



## Schedule C: Medical Supplies, Equipment and Devices

**T**he BC Coalition of People with Disabilities' Advocacy Access Program helps people with disabilities to apply for benefits, services and programs.

We have prepared this Guide for advocates who want to help their clients qualify for medical supplies, equipment and devices provided by the Ministry of Housing and Social Development (MHSD) as set out in Schedule C of the *Employment and Assistance Act (EA) Regulations* and the *Employment and Assistance for Persons with Disabilities Act (EAPWD) Regulations*. The Guide can also be used as a self-help tool by people who want to apply on their own.

We will look at some of the most important parts of the application process and how to increase an applicant's chance of success.

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The information in this Guide is based on the legislation and policy that was current at the time of writing. The legislation and policy is subject to change. Please check the date on this page.

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## What is Schedule C?

Schedule C is part of the *Employment and Assistance (EA) Act Regulations* and the *Employment and Assistance for Persons with Disabilities (EAPWD) Act Regulations*. It lists the medical supplies, equipment and devices that the Ministry of Housing and Social Development (MHSD) may provide for people on income assistance and disability benefits.

Schedule C has five major components:

- general health supplements
- medical equipment and devices
- dental supplements
- diet supplements, and
- optical supplements

This Guide will focus on two of Schedule C's components: medical supplies (general health supplements) and equipment and devices.

## Eligibility for Medical Supplies, Equipment and Devices

To obtain medical supplies, equipment and devices from the MHSD, a person must be eligible for enhanced medical coverage. The *EA Regulations* (Section 67) and the *EAPWD Regulations* (Section 62) state that the following are eligible for Enhanced Medical:

- recipients of the Persons with Disabilities (PWD) benefit and their dependents
- people with the PWD designation, under 65, who are no longer receiving disability assistance because:
  - they or their spouse are working, or
  - they receive Canada Pension Plan Disability benefits
- people over the age of 65 who were receiving PWD or PPMB when they turned 65
- dependent children of people receiving income assistance or hardship assistance
- people receiving the Persons with Persistent and Multiple Barriers to employment (PPMB) benefit and their dependent children
- recipients of income assistance who live in special care facilities
- a child in the home of a relative
- dependents of people over 65
- a person with disabilities who has ceased to be eligible for disability assistance because they received compensation under the *Criminal Injury Compensation Act* or the *Crime Victim Assistance Act*.

Also, Section 76 of the *EA* Regulations and Section 69 of the *EAPWD* Regulations allow the MHSD to pay for any health supplement listed in Schedule C for a person who does not have Enhanced Medical if:

- the person faces a life-threatening need and there are no other resources available, and
- the MHSD determines the health supplement is necessary to meet that need.



## Medical Supplies Provided by MHSD

Medical supplies are dealt with under Section 2 General health supplements (1) (a) of Schedule C which states that the MHSD may pay for “disposable medical or surgical supplies other than bottled water, nutritional supplements, food, vitamins or minerals.”

The MHSD is very specific about which medical supplies are eligible under this section of Schedule C. An alphabetical list of eligible and non-eligible items from the Ministry’s policy manual can be found in the Appendices of this Guide.

### Criteria

Disposable medical and surgical supplies may be provided when all of the following conditions are met:

- the supplies are prescribed by a medical practitioner a nurse practitioner
- the Ministry pre-approves the request (an exception may be made in the case of a life-threatening emergency)
- the supplies are used in a medical procedure or treatment
- the supplies are needed to avoid an imminent and substantial danger to health
- no other resources are available to the applicant to pay for those supplies

### How to Apply

**1** The applicant must obtain a prescription note from their doctor which indicates each of the supplies needed, the amount and the period of time required. This note should also make it clear that these supplies are used in medical treatment or for a medical procedure.

**2** This documentation should be taken to the applicant’s MHSD office. The Health Assistance Branch (HAB) may approve medical supplies for the period of time stated on the prescription, up to a maximum of two years. For ongoing medical supply requests, HAB will set a review date and ask the applicant to renew their request for ongoing supplies prior to the review date.

**3** The local MHSD office can approve short-term medical supply requests for amounts up to \$500.

### Exclusions

- The Ministry does not pay for medical supplies for people who live in facilities funded by the Ministry of Health. The Ministry of Health is expected to meet these needs.
- According to Regulations, medical supplies do not include bottled water, nutritional supplements, food or vitamin supplements.



### Medical Equipment and Devices Provided by MHSD

Section 3(1) Medical equipment and devices lists the kinds of medical equipment the MHSD may pay for. They are:

- wheelchairs, personal motorized mobility devices, canes, crutches and walkers
- positioning devices
- breathing devices
- orthotics and bracing devices
- hearing aids

### Criteria and How to Apply

Requests for medical equipment and devices must meet the following conditions:

- The medical equipment or device must be prescribed by a medical practitioner or nurse practitioner.
- The request must be pre-approved by the Ministry (except in cases of a life-threatening health need).
- In most cases, a health professional must have confirmed that the equipment is “medically essential.”
- The applicant must have no other resources available to cover the cost of the equipment or device.

**Almost all health benefits that cost more than \$500 have to be pre-approved by the HAB. In addition, the applicant’s local MHSD office is expected to consult with the HAB on many health items that are valued under \$500.**

Each of the categories of medical equipment and devices under Section 3(1) has slightly different criteria and application procedures, so we will look at each category.

## Wheelchairs and Other Mobility Devices

MHSD may approve funding for wheelchairs, motorized scooters, canes, crutches and walkers only if all the following conditions are met:

- Prescribed by a medical practitioner or nurse practitioner.
- Medically essential for basic mobility.
- An occupational or physical therapist has done an assessment that confirms the need.
- The applicant has no other resources.
- The mobility device or equipment must be approved by the Ministry before it is purchased.

For mobility devices under \$500, the Ministry may require a prescription from a medical or nurse practitioner or a written assessment from an occupational or physical therapist.

### How to apply

**1** The applicant should contact their local MHSD office and tell them they need a mobility device. If the item is valued at more than \$500, the MHSD office will give the applicant a Medical Equipment Request and Justification form. The form has sections to be completed by both the applicant's doctor and a designated health professional (physical therapist or occupational therapist). Please see the Appendices to this Guide for an example of the Medical Equipment Request and Justification form.

**2** The physical therapist or occupational therapist will usually conduct their assessment in the applicant's home and complete the assessment section of the form. They will also arrange for a supplier of the recommended equipment to provide the MHSD office with an estimate.

**3** The applicant takes the completed Medical Equipment Request and Justification form, along with any supporting documents, to their local MHSD office.

**4** The local office will forward the documentation to the HAB for an eligibility decision. HAB will notify the applicant of its decision in writing.

## Positioning Devices

MHSD may approve funding for positioning devices only if the following conditions are met.

- The positioning device is prescribed by a medical practitioner or nurse practitioner.

- An occupational or physical therapist has confirmed the type of device required.
- The applicant has no other resources.

The device(s) must be approved by the Ministry before it is purchased.

For positioning devices under \$500, the Ministry may require a prescription from a medical or nurse practitioner or a written assessment from an occupational or physical therapist.

