August 21, 2018

Re: Your request for access to information under Part II of the Access to Information and Protection of Privacy Act, 2015 [Our File #: AESL/019/2018]

On July 24, 2018 the Department of Advanced Education, Skills and Labour received your request for access to the following records/information:

1. "Monthly statistics on medical transportation benefits for Income Support clients since January 2015, as follows:
   - # bus passes issued per month;
   - # doctors' letters requested per month;
   - # of doctors' letters received per month;
   - # applications denied per month, and grounds for denial;
   - # appeals per month.

2. All correspondence and documents including reports, memos, emails, letters and minutes since January 2016 concerning reasons for revisions to medical transportation benefits, savings to government, and additional health care costs incurred (e.g., visits to physicians for letters).

3. All correspondence including emails, letters, minutes and memos regarding complaints about medical transportation benefits policy revisions."

Per telephone conversations with Ms. Sharon Seaward on July 24, 2018 and the undersigned on August 6, 2018, you were provided with an update of search results to date as well as limitations in the system’s ability to obtain select information requested. As such, your request was revised as follows:

1. "Monthly statistics on medical transportation benefits for Income Support clients since January 2015, as follows:
   - # bus passes issued per month;
   - # doctors' letters requested per month;
   - # of doctors' letters received per month;
   - # applications denied per month, and grounds for denial;
   - # appeals per month.
2. The actual realized savings in 2016, 2017 and 2018 after the implementation of the revised policy for medical transportation benefits to Income Support clients.

3. All correspondence and documents involving the Director and two Regional Directors of the Income Support Program, including reports, memos, emails, letters and minutes, regarding responses, complaints, concerns, issues and/or problems with the implementation of the revised policy for medical transportation benefits to Income Support clients from 2016 to June 1, 2018.

I am pleased to inform you that your request has been granted in part. Access to the remaining records, and/or information contained within the records, has been refused in accordance with the following exceptions to disclosure, as specified in the Access to Information and Protection of Privacy Act, 2015 (the act):

Section 40. (1) The head of a public body shall refuse to disclose personal information to an applicant where the disclosure would be an unreasonable invasion of a third party's personal privacy.

1. Appeals to the Income and Employment Support Appeal Board are tabulated on an annual basis. The number of medical transportation appeals by fiscal year are as follows:

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Appeals</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-15</td>
<td>7</td>
</tr>
<tr>
<td>2015-16</td>
<td>6</td>
</tr>
<tr>
<td>2016-17</td>
<td>11</td>
</tr>
<tr>
<td>2017-18</td>
<td>6</td>
</tr>
<tr>
<td>2018-19 (year-to-date)</td>
<td>2</td>
</tr>
</tbody>
</table>

Per our conversation, the remaining information regarding the number of bus passes issued, doctors letters requested and received, and applications denied with grounds is contained in individual Income Support case files. As these statistics are not tracked, the only way to ascertain these amounts would be to implement a manual search of all active Income Support case files during the period (in excess of 22,500).

2. The demand for medical transportation is fluid and in any given fiscal year the number of Income Support cases requiring this assistance, as well as the numbers of times it is required by each case throughout the year, can change. As such, realized savings cannot be quantified. Provided below is actual expenditure since 2014-15. As the policy change was implemented in June 2016, using fiscal year 2015-16 as base year, expenditure was reduced by $1.5 million and $1.95 million in fiscal years 2016-17 and 2017-18 respectively.

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>Expenditures</th>
<th>Change over base year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014-15</td>
<td>$7,801,749</td>
<td>N/A</td>
</tr>
<tr>
<td>2015-16</td>
<td>$7,811,375</td>
<td>Base Year</td>
</tr>
<tr>
<td>2016-17</td>
<td>$6,309,134</td>
<td>($1,502,241)</td>
</tr>
<tr>
<td>2017-18</td>
<td>$5,858,499</td>
<td>($1,952,876)</td>
</tr>
</tbody>
</table>
3. As noted during our August 6, 2018 conversation, the electronic search of emails returned 4,710 results for criteria “medical transportation.” As agreed, a further electronic search of these 4,710 emails was conducted using the criteria “revised policy” yielding 485 results. A manual search of these 485 emails has resulted in the attached responsive records. Please note that personal information contained in same has been redacted per section 40.(1) as referenced above.

Section 42 of the act provides that you may ask the Information and Privacy Commissioner to review this partial refusal of access or you may appeal the refusal to the Supreme Court Trial Division. A request to the Information and Privacy Commissioner shall be made in writing within 15 business days of the date of this letter or within a longer period that may be allowed by the Commissioner.

The address and contact information of the Information and Privacy Commissioner is as follows:

Office of the Information and Privacy Commissioner
2 Canada Drive
P. O. Box 13004, Stn. A
St. John’s, NL A1B 3V8

Telephone: (709) 729-6309
Facsimile: (709) 729-6500

In the event you wish to appeal to the Supreme Court, you must do so within 15 business days of the date of this letter. Section 52 of the act sets out the process to be followed when filing such an appeal.

Please be advised that responsive records will be published following a 72 hour period after the response is sent electronically to you or five business days in the case where records are mailed to you. It is the goal to have the responsive records posted to the Completed Access to Information Requests website within one business day following the applicable period of time.

If you have any further questions, please feel free to contact the undersigned at (709) 729-5152 or davemoore@gov.nl.ca

Sincerely,

DAVID MOORE
ATIPP Coordinator

Attachment
Moore, Dave

From: Tiller, Maureen
Sent: Friday, July 15, 2016 3:31 PM
To: Kinden, Rob
Subject: RE: [Redacted]

Checking with Nick. I don’t think so.

Maureen Tiller
Regional Manager
Income Support Division
Dept. of Advanced Education and Skills
29 Carolina Ave.
Stephenville, A2N 3P8
(709)643-8612 (t)
(709)643-7905 (f)
Email: maureentiller@gov.nl.ca

From: Kinden, Rob
Sent: Friday, July 15, 2016 3:30 PM
To: Tiller, Maureen
Subject: RE: [Redacted]

He did. So did the [Redacted] send in the appeal after?

Robert Kinden, Regional Director
Department of Advanced Education and Skills
42 Hardy Avenue
Grand Falls-Windsor A2A 2J9

Tel: (709) 292-4553
Fax: (709) 292-4383

From: Tiller, Maureen
Sent: Friday, July 15, 2016 3:29 PM
To: Kinden, Rob
Subject: RE: [Redacted]

Dale said he updated you on [Redacted].

Maureen Tiller
Regional Manager
Income Support Division
Dept. of Advanced Education and Skills
29 Carolina Ave.
Stephenville, A2N 3P8
(709)643-8612 (t)
(709)643-7905 (f)
Email: maureentiller@gov.nl.ca
From: Kinden, Rob  
Sent: Friday, July 15, 2016 3:04 PM  
To: Tiller, Maureen  
Subject: RE: Oncall >> Request assign for review - HIGH oncall taxi usage

Tks for this Maureen. Did Dale reach [redacted] after?

Robert Kinden, Regional Director  
Department of Advanced Education and Skills  
42 Hardy Avenue  
Grand Falls-Windsor A2A 2J9

Tel: (709) 292-4553  
Fax: (709) 292-4383

From: Tiller, Maureen  
Sent: Friday, July 15, 2016 2:00 PM  
To: Kinden, Rob  
Subject: RE: Oncall >> Request assign for review - HIGH oncall taxi usage

Rob,

Please see DRAFT letter below.

Daphne is trying to contact the SW at [redacted] re: who to contact, to have the “type” of visit to the ER determined as “emergency.”

I would suggest that the on-call staff start asking the ER staff for this information, prior to approving the return taxi transportation.

All verification forms in TRIM, for on-call trips only state the Hospital Department – Emergency or ER.

Trips verified in TRM as follows:

As per CAPS notes:

Dates for On-call transportation:
Dear [Name],

I write in response to your written correspondence received on [date] (no date on correspondence.) As the Honorable Minister of the Department of Advanced Education and Skills I would like to address your concern about the changes to the Medical Transportation policy and your ineligibility for medical transportation from [location] to [location].

You state that the cost to travel by taxi from [location] to the hospital in [location] is $30 per trip and that you require blood work up to 3 times a month. Also, that you had travelled to [location] for counselling services, which you are no longer able to support.

Effective June 1, 2016 the Medical Transportation Policy was revised to include the following, for all pre-approved medical appointments:

Transportation is not normally provided to clients who have access to medical treatment within their local area – defined as within a 60 km return trip (using Google maps as a tool); rather clients are required to find their own means of transportation. Where clients living within a 60 km return trip of their medical appointment demonstrate a need for frequent trips (a minimum of 8 return trips per month) for medical treatment, situations are to be assessed on an individual basis.

I understand that a round trip to the nearest hospital is [distance]. Also, that you require hospital services with appointments less than 8 times per month. Therefore, you would not be eligible for medical transportation trips at this time. A review of your file, confirms that you have been provided with transportation costs to Corner Brook when these services are required, as the distance is [distance], return.

For file auditing purposes, it is mandatory that you submit verification of medial transportation trips that have been pre-approved. Currently you have a number of these outstanding. Your file also indicates that you have utilized our on-call services extensively, however the visits have not been deemed an emergency as our policy states:

Emergencies are exempt from prior approval and must be verified after the service is provided to the client and before payment is made.
A Client Services Officer will be in contact with you in the very near future, to discuss these 2 concerns as well as explore options that may enable you to pay less monies for medical transportation costs such as moving closer to medical services or to schedule appointments on the same date.

If you require any further services, please contact our department at 1-866-417-4753.

Sincerely,

From: Kinden, Rob
Sent: Friday, July 15, 2016 9:11 AM
To: Tiller, Maureen
Subject: RE: Oncall >> Request assign for review - HIGH oncall taxi usage

Hi Maureen;

Can you please prepare a draft response to the client’s letter for my review. Highlight the transportation policy again and point out that she can discuss her options with the CSO (i.e. scheduling appointments, etc. No reference need be made about other issues regarding seniors.

Also, what is the issue with after hours taxi’s? Can we get some details on the nature of these trips (emergency/non-emergency?) How many of these has she incurred over the past three months? Would we not want to get some medical documentation for this if it is recurring?

Robert Kinden, Regional Director
Department of Advanced Education and Skills
42 Hardy Avenue
Grand Falls-Windsor, A2A 2J9

Tel: (709) 292-4553
Fax: (709) 292-4338

From: Tiller, Maureen
Sent: Thursday, July 14, 2016 6:14 PM
To: Trask, Sean
Cc: Bradbury, Glenn E.; Kinden, Rob
Subject: RE: Oncall >> Request assign for review - HIGH oncall taxi usage

Hi Sean,
I did not have an opportunity to discuss case with RD, so continue transportation if she is brought in by ambulance.

If she calls tonight, please check to see how long it took to be assessed/treated/discharged at the health clinic? Also, enquire as to the status of her assessment at the clinic... i.e. emergency vs casual treatment.

Thanks,
Maureen
Maureen Tiller
Regional Manager
Income Support Division
Dept. of Advanced Education and Skills
29 Carolina Ave.
Stephenville, A2N 3P8
(709)643-8612 (t)
(709)643-7905 (f)
Email: maureentiller@gov.nl.ca

From: Trask, Sean
Sent: Wednesday, July 13, 2016 11:52 PM
To: Tiller, Maureen; Bradbury, Glenn E.
Subject: Oncall >> Request assign for review - HIGH oncall taxi usage

Hi Maureen,

I noticed your “Enquiry” notes re: Jerry Byrne on this case 2016/07/12, requesting your input if taxi’s should continue to be supported for this client as a safety concern or if there’s a pending review currently in place.

Re: clients continued high usage of taxi service after regular business hours.

“New Medical Policy Notification
On this date client was notified of the new Medical Transportation Policy which came into effect on June 1, 2016. Specifically, CSO informed client that local transportation defined at 30km from service would not be provided as well as effective July 1, 2016 clients travel that exceeds 60km return would be capped at $3000 annually. CSO confirmed that client understood these new policies.”

Discussed clients HIGH usage of taxi’s evenings & weekends, also reviewed previous subject lines "NO CABS FOR CLIENT," call from client - NO TAXI'S," both in May 2016 due to outstanding KIV’s.

Safety concern for clients travel evenings, to be assigned for review requesting follow up review by RM or CSM.

Thanks,

Sean Trask
On Call – Income and Social Supports
Department of Advanced Education & Skills
Avalon Region
P.O Box 8700
St. John’s, NL A1B 4J6
Telephone: (709) 729-7888
Fax: (709) 945-3073
Hi Roxie;

Have a look at the draft response for [redacted] before I send it back to Holly in TRIM.

Tks
Dear [Name]

Thank you for your letter of [date] (no date on correspondence.) outlining your concerns about the changes to the Medical Transportation policy and specifically, ineligibility for medical transportation from [location].

Effective June 1, 2016, Medical Transportation Policy was revised for all pre-approved medical appointments. This policy states that:

"Transportation is not normally provided to clients who have access to medical treatment within their local area- defined as within 60 km return trip (using Google maps as a tool); rather clients are required to find their own means of transportation. Where clients living within a 60 km return trip of their medical appointment demonstrate a need for frequent trips (a minimum of 8 return trips per month) for medical treatment, situations are to be assessed on an individual basis."

I understand that a round trip to the nearest hospital is [distance] and that you require appointments there less than 8 times per month. Therefore, you would not be eligible for medical transportation trips at this time. I also note that you have been provided with transportation costs to Corner Brook when required, as the distance is [distance], return.

A review of your case also indicates that you currently have a number of trips outstanding for which no verification has been received. In order to order to approve payment it is mandatory that you submit verification of medical transportation trips that have been pre-approved. Your file also indicates that you have utilized our on-call services extensively, however the visits have not been deemed an emergency as our policy states:

"Emergencies are exempt from prior approval and must be verified after the service is provided to the client and before payment is made."

A Client Services Officer will be in contact with you to discuss these concerns as well as explore options that may enable you to access medical transportation in a cost effective way.

If you require any additional information, please contact our department at 1-866-417-4753.
Hi Cynthia

I’m away for most of next week but should we look at scheduling something after that?

Thanks, Colleen

Hi Kim,

Thank you for sharing these concerns. I have included Cynthia King and Lori Rose in this email as a means to forward the concerns for a cross departmental discussion.

I look forward to working with you on these issues.

Regards

Denise

Denise Jackman
Eastern Regional Manager
Income and Social Supports
Dept. of Advanced Education, Skills and Labour
P.O. Box 8700
261 Kenmount Rd.
St. John’s
A1B-4J6
t 709-729-4213
f 709-729-3018
e denisejackman@gov.nl.ca
Hi ladies,

Thank you for meeting with me a couple of weeks ago to discuss concerns related to the recent changes to your Department’s Medical Transportation Policy. As promised, I am forwarding a summary of the issues that I had highlighted in our meeting. I believe that we agreed that as our next steps, we would forward these concerns to our respective colleagues at the provincial level and see if there was an opportunity for a cross departmental discussion.

As such, I have copied Colleen Simms, Provincial Director of Mental Health & Addictions at the Department of Health & Community Services

Again, thank you for your time and I look forward to continued discussions

Kim

Kim Grant
Regional Director
Mental Health & Addictions Program – Community Division
Eastern Health
Mount Pearl Square
760 Topsail Rd
Mount Pearl, NL
A1N 3J5

(709) 752-4336

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Implications of revised Medical Transportation Policy

The Mental Health & Addictions program of Eastern Health is concerned about the implications of the recent changes to AES Medical Transportation policy from a number of perspectives:

➤ Many of our clients would be seen less than 8 times per month and therefore will no longer be eligible for transportation benefits. For a program that struggles with no shows and ensuring easy access to services, this will present yet another barrier. We are already observing instances where clients are cancelling appointments or not showing due to transportation issues. In the longer term, this may impact the health of our clients and possibly result in an increase of psychiatric emergencies and/or hospitalizations.

➤ The Mental Health & Addictions program offers a number of therapeutic support groups at several of its sites throughout the region. These groups are offered on a weekly basis and have proven to be an effective and efficient means of providing services. Most recently, we have been hearing that group participants are not able to attend these groups due to lack of transportation.

➤ The requirement to use public transportation as opposed to taxis will present challenges for a number of our clients either because of the nature of their illness or its unavailability in parts of the region. Individuals will be expected to use services in their local area when there may be indications for a service that is located outside of the area. The Mental Health Program has had to cover transportation costs for a number of individuals under these circumstances, particularly those receiving ECT treatment for whom public transportation would not be appropriate.

➤ The annual cap of $3000 per year will impact a number of individuals in our region who are receiving methadone maintenance treatment. This is a result of individuals having to travel distances to visit their prescribing physician and get their daily dose of methadone from a dispensing pharmacy. This issue has already been flagged and we are working with the Departments of HCS and AES to develop alternate plans as necessary. I have, however, received a number of complaints related to this decision given the location of methadone prescribers/dispensers and the bus routes/schedules to get there.

