

## Social Development Medical Supplies / Services Policy

### Introduction

The Health Services Medical Supplies/Services Program assists clients with coverage for specific medical supplies not covered through other Health Services Programs.

### Who is Eligible

- Department of Social Development clients and their dependents who hold a valid white Health Card indicating
  - “Supplementary” in the BASIC HEALTH ELIGIBILITY section
- OR**
- “MS.” (Other Medical Supplies) in the ADDITIONAL HEALTH ELIGIBILITY section
- Department of Social Development clients who hold a valid yellow Health Card that indicates
  - a “Y” under the OTH in the VALID ONLY FOR box

**Clients must not have any other medical coverage to be eligible for full benefits.**

### How to Determine Valid Health Card Coverage

Colour of Card	Client groups	ID# characteristics	Coverage indicators
White	<ul style="list-style-type: none"> <li>• Social assistance clients and their dependents</li> <li>• Health Card Only clients (individuals who receive assistance for medical expenses only)</li> </ul>	ID number has 9 digits and begins with “0”	<ul style="list-style-type: none"> <li>• “Supplementary” indicated in the “Basic Health Eligibility” box</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• “MS” (Other Medical supplies) indicated in the “Additional Health Eligibility” box</li> </ul>
Yellow – Type 1	Children with special needs or in care of the Minister	<ul style="list-style-type: none"> <li>• 8 digits and 1 letter beginning with “6” and ending with “C”</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• ID number may have 2 letters and 8 digits beginning with “CW”</li> </ul>	A “Y” indicated under “OTH” in the “Valid Only For” box
	Adults in residential facilities (special care homes and community residences)	ID number has 8 digits and 1 letter beginning with “9” and ending in “A”	
Yellow – Type 2	Nursing Home residents	ID number has 8 digits and 1 letter beginning with an “8” and ending with an “R”	An “X” indicated under “SUPP” in the “Valid Only For” box
	Mental Health clients	ID number has 8 digits and 1 letter beginning with “96” and ending with “A”	

## Benefits

### BLOOD PRESSURE MONITORS

<b>Benefits</b>	<ul style="list-style-type: none"> <li>Blood pressure monitors (basic models only)</li> </ul>
<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>The client is at high risk for or suffers from high blood pressure.</li> <li>The need is on-going and long term.</li> <li>The client has not had a blood pressure monitor provided for them by Social Development in the past 5 years.</li> </ol>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>Prescription from a physician or nurse practitioner which indicates diagnosis and confirms the duration of the need.</li> <li>Cost estimate on a Health Services claim form or E-form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>Licensed NB pharmacies</li> <li>Licensed NB medical suppliers</li> </ul>
<b>Ineligible products</b>	<ul style="list-style-type: none"> <li>Repairs or replacement parts</li> </ul>

### BURN SUPPLIES

<b>Benefits</b>	<ul style="list-style-type: none"> <li>Burn garments</li> <li>Burn dressings</li> </ul>
<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>The client requires special garments or dressings for the treatment of severe burns to the body.</li> <li>The client is not a nursing home resident.</li> </ol>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>Prescription from a physician, nurse practitioner which specifies the supplies and duration of treatment.</li> <li>Cost estimate on a Health Services claim form or E-form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>Licensed NB pharmacies</li> <li>Licensed NB medical suppliers</li> </ul>

### CENTRAL VENOUS ACCESS DEVICE SUPPLIES (CVAD)

<b>Benefits</b>	<ul style="list-style-type: none"> <li>Central venous access device supplies (example Port-o-cath)</li> </ul>
<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>The client has a central venous access device inserted in their body and requires supplies for maintenance</li> <li>The client is not in hospital or a nursing home setting.</li> </ol>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>Prescription from a physician or nurse practitioner, confirming the need, listing required supplies and indicating the duration of the need.</li> <li>Cost estimate on a Health Services claim form or E-form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>Licensed NB pharmacies</li> <li>Licensed NB medical suppliers</li> </ul>

### CONVALESCENT SUPPLIES

<b>Benefits</b>	<ul style="list-style-type: none"> <li>Canes- standard, quad or off-set</li> <li>Crutches – under arm or forearm</li> <li>Options that meet a medical or safety need (example ice picks)</li> </ul>	<ul style="list-style-type: none"> <li>2 wheeled walkers</li> </ul>
<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>Client has a long term or permanent limitation that significantly impairs their ability to ambulate to complete their essential activities of daily living.</li> <li>The client has not had a cane or</li> </ol>	<ol style="list-style-type: none"> <li>Client has a long term or permanent limitation that significantly impairs their ability to ambulate to complete their essential activities of daily living.</li> <li>This limitation cannot be addressed by a cane or crutches</li> </ol>

