



**MEDICAL/DENTAL ASSISTANCE POLICY
FOR TK'EMLÚPS te SECWÉPEMC BAND MEMBERS:**

1. PURPOSE:

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

Chief and Council will approve an annual Medical/Dental Policy budget, at the beginning of each fiscal year (April 1), to be administered by the Community Services Department; and Chief and Council will not consider any further individual or group requests.

2. MISSION:

Tk'emlúps te Secwépemc has established an annual Medical/Dental Policy 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). TteS is committed to providing fair and equitable guidelines for all TteS band members to access Medical/Dental Policy funding.

Extended health benefits plans (CINUP, Great West Life, Sun life, Blue Cross, etc.), Medical Services Plan BC (MSP) and First Nations Health Authority (FNHA) **MUST** be utilized before accessing the Medical/Dental Policy fund. Requests will be processed by the Community Health Representative (CHR), and all requests will be reviewed by the Community Services Manager prior to approval.

The Medical/Dental Policy and application was created to ensure fiscal responsibility and not to create bureaucracy. It is the TteS band member's responsibility to read this policy; copies are available in the Community Services Department and online:

<https://tkemlups.ca/medical/>.

3. ELIGIBILITY CRITERIA:

1. The person requiring Medical/Dental assistance **MUST** be a TteS member and have a ten-digit TteS Registry number beginning with 688. Funds are not transferrable between family members.

2. Newborns:

2.1. Must be registered as a TteS member with a 688 number prior to utilizing the medical/dental funding (registration information can be found at:

[https://www.aadnc-aandc.gc.ca/eng/1462808207464/1462808233170#2-2\);](https://www.aadnc-aandc.gc.ca/eng/1462808207464/1462808233170#2-2)

2.2. Cannot use their parent's medical/dental TteS fund;

2.3. Unregistered newborn medical patient travel will be evaluated on a case-by-case basis; and,



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2.4. In Emergencies, unregistered newborn's TteS status eligibility will be reviewed and approved by Chief and Council, per process outlined in appendix (1).

2.4.1. FNHA covers the cost for unregistered newborns up to 2 years of age.

3. Eligibility is limited to the current fiscal year beginning April 1st and ending March 31st of the next year, no retroactive payments will be made to a previous fiscal year.

4. All medical/dental procedures must take place in the fiscal year 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.

Receipts/invoices received after the fiscal year ends are subject to the TteS FAL and are reviewed on a case-by-case basis.

5. All receipts and requests must be received by **12pm (Noon) Wednesday** in order to be reviewed, and if approved, processed for payment the following week on Friday; except in cases where emergency funds are requested. (Emergency request ex.: patient travel, dental emergencies, etc.)

4. **CONFIDENTIALITY:**

1. Due to confidentiality laws, anyone over the age of 18 years old is considered an adult, and must apply for their own Medical/Dental funding;

2. Information **cannot** be disclosed to relatives (including parents and adult children) of adults **over** 18 without the express written consent of the adult:

3. If you are 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 to a third party.

5. **ANNUAL MEDICAL/DENTAL ALLOTMENT: :**

1. Maximum of \$1,000.00 CDN per fiscal year, per individual.

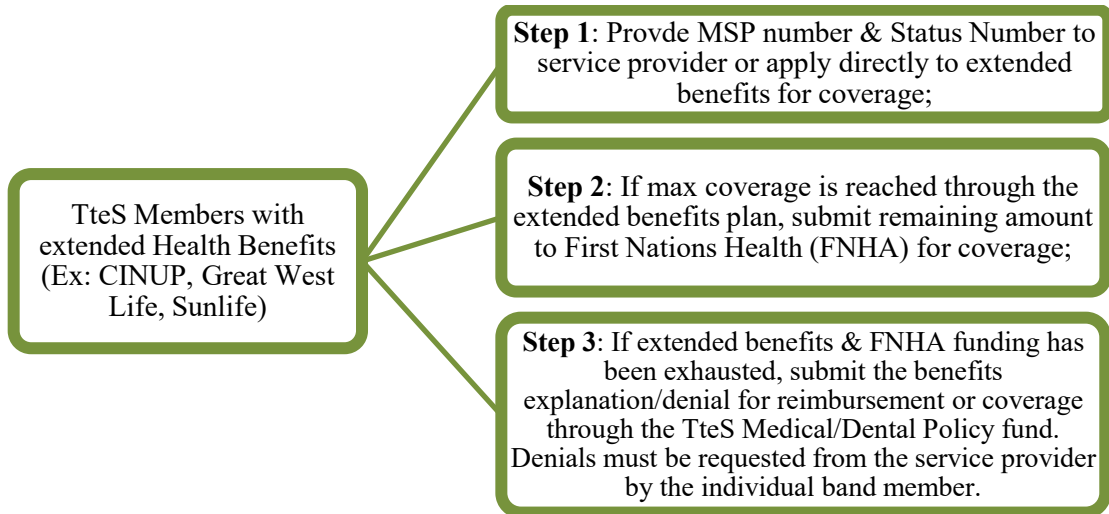
2. On a case-by-case basis, if a documented (with prescription) Medical/Dental need arises, the Community Services Manager may approve the re-allocation of up to \$500 CDN from a TteS band member's unused Recreation funding to their Medical/Dental fund.