### **How to apply**

The application process for positioning devices is virtually the same as the application process for Wheelchairs and Other Mobility Devices.

### **Breathing Devices**

MHSD may approve funding for a breathing device only if the following conditions are met:

- The breathing device has been prescribed by a medical practitioner or nurse practitioner.
- A respiratory therapist has performed an assessment that confirms the type of device needed.
- The applicant has no other resources.

The device(s) must be approved by the Ministry before it is purchased.

### **How to apply**

The application process for breathing devices is very similar to the application process for Wheelchairs and Other Mobility Devices. Please see the Appendices of this Guide for information on applying for C-Pap machines.

### **Orthotics and Bracing Devices**

MHSD may approve funding for orthotics and bracing devices only if:

- The device is prescribed by a medical practitioner, or a podiatrist or an occupational or physical therapist has done an assessment to confirm the need.
- The device is medically essential for basic mobility.
- The applicant has no other resources.
- The MHSD is satisfied that the devices are required for one or more of the following purposes:
  - to prevent surgery
  - for post surgical care
  - to assist in physical healing


- to improve physical functioning that has been affected by a disabling condition

The orthotic or bracing device must be pre-fabricated (off-the-shelf), unless a doctor, therapist, or podiatrist has confirmed the need for a custom-made item.

Remember, the orthotic or bracing device must be approved by the Ministry before it is purchased.

### How to Apply

**1** The applicant obtains a prescription from their family doctor, physiotherapist, occupational therapist or podiatrist and contacts their local MHSD office.

 **It is important that the prescription from the doctor or health care professional indicates the applicant’s medical condition and that the device is medically essential for basic mobility.**

**2** The MHSD office will give the applicant a list of orthotics and bracing devices suppliers. The supplier that the applicant consults will perform an assessment of what is needed and forward the assessment and an estimate to the MHSD.

**3** HAB will review the documentation and notify the applicant of its decision in writing.

### Hearing Aids

MHSD may approve funding for hearing aids if the aid is prescribed by an audiologist or hearing aid dealer and consultant. An assessment, performed by an audiologist, hearing aid dealer or consultant, must confirm the need for the hearing aid.

### How to apply

**1** The Ministry advises applicants for hearing aids to contact their regional health authority hearing clinic to arrange a hearing assessment. In communities where there is no clinic, the applicant’s doctor should make a referral to the audiology department of the nearest hospital providing the service.

**2** If health authority and hospital hearing aid services are not available, the applicant can go to a private hearing aid supplier who is a certified audiologist or registered with the Board of Hearing Aid dealers and consultants.

**3** Once the hearing aid assessment and audiological report is obtained, the applicant must submit this to their local MHSD office. Single hearing aid requests up to \$2,000 and bilateral hearing aid requests up to \$4,000 can be approved by the local office. Specialized hearing aids must be approved by HAB.



## MHSD’s Interpretation of Eligibility

The MHSD tends to interpret the Regulations regarding eligibility for Schedule C medical supplies, devices, and equipment very narrowly. Here are some examples:

### “Basic Mobility”


The interpretation of this term is important for people who are applying for mobility devices, orthotics or bracing devices. For example, if the MHSD believes an applicant for a motorized scooter can walk at least a couple of blocks, it will probably deny the request for a scooter on the grounds that it is needed for “transportation” rather than “basic mobility.”

### “Other Resources”

The MHSD can refuse to pay for almost any health benefit under Schedule C if another funding source can be identified. The “other resources” clause is included in all the sections that deal with medical supplies, equipment and devices because the MHSD claims it is the “payer of last resort.” Applicants for medical supplies, equipment and devices must show that they have made reasonable efforts to get other sources of funding. These sources could include PharmaCare, WorkSafe BC, Insurance Corporation of British Columbia (ICBC) or a private insurance company.

### “Non-Eligible Items”

The MHSD has an extensive list of medical items that it says it will not pay for because the Ministry considers them outside the parameters of the legislation. Please see the Appendices of this Guide for the list of Non-Eligible Items from the Ministry’s policy manual.

 **It is important to remember that this list is policy not Regulation—exceptions can be made to policy. This means that the HAB will consider paying for certain non-eligible items on a case-by-case basis. In order to get the HAB to consider a prescribed medical item that is on the “non-eligible” list, the applicant must demonstrate that they have an urgent and profound need for the item. Also, non-eligible items can sometimes be obtained on appeal.**



## Tips for Advocates

Advocates do not always interpret the Regulations in the same way as the MHSD does. For a successful application, it is important to make sure the applicant's needs conform with the MHSD's policy requirements as much as possible. Below are some suggestions that may help people trying to obtain Schedule C medical supplies, equipment and devices.

### Applicants

Applicants can be easily frustrated by the paperwork and waiting periods involved.

- Help the applicant avoid unnecessary steps by informing them of the regulatory requirements and explaining how the MHSD defines people's needs.
- Ensure that all the appropriate documentation is submitted with the application.
- Keep copies of everything submitted to the MHSD, with a notation of when the application was sent.

### Health Professionals

It is important that doctors and health professionals not only understand their patient's needs, but also have knowledge of the MHSD's requirements and application procedures. It is a good idea to find out whether the particular health professional who is involved with the application has experience with the MHSD. It is often a good idea to write to the health care professional explaining the applicant's needs, the application process and the kind of language the professional needs to use on the application to improve the likelihood of success.

Try to assess the level of support the applicant has. If the doctor or health professional is unwilling to support a request or take the time to complete the paperwork, the advocate will need to have a frank discussion with the applicant.

### Health Assistance Branch

The HAB makes almost all decisions about health benefits requests. Although HAB staff discourages applicants from calling, they may be willing to speak to an advocate. Dealing with the HAB can be intimidating, but sometimes a phone call can clarify a matter or speed up the adjudication process.

Before the advocate contacts the HAB office, they should have the applicant sign a Release of Information form. This form should be provided to the HAB before the advocate calls the HAB office on behalf of the applicant. HAB staff should be able to clarify any procedural or policy concerns and explain whether additional information needs to accompany a request. The HAB toll-free number is 1-888-221-7711.



## Frequently Asked Questions

**Q. How long does it take the HAB to process a request?**

A. It can take the HAB anywhere from a few days to several weeks to process a request. Typically, requests for medical equipment take longer than those for medical supplies. If there is an urgent need for an item—for example, a medical supply that must be available before someone can leave hospital—the HAB should be notified of that fact as early as possible. In such cases, it is possible for the HAB to approve items in a few hours.

**Q. If a person pays for medical equipment because it is taking too long to be approved, can they be reimbursed?**

A. No. The Regulations say that the MHSD has to pre-approve medical equipment. Items that have already been purchased will not be paid for by the MHSD. The only exception is in the case of a life-threatening emergency. If there is an unreasonable delay in approving an item, the HAB should be contacted.

**Q. Will the MHSD pay for things like special features on a wheelchair?**

A. Generally, the MHSD will pay only for the cheapest kind of equipment or device that will meet the applicant's basic needs. However, the MHSD will pay for special features on medical equipment if they are considered medically essential. For example, if an occupational therapist says that certain custom features are necessary on a wheelchair so the user can safely operate it, then these features should be covered.

