



**MEDICAL/DENTAL ASSISTANCE POLICY
FOR TK'EMLUPS T SECWEPENC INDIAN BAND MEMBERS:**

PURPOSE:

The purpose of the Medical/Dental policy is to establish guidelines for Tk'emlups te Secwépecmc (TteS) members to access and obtain available funds for supplemental medical/dental coverage in recognition of the importance of health and wellness for the TteS **band members**.

Chief and Council will approve an annual Medical/Dental budget, at the beginning of each fiscal year, to be administered by the Social Development Department; and Chief and Council will not consider any further individual or group requests.

MISSION:

The Tk'emlups te Secwépecmc has established an annual Medical/Dental budget to provide financial assistance to band members for supplemental medical/dental coverage **as per availability of funds, and shall be amended as required and in accordance with the Finance Administrative Law (FAL)**. The TteS is committed to providing fair and equitable guidelines for all band members to access Medical/Dental funding.

Extended health benefits plans, Medical Services Plan BC (MSP) and **First Nations Health Authority (FNHA)** **MUST** be utilized before accessing this fund. Requests will be processed by the Community Health Representative (CHR) and all requests will be reviewed by the Social Development Manager.

This policy and attached application was created to ensure fiscal responsibility and not to create bureaucracy. It is the TteS band member's responsibility to read this policy and copies are available in Social Development department and online: <http://www.tkemlups.ca/social-sector/social-development>

ELIGIBILITY CRITERIA:

1. Maximum of \$1,000.00 per fiscal year, per individual to be used for medical or dental needs. All payments will be made in Canadian currency only.
2. The person requiring assistance must be a TteS member and have a ten digit TteS Registry Number beginning with 688. Newborns must be registered as a TteS member with a 688 number **prior** to utilizing the medical/dental funding. Newborns cannot use their parent's medical/dental TteS fund. **Unregistered infant medical**



patient travel will be handled on an individual, case-by-case basis. Unregistered infant's TteS status eligibility will be reviewed by the Indian Registrar Administrator in order to determine if they are eligible for TteS Medical/Dental funding.

3. Due to confidentiality anyone over the age of 18 years old is considered an adult and must apply for their own Medical/Dental funding. Contact with the Community Health Representative regarding services and reimbursements must also be made by adults over the age of 18, as information cannot be disclosed to parents of those over 18 without the express written consent of the individual.
4. TteS members who are enrolled in extended health benefits through employee programs i.e. Great West Life must first request coverage through their insurer. FNHA and MSP are the second insurers. Extended health benefits plans, Medical Services Plan BC (MSP) and First Nations Health Benefits (FNHA) must be utilized before accessing this fund. When all alternate coverage is denied or exhausted then the TteS Medical/Dental fund may be accessed. Written documentation is required to confirm denial of coverage and must be presented prior to monies being issued. In the circumstance where the CHR is aware that coverage is available through other service providers, the CHR will direct the TteS member to apply to that service provider; this applies to medical travel and accommodations.
5. Eligibility is limited to the current fiscal year beginning April 1st and ending March 31st of the next year, and no retroactive payments will be made to a previous fiscal year. All medical/dental procedures must take place in the fiscal year that the application is made for. Invoices/receipts received by March 31st for activities that took place prior to that date will be paid from that fiscal year, subject to budget availability.
6. All receipts and requests must be received by 4pm Friday in order to be reviewed, and if approved, processed for payment the following Friday, except in cases where emergency funds are requested and the emergency is documented by a physician.

SERVICES, MEDICATION AND SUPPLIES THAT WILL BE COVERED:

Including but not limited to:

1. All prescriptions not approved by extended health, Fair Pharmacare or NIHB.
2. A maximum of 1 pair of prescription eyewear per fiscal year.



3. **Registered** massage therapy, chiropractor, physiotherapy and acupuncture by physicians referral for a specific treatment plan (ex. Prescription from doctor for 10 massage therapy sessions). **No prepayment will be made for these services. Reference to be inserted - massage therapist and chiropractor – Clarity where prescription not required to access massage therapist, and how the funding coverage applies for excess session requirements.**
4. Dietary supplement/meal replacement(s), i.e. Ensure, when prescribed by physician, to a maximum of 2 cases per month. Prescription must be updated every 3 months unless the medical condition is documented as permanent and unchanging.
5. Maximum of 2 tubes of medicated heel balm per fiscal year.
6. **Physician referred diagnostic testing for hormonal imbalances and allergy testing.**
7. First aid supplies for post-surgical and In-Home Care patients, with a doctor's prescription and only those not covered by FNHA, MSP or supplied by Qwemstin Health Society (QHS). **They must be purchased from a recognized medical supplier (ex. Medi-Chair, Red Cross, etc).**
8. Fibreglass and walking casts that are not covered by Medical Services Plan or FNHA.
9. **Medical/dental procedures that are accompanied by proof of ineligibility through FNHA, or any other applicable extended dental plan. When payment is required at the time of service and FNHA eligibility cannot be determined, requests will be reviewed for eligibility on a case-by-case basis.**
10. **Medical Travel:**
 - I. **Requires a minimum of 2 weeks notice prior to travel.** While we recognize that this is not always possible, as much notice should be given to the CHR as possible to assist you to make arrangements The CHR will assist TteS members to pursue all reimbursable travel from FNHA. **Reimbursements will be reapplied back to the band.**

Travel may be covered in exceptional circumstances **only** when:

 - a) **The patient travel is accompanied by a doctor/dentist/surgeon's referral and appointment confirmation;**
 - b) **The required service is not available in the city where the TteS member resides;**
 - c) **The FNHA denial is provided;**



