At Home Program Guide

FOR HEALTH CARE PROFESSIONALS AND FAMILIES

BRITISH COLUMBIA

Ministry of Children and Family Development

August 2023

Intent of this guide

This guide provides detailed information on all aspects of the At Home Program and is intended to assist parents and health care professionals understand how the program works. This guide is the policy for the administration of AHP Medical Benefits. Please refer to the ministry's website for the most current version of this guide.

Here to Help

The At Home Program is committed to supporting children with severe disabilities and their families. As always, staff is available to answer questions you may have and provide assistance.

FOR QUESTIONS about the application, assessment, and eligibility process and AHP Respite please contact your *local MCFD office and At Home Program Regional Coordinator*

FOR QUESTIONS about AHP Medical Benefits:

EMAIL: *MCF.MedicalBenefitsProgram@gov.bc.ca*
TOLL-FREE:1 888 613-3232
VICTORIA: 250-387-9649
FAX: 250-356-2159
ADDRESS: Medical Benefits, Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT Victoria B.C.
V8W 9S5

IF YOU HAVE A CONCERN about the service provided by the At Home Program Medical Benefits, or a concern regarding a program decision, call **1-888-613-3232**. If your complaint is not resolved, request to speak with an At Home Program supervisor or email *MCF.MedicalBenefitsSupervisor@gov.bc.ca*

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At Home Program Overview

The **AT HOME PROGRAM (AHP)** is intended to assist parents or guardians with some of the extraordinary costs of caring for a child with severe disabilities at home.

The AHP provides assistance in two main areas:

- **AHP RESPITE BENEFITS** allow parents or guardians to access respite services that best suit their needs.
- **AHP MEDICAL BENEFITS** provide a range of basic, medically necessary items and services.
- A child may be eligible for both Respite Benefits and Medical Benefits, or a choice of one benefit.

The AHP supports eligible children who require long-term medical supports, services and continued assistance to address having "severe disabilities". For the AHP, severe disabilities means:

- having limitations and impairments (biological or physiological)
- having significant difficulty with self-care tasks (eating, dressing, toileting, washing)
- functioning well below age-level expectations

AHP Respite

AHP RESPITE BENEFITS are managed locally through MCFD offices.

The AHP Respite Benefits provides funding to purchase respite care for eligible children and youth. Families may choose the type of respite services that best suit their needs, either in their home or at another location.

Local MCFD offices assist families to access the AHP Respite Benefits. Working with the local CYSN social worker, a parent or guardian makes a written agreement with the Ministry of Children and Family Development to receive funding and can choose to receive benefits through a direct monthly payment or to be reimbursed for respite expenses.

The parent or guardian is responsible for arranging respite care, paying caregivers, managing their respite budget and providing a record of respite expenditures.

The program does not cover services that are:

- Required as a result of the parent or guardian's paid or unpaid employment, training or education, or
- Provided by any other MCFD program

AHP Respite Benefits cease on the last day of the month of a youth's 19th birthday. For more information about AHP Respite Benefits, contact your local MCFD Office.

For families receiving direct monthly respite payments, the following resources may help in determining tax and employer obligations:

- For individual income tax enquiries, *Canada Revenue Agency (CRA) at 1-800-959-8281*
- *Tax credits and Deductions for Persons with Disabilities*
- *Work Safe B.C. (registering for coverage)*
- *Employment Standards Branch*

Families are encouraged to contact a tax professional for information specific to their situation.

AHP Medical Benefits

MEDICAL BENEFITS ARE MANAGED CENTRALLY by the AHP Medical Benefits. All medical benefits require pre-approval.

Medical benefits available to an eligible child or youth may include the following:

- Mobility and Adaptive Equipment
- Biomedical Equipment
- Medical Supplies
- Audiology Equipment and Supplies
- School-Aged Extended Therapies
- Dental, Orthodontic and Optical Coverage
- Medical Transportation
- Access to PharmaCare Plan F. Please note PharmaCare submissions and claims are handled by Health Insurance B.C.

Requests for equipment, supplies and services must be recommended in writing by a health professional (all exceptions specifically noted). Certain types of equipment must be deemed "medically necessary" in order to be considered eligible by AHP Medical Benefits.

Forms and guidelines for requesting the various medical benefits are available *online*.

For more information about AHP Medical Benefits, please see the *AHP Medical Benefits Section*.

Who is Eligible?

To be eligible for the AHP, a child or youth must be:

- 17 years or younger for AHP Medical Benefits
- 18 years or younger for Respite Benefits
- A resident of British Columbia
- Enrolled with the British Columbia Medical Services Plan
- Living at home with a parent or guardian or with an Extended Family Program caregiver
- Assessed as dependent in at least three of four functional activities of daily living (eating, dressing, toileting and washing)

Children assessed as dependent in three of four functional activities of daily living are eligible for a choice of either AHP Respite or AHP Medical Benefits. Families may switch between these benefits up to once per year.

Children assessed as dependent in four of four functional activities of daily living are eligible to receive both AHP Respite and AHP Medical Benefits

Program eligibility may be reassessed at the discretion of the Ministry of Children and Family Development (MCFD).

THIS PROGRAM IS NOT INTENDED FOR CHILDREN AND YOUTH WHO:

- Have acute or temporary equipment needs
- Long-term hospital admissions over 4 months
- Short-term visitors/tourists in BC
- In the care of the ministry

When are AHP assessments not required?

