

2018

Gwa'sala-'Nakwaxda'xw
Health & Family Services

**[GWA'SALA-'NAKWAXDA'XW
MEDICAL TRANSPORTATION
POLICY REVISED DRAFT]**

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1.0 INTRODUCTION

The Gwa'sala-'Nakwaxda'xw Health Department administers the Medical Transportation program in accordance with its' Health Funding Agreement with the First Nations Health Authority (FNHA).

The agreement confirms that the Gwa'sala-'Nakwaxda'xw Health Department must administer the program in accordance with FNHA guidelines and that staff, administration and Council may not override those guidelines. FNHA is not responsible for any costs other than those covered by their guidelines.

This policy will provide guidance to staff in administering the Medical Transportation program, and is in accordance with the FNHA guidelines.

1.1 GENERAL PRINCIPLES

The Medical Transportation Program provides **supplementary** benefits intended to ensure that eligible clients have access to medically-required services. **It is not intended to cover all costs that may be associated with a client's medical condition and travel requirements.**

Assessment of benefits will be based on professional medical and dental judgement, consistent with the best practices of health services delivery and evidence-based standards of care. The program will be managed in a transparent, sustainable and cost-effective manner.

Medical Transportation benefits are available to community members resident on-reserve, as well as band members who live off reserve in the Port Hardy and Coal Harbour area.

Staff will determine if the client is eligible for benefits and that access to medically required health services cannot be obtained on the reserve or in the local community. The most **economical and efficient** mode of transportation must be used, taking into consideration the client's **medical condition and the urgency of the situation.**

In order to determine eligibility for medical transportation benefits for a specialist appointment, the client must provide the following documentation: a referral from a GP, family physician or other health professional, and confirmation of appointment from the health provider/health facility.

Clients must be **referred to a specialist**; they cannot "self-refer." A referral from a GP to

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a specialist is considered valid for six months, after which the client is required to get a new referral note.

After the appropriate medical travel arrangements have been made and the client has attended their appointment, the client must provide confirmation of attendance from the health provider/health facility.

Travel expenses **will not** be reimbursed without written confirmation of attendance.

Travel expenses will only be considered for services that are eligible through the BC Medical Service Plan or covered by FNHA and is to the **closest** appropriate medical professional and/or facility.

Clients who are travelling to access medically required services are to schedule their travel arrangements appropriately so that they attend their appointments and return home on **earliest available** means. Clients should not extend their travel beyond what is medically required, nor are they entitled to "stopovers" en route. Clients who choose to stay longer will be responsible for any additional costs and may be required to pay for their return trip back to their community.

Exceptions may be considered for medical transportation and should be submitted on the Medical Benefits Exception form to the FNHA office.

All rates are set by FNHA and subject to change by that office. They cannot be changed by the Gwa'sala-'Nakwaxda'xw Nations.

2.0 MEDICAL TRAVEL

2.1 COORDINATED TRAVEL

Whenever possible, clients are to coordinate appointments for optimum cost-effectiveness. As an example:

- clients who have to travel for medical appointments should schedule dental or vision care appointments as well.
- when more than one medically necessary service is required in the same week for one or more family member(s), where practical and economical, appointments and travel arrangements will be scheduled for the same day to ensure optimum cost-effectiveness.
- clients who are required to have non urgent laboratory work or other non urgent

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testing, are to coordinate with other upcoming medical appointments.

2.2 DENTAL TRAVEL

Travel to access eligible dental benefits under the Non-Insured Health Benefits program is a medical transportation benefit. The FNHA Dental Policy Framework describes who is eligible to receive dental benefits, what types of benefits are provided and the policies under which they will be funded.

Dental travel funding follows the same principles outlined in the Medical Transportation Framework; including that travel to the closest appropriate provider, by most economical means, etc.

Dental travel is **not provided** when there is a provider in the local area who is willing to work with the FNHA Dental program. The Alert Bay Dental Clinic is considered a local dental service provider and for which, Medical Transportation funds will be provided.

Travel for dental services that are not within the local service area or are not to the closest provider require prior approval from the FNHA Office and should be sent in as an exception .

Travel is not provided for dental services that are not an FNHA benefit.

Travel is not provided if the client has missed appointments with the local provider for which charges may be owing and the client chooses to go to another provider farther away. (**NOTE:** FNHA does not fund missed appointment charges.)

Orthodontic travel is approved as an exception through the FNHA office. Orthodontic travel will only be approved when the orthodontic services have been approved by the national Orthodontic Review Committee.

All travel for dental must be submitted to the FNHA Office as a benefit exception.