- d) If the FNHA patient travel is approved but monies are to be reimbursed after travel instead of given in advance, the FNHA travel reimbursement must be given to the CHR to be reapplied to the individual's medical fund. Failure to do so may result in future funding request being denied. (Appendix Attached). The CHR will have the applicant sign a repayment form prior to funds being issued.
- e) Receipts MUST be provided to the CHR upon return, or the individual will not be eligible for travel medical funding in the future;
- f) The flat rate (for gas), \$65 based on 300 km per tank of gas, or, mileage per diem comparison, will apply in accordance to the distance travelled,
- g) When accommodations are arranged through FNHA no alternative accommodations will be arranged by the CHR. Accommodations funded by the TteS Medical/Dental fund will be arranged by the CHR will be based on convenience to medical procedure and least cost method;
- h) A TteS band member who requires a TteS escort for medical reasons may be entitled to some additional coverage (such as meals/accommodation/parking) only when documentation is provided by a licensed medical professional stating it is medically necessary to escort the patient. Only one escort per patient will be funded;
- i) A maximum of 40% of any TteS band member's annual Medical/Dental allotment can be used towards patient travel for immediate family member, person afflicted, or child.
- j) Travel to and from Drug & Alcohol treatment programs is to be accessed through the Drug & alcohol Counselor and Medical/Dental funding cannot be used for this purpose as other funding sources are available.

SERVICES, MEDICATION AND SUPPLIES THAT WILL NOT BE COVERED
(Including but not limited to):

1. Prepaid medical treatment including but not limited to massage therapy and physiotherapy.
2. Everyday household items, including toothpaste, shampoo, lotions, ointments.
3. Weight loss plans.
4. Protein powder/Supplement packs.
5. Vitamins.
6. Air Purifiers/Air Conditioners/Humidifiers.
7. Parking in Kamloops.
8. Cosmetic procedures, i.e. teeth whitening.
9. Hotel accommodations in Kamloops.
10. Private Clinic MRI's, X-Rays etc where publically funded options are available.
11. Non-prescription sunscreen.
12. Fees for missed appointments.
13. Motorized scooters.
14. Electric tooth brushes.



TteS Medical/Dental Assistance Policy

Amended July 22, 2014.

15. Household furniture.
16. Hospital T.V. rentals.
17. First aid supplies. For example, to stock a household first aid kit.
18. Smoke detectors or extinguishers.
19. Non-medical shoes or clothing.
20. Transition lenses without Rx from optometrist/ophthalmologist & documented medical reason (ex: eye fatigue, UV Ray allergy, etc.).
21. Prescription sunglasses.

PROCEDURE FOR ACCESS TO MEDICAL/DENTAL FUND:

TteS members can either come into the Social Development offices or fill out the TteS Medical/Dental application online and fax/email it to the CHR using the information on the form, and provide the following as per this policy:

1. Physician/Optician's prescription or Orthodontic/Dental treatment plan.
2. FNHA or other insurance plan's (MSP, Great West Life, etc.) written documentation of denial of coverage.
3. Original receipts (only) from the Pharmacist/Doctor/Registered Medical/Dental Service Provider are acceptable.
4. Falsifying records or receipts is a criminal offense. Anyone falsifying records or receipts will be subject to a criminal investigation. Anyone who commits an offence will be ineligible for future band medical assistance.
5. Chief and Council will approve an annual Medical/Dental budget, at the beginning of each fiscal year, to be administered by the Social Development Department; and Chief and Council will not consider any further individual or group requests.
6. Social Development will advocate with the individual and/or family in an emergency situation. Requests will be reviewed for eligibility, access and procedures on a case-by-case basis, with the exception of when budget funds are depleted.
7. If you are the person making decisions and/or requesting services for an adult Person with Disabilities documentation of the Registered Power of Attorney for the dependent adult must be provided to the CHR at the time of the request. Documentation will be kept on file. Without proper documentation medical information regarding adults cannot be disclosed and funding will not be provided.



AMENDMENTS

1. Amendments to these regulations may be made by the Social Development Department;
2. All amendments must be highlighted;
3. All amendments must be reviewed by Finance Management; and,
4. All amendments must receive at least one (1) reading by Chief and Council

***Individuals are responsible for ensuring they are enrolled in the provincial Medical Services Plan in order to access services.**

Please be responsible when purchasing non-emergency items/treatments as unforeseen medical/dental emergencies may arise requiring financial aid and if your entire allotment is spent no other band funds can be accessed.



TteS Medical/Dental Assistance Policy

Amended July 22, 2014.

TK'EMLÚPS TE SECWÉPEMC
MEDICAL/DENTAL ASSISTANCE APPLICATION FORM

As per the Tk'emplúps te Secwépemc Medical/Dental Assistance Policy this application must be completed in order to receive assistance. It is the individual TteS band member's responsibility to read and understand the TteS Medical/Dental Policy.

Note: All requests must include a physician/dentist/medical professional's referral and/or prescription and/or original invoices or receipts.

Date of Application: _____

Name of Applicant: _____ D.O.B.: _____

Address: _____

Phone Number: _____ Cell: _____

Email: _____

If applicable, name of Parent/Guardian: _____

Status Number: 688 _____

Do you have any extended dental or health insurance coverage: Yes ___ No ___

If yes, please attach proof of denial and name of Medical/Dental plan provider.

Failure to inform TteS of additional Medical/Dental coverage will jeopardize future funding.

By signing this document I also agree to provide any travel reimbursement I receive to the CHR (per policy) to reapply to my annual Medical/Dental allotment (if applying for patient Medical travel).

Check One: Mail or Pick up

Signature of Applicant or Parent/Guardian

Date Signed

Print Name