**Q. How frequently will the MHSD replace medical equipment?**

A. MHSD policy contains timelines regarding how long each type of medical equipment should last before it needs to be replaced. For example, according to MHSD policy, a wheelchair is expected to last 7 years. There are, however, a number of exceptions. For example, if a person grows out of a medical device this would be grounds for replacing the item sooner. The reasons why “early” replacement is needed should be documented by the relevant health professionals and sent to the MHSD.

**Q. Can a person get medical supplies or equipment from a supplier of their own choice?**

A. The MHSD deals with designated health benefit suppliers, basically because of the financial savings that can be arranged. For medical supplies that are needed for more than 90 days, the HAB deals with only one supplier. For medical equipment, the applicant may choose from a list of suppliers that the MHSD authorizes.

**Q. Can the MHSD pay for the rental of medical equipment?**

A. Yes, if the applicant’s doctor has documented their patient’s need and the applicant can show that the equipment is not available free from another source, such as the Red Cross. The MHSD will pay for rentals on a short-term basis only—usually up to 60 days.

**Q. Is it necessary to seek pre-authorization from the MHSD for repairs to medical equipment purchased by the Ministry?**

A. The equipment user should contact the supplier first. Often the supplier will seek the appropriate authorization from the HAB for repairs. If the repairs are needed within the first two years after the equipment was purchased, they should be covered under warranty.

**Q. What if a person has a medical device that has been purchased with funds from another source? Can the MHSD pay for repairs to this device?**

A. Yes, the MHSD may pay for repairs, depending on whether it was a device that would be normally purchased by the MHSD. In this instance, the advocate may try contacting the HAB for direction on how to proceed. The HAB usually will not talk to individuals.



## Resources for Appealing the Denial of Schedule C

If an application for medical supplies, equipment or devices under Schedule C is turned down, the decision can be appealed. A Request for Reconsideration must be filed with the MHSD **within 20 business days** from the date the applicant receives their denial letter. For more information on how to appeal, please see our publication *Appeal Guide: Schedule C Medical Supplies, Equipment and Devices*.

### Related Resources

- *Application Guide: Monthly Nutritional Supplement (MNS)*
- *Appeal Guide: Monthly Nutritional Supplement*

All our publications are available on the BCCPD website at [www.bccpd.bc.ca](http://www.bccpd.bc.ca). The website has a series of Help Sheets and Guides on disability benefits.

## On-Line Resources

For various community resources, go to [www.povnet.org](http://www.povnet.org).


“Your Welfare Rights: A Guide to BC Employment and Assistance” can be found on the Legal Services Society website at [www.lss.bc.ca](http://www.lss.bc.ca), under publications.

For information on MHSD policy, programs and services, the Online Resource serves as the public entry point: [www.gov.bc.ca/meia/online\\_resource](http://www.gov.bc.ca/meia/online_resource).

You can see BC’s income assistance acts and regulations at [www.eia.gov.bc.ca/ministry/leg.htm](http://www.eia.gov.bc.ca/ministry/leg.htm).

# Appendices

## Medical Equipment Request and Justification Form



### MEDICAL EQUIPMENT REQUEST & JUSTIFICATION

**SECTION III (TO BE COMPLETED BY THERAPIST - IF PATIENT HAS BEEN REFERRED BY PHYSICIAN)**

NOTE: IN ORDER TO JUSTIFY REQUEST FOR EQUIPMENT PLEASE COMPLETE A FUNCTIONAL ASSESSMENT (SEE SECTION V BELOW)

SPECIFICATIONS OF MEDICAL EQUIPMENT REQUIRED TO MEET THE PATIENT'S PHYSICAL LIMITATIONS

THERAPIST NAME	ADDRESS	TELEPHONE ( )
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I certify I have assessed the essential medical needs of the applicant in Section I and the recommended medical equipment will satisfy his/her medical needs.	SIGNATURE OF THERAPIST	DATE (YYYY MMM DD)
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**SECTION IV (TO BE COMPLETED BY APPLICANT)**

The medical equipment recommended has been described to me and I agree with the recommendations	SIGNATURE OF CLIENT	TELEPHONE ( )	DATE (YYYY MMM DD)
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**SECTION V (TO BE COMPLETED BY THERAPIST - IF PATIENT HAS BEEN REFERRED BY PHYSICIAN)**

**FUNCTIONAL ASSESSMENT**

Please provide a functional assessment relevant to equipment requested. Include the following as appropriate (use space provided or continue on last page).  
A functional assessment should contain:

<ul style="list-style-type: none"> <li>- Diagnosis/Prognosis</li> <li>- General Health/Age</li> <li>- If replacement, status &amp; condition of present equipment</li> <li>- Comments as appropriate on: endurance, coordination and strength</li> <li>- Comments as appropriate on: ROM, muscle tone, balance</li> <li>- What activities will the client do in their chair</li> <li>- Transfer ability</li> </ul>	<ul style="list-style-type: none"> <li>- Comments as relevant on motivation and judgement,</li> <li>- Comments on skin integrity, if relevant</li> <li>- Home and community accessibility</li> <li>- Market alternatives - why not appropriate</li> <li>- Final recommendation</li> <li>- pertinent summary of justification/goals of equipment</li> <li>- measurement and dimensions</li> <li>- recommended model/alternatives if appropriate</li> </ul>
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NOTE: Forward completed form to Ministry of Employment and Income Assistance, Health Assistance Branch, Parliament Buildings, Victoria, British Columbia V8V 1X4

EIA2138(05/06/22)    DISTRIBUTION: PAGE 1, 2 AND 4 (IF APPLICABLE) - HEALTH ASSISTANCE BRANCH    PAGE 3 - CLIENT FILE    **Page 2 of 4**



## MEDICAL EQUIPMENT REQUEST & JUSTIFICATION

### SECTION III (TO BE COMPLETED BY THERAPIST - IF PATIENT HAS BEEN REFERRED BY PHYSICIAN)

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I certify I have assessed the essential medical needs of the applicant in Section I and the recommended medical equipment will satisfy his/her medical needs.	SIGNATURE OF THERAPIST	DATE (YYYY MMM DD)
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- General Health/Age
- If replacement, status & condition of present equipment
- Comments as appropriate on: endurance, coordination and strength
- Comments as appropriate on: ROM, muscle tone, balance
- What activities will the client do in their chair
- Transfer ability
- Comments as relevant on motivation and judgement.
- Comments on skin integrity, if relevant
- Home and community accessibility
- Market alternatives - why not appropriate
- Final recommendation
- pertinent summary of justification/goals of equipment
- measurement and dimensions
- recommended model/alternatives if appropriate


NOTE: Forward completed form to Ministry of Employment and Income Assistance, Health Assistance Branch, Parliament Buildings, Victoria, British Columbia V8V 1X4



## MEDICAL EQUIPMENT REQUEST & JUSTIFICATION

The personal information requested on this form is collected under the authority of and will be used for the purpose of administering the *Employment and Assistance for Persons With Disabilities Act*. The collection, use and disclosure of personal information is subject to the provisions of the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection, use or disclosure of this information, please contact your local Employment and Assistance Centre.