The following children or youth are eligible without the need for an AHP Assessment

- Children who receive direct nursing care through Nursing Support Services are eligible for AHP Medical Benefits without an AHP assessment. The child may continue to receive AHP Medical Benefits for three months following their discharge from Nursing Support Services. An eligibility assessment is required to continue benefits beyond this time frame
- Children diagnosed with Duchenne Muscular Dystrophy or Spinal Muscular Atrophy Type 1 and 2 are eligible for AHP Medical Benefits without an AHP assessment
- Children who receive palliative care at home, have been diagnosed with a life-threatening illness or condition (as indicated by the child's physician on the At Home Program Application form), and have a life expectancy of up to six months, are eligible for both AHP Respite and AHP Medical Benefits without an AHP assessment. For further information on palliative care, please see the *B.C. Palliative Care Benefits website*, or call **1-800-663-7100**

How can I apply?

Complete the At Home Program Application form with the assistance of a physician or a nurse practitioner. The application is available on the *At Home Program website* at your local MCFD Office, or local health unit. Or by calling Health Link B.C. at **8-1-1**.

Mail or fax the completed form to your local *At Home Program Local Office*.

MCFD At Home Regional Contacts will review the completed application, and arrange for the child to have an assessment, if necessary.

What is an eligibility assessment?

AHP assessments are conducted by NSS Nurse assessors. An assessor will contact the family and arrange to meet with the parent or guardian, and child or youth in their home. An assessment of the child's abilities in four functional activities of daily living (eating, dressing, toileting and washing) will be conducted.

The assessor may also contact other health care providers to review the child's needs and abilities or may request to observe the child in an alternative setting. The assessor will provide the parent or guardian with a copy of the completed assessment.

If the child or youth is eligible for the AHP, a Children and Youth with Support needs (CYSN) worker will be available to discuss the family's needs, and other CYSN services and supports.

How is eligibility determined?

A regional eligibility committee will review the application and assessment and make an eligibility recommendation to MCFD. The parent or guardian will receive a letter indicating the eligibility decision. If the child is not eligible for the AHP, the parent or guardian may be referred to other supports and services where available.

What should I do if I disagree with an eligibility decision?

If you do not agree with an eligibility decision, please contact your local *At Home Program Regional Contact*. If you have additional medical documentation that was not available during the assessment, submit it for reconsideration.

If you feel that you have not been treated fairly, or in a respectful manner, you may contact the Ministry of Children and Family Development's Client Relations Branch at **1-877-387-7027 (TOLL-FREE)** or **250-387-7027 (VICTORIA)** and enquire about the complaint resolution process.

I have received a settlement or court award, am I still eligible for the AHP?

Parents and guardians are responsible for notifying MCFD if a settlement or court award has occurred. The AHP is subject to the policy **ELIGIBILITY FOR SERVICES FOLLOWING A THIRD-PARTY SETTLEMENT OR COURT AWARD**. Under this policy, children or youth who are in receipt of a settlement or court award related to the child's disability are not eligible for the AHP.

Please contact your CYSN worker for more information.

At Home Program Medical Benefits

Medical benefits are managed centrally by the AHP Medical Benefits. **ALL MEDICAL BENEFITS REQUIRE PRE-APPROVAL**.

Requests for equipment, supplies and services must be recommended in writing by a health professional (all exceptions specifically noted). Equipment must be deemed "medically necessary" to be considered eligible by AHP Medical Benefits.

Forms and guidelines for requesting the various medical benefits are available *online*.

Guidelines for Equipment and Benefits

WHAT DOES "MEDICALLY NECESSARY" MEAN?

AHP Medical Benefits provides a range of basic, medically necessary equipment and supplies to support and assist eligible children and youth in their homes.

1. To be considered "medically necessary," equipment and supplies must be:
    - **a.** Directly related to the health condition or disability that qualifies the child or youth to be eligible for AHP Medical Benefits.
    - **b.** Required for one or more of the following reasons:
        - **i.** To sustain life and bodily functions
        - **ii.** To maintain the child or youth's body in proper alignment
        - **iii.** To mitigate significant complications related to the condition or disability that qualifies the child or youth to be eligible for AHP Medical Benefits
        - **iv.** To provide mobility in common indoor and common outdoor settings
        - **v.** To safely transfer the child or youth within the home (e.g., bedroom and bathroom transfers)
        - **vi.** To safely provide postural support to help position the child or youth for travel in a vehicle, when vehicle seatbelts and/or commercial car seats and booster seats are not an option based on the current, individual requirements of the child or youth
        - **vii.** Prescribed by a professional who is regulated under the Health Professions Act (all exceptions are explicitly noted)
        - **viii.** Available on the market long enough to be considered common, standard equipment
        - **ix.** The least expensive item that addresses the child's medical needs; funding limits may apply
        - **x.** Pre-approved by AHP Medical Benefits prior to purchase

2. Some benefits and items have additional requirements and policy to be approved by AHP Medical Benefits. Please refer to the specific benefit page in the guide for these details.
3. AHP Medical Benefits does not cover all types of medically necessary equipment and supplies.
4. Equipment and supplies that are not specific to the child or youth's disability or complex health condition are not eligible benefits; this includes equipment designed specifically for caregiver health, caregiver safety, or personal preference.
    a. Although some benefits may assist children and youth in gaining independence, equipment or upgrades are not approved when independence is the sole rationale.
5. Costs associated with equipment upgrades and repairs of upgrades related to caregiver health, caregiver safety, personal preference and environmental factors, are the responsibility of parents or guardians.
6. The term "medically necessary" applies to equipment and supplies only. All children eligible for AHP Medical Benefits are eligible to request the school-aged extended therapies benefit, with the recommendation of a healthcare professional. Please see the section *School-Aged Extended Therapies for more detail.*
7. AHP Medical Benefits does not cover the cost of replacement due to intentional or negligent damage, loss or theft.
8. At Home Program Medical Benefits does not fund duplicates.
9. At Home Program Medical Benefits does not fund home renovations or structural modifications to accommodate new equipment.
10. Equipment and supplies are to be used primarily in the home setting.
    a. Equipment and supplies specifically intended for school use are not funded by the At Home Program.
11. The purchase of medical equipment and supplies is limited to what is available through the Product Distribution Center (PDC), Canadian dealers, Canadian manufacturers and/or Canadian distributors.

