

Health Supports for Children in Care and Youth Agreements



A Guide for Social Workers, Foster Caregivers and Health Care Professionals

October 2010

October 2016 revision - Medical Coverage:

This section now applies to children under the Extended Family Program.

June 2022 revision – Medical Coverage:

Dental and Optical Benefits now apply to Children and youth who are in a *Child, Family and Community Service Act* (CFCSA) out-of-care arrangement via an interim court order under section 35(2)(d), temporary court order under section (41)(1)(b) and extensions of these orders under sections s.44 (3) (b), s 44.1 (3).

March 2023 revision – Medical Coverage:

Dental and Optical Benefits now apply to Young Adults receiving benefits from an Agreement with Young Adults (AYA), Temporary Housing Agreement (THA) and Temporary Support Agreement (TSA).



Ministry of
Children and Family
Development



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INTRODUCTION

The Ministry of Children and Family Development (MCFD) is responsible for ensuring that children and youth in care and youth receiving support through a Youth Agreement have access to necessary health supports and services.

This guide provides information for guardianship and resource workers, foster caregivers and health care professionals to assist them in meeting the health and developmental needs of children and youth in care and youth receiving support through a Youth Agreement.

Please note that the term 'children and youth in care' refers to children and youth in the care of MCFD or a Delegated Aboriginal Agency (including children and youth who are in care by agreement).

Note: this Guide applies to children under the Extended Family Program (EFP) only to the extent that children under EFP may be provided with health supports pursuant to Policy 4.2 *Supporting Extended Family Program Care Providers*

MEDICAL COVERAGE

Medical Services Plan

Children and youth in care and youth in Youth Agreements receive premium-free Medical Services Plan (MSP) coverage. The child or youth's worker activates MSP coverage by applying for basic medical coverage on the Management Information System (MIS).*

The *Medicare Protection Act* requires that MSP coverage is only available to residents. Therefore if the child or youth's worker is applying for MSP coverage for a child/youth who has not previously received MSP coverage in BC, or who had an interruption in MSP coverage in BC after living out of province, the worker must collect a copy of the child's birth certificate or other foundation document (Appendix A) and add this documentation to the child/youth's file. Furthermore, the Personal Health Number should be written on the back of the foundation document. This is required not only for children/youth in care but also for those in out-of-care placements. Note that the Ministry of Health may audit files for the presence of birth certificates or other foundation documents on files where the child or youth's worker has applied for MSP coverage for a child/youth who is a new or returning resident to British Columbia.

MSP pays for medically required services including:

- services of physicians
- diagnostic services
- surgical podiatry services
- dental and oral surgery when required to be performed in hospital
- orthodontic services related to severe congenital facial abnormalities

Supplementary health care benefits include:

- up to a combined annual total of ten visits for chiropractic, massage therapy, naturopathy, physiotherapy and non-surgical podiatry services. MSP contributes \$23 for each visit.
- eye examinations

MSP premium-free coverage is provided for six months after a child or youth is discharged from care.

When a child or youth in care is residing in another province, MSP coverage can remain in effect for up to twelve months if the child or youth's worker notifies Health Insurance BC.

For more information about MSP coverage, please visit the [Health Insurance BC](#) website, or call:

Lower Mainland: 604-683-7151
Toll-Free: 1-800-663-7100

* The child or youth's worker can choose not to activate MSP coverage. This is appropriate for children or youth brought into care by agreement, if they can continue to be covered by their parents' MSP coverage. Because MSP and PharmaCare coverage are linked, this option should only be selected if the parents have extended health coverage for prescription medications and/or are willing to cover the costs of prescriptions.



Medications and PharmaCare

Children and youth in care and youth in Youth Agreements are eligible for approved prescription medications free of charge through PharmaCare. The child or youth's worker activates PharmaCare coverage by applying for basic medical coverage on the Management Information System (MIS). A child or youth must be enrolled in the Medical Services Plan (MSP) in order to receive this PharmaCare coverage.

Benefits are obtained by providing the child or youth's personal health number or Care Card to the pharmacist.

Some medications are not covered by PharmaCare. A physician may request special approval by submitting a [Special Authority Request](#) to PharmaCare.

Medical supplies that are not covered by PharmaCare may be available through the Medical Benefits Program. For more information, please see **Medical Supplies – page 12**.

PharmaCare benefits are not in effect when a child or youth's file is closed or he/she is temporarily out of the province.

For more information about PharmaCare benefits, please visit the [Health Insurance BC](#) website, or call:

Lower Mainland: 604-683-7151
Toll-Free: 1-800-663-7100

Replacement Care Cards

The child or youth's worker can obtain a replacement Care Card by submitting a request to HLTH.MSPDes@hbc.gov.bc.ca. Please indicate that the request is for a child or youth in care, or youth in a Youth Agreement, and include the following:

- the child or youth's name, birth date, CS or FS file number and personal health number, and;
- the address to which the replacement card should be mailed.



Medical Transportation

Ambulance Service

Emergency ambulance service is available at no charge to children and youth in care and youth in Youth Agreements. If the child or youth's worker or foster caregiver receives a bill for ambulance services, please forward the bill, along with the child or youth's Personal Health Number, to the Ambulance Billing Department of the Ministry of Health (please see **Contact Information – page 30**).

For more information about ambulance services, please contact:

Victoria: 250-952-1921
Toll-Free: 1-800-665-7199

Non-Emergency Medical Transportation

Funding for non-emergency transportation to therapy, medical or clinic appointments is not provided centrally through the Medical Benefits Program, but may be available through MCFD community offices.

