AT HOME PROGRAM MEDICAL BENEFITS GUIDE

For family connections centers, health care professionals, and families living in the areas in and around Prince Rupert/Haida Gwaii, Smithers, Terrace or Kelowna

March 2024

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INTENT OF THIS GUIDE

This guide provides detailed information on all aspects of the At Home Program (AHP) Medical Benefits and is intended to assist parents and health care professionals living in the areas in and around Prince Rupert/Haida Gwaii, Smithers, Terrace and Kelowna to understand how the program works. This guide also serves as the policy for the administration of AHP Medical Benefits.

AT HOME PROGRAM MEDICAL BENEFITS AND THE FOUR PILOT AREAS

At Home Program (AHP) Medical Benefits has implemented an interim eligibility policy and process in the four pilot communities. This guide provides a summary and overview of all aspects of the program. The application form and policy should be referenced for all details and relevant information as part of this process.

The biggest change introduced through this interim process is that eligibility will not be based on an AHP assessment but will, instead, be based on attestations from a child's or youth's health care professional and the Vineland-3, PEDI-CAT, or GMFCS. As part of this interim approach, a new AHP Medical Benefits application form has been developed, in addition to new eligibility criteria.

The request for benefits and adjudication process remains unchanged.

AT HOME PROGRAM MEDICAL BENEFITS OVERVIEW

AHP Medical Benefits provides a range of basic and medically necessary equipment, benefits, and services to children and youth with a prolonged disability and significant limitations with their adaptive functioning. For the AHP Medical Benefits, this means a child/youth:

- Has limitations and significant difficulty with their mobility or daily living activities; as indicated by an attestation from the child or youth's physician, pediatrician, or nurse practitioner and an assessment;
- Is functioning well below age-level expectations; and
- Requires consistent and/or has a permanent need for medical equipment to support mobility, positioning, and or assist life sustaining functions.

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

HERE TO HELP

AHP Medical Benefits is committed to supporting children/youth and their families. As always, staff are available to answer questions and provide assistance.

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 AHP Medical Benefits, or a concern regarding a program decision, call 1 888 613-3232. If your complaint is not resolved, request to speak with a Medical Benefits supervisor or email MCF.MedicalBenefitsSupervisor@gov.bc.ca

ELIGIBILITY FOR AT HOME PROGRAM MEDICAL BENEFITS IN THE PILOT SITES

All children or youth must meet the following criteria to be eligible for AHP Benefits:

- They are 0-17 years of age. Please note the program will provide benefits up until the last day of the month a youth turns 18 years of age.
- They are a resident of British Columbia and enrolled with the B.C. Medical Services Plan. Please note proof of MSP enrollment will be required.

Eligibility Requirement for Children 3 to 17 Years of Age

Eligibility for children and youth 3-17 years of age is based on two items an (1) attestation and (2) assessment.

(1) ATTESTATION

A child or youth 3 to 17 years of age must have an attestation from their physician, pediatrician or nurse practitioner that indicates they have prolonged disability and significant limitations with their adaptive functioning. For the AHP Medical Benefits this means a child must:

(a) Have limitations and significant difficulty with their mobility or daily living activities;
(b) Be functioning well below age-level expectations; and
(c) Require consistent and or permanent need for medical equipment to support their mobility, positioning, and or assist life sustaining functions and indication of the specific equipment needed must be included.

The standard attestation is included on the AHP Medical Benefits application form. The attestation can be supported by information from the child or youth's occupational therapist or physio therapist, depending on equipment and or benefits needed.

If the attestation or supporting documentation does not indicate the child meets all the criteria outlined above, AHP Medical Benefits will request additional information; please note the application will be denied if sufficient information is not received.

(2) ASSESSMENT

A child or youth requires an assessed limitation in their adaptive functioning according to one of either a Vineland Adaptive Behaviour Scales - Third Edition (Vineland-3), Pediatric Evaluation of Disability Inventory Computer Adaptive Test (PEDI-CAT) or Gross Motor Classification System (GMFCS). The assessment score thresholds for program eligibility are as follows:

(a) Vineland-3 composite score of 70 or less
(b) PEDI-CAT T-score of 30 or less in at least one of either the daily activities or mobility domains
(c) GMFCS 3-5. Please notes an application that includes a GMFCS for child or youth who does not have a diagnosis of cerebral palsy must indicate the classification in the following way "the child's gross motor function is similar to a child with cerebral palsy classified at GMFCS level [indicate classification number]." Please note ongoing confirmation of the child's GMFCS classification may be requested.

Vineland-3 and PEDI-CAT must be administered by a qualified professional who has a Level B qualification within scope of practice. GMFCS must be completed by physiotherapists, occupational therapists, or physicians familiar with the GMFCS and movement abilities of children with cerebral palsy.

All assessments must include the date the assessment was complete, the child's name, and the health professional who administered the assessment.

For children aged 3-7 years, the assessment must have been completed within the past two years at the time of application. For children over 8 years of age, the assessment must have been completed within the past four years at the time of application.

Eligibility Requirements for Children Under Age 3

(1) ATTESTATION

For children under 3 years of age, eligibility for the program is based on an attestation from their physician, pediatrician, or nurse practitioner that indicates all the following:

(a) A strong likelihood that they will have a long-term disability. This means the child's current condition is expected to result in significant limitations in their adaptive functioning, mobility and daily living activities and there is a strong likelihood they will continue to have these limitations as they get older.

(b) Significant care needs more than a typical infant or young child would require (e.g., suctioning, managing aspiration risk, frequent positioning changes).