➤ Of most concern is the exclusion of recreation programs from transportation benefits. Therapeutic recreation contributes significantly to an individual’s physical, mental and social well-being. Leisure/recreation programming is a major component in our clients’ treatment plans as it helps promote recovery. Many of our clients do not have the financial means to purchase bus passes so it will mean that they can no longer participate in therapeutic recreation programming. Clients that had been quite active in this aspect of programming have gone from attending 3-4 times per week to once or not
at all. We have observed increased stress, health deterioration and impact on their quality of life.

- The loss of bus passes will also greatly impact day to day functioning and overall quality of life for many of our clients. Having a bus pass supported recovery by encouraging independence and fostering community inclusion. Without it, we are concerned that many clients will become more isolated or forced to cover transportation costs from already limited food budgets.

- In the absence of AES transportation benefits, the Mental Health & Addictions Program is increasingly pressured to cover client transportation costs. This is outside of the program's mandate and we are not budgeted to do so.

Eastern Health has recognized the importance of reducing inequities as a means of addressing the health of the population. The changes introduced by AES will certainly create further inequities and increase barriers for the most vulnerable of our population in accessing health care services. It is anticipated that, in the longer term, these changes may actually increase costs in some cases. If individuals are not able to access necessary community based mental health and addictions services and supports, they may experience health deterioration requiring more expensive emergency/acute care services. It is therefore recommended that there be cross departmental discussions on the implications of this policy change with a view to develop solutions to address the needs of this population.
Kelly can you please update the medical transportation policy as per the attached. The revisions are already complete. Cynthia had also asked me to review the Delegation of Authority document last week, which I have done and it requires a significant number of changes. I have the hard copy of the document here for you, as well as the list of changes to the med trans. policy.

Thanks

Ardella Pike
Program and Policy
Development Specialist
Department of Advanced Education, Skills and Labour
(709) 729-3542 (p)
(709) 729-5560 (f)
### Chapter 7: Transportation Benefits

#### (ii) Medical Transportation

<table>
<thead>
<tr>
<th>Intent:</th>
<th>To identify factors which need to be considered in order to determine eligibility for medical transportation and the circumstances warranting approval.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Act: (if applicable)</td>
<td>N/A</td>
</tr>
<tr>
<td>Regulations:</td>
<td>Other income support</td>
</tr>
<tr>
<td>19. (5) Other income support for which an applicant or recipient may be eligible is:</td>
<td></td>
</tr>
<tr>
<td>(a) for transportation, an amount determined by the prevailing commercial rates;</td>
<td></td>
</tr>
<tr>
<td>Overview: (if applicable)</td>
<td>Income Support recipients may require financial assistance in attending medical appointments or treatment facilities. This service may be provided by a physician, psychiatrist, or by other professionals such as social workers, psychologists and nurses employed under the Regional Health Authorities or non-profit agencies.</td>
</tr>
<tr>
<td>Policy:</td>
<td><strong>(a) Eligibility Criteria</strong></td>
</tr>
<tr>
<td></td>
<td>In determining eligibility for medical transportation, staff must assess the need based on the distance that the client must travel to receive the treatment, the frequency of the required travel and the most cost effective means of transportation.</td>
</tr>
<tr>
<td></td>
<td>- Transportation is not normally provided to clients who have access to medical treatment within their local area – defined as within a 60 km return trip (using Google maps as a tool); rather clients are required to find their own means of transportation. Where clients living within a 60 km return trip of their medical appointment demonstrate a need for frequent trips (a minimum of 8 return trips in a 30 day period) for medical treatment, situations are to be assessed on an individual basis.</td>
</tr>
<tr>
<td></td>
<td>- Clients, who require medical transportation for trips which exceed 60 kms round trip, can be approved with medical</td>
</tr>
</tbody>
</table>
Transportation funds for clients can only be provided to enable them to visit the nearest (from the client’s residence) doctor, medical clinic, optometrist, dentist or hospital (outside the local area) which provides the service required. Assistance to visit doctors, clinics or hospitals of their choice, which does not correspond to this requirement, cannot be provided through the Income Support Program unless there are extenuating circumstances as approved by a manager.

Approval will not be provided for clients who request to bypass the closest medical facility in order to receive an earlier appointment at a facility further away. In those cases, transportation will only be provided to the closest facility.

Where possible, clients should arrange transportation through their own vehicle if applicable, or through a friend or family member. Reimbursement for transportation using a private vehicle can be issued at $0.30 per km provided that this is more economical than public transportation. NOTE: It is not contrary to the Motor Carrier Act to use an unlicensed vehicle to transport oneself, or for a person to provide transportation to take a friend or relative in one’s own car as long as it is not done for hire, gain or reward.

Where a client does not have access to private transportation, public transportation by licensed carriers may be approved subject to the following guidelines:

- The most economical mode of public transportation is to be utilized at all times.
- Clients requiring assistance to travel long distances must travel by the most economical means. In most instances, a bus should be used instead of an airline. When determining the most economical means, the calculation should include all expenses, i.e. accommodations and meals. For example, a bus trip may include overnight accommodations and meals, whereas a more expensive taxi may make the return trip in one day without those additional costs and may in the end be less expensive.

Clients requiring medical transportation, who currently or previously received cancer treatment, are exempt from the frequency and distance restrictions set out in this policy.
Areas Serviced by City Buses

- **Taxi transportation should not be provided** in areas where public transportation is available – areas serviced by public bus systems in St. John’s/Mount Pearl and Corner Brook. Clients with frequent trips (8 in a 30 day period) in these areas can be provided with a monthly bus pass (or equivalent funding) and will be expected to arrange appointments at times when the buses are running.

- Clients from other areas of the province can be provided with taxis from their arrival point (i.e. airport, DRL bus drop off sites etc.) to their accommodations and return. However, for other in town transportation to scheduled appointments, clients will be expected to use the bus as opposed to taxi transportation. Alternately, they can be provided with funds equivalent to the number of bus trips ($5 return trip) required and they can make their own arrangements.

- Clients who require frequent transportation but have been banned from city buses will be provided with funding equivalent to a bus pass and will be expected to make their own arrangements for transportation to medical appointments.

- Clients from the city, who have appointments outside of the bus area (i.e. Paradise or Conception Bay South), will be expected to use the bus to the edge of the route where other transportation methods can then be used. **NOTE:** A pilot bus route will include Paradise beginning in late June 2016.

- Clients from just outside the city where there is no bus transportation, who are otherwise eligible for transportation, can be approved for a taxi for the entire trip – there is no expectation that the taxi drop them at the closest bus stop within the town.

- After-hours requests for medical transportation should be limited to emergencies only, and if buses are running, clients would be expected to use same. For after-hours emergencies when the buses are not running, consideration can be given to provide a taxi to a hospital/clinic and return. Where after-hours staff see a pattern of such requests, client services managers should be notified, with a plan to follow up with the client during working hours.
- Exceptions where taxi transportation can be approved in areas serviced by public transportation will be limited to clients requiring services such as dialysis and cancer treatments. Taxi transportation for this group will cover all medical appointments if required, and not just the ones for dialysis and cancer treatments. Medical notes requesting approval based on other reasons will not ordinarily be approved.

- Clients requiring accessible transportation in St. John's/Mount Pearl will be expected to use the accessible buses or the Go Bus, or can be provided with funding equivalent to the number of bus trips required. In Corner Brook, clients requiring accessible transportation can be issued private vehicle rates or where this is not an option, can be approved for taxi transportation.

- Any other exceptional case will need to be elevated to the Regional Manager/Regional Director by the Client Services Manager. Where necessary, the Income Support Division can be consulted to determine if an exception should be made for that case.

**Other Criteria**

- Transportation may be considered in cases which enable a client to receive treatment, if it is court ordered or if a physician/psychiatrist, social worker, psychologist, nurse or counsellor verifies that the treatment is necessary. These services may include group therapy offered by one of these professionals or through a support group recommended by the professional as part of the client’s service/treatment plan. Transportation to recreational programs, social events and social outings will not be approved, even as part of a treatment plan.

- Clients must utilize counselling/treatment services that are available through Health & Community Services or non-profit agencies in their communities. There is no provision within the Income Support Program to cover the cost of counselling/treatment services. The only assistance that can be provided is to cover the cost of transportation to the closest service.
Annual Limit on Medical Transportation Costs

- Effective July 1, 2016, an annual limit of $3000 will be applied to the approval of medical transportation. The cap will apply per case.
- Exceptions to the limit are as follows:
  - Clients accessing services such as dialysis and cancer treatment.
  - Clients living in Labrador communities where air travel is the only viable option to obtain medical services.
  - Clients required to travel outside of the province for medical treatment.
- Staff will need to proactively work with clients to determine other options to decrease annual medical transportation costs, and to ensure that clients are aware of the limitations.
- Cases which exceed the limit (other than the exceptions above) will need to be elevated to the Regional Manager/Regional Director by the Client Services Manager. Where necessary, the Income Support Division can be consulted to determine if an exception should be made for that case.

(b) In Province Medical Transportation

- Clients requesting transportation assistance for medical reasons must obtain prior approval from the Department before invoicing. Emergencies are exempt from prior approval and must be verified after the service is provided to the client and before payment is made.

- Where possible and practical, transportation should not be provided when medical needs are not immediate (where appointments can be flexible, such as eye examinations, prescription renewal and unscheduled follow-up appointments).

- When defining the cost that the Department will pay for clients’ medical transportation, Client Service Managers are responsible to identify in their districts between which communities, transportation assistance may be considered, based upon the 60 km round trip criteria. Managers must also determine what medical procedures are provided at local clinics in the district as opposed to major facilities such as hospitals outside the district.
- If an escort is being requested for an adult or the request is for two parents/escorts for a child, documentation of medical need (not just for emotional support) for same is required.

- Clients occasionally request assistance for transportation to self help groups (i.e. AA, GA, etc.) where obtaining verification of attendance may be an issue due to the confidentiality rules of the group. AES can provide the transportation as long as there is medical documentation of need on file.

- Costs incurred in visiting a chiropractor, massage therapist, etc. **cannot be covered** through the Income Support Program, even if medically recommended by a physician. Transportation costs **will not** be considered for treatments considered “uninsured” by the Medical Care Plan (MCP).

- If a client requires **physiotherapy treatment**, it should be obtained at the nearest hospital where the treatment is available. However in exceptional circumstances, travel to and the cost of a private physiotherapist visit could be considered where the combined cost of the visit and the transportation is less than transportation costs to a hospital based physiotherapist covered by MCP. The total cost would be coded as medical transportation.

- Whenever possible, return transportation costs should be arranged for the client.

- If required, waiting time for taxis must be kept to a minimum and clients should be advised of same. Claims for waiting time can only start at the appointment time and will stop when the client finishes the necessary appointment or treatment.

- Where travel is frequent and transportation costs are significant, consideration can be given to providing the client (with his/her consent) with in-town accommodations (i.e. hostel costs or a rental unit) where the cost of the accommodation is less than the transportation costs.

- Clients, who receive transportation for travel to a particular facility for medical appointments/treatment, and chose to
move further away from the treatment facility, will not be considered for higher transportation costs. For example, if regular transportation is provided for a client to attend the Health Sciences Centre from Mt. Pearl three days/week and the client chooses to move to Bay Roberts, the client will only be considered for the cost from Mt. Pearl to HSC, not from Bay Roberts. Likewise, if a physician moves out of the area, clients will not be approved for travel further away to see the initial doctor, when there are other physicians in the immediate area.

- Clients, who are banned from services for behavioural reasons at the nearest facility or pharmacy, will not be approved by higher transportation costs. Approval will only be provided for transportation to the nearest facility.

(c) Transportation for Dental Appointments

- Transportation may be provided for dental appointments to the nearest dental clinic in the following circumstances (and assuming it meets the criteria of being outside of the local area or as trips considered in the frequency of overall medical transportation):

  - For children under 12, as per the Provincial Children's Dental Health Program, once every six months for a regular examination. As a fluoride treatment and a cleaning can be provided to children under twelve once every 12 months, these should be completed during one of the regular six month examinations and not approved as a separate trip (verification of attendance required prior to reimbursement);
  - For children age 13-17, as per the Provincial Children's Dental Health Program, once every 24 months for a regular examination (verification of attendance required prior to reimbursement);
  - For children under the age of 17 who require additional appointments for other MCP covered procedures (x-ray, or routine fillings and extractions as required) a letter verifying the need must be provided by the dentist prior to transportation being approved. Transportation costs for other dental services (i.e. orthodontics, braces, etc.) not covered under the Dental Health Plan will not be approved.
- When a family in receipt of Income Support benefits has more than one child who requires routine dental work such as cleanings or examinations, the parents should schedule the children’s appointments on the same day to eliminate the need for multiple trips/transportation costs; and
- For all clients of the Income Support Program including adults, who require emergency dental treatment for issues such as pain, infection, trauma or extraction. In these instances, a letter confirming the visit must be provided.

(d) Out of Province Medical Transportation

- Medical transportation outside the province is sometimes required by clients who are in receipt of Income Support benefits or non-clients who have been determined eligible for assistance with medical transportation costs.

- When a request is received to provide transportation outside the province, the Client Services Officer must obtain the particulars required for consideration. This includes the name of the referring specialist, where and to whom the patient must be referred, the date of the confirmed appointment, the reason for the referral and any other pertinent information. Funding will only be provided in cases where the consultation or treatment is not available in this province and the documentation must verify this. If further information regarding the particular request is required, contact can be made with the Physician Services Division of the Department of Health and Community Services.

- Non-clients who request financial assistance should also be aware of the Medical Transportation Assistance Program through the Department of Health and Community Services.

- Under the Income Support Program, the following costs can be included in the total cost of the trip:
  - airfare, bus or mileage for private vehicle from this province to the other province;
  - taxi from the airport to the health care centre and return;
  - accommodations (preferably hostel);
  - meal costs of $20 per day per person and
expenses for an escort where medically required.

- For non-IS clients, the amount required to cover the total cost of the trip is to be included with the other applicable basic assistance requirements. The amount of deductible income is to be subtracted from the total requirements. The difference will be the AES contribution towards the cost of the trip.

- Where a non-client is required to travel for emergency treatment on short notice and time does not allow for an assessment to determine eligibility for Income Support benefits, the Client Services Officer may issue funds to cover the transportation costs and establish eligibility upon return to the province. Any amount for which there was no eligibility must be set up as an overpayment. Receipts for all expenses will be required.

- In certain circumstances, individuals may have had to borrow funds to travel outside the province because time did not permit an assessment to be completed to determine eligibility through the Income Support Program. Upon return to the province, reimbursement may be considered for any amounts the program would have covered. Receipts for all expenses will be required.

(e) Escort Duty (if medically required)

- In certain cases it may be necessary to cover costs for escorts to accompany children or clients to the closest medical facility outside the local office area. The referring doctor or nurse must verify that an escort is absolutely necessary for medical reasons when dealing with adult clients. One parent may act as an escort for minor children. A second escort will only be considered upon documentation of medical necessity. The escort is selected by the client.

- Where escorts spend their own money to accompany clients, they may submit claims to the Client Services Officers for reimbursement. Expenses cannot exceed the $0.30 per/km for private vehicle usage or actual bus/airline costs, hostel/hotel costs and meal costs at $20 per day per person (where overnight stays are required). Receipts are required.
- When nursing personnel are required by the attending physician to act as escorts for out patients who are eligible for Income Support, payment of transportation and other related expenses of the escort is the responsibility of the hospital. Only the standard escort fee and administration fee that is directly billed by the hospital to the client for escorted road and air ambulance services may be paid as medical transportation.

(f) Alcohol Related Medical Treatment

- There are four recognized alcohol residential treatment centers in the province:
  - Recovery Centre, St. John's
  - Howard House, St. John's
  - Grace House, Harbour Grace
  - Humber Wood Alcohol and Drug Treatment Centre, Corner Brook

Persons who are eligible for Income Support benefits will be provided transportation to and from these centers.

- There is no provision to send persons outside of the province for alcohol related treatment unless approved by the Department of Health and Community Services.

(g) Ambulance Services

(100) Air and Road Ambulance Program

- Income Support clients will be issued new ambulance/dental services cards on their cheques each month. When clients require road ambulance services, they must present their ambulance card to the ambulance driver for coverage. The patient fee charged for road ambulance usage is $115. This coverage is also valid for subsidized residents in nursing homes and non-subsidized residents deemed eligible for transportation assistance.

- For clients requiring an air ambulance, there is an administrative fee charged of $80 which is to be paid as medical transportation. In addition, if a medical escort if required, the additional fee is $50.

- Where clients are outside of the province and require an ambulance, MCP will not cover any portion of the cost. In the case of Income Support clients, coverage can be provided for
the full amount paid directly to the service provider or reimbursed to the client where they provide proof of payment.

(200) Clients who Require Road Ambulance Transportation for Renal Dialysis

- Individuals who access renal dialysis treatment at a hospital or community site and who have medical documentation denoting their need to travel by road ambulance can have these fees paid through AES if they are in receipt of Income Support benefits or subsidized home support services through an Integrated Health Board.