DENTAL AND ORTHODONTIC BENEFITS

Dental Benefits

Children and youth in care and youth in Youth Agreements are eligible for basic and major restorative dental coverage to a maximum of \$700 per year. The Ministry of Children and Family Development (MCFD) provides funding for dental treatment through a contract with Pacific Blue Cross (PBC).

The child or youth's worker is responsible for:

- activating dental coverage on the Management Information System (MIS);
- maintaining up to date information on MIS, and;
- providing one dental card to the foster caregiver or youth and placing the other card on the child or youth's file.

If a child or youth is placed in care by agreement, his/her worker only activates dental coverage if it is not available through the parents' dental plan.

Children and youth eligible for dental coverage are within the following groups:

1. All children and youth in care and youth in Youth Agreements, who are not status Aboriginal peoples.

Dental coverage is provided through MCFD/PBC to a maximum of \$700 per year.

The dentist is responsible for:

- confirming the child or youth's dental coverage with PBC at **1-888-419-2236**;
- confirming with PBC that sufficient funds are available within the child or youth's annual dental funding limit, and;
- submitting claims for treatment directly to PBC using the child or youth's identification and group numbers.

There is a process to review extraordinary or over-limit funding requests. If a child or youth in care or youth in a Youth Agreement requires dental treatment that exceeds the annual funding limit, the dentist should send a written request that includes a treatment plan, x-rays and justification to the attention of the Medical Benefits Program – Dental/Optical Benefits (please see **Contact Information – page 30**).

2. All young adults receiving benefits on an Agreement with Young Adults, Temporary Housing Agreement, and Temporary Support Agreement.

Dental coverage is provided through MCFD/PBC to a maximum of \$1000 per year.

There is a process to review extraordinary or over-limit funding requests. If an adult on an AYA, THA, or TSA requires dental treatment that exceeds the annual funding limit, the dentist should send a written request that includes a treatment plan, x-rays and justification to the attention of the Medical Benefits Program – Dental/Optical Benefits (please see **Contact Information – page 30**).

3. All status Aboriginal children and youth in care and youth in Youth Agreements (except Nisga'a children and youth – please see **Dental and Orthodontic Benefits for Nisga'a Children and Youth in Care and Youth Agreements - page 10**).

Dental coverage is provided through MCFD/PBC to a maximum of \$100 per year, with additional coverage of \$600 maximum per year provided by Health Canada's Non-Insured Health Benefits Program.

The dentist is responsible for:

- confirming the child or youth's dental coverage with PBC at **1-888-419-2236**;
- confirming with PBC that sufficient funds are available within the child or youth's annual dental funding limit, and;
- submitting claims for up to \$100 in annual funding directly to PBC using the child or youth's identification and group numbers. All additional dental claims should be submitted to Health Canada using the child or youth's status number (please see **Contact Information – page 30**).

For more information on dental benefits, please contact the Medical Benefits Program at **1-877-210-3332** or see the *Dental Benefits for Children in Care and Youth Agreements Guide*, available at www.mcf.gov.bc.ca/foster/pdf/cic_dental_guide.pdf.

4: Extended Health Coverage Exceptions for eligible OOC (other than EFP)

Step 1	Extended Health coverage for OOC legal codes other than EFP's must be done manually, outside of ICM.
Step 2	Send an email to mcf.medicalbenefitsprogram@gov.bc.ca including the following information: <ul style="list-style-type: none"> • Child/Youth's name, birthdate, and PHN • The Effective date of Court Ordered Out of Care order Note: Email needs to be sent by social worker, team leader, social work assistant or team assistant associated with the CS case
Step 3	Once activated, MCFD Medical Benefits will send an e-mail to confirm registration. Note: As this is a manual enrollment, coverage will not show as active in ICM. The child/youth will remain active in Pacific Blue Cross system if the CS case remains open.

Orthodontic Benefits

Children and youth who are in the permanent or continuing custody of the Director may be eligible for orthodontic coverage. The Ministry of Children and Family Development (MCFD) provides funding for orthodontic treatment through a contract with Pacific Blue Cross (PBC).

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Orthodontic coverage is activated when the child or youth's worker activates dental coverage on the Management Information System (MIS) (please see **Dental Benefits – page 8**).

Children and youth eligible for MCFD orthodontic coverage are within the following groups:

1. All children and youth in permanent care/continuing custody, who are not status Aboriginal peoples

Orthodontic coverage is provided through MCFD/PBC to a lifetime maximum of \$5000.

The orthodontist is responsible for:

- confirming the child or youth's eligibility for an initial exam and diagnostic records by contacting PBC at **1-888-419-2236**;
- submitting the application for orthodontic funding to the Medical Benefits Program (please see **Contact Information – page 34**), and;
- submitting claims for approved treatment directly to PBC using the child or youth's identification and group numbers.

There is a process to review extraordinary or over-limit funding requests. If a child or youth in care or youth in Youth Agreement requires orthodontic treatment that exceeds the funding limit, the orthodontist should send a written request that includes a treatment plan, x-rays and justification to the attention of the Medical Benefits Program – Dental/Optical Benefits (please see **Contact Information – page 34**).

2. Status Aboriginal children and youth in permanent care/continuing custody (except Nisga'a children and youth – please see **Dental and Orthodontic Benefits for Nisga'a Children and Youth in Care and Youth Agreements - page 10**)

Orthodontic coverage is provided through MCFD/PBC to a lifetime maximum of \$500, with additional coverage of \$4500 lifetime maximum provided through Health Canada's Non-Insured Health Benefits Program.

