

Social Development - Policy

Health Services Medical Supplies Program

June 2024

Introduction

The Health Services Medical Supplies and Services Program is designed to assist clients with the cost of specific medical supplies and services that meet a basic medical need.

Who is Eligible

This program is available to:

- Social Assistance recipients and their dependents
- Health-Card-Only clients (those unable to cover the cost of service because of extensive health needs)
- Clients in the Child and Youth Services Program

Some benefits may also be available to:

- Long Term Care clients who have qualified for the Health Card
- Nursing Home residents whose care is subsidized by Social Development
- Mental Health clients residing in a facility

Eligible clients will have one of the following, but **additional benefit specific criteria will apply**:

- a valid white Health Card showing:
 - "Supplementary" in the BASIC HEALTH ELIGIBILITY section
 - OR
 - "MS" in the ADDITIONAL HEALTH ELIGIBILITY section
- A valid yellow Health Card showing a "Y" or "X" under SUPP in the VALID ONLY FOR section

PLEASE SEE BENEFIT DETAILS FOR SPECIFIC ELIGIBILITY CRITERIA

IMPORTANT NOTES:

1. This program covers the specific benefits listed ONLY.
2. All benefits require prior approval by the Health Services Program. Some may be billed on an on-going basis for specific time frames once approval has been granted. Please refer to the benefit details for further information.
3. Benefits must be obtained from a New Brunswick supplier unless the equipment or service is unavailable in this province.

BENEFITS:

AMBULATION AIDS

Benefits:	Eligibility Criteria:
Canes Crutches	1. The client has a long term or permanent limitation that significantly impairs their ability to ambulate to complete essential activities of daily living.
Standard walkers * 2 wheeled walkers *	2. The ambulation aid prescribed will be used in the client's home environment. 3. The ambulation aid prescribed is the most cost-effective option to meet the client's medical need.
Replacement ambulation aids	1. The client has not had another ambulation aid provided by Social Development in the past 5 years. 2. The current ambulation aid is no longer functional or appropriate to meet the client's basic medical or safety needs.
Documentation required for approval request:	<ul style="list-style-type: none"> • Prescription from a physician or nurse practitioner, specifying the reason the ambulation aid is required and duration of the need. • 1 quote on a Health Services Medical Services Claim Form, a Health Services Medical Supplier Claim Form, or a Health Services Pharmacy Claim Form
Documentation required for invoicing:	<ul style="list-style-type: none"> • Health Services Medical Services Claim Form OR • Health Services Medical Supplier Claim Form OR • Health Services Pharmacy Claim Form
Eligible service providers	<ul style="list-style-type: none"> • Licensed NB pharmacies • Licensed NB medical suppliers
Ineligible Products	<ul style="list-style-type: none"> • More complex walkers than those listed above * • Walker-transport chair combinations

*More complex walkers are eligible benefits through the **Mobility & Adaptive Equipment Loan Program**. However, the procedures and eligibility criteria are different.

All **4 Wheeled Walkers /rollators** must be purchased from one our contracted medical suppliers and the client **MUST** be **ASSESSED** by a Physio/Occupational Therapist who submits the request on the client's behalf.

BLOOD PRESSURE MONITORS

Benefits:	Eligibility Criteria:
Blood pressure monitor	<ol style="list-style-type: none"> 1. Coverage is limited to basic models only. 2. The client is at high risk or suffers from high blood pressure. 3. The client's need is <u>on-going and long term</u>. 4. The client has not had a blood pressure monitor funded by Social Development in the past 5 years.
Documentation Required for approval requests:	<ul style="list-style-type: none"> • Prescription from a physician or nurse practitioner, which indicates diagnosis and the duration of need. • 1 quote on a Health Services Medical Services Claim Form, a Health Services Medical Supplier Claim Form, or a Health Services Pharmacy Claim Form
Documentation required for invoicing:	<ul style="list-style-type: none"> • a Health Services Medical Services Claim Form OR • a Health Services Medical Supplier Claim Form OR • a Health Services Pharmacy Claim Form
Eligible service providers:	<ul style="list-style-type: none"> • Licensed NB pharmacies • Licensed NB medical suppliers
Ineligible products/ services:	<ul style="list-style-type: none"> • Repairs • Replacement parts • Monitors other than basic models