How do I contact AHP Medical Benefits?

The following contact information should be used when:

- Seeking more information about AHP Medical Benefits, or
- Submitting requests, invoices, or receipts, as described throughout the guide

EMAIL: *Mcf.medicalbenefitsprogram@Gov.bc.ca*
TOLL-FREE: 1-888-613-3232
VICTORIA: 250-387-9649
FAX: 250-356-2159

ADDRESS: Medical Benefits,
Ministry of Children and Family Development
Po Box 9763 – Stn Prov Govt Victoria B.C.
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Mobility and Adaptive Equipment

AHP Medical Benefits may provide the following basic, medically necessary mobility and adaptive equipment:

- Alternate Positioning Devices
- Bathing and Toileting Aids
- Hospital Beds and Mattresses
- Lifts
- Mobility Equipment
- Seating Systems
- Specialized Car Seats
- Therapeutic Equipment

Alternate Positioning Devices (APD)

STANDING FRAMES

AHP Medical Benefits may provide one standing frame to assist with positioning options for the child in the home up to $8,000.

WALKERS

AHP Medical Benefits may provide one walker to assist with positioning options for the child in the home up to $8,000.

ADDITIONAL APD ITEMS

Additional alternate positioning devices may be provided to a maximum of $5,000.

AHP Medical Benefits may provide the following devices to assist with positioning options for the child in the home:

- Sidelyers
- Postural and positioning chairs
- Floor sitters
- Other alternate positioning devices (APD) recommended by a therapist

REPLACEMENTS AND RECYCLING

Once the maximums have been used, requests for additional alternate positioning devices will be approved due to device life expiring, child's functional need changes, item is no longer usable due to growth, or other medically justified reasons, and the return of the item to the equipment pool.

Requests for additional alternate positioning devices will not be approved until arrangements have been made for one or more devices to be returned to the Children's Medical Equipment Distribution Service (CMEDS) administered by HME Mobility and Accessibility.

FOR MORE INFORMATION, please see the *CMEDS website* or call **604-821-0075** (or **250-386-0075** for Southern Vancouver Island).

Bathing and toileting aids

AHP Medical Benefits may provide basic equipment for bathing and toileting in the home, including:

- Commodes/raised toilet seats
- Toilet frames
- Bath chairs/bath benches
- Bath lifts (program will only fund one lift device – see lift category)
- Bath seat can be funded for use with a lifting device
- Transfer poles
- Grab bars (maximum 2)
- Step stools ($200 maximum)

The following expenses are not benefits:

- Installation of grab bars
- Typical toilets and bidets

Wheelchairs, Scooters, Crutches and Back-up devices

AHP MEDICAL BENEFITS MAY PROVIDE ONE OF THE FOLLOWING:

- One manual wheelchair
- One basic power wheelchair, and one 'backup' device – either a basic manual wheelchair or a support needs stroller
- One support needs stroller
- One basic scooter – if the child is not totally wheelchair dependent, and is unable to propel a manual wheelchair (due to medical reasons)

CRUTCHES

AHP Medical benefits may provide crutches based on mobility and adaptive needs plus the cost of basic tips.

POWER WHEELCHAIRS

A basic powered wheelchair includes the following features:

- Power base
- Battery charger
- Frame with seat width and seat depth adjustability (grow- ability)
- Seat pan
- Height adjustable back canes
- Height adjustable armrests and basic arm pads
- Swing away footrest hangers
- Angle adjustable footrests
- Basic electronics with standard joystick
- Swing away joystick mount
- Standard wheels and casters
- Transit package

All other upcharges for wheelchairs need to be justified by the prescribing therapist.

The minimum replacement period for wheelchairs is 5 years.

BACK-UP MOBILITY DEVICE

AHP Medical Benefits will fund one of the following basic manual backup mobility devices to a maximum of $4000.

- **BACK-UP MANUAL WHEELCHAIR:** The minimum replacement period for a wheelchair is 5 years
- **BASIC SUPPORT NEEDS STROLLERS:** The minimum replacement period for a stroller is 3 years and includes basic push handles

MANUAL WHEELCHAIRS

Basic wheelchairs may be eligible benefits. Modifications and upgrades may not be eligible.
A basic manual wheelchair includes the following features:

- Frame with seat depth and seat width adjustability (grow-ability)
- Height adjustable back canes
- Height adjustable armrests and basic arm pads
- Swing away footrest hangers
- Angle adjustable footrests
- Wheel locks with extensions/attendant wheel locks
- Standard wheels and casters
- Anti-tippers
- Transit package
- Seat and back upholstery

All other upcharges for wheelchairs need to be justified by the prescribing therapist.

The minimum replacement period for wheelchairs is 5 years.

WHEELCHAIR COMPONENTS

The following wheelchair components may be an eligible benefit:

- Swing to side arm supports or wheelchair tray for positioning
- Trays for biomedical equipment

WHEELCHAIR SEATING SYSTEMS

AHP Medical Benefits may provide one commercial or custom-made postural control seating system for use in a wheelchair or support needs stroller up to a limit of $9,000.