The orthodontist is responsible for:

- confirming the child or youth's eligibility for an initial exam and diagnostic records by contacting PBC at **1-888-419-2236**;
- submitting the application for orthodontic funding to the Medical Benefits Program (please see **Contact Information – page 30**), and;
- submitting claims for approved treatment of up to \$500 lifetime maximum directly to PBC using the child or youth's identification and group numbers. All additional orthodontic claims should be submitted to Health Canada using the child or youth's status number (please see **Contact Information – page 34**).

For more information on orthodontic benefits, please contact the Medical Benefits Program at **1-877-210-3332** or see the *Dental Benefits for Children in Care and Youth Agreements Guide*, available at www.mcf.gov.bc.ca/foster/pdf/cic_dental_guide.pdf.

Replacement Dental Cards

To obtain a replacement dental card, the child or youth's worker submits a request, along with the child or youth's CS file number, to the attention of the Dental Benefits Officer at MCF.MedicalBenefitsProgram@gov.bc.ca.

Dental and Orthodontic Benefits for Nisga'a Children and Youth in Care and Youth Agreements

Status Nisga'a children and youth in care and youth in Youth Agreements receive dental and orthodontic coverage through the Nisga'a Non-Insured Health Benefits Program, coordinated by the Nisga'a Lisims Government.

For more information, please contact the Nisga'a Non-Insured Health Benefits Program at **1-866-633-0888** or visit www.nisgaalisims.ca

OPTICAL BENEFITS

Children and youth in care and youth in Youth Agreements are eligible for standard frames and lenses to a maximum of \$300 per year. Up to \$450 per year may be provided if high-index lenses are required. The Ministry of Children and Family Development provides funding for optical benefits through a contract with Pacific Blue Cross (PBC).

Adults receiving benefits from an AYA, THA, and TSA are eligible for standard frames, lenses, and optical exams to a maximum of \$600 per two year period. The Ministry of Children and Family Development provides funding for optical benefits through a contract with Pacific Blue Cross (PBC).

The optical supplier is responsible for:

- confirming the child or youth's optical coverage with PBC by contacting:
Lower Mainland: 604-419-2782
Toll-Free: 1-800-667-8801
- confirming with PBC that sufficient funds are available for the optical claim, and;
- submitting the claim directly to PBC, using the child or youth's identification and group numbers (see **Contact Information – page 30**).

The Optical Claim form is available from PBC, upon request.

MEDICAL SUPPLIES AND EQUIPMENT

Medical Supplies

Children and youth in care and youth in Youth Agreements are eligible for necessary medical supplies including:

- bandages and dressings
- burn-treatment garments
- catheters, syringes, tubing, connectors
- diabetic supplies not covered by PharmaCare
- feeding system or gastrostomy supplies including bags, feeding adapters, tubing and connectors, buttons
- specialized feeding formula and nutritional supplements
- incontinence supplies including diapers, pull-ups, reusable briefs, diaper pads and wipes (for children three years of age and older)
- oxygen masks and supplies
- special shampoo for the treatment of a diagnosed condition
- special ointments, salves and lotions for the treatment of specific conditions

Medical supplies can be provided centrally through the Medical Benefits Program, or locally through funding to the foster caregiver.

Trials of nutritional supplies can be requested from the child's dietician, to ensure that the supplies are appropriate for the child.

Requesting Medical Supplies

Prior to requesting medical supplies from the Medical Benefits Program, the child or youth's worker must confirm that funding for medical supplies is not already included in the foster caregiver's contract payments, including one-time only or exceptional ongoing monthly payments.

Medical supplies provided through the Medical Benefits Program must be pre-approved. To request medical supplies from the Medical Benefits Program, the health care professional must complete a [Request for Medical Supplies](#) form.

Fax the completed form to **250-356-2159**, or mail it to the Medical Benefits Program (please see **Contact Information – page 30**).

When a request for medical supplies has been approved by the Medical Benefits Program, the foster caregiver may place an order by calling the Product Distribution Centre (PDC) at:

Lower Mainland: 604-927-2285
Toll-Free: 1-877-988-1155

Medical Equipment

Children and youth in care with special needs are eligible for essential medical equipment for home use. The following good quality new or recycled medical equipment is available centrally through the Medical Benefits Program:

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

Medical equipment must be pre-approved.

Requesting Medical Equipment

To request medical equipment, a health care professional must provide a letter of justification, which outlines the following:

- the nature of the child or youth's condition and need for medical equipment;
- a description of the equipment, and;
- a quote from an approved dealer (a list of approved dealers is available from the Medical Benefits Program).

For more information, see the [Guidelines for Writing Justification Letters for Medical Equipment](#).

Note:

- requests for audiology equipment or supplies must be submitted on a [Request for Audiology Equipment and Supplies](#) form;
- requests for orthotics or splints must be submitted on a [Request for Orthotics and Splints](#) form;
- requests for custom seating must also include a quote showing the itemized costs of components and labour;
- requests for specialized car seats must also include the child's current height.

Equipment assessment services are generally available without charge from the child or youth's therapist or nurse. For assistance in locating a publicly-funded therapist, contact the Medical Benefits Program at **1-888-613-3232**. Please note that the Medical Benefits Program does not pay assessment or consultation fees charged by private practice therapists.

Fax the request to **250-356-2159**, or mail it to the Medical Benefits Program (please see **Contact Information – page 30**).

Medical Equipment Warranty

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New medical equipment provided by an approved dealer has a two year, all-inclusive warranty, which includes:

- six-month maintenance checks
- all repairs due to normal wear and tear (including tire and battery)
- loaner equipment during warranty repairs

For more information, contact the dealer.

