



Ts'kw'aylaxw Medical/Dental Assistance Policy

December 2020

FOR TS'KW'AYLAXW FIRST NATION BAND MEMBERS:

1. PURPOSE:

The purpose of the Medical/Dental policy is to establish guidelines for Ts'kw'aylaxw First Nation (TFN) members to access and obtain available funds for supplemental medical/dental coverage in recognition of the importance of health and wellness for TFN band members. The current funding for this program is through BC Gaming Revenue.

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 Health Department.

2. MISSION:

Ts'kw'aylaxw First Nation has established a 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). TFN is committed to providing fair and equitable guidelines for all TFN 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 Director of Health and Social Development (Health Director).

The Medical/Dental Policy and application was created to ensure fiscal responsibility and not to create bureaucracy. It is the TFN band member's responsibility to read this policy; copies are available in the Ts'kw'aylaxw Cultural & Community Health Centre and one the Ts'kw'aylaxw First Nation website.

3. ELIGIBILITY CRITERIA:

- a. The person requiring Medical/Dental assistance MUST be a TFN member and have a ten-digit TFN Registry number beginning with 594. Funds are not transferrable between family members.
- b. Newborns:
- c. Must be registered as a TFN member with a 594 number prior to utilizing the medical/dental funding (registration information provided by the Membership Clerk. For Minors not yet registered, please contact the Health Department regarding assistance with Jordan's Principle applications to Indigenous Services Canada-BC Region.
- d. FNHA covers the cost for unregistered newborns up to 2 years of age.
- e. 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.

- f. 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.
- g. Receipts/invoices received after the fiscal year ends are subject to the TFN FAL and are reviewed on a case-by-case basis.
- h. All receipts and requests must be received by 12pm (Noon) Monday in order to be reviewed, and if approved, processed for payment that Friday; except in cases where emergency funds are requested. (Emergency request ex.: dental emergencies, etc.)

4. CONFIDENTIALITY:

- a. Due to confidentiality, anyone over the age of 18 years old is considered an adult, and must apply for their own Medical/Dental funding;
- b. Information cannot be disclosed to relatives (including parents and adult children) of adults over 18 without the express written consent of the adult;
- c. 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 Health Department at the time of the request; documentation will be kept on file.
- d. Without proper documentation medical information regarding adults cannot be disclosed to a third party.

5. ANNUAL MEDICAL/DENTAL ALLOTMENT:

- a. Maximum of \$110 CDN per individual (amount is based on current budget).

6. EXTENDED HEALTH BENEFITS:

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

TFN Members with extended Health Benefits (Ex: CINUP, Great West Life, Sunlife)

Step 1: Provide MSP number & Status Number to service provider or apply directly to extended benefits for coverage;

Step 2: If max coverage is reached through the extended benefits plan, submit remaining amount to First Nations Health (FNHA) for coverage;

Step 3: If extended benefits & FNHA funding has been exhausted, submit the benefits explanation/denial for reimbursement or coverage through the TFN Medical/Dental Policy fund.

Denials must be requested from the service provider by the individual band member. Please contact the TFN Health Department if assistance is needed to complete these steps.

- b. **TFN Members not enrolled in Extended Health Benefits Plans:**

TFN Members without Extended Health Benefits.

Step 1: Provide Medical Services Plan (MSP) Number & Status Number to service provider for coverage. (Ex: Dentist, Chiropractor, Optometrist office)

Step 2: If max coverage is reached through MSP & FNHA, submit receipts to the Health Department for reimbursement, or have the service provider submit an invoice directly to TFN Health Director for payment (at the discretion of the service provider).

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 budget is approved. 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. 1 pair of prescription glasses and contact lenses (max. 1 year supply);
3. 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;
4. Naturopathic doctor's fees;
5. Orthotic footwear;
6. Dietary supplement/meal replacement(s), (i.e. Ensure), when prescribed by physician or Nurse Practitioner, to a maximum of 2 cases per month.
7. Physician referred diagnostic testing for hormonal imbalances and allergy testing;
8. 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, and an Occupational Therapist's referral must accompany the request;
9. Fibreglass and walking casts not covered by Medical Services Plan or FNHA, or other insurer;
10. 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;
11. 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:

- a. Transportation by taxi
- b. Fees for missed appointments;
- c. Everyday household items, including toothpaste, shampoo, lotions, ointments;
- d. Weight loss plans not prescribed by a physician;
- e. Protein powder;
- f. Parking in the town/city you reside in;
- g. Cosmetic procedures, i.e. teeth whitening, colored contact lenses;
- h. Hotel accommodations in the city/town you reside in;
- i. Non-prescription sunscreen;
- j. Motorized scooters;
- k. Household furniture;
- l. Hospital T.V. rentals;
- m. First aid supplies to stock a household first aid kit;
- n. Smoke detectors and extinguishers;
- o. Non-medical shoes or clothing;

- p. Medical equipment ordered without prior approval and/or ordered by private Occupational Therapist (they are often funded by the supplier of the equipment);
- q. Items not prescribed by a licensed medical professional.

An exception may be made by the Health Director 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 Health Director for assistance.

9. PROCEDURE TO ACCESS THE MEDICAL/DENTAL FUND:

TFN members MUST complete a TFN Medical/Dental Application from the Health Department and fax/email it to the Health Director (Shannon@tskwaylaxw.com) 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 through the Medical/Dental Assistance Policy.

AMENDMENTS:

- 1. Amendments to these regulations may be made by Health Department;**
- 2. All amendments must be highlighted;**
- 3. All amendments must be reviewed by Finance Management; and, Administration;**
- 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.



TS'KW'AYLAXW FIRST NATION MEDICAL/DENTAL ASSISTANCE APPLICATION FORM

PLEASE NOTE:

As per the Ts'kw'aylaxw Medical/Dental Assistance Policy this application must be completed in order to receive assistance. It is the individual TFN band member's responsibility to read and understand the TFN Medical/Dental Policy.

Status Number 594 _____

First Name: _____

Last Name: _____

Date of Birth: _____

Address _____

City: _____

Province: _____

Postal Code: _____

Phone Number: _____

Email Address: _____

Do you have extended insurance coverage (if yes please attach proof of ineligibility, service carrier name and number) Yes No

I agree any reimbursable funds will be made payable directly to: Ts'kw'aylaxw First Nation.

* Failure to inform TFN of alternate medical/dental coverage will jeopardize future funding.

- Updated doctor notes are required annually
- Reimbursements must be accompanied with a completed application
- Please leave completed documentation with the Ts'kw'aylaxw Health Department Health Clerk.