**NOTE: THIS FORM IS TO BE USED FOR ALL MAJOR MEDICAL EQUIPMENT SUCH AS MOBILITY DEVICES, COMMODES, HOSPITAL BEDS, WALKERS, STANDERS, SEATING SYSTEMS AND BATH SEATS.**

**PROGRAM OBJECTIVE:** To provide essential medical goods to persons eligible for Ministry of Employment and Income Assistance sponsored medical coverage who lack the financial resources to meet the required expense and, in unusual circumstances, to other individuals who face essential health needs that can not be met by other means: in particular: a) to provide medical equipment in order to prevent medical deterioration b) to consider & provide, if appropriate, a basic mobility aid, if the client is unable to be independently mobile.

### SECTION I (TO BE COMPLETED BY WORKER - ONLY IF CLIENT IS FINANCIALLY ELIGIBLE)

CLIENT SURNAME		GIVEN NAME		TELEPHONE OR MESSAGE	DATE OF BIRTH (YYYY MMM DD)
CLIENT STREET ADDRESS (USED FOR DELIVERIES)					
DOES THE CLIENT RESIDE IN LONG TERM CARE FACILITY? <input type="checkbox"/> NO <input type="checkbox"/> YES, NAME OF FACILITY				CLIENT SOCIAL INSURANCE NUMBER	
CAN CLIENT CONTRIBUTE TOWARD PURCHASE?		HOW MUCH?		DISTRICT OFFICE CODE	WORKER SIGNATURE AND NUMBER
<input type="checkbox"/> NO <input type="checkbox"/> YES		\$			
IS CLIENT IN RECEIPT OF MONTHLY ASSISTANCE OR IS SHE/HE A CHILD IN CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO, SUBMIT HR435 TO HEALTH ASSISTANCE BRANCH UNDER SEPARATE COVER.					
PLEASE CHECK IF THE FOLLOWING AGENCIES ARE INVOLVED OR HAVE THE POTENTIAL TO BE INVOLVED IN MEETING THE CLIENT'S NEEDS:					
<input type="checkbox"/> INSURANCE CORPORATION OF B.C.		<input type="checkbox"/> PRIVATE INSURANCE		<input type="checkbox"/> DEPARTMENT OF VETERAN AFFAIRS	
<input type="checkbox"/> WORKERS' COMPENSATION BOARD		<input type="checkbox"/> SERVICES FOR THE HANDICAPPED		<input type="checkbox"/> VOCATIONAL REHABILITATION SERVICES	
I hereby give my permission for any doctor, hospital or agency to give any medical information relevant to this application to the Ministry of Employment and Income Assistance and my permission for the Ministry of Employment and Income Assistance to discuss this request with the evaluating professionals.				SIGNATURE OF CLIENT	
				DATE (YYYY MMM DD)	



## Schedule C Medical Supplies, Equipment and Devices (EA and EAPWD Regulations)

### Schedule C Health Supplements

#### Employment And Assistance For Persons With Disabilities Regulation

##### Schedule C HEALTH SUPPLEMENTS

###### Definitions

1 In this Schedule:

**“basic dental service”** means a dental service that

- (a) if provided by a dentist,
  - (i) is set out in the Schedule of Fee Allowances – Dentist that is effective January 1, 2007 (B.C. Reg. 315/2006) and is on file with the office of the deputy minister, and
  - (ii) is provided at the rate set out for the service in that Schedule, and
- (b) if provided by a denturist,
  - (i) is set out in the Schedule of Fee Allowances – Denturist that is effective January 1, 2007 (B.C. Reg. 315/2006) and is on file with the office of the deputy minister, and
  - (ii) is provided at the rate set out for the service in that Schedule; (B.C. Reg. 94/2005)

**“basic eyewear and repairs”** means any of the following items that are provided by an optometrist, ophthalmologist or optician:

- (a) for a child who has a new prescription, one pair of eye glasses per year consisting of the least expensive appropriate
  - (i) single-vision or bifocal lenses, and
  - (ii) frames;
- (b) for any other person who has a new prescription, one pair of eye glasses every 3 years consisting of the least expensive appropriate
  - (i) single-vision or bifocal lenses, and
  - (ii) frames; (B.C. Reg. 165/2005)
- (c) for a child or other person,
  - (i) new lenses at any time if an optometrist, ophthalmologist or optician confirms a change in refractive status in either eye,
  - (ii) a case for new eye glasses or lenses, and
  - (iii) necessary repairs to lenses or frames that come within this definition;

## Employment And Assistance For Persons With Disabilities Regulation

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**"change in refractive status"** means a change of not less than 0.5 dioptres to the spherical or cylinder lens, or a change in axis that equals or exceeds

- (a) 20 degrees for a cylinder lens of 0.5 dioptres or less,
- (b) 10 degrees for a cylinder lens of more than 0.5 dioptres but not more than 1.0 dioptre, and
- (c) 3 degrees for a cylinder lens of more than 1.0 dioptre;

**"dental technician"** Repealed. (B.C. Reg. 94/2005)

**"dentist"** means a dentist registered with the College of Dental Surgeons under the *Dentists Act*;

**"denturist"** means a denturist registered with the College of Denturists of British Columbia established under the *Health Professions Act*;

**"emergency dental service"** means a dental service necessary for the immediate relief of pain that,

- (a) if provided by a dentist,
  - (i) is set out in the Schedule of Fee Allowances – Emergency Dental – Dentist, that is effective January 1, 2007 (B.C. Reg. 315/2006) and is on file with the office of the deputy minister, and
  - (ii) is provided at the rate set out in that Schedule, and (B.C. Reg. 94/2005)
- (b) if provided by a denturist,
  - (i) is set out in the Schedule of Fee Allowances – Emergency Dental – Denturist, that is effective January 1, 2007 (B.C. Reg. 315/2006) and is on file with the office of the deputy minister, and
  - (ii) is provided at the rate set out in that Schedule; (B.C. Reg. 94/2005)

**"eye examination"** means a full diagnostic examination of a person's eyes by an optometrist or an ophthalmologist, that includes

- (a) a determination of the refractive status of the eyes and of the presence of any observed abnormality in the person's visual system,
- (b) any necessary tests connected to making determinations under paragraph (a), and
- (c) the provision of a written prescription for lenses if necessary;  
(B.C. Reg. 236/2003)

**"hearing aid dealer and consultant"** means a hearing aid dealer and consultant registered with the Board of Hearing Aid Dealers and Consultants under the *Hearing Aid Act*; (B.C. Reg. 53/2007)

**"ophthalmologist"** means a medical practitioner who practises ophthalmology;

**"optician"** means an optician registered with the College of Opticians of British Columbia established under the *Health Professions Act*;

**"optometrist"** means an optometrist registered with the British Columbia

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## Employment And Assistance For Persons With Disabilities Regulation

Association of Optometrists under the *Optometrists Act*;

“**orthotist**” means a person who is certified by and in good standing with the Canadian Board for Certification of Prosthetists and Orthotists;

(B.C. Reg. 9/2004)

“**pre-authorized eyewear and repairs**” means eyewear and repairs provided by an optometrist, ophthalmologist or optician and for which pre-authorization is given by the minister, but does not include basic eyewear and repairs;

“**specialist**” means a medical practitioner recognized as a specialist in a field of medicine or surgery in accordance with the rules made by the Council of the College of Physicians and Surgeons of British Columbia under section 5 (1) (j) of the *Medical Practitioners Act*.