Medical Equipment Repairs and Modifications

Medical equipment must be returned to the original dealer for any necessary repairs during the two-year warranty period.

After the two-year warranty period, requests for repairs should be forwarded to the Canadian Red Cross Society at **1-800-565-8000**.

The Medical Benefits Program provides medical equipment modifications, where they relate directly to the child's medical condition. Medical equipment repairs and modifications must be pre-approved.

Requests for medical equipment modifications must include a letter from a health care professional, outlining the following:

- the nature of the child's condition and need for medical equipment modifications;
- a description of the modifications, and;
- a quote from an approved dealer (a list of approved dealers is available from the Medical Benefits Program).

Fax the request to **250-356-2159**, or mail it to the Medical Benefits Program (please see **Contact Information – page 30**).

Medical Equipment Recycling

The Canadian Red Cross Society operates the Children's Medical Equipment Recycling and Loan Service [CMERLS] for the Ministry of Children and Family Development.

Medical equipment purchased through the Medical Benefits Program is the property of the Canadian Red Cross Society, and should be returned there when it is no longer needed. It will be repaired, cleaned and recycled for the benefit of other children and youth.

For more information about CMERLS, please visit www.redcrossequipment.com or call **1-866-264-2244**.

Types of Medical Equipment

Alternate Positioning Devices

The Medical Benefits Program provides the following alternate positioning devices for use at home:

- standing frames
- walkers
- beanbag chairs
- floor sitters
- other alternate positioning devices recommended by a therapist.

Multiple alternate positioning devices may be provided, to a maximum of \$3,200 at any given time.

School districts are responsible for providing positioning equipment for use at school.

Audiology Equipment and Supplies

Children in care who are under three and a half years of age and have a permanent hearing loss receive their first set of hearing aids and FM equipment through the BC Early Hearing Program located at local public health audiology clinics. For more information, including contact information for local audiology clinics, please visit

www.phsa.ca/AgenciesServices/Services/BCEarlyHearingPrgrs/ContactUs.htm

The Medical Benefits Program provides audiology equipment and supplies for older children and youth in care, and youth in Youth Agreements, who have a documented hearing loss.

Audiology equipment includes:

- analog hearing aids
- digital hearing aids
- personal FM systems (for use outside of the school setting)

Audiology equipment is provided to a maximum of \$1,500 per ear. The minimum replacement period is four years.

Audiology supplies include:

- dri-aid maintenance kits (up to one every two years)
- air blowers (up to one every two years)
- ear clips (up to one every two years)
- diagnostic stethoscopes (up to one every four years)
- battery testers (up to one every four years)
- batteries (up to 52 per hearing aid, per year)
- swim molds (up to four per ear, per year)
- ear molds/acoustic couplers (up to four per ear, per year)

Audiology equipment and supplies must be pre-approved.



Health Supports for Children in Care and Youth Agreements

For more information about services and supports for children and youth who are deaf, hard of hearing, or deaf blind, please see **Provincial Services for the Deaf and Hard of Hearing – page 24**.

Requesting Audiology Equipment and Supplies

To request audiology equipment or supplies, an audiologist must complete a [Request for Audiology Benefits](#) form. For more information, please see the [Guidelines for Requesting Audiology Equipment and Supplies](#).

Fax the completed form to **250-356-2159**, or mail it to the Medical Benefits Program (please see **Contact Information – page 30**).

Once approved, batteries are supplied by the Product Distribution Centre (PDC). For more information, contact PDC at:

Lower Mainland: 604-927-2285
Toll-Free: 1-800-988-1155

Cochlear Implant Supplies

The Medical Benefits Program may provide cochlear implant supplies for children and youth in care, and youth in Youth Agreements, who have received cochlear implantation.

Cochlear implant supplies are provided to a maximum of \$750 per year (may be prorated for up to \$3,000 per four year period).

Requesting Cochlear Implant Supplies

To request cochlear implant supplies, a representative from the Cochlear Implant Program, BC Children's Hospital must complete a [Request for Audiology Benefits](#) form. For more information, see the [Guidelines for Requesting Cochlear Implant Supplies](#).

Fax the completed form to **250-356-2159**, or mail it to the Medical Benefits Program (please see **Contact Information – page 30**).

Bathing and Toileting Aids

The Medical Benefits Program provides basic equipment for bathing and toileting, including:

- commodes/raised toilet seats
- bath chairs/bath benches
- toilet frames
- poles
- grab bars
- bath lifts

Hydraulic bath lifts may be funded if no other bathing aid is suitable to carry out the child or youth's hygienic care. One bathing or toileting aid will be funded at a time unless existing equipment does not meet the child or youth's needs.

School districts are responsible for providing toileting equipment for use at school. Funding for home renovations or structural modifications to accommodate new equipment is not provided centrally through the Medical Benefits Program, but may be available through MCFD community offices.

Hospital Beds and Mattresses

The Medical Benefits Program provides hospital beds for home use based on the following criteria:

- manual bed – if the child or youth is dependent but needs position changes or hi/low function for personal care
- semi electric bed – if the child or youth can change positions independently and position changes are needed for medical reasons
- fully electric bed – if the child or youth needs to transfer from a higher to lower surface and is able to perform an independent transfer

Funding for a hospital bed is provided to a maximum of \$3,000.

Bed rails and basic pressure relief mattresses such as foam, air or gel are also available.