	<p>crutches provided for them by Social Development in the past 5 years</p> <p>3. For replacements only, the current cane or crutches is/are no longer functional or appropriate to meet the basic medical and/or safety needs of the client</p>	<p>3. The client requires the walker for use in his or her home environment</p> <p>4. The walker prescribed is the most cost-effective option to meet the client's medical need.</p> <p>5. Client has not had a walker provided for them by Social Development in the past 5 years</p> <p>6. The MSRP of the walker does not exceed \$300.</p> <p>7. For replacements only, the current walker is no longer functional or appropriate to meet the basic medical and/or safety needs of the client</p>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• Prescription from a physician, nurse practitioner, occupational therapist or physiotherapist which specifies the type required</li> <li>• Cost estimate on a Health Services claim form or E-form</li> </ul>	
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Licensed NB pharmacies</li> <li>• Licensed NB medical suppliers</li> </ul>	

### FOOT/ NAIL CARE POLICY-MARCH 2019

	<b>Diabetic Clients</b>	<b>Non-Diabetic Clients</b>
<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Cutting or removal of corns and calluses</li> <li>• Clipping, trimming or debridement of nails</li> <li>• Shaving, paring, cutting or removal of keratoma, tyloma and heloma</li> <li>• Non-definitive simple, palliative treatments like shaving, or paring or plantar warts which do not require thermal or chemical cautery and curettage</li> <li>• 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</li> <li>• Any services performed in the absence of localized illness, injury or symptoms involving the foot.</li> </ul>	
<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>1. Clients must be Income Assistance clients or their dependents or be eligible under Section 4/4 of the Family Income Security Act</li> <li>2. Clients must not have coverage from any private insurance plan or the Disability Support Program.</li> <li>3. Client must score moderate or higher (only) on any section of the Foot Risk Assessment Form</li> </ol> <p><b>NOTE:</b> Clients with urgent scores should be treated by their physician, nurse practitioner or certified diabetes educator.</p>	<ol style="list-style-type: none"> <li>1. Clients must be Income Assistance clients or their dependents or be eligible under Section 4/4 of the Family Income Security Act</li> <li>2. Clients must not have coverage from any private insurance plan or the Disability Support Program.</li> <li>3. Clients must suffer from a functional impairment or condition of the foot or nails <b>AND</b> their physician or nurse has identified physical and/or clinical findings exist with the foot/ nail.</li> </ol> <p><b>NOTE:</b> Clients with urgent scores should be treated by their physician or nurse practitioner.</p>
<b>Documentation Required</b>	<p><u>New Requests:</u></p> <ul style="list-style-type: none"> <li>• The Diabetic Foot/Nail Care</li> </ul>	<p><u>New Requests:</u></p> <ul style="list-style-type: none"> <li>• The Non-Diabetic Foot/Nail Care</li> </ul>

	<p>Application form, completed in full by a physician, nurse practitioner or certified diabetes educator</p> <p><u>Renewals:</u></p> <ul style="list-style-type: none"> <li>The Diabetic Foot/Nail Care Renewal Form completed by a physician nurse practitioner, certified diabetes educator or podiatrist</li> </ul>	<p>Application form, completed in full by a physician or nurse practitioner</p> <p><u>Renewals:</u></p> <ul style="list-style-type: none"> <li>The Non-Diabetic Foot/Nail Care Renewal form, completed in full by a physician, nurse practitioner or podiatrist</li> </ul>
<b>Additional Benefit Notes</b>	<ul style="list-style-type: none"> <li>Clients are eligible for a maximum of \$45 per service every 60 days.</li> <li>Approvals must be renewed every 2 years unless otherwise stated.</li> <li>Clients must remain with the same service provider for the duration of the approval.</li> <li>The Department will not pay for appointments that the client has missed</li> </ul>	
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>Professional nurses</li> <li>Podiatrists</li> </ul> <p><b>NOTE:</b> All suppliers must apply and be accepted as eligible foot and nail care service providers through the program prior to providing services to clients.</p>	

### INFUSION PUMP RENTAL & SUPPLIES

<b>Benefits</b>	<ul style="list-style-type: none"> <li>Monthly rental of an infusion pump</li> <li>Purchase of necessary supplies</li> </ul>
<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>The client has a long term need for controlled infusion of medication or nutrients.</li> <li>The client does not reside in a nursing home</li> <li>The infusion treatment is required for more than 6 months.</li> </ol>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>Prescription from a physician or nurse practitioner, providing diagnosis and an indication of the duration of the need.</li> <li>Cost estimate on a Health Services claim form or E-form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>Licensed NB pharmacies</li> <li>Licensed NB medical suppliers</li> </ul>