### General health supplements

- 2 (1) The following are the health supplements that may be paid for by the minister if provided to a family unit that is eligible under section 62 [general health supplements] of this regulation:
- (a) disposable medical or surgical supplies other than bottled water, nutritional supplements, food, vitamins or minerals, if
    - (i) the supplies are
      - (A) prescribed by a medical practitioner or nurse practitioner, (B.C. Reg. 317/2008)
      - (B) used in a medical procedure or treatment, and
      - (C) necessary to avoid an imminent and substantial danger to health, and
    - (ii) there are no resources available to the family unit to cover the cost of the supplies;
  - (b) Repealed (B.C. Reg. 236/2003)
  - (c) subject to subsection (2), a service provided by a person described opposite that service in the following table, delivered in not more than 12 visits per calendar year,
    - (i) for which a medical practitioner or nurse practitioner has confirmed an acute need, (B.C. Reg. 317/2008)
    - (ii) if the visits available under the Medical and Health Care Services Regulation, B.C. Reg. 426/97, for that calendar year have been provided and for which payment is not available under the *Medicare Protection Act*, and
    - (iii) for which there are no resources available to the family unit to cover the cost;

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Item	Service	Provided by	Registered with
1	acupuncture	acupuncturist	College of Traditional Chinese Medicine under the <i>Health Professions Act</i>
2	chiropractic	chiropractor	British Columbia College of Chiropractors under the <i>Chiropractors Act</i>
3	massage therapy	massage therapist	College of Massage Therapists of British Columbia under the <i>Health Professions Act</i>
4	naturopathy	naturopath	College of Naturopathic Physicians of British Columbia under the <i>Health Professions Act</i>
5	non-surgical podiatry	podiatrist	British Columbia Association of Podiatrists under the <i>Podiatrists Act</i>
6	physiotherapy	physiotherapist	College of Physical Therapists of British Columbia under the <i>Health Professions Act</i>

(B.C. Reg. 75/2008) (B.C. Reg. 318/2008)

- (d) Repealed (B.C. Reg. 75/2008)
  - (e) Repealed (B.C. Reg. 75/2008)
  - (f) the least expensive appropriate mode of transportation to or from
    - (i) an office, in the local area, of a medical practitioner or nurse practitioner, (B.C. Reg. 317/2008)
    - (ii) the office of the nearest available specialist in a field of medicine or surgery if the person has been referred to a specialist in that field by a local medical practitioner or nurse practitioner, (B.C. Reg. 317/2008)
    - (iii) the nearest suitable general hospital or rehabilitation hospital, as those facilities are defined in section 1.1 of the Hospital Insurance Act Regulations, or
    - (iv) the nearest suitable hospital as defined in paragraph (e) of the definition of "hospital" in section 1 of the *Hospital Insurance Act*, provided that
    - (v) the transportation is to enable the person to receive a benefit under the *Medicare Protection Act* or a general hospital service under the *Hospital Insurance Act*, and
    - (vi) there are no resources available to the person's family unit to cover the cost.
  - (g) Repealed (B.C. Reg. 75/2008)
- (2) No more than 12 visits per calendar year are payable by the minister under this section for any combination of physiotherapy services, chiropractic services, massage therapy services, non-surgical podiatry services, naturopathy services

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and acupuncture services. (B.C. Reg. 10/2004) (B.C. Reg. 75/2008)  
(B.C. Reg. 318/2008)

- (2.1) If eligible under subsection (1) (c) and subject to subsection (2), the amount of a general health supplement under section 62 of this regulation for physiotherapy services, chiropractic services, massage therapy services, non-surgical podiatry services, naturopathy services and acupuncture services is \$23 for each visit. (B.C. Reg. 318/2008)
- (3) If the minister provided a benefit to or for a person under section 2 (3) of Schedule C of the Disability Benefits Program Regulation, B.C. Reg. 79/97, the Income Assistance Regulation, B.C. Reg. 75/97 or the Youth Works Regulation, B.C. Reg. 77/97, as applicable, for the month during which the regulation was repealed, the minister may continue to provide that benefit to or for that person as a supplement under this regulation on the same terms and conditions as previously until the earlier of the following dates:
  - (a) the date the conditions on which the minister paid the benefit are no longer met;
  - (b) the date the person ceases to receive disability assistance.

### **Optical supplements**

- 2.1 The following are the health supplements that may be paid for by the minister if provided to a family unit that is eligible under section 62.1 *[optical supplements]* of this regulation:
  - (a) basic eyewear and repairs;
  - (b) pre-authorized eyewear and repairs. (B.C. Reg. 236/2003)

### **Eye examination supplements**

- 2.2 The minister may pay a health supplement under section 62.2 *[eye examination supplements]* of this regulation for an eye examination that,
  - (a) if provided by an optometrist, is provided for a fee that does not exceed \$44.83, or
  - (b) if provided by an ophthalmologist, is provided for a fee that does not exceed \$48.90. (B.C. Reg. 236/2003)

### **Medical equipment and devices**

- 3 (1) The following medical equipment and devices are the health supplements that may be paid for by the minister if the supplements are provided to a family unit that is eligible under section 62 *[general health supplements]* of this regulation:
  - (a) wheelchairs, personal motorized mobility devices, canes, crutches and walkers, if
    - (i) repealed, (B.C. Reg. 317/2008)
    - (ii) medically essential for basic mobility,
    - (iii) repealed, (B.C. Reg. 317/2008)

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  - (iv) the person has received the pre-authorization of the minister for the medical equipment or device requested, and
  - (v) there are no resources available to the person's family unit to pay the cost of the health supplement;
- (b) orthotics and bracing if
  - (i) prescribed by a medical practitioner or podiatrist, or an occupational therapist or physical therapist has performed an assessment and confirmed the need for the orthotics or bracing,
  - (ii) medically essential for basic mobility,
  - (iii) the person has received the pre-authorization of the minister for the orthotics or bracing requested.
  - (iv) the minister is satisfied that the orthotics or bracing are required for one or more of the following purposes:
    - (A) to prevent surgery;
    - (B) for post surgical care;
    - (C) to assist in physical healing from surgery, injury or disease;
    - (D) to improve physical functioning that has been impaired by a neuro-musculo-skeletal condition.
  - (v) there are no resources available to the person's family unit to pay for the cost of the health supplement, and
  - (vi) the orthotics or bracing are pre-fabricated, unless
    - (A) a medical practitioner, occupational therapist, physical therapist, podiatrist or orthotist confirms that custom-made orthotics or bracing are required for one or more of the reasons referred to in subparagraph (iv), and
    - (B) the minister is satisfied that custom-made orthotics or bracing are required for one or more of the reasons referred to in subparagraph (iv); (B.C. Reg. 9/2004)
- (c) hearing aids, if
  - (i) prescribed by an audiologist or hearing aid dealer and consultant,
  - (ii) an audiologist or hearing aid dealer and consultant has performed an assessment that confirms the need for the hearing aid, (B.C. Reg. 53/2007)
  - (iii) the person has received the pre-authorization of the minister for the hearing aid, and
  - (iv) there are no resources available to the person's family unit to pay the cost of the health supplement;
- (d) positioning devices, if
  - (i) repealed, (B.C. Reg. 317/2008)
  - (ii) repealed, (B.C. Reg. 317/2008)
  - (iii) the person has received the pre-authorization of the minister for the positioning device, and
  - (iv) there are no resources available to the person's family unit to pay the