Lifts

The Medical Benefits Program provides manual floor model or ceiling track lifts to a maximum of \$4200 (including two slings and two pieces of track).

Replacement Guidelines

- Manual floor model – 5 years
- Ceiling track lift – one per child at one time

Funding for vehicle lifts is not provided centrally through the Medical Benefits Program, but may be available through MCFD community offices.

Mobility Equipment

The Medical Benefits Program provides:

- one manual wheelchair

or

- one basic power wheelchair and one basic manual wheelchair or special needs stroller as a backup for the power wheelchair. Please note that ultra light, rigid frame and tilt-in-space wheelchairs do not qualify as backup wheelchairs. Funding for a manual backup wheelchair is provided to a maximum of \$1,500.

The Medical Benefits Program may provide a basic rear wheel drive scooter, if the child or youth is not totally wheelchair dependent and, for medical reasons, is unable to propel a manual wheelchair. Funding for a scooter is provided to a maximum of \$3,700.

The Medical Benefits Program may provide a special needs stroller, instead of a wheelchair, when recommended by a health care professional.

Replacement Guidelines

- manual or power wheelchairs – 5 years
- scooters – 5 years
- strollers – 3 years

Orthotics

The Medical Benefits Program provides the following orthotic devices:

Upper-Extremity Devices

- cervical collars
- wrist-hand resting orthotics
- wrist orthotics
- wrist-hand orthotics
- hand orthotics

Lower-Extremity Devices

- ankle-foot orthotics (made from low-temperature material)
- foot orthotics
- bilateral twister cables
- extra-depth shoes (to a maximum of \$200 per year)

Orthotics must be pre-approved.

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 or physiotherapist.

The Medical Benefits Program does not provide orthotic devices that are available through [PharmaCare](#). This includes:

- certain lower-extremity devices (e.g., ankle-foot orthotics made from high-temperature material); and,
- body braces.

Certified orthotists should forward requests for PharmaCare benefits to [PharmaCare](#). Exceptions may be considered for temporary devices in acute situations (e.g., post-surgical), where a certified orthotist is unavailable to forward a request to PharmaCare in time. For more information, call:

Victoria: 250 387-9649
Toll-Free: 1 888 613-3232



Health Supports for Children in Care and Youth Agreements

Requesting Orthotics

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

Fax the form to **250 356-2159**, or mail it to the Medical Benefits Program (please see **Contact Information – page 30**).

Other Resources

For information about orthotics available through [PharmaCare](#), call:

Lower Mainland: 604 683-7151

Toll-Free: 1 800 663-7100

Seating Systems

The Medical Benefits Program provides the following:

- one commercial or custom-made postural control seating system (for use in a wheelchair or special needs stroller), and;
- trays, if essential for positioning the child (up to a maximum of \$300).

One seating system per child or youth will be funded at a time and seating systems or cushions for backup wheelchairs will not be funded. Power wheelchair users should consider transferable seating.

Replacement Guidelines

- custom and commercial systems – 2 years
- specialized pressure relief cushions – 3 years

Specialized Car Seats

The Medical Benefits Program provides specialized car seats for children in care who cannot use commercial car seats, due to their disabilities.

Therapeutic Equipment

The Medical Benefits Program provides one of each of the following items, as needed for basic home therapy:

- floor mat
- roll
- ball

Biomedical Equipment

The Medical Benefits Program provides essential specialized biomedical equipment to assist with life-sustaining functions, such as breathing or eating, including:

- oximeters
- ventilators
- bi-pap machines, c-pap machines
- nebulisers, suction machines
- feeding pumps

Biomedical equipment must be pre-approved.

Health care professionals submitting requests for biomedical equipment are responsible for ensuring that the foster caregiver receives training in the use of the equipment.

The child's health care team should be consulted in developing an emergency plan which includes accessing a power source for biomedical equipment during an extended power outage.

Requesting Biomedical Equipment

To request an oximeter, a health care professional must complete a [Request for Oximeter](#) form. A letter of justification may also be required for oximeter requests. For more information, please see the [Request for Oximeter](#) form.

Fax the request to **250-356-2159**, or mail it to the Medical Benefits Program (please see **Contact Information – page 30**).

To request other biomedical equipment, a health care professional must provide a letter of justification, which outlines the following:

- the nature of the child's condition and need for specialized biomedical equipment;
- a description of the equipment being requested, and;
- a quote from an approved dealer (a list of approved dealers is available from the Medical Benefits Program).

For more information, see the [Guidelines for Writing Justification Letters for Biomedical Equipment](#).

Fax the request to **250-356-2159**, or mail it to the Medical Benefits Program (please see **Contact Information – page 30**).



Biomedical Equipment Warranty

Please call the Medical Benefits Program for information about the warranty on specific biomedical equipment:

Victoria: 250-387-9649
Toll-Free: 1-888-613-3232

Biomedical Equipment 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 Canadian Red Cross Society, at **1-800-565-8000**.

Biomedical Equipment Recycling

Where appropriate, the Canadian Red Cross Society will collect and arrange for the cleaning and recycling of biomedical equipment purchased through the Medical Benefits Program.

Biomedical equipment should be returned to the Canadian Red Cross Society when it is no longer needed.

For more information, please visit www.redcrossequipment.com or call **1-866-264-2244**.

ASSESSMENT AND DEVELOPMENTAL SUPPORTS**Infant Development Program**

Children in care, aged birth to 3 years, who are at risk for or have a developmental delay may be eligible for Infant Development Program (IDP) supports and services. Please consult with a physician or paediatrician if you have concerns about the development of a child (including children over age 3).