All requests for custom seating must include a quote showing the itemized costs of components and labour. Duplicate seating systems or custom seating and cushions for backup wheelchairs are not provided.

A seating system that is not primarily used in a mobility device may be considered as an Alternate Positioning Device (APD).

SCOOTERS

A basic scooter may be provided, if the child is not totally wheelchair dependent and is unable to propel a manual wheelchair (due to medical reasons).

Funding for a scooter is provided to a maximum of $3,700. The minimum replacement period for a scooter is 5 years.

Hospital Beds

AHP Medical Benefits may provide funding for a standard electric hospital bed including headboard, footboard and rails as follows to a maximum of $4000:

- **HOME CARE BED:** justification must confirm that a hospital bed is required to facilitate transfers of a child or youth to and from bed or to adjust or maintain positioning in bed.
- **POSITIONING BED:** justification must confirm that a positioning bed is required to adjust or maintain the child or youth's positioning in bed (e.g., Trendelenburg position).
- **OVERLAY AND MATTRESSES:** AHP Medical Benefits may provide overlays and pressure redistribution mattresses based on basic medical needs for use with a hospital bed.

AHP Medical Benefits does not provide containment type beds including repairing and maintenance.

Lifts

AHP Medical Benefits may provide a floor model lift or ceiling track lift for bedroom and/or bathroom transfers to a maximum of $8000. This includes the lift, two slings and installation for the life of the device:

- Replacement motors for lifts will be provided
- AHP Medical Benefits will replace slings due to device life expiring
- At Home Program Medical Benefits will not fund a bath lift as well as lift
- AHP Medical Benefits does not fund van modifications, vehicle lifts, or stair or porch lifts
- Removal and reinstallation of a lift when a family moves to new accommodation is not an eligible benefit

Therapeutic equipment

AHP Medical Benefits may provide one of each of the following items, as needed for a home-based therapy program:

- Floor therapy mat (1 mat up to a lifetime maximum of $500)
- Therapy roll
- Therapy ball
- Therapy wedge

Specialized car seats

AHP Medical Benefits may provide specialized car seats for children who cannot use commercial car seats due to their disability. Specialized car seats require the National Safety Mark (NSM) to demonstrate meeting the Canada Motor Vehicle Safety Standard (CMVSS).

All requests for specialized car seats must include the child's height and weight. Replacement will not be considered for the life of the car seat or until the child has outgrown it.

The Children's Medical Equipment Distribution Service (CMEDS) does not re-use or dispose of car seats. Please refer to your local recycling facility, or your car seat manufacturer for information about recycling specialized car seats.

Requests, Warranties, Repairs, Recycling, Modifications

HOW DO I REQUEST MOBILITY AND ADAPTIVE EQUIPMENT?

An Occupational Therapist or Physiotherapist recommendation is required for all mobility and adaptive equipment. Therapists must complete the (Children's Medical Equipment Distribution Service) CMEDS Equipment Loan Request Form and submit the request to AHP Medical Benefits for review.

If approved, the request is forwarded to the CMEDS to be processed. CMEDS will advise the therapist and AHP Medical Benefits if the requested equipment is available for loan. If suitable equipment is not available through CMEDS, the AHP may consider funding the medically necessary equipment.

FOR MORE INFORMATION, please see the *AHP Guidelines for Writing Justification Letters for Medical Equipment* or see the *CMEDS website* or call **604-821-0075** (or **250-386- 0075** for Southern Vancouver Island). Requests must be submitted to AHP Medical Benefits for review.

IS MY EQUIPMENT UNDER WARRANTY?

All new wheelchairs provided by an approved dealer have a two-year limited warranty including:

- Six-month maintenance checks
- All repairs due to normal wear and tear (including tires and batteries)
- Equipment loaned to the child during warranty repairs.

Most other medical equipment is covered under manufacturer warranties. For more information, contact the medical equipment dealer.

WHAT IF MY MEDICAL EQUIPMENT REQUIRES REPAIRS?

Medical equipment must be returned to the original dealer for any necessary repairs during the warranty period. Warranties are often two years from the date of purchase.

After the warranty period, requests for repairs should be forwarded to CMEDS.

FOR MORE INFORMATION, please see the *CMEDS website* or call **604-821-0075** (or **250-386-0075** for Southern Vancouver Island).

Funding for repairs is limited to normal wear and tear on equipment purchased through AHP Medical Benefits. If new replacement equipment has been approved, repairs to old equipment will not be considered. **AHP MEDICAL BENEFITS DOES NOT COVER THE COST OF REPLACEMENT OR REPAIR DUE TO INTENTIONAL OR NEGLIGENT DAMAGE, LOSS OR THEFT**.

WHAT IF MY MEDICAL EQUIPMENT REQUIRES MODIFICATIONS?

Approvals are valid for 12 months from the date of issue. If modifications have not been completed within the 12 months, contact AHP Medical Benefits.

Medical equipment modifications must be directly related to the child's disability or medical condition. Funding for modifications is only available for equipment purchased through AHP Medical Benefits.

Requests for medical equipment modifications must include a letter from an occupational therapist or physiotherapist, outlining

- The nature of the child's condition and need for medical equipment modifications
- A description of the modifications
- A quote from an approved dealer

A list of approved dealers is available from AHP Medical Benefits.
Please call **1-888-613-3232** (toll-free) or **250-387-9649** (Victoria) for more information.

HOW DO I RECYCLE MEDICAL EQUIPMENT I NO LONGER USE?

To benefit other families, medical equipment that is no longer in use will be returned to CMEDS to be repaired, cleaned and reused. If you are unable to return an item, please complete the CMEDS Equipment Return Form to arrange to have the equipment picked up.

