

At Home Program Guide

FOR HEALTH CARE PROFESSIONALS AND FAMILIES





INTENT OF THIS GUIDE

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

LOOK FOR THIS LOGO FOR INFORMATION THAT IS PARTICULARLY HELPFUL FOR FAMILIES.



Hyperlinks are available throughout this guide. For the list of related web addresses, please see pages 37 and 38.

HERE TO HELP

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

For questions about AHP MEDICAL Benefits:

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

EMAIL: MCF.MedicalBenefitsProgram@gov.bc.ca

For questions about AHP RESPITE Benefits:

Please contact your local Children and Youth with Special Needs (CYSN) Office

CONTENTS

INTENT OF THIS GUIDE	1	<i>Wheelchair seating systems</i>	16
HERE TO HELP	1	<i>Specialized car seats</i>	16
AT HOME PROGRAM OVERVIEW	4	<i>Therapeutic equipment</i>	17
WHO IS ELIGIBLE?	5	<i>How do I request medical equipment?</i>	17
<i>How can I apply?</i>	6	<i>Is my medical equipment under warranty?</i> ...	17
<i>What is an eligibility assessment?</i>	6	<i>What if my medical equipment requires repairs?</i>	18
<i>How is eligibility determined?</i>	6	<i>What if my medical equipment requires modifications?</i>	18
<i>What should I do if I disagree with an eligibility decision?</i>	7	<i>How do I recycle medical equipment I no longer use?</i>	19
<i>I have received a settlement or court award, am I still eligible for the at home program?</i> ...	7	BIOMEDICAL EQUIPMENT	20
ABOUT AHP RESPITE BENEFITS	8	<i>How do I request an oximeter?</i>	21
ABOUT AHP MEDICAL BENEFITS	9	<i>How do I request all other biomedical equipment?</i>	21
<i>What does “Medically Necessary” mean?</i>	10	<i>What if my biomedical equipment requires repairs?</i>	21
<i>How do I contact AHP medical benefits?</i>	11	<i>How do I recycle biomedical equipment I no longer use?</i>	21
MEDICAL EQUIPMENT	12	MEDICAL SUPPLIES	22
<i>Alternate positioning devices</i>	12	<i>How do I request medical supplies?</i>	22
<i>Bathing and toileting aids</i>	13	<i>How are medical supplies delivered?</i>	23
<i>Hospital beds</i>	13	<i>Is there direct funding available for purchasing incontinence supplies?</i>	23
<i>Lifts</i>	14	<i>How do I request direct funding for incontinence supplies?</i>	23
<i>Mobility Equipment</i>	14	ORTHOTICS	24
<i>Crutches</i>	14	<i>How Do I Request Orthotics?</i>	25
<i>Wheelchairs</i>	14		
<i>Scooters</i>	16		
<i>Special needs strollers</i>	16		

CONTENTS

AUDIOLOGY EQUIPMENT AND SUPPLIES	26	MEDICAL SERVICES PLAN COVERAGE ..	33
<i>How Do I Request Audiology Equipment and Supplies?</i>	26	MEDICATIONS AND PHARMACARE	34
SCHOOL-AGED EXTENDED THERAPIES	27	TRANSITION TO ADULT SERVICES	35
<i>OT, PT and SLP Services</i>	28	<i>Transition to Adult Disability Assistance</i>	35
<i>Chiropractic and Massage Services</i>	29	<i>Transition to Community Living B.C.</i>	35
<i>How Do I Request School-Aged Extended Therapies?</i>	29	<i>Home and Community Care</i>	36
<i>How Does Payment for Approved School-Aged Extended Therapies Work?</i>	29	WEBSITES REFERENCED	37
DENTAL, ORTHODONTIC AND OPTICAL BENEFITS	30	<i>Child and Family Support Services</i>	37
<i>How Do I Request Dental, Orthodontic and Optical Benefits?</i>	30	<i>Direct Monthly Respite Payment Resources</i> ..	37
MEDICAL TRANSPORTATION	31	<i>Health and Medical Resources</i>	38
<i>Is Non-Emergency Medical Transportation covered?</i>	31	<i>Adult Services</i>	38
<i>How Do I Make a Request for Non-Emergency Medical Transportation?</i>	32	RECORD OF UPDATES	39
<i>How Can I Get Reimbursed for Non-Emergency Medical Transportation Costs?</i>	32	<i>August 2018</i>	39
<i>What if I Need Ambulance Services?</i>	32		