BURN SUPPLIES

Benefits:	Eligibility Criteria:
Burn garments Burn dressings	<ol style="list-style-type: none"> 1. The client requires special garments or dressings for the treatment of severe burns to the body. 2. The client does not reside in a nursing home.
Documentation required for approval requests:	<ul style="list-style-type: none"> • Prescription from a physician or nurse practitioner, specifying the supplies required and the duration of the treatment. • 1 estimate on a Health Services Medical Services Claim Form, a Medical Supplier Claim Form, or a Health Services Pharmacy Claim Form.
Documentation required for invoicing:	<ul style="list-style-type: none"> • Health Services Medical Services Claim Form OR • Health Services Medical Supplier Claim Form OR • Health Services Pharmacy Claim Form
Eligible service providers:	<ul style="list-style-type: none"> • Licensed NB pharmacies • Licensed NB medical suppliers
Ineligible products:	<ul style="list-style-type: none"> • Any garments or dressings not specific to the treatment of burns

CENTRAL VENOUS ACCESS DEVICE SUPPLIES (CVAD)

Benefits:	Eligibility Criteria:
Supplies for CVAD (Ex: Por-O-Cath)	<ol style="list-style-type: none"> 1. The client has a central venous access device inserted in their body and requires supplies for its maintenance. 2. The client does not reside in a nursing home or hospital.
Documentation required for approval:	<ul style="list-style-type: none"> • Prescription from a physician or nurse practitioner, specifying the supplies required and the duration of the treatment. • 1 estimate on a Health Services Medical Supplies Claim Form or a Health Services Medical Supplier Claim Form
Documentation required for invoicing:	<ul style="list-style-type: none"> • a Health Services Medical Services Claim Form OR • a Health Services Medical Supplier Claim Form OR • a Health Services Pharmacy Claim Form
Eligible service providers:	<ul style="list-style-type: none"> • Licensed NB pharmacies • Licensed NB medical suppliers
Ineligible products:	<ul style="list-style-type: none"> • Supplies not specifically required for the CVAD

FOOT/NAIL CARE

NON-DIABETICS

Benefits:	Criteria:
<ul style="list-style-type: none"> • Cutting or removal of corns and calluses • Clipping, trimming or debridement of nails • Shaving, paring, cutting or removal of keratoma, tyloma and heloma • Non-definitive simple, palliative treatments like shaving, or paring or plantar warts which do not require thermal or chemical cautery and curettage • Other hygienic and preventive maintenance care in the realm of self-care, such as cleaning, and soaking feet and the use of skin creams to maintain skin tone of both ambulatory and bedridden clients • Any services performed in the absence of localized illness, injury or symptoms involving the foot. 	<ul style="list-style-type: none"> • <u>Coverage is limited to Social Assistance clients or their dependents or individuals who are eligible under Section 4/4 of the Family Income Security Act.</u> <ol style="list-style-type: none"> 1. Clients must not have coverage from any other program. 2. The client must suffer from a functional impairment or condition of the foot or nails. 3. Clients are eligible for a maximum of \$60 per service every 60 days. 4. Clients must remain with the same service provider for the duration of the approval. 5. Approvals must be in accordance with prescribers expected duration of treatment plan.
Documentation required for approval:	<p><u>New Requests</u></p> <ul style="list-style-type: none"> • Non-Diabetic Foot/Nail Care Application Form completed in full by a physician or nurse practitioner. Prescriber is required to indicate if the diagnosis and expected duration of the treatment plan is short term or permanent. If short-term, the prescriber must specify an end date. <p><u>Renewals:</u></p> <p>Permanent diagnosis:</p> <ul style="list-style-type: none"> • No renewals are needed for those with a permanent diagnosis. <p>Non-permanent diagnosis (short term diagnosis) require a:</p>

	<ul style="list-style-type: none"> • Non-Diabetic Foot/Nail Care Renewal Form completed in full by a physician, nurse practitioner, or podiatrist in accordance to the specified end date of expected duration of treatment plan.
quire	<ul style="list-style-type: none"> • Health Services Medical Services Claim Form
Eligible service providers	<ul style="list-style-type: none"> • Authorized professional nurses (RN or LPN) • Authorized Podiatrists <p>NOTE: All suppliers must apply and be accepted as eligible foot and nail care service providers through the program prior to providing services to clients. Please refer to the <u>Authorized Foot Care Service Providers</u> for a list of eligible suppliers.</p>
Ineligible services	<ul style="list-style-type: none"> • Foot/ Nail care for clients who do not have a specific medical condition of the foot. • Any services not mentioned above • Missed appointments