Please note that CMEDS is not responsible for uninstalling ceiling track, grab bars, or floor to ceiling poles, and may authorize local disposal of medical equipment in some cases.

If the equipment is damaged, or at the end of its useful life, please call CMEDS at **604-821-0075**. For more information, including how to arrange for pickup of equipment that is no longer needed, please see the *CMEDS website*.

Families may choose to use their private extended health benefit plans to purchase or upgrade medical equipment. Equipment can be partially funded with personal or charity funds or private extended health benefit plans, however, equipment partially funded through MCFD must be returned to CMEDS when it is no longer needed.

Orthotics

ORTHOTICS MUST BE PRE-APPROVED. Approvals are valid from 12 months from the date of issue. If equipment has not been delivered within the 12 months, contact AHP Medical Benefits.

AHP Medical Benefits may consider requests for the following orthotic devices:

a. **CERVICAL COLLARS**

b. **UPPER-EXTREMITY DEVICES WRIST/HAND RESTING ORTHOTICS**
   - Wrist orthotics
   - Wrist-hand orthotics
   - Hand orthotics

c. **LOWER EXTREMITY DEVICES ANKLE-FOOT ORTHOTICS**
   - Foot orthotics
   - Bilateral twister cables
   - Therapeutic boots and brace

AHP Medical Benefits may provide funding for over the counter commercially available items. These may also be in US currency.

For a description of each device, see the *Ministry of Children and Family Development Glossary of Orthotic Devices*.

Orthotic devices that are made from high-temperature material must be fitted and manufactured under the direct supervision of an orthotist or podiatrist.

Orthotic devices that are made from low-temperature material must be fitted and manufactured under the direct supervision of an orthotist, podiatrist, occupational therapist physiotherapist.

AHP Medical Benefits does not provide orthotic devices that are available through PharmaCare. This includes:

- Certain lower-extremity devices e.g., custom ankle-foot orthotics made from high-temperature material. Requests for these devices should be forwarded to PharmaCare.
- Body braces

Certified orthotists should forward requests for PharmaCare benefits to PharmaCare.

HOW DO I REQUEST ORTHOTICS?

To request orthotics, an orthotist, occupational therapist, physiotherapist, podiatrist, physician, or nurse practitioner must complete a *Request for Orthotics form*.

For information about orthotics available through PharmaCare, please call *Health Insurance B.C.*

TOLL-FREE: 1-800-663-7100
LOWER MAINLAND: 604-683-7151

Biomedical Equipment

ALL BIOMEDICAL EQUIPMENT MUST BE PRE-APPROVED. Approvals are valid for 12 months from the date of issue. If equipment has not been delivered within the 12 months, contact AHP Medical Benefits.

Medical Benefits may provide medically necessary, specialized biomedical equipment to assist with life-sustaining functions, such as breathing or feeding. Examples include:

- Oximeters
- Ventilators
- Bi-pap machines
- C-pap machines
- Nebulisers
- Suction machines
- Feeding pumps

Health care professionals submitting requests for biomedical equipment are responsible for ensuring that parents or guardians receive training in the use of the equipment. Parents or guardians in turn are responsible for ensuring that other caregivers receive training in the use of the equipment.

The purchase of biomedical equipment is limited to what is available through the Product Distribution Center (PDC), Canadian dealers, Canadian manufacturers and/or Canadian distributors.

EVERY FAMILY IS RESPONSIBLE for emergency preparedness. Parents or guardians should consult with their child's health care team to develop an emergency plan which includes accessing a power source for biomedical equipment during an extended power outage or other emergency situations.

OXYGEN IS NOT A BENEFIT OF AHP MEDICAL BENEFITS. For information on oxygen and oxygen equipment, please contact your local health authority and ask about the Home Oxygen Program.

How do I request an oximeter?

To request an oximeter, a health care professional must complete a *Request for Oximeter form*. A letter of justification may also be required. For more information, see the Request for Oximeter form and the *AHP Guidelines for Writing Justification Letters for Biomedical Equipment*.

How do I request all other biomedical equipment?

To request any other biomedical equipment, a health care professional must provide a letter of justification, outlining:

- The nature of the child's condition and need for specialized medical equipment, and
- A description of the equipment being requested.

For more information see the *AHP Guidelines for Writing Justification Letters for Biomedical Equipment*.

Requests must be submitted to AHP Medical Benefits for review.

WHAT IF MY BIOMEDICAL EQUIPMENT REQUIRES REPAIRS?

Biomedical equipment must be returned to the original dealer for any necessary repairs during the warranty period. After the warranty period, requests for repairs should be forwarded to the Children's Medical Equipment Distribution Service (CMEDS) administered by HME Mobility and Accessibility.

FOR MORE INFORMATION, please see the *CMEDS Biomedical website*, or call CMEDS at **604-821-0075** (or **250-386-0075** for Southern Vancouver Island).

How do I recycle biomedical equipment I no longer use?

To benefit other families, please return biomedical equipment that is no longer in use to CMEDS, to be repaired, cleaned and reused. If you are unable to return an item, please complete the CMEDS Equipment Return Form to arrange to have the equipment picked up.

Equipment may be partially funded with personal or charity funds, or private extended health benefits plans.

FOR MORE INFORMATION, please see the *CMEDS Biomedical website*, or call CMEDS at **604-821-0075** (or **250-386-0075** for Southern Vancouver Island).

FAMILIES MAY CHOOSE to use their private extended health benefit plans to purchase or upgrade biomedical equipment. Biomedical equipment can be partially funded with personal or charity funds or private extended health benefit plans, however, biomedical equipment partially funded through MCFD must be returned to CMEDS when it is no longer needed.