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- cost of the health supplement;
- (e) breathing devices, if
  - (i) prescribed by a medical practitioner,
  - (ii) a respiratory therapist has performed an assessment that confirms the type of breathing device required,
  - (iii) the person has received the pre-authorization of the minister for the breathing device, and
  - (iv) there are no resources available to the person's family unit to pay the cost of the health supplement.
- (2) In addition to the requirements of subsection (1) (a) or (d), the minister must require one, and may require both, of the following:
  - (a) a prescription of a medical practitioner or nurse practitioner for the wheelchair, personal motorized mobility device, cane, crutches, walker or positioning device;
  - (b) an assessment by an occupational therapist or physical therapist confirming the need for the wheelchair, personal motorized mobility device, cane, crutches, walker or positioning device.

(B.C. Reg. 317/2008)

- 3.1** If the criteria in section 3 (1) (b) (vi) (A) and (B) are met and the orthotic is a custom-made foot orthotic, the foot orthotic must be made from a hand-cast mold.  
(B.C. Reg. 9/2004)

### Dental supplements

- 4** (1) In this section, "**period**" means a 2 year period beginning on January 1, 2003, and on each subsequent January 1 in an odd numbered year.
- (1.1) The health supplements that may be paid under section 63 [dental supplements] of this regulation are basic dental services to a maximum of
  - (a) \$700 each calendar year, if provided to a dependent child,
  - (b) \$1 000 each period, if provided to a person not referred to in paragraph (a).  
(B.C. Reg. 163/2005)
  - (c) Repealed. (B.C. Reg. 163/2005)
- (2) Dentures may be provided as a basic dental service only to a person
  - (a) who has never worn dentures, or
  - (b) whose dentures are more than 5 years old.
- (3) The limits under subsection (1.1) may be exceeded by an amount necessary to provide dentures, taking into account the amount remaining to the person under those limits at the time the dentures are to be provided, if
  - (a) a person requires a full upper denture, a full lower denture or both because of extractions made in the previous 6 months to relieve pain.

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- (b) a person requires a partial denture to replace at least 3 contiguous missing teeth on the same arch, at least one of which was extracted in the previous 6 months to relieve pain, or
- (c) a person who has been a recipient of disability assistance or income assistance for at least 2 years or a dependent of that person requires replacement dentures. (B.C. Reg. 94/2005)
- (4) Subsection (2) (b) does not apply with respect to a person described in subsection (3) (a) who has previously had a partial denture.
- (5) The dental supplements that may be provided to a person described in subsection (3) (b), or to a person described in subsection (3) (c) who requires a partial denture, are limited to services under
  - (a) fee numbers 52101 to 52402 in the Schedule of Fee Allowances – Dentist referred to in paragraph (a) of the definition “basic dental service” in section 1 of this Schedule, or (B.C. Reg. 94/2005)
  - (b) fee numbers 41610, 41612, 41620 and 41622 in the Schedule of Fee Allowances – Denturist referred to in paragraph (b) of the definition “basic dental service” in section 1 of this Schedule. (B.C. Reg. 94/2005)
- (6) The dental supplements that may be provided to a person described in subsection (3) (c) who requires the replacement of a full upper, a full lower denture or both are limited to services under
  - (a) fee numbers 51101 to 51102 in the Schedule of Fee Allowances – Dentist referred to in paragraph (a) of the definition “basic dental service” in section 1 of this Schedule, or (B.C. Reg. 94/2005)
  - (b) fee numbers 31310, 31320 or 31330 in the Schedule of Fee Allowances – Denturist referred to in paragraph (b) of the definition “basic dental service” in section 1 of this Schedule. (B.C. Reg. 94/2005)
- (7) A reline or a rebase of dentures may be provided as a basic dental service only to a person who has not had a reline or rebase of dentures for at least 2 years.

### **Crown and bridgework supplement**

- 4.1 (1) In this section, “**crown and bridgework**” means a dental service
    - (a) that is provided by a dentist, (B.C. Reg. 94/2005)
    - (b) that is set out in the Schedule of Fee Allowances – Crown and Bridgework, that is effective January 1, 2007 (B.C. Reg. 315/2006) and is on file with the deputy minister, (B.C. Reg. 94/2005)
    - (c) that is provided at the rate set out for the service in that Schedule, and
    - (d) for which a person has received the pre-authorization of the minister.
  - (2) A health supplement may be paid under section 63.1 of this regulation for crown
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- and bridgework but only if the minister is of the opinion that the person has a dental condition that cannot be corrected through the provision of basic dental services because
- (a) the dental condition precludes the provision of the restorative services set out under the Restorative Services section of the Schedule of Fee Allowances – Dentist, and (B.C. Reg. 94/2005)
  - (b) one of the following circumstances exists:
    - (i) the dental condition precludes the use of a removable prosthetic;
    - (ii) the person has a physical impairment that makes it impossible for him or her to place a removable prosthetic;
    - (iii) the person has an allergic reaction or other intolerance to the composition or materials used in a removable prosthetic.
    - (iv) the person has a mental condition that makes it impossible for him or her to assume responsibility for a removable prosthetic.
  - (3) The minister must also be satisfied that a health supplement for crown and bridgework will be adequate to correct the dental condition.
  - (4) A health supplement for crown and bridgework may not be provided in respect of the same tooth more than once in any period of 60 calendar months.

### **Emergency dental supplements**

- 5 The health supplements that may be paid for under section 64 [*emergency dental and denture supplements*] of this regulation are emergency dental services.

### **Diet supplements**

- 6 (1) The amount of a diet supplement that may be provided under section 66 [*diet supplements*] of this regulation is as follows:
  - (a) \$10 for each calendar month for a person who requires a restricted sodium diet;
  - (b) \$35 for each calendar month for a person who has diabetes; (B.C. Reg. 60/2007)
  - (c) \$30 for each calendar month for a person who requires kidney dialysis if the person is not eligible under the kidney dialysis service provided by the Ministry of Health;
  - (d) \$40 for each calendar month for a person who requires a high protein diet;
  - (e) \$40 for each calendar month for a person who requires a gluten-free diet;
  - (f) \$40 for each calendar month for a person who has dysphagia;
  - (g) \$50 for each calendar month for a person who has cystic fibrosis.