2.3 TRAVEL TO DETOX

Travel to access detox services may be considered a benefit where a referral has been made by a Community Health Professional, Community Health Representative, or an Alcohol and Drug Counsellor, and the services provided are covered under the BC Medical Services Plan. **All travel for detox must be submitted to the FNHA Office as a benefit exception.**

2.4 NNADAP TREATMENT TRAVEL

Travel to access alcohol and drug treatment programs will be funded to the closest appropriate NNADAP funded/referred facility. Travel outside the province will only be considered when the required treatment is not available in the home province or when a neighbouring province's treatment centre is the closest centre and it is approved by the FNHA NNADAP Manager. Staff must confirm with the worker referring the client to the treatment centre that they have been accepted and what the admission and discharge dates are.

Clients are required to meet all treatment centre entry requirements prior to medical transportation benefits being authorized.

Travel to treatment centres may be arranged on a return basis; however, FNHA may not fund return travel costs if the client discharges him/herself before treatment has been completed. Exceptions may be considered for clients who are minors or in cases when proper justification is provided and approved by the FNHA Office.

2.5 VISION TRAVEL

Travel for clients for regular/routine vision care services may be provided when coordinated with other medical appointment(s). Travel to see a vision care specialist may be provided with a referral from the physician or optometrist. Travel to pick up vision care products is not covered.

2.6 METHADONE TRAVEL

Travel for clients to visit a pharmacy for pharmacist-supervised methadone ingestion is a **benefit exception** and may be provided for up to four months. Extensions may be considered with justification. Methadone travel should be submitted to the FNHA Office as a benefit exception.

2.7 TRADITIONAL HEALERS

Medical transportation benefits to see a traditional healer may be provided for clients to travel to access services of a traditional healer or, where economical, for a traditional healer to travel to the community.

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Medical transportation benefits to access traditional healer services is a **benefit exception** and should be submitted to the FNHA Office for approval.

The following criteria must be considered prior to approving medical transportation benefits for traditional healer services:

1. The traditional healer is recognized as such by the local Band or Tribal Council
2. The traditional healer is located in the client's region of residence
3. A licensed physician or a community health professional has confirmed that the client has a medical condition

2.8 LONG TERM OR EXTENDED STAYS

For trips requiring more than 5 days consecutive stay, prior approval is required by the FNHA Office. Requests for long term or extended stays should be submitted as benefit exceptions and accompanied by the appropriate documentation.

Where possible, accommodation on trips requiring more than 5 days stay are to be made in establishments that have self-catering or cooking facilities.

Long term or extended stays for medical services may be approved up to three months.

Long term or extended stays required for more **than 30 days**, need to be submitted as an exception and staff may request FNHA to make arrangements to pay for the accommodation. Meals and travel costs remain with Gwa'sala-'Nakwaxda'xw.

Where a client is required to remain in an urban setting to access medically required services for an extended period of time, travel back to the home community **during** the treatment period is **not** a medical transportation benefit.

If, upon medical advice, a client is required to relocate to an urban centre to be close to an appropriate health facility so that they may receive on-going medical care/treatment for an undetermined but extended amount of time, Medical Transportation benefits may be provided for up to a three-month transition period to assist the client in making the necessary living arrangements. This would include such situations as clients who are transplant recipients, or recipients who cannot return back to their community for medical reasons.

FNHA/First Nations Medical Transportation Program does **not** provide financial

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assistance with on-going expenses for either meals, accommodation or in-city transportation following the **three-month transition period**. Benefit exceptions may be considered on a case by case basis and should be sent in on the appropriate Exception Form to the FNHA Office. These requests are to be submitted at least two weeks prior to the end of the initial 3 month period.

2.9 REPEATED ON GOING MEDICAL CARE

When a client is required to travel repeatedly to access on-going medical care transportation benefits may be provided for up to four months. If repeated travel is still required after the four month period, a benefit exception may be considered. Exceptions are considered on a case by case basis and should be sent in on the appropriate Exception Form to the FNHA Office. These requests are to be submitted at least two weeks prior to the end of the initial period.

2.10 NON URGENT LABORATORY/BLOOD WORK AND OTHER TESTING

Clients who require non urgent laboratory/blood work and/or other testing must schedule their travel that is the most efficient and cost effective means. Travel for non urgent laboratory/blood work and other testing, is to be avoided when the travel would involve weekend travel or if the client would be required to stay longer than 2 days due to air/ferry schedules. These requests should be submitted at least one week prior to travelling.

3.0 ESCORTS

Where the client needs assistance to access medically required services outside of the home community, medical transportation benefits **may include** the provision of **some or all** of the following: transportation, accommodation, and meals for an escort.

The use of an escort must be preauthorized by staff, following the request of a doctor or community health professional.

For an escort to be considered, a request signed by a physician clearly describing:

- a. **why** and **how** the escort will be assisting the client. This may be on the **Physician Escort Request Form**, or in other written format.

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- b. the **length of time** for which the escort is authorized will be determined by the client's medical condition or legal requirements.