Audiology Equipment and Supplies

All audiology equipment and supplies must be pre-approved. Approvals are valid for 12 months from the date of issue. If equipment has not been delivered within the 12 months, contact AHP Medical Benefits.

Children who are under three and a half years of age and have a permanent hearing loss can receive their first set of hearing aids and bone anchored hearing devices through the B.C. Early Hearing Program. For more information, including contact information for local audiology clinics, visit the *B.C. Early Hearing Program website*.

Cochlear implants are funded by the Ministry of Health. For more information, including contact information, please visit the Cochlear Implant Program website.

AHP Medical Benefits may provide audiology equipment and supplies for eligible children with a documented hearing loss (audiogram required). Equipment and supplies are to be used primarily in the home setting. Equipment and supplies specifically intended for school use are not funded by the At Home Program.

Audiology equipment includes:

- Hearing aids
- Bone anchored hearing devices
- Cochlear implant specific equipment
- Remote hearing assistance technology

Audiology equipment is provided to a maximum of $8,000 for all devices combined in a three-year period. The minimum replacement period is three years.

Reasonable repairs for audiology equipment will be covered by AHP Medical Benefits. Repair warranties on audiology equipment must be for a minimum of 6 months, with preference given for a 1-year repair warranty.

The At Home Program provides essential accessories and supplies required for effective operation of hearing aids, bone anchored hearing devices, remote hearing assistance technology and cochlear implants.

How Do I Request Audiology Equipment and Supplies?

To request audiology equipment or supplies, or cochlear implant supplies an audiologist must complete a *Request for Audiology Benefits form*.

Requests must be submitted to AHP Medical Benefits for review.

Medical Supplies

ALL MEDICAL SUPPLIES MUST BE PRE-APPROVED.

AHP Medical Benefits may provide basic medical supplies, eligibility is based upon the medical needs of the child, including:

- Bandages and dressings
- Catheters, syringes, tubing, connectors
- Diabetic supplies not covered by PharmaCare
- Feeding system or gastrostomy supplies including bags, feeding adapters, tubing, buttons, and connectors
- Specialized feeding formulas
- Some supplements and supplies required for a Ketogenic diet
- Incontinence supplies including diapers, pull ups, diaper pads and wipes (for children three years of age and older)
- Oxygen masks and supplies
- Special shampoo for treatment of a diagnosed condition
- Special ointments, salves and lotions for the treatment of specific conditions
- Burn-treatment garments when related to the child or youth's disability.

AHP Medical Benefits does not provide trials or samples of formulas. Parents or guardians may want to request trials of formulas from their child's dietician.

The purchase of supplies is limited to what is available through the Product Distribution Center (PDC), Canadian dealers, Canadian manufacturers and/or Canadian distributors.

How do I request medical supplies?

To request medical supplies, the health care professional (e.g., registered nurse, physician, nurse practitioner, respiratory therapist, or registered dietician) must complete *Request for Medical Supplies form*.

Requests must be submitted to AHP Medical Benefits for review.

How are medical supplies delivered?

After a request for medical supplies has been approved, a monthly order can be placed through the Product Distribution Centre.

For more information about the *Product Distribution Centre*, call:
TOLL-FREE: 1-877-927-2234
LOWER MAINLAND: 604-927-2910

IS THERE DIRECT FUNDING AVAILABLE FOR PURCHASING INCONTINENCE SUPPLIES?

Parents or guardians may choose to receive direct funding for pre-approved incontinence supplies and make purchases directly from a supplier of their choice.

Direct funding for incontinence supplies involves payments to families that are provided every three months, based on the child's age and weight. These payments are a contribution towards the cost of incontinence supplies for children aged three and older and may not cover all costs.

Direct funding may only be used for the purchase of incontinence supplies (diapers, pull- ups, liners and wipes).

Parents or guardians are responsible for:

- Keeping receipts for incontinence supplies for three years, and providing them on request
- Providing an updated Request for Medical Supplies form upon request (to confirm the child's continued need for incontinence supplies)
- Returning unused funds to AHP Medical Benefits (make cheques payable to the Minister of Finance).

HOW DO I REQUEST DIRECT FUNDING FOR INCONTINENCE SUPPLIES?

Accessing direct funding for incontinence supplies is a two-step process:

- A health care professional must first complete a *Request for Medical Supplies form* if incontinence supplies have not previously been approved.
- Once the request for incontinence supplies has been approved, the parent or guardian may request an Incontinence Supplies Direct Funding application package by calling AHP Medical Benefits and returning the application once it is completed.

Supply quantities based on basic medical need of the child as outlined on their form

School-Aged Extended Therapies

ALL SCHOOL-AGED EXTENDED THERAPY SERVICES MUST BE PRE-APPROVED. Invoices received more than six months from the date of service will not be accepted.

The AHP Medical Benefits may provide the following services for children age five years and older or upon school entry (enrolled in an educational program):

- occupational therapy (OT)
- physiotherapy (PT)
- speech-language pathology (SLP)
- chiropractic
- massage

For children who start Kindergarten before the age of five (i.e., birthdate between the months of September and December), they may access School-Aged Extended Therapies (SAET) on the first day of the school year.

These direct therapy services are intended to:

- Assist in the maintenance or improvement of functional skills
- Address post-surgical rehabilitation needs

Each therapy service should be:

- Goal-directed
- Based on practical, meaningful outcomes and an identified family priority
- Responsive to the child's individual and changing needs

Therapists are responsible for ensuring that adequate insurance is in place for the delivery of services and that all relevant employer-employee obligations are met. AHP Medical Benefits cannot provide advice regarding employer-employee obligations.