AT HOME PROGRAM OVERVIEW

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

The AHP provides assistance in two main areas:

- ➔ **AHP RESPITE BENEFITS** *allow parents or guardians to access respite services that best suit their needs. See page 8, About Respite Benefits, for more information.*
- ➔ **AHP MEDICAL BENEFITS** *provide a range of basic, medically necessary items and services. See page 9, About AHP Medical Benefits, for more information.*

A child may be eligible for both Respite Benefits and Medical Benefits, or a choice of one benefit.



The AHP supports eligible children who require long-term medical supports, services and continued assistance to address having “severe disabilities”.

For the AHP, severe disabilities means:

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

WHO IS ELIGIBLE?

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

- ▶ 17 years or younger for AHP Medical Benefits; 18 years or younger for Respite Benefits
- ▶ A resident of British Columbia
- ▶ Enrolled with the British Columbia Medical Services Plan
- ▶ Living at home with a parent or guardian or with an Extended Family Program caregiver

AND meet one of the following criteria

- ▶ Assessed as dependent in at least three of four functional activities of daily living (eating, dressing, toileting and washing)
- ▶ Eligible for *Nursing Support Services* Direct Care
- ▶ Diagnosed with one of the following degenerative conditions: Duchenne Muscular Dystrophy, or Spinal Muscular Atrophy Type 2
- ▶ Considered to have a palliative condition

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

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

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

When are AHP assessments not required?

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



➡ ***How can I apply?***

Complete the [*At Home Program Application form*](#) with the assistance of a physician or a nurse practitioner. The application is available on the [*At Home Program forms page*](#) online, at your local MCFD Office, or local health unit. The telephone number of your local health unit can be found in the blue pages of your telephone directory or by calling Health Link B.C. at 8-1-1.

Mail or fax the completed form to your local [*At Home Program Regional Contact*](#).

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

➡ ***What is an eligibility assessment?***

An assessor will contact the family and arrange to meet with the parent or guardian, and child or youth in their home. An assessment of the child's abilities in four functional activities of daily living (eating, dressing, toileting and washing) will be conducted. The assessor may also contact other health care providers to review the child's needs and abilities or may request to observe the child in an alternative setting.

The assessor will provide the parent or guardian with a copy of the completed assessment.

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

➡ ***How is eligibility determined?***

A regional eligibility committee will review the application and assessment, and make an eligibility recommendation to MCFD.

The parent or guardian will receive a letter indicating the eligibility decision. If the child is not eligible for the AHP, the parent or guardian may be referred to other supports and services where available.

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

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

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

➡ ***I have received a settlement or court award, am I still eligible for the at home program?***

Parents and guardians are responsible for notifying MCFD if a settlement or court award has occurred.

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

Please contact your CYSN worker for more information.





ABOUT AHP RESPITE BENEFITS

AHP RESPITE BENEFITS *are managed locally through MCFD offices.*

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

AHP Respite Benefits of up to \$2,800 per year may be available dependent on family income. An income test is applied. In some cases, benefits may be enhanced to meet extraordinary need. Respite funding may not be available immediately; families may be waitlisted.