NOTE: A letter or signed Escort Form from the doctor **does not** automatically approve an escort. The rationale for the request for an escort must fall within the following criteria:

- Client has a physical/mental disability such that he or she requires assistance with activities of daily living, such as bathing, dressing, feeding and decision-making.
- Client requires assistance with all his/her activities of daily living as a result of a current medical condition, such as bathing, dressing, feeding.
- Client requires legal consent by a **parent or guardian** (i.e. client is a minor)
- Client needs a translator (i.e. client does not speak or understand English)A family member requires instructions on necessary medical procedures that cannot be given to the client alone.
- General Anaesthesia (Day Surgery)

Escorts **must** meet the following criteria:

- A family member who is required to sign consent forms or provide patient history.
- A reliable member of the community
- Physically capable of taking care of themselves and others
- Does not require an escort themselves when on medical travel
- Proficient in translating from local language to English
- Able to share personal space with the client
- Interested in the client's well-being
- Able to serve as driver when the client is unable to transport him/herself to or from appointments

Escorts who accompany a client on a medivac where the client is to remain in the hospital for 2-3 days may be provided accommodation and meals if Physician Escort Form indicates client will be returning to the community within 2-3 days **and** will require an escort to travel back home. If client is required to stay longer than 2-3 days then the escort should return back to the home community. **Individuals who wish to remain with the hospitalized client after 3 days will not be provided meals and/or accommodations.**

Escorts are **not** provided for clients who are in the care of a **hospital or long term facility** for more than 3 days. Requests for escort longer than three days, when a client is in the hospital, is a **benefit exception and should be submitted to the FNHA Office**

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with the appropriate documentation (benefit exception form and physician's escort request form).

NOTE: Written documentation by a physician or other hospital professional stating that the patient needs someone to act as a care attendant or to provide emotional support will not be considered as it does not meet the MTPF criteria.

In situations where the client must travel to and remain in an urban setting to receive medical services for extended appointments/treatments (ie, radiation) or must be located close to a hospital (i.e. pre-natal confinement) an escort may be approved to take the client to the initial appointment and to assist the client to return to the community once they are able to travel.

If the escort decides to remain with the client for the duration of the required period, meals and accommodation costs will not be covered, unless the escort has been approved as an exception through the FNHA Office.

Escorts for compassionate travel are considered an **EXCLUSION** of the program and would include, but not be limited to, situations such as:

- Clients 19 years or older who are inpatients of a hospital, care facility, rehabilitation facility;
- Clients who do not have a valid driver's license and so cannot drive
- Clients who are nervous to fly or do not want to travel alone
- Clients who want emotional support

4.0 ACCOMMODATION/MEALS/MILEAGE

4.1 ACCOMMODATION

Assistance with overnight accommodation may be provided on a case by case basis, which may include a review of the medical justification, time of appointment, distance travelled and scheduled and/or coordinated medical transportation.

When the trip includes an overnight or extended stay away from the client's residence, the most efficient and economical type of accommodation will be chosen, taking into consideration the client's health condition, location of accommodation and duration of stay. Where possible, Easter Seals, Cancer Lodge, Heather House and other lodgings must be considered.

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Accommodation arrangements will be made by staff. Clients who choose to make different accommodation arrangements will be responsible for the difference in the cost between the two.

Where accommodation and meals are provided, all other expenses are the responsibility of the client. This would include, but is not limited to, the following:

- Telephone charges
- Room or valet service
- Movie or game rentals
- Tips or gratuities
- Lost or stolen items
- Property damage

Accommodation rates can be found in Appendix D: FNHA Rates.

4.2 MEALS

Assistance with meals will be provided to clients requiring overnight accommodation and wherever practical, meals will be arranged in connection with the accommodation.

The meal rates are established by FNHA and can be found in Appendix D: FNHA Rates

When and where available, clients who will be out of the community for **two weeks or more** are to be provided accommodation in a kitchenette or a self contained unit.

When a client is out on medical travel for **more than a month** a maximum weekly rate for meals will be applied (see Appendix D). This weekly rate would be **inclusive of any escort, except in the case where the client is a child under 9.**

Assistance with a meal may be provided where the time away from home to attend the medically required appointment is more than 6 hours in one day. In such instances, the lunch rate can be provided. Breakfast is not payable for same day trips.

Assistance with a meal when the time away from home is less than 6 hours may be provided in circumstances where meals are a component of the medical treatment and a meal is not provided by the facility (i.e. dialysis, diabetes, high-risk pregnancy). In such instances, the lunch rate can be provided. Breakfast is not payable for same day trips.

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Medical travel of **5 or more days duration** should be submitted to the FNHA Office as a benefit exception. If possible, clients who will be out of the community for longer than 5 days should be provided accommodation in a kitchenette or a self contained unit.