Please note that physiotherapy, occupational therapy, speech and language pathology, chiropractic and massage services may also be available through the Medical Services Plan.

OT, PT and SLP Services

School-Aged Extended Therapy services enhance the primary OT and PT services made available through the School-Aged Therapy Program, and school district SLP services. For more information on how these services are to be coordinated, see the *School-Aged Therapy and the At Home Program's School-Aged Extended Therapies Benefit Info Sheet*.

The services must:

- Complement, and be consistent with, the child's existing therapy plan
- Not duplicate school-based therapy services.

Services may be delivered on a one-to-one or group basis by a:

- Therapist, or
- Therapist assistant, under the supervision of a therapist

The use of therapist assistants must be done in accordance with the *At Home Program Guidelines: Use of Therapist Assistants*.

In partnership with the parent or guardian, the therapist requesting the SAET benefit is expected to consult and coordinate services with the school-/community-based therapist(s) or school designate.

A maximum of $5,760 per twelve-month period may be approved for each occupational therapy, physiotherapy, and speech-language pathology services (including therapist assistant services). Exceptions to this maximum will be considered for children requiring post-surgical rehabilitation services.

Therapists may bill up to a combined total of $480 (within the maximum of $5,760) 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.

The maximum hourly billing rates are:

- Services delivered directly by a therapist: $160 per hour
- Services delivered by a therapist assistant: $60 per hour

Both the therapist and the therapist assistant's rates may be billed during the same billable hours when the therapist provides child-specific instruction to the therapist assistant.

Services lasting less than one hour must be prorated.

CHIROPRACTIC AND MASSAGE SERVICES

A maximum of $1,920 may be provided for any one of chiropractic or massage services, per twelve-month period. Exceptions to this maximum will be considered for children requiring post-surgical rehabilitation services.

The maximum billing rates are:

- $40 per session for chiropractic services
- $40 per hour for massage services

(Massage services lasting less than one hour must be prorated)

HOW DO I REQUEST SCHOOL-AGED EXTENDED THERAPIES?

To request School-Aged Extended Therapies, the occupational therapist, physiotherapist, speech-language pathologist, chiropractor or massage therapist must complete an *At Home Program Request for School-Aged Extended Therapies form*.

Part 5 of the request form requires identification of the intended functional outcomes of the service for the child. It is recommended that therapists assist families to prioritize outcomes and address a limited number of outcomes at a given time. Sequential, rather than simultaneous, therapy services are preferred – with each outcome having distinct services, frequency and intensity. For more information, see *Writing Functional Outcomes – Guidelines for Therapists*.

Requests must be submitted to AHP Medical Benefits for review.

HOW DOES PAYMENT FOR APPROVED SCHOOL-AGED EXTENDED THERAPIES WORK?

Invoices for approved services should be submitted in a format similar to the *School-Aged Extended Therapies Sample Invoice*. Please note that therapists may submit invoices on a different form, provided that it contains all of the required information. Failure to provide this information may result in delayed processing.

Invoices are submitted to AHP Medical Benefits.

Health Benefits

Dental, Orthodontic and Optical Benefits

DENTAL, ORTHODONTIC, AND OPTICAL BENEFITS MUST BE PREAPPROVED. Dental, Orthodontic and Optical Benefits must be purchased within 6 months from the date the approval is issued and must be applied for yearly.

AHP Medical Benefits may provide dental, orthodontic and optical benefits for eligible children, if the need for benefits are:

- Required due to the child's disability (Please note to be approved for orthodontic benefits this means the child or youth's disability has caused the need for orthodontic treatment)
- Not met through another program or insurance plan. The following maximum benefit limits apply:
  - **DENTAL:** $700 per year for restorative procedures
  - **ORTHODONTIC:** $5,000 lifetime
  - **OPTICAL:** Prescription lenses and frames up to $150 per year

Routine dental care is not eligible. For more information, please contact AHP Medical Benefits.

OTHER OPTICAL AND DENTAL RESOURCES

The Healthy Kids Program delivered through the Ministry of Social Development and Poverty Reduction (SDPR provides basic optical and dental benefits for families who qualify for Medical Services Plan premium assistance.

For more information about the Healthy Kids Program, visit the *Healthy Kids Program website*.

The Children's Dental Program at UBC provides free basic dental and preventative services for school-aged children and youth from the Lower Mainland who meet their eligibility criteria. Please visit the *Children's Dental Program website for more information*.

HOW DO I REQUEST DENTAL, ORTHODONTIC AND OPTICAL BENEFITS?

To request dental or orthodontic benefits, a physician, nurse practitioner, dentist or orthodontist must complete a *Request for Dental Benefits form*.

To request optical benefits, a physician must complete a Request for Optical Benefits form. Requests must be submitted to AHP Medical Benefits for review.

Medical Transportation

Non-Emergency Medical Transportation is handled through AHP Medical Benefits. The B.C. Ambulance Service provides reimbursement for Emergency Ambulance services for children who are enrolled in AHP Medical Benefits. Please see below for more information.

IS NON-EMERGENCY MEDICAL TRANSPORTATION COVERED?

ALL NON-EMERGENCY MEDICAL TRAVEL MUST BE PRE-APPROVED.

