

## Social Development Therapeutic Nutrients Policy

### Introduction

The Health Services Therapeutic Nutrients Program assists clients with coverage for specific feeding supplies and formulas not covered by New Brunswick Medicare.

### 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**
  - “TN.” (Therapeutic Nutrients) 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.**

**Social Development client’s residing in Nursing Homes are not eligible for benefits in this program.**

### 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> <b>OR</b> <ul style="list-style-type: none"> <li>• “TN” (Therapeutic Nutrients) 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> <b>OR</b> <ol style="list-style-type: none"> <li>1. ID number may have 2 letters and 8 digits beginning with “CW”</li> </ol>	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

### TOTAL PARENTERAL NUTRITION SUPPLIES

<b>Eligibility Criteria/ Limitations</b>	<ol style="list-style-type: none"> <li>1. The client suffers from 1 or more of the following: <ul style="list-style-type: none"> <li>• a gastrointestinal disorder which severely limits their ability to digest food normally</li> <li>• an inability to swallow</li> <li>• an inability to move orally consumed food through the digestive tract</li> <li>• an inability to absorb nutrients from orally consumed foods</li> </ul> </li> <li>2. Only the most cost-effective means of meeting the client’s feeding need will be approved. Brand name products will only be considered when generic products are not available or when generic products will not meet the client’s medical needs. (Justification will be required).</li> <li>3. Products must be provided in the most cost-effective packaging or size that will still meet the client need and fall within approved maximums.</li> <li>4. Approvals for TPN are valid for 1 year only. Clients must provide renewal request documentation at least 1 month prior to the expiry of the current approval to ensure continuous coverage.</li> <li>5. While eligible quantities are not specified, any quantities considered to be excessive may be questioned and require justification at the discretion of the Health Services Program.</li> <li>6. Benefits may be prescribed by a physician, nurse practitioner and/or registered dietitians</li> </ol>	
<b>Documentation Required</b>	For new clients and annual renewals	<ul style="list-style-type: none"> <li>• Therapeutic Nutrients Application Form</li> <li>• An estimate</li> </ul>
	For changes to quantities within the current approval period OR For changes to products or the addition of new products within the current approve period.	<ul style="list-style-type: none"> <li>• Detailed information from a qualified health professional (see above) justifying the change in quantities required and the duration of the need.</li> <li>• A new estimate on a Health Services invoice or E-form indicating the new product(s) and the price(s) for the product(s)</li> </ul>
	For changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>• A new estimate on a Health Services invoice indicating the new price for the product(s)</li> </ul>
<b>Eligible service providers</b>	Saint John Regional Hospital	
<b>Eligible supplies</b>	<ul style="list-style-type: none"> <li>• TPN formula</li> <li>• Medications</li> <li>• Labour</li> <li>• Shipping</li> <li>• Supplies</li> </ul>	

## ENTERAL FEEDING SUPPLIES

<b>Eligibility Criteria/ Limitations</b>	<ol style="list-style-type: none"> <li>1. a. The client is malnourished because they cannot attain adequate oral intake from food and/or oral nutritional supplements AND/OR b. The client cannot eat/drink safely due to dysphagia (obstruction, swallowing or aspiration issues) or impairment of the gastrointestinal tract</li> <li>2. The client must receive at least 50% of their nutritional intake via tube feeding.</li> <li>3. The client must require tube feeding for a minimum of 3 months. Post-surgical or short-term needs are not a benefit.</li> <li>4. Children under 19 years of age are eligible for supplies only (not formula).</li> <li>5. Only the most cost-effective means of meeting the client's feeding need will be approved. Brand name products will only be considered when generic products are not available or when generic products will not meet the client's medical needs. (Justification will be required).</li> <li>6. Products must be provided in the most cost-effective packaging or size that will still meet the client need and fall within approved maximums.</li> <li>7. Approvals for Enteral Feeding are valid for 1 year only. Clients must provide renewal request documentation at least 1 month prior to the expiry of the current approval to ensure continuous coverage.</li> <li>8. While eligible quantities are not specified, any quantities considered to be excessive may be questioned and require justification at the discretion of the Health Services Program.</li> <li>9. Benefits may be prescribed by a physician, nurse practitioner and/or registered dietitians</li> <li>10. Only the supplies listed are eligible benefits.</li> </ol>	
<b>Documentation Required</b>	For new clients, new products and annual renewals	<ul style="list-style-type: none"> <li>• Therapeutic Nutrients Application Form</li> <li>• An estimate</li> </ul>
	For changes to quantities within the current approval period OR For changes to products or the addition of new products within the current approve period.	<ul style="list-style-type: none"> <li>• Detailed information from a qualified health professional (see above) justifying the change in quantities required and the duration of the need.</li> <li>• A new estimate on a Health Services invoice indicating the new product(s) and the price(s) for the product(s)</li> </ul>
	For changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>• A new estimate on a Health Services invoice indicating the new price for the product(s)</li> </ul>
<b>Eligible service providers</b>	<ul style="list-style-type: none"> <li>• NB licensed pharmacies</li> <li>• NB licensed medical suppliers</li> </ul>	
<b>Eligible supplies</b>	<ul style="list-style-type: none"> <li>• Feeding formula</li> <li>• Feeding pump and related supplies (IV pole, pump sets, backpack)</li> <li>• Feeding bags, containers,</li> <li>• Feeding tubes, securement devices and connectors</li> <li>• 60 cc syringes-without needles (for feeding and flushing only), catheters, adapters and tips</li> <li>• Tapes &amp; adhesive removers</li> <li>• Non-medicated dressings &amp; drain sponges</li> <li>• Saline, sterile water</li> </ul>	