IDP supports and services include screening, assessment, home visits, playgroups and information about other health, social and community services.

For more information, please visit www.idpofbc.ca/findidp.html or contact your local Child Development Centre.

Aboriginal Infant Development Program

Aboriginal children in care, aged birth to 3 years (birth to 6 years in most communities), who are at risk for or have a developmental delay may be eligible for culturally relevant Aboriginal Infant Development Program (AIDP) supports and services. Please consult with a physician or paediatrician if you have concerns about the development of a child (including children over age 3).

AIDP supports and services include screening, assessment, home visits, playgroups and information about other health, social and community services.

For more information, please visit www.aidp.bc.ca/community_program_info.html or contact your local Child Development Centre.

Therapy

The Medical Services Plan (MSP) funds up to a combined maximum of ten visits for chiropractic, massage therapy, naturopathy, physiotherapy and non-surgical podiatry services per calendar year. MSP contributes \$23 for each visit. For more information, please see **Medical Services Plan – page 5**.

Early Intervention Therapy services, including occupational therapy, physiotherapy, and speech-language pathology, are available for children between birth and school entry who have or are at risk for a developmental delay or disability. Please contact your local Child Development Centre.

School-Aged Therapy services, including occupational therapy, physiotherapy, and speech-language pathology consultation, are available for school-aged children and youth with special needs through local school districts.

If a child or youth in care or youth in Youth Agreement requires intensive direct therapy, for example following surgery, these services should be arranged by the child or youth's worker. Funding may be available through MCFD community offices.

Supported Child Development

Children in care with special needs may be eligible for Supported Child Development (SCD) services to enable their inclusion in child care settings.

SCD services are available to children aged birth to 12 years, with services for youth aged 13-18 years available in some communities.

For more information, please visit www.scdp.bc.ca/SCD%20Program%20Locations.htm%20 or contact your local Child Development Centre or SCD service provider.

Aboriginal Supported Child Development

Aboriginal children in care with special needs may be eligible for culturally relevant Aboriginal Supported Child Development (ASCD) services to enable their inclusion in child care settings.

ASCD services are available to children aged birth to 12 years, with services for youth aged 13-18 years available in some communities.

For more information, please contact your local Child Development Centre or ASCD service provider.



Health Supports for Children in Care and Youth Agreements

Nursing Support Services

Children and youth in care and youth in Youth Agreements with special health needs may be eligible for nursing services including assessment, care planning, consultation and training of caregivers.

For more information, contact your local health unit (the telephone number can be found in the blue pages of your telephone directory, or by calling [Health Link BC](#) at 811).

Provincial Services for the Deaf and Hard of Hearing

Children and youth in care and youth in Youth Agreements who are deaf, hard of hearing or deaf blind may be eligible for supports and services including residential programs, caregiver development, immersion programs and community consultation.

For more information, please visit www.mcf.gov.bc.ca/psdhh/index.htm or contact Provincial Services for the Deaf and Hard of Hearing at:

Lower Mainland: 604-660-1800

Lower Mainland: 604-660-1807 (TTY)

Complex Developmental Behavioural Conditions Assessment Services

Multidisciplinary assessment services are available for children and youth who may have complex developmental behavioural conditions, such as Fetal Alcohol Spectrum Disorder or Autism Spectrum Disorder.

The Complex Developmental Behavioural Conditions (CDBC) Network offers assessment services for children and youth who have significant difficulties in multiple areas of function including development and learning, mental health, and adaptive and social skills.

For more information, including CDBC Network contact information for each region, please visit www.mcf.gov.bc.ca/fasd/assessment.htm.

Key Worker Services for Children and Youth with Fetal Alcohol Spectrum Disorder and Similar Neurological Conditions

Children and youth in care who have, or are suspected of having, Fetal Alcohol Spectrum Disorder (FASD) or similar neurological conditions may be eligible for key worker services, including:

- emotional and practical support for foster caregivers;
- information about FASD;
- assistance in accessing support, health and education services, and;
- identification of ways of adapting the child or youth's environment in response to his/her needs, in conjunction with the foster caregiver and other service providers.

For more information, please visit www.mcf.gov.bc.ca/fasd/support.htm

Autism Funding Programs

The following programs are provided for children and youth with a diagnosis of Autism Spectrum Disorder (ASD):

- Autism Funding: Under Age 6 – Provides up to \$20,000 per year to assist with the cost of eligible autism intervention services (beginning April 1st, 2010, up to \$22,000 per year will be provided).
- Autism Funding: Ages 6-18 – Provides up to \$6,000 per year to assist with the cost of eligible out-of-school autism intervention services.

The child or youth's guardianship worker contacts the local Ministry of Children and Family Development (MCFD) office, provides the documents required to establish eligibility and completes the [Autism Funding Application](#).

The children and youth with special needs (CYSN) support worker:

- confirms eligibility;
- provides information about the Autism Funding Programs, and;
- contacts the Autism Funding Unit by email to confirm the amount of funding available for the child or youth (once eligibility has been established).

The child or youth's guardianship worker then selects a service provider¹ and determines an approach to intervention that is eligible for funding and consistent with the child or youth's plan of care.

To initiate services, the guardianship worker submits a [Request to Pay Service Providers/Suppliers](#) form to the Autism Funding Unit (please see **Contact Information – page 30**).

¹ The guardianship worker selects a service provider from ACT's Registry of Service Providers (RASP) for children under age 6 (this is also recommended for children and youth over age 6). The RASP is available at www.actcommunity.net/search/RASPAgency.aspx



Health Supports for Children in Care and Youth Agreements

If the service provider is an agency (i.e., more than one staff member), no additional steps are required.