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

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

The program does not cover services that are:

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

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

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

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

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

ABOUT AHP MEDICAL BENEFITS

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



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

- ▶ Medical Equipment
- ▶ Biomedical Equipment
- ▶ Medical Supplies
- ▶ Orthotics and Splints
- ▶ Audiology Equipment and Supplies
- ▶ School-Aged Extended Therapies
- ▶ Dental, Orthodontic and Optical Coverage
- ▶ Medical Transportation
- ▶ Medical Services Plan Coverage*
- ▶ Medications and PharmaCare*

*Medical benefits include MSP Premium Assistance and PharmaCare Plan F. PharmaCare and MSP submissions are handled by Health Insurance B.C. *See page 33, Medical Services Plan Coverage, and page 34, Medications and PharmaCare, for more information.*

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

Forms and guidelines for requesting the various medical benefits are available [online](#).

For more information about AHP Medical Benefits, please see [page 11 How Do I Contact AHP Medical Benefits?](#)



➡ What does “Medically Necessary” mean?

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

To be considered “medically necessary,” equipment and supplies must be:

- ▶ Directly related to the health condition or disability that qualifies the child or youth to be eligible for AHP Medical Benefits
- ▶ Required for one or more of the following reasons:
 - » *To sustain life and bodily functions*
 - » *To maintain the child or youth’s body in proper alignment*
 - » *To mitigate significant complications related to the condition or disability that qualifies the child or youth to be eligible for AHP Medical Benefits*
 - » *To provide mobility in common indoor and common outdoor settings*
 - » *To safely transfer the child or youth within the home (e.g. bedroom and bathroom transfers)*
 - » *To safely 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*
- ▶ Prescribed by a professional who is regulated under the *Health Professions Act* (all exceptions are explicitly noted)
- ▶ Available on the market long enough to be considered common, standard equipment
- ▶ The least expensive item that addresses the child’s medical needs; funding limits may apply
- ▶ Pre-approved by AHP Medical Benefits prior to purchase



AHP Medical Benefits does not cover all types of medically necessary equipment and supplies or the full cost of all equipment and supplies; funding limits may apply.

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. Although some benefits may assist children and youth in gaining independence, equipment or upgrades are not approved when independence is the sole rationale.

Costs associated with equipment upgrades and repairs of upgrades related to caregiver health, caregiver safety, personal preference and environmental factors, as well as over-limit costs, are the responsibility of parents or guardians. AHP Medical Benefits does not cover the cost of replacement due to intentional or negligent damage, loss or theft.

The term "medically necessary" applies to equipment and supplies only. All children eligible for AHP Medical Benefits are eligible to request the school-aged extended therapies benefit, with the recommendation of a healthcare professional.

Please see page 27 School-Aged Extended Therapies for more detail.

How do I contact AHP medical benefits?

The following contact information should be used when:

- ▶ Seeking more information about this guide, or
- ▶ Submitting requests, invoices, or receipts, as described throughout the guide.

TOLL-FREE: 1 888 613-3232

VICTORIA: 250 387-9649

FAX: 250 356-2159

ADDRESS: AHP Medical Benefits
Ministry of Children and Family Development
PO Box 9763 – STN PROV GOVT
Victoria BC V8W 9S5

EMAIL: MCF.MedicalBenefitsProgram@gov.bc.ca

If you have a concern about the service(s) provided by AHP Medical Benefits, or about an AHP Medical Benefits decision, contact AHP Medical Benefits at 1 888-613-3232. If your concern is not resolved, request to speak to an AHP Medical Benefits Supervisor at 1 888 613-3232.

MEDICAL EQUIPMENT



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

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

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

Please refer to page **17** for information on requesting medical equipment.

