnings over the maximum which were not insured, and
- before the current indexation formula was adopted on January 1, 1996, cost-of-living adjustments were sporadic and did not keep up with actual inflation.

The financial impact of these two factors is compounded over time, so workers with the oldest claims are most affected.

The special needs allowance is intended to help lessen the impact of the disability by providing additional financial assistance.

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**19. *Who is eligible for the allowance?***

The special needs allowance is effective January 1, 1999. Workers who meet all of the following conditions are eligible for the allowance:

- permanent disability resulting from one or more claims is 50% or greater
- the date of accident of the claim or claims resulting in the 50% or greater disability is on or before December 31, 1994
- the worker has not taken a lump sum commutation in full settlement of the claim(s). In the case of multiple claims, the allowance will be calculated and paid on any remaining claims that have not been paid in full through a lump sum commutation.

**20. *How is the allowance calculated and paid?***

The allowance is paid each January as an annual allowance, beginning in 1999. The allowance is payable for the worker’s lifetime. It is calculated using a progressive formula, based on the worker’s annual pension amount as of January 1, 1999. When there are multiple claims, each claim is calculated separately:

- 1% of the annual pension amount (including s.58 supplements) for each year of disability for the years 1982 – 1994 inclusive, including the year of accident
- 2% of the current annual pension amount (including s.58 supplements) for each year of disability prior to 1982, including the year of accident

Supplements paid under s.58 of the Act are included with the annual pension amount in the calculation. If the worker no longer receives a s.58 supplement because he or she reached age 65 before January 1, 1999, WCB will include an annualized amount based on the s.58

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*How the allowance is  
calculated and paid  
(continued)*

supplement in effect at the time the worker reached age 65.

The allowance will be adjusted by the same percentage as the cost-of-living adjustment on January 1 of each year, starting in 2000.

The total sum of the annual special needs allowance and earnings replacement benefits the worker is entitled to receive for the same claim(s) cannot exceed the maximum compensation amount, based on maximum insurable earnings in the allowance year.

**21. *What if an injured worker becomes eligible for the allowance after January 1, 1999?***

A worker may become eligible for the allowance after January 1, 1999, if:

- a medical reassessment confirms the worker’s cumulative disability has increased so it is equal to or greater than 50%, and
- the claim(s) resulting in the disability of 50% or more occurred on or before December 31, 1994.

In these circumstances, the allowance will be effective the date the cumulative disability is considered to have reached 50%, or January 1, 1999, whichever is later.

The annual pension as of the effective date of the allowance will be used to calculate the allowance amount.

**22. *When is this policy application effective?***

This policy application (Application 4 – Self Care) is effective December 1, 2013, and applies to all decisions made on or after that date, except when noted otherwise in a specific policy section(s).

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