- Individuals who access renal dialysis treatment at a hospital or community site at least three times/week by road ambulance who are not eligible for Income Support benefits or subsidized home supports should be referred to their local Regional Health Authority. The Regional Health Authorities can use enriched needs guidelines to determine eligibility for partial/full payment of transportation by road ambulance if this need is medically documented by a physician/nephrologist.

(h) Methadone Treatment

- Clients requiring financial assistance with transportation to methadone treatments (normally dispensed at pharmacies), must provide medical documentation advising of the need for regular transportation to receive their treatments.

- Clients who are seeking financial assistance with transportation to receive methadone treatments are required to get medical documentation advising of the need for regular transportation to receive their treatments, normally dispensed at pharmacies. In some instances, pharmacists allow "carries" (a dosage to take home as opposed to ingesting the medication at the pharmacy) of the drug. The fee associated with these 'carries' are normally covered by a special authorization under NLPDP. However, where there are multiple 'carries' provided (i.e. for 3 days), NLPDP only provides for 1 dispensing fee and the pharmacy may charge for 3 – one for each 'carry'. Where it would otherwise mean that without payment for the additional dispensing fees, AES would be required to pay a higher cost for the transportation,
approval can be provided to cover the dispensing fee as a form of medical transportation.

- To ensure that methadone clients, who are approved to receive carries, can travel to their required appointments, each carry can be considered as a count towards the eight trip minimum.

- Clients travelling to visit doctors for their Methadone prescription may have difficulty obtaining verification of attendance. In these instances, a copy of their prescription will suffice to confirm the medical trip.

- Clients who move further from their doctor or pharmacy will only have travel approved based on their previous address. Clients who are banned from a particular pharmacy, will only have transportation approved to the nearest facility and will be expected to make their own arrangements for any shortfall.

(i) Blood Collection

- The Income Support Program does not normally provide for the payment of direct health services such as private blood collection services. However, for clients who would be approved for medical transportation based on frequency of visits or the distance of the medical facility from their home, consideration can be given to the payment of such costs where they are more economical than the cost of transportation/waiting time.

(j) Waterford Community Care/Nursing Homes/Alternate Family Care Homes

- Subsidized residents of the Waterford Community Care Homes and nursing homes are assumed to be eligible for medically related transportation if their liquid assets are within income support guidelines.

- Regional Health Authorities are responsible for the transportation of subsidized residents of Personal Care Homes and Alternate Family Care Homes and this should not be approved under the Income Support Program.
- Where non-subsidized residents of nursing homes, Community Care homes or Personal Care Homes require assistance with medical transportation, a needs test must be completed to determine if eligibility exists.

(k) Health Authority Programs

(100) Medical Transportation Assistance Program (Non-Emergency)
- The intent of this program is to provide financial assistance for persons who travel by commercial air or registered taxi/bus service to access medically insured services not available within their place of residence and/or within the province.

- To be assessed for eligibility for in-province travel, the referring physician is required to complete an application indicating the medical nature of the referral and to whom the patient is being referred. Assessment for eligibility for out-of-province travel requires referral by a specialist.

- Persons in receipt of Income Support are excluded from eligibility under this program as they may be eligible for medical travel assistance through the Department of Advanced Education and Skills. Kidney, bone marrow and stem cell donors are also exempt from this program as donors are eligible for travel assistance through the Eastern Regional Integrated Health Authority.

- Further information on this transportation program can be obtained by contacting the Department of Health and Community Services at 1-877-475-2412 or on the HCS website.

The Eastern Regional Integrated Health Authority, on behalf of the Department of Health and Community Services, administers the following universal programs to offset travel costs for residents of Newfoundland and Labrador to avail of the following services:

(200) Home Renal Dialysis Training Program
- The program provides assistance to family
members who have been advised by a physician to take training for Home Dialysis for their relative, who is a patient in a hospital or who must travel long distances to an approved centre for dialysis.
- There is 100% coverage for transportation and accommodation costs.

(300) Organ Transplant Program

- The Eastern Regional Integrated Health Authority administers an Organ Transplant Program, which is available to all residents of Newfoundland and Labrador.
- The program covers 100% of the transportation and accommodation costs for donors accompanying patients to approved centres for organ transplants.

Further information on these transportation programs can be obtained by contacting the Eastern Regional Integrated Health Authority.

<table>
<thead>
<tr>
<th>Procedure: General</th>
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<tr>
<td>Where prior approval is given for medical transportation, a request to reflect same should be added in CAPS as well as a case note.</td>
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<tr>
<th>Payment</th>
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| Transportation assistance in the amount of $0.30 per kilometer will be paid directly to the client to provide for the expenses involved provided that the transportation meets the other conditions (i.e. nearest treatment, frequency of trips, is not within the local office area and is less expensive than public transportation).

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<td>When requests are received from clients for payment of pre-approved medical transportation, staff should calculate the amount based on Google Maps and $.30/km. The actual eligible amount should be issued; there is no need to round up or down, as CAPS will do any rounding that may be required.</td>
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<tbody>
<tr>
<td>Payment for public ground transportation may be made</td>
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payable to the service provider or to the client. Payment for air travel must be made payable to the airline or travel agent.

**Benefits Added to Recurring Pay Cheques**

- Clients with long term ongoing medical transportation needs can have funding for these trips included in their regular semi-monthly cheque. The use of recurring pay for ongoing medical transportation requests will be offered to cases where the source of transportation is private vehicle or public transportation (i.e. bus pass). **Clients who use taxi transportation, via service authorization, should not have their travel costs added to recurring pay.** Those utilizing a taxi for medical appointments, but paying the same as private vehicle rates (shared taxis), can have these benefits placed on recurring pay.

- To be considered to have this benefit added to a recurring pay cheque, the transportation requirement should be needed for a minimum of 3 months. As this is meant for long term, frequent medical treatment; it is anticipated that the following types of treatment would fall into the criteria noted:
  - Dialysis
  - Chemotherapy
  - Radiation
  - Methadone Program
  - Psychiatric Programs
  - Other treatments which are frequent and will last at least 3 months in duration.

- While this option is available to all clients, there may be some individuals who because of medical or management issues, would be better served if their bus pass is mailed to them on a regular basis or they are reimbursed for each trip. This decision will be left to the discretion of the CSO, in consultation with management.

- Initial verification of the need for ongoing medical transportation is required upfront – i.e. client will require chemotherapy for 16 weeks. Further verification of attendance at medical appointments must then be provided by the client every 3 months. This attendance verification may require only 1 note from the medical professional indicating that the client
attended the appointments with the dates noted, as opposed to a separate note for each date. Based on the compliance of the documentation being received, consideration will be given to extending the time frame for up to six months so that the need for the documentation is less frequent. For clients who receive bus passes, a request from a health care professional for additional months is sufficient verification that previous appointments were kept.

- KIV’s must be set up and actioned to ensure that verification of medical attendance is received and that the benefit is removed from the allowance at the end of the treatment. KIV categories already exist in CAPS for “medical confirmation” and “verification of medical appointment;” however, for purposes of this new procedure an additional KIV category has been created in CAPS-Medical Transportation/Recurring Pay and should be utilized for this purpose. Once the verification of attendance is received, staff must action the current KIV and set up a new one for the following 90 days (or 180 days for clients who submit documentation every six months). It is essential that the PAU keep these KIV’s up to date. If verification is not received within the time frame, the benefit should be removed from the recurring pay allowance and paid only as a reimbursement to the client, or as a payment directly to the supplier. To ensure the integrity of this procedure, managers are asked to monitor the KIV’s and compliance of the documentation received.

- When the medical transportation request is entered into CAPS, the start and end date of the benefit is required. These dates should not exceed six months as verification of medical appointments is required before further approval can be given. Dates are for informational purposes only. The benefit will not end unless a CSO suspends the case and completes a reassessment. Although it will not be necessary to change the start and end dates when a further 90 or 180 days are approved, it is expected that when a reassessment is completed for other reasons, that the dates are updated at that time.

Ambulance transportation

- When Income Support benefit clients request medical transportation via road ambulance – they present their
ambulance card to the ambulance driver and the ambulance operators bill the Regional Health Authorities for payment. Prior to payment by the RHA, a client’s eligibility for the service is validated by utilizing the Newfoundland & Labrador Prescription Drug Program. Once eligibility is determined, the Regional Health Authorities pay the ambulance fee. However, there are situations where an Income Support client failed to present the ambulance card to the operator and has received an invoice for payment of the patient fee for road ambulance services. The Client Services Officer should advise the client to provide their ambulance card information to the ambulance operator so that he can resubmit his claim to Eastern Health.

- The issuance of this card is linked to regular drug card records created within CAPS. If staff tick the ‘include drug card’ button on AM 5000, the cheque issued will include the new ambulance/dental services card, unless there is a private health care record which indicates these benefits are already provided under that plan or the drug card issued is an ‘extended’ card.

- Non-IS clients who request assistance with the cost of ambulance bills must apply to the Income Support program and have a needs assessment completed.

**Escort Fees**
- Medical escort fees are billed by the applicable RHA and can be paid via service authorization using the medical transportation code. Current rates are $50 for the escort.

<table>
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<tr>
<th>Authority Level</th>
<th>Description</th>
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<tbody>
<tr>
<td>Client Services Officer</td>
<td>regular transportation requests</td>
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<tr>
<td>Client Services Manager</td>
<td>Extenuating transportation requests</td>
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<td></td>
<td>Out of Province medical transportation</td>
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<tr>
<td></td>
<td>Monitor KIV’s for recurring pay medical transportation</td>
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<tr>
<td></td>
<td>Exceptions when clients exceed the $3,000 cap</td>
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</tbody>
</table>

**Date revised:** November 15, 2016
Hi there,

Please find attached a copy of our medical transportation policy as it was in 2013, and the most recent version as is currently posted in our manual. Changes in the policy since 2013 are written in red font. Here are the highlights since 2013:

1. The local area was defined a round trip of 60 km. and frequent trips (a minimum of 8 return trips in a 30 day period) was specified.
2. Approval will not be provided for clients who request to bypass the closest medical facility in order to receive an earlier appointment at a facility further away. In those cases, transportation will only be provided to the closest facility.
3. Clients requiring medical transportation, who currently or previously received cancer treatment, are exempt from the frequency and distance restrictions set out in this policy.
4. A section on areas serviced by city buses was added, and an addition of “taxi transportation should not be provided in areas where public transportation is available” was added.
5. A bullet denoting “Transportation to recreational programs, social events and social outings will not be approved, even as part of a treatment plan,” was added.
6. A section on annual limits was added, highlighting that effective July 1, 2016, an annual limit of $3000 will be applied to the approval of medical transportation. The cap will apply per case.
7. A bullet denoting that in exceptional circumstances, travel to and the cost of a private physiotherapist visit can be considered where the combined cost of the visit and the transportation is less than transportation costs to a hospital-based physiotherapist covered by MCP. The total cost would be coded as medical transportation.
8. A bullet denoting that clients, who receive transportation for travel to a particular facility for medical appointments/treatment, and chose to move further away from the treatment facility, will not be considered for higher transportation costs.
9. A bullet was added denoting that “Clients, who are banned from services for behavioural reasons at the nearest facility or pharmacy, will not be approved by higher transportation costs. Approval will only be provided for transportation to the nearest facility.”
10. As Hope Air no longer provides service, references to the program were removed, and a notation that non-income support clients should be referred to the Medical Transportation Assistance Program of the Dept. of HCS was added.
11. Grace House in Harbour Grace (a new facility) was added under approved alcohol related medical treatment facilities.
12. The following bulletts were added in relation to Methadone:
   - To ensure that methadone clients, who are approved to receive carries, can travel to their required appointments, each carry can be considered as a count towards the eight trip minimum.
   - Clients travelling to visit doctors for their Methadone prescription may have difficulty obtaining verification of attendance. In these instances, a copy of their prescription will suffice to confirm the medical trip.
   - Clients who move further from their doctor or pharmacy will only have travel approved based on their previous address. Clients who are banned from a particular pharmacy, will only have transportation approved to the nearest facility and will be expected to make their own arrangements for any shortfall.
13. A notation was made that “When requests are received from clients for payment of pre-approved medical transportation, staff should calculate the amount based on Google Maps an $0.30/km. The actual eligible amount should be issued; there is no need to round up or down, as CAPS will do any rounding that may be required.

Hope that this helps,

Thanks,
Kelly

Kelly Strong
Program and Policy Development Specialist – Income Support Division
Department of Advanced Education, Skills and Labour
Government of Newfoundland and Labrador
P.O. Box 8700
West Block – Confederation Building
St. John’s, NL
A1B 4J6

(709) 729-7315 (t)
(709) 729-5560 (f)

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From: King, Cynthia
Sent: Thursday, February 23, 2017 9:06 AM
To: Strong, Kelly
Subject: RE: old policy

Hi. Can you pop over when you have a chance?

---

From: Strong, Kelly
Sent: Thursday, February 23, 2017 8:13 AM
To: King, Cynthia
Subject: RE: old policy

Hi,

I keep all policies by date so we can review changes if necessary. Please see attached the last version prior to July 2016.

Thanks,
K

Kelly Strong
Program and Policy Development Specialist – Income Support Division
Department of Advanced Education, Skills and Labour
Government of Newfoundland and Labrador
P.O. Box 8700
West Block – Confederation Building
St. John’s, NL
A1B 4J6
Hi Kelly,

Are we able to get a copy of the provincial medical transportation policy, prior to July 2016? Do we keep electronic copies, or does the old policy disappear from the system after we make changes?

Thanks,

Cynthia King
Director, Income Support
Department of Advanced Education, Skills & Labour
P.O. Box 8700
St. John’s, NL
A1B 4J6

(t) 709-729-1334
## Chapter 7: Transportation Benefits
### (ii) Medical Transportation

<table>
<thead>
<tr>
<th>Intent:</th>
<th>To identify factors which need to be considered in order to determine eligibility for medical transportation and the circumstances warranting approval.</th>
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<tr>
<td>Act:</td>
<td>(if applicable)</td>
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</table>
| Regulations: | Other income support  
19. (5) Other income support for which an applicant or recipient may be eligible is:  
(a) for transportation, an amount determined by the prevailing commercial rates; |
| Overview: | (if applicable) Income Support recipients may require financial assistance in attending medical appointments or treatment facilities. This service may be provided by a physician, psychiatrist, or by other professionals such as social workers, psychologists and nurses employed under the Regional Health Authorities or non-profit agencies. |
| Policy: | (a) Eligibility Criteria  
In determining eligibility for medical transportation, staff must assess the need based on the distance that the client must travel to receive the treatment, the frequency of the required travel and the most cost effective means of transportation.  
- Transportation is not normally provided to clients who have access to medical treatment within their local area; rather clients are required to find their own means of transportation. Where clients demonstrate a need for frequent trips for medical treatment, situations are to be assessed on an individual basis taking into account the frequency and cost of trips. Transportation is only to be provided when a failure to cover the costs will result in the client being unable to access the medical treatment.  
- Transportation funds for clients can only be provided to enable them to visit the nearest (from the client’s residence) doctor, medical clinic, optometrist, dentist or hospital (outside... |
the local area) which provides the service required. Assistance to visit doctors, clinics or hospitals of their choice, which does not correspond to this requirement, cannot be provided through the Income Support Program unless there are extenuating circumstances as approved by a manager.

- Where possible, clients should arrange transportation through their own vehicle if applicable, or through a friend or family member. Reimbursement for transportation using a private vehicle can be issued at $0.30 per km provided that this is more economical than public transportation. It is not contrary to the Motor Carrier Act to use an unlicensed vehicle to transport oneself, or for a person to provide transportation to take a friend or relative in one's own car as long as it is not done for hire, gain or reward.

- Where a client does not have access to private transportation, public transportation by licensed carriers may be approved subject to the following guidelines:
  - The most economical mode of public transportation is to be utilized at all times (e.g. bus pass versus taxi);
  - Clients requiring assistance to travel long distances must travel by the most economical means. In most instances, a bus should be used instead of an airline. Any deviation from this policy must be supported by medical documentation which explains why a particular client must travel by a certain mode of transportation. (Exception: out of province medical transportation is normally by airline unless there is a medical reason why this is not appropriate, or for long term trips – i.e. awaiting transplants, where the client will be traveling by own vehicle); and
  - When considering the most economical means, this should be as a package which includes any accommodations and meals, as the choice of a bus may then include overnight accommodations and meals, whereas a taxi may make the return trip in one day without those additional costs and may in the end be less expensive.

Other Criteria

- Transportation may be considered in cases which enable a client to receive treatment, if it is court ordered or if a
physician/pyschiatrist, social worker, psychologist, nurse or counsellor verifies that the treatment is necessary. These services may include group therapy offered by one of these professionals or through a support group recommended by the professional as part of the client's service/treatment plan.

- Clients must utilize counselling/treatment services that are available through Health & Community Services or non-profit agencies in their communities. There is no provision within the Income Support Program to cover the cost of counselling/treatment services. The only assistance that can be provided is to cover the cost of transportation to the closest service.