4.3 MILEAGE RATES

The kilometre allowance is a **supplementary** benefit intended to offset some of the costs associated with private vehicle use. **It is not intended to cover all costs that may be associated with private vehicle use nor is it intended to compensate a driver's time.**

The payment of a per kilometre allowance may be authorized where it has been determined by staff that:

- a private vehicle is the most appropriate, efficient and economical means of transportation;
- scheduled and/or coordinated medical transportation is not available.

If scheduled and/or coordinated medical transportation is available and the client chooses to use his/her own vehicle, a per kilometre allowance will not be approved.

If public transportation is available and the client chooses to use his/her own vehicle, reimbursement will be the equivalent public transportation rate or the established per kilometre rate, whichever is the lesser.

The mileage rate is established by FNHA and can be found in Appendix D: FNHA Rates
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5.0 EXCEPTION/EXCLUSIONS

5.1 EXCEPTIONS

Certain types of travel may be considered on an exceptional basis, including, but not limited to:

- diagnostic tests for education purposes
- speech assessment/therapy and provincially supported preventive screening programs when coordinated with other medical appointments
- fittings for Medical Supplies and Equipment benefits

Benefit exceptions are to be prior approved by FNHA office. Exception requests are to be submitted to the FNHA Office using the Benefit Exception Form and accompanied by all the relevant documentation.

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The following are some benefit exceptions examples, but not limited to:

- Travel to Detox
- Travel to pharmacy supervised methadone
- Travel to Traditional Healers
- Accommodation over 5 days
- Long Term/Extended Stays over 30 days
- Escort more than 3 days when client is in hospital.

5.2 EXCLUSIONS

Exclusions, as outlined in the Medical Transportation Framework, will **not be considered and are not appealable**, including but not limited to:

- compassionate travel
- appointments other than to the nearest appropriate health facility
- appointments for clients in the care of federal or provincial institutions

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- return trip home in cases of illness while away from home for reasons other than for approved travel to access medically required service
- appointments while travelling outside of Canada
- travel only to pick up new or repeat prescriptions or vision-care products
- appointments/treatments that are not a provincially insured health service nor an FNHA benefit, such as private, non-insured physiotherapy or counselling

5.3 THIRD PARTY EXCLUSIONS

FNHA does not provide or pay for health services for registered First Nations clients if they are eligible for other available sources of benefits under any provincial/territorial health or social programs, other publicly funded programs or private insurance plans.

The following exclusions do not fall under the parameters of the FNHA mandate:

- Provincial Ministry of Employment and Income Assistance (MEIA) clients residing off-reserve are covered through the Ministry's Medical Transportation. Supplemental benefits are paid by Pharmacare or the Ministry of Health;
- The Workers Compensation Board (WCB), including the Crime Victim Assistance Program, is responsible for workplace injuries or victims of assault who have obtained a police reference number;
- The Insurance Corporation of British Columbia (ICBC) is responsible for the health and welfare of clients when the health services required are related to a motor vehicle accident;
- First Nations clients who are in the care of federal, provincial or territorial institutions (i.e. Correction Services of Canada);
- Clients who have access to an alternate health insurance program (i.e. Sun Life).

There may be instances where a client's third-party provider (i.e. WCB or ICBC) does not provide coverage for items that would normally be benefits under the Medical Transportation Program. In such a case, the request may be submitted to the FNHA Office as a benefit exception.

6.0 APPEAL PROCESS

6.1 Appeal to Gwa'sala-'Nakwaxda'xw Medical Transportation Program Supervisor

If a client of the Medical Transportation Program feels that they have not been provided appropriate benefits in accordance with this policy, they may appeal the decision to the

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Health Director, who supervises the Medical Transportation Program.

The client must submit a written letter of complaint (see Appendix) to the Health Director. The client must outline what their request was, and what the decision of the Medical Transportation Clerk was.

The Health Director will review the letter of complaint, interview the Medical Transportation Clerk, and review any documentation. The Health Director will make a final decision about the following:

1. Was the client entitled to the benefit the client was seeking?
2. Did the Medical Transportation Clerk apply policy correctly?
3. Was the decision made appropriate?
4. If not, what should the decision be changed to?

Note: The Health Director can only make a decision on whether or not policy was applied correctly. A benefit cannot be extended to someone who is not eligible for it.

A decision must be made within 5 working days after receiving the written appeal. A response will be provided in writing.

6.2 Appeal to FNHA

Dental, Medical Supplies & Equipment, Medical Transportation Benefits, Mental Health & Vision

A Client has the right to appeal the denial of a medical transportation benefit under the Non-Insured Health Benefits (FNHA) Program. There are three levels of appeals available. **Appeals must be submitted in writing and can be initiated by the Client, legal guardian or interpreter.** At each stage, the appeal must be accompanied by supporting information to justify the exceptional need. Please note that exclusions of the program are not appealable.

The appeal will be reviewed and a decision will be made based on the specific needs of the client, the availability of alternatives and FNHA Policy. Expert advice and the recommendations of health professionals will be considered during the appeal process.