➔ **Alternate positioning devices**

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

- ▶ Standing frames
- ▶ Walkers
- ▶ Sidelyers
- ▶ Beanbag chairs
- ▶ Floor sitters
- ▶ Other alternate positioning devices recommended by a therapist

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

Multiple alternate positioning devices may be provided to a maximum of \$3,200. Once the \$3,200 maximum has been used, 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
- ▶ Bath seat component for use with a lifting device (\$800 maximum)
- ▶ Transfer poles
- ▶ Grab bars (maximum 2)
- ▶ Step stools (\$100 maximum)

The following expenses are not benefits:

- ▶ Installation of grab bars
- ▶ Typical toilets and bidets
- ▶ Home renovations or structural modifications to accommodate new equipment

➞ **Hospital beds**

AHP Medical Benefits may provide funding for a typical electric hospital bed including headboard, footboard and rails as follows:

HOME CARE BED (maximum \$2,250) – 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 (maximum \$3,000) – 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).

Medically required pressure redistribution mattresses may be approved for use with a hospital bed.

➔ **Lifts**

AHP Medical Benefits may provide a floor model lift or ceiling track lift for bedroom and/ or bathroom transfers, to a maximum of \$4,200 for the life of the device (including two slings and installation). Replacement motors for lifts must not exceed \$3,060.

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.

➔ **Mobility Equipment**

In addition to crutches, 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**

\$200 maximum, plus the cost of basic tips

➔ **Wheelchairs**

Limits apply to specific wheelchair components:

- ▶ \$300 for wheelchair trays and \$385 for armrests, or
- ▶ \$685 for swing to side armrests if required for positioning support

AHP Medical Benefits does not provide funding for wheelchair ramps, home modifications or vehicle modifications to accommodate wheelchairs.

The minimum replacement period for wheelchairs is 5 years.

MANUAL WHEELCHAIRS

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

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

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

POWER WHEELCHAIRS

Funding for a manual backup mobility device is provided to a maximum of \$1,500. Parents or guardians are responsible for a \$75 deductible charge for special needs strollers for children less than three years of age. A basic powered wheelchair includes the following features:

- ▶ Power base with Group 22NF batteries
- ▶ 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
- ▶ Fixed joystick mount
- ▶ Standard wheels and casters

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

➔ ***Scooters***

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

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

➔ ***Special needs strollers***

- ▶ The minimum replacement period for a stroller is 3 years
- ▶ Parents or guardians are responsible for a \$75 deductible charge for special needs strollers for children less than three years of age
- ▶ \$150 limit for specialized stroller handles

➔ ***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 \$6,000.

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).

➔ ***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).

Parents or guardians are responsible for a \$50 deductible for specialized car seats provided for children under age nine and whose height is less than four feet nine inches (145 cm). 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.

➡ **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 \$400)
- ▶ Therapy roll
- ▶ Therapy ball

➡ **How do I request medical equipment?**

Therapist recommendation is required for all medical 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, *please see page 11 How Do I Contact AHP Medical Benefits?*

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, *please see page 11 How Do I Contact AHP Medical Benefits?*

➡ **Is my medical equipment under warranty?**

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

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

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





➡ **What if my medical equipment requires repairs?**

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

After the warranty period, requests for repairs should be forwarded to CMEDS. For more information, please see the [CMEDS website](#) or call 604 821-0075 (or 250 386-0075 for Southern Vancouver Island).

Funding for repairs is limited to normal wear and tear on equipment purchased through AHP Medical Benefits. If new replacement equipment has been approved, repairs to old equipment will not be considered.

➡ **What if my medical equipment requires modifications?**

APPROVALS ARE VALID FOR 12 MONTHS FROM THE DATE OF ISSUE.
If modifications have not been completed within the 12 months, contact AHP Medical Benefits.

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

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

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

A list of approved dealers is available from AHP Medical Benefits.

Please call 1 888 613-3232 (toll-free) or 250 387-9649 (Victoria) for more information.

➡ **How do I recycle medical equipment I no longer use?**

To benefit other families, please return medical 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.

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.