If the service provider is an individual, and not an agency, the Autism Funding Unit completes the MCFD Client Service Agreement and Component Schedule. These forms are sent to the child or youth's guardianship worker, for the service provider's signature. The guardianship worker then sends the forms back to the Autism Funding Unit.

The Autism Funding Unit sets up an invoice payment account and pays invoices submitted by the service provider for intervention services. Up to 20% of annual funding can be set aside for travel, training or equipment. Pre-approval is required.

Please note that in cases where a child or youth comes into care by agreement, it may be appropriate to have the parent continue to manage the autism funds for their child for up to 30 days.

ACT – Autism Community Training provides web- and phone-based information and support regarding services and interventions for children and youth with ASD. For more information, please visit www.actcommunity.net or call **1-866-939-5188**.

For assistance in selecting autism interventionservice providers for children in care under age 6, please contact MCFD's Senior Behaviour Consultant at **1-877-777-3530**.

MENTAL HEALTH SERVICES

Child and Youth Mental Health Services

Children and youth in care and youth in Youth Agreements may be eligible for a range of community-based, specialized Child and Youth Mental Health (CYMH) services. Children and youth and/or their foster caregivers may request CYMH services by contacting the nearest Ministry of Children and Family Development (MCFD) CYMH office.

CYMH teams include psychologists, clinical social workers, nurses, counsellors and psychiatrists who work with the child or youth to plan and deliver responsive, effective treatment and support. Services include individual, group and family therapies and support to assist with emotional and behavioural conditions, including:

- mood and anxiety difficulties
- behavioural problems
- emotional dysregulation
- disordered eating
- suicidal and/or self-harm behaviours
- psychotic symptoms
- deterioration in daily functioning
- coexisting conditions (such as mood problems and developmental delays or mood problems and substance misuse)

The type and extent of CYMH services that may be offered depend on the needs of the child or youth. Referral to other services may also be offered.

For more information, including contact information for all CYMH offices, please visit www.mcf.gov.bc.ca/mental_health/index.htm.

Developmental Disabilities Mental Health Services

Youth in care, aged 14 or older, who have a developmental disability (intellectual impairment) and mental illness or challenging behaviour may be eligible for Developmental Disabilities Mental Health Services, including consultation and assessment. Referrals are accepted from all sources, including youth, foster caregivers, and guardianship workers.

For more information, please contact:

- **Fraser Region**
604-777-8476
- **Interior Region**
East Kootenay: **250-417-2534** or **250-426-4822**
Kootenay Boundary: **250-304-1251** or **250-304-1228**
Okanagan: **250-860-5731**
Thompson Cariboo Shuswap: **250-376-7855**
- **North Region**
250-565-7408
- **Vancouver Coastal Region**
604-918-7540
- **Vancouver Island Region**
250-479-7005

Eating Disorders Program

The BC Children's Hospital Eating Disorders Program provides interdisciplinary assessment and treatment services for children and youth with anorexia nervosa, bulimia nervosa, and related eating disorders. The program integrates services with locally-based treatment resources throughout the province.

For more information, please visit

www.bcchildrens.ca/Services/ChildYouthMentalHlth/ProgramsAndServices/EatingDisordersProgram/default.htm or contact:

Vancouver: 604-875-2200



Health Supports for Children in Care and Youth Agreements

Well-Being Program

Children and youth in care and youth in Youth Agreements who are deaf, hard of hearing or deaf blind may be eligible for mental health services through the Well-Being Program. Services include:

- therapy
- support work
- interpreting at therapy sessions
- education and training
- support/discussion groups

For more information, please visit: www.vch.ca/wbp/home.htm or contact the Well-Being Program at:

Lower Mainland: 604-456-0900

Lower Mainland (TTY): 604-456-0901



QUESTIONS/COMMENTS

Please send questions or comments about this guide to mcf.healthsupports@gov.bc.ca.



CONTACT INFORMATION

CONTACT	ADDRESS	PHONE	WEBSITE
Aboriginal Infant Development Program MCFD			www.aidp.bc.ca/community_program_info.html
Aboriginal Supported Child Development MCFD			www.scdp.bc.ca
Ambulance Billing Department, Financial Services Division – Ministry of Health	PO Box 9676 Stn Prov Govt Victoria, BC V8W 9P7	Victoria: 250-952-1921 Toll-Free: 1-800-665-7199	www.healthservices.gov.bc.ca/bcas/fees/
ACT - Autism Community Training	Suite 240 – 2250 Boundary Road, Burnaby, BC, V5M 3Z3	Toll-Free: 1-866-939-5188	www.actcommunity.net
Autism Funding Unit MCFD	PO Box 0776 Victoria, BC V8W9S5	Toll-Free: 1-877-777-3530	www.mcf.gov.bc.ca/autism/index.htm
BC Early Hearing Program			www.phsa.ca/AgenciesServices/Services/BCEarlyHearingPrgs/ContactUs.htm
Canadian Red Cross Children's Medical Equipment Recycling and Loan Service		Toll-Free: 1-866-264-2244	www.redcrossequipment.com
CDBC Assessment Network			www.mcf.gov.bc.ca/fasd/assessment.htm
Child and Youth Mental Health MCFD	PO Box 9731 Stn Prov Govt Victoria, BC V8W 9S1	Victoria: 250-387-9749	www.mcf.gov.bc.ca/mental_health/index.htm
Developmental Disabilities Mental Health Services		Fraser Region 604-777-8476 Interior Region East Kootenay: 250-417-2534 or 250-426-4822 Kootenay Boundary: 250-304-1251 or 250-304-1228 Okanagan: 250-860-5731 Thompson Cariboo Shuswap: 250-376-7855 North Region 250-565-7408 Vancouver Coastal Region 604-918-7540 Vancouver Island Region 250-479-7005	