DIABETICS

Benefits:	Criteria:
<ul style="list-style-type: none"> • Cutting or removal of corns and calluses • Clipping, trimming or debridement of nails • Shaving, paring, cutting or removal of keratoma, tyloma and heloma • Non-definitive simple, palliative treatments like shaving, or paring or plantar warts which do not require thermal or chemical cautery and curettage • Other hygienic and preventive maintenance care in the realm of self-care, such as cleaning, and soaking feet and the use of skin creams to maintain skin tone of both ambulatory and bedridden clients • Any services performed in the absence of localized illness, injury or symptoms involving the foot. 	<ul style="list-style-type: none"> • <u>Coverage is limited to Social Assistance clients or their dependents or individuals who are eligible under Section 4/4 of the Family Income Security Act.</u> <ol style="list-style-type: none"> 1. Clients must not have coverage from any other program. 2. Client must score either moderate or high only on any section of the Foot Risk Assessment Form. 3. The client must suffer from a functional impairment or condition of the foot or nails. 4. The physician or nurse has identified physical and/or clinical findings exist with the foot or nail. 5. Clients are eligible for a maximum of \$60 per service every 60 days. 6. Clients must remain with the same service provider for the duration of the approval. Requests to change service provider require prior approval.
Documentation required for approval requests:	<p><u>New Requests:</u></p> <ul style="list-style-type: none"> • Diabetic Foot/Nail Care Application Form completed in full by a physician, nurse practitioner, registered nurse, licensed practical nurse or certified diabetes educator. Please note: prescriber cannot also be service provider. <p><u>Renewals:</u></p> <ul style="list-style-type: none"> • No renewals required.
Documentation required for invoicing:	<ul style="list-style-type: none"> • Health Services Medical Supplies Claim Form
Eligible service providers:	<ul style="list-style-type: none"> • Authorized professional nurses (RN or LPN) • Authorized Podiatrists <p>NOTE: All suppliers must apply and be accepted as eligible foot and nail care service providers through the program prior to providing services to clients. Please refer to the <u>Authorized Foot Care Service Providers</u> for a list of eligible suppliers.</p>

Ineligible services:	<ul style="list-style-type: none"> • Foot/Nail care for clients with any Low or Urgent ratings on the <u>Foot Risk Assessment Form</u> * • Any services not mentioned above • Missed appointments <p>*Clients with Urgent scores should be treated by their physician, nurse practitioner or certified diabetes educator.</p>
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INFUSION PUMP RENTAL AND SUPPLIES

Benefits:	Eligibility Criteria/ limitations:
<ul style="list-style-type: none"> • Monthly rental of an infusion pump • Purchase of essential supplies 	<ol style="list-style-type: none"> 1. The client has a long term need for controlled infusion of medication or nutrients. 2. The infusion treatment is required for more than 6 months. 3. The client does not reside in a nursing home.
Documentation required for approval requests:	<ul style="list-style-type: none"> • Prescription from a physician or nurse practitioner, providing diagnosis and an indication of the duration of the need. • A cost estimate on a Health Services Medical Supplies Claim Form
Documentation required for invoicing:	<ul style="list-style-type: none"> • a Health Services Medical Services Claim Form OR • a Health Services Medical Supplier Claim Form OR • a Health Services Pharmacy Claim Form
Eligible service providers	<ul style="list-style-type: none"> • Licensed NB pharmacies • Licensed NB medical suppliers
Ineligible products/ services	<ul style="list-style-type: none"> • Any supplies not specifically required for use of the infusion pump.