BIOMEDICAL EQUIPMENT



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

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

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

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

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



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



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

➡ **How do I request an oximeter?**

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

➡ **How do I request all other biomedical equipment?**

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

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

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

Requests must be submitted to AHP Medical Benefits for review, [*please see page 11 How Do I Contact AHP Medical Benefits?*](#)

➡ **What if my biomedical equipment requires repairs?**

Biomedical equipment must be returned to the original dealer for any necessary repairs during the warranty period. After the warranty period, requests for repairs should be forwarded to the Children's Medical Equipment Distribution Service

(CMEDS) administered by HME Mobility and Accessibility.

For more information, please see the [*CMEDS Biomedical website*](#), or call CMEDS at 604 821-0075 (or 250 386-0075 for Southern Vancouver Island).

➡ **How do I recycle biomedical equipment I no longer use?**

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

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

For more information, please see the [*CMEDS Biomedical website*](#), or call CMEDS at 604 821-0075 (or 250 386-0075 for Southern Vancouver Island).

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





MEDICAL SUPPLIES

ALL MEDICAL SUPPLIES MUST BE PRE-APPROVED.

AHP Medical Benefits may provide medical supplies, 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. For more information, [*please see page 11, How do I Contact AHP Medical Benefits?*](#)

➡ **How are medical supplies delivered?**

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

For more information about the Product Distribution Centre, call:

TOLL-FREE: 1 877 927-2234

LOWER MAINLAND: 604 927-2910

➡ **Is there direct funding available for purchasing incontinence supplies?**

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

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

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

Parents or guardians are responsible for:

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

➡ **How do I request direct funding for incontinence supplies?**

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

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

For AHP Medical Benefits contact information, *please see page 11, How do I Contact AHP Medical Benefits?*



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:

► **CERVICAL COLLARS**

► **UPPER-EXTREMITY DEVICES**

- » *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*
- » *Therapeutic boots and brace*

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.

AHP Medical Benefits 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)
- ▶ 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



AUDIOLOGY EQUIPMENT AND SUPPLIES



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

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

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

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

Audiology equipment includes:

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

Audiology equipment is provided to a maximum of \$3,000 for all devices combined in a four year period. The minimum replacement period is four 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, [please see page 11 How Do I Contact AHP Medical Benefits?](#)

SCHOOL-AGED EXTENDED THERAPIES

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



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

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

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

These direct therapy services are intended to:

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

Each therapy service should be:

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

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

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

➔ **OT, PT and SLP Services**

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

The services must:

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

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

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

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

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

A maximum of \$3,840 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 \$3,840) 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: \$80 per hour
- ▶ Services delivered by a therapist assistant: \$40 per hour

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

Services lasting less than one hour must be prorated.

➡ **Chiropractic and Massage Services**

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

The maximum billing rates are:

- ▶ \$40 per session for chiropractic services
- ▶ \$40 per hour for massage services
(massage services lasting less than one hour must be prorated)

➡ **How Do I Request School-Aged Extended Therapies?**

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

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

Requests must be submitted to AHP Medical Benefits for review, *please see page 11, How Do I Contact AHP Medical Benefits?*

➡ **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; *please see page 11 How Do I Contact AHP Medical Benefits?*

DENTAL, ORTHODONTIC AND OPTICAL BENEFITS



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

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

- ▶ Required due to the child's disability, and
- ▶ Not met through another program or insurance plan. The following maximum benefit limits apply:
 - » *Dental: \$700 per year for restorative procedures*
 - » *Orthodontic: \$5,000 lifetime*
 - » *Optical: Prescription lenses and frames up to \$150 per year*

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

OTHER OPTICAL AND DENTAL RESOURCES

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

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



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

➡ **How Do I Request Dental, Orthodontic and Optical Benefits?**

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

To request optical benefits, a physician must complete a ***Request for Optical Benefits form***. Requests must be submitted to AHP Medical Benefits for review, *please see page 11 How Do I Contact AHP Medical Benefits?*

MEDICAL TRANSPORTATION

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

➡ *Is Non-Emergency Medical Transportation covered?*

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

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

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

Allowable transportation costs include:

- ▶ The least costly mode of car, bus, train, ferry or air transportation for the child and one other person from the family home (car transportation is reimbursed at 40 cents per km)
- ▶ Accommodation (to a maximum of \$150 per night, \$15 per night for parking at the hotel)
- ▶ Highway tolls
- ▶ Parking at the appointment

Examples of costs that are not reimbursed include:

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

SOME TRAVEL DISCOUNTS ARE AVAILABLE *through the Travel Assistance Program (TAP B.C.). Families should apply to TAP B.C. before accessing medical transportation benefits through AHP Medical Benefits.*

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

*For more information about the Travel Assistance Program visit the TAP B.C. website or call: **TOLL-FREE: 1-800-663-7100***



➔ *How Do I Make a Request for Non-Emergency Medical Transportation?*



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

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

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

➔ *How Can I Get Reimbursed for Non-Emergency Medical Transportation Costs?*



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

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

Submit the following to AHP Medical Benefits:

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

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

➔ *What if I Need Ambulance Services?*

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

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

B.C. AMBULANCE SERVICE

Ambulance Billing Ministry of Health Services

PO Box 9676 STN PROV GOVT

Victoria BC V8W 9P7

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

MEDICAL SERVICES PLAN COVERAGE

Children enrolled in AHP Medical Benefits receive premium-free Medical Services Plan (MSP) coverage. MSP coverage is administered by Health Insurance B.C.

For more information about MSP, visit the Ministry of Health [Medical Services Plan website](#), or contact Health Insurance B.C. via telephone at:

TOLL-FREE: 1 800 663-7100

VANCOUVER: 604 683-7151

NOTE: AHP Medical Benefits does not assist with MSP services or claims.
Please contact Health Insurance B.C. directly.



MEDICATIONS AND PHARMACARE

Children enrolled in AHP Medical Benefits receive benefits through the PharmaCare program (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

NOTE:

- ▶ AHP Medical Benefits does not process PharmaCare claims. Please contact Health Insurance B.C. directly.
- ▶ There may be a short delay between eligibility determination and active PharmaCare coverage. Please contact Health Insurance B.C. if you are unsure whether or not coverage is active.
- ▶ PharmaCare benefits are not in effect when a child is temporarily out of the province.

For more information about PharmaCare benefits, visit the [PharmaCare website](#), or contact Health Insurance B.C. via telephone at:

TOLL-FREE: 1 800 663-7100

VANCOUVER: 604 683-7151



TRANSITION TO ADULT SERVICES

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

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

TOLL-FREE: 1 800 663-7100

VANCOUVER: 604 683-7151

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

➡ *Transition to Adult Disability Assistance*

Young people with disabilities who are 18 years of age or older may qualify for adult disability assistance, including financial and supplementary health assistance, through the Ministry of Social Development and Poverty Reduction (SDPR). The application process for these services should begin six months before their 18th birthday.

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

➡ *Transition to Community Living B.C.*

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

For more information on eligibility and application process, please visit [the CLBC website](#).

➔ *Home and Community Care*

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

For more information on eligibility and the application process, [*contact your health authority.*](#)



WEBSITES REFERENCED

THE AT HOME PROGRAM – Request Forms are on the right side of this page.
www.gov.bc.ca/athomeprogram

AHP MEDICAL BENEFITS – Guidelines for service providers are at the bottom of this page. <https://www2.gov.bc.ca/gov/content/health/managing-your-health/healthy-women-children/child-behaviour-development/special-needs/complex-health-needs/at-home-program/medical-benefits>



➞ **Child and Family Support Services**

YOUR LOCAL AT HOME PROGRAM REGIONAL CONTACT

gov.bc.ca/assets/gov/family-and-social-supports/children-teens-with-special-needs/at_home_program_regional_contacts.pdf