The recipient or parent/ guardian should forward their letter of appeal and supporting documentation by mail.

There are three levels of appeal available which only the recipient or parent/ guardian can initiate. In order for a case to be reviewed as an appeal, a letter from the recipient

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or parent/ guardian, accompanied by supporting information from the provider or prescriber must be forwarded to the Health Benefits program.

This information includes:

- The condition for which the benefit is being requested
- The diagnosis and prognosis, including what other alternatives have been tried
- Relevant diagnostic test results (ex: dental x-rays)
- Justification for the proposed treatment and any additional supporting information

If an appeal is denied and new information becomes available supporting the claim, the appeal can be escalated to the next appeal level. Upon receiving the submission, the FNHA Health Benefits program (or FNHA program) will arrange to have the case reviewed by relevant appeal level and the decision will be made based on the specific needs of the recipient, accumulated research, the availability of alternatives, and the FNHA Health Benefits program policy and/or professional review. The recipient or parent/ guardian will be provided with a written explanation of the decision made.

The recipient or parent/ guardian should forward their letter of appeal and supporting documentation by mail, clearly marked **“APPEALS - CONFIDENTIAL”**.

For more information on the appeal process or the status of your appeal, please contact the FNHA Health Benefits office at 1.800.317.7878.

APPEAL Level 1

Director, Health Benefits Operations
First Nation Health Authority
#540 - 757 West Hastings St
Vancouver, BC - V6C 1A1

APPEAL Level 2

FNHA Health Benefits Appeal Review Committee
Attention: Vice President, Health Benefits
#540 - 757 West Hastings St
Vancouver, BC - V6C 1A1

APPEAL Level 3:

CEO
First Nations Health Authority
#501 – 100 Park Royal South
West Vancouver, BC - V7T 1A2

6.2.1 Appeals Procedure for: Pharmacy

APPEAL Level 1:

FNHA Drug Exception Centre
First Nations and Inuit Health Branch, Health Canada
Health Canada
200 Eglantine Driveway, 2nd floor
Tunney's Pasture, Postal Locator 1902D
Ottawa, ON - K1A 0K9

APPEAL Level 2:

Benefit Management and Review Services Division
Non-Insured Health Benefits
First Nations and Inuit Health Branch
Health Canada
200 Eglantine Driveway, 2nd floor
Tunney's Pasture, Postal Locator 1902D
Ottawa, ON - K1A 0K9

APPEAL Level 3:

CEO
First Nations Health Authority
#501 – 100 Park Royal South
West Vancouver, BC - V7T 1A2

At all levels of the appeal process, the Client will be provided with a written explanation of the decision taken.

7.0 CLIENT RESPONSIBILITY

7.1 Client Responsibilities

Clients who access medical transportation are responsible to:

- give at least two week notice prior to leaving the community. Upon receipt of the notice, the proper transportation arrangements can be made. **Note:** Clients who do not provide sufficient notice may be required to reschedule their appointment or pay for the travel and get reimbursed. **Note:** This timeframe does not apply to emergencies, or to scheduling appointments by Health Professionals (see 7.2 and 7.3 below)
- obtain all of the necessary paperwork for their trip prior to leaving the

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community: i.e. referral from GP, confirmation of appointment with specialist.

- Sign the travel confirmation sheet at the Health Centre indicating that their forms have been submitted, and received by Gwa'sala-'Nakwaxda'xw Health Centre staff, and indicating their method of travel.
- get prior approval for all non-emergency trips. The only exception is in the case of a medical emergency.
- attend their medical appointment as scheduled. Clients who do not attend medical appointments may be required to pay back any benefits they have received and/or pay for their travel costs on subsequent medical travel.
- get a signed confirmation of attendance from the health professional and return it to the Transportation Coordinator after the medical appointment.
- protect all of the original warrants issued to them for their medical trip. Warrants will not be reissued if lost or stolen.
- give notification when cancelling an appointment prior to the date of the appointment; including 24 hours notice to cancel any hotel arrangements.
- retain and submit all necessary receipts required.
- not damage property or abuse accommodation arrangements, such as excessive noise.
- not become verbally abusive or threatening to the patient transportation clerk or coordinator.

Clients may be required to pay for their own travel arrangements and submit a client reimbursement form with the appropriate documentation or may have charges deducted off their next travel arrangements; in such cases as:

- a) Client is verbally or physically abusive;
- b) Client fails to provide the required medical documentation (referral or confirmation of attendance) or receipts
- c) Client is no longer accepted in commercial establishments or on commercial transportation because of inappropriate behaviour or intoxication.
- d) Client does not make it to their scheduled appointment
- e) When the band is charged for damages; billed for keys; or no shows.