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- (2) A diet supplement under subsection (1) (d) may only be provided if the diet is confirmed by a medical practitioner or nurse practitioner as being necessary for one of the following medical conditions: (B.C. Reg. 317/2008)
  - (a) cancer that requires nutritional support during
    - (i) radiation therapy,
    - (ii) chemotherapy,
    - (iii) surgical therapy, or
    - (iv) ongoing medical treatment;
  - (b) chronic inflammatory bowel disease;
  - (c) Crohn's disease;
  - (d) ulcerative colitis;
  - (e) HIV positive diagnosis;
  - (f) AIDS;
  - (g) chronic bacterial infection;
  - (h) tuberculosis;
  - (i) hyperthyroidism;
  - (j) osteoporosis;
  - (k) hepatitis B;
  - (l) hepatitis C.
- (3) A person who is eligible for a supplement under subsection (1) (d) or (f) is also eligible for a \$30 payment towards the purchase of a blender.
- (4) If a person has more than one of the medical conditions set out in subsection (1), the person may receive only the amount of the highest diet supplement for which he or she is eligible.

### Monthly nutritional supplement

- 7 The amount of a nutritional supplement that may be provided under section 67 [nutritional supplement] of this regulation is the sum of the amounts for those of the following items specified as required in the request under section 67 (1) (c):
  - (a) for additional nutritional items that are part of a caloric supplementation to a regular dietary intake, \$165 each month;
  - (b) for bottled water for a person suffering moderate to severe immune suppression, \$20 each month;
  - (c) for vitamins and minerals, \$40 each month.

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### Natal supplement

- 8 The amount of a natal supplement that may be provided under section 68 (*natal supplement*) of this regulation is
- (a) \$45 for each calendar month for a period set out in section 68 (2), or (B.C. Reg. 153/2005)
  - (b) \$90 for each calendar month for a period set out in section 68 (2) if the person (B.C. Reg. 153/2005)
    - (i) is pregnant with more than one child, as confirmed in writing by a medical practitioner, a nurse practitioner or a registrant of the College of Midwives of British Columbia, or (B.C. Reg. 317/2008)
    - (ii) gives birth to more than one child.

### Infant Formula

- 9 The minister may provide infant formula under section 67.1 of this regulation if
- (a) a medical practitioner or nurse practitioner confirms in writing that (B.C. Reg. 317/2008)
    - (i) the dependent child for whom a specialized infant formula is to be provided has a medical condition and the specialized infant formula is necessary to treat the medical condition, or
    - (ii) the dependent child for whom the infant formula is to be provided is at risk of contracting a disease that is transmissible through the mother's breast milk,
  - (b) in the case of a dependent child described by paragraph (a) (ii), the dependent child is under 12 months of age, and
  - (c) the minister is satisfied that the infant formula is medically required to treat the medical condition or respond to the risk referred to in paragraph (a). (B.C. Reg. 159/2005)

## Eligible and Non-Eligible Items

### Ministry of Housing and Social Development Online Resource (Health Supplements and Programs Policy)

#### Eligible Items: General Guide

The following general guidelines are provided to assist in determining which items are eligible for coverage by the Ministry. This list is a general guide and is not all-inclusive.

#### **Bandages and Dressings (Medical Supplies)**

- gel pads
- protectors
- skin ulcer products

When such supplies are required on an ongoing basis, a public health nurse or other healthcare professional should be consulted about the monthly quantity requested.

#### **Bathroom Aids (Medical Equipment – Basic Mobility Positioning and Breathing Devices)**

- grab bars
- toilet raisers and safety frames

Coverage includes a maximum of two hours of installation time.

#### **Beds and Specialized Mattresses (Medical Equipment – Basic Mobility Positioning and Breathing Devices)**

Only those items available through a medical supply company (e.g., hospital beds and pressure relief mattress) may be provided. All other types of mattresses and beds, including waterbeds, are considered conventional furniture and not medical items, and as such require an alternate source of funding.

#### **Bowel Stimulants - Medicated (Medical Supplies)**

The following must be issued using Health Goods/Services Purchase Authorization (EIA0407) to support local pharmacy monitoring of drug interactions:

- Dulcolax
- Fleet enemas
- Lactulose
- Senokot

#### **Braces (Medical Equipment – Orthotics and Bracing)**

This includes parts and repairs. They are covered as long as the item or repair is not covered through PharmaCare. For more information, see Orthotic Appliances.

**Breast Pumps (Medical Equipment – Basic Mobility Positioning and Breathing Devices)**

- manual pumps only

**Burn Treatment Garments (Medical Supplies)**

- JOBST body garments
- stockings, etc.

**Breathing Aids (Medical Equipment – Basic Mobility Positioning and Breathing Devices)**

- adapters
- Aero chambers
- apnea monitor
- BiPAPs
- CPAPs
- headgear
- masks
- nebulizers
- percussors
- suction unit
- vaporizers
- ventilators

**Catheters (Medical Supplies)**

See Urinary Drainage

**Contraceptive Devices and Supplies (Medical Supplies)**

For contraception, lubrication and disease prevention (including male and female condoms). A prescription from a physician is not required for condoms. This does not include oral contraceptives, which are provided through PharmaCare. The Norplant birth control device is not a supplement of either the MHSD or PharmaCare.

Note: Birth control clinics may offer supplies at reduced prices.

**Diabetic Supplies and Equipment (Medical Supplies/Equipment – Basic Mobility Positioning and Breathing Devices)**

- glucometers (testing machines)
- lancets
- sharps containers for needle disposal

**Electrotherapy (Medical Equipment and Devices)**

- basic TENS unit (cost should not exceed the amount shown in Rate Table: Health Supplements and Programs – Eligible and Non-Eligible Health Supplements)
- electrodes or accessories
- gels

### **Hearing Aid Supplies**

- batteries
- cochlear implant supplies (HAB must approve)
- ear molds

### **Incontinence Supplies (Medical Supplies)**

- catheters
- diapers
- gloves (see Rubber Gloves)
- leg bags
- pads

### **Lumbar Supports (Medical Equipment – Basic Mobility Positioning and Breathing Devices)**

- basic Obus form

### **Mobility Aids**

- batteries
- canes (may not provide deposit for rentals)
- crutches (may not provide deposit for rentals)
- cushions
- custom seating
- limited wheelchair accessories
- manual wheelchair
- orthopaedic appliances (see Orthotic Appliances)
- pads
- personal motorized mobility devices (see Scooters and Scooter Repairs)
- postural control system
- power wheelchair
- restraints
- walkers

### **Orthotic Appliances**

- custom-made ankle-foot, knee-ankle-foot or hip-knee-ankle-foot orthoses
- custom-made foot orthoses
- custom-made knee, back, neck or body braces
- custom-made orthopaedic footwear
- custom orthopaedic modifications

Note: Juvenile bracing is provided through PharmaCare and should be processed accordingly.

### **Positioning Devices**

- standing frames

### **Prosthesis, Repairs, and Adjustments**

Supplies and supplements may be considered if they are not covered through PharmaCare.

### **Rubber Gloves - (Medical Supplies)**

Medical gloves (latex or vinyl) when required as a part of urinary or incontinence care by either the client or a non-employed care provider.

### **Scabicides/Pediculicides**

Kwalada shampoo

### **Scooter Repairs (Medical Equipment – Basic Mobility Positioning and Breathing Devices)**

A scooter may be considered a primary mobility device for an eligible client not capable of basic mobility. Additional accessories may include a cane holder, handyDART kit and one shopping basket, but **not** rear mirrors, red flags, light packages, sheepskins or scooter totes.