### PERSONAL EMERGENCY RESPONSE SYSTEMS

<b>Benefits</b>	<ul style="list-style-type: none"> <li>Personal emergency response system rental (example Lifeline) (basic models and functionality only)</li> <li>Monthly monitoring fees</li> </ul>
<b>Eligibility Criteria</b>	<ol style="list-style-type: none"> <li>Client is unable to independently access a standard telephone due to disability or medical condition in case of an emergency.</li> <li>The client suffers from an acute medical condition and, when alone, would require timely access to medical attention if an emergency arose.</li> <li>The PERS is required for a minimum period of 6 months.</li> <li>The client does not reside in any kind of residential facility.</li> </ol>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>The Emergency Response Monitoring Application form completed in full</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>Licensed emergency response systems dealers</li> </ul>
<b>Ineligible services</b>	<ul style="list-style-type: none"> <li>Installation or provision of a telephone</li> </ul>

### PRESSURE GRADIENT GARMENTS

<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Medical grade compression stockings, knee or thigh length</li> <li>• Compression sleeves</li> </ul>
<b>Eligibility Criteria/</b>	<ol style="list-style-type: none"> <li>1. Client suffers from one of the following Chronic Venous Disorders;               <ul style="list-style-type: none"> <li>○ Severe varicose veins</li> <li>○ Deep vein thrombosis</li> <li>○ Leg ulcers</li> <li>○ Lymphedema</li> <li>○ Chronic venous insufficiency</li> </ul> </li> <li>2. The compression garment must have a compression rating between 20 mmHg and 60 mmHg</li> </ol>
<b>Additional Eligibility Notes</b>	<ul style="list-style-type: none"> <li>• Adult clients may receive 2 pair in a 24-month period.</li> <li>• Children under 19 may receive 2 pair every 12 months.</li> </ul>
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• Prescription from a physician or nurse practitioner which indicates diagnosis and prescribed compression</li> <li>• Cost estimate on a Health Services claim form or E-form</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Licensed NB pharmacies</li> <li>• Licensed NB medical suppliers</li> <li>• Pedorthists and Orthotists</li> </ul>
<b>Ineligible products</b>	<ul style="list-style-type: none"> <li>• Non-elastic binders</li> <li>• Liners, under sleeves, or stockinettes for compression garments</li> <li>• Donning gloves or devices</li> <li>• Garter belts or adhesives</li> <li>• Washing solutions</li> <li>• Gauze, elastic or foam bandages or wraps</li> </ul>

### SPECIAL AUTHORIZATION BENEFITS

<b>Benefits</b>	<ul style="list-style-type: none"> <li>• Compression pantyhose</li> </ul>	<ul style="list-style-type: none"> <li>• Compression wraps</li> </ul>	<ul style="list-style-type: none"> <li>• Custom made compression garments</li> </ul>
<b>Eligibility Criteria/</b>	<ol style="list-style-type: none"> <li>1. The eligibility criteria for compression stockings have been met.</li> <li>2. a) The client has a medical need for compression through the abdomen, hip or buttocks areas. <b>OR</b> b) The client cannot don and remove stockings independently due to a medical condition but is able to manage pantyhose.</li> </ol>	<ol style="list-style-type: none"> <li>1. The eligibility criteria for compression stockings have been met.</li> <li>2. The client cannot don and remove stockings independently but is able to properly don a wrap to achieve the same medical purpose.</li> </ol>	<ol style="list-style-type: none"> <li>1. The eligibility criteria for compression stockings have been met.</li> <li>2. The desired medical results cannot be obtained with standard garments or wraps.</li> </ol>
<b>Additional Eligibility Notes</b>	<ol style="list-style-type: none"> <li>3. Assessment and fitting must be completed by</li> </ol>	<ol style="list-style-type: none"> <li>3. Assessment and fitting must be completed by</li> </ol>	<ol style="list-style-type: none"> <li>3. Assessment and fitting must be</li> </ol>

	a certified orthopedic fitter	a certified orthopedic fitter	completed by a certified orthopedic fitter
<b>Documentation Required</b>	<ul style="list-style-type: none"> <li>• Prescription from a physician or nurse practitioner which indicates diagnosis</li> <li>• Detailed information from either the prescribing health professional or the certified fitter to explain how the special authorization criteria have been met and why the special authorization benefit is the only option to meet the client's need.</li> <li>• Cost estimate on a Health Services claim form or E-form</li> </ul>		
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• Licensed NB pharmacies</li> <li>• Licensed NB medical suppliers</li> <li>• Pedorthists and Orthotists</li> </ul>		