## DIETARY SUPPLEMENT

<p><b>Eligibility Criteria/ Limitations</b></p>	<ol style="list-style-type: none"> <li>1. The Dietary Supplement benefit is intended for Social Development clients:               <ol style="list-style-type: none"> <li>a) who require short-term caloric supplementation to aid in their preparation for surgery, or recovery from surgery, severe injury, serious disease, or the side effects of medical treatment and/or</li> <li>b) who because of their medical diagnosis, present with one or more severe chronic conditions that prevent them from obtaining adequate daily nutrition received by eating real food alone (including pureed).</li> </ol> <p><b>Please note: This benefit is not intended to alleviate food security issues for clients. Dietary supplements will only be provided when medical justification supports the need for the benefit.</b></p> </li> <li>2. Eligible conditions include:               <ul style="list-style-type: none"> <li>• Major physical trauma</li> <li>• Preoperative or postoperative period</li> <li>• Significant weight loss</li> <li>• Moderate to server immune suppression objectively documented</li> <li>• Currently receiving chemotherapy, radiation or interferon treatment</li> <li>• GI malabsorption condition objectively documented</li> <li>• Neurological degeneration objectively documented</li> </ul> </li> <li>3. Benefits may be prescribed by a physician, nurse practitioner, registered dietician or speech language pathologist.</li> <li>4. Adults are eligible for a maximum of 4 cans a day. Children under 15 years of age are eligible for a maximum of 2 cans a day</li> <li>5. A Dietary Supplement Application form must be completed regardless of how long the benefit is required. All requests over 6 months require an attached letter of explanation that provides further detailed justification for the benefit. Subsequent requests within a 2-year period (for 3-, 6-, or 12-month approvals) also require an attached letter of explanation.</li> <li>6. If an authorized prescriber requests to extend the benefit beyond the maximum time (i.e., 3, 6 or 12 months), another Dietary Supplement Application form must be completed during a follow-up appointment with the client, and a letter of explanation must be attached. In situations where the client’s medical condition supports a long-term (indefinite) approval, and the application form and attached letter clearly explain the need, Health Services will no longer require another application form from the authorized prescriber for this client. Benefits that are approved long term require a new cost estimate only when there is a price adjustment from the original approval.</li> <li>7. Assistance will be provided based on the most economical brand available at a client’s pharmacy, unless the client has a medical condition (i.e., celiac disease) where the client requires a specific brand. The medical condition must be indicated on the diagnosis and explanation section of the application form.</li> </ol>	
<p><b>Documentation Required</b></p>	<p>New clients</p>	<ul style="list-style-type: none"> <li>• Dietary Supplement Benefit Application Form (Sections 1, 2, and 3 completed by an authorized prescriber)</li> <li>• A cost estimate E-form submitted by a pharmacy</li> <li>• Requests over 6 months require an attached letter of explanation</li> </ul>

	All subsequent benefit requests (within a 2-year period)	<ul style="list-style-type: none"> <li>Dietary Supplement Benefit Application Form (Sections 1, 2, and 3 completed by an authorized prescriber)</li> <li>A cost estimate E-form submitted by a pharmacy</li> <li>An attached letter of explanation</li> </ul>
	Clients with long-term approvals	<ul style="list-style-type: none"> <li>A new cost estimate E-form only when there is a price adjustment from the original approval.</li> </ul>
	Changes to quantities, products or the addition of new products within the current approval period	<ul style="list-style-type: none"> <li>Detailed information from a qualified health professional (see above) justifying the change in quantities required and the duration of the need.</li> <li>A new cost estimate E-form indicating the new product(s) and price(s)</li> </ul>
	Changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>A new cost estimate E-form indicating the new price for the product(s)</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>	

### SPECIAL AUTHORIZATION BENEFITS

<b>Eligibility Criteria/ Limitations</b>	<ol style="list-style-type: none"> <li>Client must be approved for TPN, Enteral Feeding or Dietary Supplement supplies by the Health Services Program.</li> <li>Only the products listed below can be considered for special authorization.</li> <li>Additional medical justification from a qualified health professional (see above) will be required which explains why the product or the additional quantities are medically essential for the client and how long the need will exist.</li> <li>Commercial thickeners are only eligible for clients receiving dietary supplement.</li> </ol>	
<b>Documentation Required</b>	For new clients, new products and annual renewals	<ul style="list-style-type: none"> <li>Therapeutic Nutrients Application Form</li> <li>An estimate</li> </ul>
	For changes to quantities within the current approval period OR For changes to products or the addition of new products within the current approve period.	<ul style="list-style-type: none"> <li>Detailed information from a qualified health professional (see above) justifying the change in quantities required and the duration of the need.</li> <li>A new estimate on a Health Services invoice or E-form indicating the new product(s) and the price(s) for the product(s)</li> </ul>
	For changes to pricing within the current approval period	<ul style="list-style-type: none"> <li>A new estimate on a Health Services E-form indicating the new price for the product(s)</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>Eligible supplies</b>	<ul style="list-style-type: none"> <li>Cleansing products</li> <li>Medicated skin creams, ointments or dressings</li> <li>Transparent &amp; hydrocolloid dressings</li> <li>Any waterproof or hypoallergenic products</li> <li>Gloves</li> <li>Lubricating gel</li> <li>Brand name dietary supplements</li> <li>Thickening agents</li> <li>Nutritional supplements for formula</li> </ul>	

## INELIGIBLE PRODUCTS

The following items **are not** covered by the Health Services Therapeutic Nutrients Program under any circumstances:

- Any supplies not **directly** related to the feeding need.
- Toothettes
- Laxatives and stool softeners
- Baby wipes
- Medication (prescription or over-the-counter) delivered through the feeding tube
- Syringes (with or without needles) used for medications
- Any products not mentioned as a benefit above.