### **Shower Aids (Medical Equipment – Basic Mobility Positioning and Breathing Devices)**

- bath bench
- hydraulic bath lift
- shower commode

### **Support Stockings (Medical Supplies)**

- elastic off-the-shelf stockings obtained through a medical supplier are covered

### **Urinary Drainage Supplies (Medical Supplies)**

- catheters
- gloves (see Rubber Gloves)
- powder
- skin-care products
- urinary drainage bags

### **Wheelchair Repairs (Medical Equipment – Basic Mobility Positioning and Breathing Devices)**

All medical equipment is purchased with a two-year, all-inclusive warranty. **Repairs will not be approved during the warranty period.**

### **Non-Eligible Items: General Guide**

The following general guidelines are provided to assist in determining which items are not eligible for coverage by the Ministry. This list is provided only as a general guide and is not to be considered all-inclusive.

#### **Aids To Daily Living – the following are not covered:**

- automatic hand controls
- dressing aids
- exercise equipment
- food preparation equipment
- grooming aids
- housekeeping aids
- reachers
- recreational equipment
- special eating utensils
- swimming aids
- zipper pulls

#### **Air Casts – not covered**

#### **Allergy Serum - covered through PharmaCare**

#### **Anakit Insect Sting Kit - covered through PharmaCare**

#### **Braces - not covered if intended primarily for sporting activities**

#### **Clothing – the following are not covered:**

- bibs
- customized clothing
- mastectomy bras
- plastic pants
- plastic shoe cases
- swimming suits

#### **See Aids to Daily Living**

#### **Communication Aids – the following are not covered:**

- Bliss boards
- communication boards
- computer software and accessories

- emergency response systems
- hearing aids (outside of normal policy)
- Lifeline home monitoring systems
- Medic alert bracelets
- pen grips, writing aids
- phone flippers, dialing sticks, holders
- sound amplification equipment
- telephones
- telephone amplifying systems

**Conventional Footwear – the following are not covered:**

- boots
- oxfords
- runners
- slippers

**Diabetic Supplies – the following are covered through PharmaCare**

- insulin
- syringes
- test strips

These are covered through PharmaCare only if the patient is in receipt of a recognized testing certificate.

**Dialysis Equipment**

Home hemodialysis equipment is supplied by the Kidney Dialysis Service of the Ministry of Health.

**Electrolysis – not covered**

**Elevator Systems – not covered**

**Epipen Insect Sting Kit – covered through PharmaCare**

**Environmental Controls – the following are not covered:**

- air conditioners
- air filtration systems
- Hepa filters
- humidifiers
- mattress covers
- pillow covers
- water filtration systems

### **Fibreglass Casts**

If the attending physician indicates that a fibreglass cast is medically essential, hospital programs must cover it.

### **Household Items or Renovations – the following are not covered:**

- drapes or blankets
- easy lift chairs
- elevators, ramps, or wheelchair lifts
- regular (non-hospital) beds or mattresses
- regular chairs
- specialized shower stalls
- therapy tables
- water beds
- whirlpool baths

### **Juvenile Bracing – the following are covered through PharmaCare:**

- above-knee leg brace
- below-knee leg brace
- body jacket
- Milwaukee or Boston brace

### **Light Therapy Lamps**

Not covered, along with other equipment used by persons with Seasonal Affective Disorder

### **Ostomy Supplies – the following are covered through PharmaCare:**

- adhesive disposable plastic bags and drains
- appliance adhesive - Colly seals, double-sided adhesive pads, foam pads
- cement removers, solvent
- colostomy appliances and parts, including belts, etc.
- colostomy irrigation sets
- colostomy pads, colostobelts
- deodorants (oral only)
- ileostomy appliances and parts including belts
- Karaya products - powder, washers, sheets, paste
- skin cements, skin barrier preparations
- tapes (micropore-type only)

**Over-the-counter Drugs – the following are not covered:**

- acetaminop dantacid
- over-the-counter antibiotic ointments (polysporin, neosporin)
- antihistamines (Actifed, Hismanal, Seldane, etc.)
- antiseptic
- ASA or aspirin (Anacin, Bufferin, Excedrin)
- caffeine tablets
- cough drops
- decongestants (Contact-C, Dristan, Drixoral, Sudafed)
- dental swabs
- dietary supplements (protein powders, Royal Jelly, Red Ginseng)
- disinfectant (unless connected with other essential, approved medical supply items)
- hand creams
- laxatives (unless connected with para or quad supplies)
- Metamucil
- mouthwashes
- oral rinses
- pregnancy tests
- regular shampoos
- skin cleaners (not connected with a specific condition)
- sunscreen
- sweetening agents
- tonics
- toothpaste
- weight loss aids

**Oxygen**

Oxygen and oxygen equipment for home use is supplied by MOH Home Oxygen Program through local Health Units, when requested by a client's physician. The supply of oxygen and related equipment (e.g., oximeters) is never authorized or supplemented by MHSD.

**Permanent Prosthesis, Repairs and Replacements – the following are covered through PharmaCare:**

- above elbow appliance
- artificial eye
- artificial hand or hook
- below-elbow appliance
- below-knee prosthesis, including post-operative and temporary
- breast prosthesis
- elbow disarticulation appliance
- hip level of hemi-pelvectomy appliance

- knee-bearing appliance
- lymphoedema arm sleeve (two each year)
- shoulder disarticulation
- stump socks
- Symes appliance

### **Prescription Drugs**

Eligible prescription drugs are provided through PharmaCare. Prescription drugs are not paid for directly by the MHSD. Recipients are responsible for having their physician apply to PharmaCare for a Special Authority for any non-covered prescription drugs.

### **Routine Food Supply**

Except for those diets or medical conditions covered in Diet Supplements, no additional funds are to be issued for dietary needs. Clients are expected to cover these through their regular support allowance. Examples of ineligible diet needs include the following:

- alternative lifestyle foods
- health foods
- high-fibre diets
- low sugar, low-fat, etc. diets
- weight reduction supplements or diets

### **Smoking Cessation Aids – the following are not covered:**

- nicotine patches
- smoker’s gum (e.g., Nicorette gum)
- “stop smoking” clinics and workshops

### **Surgical Tray Fees – not covered**

### **Therapeutic Injections – the following are not covered:**

- botulinum (for wrinkle reduction, facial muscle tension)
- Synvisc (for joint pain)

### **Therapies, Extended Medical**

Only extended medical therapies consisting of acupuncture, chiropractic, massage therapy, naturopathy, podiatry and physiotherapy may be funded by MHSD. Examples of therapies **not** covered include the following:

- aquatic therapy
- electrolysis
- light therapy
- music therapy
- pain therapy
- riding therapy

**Vans and Van Lifts – not covered**

**Vision Devices – the following are not covered:**

- closed-circuit television systems
- low-vision aids
- magnifying glasses
- reading microscopes
- special devices
- telescopes

**Vitamins and Minerals – the following are not covered:**

- calcium supplements
- iron supplements
- multi-vitamins

**Wheelchair Lifts – Home – not covered**

**Wigs – not covered**