YOUR LOCAL CHILDREN AND FAMILY SERVICE OFFICE

[gov.bc.ca/gov/
search?id=3101EE72823047269017D08E55AF6441&tab=1&q=special+needs](http://gov.bc.ca/gov/search?id=3101EE72823047269017D08E55AF6441&tab=1&q=special+needs)

TRAVEL ASSISTANCE PLAN (TAP B.C.)

gov.bc.ca/gov/content/health/accessing-health-care/tap-bc/travel-assistance-program-tap-bc?keyword=travel&keyword=assistance&keyword=plan

➞ **Direct Monthly Respite Payment Resources**

CANADA REVENUE AGENCY

cra-arc.gc.ca/

EMPLOYMENT STANDARDS BRANCH

[gov.bc.ca/gov/content/employment-business/employment-standards-advice/
employment-standards](http://gov.bc.ca/gov/content/employment-business/employment-standards-advice/employment-standards)

WORKSAFEBC

worksafebc.com/en/insurance/need-coverage

TAX CREDITS AND DEDUCTIONS FOR PERSONS WITH DISABILITIES

canada.ca/en/revenue-agency/services/tax/individuals/segments/tax-credits-deductions-persons-disabilities.html

Health and Medical Resources

B.C. EARLY HEARING PROGRAM

phsa.ca/our-services/programs-services/bc-early-hearing-program

CHILDREN'S MEDICAL EQUIPMENT DISTRIBUTION SERVICE (CMEDS)

hmebc.com/cmehs-program/

COCHLEAR IMPLANT PROGRAM

bcchildrens.ca/our-services/clinics/cochlear-implant

PALLIATIVE CARE BENEFITS

gov.bc.ca/gov/content/health/practitioner-professional-resources/pharmacare/prescribers/plan-p-bc-palliative-care-benefits-program

HEALTH AUTHORITIES

gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-authorities

HEALTH INSURANCE B.C.

gov.bc.ca/gov/content/health/about-bc-s-health-care-system/partners/health-insurance-bc?keyword=hibc

HEALTHY KIDS PROGRAM

gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/health-supplements-and-programs/healthy-kids

NURSING SUPPORT SERVICES TO ASSIST PARENTS AND CAREGIVERS

bcchildrens.ca/our-services/sunny-hill-health-centre/our-services/nursing-support

UBC CHILDREN'S DENTAL PROGRAM

dentistry.ubc.ca/community-programs/childrens-dental-program/

Adult Services

COMMUNITY LIVING B.C.

communitylivingbc.ca/

SIMPLIFIED DISABILITY ASSISTANCE APPLICATION PROCESS

gov.bc.ca/gov/content/family-social-supports/services-for-people-with-disabilities/disability-assistance

MEDICAL SERVICES PLAN

gov.bc.ca/gov/content/health/health-drug-coverage/msp

PHARMACARE FOR B.C. RESIDENTS

gov.bc.ca/gov/content/health/health-drug-coverage/pharmacare-for-bc-residents

RECORD OF UPDATES

➡ **August 2018**

- ▶ The age requirement for the School-Aged Extended Therapies benefit has been changed to include children who are under the age of five upon school entry (effective September 4, 2018).
- ▶ The ability of Nurse Practitioners to refer children for an *At Home Program* Assessment.
- ▶ Mass produced car seats including specialized car seats, require the National Safety Mark (NSM) to demonstrate meeting the Canada Motor Vehicle Safety Standard (CMVSS).
- ▶ 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.
- ▶ The new procedures for loan, repair and recycling of AHP-funded medical and biomedical equipment, which is now administered by HME Mobility and Accessibility and referred to as the Children's Medical Equipment Distribution Service (CMEDS) and CMEDS Biomedical Equipment programs.
- ▶ An expanded description of what is meant by a child with "severe disabilities".
- ▶ The qualification that AHP Medical Benefits are available to children who are considered palliative, which means they have been diagnosed with a life-threatening illness or condition, and have a life expectancy of up to 6 months.