(b) In Province Medical Transportation

- Clients requesting transportation assistance for medical reasons must obtain prior approval from the Department before invoicing. Emergencies are exempt from prior approval and must be verified after the service is provided to the client and before payment is made.

- Where possible and practical, transportation should not be provided when medical needs are not immediate (where appointments can be flexible, such as eye examinations, prescription renewal and unscheduled follow-up appointments).

- When defining the cost that the Department will pay for clients’ medical transportation, Client Service Managers are responsible to identify in their districts: which communities, under what circumstances, and what rates of transportation assistance may be considered. Managers must also determine what medical procedures are provided at local clinics in the district as opposed to major facilities such as hospitals outside the district. The district policy must be available to the district Staff, to clients and to the general public upon request.

- If an escort is being requested for an adult or the request is for two parents/escorts for a child, documentation of medical need (not just for emotional support) for same is required.

- Clients occasionally request assistance for transportation to self help groups i.e. AA, GA, etc. where obtaining verification of attendance may be an issue due to the confidentiality rules of the group. AES can provide the transportation as long as there is medical documentation of need on file.
- Costs incurred in visiting a chiropractor, private physiotherapist, massage therapist, etc. cannot be covered through the Income Support Program, even if medically recommended by a physician. Transportation costs will not be considered for treatments considered “uninsured” by the Medical Care Plan (MCP).
- If a client requires physiotherapy treatment, it must be obtained at the nearest hospital where the treatment is available. Transportation assistance to access physiotherapy at other facilities or private clinics is not to be provided through the Income Support Program.
- Whenever possible, return transportation costs should be arranged for the client.
- If required, waiting time for taxis must be kept to a minimum and clients should be advised of same. Claims for waiting time can only start at the appointment time and will stop when the client finishes the necessary appointment or treatment.
- Where travel is frequent and transportation costs are significant, consideration can be given to providing the client (with his/her consent) with in-town accommodations (i.e. hostel costs or a rental unit) where the cost of the accommodation costs would be less than the transportation costs.

(c) Transportation for Dental Appointments

- Transportation may be provided for dental appointments to the nearest dental clinic in the following circumstances (and assuming it meets the criteria of being outside of the local area or as trips considered in the frequency of overall medical transportation):

  - For children under 12, as per the Provincial Children’s Dental Health Program, once every six months for a regular examination. As a fluoride treatment and a cleaning can be provided to children under twelve once every 12 months, these should be completed during one of the regular six month examinations and not approved as a separate trip. (Verification of attendance required prior to reimbursement);
  - For children age 13-17, as per the Provincial Children's Dental Health Program, once every 24 months for a regular examination. (Verification of
attendance required prior to reimbursement);

- For children under the age of 17 who require additional appointments for other MCP covered procedures (x-ray, or routine fillings and extractions as required) a letter verifying the need must be provided by the dentist prior to transportation being approved. Transportation costs for other dental services – i.e. orthodontics, braces, etc. not covered under the Dental Health Plan will not be approved.

- When a family in receipt of Income Support benefits has more than one child who requires routine dental work such as cleanings or examinations, the parents should schedule the children’s appointments on the same day to eliminate the need for multiple trips/transportation costs; and

- For all clients of the Income Support Program, including adults, who require emergency dental treatment for issues such as pain, infection, trauma or extraction. In these instances, a letter confirming the visit must be provided.

(d) Out of Province Medical Transportation

- Medical transportation outside the province is sometimes required by clients who are in receipt of income support benefits or non-clients who have been determined eligible for assistance with medical transportation costs.

- When a request is received to provide transportation outside the province, the Client Services Officer must obtain the particulars required for consideration. This includes the name of the referring specialist, where and to whom the patient must be referred, the date of the confirmed appointment, the reason for the referral and any other pertinent information. Funding will only be provided in cases where the consultation or treatment is not available in this province and the documentation must verify this. If further information regarding the particular request is required, contact can be made with the Physician Services Division of the Department of Health and Community Services.

- Consideration should be given to arranging the flight through Hope Air where applicable. As well, non-clients who request financial assistance should also be aware of the Medical Transportation Assistance Program through the Department of Health and Community Services.
- Under the Income Support Program, the following costs can be included in the total cost of the trip:

  - airfare, bus or mileage for private vehicle from this province to the other province;
  - taxi from the airport to the health care centre and return;
  - accommodations (preferably hostel);
  - meal costs of $20 per day per person and expenses for an escort where medically required.

- For non-IS clients, the amount required to cover the total cost of the trip is to be included with the other applicable basic assistance requirements. The amount of deductible income is to be subtracted from the total requirements. The difference will be the AES contribution towards the cost of the trip.

- Where a non-client is required to travel for emergency treatment on short notice and time does not allow for an assessment to determine eligibility for income support benefits, the Client Services Officer may issue funds to cover the transportation costs and establish eligibility upon return to the province. Any amount for which there was no eligibility must be set up as an overpayment. Receipts for all expenses will be required.

- In certain circumstances, individuals may have had to borrow funds to travel outside the province because time did not permit an assessment to be completed to determine eligibility through the income support program. Upon return to the province, reimbursement may be considered for any amounts the program would have covered. Receipts for all expenses will be required.

(e) Escort Duty (if medically required)

- In certain cases it may be necessary to cover costs for escorts to accompany children or clients to the closest medical facility outside the local office area. The referring doctor or nurse must verify that an escort is absolutely necessary for medical reasons when dealing with adult clients. One parent may act as an escort for minor children. A second escort will only be considered upon documentation of medical necessity. The escort is selected by the client.
• Where escorts spend their own money to accompany clients, they may submit claims to the Client Services Officers for reimbursement. Expenses cannot exceed the $0.30 per/km for private vehicle usage or actual bus/airline costs, hostel/hotel costs and meal costs at $20 per day per person. Receipts are required.

• When nursing personnel are required by the attending physician to act as escorts for out patients who are eligible for income support, payment of transportation and other related expenses of the escort is the responsibility of the hospital. Only the standard escort fee and administration fee that is directly billed by the hospital to the client for escorted road and air ambulance services may be paid as medical transportation.

(f) **Alcohol Related Medical Treatment**

• There are three recognized alcohol residential treatment centers in the province:
  - Recovery Centre, St. John’s
  - Howard House, St. John’s
  - Humber Wood Alcohol and Drug Treatment Centre, Corner Brook

  Persons who are eligible for Income Support Benefits will be provided transportation to and from these centers.

• There is no provision to send persons outside of the province for alcohol related treatment unless approved by the Department of Health and Community Services.

(g) **Ambulance Services**

(100) **Air and Road Ambulance Program**

• Income support client will be issued a new ambulance/dental services card on their cheques each month. When clients require road ambulance services, they must present their ambulance card to the ambulance driver for coverage. The patient fee charged for road ambulance usage is $115. This coverage is also valid for subsidized residents in nursing homes and non-subsidized residents deemed eligible for transportation assistance.

• For clients requiring an air ambulance, there is an administrative fee charged of $80 which is to be paid as medical transportation. In addition, if a medical escort if required, the additional fee is $50.
Where clients are outside of the province and require an ambulance, MCP will not cover any portion of the cost. In the case of income support clients, coverage can be provided for the full amount paid directly to the service provider or reimbursed to the client where they provide proof of payment.

(200) Clients who Require Road Ambulance Transportation for Renal Dialysis

- Individuals who access renal dialysis treatment at a hospital or community site and who have medical documentation denoting their need to travel by road ambulance can have these fees paid through AES if they are in receipt of income support benefits or subsidized home support services through an Integrated Health Board.

- Individuals who access renal dialysis treatment at a hospital or community site at least three times/week by road ambulance, who are not eligible for income support benefits or subsidized home supports should be referred to their local Regional Health Authority. The Regional Health Authorities can use enriched needs guidelines to determine eligibility for partial/full payment of transportation by road ambulance if this need is medically documented by a physician/nephrologist.

(h) Methadone Treatment

- Clients who are seeking financial assistance with transportation to receive methadone treatments are required to get medical documentation advising of the need for regular transportation to receive their treatments, normally dispensed at pharmacies. In some instances, pharmacists allow “carries” (a dosage to take home as opposed to ingesting the medication at the pharmacy) of the drug. The fee associated with these ‘carries’ are normally covered by a special authorization under NLPDP. However, where there are multiple ‘carries’ provided (i.e. for 3 days), NLPDP only provides for 1 dispensing fee and the pharmacy may charge for 3 – one for each ‘carry’. Where it would otherwise mean that without payment for the additional dispensing fees, AES would be required to pay a higher cost for the transportation, approval can be provided to cover the dispensing fee as a form of medical transportation.
(i) Blood Collection

- The Income Support Program does not normally provide for the payment of direct health services such as private blood collection services. However, for clients who would be approved for medical transportation based on frequency of visits or the distance of the medical facility from their home, consideration can be given to the payment of such costs where they are more economical than the cost of transportation/waiting time.

(j) Waterford Community Care/Nursing Homes

- Subsidized residents of the Waterford Community Care Homes and nursing homes are assumed to be eligible for medically related transportation if their liquid assets are within income support guidelines.
- Regional Health Authorities are responsible for the transportation of subsidized residents of Personal Care Homes and this should not be approved under the income support program.
- Where non-subsidized residents of nursing homes, Community Care homes or Personal Care Homes require assistance with medical transportation, a needs test must be completed to determine if eligibility exists.

(k) Health Authority Programs

(100) Medical Transportation Assistance Program (Non-Emergency)

- The intent of this program is to provide financial assistance for persons who travel by commercial air or registered taxi/bus service to access medically insured services not available within their place of residence and/or within the province.
- To be assessed for eligibility for in-province travel, the referring physician is required to complete an application indicating the medical nature of the referral and to whom the patient is being referred. Assessment for eligibility for out-of-province travel requires referral by a specialist.
- Persons in receipt of income support are excluded from eligibility under this program as they may be eligible for medical travel assistance through the Department of
Advanced Education and Skills. Kidney, bone marrow and stem cell donors are also exempt from this program as donors are eligible for travel assistance through the Eastern Regional Integrated Health Authority.

- Further information on this transportation program can be obtained by contacting the Department of Health and Community Services at 1-877-475-2412 or on the HCS website.

The Eastern Regional Integrated Health Authority, on behalf of the Department of Health and Community Services, administers the following universal programs to offset travel costs for residents of Newfoundland and Labrador to avail of the following services:

(200) Home Renal Dialysis Training Program

- The program provides assistance to family members who have been advised by a physician to take training for Home Dialysis for their relative, who is a patient in a hospital or who must travel long distances to an approved centre for dialysis.
- There is 100% coverage for transportation and accommodation costs.

(300) Organ Transplant Program

- The Eastern Regional Integrated Health Authority administers an Organ Transplant Program, which is available to all residents of Newfoundland and Labrador.
- The program covers 100% of the transportation and accommodation costs for donors accompanying patients to approved centres for organ transplants.

Further information on these transportation programs can be obtained by contacting the Eastern Regional Integrated Health Authority.

(I) Hope Air Network

- Hope Air is a national charitable organization that provides free air transportation (utilizing empty seats on existing
Hope Air is not an Air Ambulance or emergency service. Therefore patients must:

- be able to board an aircraft with a minimum of aid;
- be able to sit in a regular aircraft seat; and
- must not require medical attention while on board

Hope Air will accept telephone referrals from patients, health care professionals and social service agencies for either one-way or return flights.

Securing a seat usually requires a minimum of five (5) business days (prior to the scheduled medical appointment) to arrange air transportation. Normally it takes 2 - 4 weeks prior to the scheduled medical appointment to ensure that all necessary doctor consents have been received. In addition,

- Two weeks notice is required for those requiring surgery;
- Three weeks is required for those going for assessments; and
- Four weeks notice is required for those travelling for a check-up

Transportation assistance is not guaranteed and Hope Air reserves the right to refuse any flight request at its sole discretion.

Every effort is made to schedule flights as close as possible to medical treatment times, occasionally however patients may have to depart earlier or return later than requested.

Hope Air may arrange up to 2 return trips per client in one calendar year on commercial airlines. Flights utilizing the Volunteer Pilot Program are not subject to this restriction.

Requests for an escort (companion), when deemed necessary by the patient's physician, are accommodated whenever possible.

In order to be considered for eligibility through Hope Air, applicants must:
- be Canadian citizens or landed immigrants and be living in Canada;
- demonstrate financial need;
- have a scheduled appointment for non-emergency medical treatment covered under a provincial medical plan; and
- pay a $50 processing fee per person

- Applicants can call Hope Air at (416) 222-6335.
- Calls are answered by volunteers between 9:00 a.m. and 5:00 p.m. (E.S.T.), Monday to Friday, (10:30 a.m. to 6:30 p.m. NL time).
- After hours, a telephone answering machine records the calls and a volunteer returns them the next business day
- Contact may also be madder through their website at http://www.hopeair.org/
- The following information must be provided to Hope Air by the applicant or person calling on behalf of the applicant:
  - Name of the closest mid-size or major airport;
  - Name, address and telephone number of the patient's of the referring physician;
  - Name and contact information of the treatment physician. Physicians are contacted later to obtain medical clearance to fly and to validate appointment details;
  - Type of treatment being required;
  - Date and time of the first appointment at the treatment facility/with the treating physician;
  - For payment of processing fee via credit card, have credit card number and expiry date available;
  - Name and contact information for the escort when deemed medically necessary; and
  - Information about special medical requirement (i.e., wheelchair at airport, oxygen during flight, etc.).

- Persons who are required to travel outside Newfoundland and Labrador for medical procedures are required to access the Hope Air Transportation Network to determine if there is eligibility for that program.
- The registration fee will be covered under the Income Support Program for persons in receipt of or deemed eligible for Income Support.
### Procedure:

#### General
- Where prior approval is given for medical transportation, a request to reflect same should be added in CAPS as well as a case note.

#### Payment
- Transportation assistance in the amount of $0.30 per kilometer will be paid directly to the client to provide for the expenses involved provided that the transportation meets the other conditions (i.e. nearest treatment, frequency of trips, is not within the local office area and is less expensive than public transportation).
- Payment for public ground transportation may be made payable to the service provider or to the client. Payment for air travel must be made payable to the airline or travel agent.

#### Benefit added to recurring pay cheques
- Clients with long-term ongoing medical transportation needs can have funding for these trips included in their regular semi-monthly cheque. The use of recurring pay for ongoing medical transportation requests will be offered to cases where the source of transportation is private vehicle or public transportation (i.e. bus pass). **Clients who use taxi transportation, via service authorization, should not have their travel costs added to recurring pay.** Those utilizing a taxi for medical appointments, but paying the same as private vehicle rates (shared taxis), can have these benefits placed on recurring pay.
- To be considered to have this benefit added to a recurring pay cheque, the transportation requirement should be needed for a minimum of 3 months. As this is meant for long term, frequent medical treatment; it is anticipated that the following types of treatment would fall into the criteria noted:
  - Dialysis
  - Chemotherapy
  - Radiation
  - Methadone Program
  - Psychiatric Programs
  - Other treatments which are frequent and will last at least 3 months in duration.
- While this option is available to all clients, there may be some individuals who because of medical or management issues, would be better served if their bus pass is mailed to them on a
regular basis or they are reimbursed for each trip. This
decision will be left to the discretion of the CSO, in
consultation with management.

- Initial verification of the need for ongoing medical
  transportation is required upfront – i.e. client will require
  chemotherapy for 16 weeks. Further verification of attendance
  at medical appointments must then be provided by the client
every 3 months. This attendance verification may require only
1 note from the medical professional indicating that the client
attended the appointments with the dates noted, as opposed
to a separate note for each date. Based on the compliance of
the documentation being received, consideration will be given
to extending the time frame for up to six months so that the
need for the documentation is less frequent. For clients who
receive bus passes, a request from a health care professional
for additional months is sufficient verification that previous
appointments were kept.

- KIV’s must be set up and actioned to ensure that verification
  of medical attendance is received and that the benefit is
  removed from the allowance at the end of the treatment. KIV
categories already exist in CAPS for “medical confirmation”
and “verification of medical appointment;” however for
purposes of this new procedure an additional KIV category
has been created in CAPS-Medical Transportation/Recurring
Pay and should be utilized for this purpose. Once the
verification of attendance is received, staff must action the
current KIV and set up a new one for the following 90 days (or
180 days for clients who submit documentation every six
months). It is essential that the PAU keep these KIV’s up to
date. If verification is not received within the time frame, the
benefit should be removed from the recurring pay allowance
and paid only as a reimbursement to the client, or as a
payment directly to the supplier. To ensure the integrity of this
procedure, managers are asked to monitor the KIV’s and
compliance of the documentation received.

- When the medical transportation request is entered into
  CAPS, the start and end date of the benefit is required. These
dates should not exceed six months as verification of medical
appointments are required before further approval can be
given. Dates are for informational purposes only. The benefit
will not end unless a CSO suspends the case and
completes a reassessment. Although it will not be necessary
to change the start and end dates when a further 90 or 180
days are approved, it is expected that when a reassessment is
completed for other reasons, that the dates are updated at that time.