3. Funds may be moved from Recreation to assist with urgent medical/dental need, but not from Medical/Dental to Recreation.

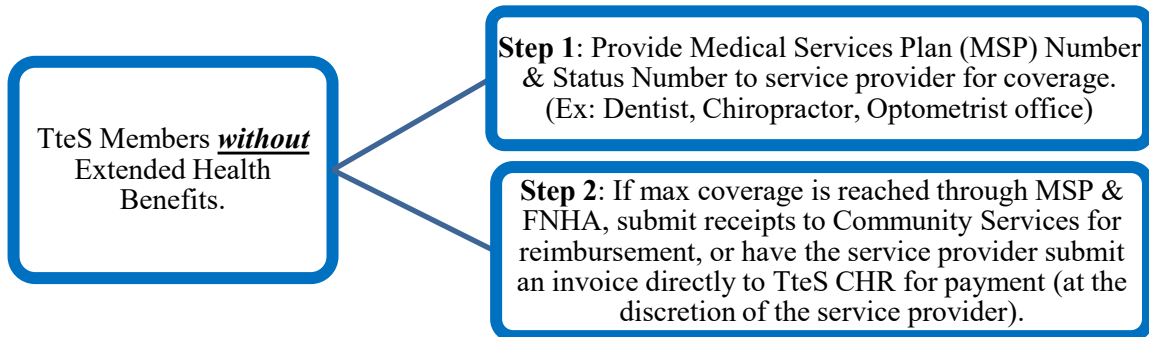


6. EXTENDED HEALTH BENEFITS:

1. TteS members enrolled in Extended Health Benefits through employee benefits programs (CINUP, Great West, Blue Cross, etc.), please refer to the chart below:



2. TteS Members **not** enrolled in Extended Health Benefits Plans:



In circumstances where the CHR is aware coverage/payment is available through other providers, the CHR will direct the TteS member to apply to that service provider first; this applies especially to medical travel and accommodations.

7. SERVICES, MEDICATION AND SUPPLIES COVERED:

All services, medications, supplies, etc. come from the same annual allocation, and once the funding is expensed, no further funds will be allocated until the start of a new fiscal year. Q'wemtsin Health Society provides many health services to TteS band members including massage therapy; therefore, accessing these services can maximize the annual TteS allotment.

Services, medications and supplies covered include but are not limited to:



1. All prescriptions (including supplements prescribed by a registered Naturopathic doctor) not covered by extended health benefits, Fair Pharmacare or FNHA;
2. Known Traditional Healing/Medicine honoraria for services provided by a recognized practitioner offered within the Secwepemc territory up to a maximum of \$1000 CDN. Please be aware that if you exhaust your medical/dental funding for traditional healing practices, you will not have funds for any other medical/dental expenses;
3. 1 pair of prescription glasses and contact lenses (max. 1 year supply);
4. **Registered** massage therapy, chiropractor, physiotherapy and acupuncture. For those with documented mobility disabilities, Interior Health mobile services or registered mobile service providers are available upon request;
5. Naturopathic doctor's fees;
6. Medically prescribed cannabis (on an Rx from a physician);
7. Orthotic footwear (max. 2 pair per year);
8. Lice treatments (max. of \$100/fiscal year);
9. Dietary supplement/meal replacement(s), (i.e. Ensure), when prescribed by physician or Nurse Practitioner, to a maximum of 2 cases per month. Prescription must be updated annually, unless the medical condition is documented as permanent and unchanging. Please be aware 1-year supply of Ensure at 2 cases per month is as least \$799.20; thereby leaving only \$200.80 for other needs.;
10. Maximum of 2 tubes of medicated heel balm per fiscal year;
11. Physician referred diagnostic testing for hormonal imbalances and allergy testing;
12. First aid supplies for post-surgical and Homecare patients, with a Physician/Nurse Practitioner/Naturopath Doctor's prescription. Must be purchased from a recognized medical supplier (ex. Surge Med, Red Cross, etc.), and not covered by FNHA, MSP, or supplied by Q'wemtsin Health Society (QHS), and an Occupational Therapist's referral must accompany the request;
13. Fibreglass and walking casts not covered by Medical Services Plan or FNHA, or other insurer;
14. Medical equipment requested through Housing, fitted and prescribed by a publicly funded, certified Occupational Therapist, after the report has been denied by FNHA and other available insurers;
15. Medical/dental procedures accompanied by proof of ineligibility through FNHA, or any other applicable extended health 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.