AHP Medical Benefits may assist with transportation costs to therapy, medical or clinic appointments, if:

- The service is not available in the child's home community
- The round trip exceeds 80 kilometers

Allowable transportation costs include:

- The least costly mode of car, bus, train, ferry or air transportation for the child and one other person from the family home
- Car transportation is reimbursed at the BC Government travel reimbursement rate. The current reimbursement rate is 55 cents per km
- Accommodation (to a maximum of $150 per night, $15 per night for parking at the hotel)
- Highway tolls
- Parking at the appointment

Examples of costs that are not reimbursed include:

- Transportation to medical or dental appointments that are not related to the child's disability
- Transportation within the city where the child's appointment is
- Meals

Some travel discounts are available through the Travel Assistance Program (TAP B.C.). Families should apply to TAP B.C. before accessing medical transportation benefits through AHP Medical Benefits.

Families are encouraged to refer to the *TAP B.C. website* for a listing of private transportation carriers who provide discounts to patients and families. The TAP B.C. website also includes links to other medical travel and accommodation programs.

FOR MORE INFORMATION about the Travel Assistance Program visit the *TAP B.C. website*
or call: **TOLL-FREE:** 1-800-663-7100

HOW DO I MAKE A REQUEST FOR NON-EMERGENCY MEDICAL TRANSPORTATION?

REQUESTS MUST BE PRE-APPROVED AND INCLUDE A LETTER FROM A HEALTH CARE PROFESSIONAL OR CLINIC, WHICH INDICATES:

- The purpose and date of the appointment; and
- Confirmation that the service is not available in the child's home community

After the request has been submitted, parents or guardians should contact AHP Medical Benefits to make arrangements for air travel and/or accommodation.

HOW CAN I GET REIMBURSED FOR NON-EMERGENCY MEDICAL TRANSPORTATION COSTS?

Contact AHP Medical Benefits for a request for reimbursement of approved At Home Program Medical Expenses form:

TOLL-FREE: 1-888-613-3232
VICTORIA: 250-387-9649

Submit the following to AHP Medical Benefits:

- A completed Request for *Reimbursement of Approved At Home Program Medical Expenses form*; and
- Original receipts
- Confirmation of appointment

REIMBURSEMENTS RECEIVED MORE THAN SIX MONTHS FROM THE DATE OF SERVICE DELIVERY WILL NOT BE ACCEPTED.

WHAT IF I NEED AMBULANCE SERVICES?

Emergency ambulance service is available at no charge for children who are enrolled in AHP Medical Benefits.

If you receive a bill for ambulance services, forward it to the following address (include the child's Personal Health Number on the bill):

B.C. AMBULANCE SERVICE
Ambulance Billing Ministry of Health Services
PO Box 9676 STN PROV GOVT
Victoria BC V8W 9P7

Or call B.C. Ambulance at:
TOLL-FREE: 1-800-665-7199
VICTORIA: 250-356-0052

Pharmacare Plan F: Medication, Orthotics etc.

NOTE: AHP Medical Benefits does not assist with PharmaCare claims. Please contact *PharmaCare Health Insurance B.C.* directly.

Children enrolled in AHP Medical Benefits receive benefits through the PharmaCare Plan F. PharmaCare coverage is administered by Health Insurance B.C. Plan F benefits may include:

- Prescription medications prescribed by a physician, or a nurse practitioner, and approved by PharmaCare
- Orthotics and prosthetics
- Needles and syringes for insulin-dependent diabetics
- Blood glucose testing strips for individuals with a certificate of training from a recognized Diabetic Training Centre
- There may be a short delay between eligibility determination and active PharmaCare coverage. Please contact Health Insurance B.C. if you are unsure whether or not coverage is active.
- PharmaCare benefits are not in effect when a child is temporarily out of the province.

For more information about PharmaCare benefits, visit the *PharmaCare website*, or contact Health Insurance B.C. via telephone at:

TOLL-FREE: 1-800-663-7100
VANCOUVER: 604-683-7151

Transition to Adult Services

AHP Medical Benefits come to an end on the last day of the month of a youth's 18th birthday.

Premium-free Medical Services Plan (MSP) coverage and PharmaCare benefits provided through AHP Medical Benefits also end on the last day of the month of the youth's 18th birthday. Parents or guardians who wish to reinstate their son or daughter as a dependent on their MSP coverage should contact Health Insurance B.C. at:

TOLL-FREE: 1-800-663-7100
VANCOUVER: 604-683-7151

AHP Respite Benefits come to an end on the last day of the month of a youth's 19th birthday.

TRANSITION TO ADULT DISABILITY ASSISTANCE

Young people with disabilities who are 18 years of age or older may qualify for adult disability assistance, including financial and supplementary health assistance, through the Ministry of Social Development and Poverty Reduction (SDPR).

The application process for these services should begin six months before their 18th birthday.

Young people enrolled in AHP Medical Benefits have access to a streamlined application process for disability assistance made available through SDPR. For more information on the application process, please visit the SDPR website: *17-Year-Old Disability Assistance Applicants*.

TRANSITION TO COMMUNITY LIVING B.C.

Young people who are 19 years of age or older and have a developmental disability, Fetal Alcohol Spectrum Disorder (FASD), or Autism Spectrum Disorder (ASD) and significant limitations in adaptive functioning, may qualify for Community Living B.C. (CLBC) services. CLBC funded supports are delivered through service agencies and help eligible adults meet their disability-related needs and participate in meaningful ways in the community. The application process for these services typically begins on the youth's 16th birthday.

For more information on eligibility and application process, please visit the CLBC website.

HOME AND COMMUNITY CARE

Young people who are 19 years of age or older may qualify for Home and Community Care services through their local health authority. Home and Community Care services provide a range of health and support services to people who have acute, chronic, palliative or rehabilitative health care needs.

For more information on eligibility and the application process, contact your health authority.

BRITISH COLUMBIA

Ministry of
Children and Family
Development