7.2 Emergency Travel

Emergency travel (i.e. travel by a community member from hospital by ambulance or air for urgent treatment not available locally) does not require two weeks prior notification. Clients, or their family, will be responsible for providing documentation from the physician and ensuring the information is provided to the Medical Transportation Clerk. Please note that the Medical Transportation program is not an emergency program and services can only be provided on the next work day. Community members may need to travel at their own expense

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and be reimbursed afterwards if they are determined to be eligible for Medical Transportation benefits.

7.3 Last Minute Scheduling of appointments by Health Professionals

Scheduling of specialist appointments, diagnostic appointments, or for treatments may be scheduled by out-of-area Health Professionals, or their staff, at the last minute in order to address cancellations or other considerations. A community member may be "fit in" to a schedule on short notice. In such cases the two week notification may not apply, and accommodations to meet the need to provide Medical Transportation assistance may be made. This may not be possible in all cases. If the client is determined to be eligible for Medical Transportation benefits, but there is not sufficient time to process the benefits, the client may be approved to travel and be reimbursed afterwards.

The client **must**:

- Provide written documentation from the Health Professional, hospital, or other approved authority of the appointment time, date and location. In addition, documentation must be provided that the short term scheduling of the appointment time is at the request of the Health professional, hospital, etc.

8.0 REPORTING REQUIREMENTS

The Gwa'sala-'Nakwaxda'xw Nations administer Medical Transportation through a funding arrangement with FNHA and assumes responsibility for the administration and funding of benefits identified in the funding in accordance with the Medical Transportation Policy Framework (MTPF); the Regional Guidelines and the applicable schedule for Medical Transportation in their funding agreement.

All recipients in a funding arrangement are required to report as per the terms of their funding agreement. For Medical Transportation that includes a report on the 21 reporting elements.

An electronic spreadsheet has been designed to assist First Nations in satisfying the 21 required reporting elements of the agreement.

1. *Client identification number;*
2. *Client date of birth;*
3. *Gender*
4. *Departure Date*
5. *Departure Location*
6. *Departure Province*

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7. *Destination Location*
8. *Destination Province*
9. *Return Date*
10. *Escort Reason*
11. *Appointment / Admission / Discharge Date and Time*
12. *Health Care Speciality*
13. *Transportation Type*
14. *Mileage Amount*
15. *Total Amount paid for transportation*
16. *Accommodation Type*
17. *Number of Nights*
18. *Total Amount paid for accommodation*
19. *Total amount paid for meals*
20. *Other Benefits*
21. *Total cost of trip*

9.0 DEFINITIONS

The National Medical Transportation Framework outlines several definitions, this section is to provide further clarification on specific definitions.

FNHA - First Nations Health Authority. The FNHA is the provincial authority that funds the Medical Transportation program and provides governance of all aspects of the program.

Medical Escort - means either a physician, registered nurse, paramedic or any other health professional such as a nurse practitioner. Medical escort is not someone who is accompanying a client to attend an appointment or while in the hospital.

Medically Incapacitated - means a client who is travelling immediately prior to or after medical treatment and the physician or medical institution has indicated he/she is unable to travel without an escort.

Nearest Appropriate Facility - means the facility located closest to the client's place of residence which is capable of providing medically required health service appropriate to the client's medical condition. When health professionals are brought into the community to provide the service, the community facility is considered the nearest appropriate facility.

Clients wishing to travel further to access services because there is not a wait list, or

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they have relocated and want to have the same physician, etc., is not considered the closest provider.

Escorts for Minors - must be the parent and/or legal guardian. Escorts for minors are provided as the legal authority to sign and make decisions for the client and cannot be other family members, boyfriend/girlfriend, etc.

APPENDICES

APPENDIX A: Appeal of Medical Transportation Benefits to Health Director

Name:	Birthdate:
Mailing address:	Contact number: <input type="checkbox"/> Tick if this is text only number
Signing this form means that you do not feel that you have received the Medical Transportation Benefit you are entitled to and are requesting an appeal by the Health Director. <i>Please note that if you feel that this appeal is also wrong you can appeal to the First Nations Health Authority (see info on reverse of this page). Please use additional paper if there is not enough room.</i>	
1. What is your medical condition and the treatment your Doctor or specialist has authorized?	
2. What is the problem with the Medical Transportation Benefit decision that has been made?	
3. What would you like to see done to fix this situation?	

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Signature

Date

Name of Health staff receiving Appeal

Date received by Gwa'sala-'Nakwaxda'xw Health staff:

Page 2

Dental, Medical Supplies & Equipment, Medical Transportation Benefits, Mental Health & Vision

A Client has the right to appeal the denial of a medical transportation benefit under the Non-Insured Health Benefits (FNHA) Program. There are three levels of appeals available. **Appeals must be submitted in writing and can be initiated by the Client, legal guardian or interpreter.**

The recipient or parent/ guardian should forward their letter of appeal and supporting documentation by mail. There are three levels of appeal available which only the recipient or parent/ guardian can initiate. In order for a case to be reviewed as an appeal, a letter from the recipient or parent/ guardian, accompanied by supporting information from the provider or prescriber must be forwarded to the Health Benefits program.