(c) A permanent and consistent need for medically necessary equipment that supports their positioning and or mobility to address physical impairments and/or specialized biomedical equipment to assist with life-sustaining functions. Indication of the equipment needed is required at the time of application.

Depending on equipment and or benefits needed, supporting information for the attestation can come from the child's occupational therapist, or physio therapist.

If the attestation or supporting documentation does not indicate the child meets eligibility criteria AHP Medical Benefits may request additional information; please note the application will be denied if sufficient information is not received.

(2) DO CHILDREN UNDER 3 YEARS OLD REQUIRE AN ASSESSMENT?

A child under the age of 3 does not require an assessment for eligibility, however, they will require a Vineland-3, PEDI-CAT or GMFCS classification to be completed when they turn 3 years old to confirm ongoing eligibility for AHP Medical Benefits.

Families will have until the child turns 4 years old to have the necessary assessment completed to confirm ongoing eligibility to the program. Please note requests for benefits will not be accepted until an updated assessment has been submitted.

Please note if a child under age 3 applies with one of Vineland-3, PEDI-CAT or GMFCS they will still require an updated assessment or confirmation of their GMFCS by age 4 to confirm ongoing eligibility for AHP Medical Benefits.

When is an assessment not required?

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

What happens once a family submits their application and assessment?

Once the application and appropriate assessment have been submitted to and received by AHP Medical Benefits staff will:

- Review the application and make sure all necessary fields have been filled out and all necessary signatures and initials are included.
- Ensure all aspects of the attestation on the application from the child or youth's health care professional have been initialed, signed, and meet the eligibility criteria.
- Ensure the assessment submitted meets the eligibility criteria.

Once the application and assessment are reviewed, AHP Medical Benefits will send the appropriate eligibility letter to families with the decision.

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

If a family disagree with the eligibility decision the guidelines are as follows:

- If a family wishes to request reconsiderations regarding their assessment (Vineland-3; PEDI-CAT; GMFCS), they must do so via the professional who conducted the assessment.
- If a family is missing information or necessary documentation, AHP Medical Benefits staff will make every effort to support the family to gather necessary information.
- If a family disagrees with an eligibility decision after AHP Medical Benefits staff has communicated the decision and ensures there is no missing information the family can be directed to an At Home Program Supervisor via phone or direct their concerns to MCF.MedicalBenefitsSupervisor@gov.bc.ca.

HOW TO APPLY?

The following steps are guidelines for the application process. The actual process will look slightly different for every family depending on their specific or unique circumstances.

Step 1: Ensure the family has a complete AHP Medical Benefits application form (must be completed by a pediatrician, physician or nurse practitioner).

Step 2: If the child/youth does not have an assessment, an assigned professional at the FCC completes.

Step 3: Submit application, assessments, and any other necessary documents to this email: MCF.MedicalBenefitsProgram@gov.bc.ca.

Step 4: AHP Medical Benefits team will review the application and assessment to ensure application /assessments meet eligibility policy.

Step 5: Once application and assessment are confirmed to meet eligibility requirements, the At Home Program Medical Benefits team will notify family so they can request appropriate/relevant benefits. The FCC has visibility in ICM to see if a file has been opened.

AT HOME PROGRAM MEDICAL BENEFITS

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

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

GUIDELINES FOR EQUIPMENT AND BENEFITS

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

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/youth's medical needs; funding limits may apply
      x) Pre-approved by the AHP Medical Benefits team 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/youth 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. 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 you need further support with your question or concern request to speak with an At Home Program Medical Benefits supervisor or email MCF.MedicalBenefitsSupervisor@gov.bc.ca

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/youth in the home up to $8,000.

WALKERS

AHP Medical Benefits may provide one walker to assist with positioning options for the child/youth 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/youth in the home:

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

REPLACEMENTS AND RECYCLING

Once the maximums have been used, requests for additional alternate positioning devices may be approved due to device life expiration, changes to the child's/youth's functional needs, 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 and benefits are not covered by AHP Medical 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 special needs stroller
- One special 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 Special needs strollers:** The minimum replacement period for a stroller is 3 years **and** includes basic push handles

MANUAL WHEELCHAIRS

Basic wheelchairs may be an eligible benefit. 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 modification, upgrades and 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 special 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/youth 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 will provide overlay and mattress based on basic medical need

- 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/youth 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/youth'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 physio therapist, outlining

- The nature of the child's/youth'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/youth'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 plan. 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/youth 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/youth, 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 can 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 aged 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/youth'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.

As a result, the requested OT, PT or SLP services must

- Compliment and be consistent with the child's established school/community based therapy plan
- Not duplicate or replace 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 any one of occupational therapy, physiotherapy, or 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/youth. 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/youth, if the need for benefits are:

- Required due to the child's/youth'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.

The interim Canada Dental Benefit is intended to help lower dental costs for eligible families earning less than $90,000 per year. Parents and guardians may be eligible if they pay for dental care for a child

under 12 years old who does not have access to a private dental insurance plan.
https://www.canada.ca/en/revenue-agency/services/child-family-benefits/dental-benefit.html

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/youth who are eligible for 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/youth'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/youth 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/youth's disability
- Transportation within the city of the child's/youth's appointment
- 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, THAT 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/youth who are eligible for AHP Medical Benefits.

If you receive a bill for ambulance services, forward it to the following address (include the child's/youth'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/youth who are eligible 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/youth 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

Respite and other CYSN services 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. 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.