PERSONAL EMERGENCY RESPONSE MONITORING

Benefits:	Eligibility criteria/ Limitations:
Personal emergency response system rental Monthly monitoring fees	<ol style="list-style-type: none"> 1. The PERS will be used in conjunction with a home phone. (i.e. a land line) 2. Coverage is limited to basic models only 3. The client is unable to independently access a telephone in an emergency due to disability or a medical condition. 4. The client suffers for an acute medical condition and, when alone, would require timely access to medical attention in an emergency. 5. The PERS is required for a minimum of 6 months. 6. The client does not reside in a residential facility.
Documentation required for approval requests:	<ul style="list-style-type: none"> • The <u>Emergency Response Monitoring Application Form</u> completed in full by a physician, nurse practitioner, licensed social worker, discharge planner, or any other licensed health care professional.
Documentation required for invoicing:	<ul style="list-style-type: none"> • Health Services Medical Services Claim Form
Eligible service providers	<ul style="list-style-type: none"> • Licensed NB emergency response service providers who: <ul style="list-style-type: none"> ○ dispatch to a 911 emergency system <p style="text-align: center;">AND</p> ○ are authorized service providers with the Health Services Program
Ineligible services	<ul style="list-style-type: none"> • Installation or provision of a telephone • Services for cell phones • Models or features which are not basic

PRESSURE GRADIENT GARMENTS

Benefits:	Eligibility Criteria:
<ul style="list-style-type: none"> • Medical grade compression stockings, knee, or thigh length • Compression sleeves 	<ol style="list-style-type: none"> 1. Client suffers from one of the following Chronic Venous Disorders; <ul style="list-style-type: none"> ○ Severe varicose veins ○ Deep vein thrombosis ○ Leg ulcers ○ Lymphedema ○ Chronic venous insufficiency 2. The compression garment has a compression rating between 20 mmHg and 60 mmHg 3. Adults are eligible for 2 pair every 24months. 4. Children may receive 2 pair every 12 months
Documentation Required for approval requests:	<ul style="list-style-type: none"> • Prescription from a physician or nurse practitioner indicating the diagnosis and prescribed compression • 1 estimate on a Health Services a Medical Services Claim Form, a Health Services Medical Supplier Claim Form or Health Services Pharmacy Claim Form
Documentation required for invoicing:	<ul style="list-style-type: none"> • a Health Services Medical Services Claim Form OR • a Health Services Medical Supplier Claim Form OR • Health Services Pharmacy Claim Form
Eligible service providers:	<ul style="list-style-type: none"> • Licensed NB pharmacies • Licensed NB medical suppliers • Pedorthists with C.Ped C or C.Ped MC certification • Orthotists with CO (c) certification
Ineligible products	<ul style="list-style-type: none"> • Liners, undersleeves or stockinettes • Donning gloves or devices • Garter belts • Adhesives • Washing solutions • Gauze, elastic, or foam bandages or wraps • Missed appointments

SPECIAL AUTHORIZATION – PRESSURE GRADIENT GARMENTS

Benefits	Criteria
Compression pantyhose	<ol style="list-style-type: none"> 1. All criteria listed above for pressure gradient garments has been met 2. a) The client has a medical need for compression through the abdomen, hip, or buttocks area OR b) The client cannot don and remove stockings independently due to a medical disorder but can manage pantyhose 3. Additional information has been provided to explain how the Special authorization criteria has been met and why regular compression garments do not meet the client's medical needs.
Compression wraps	<ol style="list-style-type: none"> 1. All criteria listed above for pressure gradient garments has been met

	<ol style="list-style-type: none"> 2. The client cannot don and remove stockings but is able to don and properly adjust a wrap. 3. Additional information has been provided to explain how the Special authorization criteria has been met and why regular compression garments do not meet the client's medical needs.
Custom made compression garments	<ol style="list-style-type: none"> 1. All criteria listed above for pressure gradient garments has been met 2. The desired medical results cannot be achieved with standard garments or wraps due to the client's dimensions or medical condition. 3. Additional information has been provided to explain how the Special authorization criteria has been met and why regular compression garments do not meet the client's medical needs. <p>Note: The maximum cap for this benefit is \$650.00</p>
Documentation required for approval requests:	<ul style="list-style-type: none"> • Prescription from a physician or nurse practitioner indicating the diagnosis and prescribed compression • 1 estimate on a Medical Services Claim Form, a Health Services Medical Supplier Claim Form or Health Services Pharmacy Claim Form
Documentation required for invoicing:	<ul style="list-style-type: none"> • a Health Services Medical Services Claim Form OR • a Health Services Medical Supplier Claim Form OR • Health Services Pharmacy Claim Form
Eligible service providers	<ul style="list-style-type: none"> • Licensed NB pharmacies with certified orthopedic fitter • Licensed NB medical suppliers with certified orthopedic fitter • Pedorthists with C.Ped C or C.Ped MC certification • Orthotists with CO (c) certification