Ambulance transportation

- When income support benefit clients request medical transportation via road ambulance – they present their ambulance card to the ambulance driver and the ambulance operators bill the Regional Health Authorities for payment. Prior to payment by the RHA, a client’s eligibility for the service is validated by utilizing the Newfoundland & Labrador Prescription Drug Program. Once eligibility is determined, the Regional Health Authorities pay the ambulance fee and request AES to reimburse them. However, there are situations where an income support client failed to present the ambulance card to the operator and has received an invoice for payment of the patient fee for road ambulance services. The patient fee is $115 and in those cases, the client requests the assistance of the Department for payment. The Client Services Officer should advise the client to provide their ambulance card information to the ambulance operator so that he can resubmit his claim to Eastern Health.

- The issuance of this card is linked to regular drug card records created within CAPS. If staff tick the ‘include drug card’ button on AM 5000, the cheque issued will include the new ambulance/dental services card, unless there is a private health care record which indicates these benefits are already provided under that plan or the drug card issued is an ‘extended’ card.

- Non-IS clients who request assistance with the cost of ambulance bills must apply to the income support program and have a needs assessment completed.

Escort Fees

- Medical escort fees are billed by the applicable RHA and can be paid via service authorization using the medical transportation code. Current rates are $50 for the escort.

Authority Level:

- Client Services Officer – regular transportation requests
- Client Services Manager – Extenuating transportation requests
- Out of Province medical transportation
- Monitor KIV’s for recurring pay medical transportation

Date revised: June 20, 2013
# Chapter 7: Transportation Benefits

## (ii) Medical Transportation

<table>
<thead>
<tr>
<th><strong>Intent:</strong></th>
<th>To identify factors which need to be considered in order to determine eligibility for medical transportation and the circumstances warranting approval.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Act:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>(if applicable)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Regulations:</strong></td>
<td>Other income support</td>
</tr>
<tr>
<td></td>
<td>19. (5) Other income support for which an applicant or recipient may be eligible is:</td>
</tr>
<tr>
<td></td>
<td>(a) for transportation, an amount determined by the prevailing commercial rates;</td>
</tr>
<tr>
<td><strong>Overview:</strong></td>
<td>Income Support recipients may require financial assistance in attending medical appointments or treatment facilities. This service may be provided by a physician, psychiatrist, or by other professionals such as social workers, psychologists and nurses employed under the Regional Health Authorities or non-profit agencies.</td>
</tr>
<tr>
<td><strong>(if applicable)</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Policy:</strong></td>
<td><strong>(a) Eligibility Criteria</strong></td>
</tr>
<tr>
<td></td>
<td>In determining eligibility for medical transportation, staff must assess the need based on the distance that the client must travel to receive the treatment, the frequency of the required travel and the most cost effective means of transportation.</td>
</tr>
<tr>
<td></td>
<td>- Transportation is not normally provided to clients who have access to medical treatment within their local area – defined as within a 60 km. return trip (using Google maps as a tool); rather clients are required to find their own means of transportation. Where clients living within a 60 km. return trip of their medical appointment demonstrate a need for frequent trips (a minimum of 8 return trips in a 30 day period) for medical treatment, situations are to be assessed on an individual basis.</td>
</tr>
<tr>
<td></td>
<td>- Clients, who require medical transportation for trips which exceed 60 kms. round trip can be approved with medical</td>
</tr>
</tbody>
</table>
Transportation funds for clients can only be provided to enable them to visit the nearest (from the client’s residence) doctor, medical clinic, optometrist, dentist or hospital (outside the local area) which provides the service required. Assistance to visit doctors, clinics or hospitals of their choice, which does not correspond to this requirement, cannot be provided through the Income Support Program unless there are extenuating circumstances as approved by a manager.

Approval will not be provided for clients who request to bypass the closest medical facility in order to receive an earlier appointment at a facility further away. In those cases, transportation will only be provided to the closest facility.

Where possible, clients should arrange transportation through their own vehicle if applicable, or through a friend or family member. Reimbursement for transportation using a private vehicle can be issued at $0.30 per km. provided that this is more economical than public transportation. NOTE: It is not contrary to the Motor Carrier Act to use an unlicensed vehicle to transport oneself, or for a person to provide transportation to take a friend or relative in one’s own car as long as it is not done for hire, gain or reward.

Where a client does not have access to private transportation, public transportation by licensed carriers may be approved subject to the following guidelines:

- The most economical mode of public transportation is to be utilized at all times.
- Clients requiring assistance to travel long distances must travel by the most economical means. In most instances, a bus should be used instead of an airplane. When determining the most economical means, the calculation should include all expenses, i.e. accommodations and meals. For example, a bus trip may include overnight accommodations and meals, whereas a more expensive taxi may make the return trip in one day without those additional costs and may in the end be less expensive.

Clients requiring medical transportation, who currently or previously received cancer treatment, are exempt from the frequency and distance restrictions set out in this policy.
Areas Serviced by City Buses

- Taxi transportation should not be provided in areas where public transportation is available – areas serviced by public bus systems in St. John’s/Mount Pearl and Coner Brook. Clients with frequent trips (8 in a 30 day period) in these areas can be provided with a monthly bus pass (or equivalent funding) and will be expected to arrange appointments at times when the buses are running.

- Clients from other areas of the province can be provided with taxis from their arrival point (i.e. airport, DRL bus drop off sites etc.) to their accommodations and return. However, for other in town transportation to scheduled appointments, clients will be expected to use the bus as opposed to taxi transportation. Alternately, they can be provided with funds equivalent to the number of bus trips ($5 return trip) required and they can make their own arrangements.

- Clients who require frequent transportation but have been banned from city buses will be provided with funding equivalent to a bus pass and will be expected to make their own arrangements for transportation to medical appointments.

- Clients from the city who have appointments outside of the bus area (i.e. Paradise or Conception Bay South), will be expected to use the bus to the edge of the route where other transportation methods can then be used.

**NOTE:** A pilot bus route will include Paradise beginning in late June 2016.

- Clients from just outside the city where there is no bus transportation, who are otherwise eligible for transportation, can be approved for a taxi for the entire trip – there is no expectation that the taxi drop them at the closest bus stop within the town.

- After-hours requests for medical transportation should be limited to emergencies only, and if buses are running, clients are expected to use same. For after-hours emergencies when the buses are not running, consideration can be given to provide a taxi to a hospital/clinic and return. Where after-hours staff see a pattern of such requests, client services managers should be notified, with a plan to follow up with the client during working hours.
Exceptions where taxi transportation can be approved in areas serviced by public transportation will be limited to clients requiring services such as dialysis and cancer treatments. Taxi transportation for this group will cover all medical appointments if required, and not just the ones for dialysis and cancer treatments. Medical notes requesting approval based on other reasons will not ordinarily be approved.

Clients requiring accessible transportation in St. John’s/Mount Pearl will be expected to use the accessible buses or the Go Bus, or can be provided with funding equivalent to the number of bus trips required. In Corner Brook, clients requiring accessible transportation can be issued private vehicle rates or where this is not an option, can be approved for taxi transportation.

Any other exceptional case will need to be elevated to the Regional Manager/Regional Director by the Client Services Manager. Where necessary, the Income Support Division can be consulted to determine if an exception should be made for that case.

Other Criteria

Transportation may be considered in cases which enable a client to receive treatment, if it is court ordered or if a physician/psychiatrist, social worker, psychologist, nurse or counsellor verifies that the treatment is necessary. These services may include group therapy offered by one of these professionals or through a support group recommended by the professional as part of the client’s service/treatment plan. Transportation to recreational programs, social events and social outings will not be approved, even as part of a treatment plan.

Clients must utilize counselling/treatment services that are available through Health & Community Services or non-profit agencies in their communities. There is no provision within the Income Support Program to cover the cost of counselling/treatment services. The only assistance that can be provided is to cover the cost of transportation to the closest service.
### Annual Limit on Medical Transportation Costs

- Effective July 1, 2016, an annual limit of $3000 will be applied to the approval of medical transportation. The cap will apply per case.

- Exceptions to the limit are as follows:
  - Clients accessing services such as dialysis and cancer treatment.
  - Clients living in Labrador communities where air travel is the only viable option to obtain medical services.
  - Clients required to travel outside of the province for medical treatment.

- Staff will need to proactively work with clients to determine other options to decrease annual medical transportation costs, and to ensure that clients are aware of the limitations.

- Cases which exceed the limit (other than the exceptions above) will need to be elevated to the Regional Manager/Regional Director by the Client Services Manager. Where necessary, the Income Support Division can be consulted to determine if an exception should be made for that case.

### (b) In Province Medical Transportation

- Clients requesting transportation assistance for medical reasons must obtain prior approval from the Department before invoicing. Emergencies are exempt from prior approval and must be verified after the service is provided to the client and before payment is made.

- Where possible and practical, transportation should not be provided when medical needs are not immediate (where appointments can be flexible, such as eye examinations, prescription renewal and unscheduled follow-up appointments).

- When defining the cost that the Department will pay for clients’ medical transportation, Client Service Managers are responsible to identify in their districts between which communities, transportation assistance may be considered, based upon the 60 km round trip criteria. Managers must also determine what medical procedures are provided at local clinics in the district as opposed to major facilities such as
hospitals outside the district.

- If an escort is being requested for an adult or the request is for two parents/escorts for a child, documentation of medical need (not just for emotional support) for same is required.

- Clients occasionally request assistance for transportation to self help groups (i.e. AA, GA, etc.) where obtaining verification of attendance may be an issue due to the confidentiality rules of the group. AESL can provide the transportation as long as there is medical documentation of need on file.

- Costs incurred in visiting a chiropractor, massage therapist, etc. cannot be covered through the Income Support Program, even if medically recommended by a physician. Transportation costs will not be considered for treatments considered “uninsured” by the Medical Care Plan (MCP).

- If a client requires physiotherapy treatment, it should be obtained at the nearest hospital where the treatment is available. However in exceptional circumstances, travel to and the cost of a private physiotherapist visit could be considered where the combined cost of the visit and the transportation is less than transportation costs to a hospital based physiotherapist covered by MCP. The total cost would be coded as medical transportation.

- Whenever possible, return transportation costs should be arranged for the client.

- If required, waiting time for taxis must be kept to a minimum and clients should be advised of same. Claims for waiting time can only start at the appointment time and will stop when the client finishes the necessary appointment or treatment.

- Where travel is frequent and transportation costs are significant, consideration can be given to providing the client (with his/her consent) with in-town accommodations (i.e. hostel costs or a rental unit) where the cost of the accommodation is less than the transportation costs.

- Clients, who receive transportation for travel to a particular
facility for medical appointments/treatment, and chose to move further away from the treatment facility, will not be considered for higher transportation costs. For example, if regular transportation is provided for a client to attend the Health Sciences Centre from Mt. Pearl three days/week and the client chooses to move to Bay Roberts, the client will only be considered for the cost from Mt. Pearl to HSC, not from Bay Roberts. Likewise, if a physician moves out of the area, clients will not be approved for travel further away to see the initial doctor, when there are other physicians in the immediate area.

- Clients, who are banned from services for behavioural reasons at the nearest facility or pharmacy, will not be approved by higher transportation costs. Approval will only be provided for transportation to the nearest facility.

(c) Transportation for Dental Appointments

- Transportation may be provided for dental appointments to the nearest dental clinic in the following circumstances (and assuming it meets the criteria of being outside of the local area or as trips considered in the frequency of overall medical transportation):

  - For children under 12, as per the Provincial Children’s Dental Health Program, once every six months for a regular examination. As a fluoride treatment and a cleaning can be provided to children under twelve once every 12 months, these should be completed during one of the regular six month examinations and not approved as a separate trip (verification of attendance required prior to reimbursement);
  - For children age 13-17, as per the Provincial Children’s Dental Health Program, once every 24 months for a regular examination (verification of attendance required prior to reimbursement);
  - For children under the age of 17 who require additional appointments for other MCP covered procedures (x-ray, or routine fillings and extractions as required) a letter verifying the need must be provided by the dentist prior to transportation being approved. Transportation costs for other dental services (i.e. orthodontics, braces, etc.) not covered under the
Dental Health Plan **will not be approved.**
- When a family in receipt of Income Support benefits has more than one child who requires routine dental work such as cleanings or examinations, the parents should schedule the children’s appointments on the same day to eliminate the need for multiple trips/transportation costs; and
- For all clients of the Income Support Program including adults, who require emergency dental treatment for issues such as pain, infection, trauma or extraction. In these instances, a letter confirming the visit must be provided.

**d) Out of Province Medical Transportation**

- Medical transportation outside the province is sometimes required by clients who are in receipt of Income Support benefits or non-clients who have been determined eligible for assistance with medical transportation costs.

- When a request is received to provide transportation outside the province, the Client Services Officer must obtain the particulars required for consideration. This includes the name of the referring specialist, where and to whom the patient must be referred, the date of the confirmed appointment, the reason for the referral and any other pertinent information. Funding will only be provided in cases where the consultation or treatment is not available in this province and the documentation must verify this. If further information regarding the particular request is required, contact can be made with the Physician Services Division of the Department of Health and Community Services.

- Non-clients who request financial assistance should also be aware of the Medical Transportation Assistance Program through the Department of Health and Community Services.

- Under the Income Support Program, the following costs can be included in the total cost of the trip:
  - airfare, bus or mileage for private vehicle from this province to the other province;
  - taxi from the airport to the health care centre and return;
  - accommodations (preferably hostel);
- meal costs of $20 per day per person and
  expenses for an escort where medically required.

- For non-IS clients, the amount required to cover the total cost of the trip is to be included with the other applicable basic assistance requirements. The amount of deductible income is to be subtracted from the total requirements. The difference will be the AESL contribution towards the cost of the trip.

- Where a non-client is required to travel for emergency treatment on short notice and time does not allow for an assessment to determine eligibility for Income Support benefits, the Client Services Officer may issue funds to cover the transportation costs and establish eligibility upon return to the province. Any amount for which there was no eligibility must be set up as an overpayment. Receipts for all expenses will be required.

- In certain circumstances, individuals may have had to borrow funds to travel outside the province because time did not permit an assessment to be completed to determine eligibility through the Income Support Program. Upon return to the province, reimbursement may be considered for any amounts the program would have covered. Receipts for all expenses will be required.

(e) Escort Duty (if medically required)

- In certain cases it may be necessary to cover costs for escorts to accompany children or clients to the closest medical facility outside the local office area. The referring doctor or nurse must verify that an escort is absolutely necessary for medical reasons when dealing with adult clients. One parent may act as an escort for minor children. A second escort will only be considered upon documentation of medical necessity. The escort is selected by the client.

- Where escorts spend their own money to accompany clients, they may submit claims to the Client Services Officers for reimbursement. Expenses cannot exceed the $.30 per/km for private vehicle usage or actual bus/airline costs, hostel/hotel costs and meal costs at $20 per day per person (where overnight stays are required). Receipts are required.
• When nursing personnel are required by the attending physician to act as escorts for out patients who are eligible for Income Support, payment of transportation and other related expenses of the escort is the responsibility of the hospital. Only the standard escort fee and administration fee that is directly billed by the hospital to the client for escorted road and air ambulance services may be paid as medical transportation.

(f) Alcohol Related Medical Treatment

• There are four recognized alcohol residential treatment centers in the province:
  ▪ Recovery Centre, St. John’s
  ▪ Howard House, St. John’s
  ▪ Grace House, Harbour Grace
  ▪ Humber Wood Alcohol and Drug Treatment Centre, Corner Brook

  Persons who are eligible for Income Support benefits will be provided transportation to and from these centers.

• There is no provision to send persons outside of the province for alcohol related treatment unless approved by the Department of Health and Community Services.

(g) Ambulance Services

(100) Air and Road Ambulance Program

• Income Support clients will be issued new ambulance/dental services cards on their cheques each month. When clients require road ambulance services, they must present their ambulance card to the ambulance driver for coverage. The patient fee charged for road ambulance usage is $115. This coverage is also valid for subsidized residents in nursing homes and non-subsidized residents deemed eligible for transportation assistance.

• For clients requiring an air ambulance, there is an administrative fee charged of $80 which is to be paid as medical transportation. In addition, if a medical escort if required, the additional fee is $50.

• Where clients are outside of the province and require an ambulance, MCP will not cover any portion of the cost. In the
case of Income Support clients, coverage can be provided for the full amount paid directly to the service provider or reimbursed to the client where they provide proof of payment.

(200) Clients who Require Road Ambulance Transportation for Renal Dialysis

- Individuals who access renal dialysis treatment at a hospital or community site and who have medical documentation denoting their need to travel by road ambulance can have these fees paid through AESL if they are in receipt of Income Support benefits or subsidized home support services through an Integrated Health Board.