This information includes:

- The condition for which the benefit is being requested
- The diagnosis and prognosis, including what other alternatives have been tried
- Relevant diagnostic test results (ex: dental x-rays)
- Justification for the proposed treatment and any additional supporting information

The recipient or parent/ guardian should forward their letter of appeal and supporting documentation by mail, clearly marked **"APPEALS - CONFIDENTIAL"**.

For more information on the appeal process or the status of your appeal, please contact the FNHA Health Benefits office at **1.800.317.7878**.

APPEAL Level 1

Director, Health Benefits
Operations
First Nation Health
Authority
#540 - 757 West Hastings
St
Vancouver, BC - V6C 1A1

APPEAL Level 2

FNHA Health Benefits
Appeal Review
Committee
Attention: Vice President,
Health Benefits
#540 - 757 West Hastings
St
Vancouver, BC - V6C 1A1

APPEAL Level 3:

CEO
First Nations Health
Authority
#501 – 100 Park Royal
South
West Vancouver, BC - V7T
1A2

Appeals Procedure for: Pharmacy

APPEAL Level 1:

FNHA Drug Exception
Centre
First Nations and Inuit
Health Branch, Health
Canada
Health Canada
200 Eglantine Driveway,
2nd floor

Tunney's Pasture, Postal
Locator 1902D
Ottawa, ON - K1A 0K9

APPEAL Level 2:

Benefit Management and
Review Services Division
Non-Insured Health
Benefits

First Nations and Inuit
Health Branch
Health Canada
200 Eglantine Driveway,
2nd floor
Tunney's Pasture, Postal
Locator 1902D
Ottawa, ON - K1A 0K9

APPEAL Level 3:

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CEO
First Nations Health
Authority

#501 – 100 Park Royal
South
West Vancouver, BC - V7T

1A2

At all levels of the appeal process, the Client will be provided with a written explanation of the decision taken.

APPENDIX B: Sample Client Letters

Sample 1 - First Letter to Client

Dear:

The administration and funding for Medical Transportation is in accordance with the national FNHA Medical Transportation Policy Framework and the BC Regional Medical Transportation Guidelines, which sets out clear definitions as to the eligibility of clients, the types of benefits to be provided and criteria under which they will be funded. I am attaching copies for your reference.

We have tried to accommodate your travel arrangements and explained to you on several occasions the requirements for medical transportation, however, we are still experiencing difficulties.

On several, we have made travel arrangements for you to access medically required services and (ADD ONE OR MORE OF THE FOLLOWING)

- have been advised that you have not attended appointments,
- have not received receipt of confirmation of appointments
- have not received the required receipts
- have been advised that hotel damages were done
- have not shown up for your flight
- have not shown up for your hotel

As a result, this letter is to advise you that effective this date, should these **actions or behaviour continue** all patient travel for medical appointments can no longer be processed by this office and you will have to pay for the travel yourself and get reimbursed.

It is unfortunate this type of action has to be take, but medical transportation benefits is for the purpose of accessing medically required appointments within the Medical Transportation Policy Framework. Clients are required to (ADD WHAT THE ACTION IS, FOR EXAMPLE)

- attend appointments and submit confirmation of appointments
- submit appropriate documentation, such as receipts

If you have any questions or require further clarification, please do not hesitate to contact XXXXXX.

Yours truly,

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Sample 2 - Client has to make their Own Arrangements

Dear:

We have advised you several times, most recently through a letter dated _____ that should your actions and/or behaviours persist, you may have to make future travel arrangements yourself and seek reimbursement after the fact.

Again, we would like to remind you that the administration of medical transportation must be done within the FNHA Medical Transportation Policy Framework and the BC Regional Medical Transportation Guidelines which set out clear definitions as to the eligibility of clients, the types of benefits to be provided and criteria under which they will be funded.

As a result of your actions, this is to advise you that effective this date, all patient travel for medical appointments **will no longer be processed by this office** and you will be required to make your own travel arrangements for medically required appointments and get reimbursed for eligible expenses.

It is unfortunate the above action has to be take, but we have exhausted all attempts to correct the situation have been unsuccessful. Your reimbursement for medical travel should be sent to our office following your appointment.

Please note that all travel must be **prior approved** by this office and all travel must be within the Medical Transportation Policy Framework, specifically:

- Client reimbursement must include confirmation of appointment, copy of referral if going to a specialist, original receipts for hotel, airline, taxi's.
- Travel must be to the closest appropriate provider.

Failure to get prior approval or submit the proper documentation with your reimbursement request may result in your claim not be approved.

If you have any questions or require further clarification, please do not hesitate to contact XXXXXX.

