RETRAITE QUÉBEC
Family Allowance

Supplement for Handicapped Children Requiring Exceptional Care

Understanding
the eligibility requirements

Votre gouvernement

Québec

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Supplement for Handicapped Children Requiring Exceptional Care

The Supplement for Handicapped Children Requiring Exceptional Care is financial assistance added to the Supplement for Handicapped Children. It allows to consider the fact that the parents of a child who is severely ill or has very severe disabilities must assume extraordinary responsibilities in administering care to the child and ensuring the child's safety. The Supplement for Handicapped Children Requiring Exceptional Care is paid to the family of a child under age 18 who has **severe and multiple disabilities** and/or whose state of health requires **complex medical care**. A child could be eligible for the Supplement if his or her condition meets the eligibility requirements for a period expected to last at least one year.

The Supplement for Handicapped Children Requiring Exceptional Care has two tiers of eligibility. Depending on the severity of the child's condition and age, he or she may be eligible for either Tier 1 or Tier 2.

The eligibility requirements are stricter for Tier 1 than for Tier 2. That is why a higher amount is granted for Tier 1 than for Tier 2.

For the three situations, once the child is eligible for the Supplement for Handicapped Children Requiring Exceptional Care, the child remains eligible until he or she turns 18 if his or her condition has not changed.

Preconditions

To be entitled to the Supplement for Handicapped Children Requiring Exceptional Care, the child's family must receive **Family Allowance** and the **Supplement for Handicapped Children** for him or her.

If this is not the case, the family must file an application for Family Allowance and/or the Supplement for Handicapped Children. The forms are available on our website. You can send us your applications for Family Allowance and the Supplement for Handicapped Children and the Supplement for Handicapped Children Requiring Exceptional Care at the same time.

Eligibility analysis

The child's eligibility is assessed by Retraite Québec's team of physicians and health professionals, based on the requirements shown in the Eligibility requirements section.

Three different situations (situations A, B and C) allow a child to be eligible for the Supplement for Handicapped Children Requiring Exceptional Care based on different criteria.

In situation A, since the eligibility requirements are different for the two determined age groups, a child may not be eligible for the Supplement for Handicapped Children Requiring Exceptional Care before age 4 but may be eligible after that age. Conversely, a child may be eligible before age 4, but no longer be eligible after that age. For the same reason, a child may be eligible for different tiers before and after age 4.

A child's eligibility for the Supplement for Handicapped Children Requiring Exceptional Care is not determined solely upon the diagnosis. Therefore, even if two children received the same diagnosis, the applications filed for them may be subject to different decisions because of differences with regard to their disabilities, limitations and/or the complex medical care they require.

Assessment period of eligibility for the Supplement for Handicapped Children Requiring Exceptional Care

For the three situations, once the child is eligible for the Supplement for Handicapped Children Requiring Exceptional Care, the child remains eligible until he or she turns 18 if his or her condition has not changed.

Situations

A Child with **very severe and multiple disabilities**

B Child requiring **complex medical care at home**

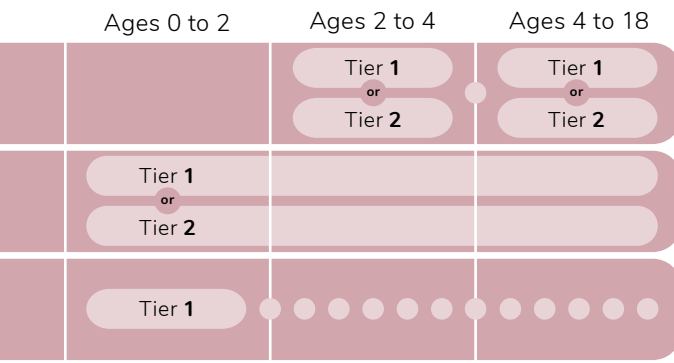
C Very young child with **severe, multiple and persistent disabilities**

Severity of the limitations

Regarding situation A and in certain cases for situation B, we must assess the severity of the limitations in carrying out the child's life habits to determine his or her eligibility. In the case of the Supplement for Handicapped Children Requiring Exceptional Care, two degrees of limitations in carrying out a life habit are defined in the Regulation. As a result, only these two degrees of limitations are taken into account when analyzing applications. They are **absolute and serious limitations**.

Absolute limitation

- The child is completely unable to carry out a life habit in an autonomous manner for the child's age despite the presence of facilitating environmental factors, such as technical aids, arrangements, or the assistance of another person. In other words, the child has major disabilities and is **absolutely incapable of carrying out** a life habit according to the norm expected for his or her age, despite the implemented facilitators.
- The child shows little or no individual autonomy. Carrying out the life habit **depends entirely on the adult**, and the child is unable to participate, or only participates minimally for his or her age.



Serious limitation

- The child **always or nearly always has considerable difficulty carrying out** a life habit in an autonomous manner for the child's age despite the presence of facilitating environmental factors, such as technical aids, arrangements, or the assistance of another person. In other words, the child has very severe disabilities and carries out the life habit, but incompletely, and the **final result is considerably impaired** compared with the expected norm for his or her age, despite the implemented facilitators.
- The child shows little autonomy for his or her age. Carrying out the life habit **depends mainly on the adult**, and the child is only partially participating for his or her age.