- Individuals who access renal dialysis treatment at a hospital or community site at least three times/week by road ambulance who are not eligible for Income Support benefits or subsidized home supports should be referred to their local Regional Health Authority. The Regional Health Authorities can use enriched needs guidelines to determine eligibility for partial/full payment of transportation by road ambulance if this need is medically documented by a physician/nephrologist.

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- Clients who are seeking financial assistance with transportation to receive methadone treatments are required to get medical documentation advising of the need for regular transportation to receive their treatments, normally dispensed at pharmacies. In some instances, pharmacists allow “carries” (a dosage to take home as opposed to ingesting the medication at the pharmacy) of the drug. The fee associated with these ‘carries’ are normally covered by a special authorization under NLPDP. However, where there are multiple ‘carries’ provided (i.e. for 3 days), NLPDP only provides for 1 dispensing fee and the pharmacy may charge for 3 – one for each ‘carry’. Where it would otherwise mean that without payment for the additional dispensing fees, AESL would be required to pay a higher cost for the transportation, approval can be provided to cover the dispensing fee as a form of medical transportation.

- To ensure that methadone clients, who are approved to
receive carries, can travel to their required appointments, each carry can be considered as a count towards the eight trip minimum.

- Clients travelling to visit doctors for their Methadone prescription may have difficulty obtaining verification of attendance. In these instances, a copy of their prescription will suffice to confirm the medical trip.

- Clients who move further from their doctor or pharmacy will only have travel approved based on their previous address. Clients who are banned from a particular pharmacy, will only have transportation approved to the nearest facility and will be expected to make their own arrangements for any shortfall.

(i) Blood Collection

- The Income Support Program does not normally provide for the payment of direct health services such as private blood collection services. However, for clients who would be approved for medical transportation based on frequency of visits or the distance of the medical facility from their home, consideration can be given to the payment of such costs where they are more economical than the cost of transportation/waiting time.

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- Subsidized residents of the Waterford Community Care Homes and nursing homes are assumed to be eligible for medically related transportation if their liquid assets are within income support guidelines.

- Regional Health Authorities are responsible for the transportation of subsidized residents of Personal Care Homes and Alternate Family Care Homes and this should not be approved under the Income Support Program.

- Where non-subsidized residents of nursing homes, Community Care homes or Personal Care Homes require assistance with medical transportation, a needs test must be
completed to determine if eligibility exists.

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**(100) Medical Transportation Assistance Program (Non-Emergency)**
- The intent of this program is to provide financial assistance for persons who travel by commercial air or registered taxi/bus service to access medically insured services not available within their place of residence and/or within the province.

- To be assessed for eligibility for in-province travel, the referring physician is required to complete an application indicating the medical nature of the referral and to whom the patient is being referred. Assessment for eligibility for out-of-province travel requires referral by a specialist.

- Persons in receipt of Income Support are excluded from eligibility under this program as they may be eligible for medical travel assistance through the Department of Advanced Education and Skills. Kidney, bone marrow and stem cell donors are also exempt from this program as donors are eligible for travel assistance through the Eastern Regional Integrated Health Authority.

- Further information on this transportation program can be obtained by contacting the Department of Health and Community Services at 1-877-475-2412 or on the HCS website.

The Eastern Regional Integrated Health Authority, on behalf of the Department of Health and Community Services, administers the following universal programs to offset travel costs for residents of Newfoundland and Labrador to avail of the following services:

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- The program provides assistance to family members who have been advised by a physician to take training for Home Dialysis for their relative, who is a patient in a hospital or who must travel long distances to an approved
centre for dialysis.
  - There is 100% coverage for transportation and accommodation costs.

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- The Eastern Regional Integrated Health Authority administers an Organ Transplant Program, which is available to all residents of Newfoundland and Labrador.
- The program covers 100% of the transportation and accommodation costs for donors accompanying patients to approved centres for organ transplants.

Further information on these transportation programs can be obtained by contacting the Eastern Regional Integrated Health Authority.

**Procedure:**

**General**
- Where prior approval is given for medical transportation, a request to reflect same should be added in CAPS as well as a case note.

**Payment**
- Transportation assistance in the amount of $0.30 per kilometer will be paid directly to the client to provide for the expenses involved provided that the transportation meets the other conditions (i.e. nearest treatment, frequency of trips, is not within the local office area and is less expensive than public transportation).

- When requests are received from clients for payment of pre-approved medical transportation, staff should calculate the amount based on Google Maps and $.30/km. The actual eligible amount should be issued; there is no need to round up or down, as CAPS will do any rounding that may be required.

- Payment for public ground transportation may be made payable to the service provider or to the client. Payment for air travel must be made payable to the airline or travel agent.

**Benefits Added to Recurring Pay Cheques**
Clients with long term ongoing medical transportation needs can have funding for these trips included in their regular semi-monthly cheque. The use of recurring pay for ongoing medical transportation requests will be offered to cases where the source of transportation is private vehicle or public transportation (i.e. bus pass). **Clients who use taxi transportation, via service authorization, should not have their travel costs added to recurring pay.** Those utilizing a taxi for medical appointments, but paying the same as private vehicle rates (shared taxis), can have these benefits placed on recurring pay.

To be considered to have this benefit added to a recurring pay cheque, the transportation requirement should be needed for a minimum of 3 months. As this is meant for long term, frequent medical treatment; it is anticipated that the following types of treatment would fall into the criteria noted:

- Dialysis
- Chemotherapy
- Radiation
- Methadone Program
- Psychiatric Programs
- Other treatments which are frequent and will last at least 3 months in duration.

While this option is available to all clients, there may be some individuals who because of medical or management issues, would be better served if their bus pass is mailed to them on a regular basis or they are reimbursed for each trip. This decision will be left to the discretion of the CSO, in consultation with management.

Initial verification of the need for ongoing medical transportation is required upfront – i.e. client will require chemotherapy for 16 weeks. Further verification of attendance at medical appointments must then be provided by the client every 3 months. This attendance verification may require only 1 note from the medical professional indicating that the client attended the appointments with the dates noted, as opposed to a separate note for each date. Based on the compliance of the documentation being received, consideration will be given to extending the time frame for up to six months so that the
need for the documentation is less frequent. For clients who receive bus passes, a request from a health care professional for additional months is sufficient verification that previous appointments were kept.

- KIV’s must be set up and actioned to ensure that verification of medical attendance is received and that the benefit is removed from the allowance at the end of the treatment. KIV categories already exist in CAPS for “medical confirmation” and “verification of medical appointment;” however, for purposes of this new procedure an additional KIV category has been created in CAPS-Medical Transportation/Recurring Pay and should be utilized for this purpose. Once the verification of attendance is received, staff must action the current KIV and set up a new one for the following 90 days (or 180 days for clients who submit documentation every six months). It is essential that the PAU keep these KIV’s up to date. If verification is not received within the time frame, the benefit should be removed from the recurring pay allowance and paid only as a reimbursement to the client, or as a payment directly to the supplier. To ensure the integrity of this procedure, managers are asked to monitor the KIV’s and compliance of the documentation received.

- When the medical transportation request is entered into CAPS, the start and end date of the benefit is required. These dates should not exceed six months as verification of medical appointments is required before further approval can be given. Dates are for informational purposes only. The benefit will not end unless a CSO suspends the case and completes a reassessment. Although it will not be necessary to change the start and end dates when a further 90 or 180 days are approved, it is expected that when a reassessment is completed for other reasons, that the dates are updated at that time.

Ambulance transportation

- When Income Support benefit clients request medical transportation via road ambulance – they present their ambulance card to the ambulance driver and the ambulance operators bill the Regional Health Authorities for payment. Prior to payment by the RHA, a client’s eligibility for the service is validated by utilizing the Newfoundland & Labrador
Prescription Drug Program. Once eligibility is determined, the Regional Health Authorities pay the ambulance fee. However, there are situations where an Income Support client failed to present the ambulance card to the operator and has received an invoice for payment of the patient fee for road ambulance services. The Client Services Officer should advise the client to provide their ambulance card information to the ambulance operator so that he can resubmit his claim to Eastern Health.

- The issuance of this card is linked to regular drug card records created within CAPS. If staff tick the ‘include drug card’ button on AM 5000, the cheque issued will include the new ambulance/dental services card, unless there is a private health care record which indicates these benefits are already provided under that plan or the drug card issued is an ‘extended’ card.

- Non-IS clients who request assistance with the cost of ambulance bills must apply to the Income Support program and have a needs assessment completed.

**Escort Fees**

- Medical escort fees are billed by the applicable RHA and can be paid via service authorization using the medical transportation code. Current rates are $50 for the escort.

<table>
<thead>
<tr>
<th>Authority Level:</th>
<th>Client Services Officer:</th>
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<td>o Regular transportation requests</td>
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|                  | Client Services Manager: |
|                  | o Extenuating transportation requests |
|                  | o Out of Province medical transportation |
|                  | o Monitoring KIV’s for recurring pay medical transportation |
|                  | o Exceptions when clients exceed the $3,000 cap |

**Date revised:** November 15, 2016
Hi,

I keep all policies by date so we can review changes if necessary. Please see attached the last version prior to July 2016.

Thanks,

K

Kelly Strong
Program and Policy Development Specialist – Income Support Division
Department of Advanced Education, Skills and Labour
Government of Newfoundland and Labrador
P.O. Box 8700
West Block – Confederation Building
St. John’s, NL
A1B 4J6

(709) 729-7315 (t)
(709) 729-5560 (f)

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Hi Kelly,

Are we able to get a copy of the provincial medical transportation policy, prior to July 2016? Do we keep electronic copies, or does the old policy disappear from the system after we make changes?

Thanks,

Cynthia King
Director, Income Support
Department of Advanced Education, Skills & Labour
P.O. Box 8700
St. John’s, NL
A1B 4J6

(t) 709-729-1334
### Chapter 7: Transportation Benefits

#### (ii) Medical Transportation

<table>
<thead>
<tr>
<th><strong>Intent:</strong></th>
<th>To identify factors which need to be considered in order to determine eligibility for medical transportation and the circumstances warranting approval.</th>
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<tr>
<td><strong>Act:</strong></td>
<td>N/A</td>
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<td>(if applicable)</td>
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| **Regulations:** | Other income support  
19. (5) Other income support for which an applicant or recipient may be eligible is:  
(a) for transportation, an amount determined by the prevailing commercial rates; |
| **Overview:** | Income Support recipients may require financial assistance in attending medical appointments or treatment facilities. This service may be provided by a physician, psychiatrist, or by other professionals such as social workers, psychologists and nurses employed under the Regional Health Authorities or non-profit agencies. |
| (if applicable) |                                                                                                                                 |
| **Policy:** | **(a) Eligibility Criteria**  
In determining eligibility for medical transportation, staff must assess the need based on the distance that the client must travel to receive the treatment, the frequency of the required travel and the most cost effective means of transportation.  
- Transportation is not normally provided to clients who have access to medical treatment within their local area; rather clients are required to find their own means of transportation. Where clients demonstrate a need for frequent trips for medical treatment, situations are to be assessed on an individual basis taking into account the frequency and cost of trips. Transportation is only to be provided when a failure to cover the costs will result in the client being unable to access the medical treatment.  
- Transportation funds for clients can only be provided to enable them to visit the nearest (from the client’s residence) doctor, medical clinic, optometrist, dentist or hospital (outside... |
the local area) which provides the service required. Assistance to visit doctors, clinics or hospitals of their choice, which does not correspond to this requirement, cannot be provided through the Income Support Program unless there are extenuating circumstances as approved by a manager.

- Where possible, clients should arrange transportation through their own vehicle if applicable, or through a friend or family member. Reimbursement for transportation using a private vehicle can be issued at $0.30 per km provided that this is more economical than public transportation. It is not contrary to the Motor Carrier Act to use an unlicensed vehicle to transport oneself, or for a person to provide transportation to take a friend or relative in one’s own car as long as it is not done for hire, gain or reward.

- Where a client does not have access to private transportation, public transportation by licensed carriers may be approved subject to the following guidelines:
  - The most economical mode of public transportation is to be utilized at all times (e.g. bus pass versus taxi).
  - Clients requiring assistance to travel long distances must travel by the most economical means. In most instances, a bus should be used instead of an airline. Any deviation from this policy must be supported by medical documentation which explains why a particular client must travel by a certain mode of transportation (exception: out of province medical transportation is normally by airline unless there is a medical reason why this is not appropriate, or for long term trips – i.e. awaiting transplants, where the client will be traveling by own vehicle); and
  - When considering the most economical means, this should be as a package which includes any accommodations and meals, as the choice of a bus may then include overnight accommodations and meals, whereas a taxi may make the return trip in one day without those additional costs and may in the end be less expensive.

Other Criteria

- Transportation may be considered in cases which enable a client to receive treatment, if it is court ordered or if a
physician/psychiatrist, social worker, psychologist, nurse or counsellor verifies that the treatment is necessary. These services may include group therapy offered by one of these professionals or through a support group recommended by the professional as part of the client’s service/treatment plan.

- Clients must utilize counselling/treatment services that are available through Health & Community Services or non-profit agencies in their communities. There is no provision within the Income Support Program to cover the cost of counselling/treatment services. The only assistance that can be provided is to cover the cost of transportation to the closest service.

(b) In Province Medical Transportation

- Clients requesting transportation assistance for medical reasons must obtain prior approval from the Department before invoicing. Emergencies are exempt from prior approval and must be verified after the service is provided to the client and before payment is made.

- Where possible and practical, transportation should not be provided when medical needs are not immediate (where appointments can be flexible, such as eye examinations, prescription renewal and unscheduled follow-up appointments).

- When defining the cost that the Department will pay for clients’ medical transportation, Client Service Managers are responsible to identify in their districts: which communities, under what circumstances, and what rates of transportation assistance may be considered. Managers must also determine what medical procedures are provided at local clinics in the district as opposed to major facilities such as hospitals outside the district. The district policy must be available to the district staff, to clients and to the general public upon request.

- If an escort is being requested for an adult or the request is for two parents/escorts for a child, documentation of medical need (not just for emotional support) for same is required.
- Clients occasionally request assistance for transportation to self-help groups (i.e. AA, GA, etc.) where obtaining verification of attendance may be an issue due to the confidentiality rules of the group. AES can provide the transportation as long as there is medical documentation of need on file.

- Costs incurred in visiting a chiropractor, private physiotherapist, massage therapist, etc. cannot be covered through the Income Support Program, even if medically recommended by a physician. Transportation costs will not be considered for treatments considered “uninsured” by the Medical Care Plan (MCP).

- If a client requires physiotherapy treatment, it must be obtained at the nearest hospital where the treatment is available. Transportation assistance to access physiotherapy at other facilities or private clinics is not to be provided through the Income Support Program.

- Whenever possible, return transportation costs should be arranged for the client.

- If required, waiting time for taxis must be kept to a minimum and clients should be advised of same. Claims for waiting time can only start at the appointment time and will stop when the client finishes the necessary appointment or treatment.

- Where travel is frequent and transportation costs are significant, consideration can be given to providing the client (with his/her consent) with in-town accommodations (i.e. hostel costs or a rental unit) where the cost of the accommodation is less than the transportation costs.

- Clients, who receive transportation for travel to a particular facility for medical appointments/treatment, and chose to move further away from the treatment facility, will not be considered for higher transportation costs. For example, if regular transportation is provided for a client to attend the Health Sciences Centre from Mt. Pearl three days/week and the client chooses to move to Bay Roberts, the client will only be considered for the cost from Mt. Pearl to HSC, not from Bay Roberts.
(c) Transportation for Dental Appointments

- Transportation may be provided for dental appointments to the nearest dental clinic in the following circumstances (and assuming it meets the criteria of being outside of the local area or as trips considered in the frequency of overall medical transportation):

  - For children under 12, as per the Provincial Children’s Dental Health Program, once every six months for a regular examination. As a fluoride treatment and a cleaning can be provided to children under twelve once every 12 months, these should be completed during one of the regular six month examinations and not approved as a separate trip (verification of attendance required prior to reimbursement);
  - For children age 13-17, as per the Provincial Children’s Dental Health Program, once every 24 months for a regular examination (verification of attendance required prior to reimbursement);
  - For children under the age of 17 who require additional appointments for other MCP covered procedures (x-ray, or routine fillings and extractions as required) a letter verifying the need must be provided by the dentist prior to transportation being approved. Transportation costs for other dental services (i.e. orthodontics, braces, etc.) not covered under the Dental Health Plan will not be approved.
  - When a family in receipt of Income Support benefits has more than one child who requires routine dental work such as cleanings or examinations, the parents should schedule the children’s appointments on the same day to eliminate the need for multiple trips/transportation costs; and
  - For all clients of the Income Support Program including adults, who require emergency dental treatment for issues such as pain, infection, trauma or extraction. In these instances, a letter confirming the visit must be provided.

(d) Out of Province Medical Transportation

- Medical transportation outside the province is sometimes required by clients who are in receipt of Income Support
benefits or non-clients who have been determined eligible for assistance with medical transportation costs.