Yours truly,

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APPENDIX C: Confirmation of Appointment Form

CONFIRMATION OF APPOINTMENT FORM

SPECIALIST INFORMATION

DR'S NAME:	PHONE:
ADDRESS:	FAX:

PLEASE CONFIRM THAT:	HAS AN APPOINTMENT ON: DATE: TIME:
REASON FOR APPOINTMENT: (I.E. <input type="checkbox"/> CONSULTATION (MUST BE IN CONJUNCTION WITH TESTS, X-RAYS, ETC.) <input type="checkbox"/> DIAGNOSTICS TESTS, <input type="checkbox"/> TREATMENT/SURGERY, OR <input type="checkbox"/> FOLLOW-UP	

ESCORT REQUIRED **NO** **YES**

REASON FOR ESCORT:

- Has a physical/mental disability such that he or she cannot travel without help
- Client requires assistance with all his/her activities of daily living as a result of a current medical condition, such as bathing, dressing, feeding.
- Is medically incapacitated
- Is a minor and needs to be accompanied
- Requires legal consent by a parent or guardian
- Needs translation, if translation services are not available at the health facility
- Requires instructions on necessary medical procedures that cannot be given to the client only
- Client will require General Anaesthesia (Day Surgery)
- Has been declared "mentally incompetent" by a court
- Other (must be medical or legal reason)

PENDING APPOINTMENTS IF KNOWN:

***Return this form to the Gwa'sala-'Nakwaxda'xw Health & Family Services.
Thank you!***

APPENDIX D: FNHA Rates

These rates are set by FNHA and subject to change by them. When changed this Appendix shall be updated.

Accommodation Rates

Accommodation in a private home is reimbursed at the rate of \$30 per night's stay, up to a **maximum of \$100 per week**. The private accommodation rate is **inclusive** of an escort and any taxi's that may be required. Reimbursements will only be issued to the client.

Meal Rates

Meal rates are as follows:

For trips that are up to seven (7) nights in duration:

- \$48.00 per night's stay
- \$25.00 per night's stay for children under 9 years of age

For trips that are between five to fourteen (5-14) nights in duration:

- \$25.00 per night's stay
- \$12.50 per night's stay for children under 9 years of age

For trips that are over fourteen (14) nights in duration, a weekly rate will apply.

- A maximum weekly rate of \$163.00 per week, inclusive of the escort
- A maximum weekly rate of \$63.00 per week for children under 9 years of age

When a client is out on medical travel for **more than a month** a maximum weekly rate of \$126.00 for meals will be applied. This weekly rate would be **inclusive of any escort, except in the case where the client is a child under 9.**

Assistance with a meal may be provided where the time away from home to attend the medically required appointment is more than 6 hours in one day. In such instances, \$10 will be paid for lunch. Breakfast is not payable for same day trips.

Assistance with a meal when the time away from home is less than 6 hours may be provided in circumstances where meals are a component of the medical treatment and a meal is not provided by the facility (i.e. dialysis, diabetes, high-risk pregnancy). In such instances, \$10 will be paid for lunch. Breakfast is not payable for same day trips.

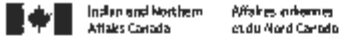
Mileage Rate

The current per kilometre allowance for private vehicles is \$0.22.5 a kilometre.

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Appendix E: BCR Approving revised Med Trans policy

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Chronological no. 2015-1207P

File reference no.

BAND COUNCIL RESOLUTION

Note:

The council of the Gwa'sala-'Nakwaxda'xw		Cash free balance
		Capital account \$ _____
Date of duly convened meeting [YYYY-MM-DD] 2015-12-07	Province British Columbia	Revenue account \$ _____

WHEREAS: the Gwa'sala-'Nakwaxda'xw Nations Chief & Council is responsible for the provisions of health care services for the First Nation community members;


WHEREAS: the Gwa'sala-'Nakwaxda'xw Nations Chief and Council recognizes the importance of ensuring a standardized level in health planning, management and service delivery;

WHEREAS: the Gwa'sala-'Nakwaxda'xw Nations has an Interim Health Workplan approved by Chief & Council to oversee the provision of Health services; and


BE IT RESOLVED THAT: the Gwa'sala-'Nakwaxda'xw Nations Chief & Council approve the Health department's Vehicle policy, Medical Transportation policy and Protocol with the Vancouver Island Crisis Society for after hours support.

This BCR was passed at a duly convened meeting held on the 7th day of December 2015

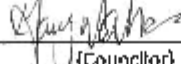
Quorum 5



 (Chief)

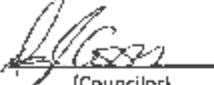


 (Councilor)



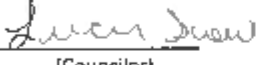
 (Councilor)

 (Councilor)



 (Councilor)

 (Councilor)



 (Councilor)

 (Councilor)

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