For the same child, the degree of limitation in carrying out the life habit may vary in time. The child's disabilities may improve with age, stimulation or following therapeutic treatments. Therefore, the child may become less limited as he or she ages. Conversely, participation requirements increase with age. For a level of disability that remains similar, an older child may therefore be considered more limited because the gap between him or her and his or her peers regarding carrying out life habits has widened significantly over time.

Life habits

The life habits taken into consideration when processing applications are those that a child must carry out, **depending on his or her age**, with respect to his or her personal care and social life. The assessment takes into account the child's functioning in all his or her living environments.

Nutrition	Consumption of liquids and foods, eating meals and ability to use implements for eating and drinking
Personal care	Physical hygiene (cleanliness), excretal hygiene, getting dressed and health care
Moving about	Motor skills for moving about
Communication	Exchanging information with the child's entourage through speech and language, that is, through comprehension, expressing needs, conversation, hearing and eyesight
Interpersonal relations	Relationships with others and ability to form bonds
Responsibilities	Respecting safety instructions, solving everyday problems, respecting social norms, being able to care for himself or herself and behaving in a logical and sensible manner
Development and learning	Intellectual development, including play skills and knowledge acquired at preschool, or at elementary or secondary school

Eligibility requirements

Situation A
Child with very severe and multiple disabilities

The child has **physical impairments** or a **mental function disability** causing **very severe and multiple disabilities** that prevent him or her from carrying out the **life habits** of a child of his or her age. The disabilities are expected to last for **at least one year**.

Child aged 2 or over, but under 4

With regard to carrying out the **following 3 life habits**:

- Nutrition
- Moving about
- Communication

Tier 1

Absolute limitation respecting **3 life habits**

Tier 2

Absolute limitation respecting **1 life habit**

+

1 serious or absolute limitation in **1 other life habit**

Child aged 4 or over, but under 18

With regard to carrying out **all 7 life habits** taken into consideration:

Tier 1

Absolute limitation **respecting 4 life habits**

+

Serious or absolute limitation respecting **1 other life habit**

OR

Absolute limitation respecting **3 life habits,** including **moving about**

+

Serious or absolute limitation respecting **2 other life habits**

Tier 2

Absolute limitation respecting **2 life habits**

+

Serious or absolute limitation respecting **1 other life habit**

OR

Absolute limitation respecting **moving about**

+

Serious or absolute limitation respecting **1 other life habit**

Situation B
Child requiring complex medical care at home

The child's medical condition requires **complex medical care at home** for which parents have received training at a specialized centre in order to learn the specific techniques for using the necessary equipment. Care must be administered by the parents who must also be able to respond to any potentially life-threatening change in their child's clinical condition and are expected to administer the complex medical care to their child for **at least one year**.

Child under age 18

Child receiving **one of the following types of care**:

Tier 1

Respiratory care:

- tracheostomy with mechanical ventilation;
- for children **under age 6 OR** for children **aged 6 or over** who have an absolute limitation in carrying out a life habit or a serious limitation in carrying out two life habits, excluding personal relationships:
  - tracheostomy without mechanical ventilation;
  - daily non-invasive mechanical bi-level positive airway pressure ventilation using BPAP.

Nutritional care:

- parenteral nutrition (intravenous hyperalimentation).

Cardiac care:

- intravenous inotropic therapy;
- ventricular assist device (artificial cardiac pump).

Renal (kidney) care:

- peritoneal dialysis.

Child under age 18

Child receiving **one of the following types of care**:

Tier 2

Respiratory care:

- for children **aged 6 or over** who do not have limitations in carrying out their life habits:
  - tracheostomy without mechanical ventilation;
- oxygen therapy or mechanical ventilation (CPAP, high-flow oxygen therapy systems) on a daily basis, 24 hours per day.

Nutritional care:

- gastrojejunal or jejunal feeding tube.

Other care:

- daily skin care for severe and generalized dermatologic conditions at high risk of pressure wounds, webbing and contractures.

Situation C

Very young child with severe, multiple and persistent disabilities

Child under age 2

All the elements listed under **REQUIREMENT 1 or REQUIREMENT 2** describe the child's condition:

Tier 1

REQUIREMENT 1

Chronic and severe illness without known treatment

+

Very severe and persistent motor disabilities

+

Complex medical care

OR

REQUIREMENT 2

Neurogenetic, congenital or metabolic disease without known treatment

+

Very significant symptoms in the first months of life

+

Disease that limits life expectancy to childhood

For situation C to apply:

- A disease is considered to limit life expectancy to childhood when it is associated with death before age 18 in most affected children, despite optimal care.
- A child with very severe persistent motor disabilities is a child who has both:
  - gross motor skills that remain below those of the average healthy child a quarter of his or her age, despite receiving recommended treatments (e.g. a 12-month-old child with skills below those expected of a 3-month-old child);
  - oral-motor disabilities that result in significant challenges with regard to eating.
- To assess the condition of a child born prematurely in relation to his or her growth and development, the child's age is adjusted by subtracting the number of weeks of prematurity, until the age of 36 months.
- The term "complex medical care" means care that meets all of the following conditions:
  - It is administered on a daily basis, and the care routine is very demanding.
  - It is administered for the child's survival, as it compensates for the dysfunction of an organ or system.
  - It is not frequently administered to children in the same age group as the child.
  - It requires specialized equipment or a person to be available at all times to address any changes in the child's clinical condition.

How to reach us

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My Account
My connection to Retraite Québec

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This publication is available in alternate formats by calling 1 800 463-5185.

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