- When a request is received to provide transportation outside the province, the Client Services Officer must obtain the particulars required for consideration. This includes the name of the referring specialist, where and to whom the patient must be referred, the date of the confirmed appointment, the reason for the referral and any other pertinent information. Funding will only be provided in cases where the consultation or treatment is not available in this province and the documentation must verify this. If further information regarding the particular request is required, contact can be made with the Physician Services Division of the Department of Health and Community Services.

- Non-clients who request financial assistance should also be aware of the Medical Transportation Assistance Program through the Department of Health and Community Services.

- Under the Income Support Program, the following costs can be included in the total cost of the trip:
  - airfare, bus or mileage for private vehicle from this province to the other province;
  - taxi from the airport to the health care centre and return;
  - accommodations (preferably hostel);
  - meal costs of $20 per day per person and
  - expenses for an escort where medically required.

- For non-IS clients, the amount required to cover the total cost of the trip is to be included with the other applicable basic assistance requirements. The amount of deductible income is to be subtracted from the total requirements. The difference will be the AES contribution towards the cost of the trip.

- Where a non-client is required to travel for emergency treatment on short notice and time does not allow for an assessment to determine eligibility for Income Support benefits, the Client Services Officer may issue funds to cover the transportation costs and establish eligibility upon return to the province. Any amount for which there was no eligibility must be set up as an overpayment. Receipts for all expenses will be required.
• In certain circumstances, individuals may have had to borrow funds to travel outside the province because time did not permit an assessment to be completed to determine eligibility through the Income Support Program. Upon return to the province, reimbursement may be considered for any amounts the program would have covered. Receipts for all expenses will be required.

(e) Escort Duty (if medically required)

• In certain cases it may be necessary to cover costs for escorts to accompany children or clients to the closest medical facility outside the local office area. The referring doctor or nurse must verify that an escort is absolutely necessary for medical reasons when dealing with adult clients. One parent may act as an escort for minor children. A second escort will only be considered upon documentation of medical necessity. The escort is selected by the client.

• Where escorts spend their own money to accompany clients, they may submit claims to the Client Services Officers for reimbursement. Expenses cannot exceed the $.30 per/km for private vehicle usage or actual bus/airline costs, hostel/hotel costs and meal costs at $20 per day per person. Receipts are required.

• When nursing personnel are required by the attending physician to act as escorts for out patients who are eligible for Income Support, payment of transportation and other related expenses of the escort is the responsibility of the hospital. Only the standard escort fee and administration fee that is directly billed by the hospital to the client for escorted road and air ambulance services may be paid as medical transportation.

(f) Alcohol Related Medical Treatment

• There are three recognized alcohol residential treatment centers in the province:
  ▪ Recovery Centre, St. John’s
  ▪ Howard House, St. John’s
  ▪ Humber Wood Alcohol and Drug Treatment Centre, Corner Brook
Persons who are eligible for Income Support benefits will be provided transportation to and from these centers.

- There is no provision to send persons outside of the province for alcohol related treatment unless approved by the Department of Health and Community Services.

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- While this option is available to all clients, there may be some individuals who because of medical or management issues, would be better served if their bus pass is mailed to them on a regular basis or they are reimbursed for each trip. This decision will be left to the discretion of the CSO, in consultation with management.
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that time.

**Ambulance transportation**

- When Income Support benefit clients request medical transportation via road ambulance – they present their ambulance card to the ambulance driver and the ambulance operators bill the Regional Health Authorities for payment. Prior to payment by the RHA, a client’s eligibility for the service is validated by utilizing the Newfoundland & Labrador Prescription Drug Program. Once eligibility is determined, the Regional Health Authorities pay the ambulance fee and request AES to reimburse them. However, there are situations where an Income Support client failed to present the ambulance card to the operator and has received an invoice for payment of the patient fee for road ambulance services. The patient fee is $115 and in those cases, the client requests the assistance of the Department for payment. The Client Services Officer should advise the client to provide their ambulance card information to the ambulance operator so that he can resubmit his claim to Eastern Health.

- The issuance of this card is linked to regular drug card records created within CAPS. If staff tick the ‘include drug card’ button on AM 5000, the cheque issued will include the new ambulance/dental services card, unless there is a private health care record which indicates these benefits are already provided under that plan or the drug card issued is an ‘extended’ card.

- Non-IS clients who request assistance with the cost of ambulance bills must apply to the Income Support program and have a needs assessment completed.

**Escort Fees**

- Medical escort fees are billed by the applicable RHA and can be paid via service authorization using the medical transportation code. Current rates are $50 for the escort.

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Date revised: November 3, 2015
Minister,

Attached is a copy of the current Income Support Medical Transportation Policy. Changes made in 2016 are highlighted in red. Section (a) of the policy has always included frequency and distance as requirements for obtaining medical transportation assistance. The 2016 changes provided a consistent definition of frequency (8 trips/month) and distance (60km).

Previous regionally based medical transportation policy included local definitions of frequency and policy. In Central, travel outside the local area was defined as 60km round trip, as attached. This was used for the basis of the definition of distance in the 2016 provincial policy.

The Eastern region has confirmed that in 2016, they met several times with Stella’s Circle, and they now have a good understanding of the medical transportation policy. There have been no recent issues in this regard.

If you wish to meet to discuss this, please let me know.

Thanks,

Cynthia King
Director, Income Support
Department of Advanced Education, Skills & Labour
P.O. Box 8700
St. John’s, NL
A1B 4J6
(t) 709-729-1334
Chapter 7: Transportation Benefits  
(ii) Medical Transportation

<table>
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<th>Intent:</th>
<th>To identify factors which need to be considered in order to determine eligibility for medical transportation and the circumstances warranting approval.</th>
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| Regulations: | Other income support  
19. (5) Other income support for which an applicant or recipient may be eligible is:  
(a) for transportation, an amount determined by the prevailing commercial rates; |
| Overview: | Income Support recipients may require financial assistance in attending medical appointments or treatment facilities. This service may be provided by a physician, psychiatrist, or by other professionals such as social workers, psychologists and nurses employed under the Regional Health Authorities or non-profit agencies. |
| (if applicable) | |
| Policy: | (a) Eligibility Criteria  
In determining eligibility for medical transportation, staff must assess the need based on the distance that the client must travel to receive the treatment, the frequency of the required travel and the most cost effective means of transportation.  
- Transportation is not normally provided to clients who have access to medical treatment within their local area – defined as within a 60 km. return trip (using Google maps as a tool); rather clients are required to find their own means of transportation. Where clients living within a 60 km. return trip of their medical appointment demonstrate a need for frequent trips (a minimum of 8 return trips in a 30 day period) for medical treatment, situations are to be assessed on an individual basis.  
- Clients, who require medical transportation for trips which exceed 60 kms. round trip can be approved with medical |
documentation.

- Transportation funds for clients can only be provided to enable them to visit the nearest (from the client’s residence) doctor, medical clinic, optometrist, dentist or hospital (outside the local area) which provides the service required. Assistance to visit doctors, clinics or hospitals of their choice, which does not correspond to this requirement, cannot be provided through the Income Support Program unless there are extenuating circumstances as approved by a manager.

- Approval will not be provided for clients who request to bypass the closest medical facility in order to receive an earlier appointment at a facility further away. In those cases, transportation will only be provided to the closest facility.

- Where possible, clients should arrange transportation through their own vehicle if applicable, or through a friend or family member. Reimbursement for transportation using a private vehicle can be issued at $0.30 per km. provided that this is more economical than public transportation. NOTE: It is not contrary to the Motor Carrier Act to use an unlicensed vehicle to transport oneself, or for a person to provide transportation to take a friend or relative in one’s own car as long as it is not done for hire, gain or reward.

- Where a client does not have access to private transportation, public transportation by licensed carriers may be approved subject to the following guidelines:
  - The most economical mode of public transportation is to be utilized at all times.
  - Clients requiring assistance to travel long distances must travel by the most economical means. In most instances, a bus should be used instead of an airline. When determining the most economical means, the calculation should include all expenses, i.e. accommodations and meals. For example, a bus trip may include overnight accommodations and meals, whereas a more expensive taxi may make the return trip in one day without those additional costs and may in the end be less expensive.

- Clients requiring medical transportation, who currently or previously received cancer treatment, are exempt from the frequency and distance restrictions set out in this policy.
Areas Serviced by City Buses

- Taxi transportation should not be provided in areas where public transportation is available – areas serviced by public bus systems in St. John’s/Mount Pearl and Conner Brook. Clients with frequent trips (8 in a 30 day period) in these areas can be provided with a monthly bus pass (or equivalent funding) and will be expected to arrange appointments at times when the buses are running.

- Clients from other areas of the province can be provided with taxis from their arrival point (i.e. airport, DRL bus drop off sites etc.) to their accommodations and return. However, for other in town transportation to scheduled appointments, clients will be expected to use the bus as opposed to taxi transportation. Alternately, they can be provided with funds equivalent to the number of bus trips ($5 return trip) required and they can make their own arrangements.

- Clients who require frequent transportation but have been banned from city buses will be provided with funding equivalent to a bus pass and will be expected to make their own arrangements for transportation to medical appointments.

- Clients from the city who have appointments outside of the bus area (i.e. Paradise or Conception Bay South), will be expected to use the bus to the edge of the route where other transportation methods can then be used.

**NOTE:** A pilot bus route will include Paradise beginning in late June 2016.

- Clients from just outside the city where there is no bus transportation, who are otherwise eligible for transportation, can be approved for a taxi for the entire trip – there is no expectation that the taxi drop them at the closest bus stop within the town.

- After-hours requests for medical transportation should be limited to emergencies only, and if buses are running, clients are expected to use same. For after-hours emergencies when the buses are not running, consideration can be given to provide a taxi to a hospital/clinic and return. Where after-hours staff see a pattern of such requests, client services managers should be notified, with a plan to follow up with the client during working hours.
- Exceptions where taxi transportation can be approved in areas serviced by public transportation will be limited to clients requiring services such as dialysis and cancer treatments. Taxi transportation for this group will cover all medical appointments if required, and not just the ones for dialysis and cancer treatments. Medical notes requesting approval based on other reasons will not ordinarily be approved.

- Clients requiring accessible transportation in St. John's/Mount Pearl will be expected to use the accessible buses or the Go Bus, or can be provided with funding equivalent to the number of bus trips required. In Corner Brook, clients requiring accessible transportation can be issued private vehicle rates or where this is not an option, can be approved for taxi transportation.

- Any other exceptional case will need to be elevated to the Regional Manager/Regional Director by the Client Services Manager. Where necessary, the Income Support Division can be consulted to determine if an exception should be made for that case.

Other Criteria

- Transportation may be considered in cases which enable a client to receive treatment, if it is court ordered or if a physician/psychiatrist, social worker, psychologist, nurse or counsellor verifies that the treatment is necessary. These services may include group therapy offered by one of these professionals or through a support group recommended by the professional as part of the client’s service/treatment plan. Transportation to recreational programs, social events and social outings will not be approved, even as part of a treatment plan.

- Clients must utilize counselling/treatment services that are available through Health & Community Services or non-profit agencies in their communities. There is no provision within the Income Support Program to cover the cost of counselling/treatment services. The only assistance that can be provided is to cover the cost of transportation to the closest service.
Annual Limit on Medical Transportation Costs

- Effective July 1, 2016, an annual limit of $3000 will be applied to the approval of medical transportation. The cap will apply per case.

- Exceptions to the limit are as follows:
  - Clients accessing services such as dialysis and cancer treatment.
  - Clients living in Labrador communities where air travel is the only viable option to obtain medical services.
  - Clients required to travel outside of the province for medical treatment.

- Staff will need to proactively work with clients to determine other options to decrease annual medical transportation costs, and to ensure that clients are aware of the limitations.

- Cases which exceed the limit (other than the exceptions above) will need to be elevated to the Regional Manager/Regional Director by the Client Services Manager. Where necessary, the Income Support Division can be consulted to determine if an exception should be made for that case.

(b) In Province Medical Transportation

- Clients requesting transportation assistance for medical reasons must obtain prior approval from the Department before invoicing. Emergencies are exempt from prior approval and must be verified after the service is provided to the client and before payment is made.

- Where possible and practical, transportation should not be provided when medical needs are not immediate (where appointments can be flexible, such as eye examinations, prescription renewal and unscheduled follow-up appointments).

- When defining the cost that the Department will pay for clients’ medical transportation, Client Service Managers are responsible to identify in their districts between which communities, transportation assistance may be considered, based upon the 60 km round trip criteria. Managers must also determine what medical procedures are provided at local clinics in the district as opposed to major facilities such as
hospitals outside the district.

- If an escort is being requested for an adult or the request is for two parents/escorts for a child, documentation of medical need (not just for emotional support) for same is required.

- Clients occasionally request assistance for transportation to self help groups (i.e. AA, GA, etc.) where obtaining verification of attendance may be an issue due to the confidentiality rules of the group. AESL can provide the transportation as long as there is medical documentation of need on file.

- Costs incurred in visiting a chiropractor, massage therapist, etc. cannot be covered through the Income Support Program, even if medically recommended by a physician. Transportation costs will not be considered for treatments considered “uninsured” by the Medical Care Plan (MCP).

- If a client requires physiotherapy treatment, it should be obtained at the nearest hospital where the treatment is available. However in exceptional circumstances, travel to and the cost of a private physiotherapist visit could be considered where the combined cost of the visit and the transportation is less than transportation costs to a hospital based physiotherapist covered by MCP. The total cost would be coded as medical transportation.

- Whenever possible, return transportation costs should be arranged for the client.

- If required, waiting time for taxis must be kept to a minimum and clients should be advised of same. Claims for waiting time can only start at the appointment time and will stop when the client finishes the necessary appointment or treatment.

- Where travel is frequent and transportation costs are significant, consideration can be given to providing the client (with his/her consent) with in-town accommodations (i.e. hostel costs or a rental unit) where the cost of the accommodation is less than the transportation costs.

- Clients, who receive transportation for travel to a particular
facility for medical appointments/treatment, and chose to move further away from the treatment facility, will not be considered for higher transportation costs. For example, if regular transportation is provided for a client to attend the Health Sciences Centre from Mt. Pearl three days/week and the client chooses to move to Bay Roberts, the client will only be considered for the cost from Mt. Pearl to HSC, not from Bay Roberts. Likewise, if a physician moves out of the area, clients will not be approved for travel further away to see the initial doctor, when there are other physicians in the immediate area.

- Clients, who are banned from services for behavioural reasons at the nearest facility or pharmacy, will not be approved by higher transportation costs. Approval will only be provided for transportation to the nearest facility.

(c) Transportation for Dental Appointments

- Transportation may be provided for dental appointments to the nearest dental clinic in the following circumstances (and assuming it meets the criteria of being outside of the local area or as trips considered in the frequency of overall medical transportation):

  - For children under 12, as per the Provincial Children’s Dental Health Program, once every six months for a regular examination. As a fluoride treatment and a cleaning can be provided to children under twelve once every 12 months, these should be completed during one of the regular six month examinations and not approved as a separate trip (verification of attendance required prior to reimbursement);
  - For children age 13-17, as per the Provincial Children’s Dental Health Program, once every 24 months for a regular examination (verification of attendance required prior to reimbursement);
  - For children under the age of 17 who require additional appointments for other MCP covered procedures (x-ray, or routine fillings and extractions as required) a letter verifying the need must be provided by the dentist prior to transportation being approved. Transportation costs for other dental services (i.e. orthodontics, braces, etc.) not covered under the
Dental Health Plan will not be approved.

- When a family in receipt of Income Support benefits has more than one child who requires routine dental work such as cleanings or examinations, the parents should schedule the children’s appointments on the same day to eliminate the need for multiple trips/transportation costs; and
- For all clients of the Income Support Program including adults, who require emergency dental treatment for issues such as pain, infection, trauma or extraction. In these instances, a letter confirming the visit must be provided.

(d) Out of Province Medical Transportation

- Medical transportation outside the province is sometimes required by clients who are in receipt of Income Support benefits or non-clients who have been determined eligible for assistance with medical transportation costs.

- When a request is received to provide transportation outside the province, the Client Services Officer must obtain the particulars required for consideration. This includes the name of the referring specialist, where and to whom the patient must be referred, the date of the confirmed appointment, the reason for the referral and any other pertinent information. Funding will only be provided in cases where the consultation or treatment is not available in this province and the documentation must verify this. If further information regarding the particular request is required, contact can be made with the Physician Services Division of the Department of Health and Community Services.

- Non-clients who request financial assistance should also be aware of the Medical Transportation Assistance Program through the Department of Health and Community Services.

- Under the Income Support Program, the following costs can be included in the total cost of the trip:
  - airfare, bus or mileage for private vehicle from this province to the other province;
  - taxi from the airport to the health care centre and return;
  - accommodations (preferably hostel);
- meal costs of $20 per day per person and
  - expenses for an escort where medically required.

- For non-IS clients, the amount required to cover the total cost of the trip is to be included with the other applicable basic assistance requirements. The amount of deductible income is to be subtracted from the total requirements. The difference will be the AESL contribution towards the cost of the trip.