8. SERVICES, MEDICATION AND SUPPLIES NOT COVERED:

Including but not limited to:



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1. Transportation by taxi (rides are available via BC Transit, Essential Service Driver, and/or friends and family);
2. Fees for missed appointments;
3. Everyday household items, including toothpaste, shampoo, lotions, ointments;
4. Weight loss plans not prescribed by a physician;
5. Protein powder;
6. Parking in the town/city you reside in;
7. Cosmetic procedures, i.e. teeth whitening, colored contact lenses;
8. Hotel accommodations in the city/town you reside in;
9. Non-prescription sunscreen;
10. Motorized scooters;
11. Household furniture;
12. Hospital T.V. rentals;
13. First aid supplies to stock a household first aid kit;
14. Smoke detectors and extinguishers;
15. Non-medical shoes or clothing;
16. Medical equipment ordered without prior approval and/or ordered by private Occupational Therapist (they are often funded by the supplier of the equipment);
17. Items not prescribed by a licensed medical professional.

An exception may be made by the CS Manager based on an extraordinary, urgent 'Special Medical/Dental Need'. This is defined as an individual who has an acute medical/dental condition that requires extensive, immediate medical oversight, health care intervention, and/or health management.

If you are not sure if your medical/dental service is covered please contact the CHR for assistance.

9. **MEDICAL TRAVEL:**

If a medical need arises where travel is necessary to seek treatment, please contact the Community Health Representative to assist with arrangements. Medically required travel may be covered by TteS in exceptional circumstances only when:

- The appointment is 75 km or more from where you reside;
 - An application is made to FNHA Patient Travel first; paperwork is available by contacting the CHR or at www.fnha.ca.
1. The patient travel is accompanied by an official medical referral/appointment confirmation;
 2. The required service is not available in the city where the TteS member resides;
 3. 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 TteS Medical/Dental fund. Failure to do so will result in future funding requests being denied. The



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CHR will have the applicant sign a repayment form prior to funds being issued;

If the above applies and travel is required:

1. Receipts and a confirmation of attendance to the medical appointment **MUST** be provided to the CHR upon return, or the individual will not be eligible for travel medical funding in the future;
2. TteS sets Medical/Dental travel rates annually, and travel will be based on those rates;
3. A TteS band member who requires a TteS escort may be entitled to some additional coverage (such as meals/accommodation/parking) for the escort only when documentation is provided (by a licensed medical professional) to the CHR stating it is medically necessary to escort the patient. Medical escort funding is reviewed on a case-by-case basis;
4. TteS band member's annual Medical/Dental allotment can be used towards patient travel for immediate family member, person afflicted, or child; however as with other uses, this is part of the annual allotment and once expensed, no further funds will be issued in the fiscal year;
5. Travel to and from Drug & Alcohol treatment programs is to be accessed through Drug & Alcohol/Wellness Counselors, and funded through FNHA. Only in cases where meals and transportation are not covered will requests for funding be reviewed.

10. PROCEDURE TO ACCESS THE MEDICAL/DENTAL FUND:

TteS members **MUST** complete a TteS Medical/Dental Application from the Community Services offices, or fill out the TteS Medical/Dental (fillable) application online and fax/email it to the CHR (lesa.frezie@kib.ca). Band members must also provide the following as per this policy:

- Prescription or Orthodontic/Dental treatment plan;
- FNHA or other insurance plan's (CINUP, MSP, Great West Life, etc.,) written documentation of denial of coverage (individuals must request this due to privacy laws);
- Original receipts (only) from the Pharmacist/Doctor/Registered Medical/Dental Service Provider;

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.



AMENDMENTS

1. Amendments to these regulations may be made by Community Services 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 (MSP).**

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