Health Supports for Children in Care and Youth Agreements

CONTACT	ADDRESS	PHONE	WEBSITE
Eating Disorders Program – BC Children’s Hospital	Box 156 – 4500 Oak St Vancouver, BC V6H 3N1	Vancouver : 604-875-2200	www.bcchildrens.ca/Services/ChildYouthMentalHlth/ProgramsAndServices/EatingDisordersProgram/default.htm
Health Canada (Non-Insured Health Benefits Program)		Toll-Free: 1-800-317-7878	www.hc-sc.gc.ca/fnih-spni/index_e.html
Infant Development Program MCFD			www.idpofbc.ca/findidp.html
Medical Benefits Program MCFD	PO Box 9763 Stn Prov Govt Victoria, BC V8W 9S5	General Enquiries Victoria: 250-387-9649 Toll-Free: 1-888-613-3232 Dental/Optical Benefits Toll-Free: 1-877-210-3332	
Medical Services Plan – Ministry of Health	PO Box 9035 Stn Prov Govt Victoria, BC V8W 9E3	Lower Mainland: 604-683-7151 Toll-Free: 1-800-663-7100	www.healthservices.gov.bc.ca/msp/
Nisga’a Non-Insured Health Benefits Program - Nisga’a Lisims Government	PO Box 231 New Aiyansh, BC V0J 1A0	New Aiyansh: 250-633-3000 Toll-Free: 1-866-633-0888	www.nisgaalisims.ca/
Nursing Support Services MCFD	PO BOX 9719 Stn Prov Govt Victoria, BC V8W 9S5	Local Health Unit (check blue pages of your telephone directory, or call Health Link BC at 811)	www.mcf.gov.bc.ca/spec_needs/nursing.htm
Pacific Blue Cross	PO Box 7000 Vancouver, BC V6B 4E1	Dental/Orthodontic Lower Mainland: 604-419-2600 Toll-Free: 1-888-419-2236 Optical Lower Mainland: 604-419-2782 Toll-Free: 1-800-667-8801	www.pac.bluecross.ca/
PharmaCare Program – Ministry of Health	PO Box 9655 Stn Prov Govt Victoria, BC V8W 9P2	Lower Mainland: 604-683-7151 Toll-Free: 1-800-663-7100	www.healthservices.gov.bc.ca/pharme/
Product Distribution Centre	2370 United Blvd Coquitlam, BC V3K 6A3	Lower Mainland: 604-927-2285 Toll-Free: 1-800-988-1155	www.bcsolutions.gov.bc.ca/pdc/
Provincial Services for the Deaf and Hard of Hearing MCFD	4334 Victory St Burnaby, BC V5J 1R2	Lower Mainland: 604-660-1800 TTY: 604-660-1807	www.mcf.gov.bc.ca/psdhh/index.htm
Supported Child Development MCFD			www.scdp.bc.ca/
Well-Being Program – Vancouver Coastal Health (available throughout BC)	#300-4211 Kingsway Burnaby, BC V5H 1Z6	Lower Mainland: 604-456-0900 TTY: 604-456-0901	www.vch.ca/wbp/home.htm

APPENDIX A: Foundation Documents

1. Health Insurance BC (HIBC) accepts the following as foundation documents. Please include front and back of document, if personal information appears on the back when applicable. Document(s) retained must confirm the beneficiary's name, gender, status in Canada and birth date:

DOCUMENT	NAME	GENDER	STATUS IN CANADA	BIRTH DATE
Canadian Birth Certificate	•	•	•	•
Canadian Citizenship Card	•	•	•	•
Canadian Citizenship Certificate (not "Commemoration of Citizenship")	•	•	•	•
Notice of Birth Registration (Issued in Canada)	•	•	•	•
Certificate of Change of Name (from BC Vital Statistics or Canadian equivalent outside BC)	•			
Permanent Resident Card	•	•	•	•
Confirmation of Permanent Residence/Landed Immigrant Document	•	•	•	•
Current Immigration document issued by Citizenship and Immigration Canada (i.e., work or study permit) *	•	•	•	•
Valid Canadian Passport **	•	•	•	•
Valid BC Driver's Licence ***	•	•		•
Valid BC Identification Card (BCID) ***	•	•		•
Decree Absolute or Undefended Divorce Order (ordering a name <i>change</i>)	•			
Marriage Certificate (married surname only)	•			
Status Card			•	
Baptismal Certificate (note: if certificate was issued to person born in Quebec or Newfoundland <i>before</i> 1994, it is acceptable as proof of name, date of birth, gender, and citizenship)				•

Health Supports for Children in Care and Youth Agreements

- * If an Immigration Document issued by Citizenship and Immigration Canada expires and is renewed, retain a copy of the renewed document using the method outlined below.
 - ** Passports cannot be used to change a name, gender, or date of birth; used for initial enrolment only
 - *** BCDL/BCID proof of married surname and date of birth only. Double-barreled or hyphenated surnames cannot be created by combining names from separate documents.
2. Copies of foundation documents must be legible. Ensure the beneficiary's Personal Health Number (PHN) is recorded on the copy.
 3. Failure to retain foundation documents may impact the beneficiary's ongoing MSP coverage.