- Where a non-client is required to travel for emergency treatment on short notice and time does not allow for an assessment to determine eligibility for Income Support benefits, the Client Services Officer may issue funds to cover the transportation costs and establish eligibility upon return to the province. Any amount for which there was no eligibility must be set up as an overpayment. Receipts for all expenses will be required.

- In certain circumstances, individuals may have had to borrow funds to travel outside the province because time did not permit an assessment to be completed to determine eligibility through the Income Support Program. Upon return to the province, reimbursement may be considered for any amounts the program would have covered. Receipts for all expenses will be required.

(e) Escort Duty (if medically required)

- In certain cases it may be necessary to cover costs for escorts to accompany children or clients to the closest medical facility outside the local office area. The referring doctor or nurse must verify that an escort is absolutely necessary for medical reasons when dealing with adult clients. One parent may act as an escort for minor children. A second escort will only be considered upon documentation of medical necessity. The escort is selected by the client.

- Where escorts spend their own money to accompany clients, they may submit claims to the Client Services Officers for reimbursement. Expenses cannot exceed the $.30 per/km for private vehicle usage or actual bus/airline costs, hostel/hotel costs and meal costs at $20 per day per person (where overnight stays are required). Receipts are required.
• When nursing personnel are required by the attending physician to act as escorts for out patients who are eligible for Income Support, payment of transportation and other related expenses of the escort is the responsibility of the hospital. Only the standard escort fee and administration fee that is directly billed by the hospital to the client for escorted road and air ambulance services may be paid as medical transportation.

(f) Alcohol Related Medical Treatment

• There are four recognized alcohol residential treatment centers in the province:
  ▪ Recovery Centre, St. John’s
  ▪ Howard House, St. John’s
  ▪ Grace House, Harbour Grace
  ▪ Humber Wood Alcohol and Drug Treatment Centre, Corner Brook

  Persons who are eligible for Income Support benefits will be provided transportation to and from these centers.

• There is no provision to send persons outside of the province for alcohol related treatment unless approved by the Department of Health and Community Services.

(g) Ambulance Services

(100) Air and Road Ambulance Program

• Income Support clients will be issued new ambulance/dental services cards on their cheques each month. When clients require road ambulance services, they must present their ambulance card to the ambulance driver for coverage. The patient fee charged for road ambulance usage is $115. This coverage is also valid for subsidized residents in nursing homes and non-subsidized residents deemed eligible for transportation assistance.

• For clients requiring an air ambulance, there is an administrative fee charged of $80 which is to be paid as medical transportation. In addition, if a medical escort if required, the additional fee is $50.

• Where clients are outside of the province and require an ambulance, MCP will not cover any portion of the cost. In the
case of Income Support clients, coverage can be provided for the full amount paid directly to the service provider or reimbursed to the client where they provide proof of payment.

(200) Clients who Require Road Ambulance Transportation for Renal Dialysis

- Individuals who access renal dialysis treatment at a hospital or community site and who have medical documentation denoting their need to travel by road ambulance can have these fees paid through AESL if they are in receipt of Income Support benefits or subsidized home support services through an Integrated Health Board.

- Individuals who access renal dialysis treatment at a hospital or community site at least three times/week by road ambulance who are not eligible for Income Support benefits or subsidized home supports should be referred to their local Regional Health Authority. The Regional Health Authorities can use enriched needs guidelines to determine eligibility for partial/full payment of transportation by road ambulance if this need is medically documented by a physician/nephrologist.

(h) Methadone Treatment

- Clients who are seeking financial assistance with transportation to receive methadone treatments are required to get medical documentation advising of the need for regular transportation to receive their treatments, normally dispensed at pharmacies. In some instances, pharmacists allow “carries” (a dosage to take home as opposed to ingesting the medication at the pharmacy) of the drug. The fee associated with these ‘carries’ are normally covered by a special authorization under NLPDP. However, where there are multiple ‘carries’ provided (i.e. for 3 days), NLPDP only provides for 1 dispensing fee and the pharmacy may charge for 3 – one for each ‘carry’. Where it would otherwise mean that without payment for the additional dispensing fees, AESL would be required to pay a higher cost for the transportation, approval can be provided to cover the dispensing fee as a form of medical transportation.

- To ensure that methadone clients, who are approved to
receive carries, can travel to their required appointments, each carry can be considered as a count towards the eight trip minimum.

- Clients travelling to visit doctors for their Methadone prescription may have difficulty obtaining verification of attendance. In these instances, a copy of their prescription will suffice to confirm the medical trip.

- Clients who move further from their doctor or pharmacy will only have travel approved based on their previous address. Clients who are banned from a particular pharmacy, will only have transportation approved to the nearest facility and will be expected to make their own arrangements for any shortfall.

(i) Blood Collection

- The Income Support Program does not normally provide for the payment of direct health services such as private blood collection services. However, for clients who would be approved for medical transportation based on frequency of visits or the distance of the medical facility from their home, consideration can be given to the payment of such costs where they are more economical than the cost of transportation/waiting time.

(j) Waterford Community Care/Nursing Homes/Alternate Family Care Homes

- Subsidized residents of the Waterford Community Care Homes and nursing homes are assumed to be eligible for medically related transportation if their liquid assets are within income support guidelines.

- Regional Health Authorities are responsible for the transportation of subsidized residents of Personal Care Homes and Alternate Family Care Homes and this should not be approved under the Income Support Program.

- Where non-subsidized residents of nursing homes, Community Care homes or Personal Care Homes require assistance with medical transportation, a needs test must be
completed to determine if eligibility exists.

(k) Health Authority Programs

(100) Medical Transportation Assistance Program (Non-Emergency)

- The intent of this program is to provide financial assistance for persons who travel by commercial air or registered taxi/bus service to access medically insured services not available within their place of residence and/or within the province.

- To be assessed for eligibility for in-province travel, the referring physician is required to complete an application indicating the medical nature of the referral and to whom the patient is being referred. Assessment for eligibility for out-of-province travel requires referral by a specialist.

- Persons in receipt of Income Support are excluded from eligibility under this program as they may be eligible for medical travel assistance through the Department of Advanced Education and Skills. Kidney, bone marrow and stem cell donors are also exempt from this program as donors are eligible for travel assistance through the Eastern Regional Integrated Health Authority.

- Further information on this transportation program can be obtained by contacting the Department of Health and Community Services at 1-877-475-2412 or on the HCS website.

The Eastern Regional Integrated Health Authority, on behalf of the Department of Health and Community Services, administers the following universal programs to offset travel costs for residents of Newfoundland and Labrador to avail of the following services:

(200) Home Renal Dialysis Training Program

- The program provides assistance to family members who have been advised by a physician to take training for Home Dialysis for their relative, who is a patient in a hospital or who must travel long distances to an approved...
centre for dialysis.
- There is 100% coverage for transportation and accommodation costs.

(300) Organ Transplant Program

- The Eastern Regional Integrated Health Authority administers an Organ Transplant Program, which is available to all residents of Newfoundland and Labrador.
- The program covers 100% of the transportation and accommodation costs for donors accompanying patients to approved centres for organ transplants.

Further information on these transportation programs can be obtained by contacting the Eastern Regional Integrated Health Authority.

Procedure:

General
- Where prior approval is given for medical transportation, a request to reflect same should be added in CAPS as well as a case note.

Payment
- Transportation assistance in the amount of $0.30 per kilometer will be paid directly to the client to provide for the expenses involved provided that the transportation meets the other conditions (i.e. nearest treatment, frequency of trips, is not within the local office area and is less expensive than public transportation).

- When requests are received from clients for payment of pre-approved medical transportation, staff should calculate the amount based on Google Maps and $.30/km. The actual eligible amount should be issued; there is no need to round up or down, as CAPS will do any rounding that may be required.

- Payment for public ground transportation may be made payable to the service provider or to the client. Payment for air travel must be made payable to the airline or travel agent.

Benefits Added to Recurring Pay Cheques
- Clients with long term ongoing medical transportation needs can have funding for these trips included in their regular semi-monthly cheque. The use of recurring pay for ongoing medical transportation requests will be offered to cases where the source of transportation is private vehicle or public transportation (i.e. bus pass). **Clients who use taxi transportation, via service authorization, should not have their travel costs added to recurring pay.** Those utilizing a taxi for medical appointments, but paying the same as private vehicle rates (shared taxis), can have these benefits placed on recurring pay.

- To be considered to have this benefit added to a recurring pay cheque, the transportation requirement should be needed for a minimum of 3 months. As this is meant for long term, frequent medical treatment; it is anticipated that the following types of treatment would fall into the criteria noted:
  - Dialysis
  - Chemotherapy
  - Radiation
  - Methadone Program
  - Psychiatric Programs
  - Other treatments which are frequent and will last at least 3 months in duration.

- While this option is available to all clients, there may be some individuals who because of medical or management issues, would be better served if their bus pass is mailed to them on a regular basis or they are reimbursed for each trip. This decision will be left to the discretion of the CSO, in consultation with management.

- Initial verification of the need for ongoing medical transportation is required upfront – i.e. client will require chemotherapy for 16 weeks. Further verification of attendance at medical appointments must then be provided by the client every 3 months. This attendance verification may require only 1 note from the medical professional indicating that the client attended the appointments with the dates noted, as opposed to a separate note for each date. Based on the compliance of the documentation being received, consideration will be given to extending the time frame for up to six months so that the
need for the documentation is less frequent. For clients who receive bus passes, a request from a health care professional for additional months is sufficient verification that previous appointments were kept.

- KIV’s must be set up and actioned to ensure that verification of medical attendance is received and that the benefit is removed from the allowance at the end of the treatment. KIV categories already exist in CAPS for “medical confirmation” and “verification of medical appointment;” however, for purposes of this new procedure an additional KIV category has been created in CAPS-Medical Transportation/Recurring Pay and should be utilized for this purpose. Once the verification of attendance is received, staff must action the current KIV and set up a new one for the following 90 days (or 180 days for clients who submit documentation every six months). It is essential that the PAU keep these KIV’s up to date. If verification is not received within the time frame, the benefit should be removed from the recurring pay allowance and paid only as a reimbursement to the client, or as a payment directly to the supplier. To ensure the integrity of this procedure, managers are asked to monitor the KIV’s and compliance of the documentation received.

- When the medical transportation request is entered into CAPS, the start and end date of the benefit is required. These dates should not exceed six months as verification of medical appointments is required before further approval can be given. Dates are for informational purposes only. **The benefit will not end unless a CSO suspends the case and completes a reassessment.** Although it will not be necessary to change the start and end dates when a further 90 or 180 days are approved, it is expected that when a reassessment is completed for other reasons, that the dates are updated at that time.

**Ambulance transportation**

- When Income Support benefit clients request medical transportation via road ambulance – they present their ambulance card to the ambulance driver and the ambulance operators bill the Regional Health Authorities for payment. Prior to payment by the RHA, a client’s eligibility for the service is validated by utilizing the Newfoundland & Labrador
Prescription Drug Program. Once eligibility is determined, the Regional Health Authorities pay the ambulance fee. However, there are situations where an Income Support client failed to present the ambulance card to the operator and has received an invoice for payment of the patient fee for road ambulance services. The Client Services Officer should advise the client to provide their ambulance card information to the ambulance operator so that he can resubmit his claim to Eastern Health.

- The issuance of this card is linked to regular drug card records created within CAPS. If staff tick the ‘include drug card’ button on AM 5000, the cheque issued will include the new ambulance/dental services card, unless there is a private health care record which indicates these benefits are already provided under that plan or the drug card issued is an ‘extended’ card.

- Non-IS clients who request assistance with the cost of ambulance bills must apply to the Income Support program and have a needs assessment completed.

**Escort Fees**
- Medical escort fees are billed by the applicable RHA and can be paid via service authorization using the medical transportation code. Current rates are $50 for the escort.

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**Date revised:** November 15, 2016
From: Patsy Frampton
Subject: Transportation Policy for Springdale/Baie Verte/Lewisporte and Twillingate

1. If a client lives more than 60 kms from a hospital/clinic than transportation via the most economical means is to be used. They are not required to see a specialist in order to receive this transportation. Verification of the travel is required and if you do not have it up front, then a KIV is required for documentation.

2. If there is a bus service in the area they are expected to travel by bus, however this is not always the most economical means as sometimes traveling by bus requires an overnight stay. Good sound judgement will be required in these cases.

3. If a client has no other means of travel then a service authorization is to be used for taxi’s.

4. Clients traveling to St. John’s via bus are entitled to in-town transportation at the rate of 16.00 or a service authorization or arrangements can also be made to provide a service authorization for a taxi company in St. John’s to and from the bus stop. There will again be occasions when it is cheaper to issue private vehicle transportation. You are asked to use good sound judgement when determining what is the most economical means.

5. Clients traveling from Twillingate, Lewisporte, Springdale, and Baie Verte requiring overnight stays at either St. John’s, Corner Brook, or Grand Falls/Windsor should be provided with service authorizations for meals and accommodation at the respective hostels. Sometimes the hostels are booked and you will then have to issue a service authorization for the cheapest hotel. If you have to provide the client with an amount for meals, please ensure the daily rate used, is consistent.

6. If a person lives less than 60 kms from a hospital/clinic, but has an ongoing medical problem i.e., diabetes, and requires follow up, this should be paid. There should not be a number attached to the medical trips, some people have said 2 trips are frequent, while others look at 3 as being frequent, this is unfair to the clients. However, before issuing payment for these trips you would need confirmation of their on-going medical problem.

7. After the trip is made please make sure that if the documentation is not received within the required KIV period, that an overpayment is set up, and the client is written and notified of same.

8. Please ensure that good, concise CAPS notes are recorded in the appropriate notes section. This will enable the PAU to do their job, as well as another CSO, who might have to pick up that case.

With the implementation of CAPS, our clients need to be educated about calling at the last minute and receiving their transportation, immediately. There will be occasions when we do have emergency transportation cases, and we will deal with them as such. However, a person who had an appointment scheduled and failed to notify the worker until the last minute, is not deemed to be an emergency. An emergency would be a person who gets a call on Friday to be in St. John’s on Monday.
Hi. We can discuss this morning

Sent from my BlackBerry 10 smartphone on the Bell network.

Hi Denise,

Just following up on our meeting back in the fall and my subsequent submission of concerns from the perspective of our Mental Health & Addictions Program. I am not sure if there has been any follow up on the issues outlined in the attached, however, I am hearing from our psychiatry group that changes to medical transportation policy continues to be a concern, particularly for those needing to travel from other parts of the region to the city. This has become even more apparent as of late given some psychiatry vacancies that we have within the region.

Wondering if you could please provide an update or suggest how we might be able to work together to address this issue?

Much appreciated

Kim

Kim Grant
Regional Director
Mental Health & Addictions Program – Community Division
Eastern Health
Mount Pearl Square
760 Topsail Rd
Mount Pearl, NL
A1N 3J5
(709) 752-4336
Hi Kim,

Thank you for sharing these concerns. I have included Cynthia King and Lori Rose in this email as a means to forward the concerns for a cross departmental discussion.

I look forward to working with you on these issues.

Regards

Denise

Denise Jackman  
Eastern Regional Manager  
Income and Social Supports  
Dept. of Advanced Education, Skills and Labour  
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From: Kim Grant <kim.grant@easternhealth.ca>  
Sent: Friday, October 28, 2016 3:04 PM  
To: Murphy, Tina B; Jackman, Denise  
Cc: Simms, Colleen  
Subject: Follow up to meeting of October 6th

Hi ladies,

Thank you for meeting with me a couple of weeks ago to discuss concerns related to the recent changes to your Department’s Medical Transportation Policy. As promised, I am forwarding a summary of the issues that I had highlighted in our meeting. I believe that we agreed that as our next steps, we would forward these concerns to our respective colleagues at the provincial level and see if there was an opportunity for a cross departmental discussion.

As such, I have copied Colleen Simms, Provincial Director of Mental Health & Addictions at the Department of Health & Community Services

Again, thank you for your time and I look forward to continued discussions
Kim Grant  
Regional Director  
Mental Health & Addictions Program – Community Division  
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Implications of revised Medical Transportation Policy

The Mental Health & Addictions program of Eastern Health is concerned about the implications of the recent changes to AES Medical Transportation policy from a number of perspectives:

- Many of our clients would be seen less than 8 times per month and therefore will no longer be eligible for transportation benefits. For a program that struggles with no shows and ensuring easy access to services, this will present yet another barrier. We are already observing instances where clients are cancelling appointments or not showing due to transportation issues. In the longer term, this may impact the health of our clients and possibly result in an increase of psychiatric emergencies and/or hospitalizations.

- The Mental Health & Addictions program offers a number of therapeutic support groups at several of its sites throughout the region. These groups are offered on a weekly basis and have proven to be an effective and efficient means of providing services. Most recently, we have been hearing that group participants are not able to attend these groups due to lack of transportation.

- The requirement to use public transportation as opposed to taxis will present challenges for a number of our clients either because of the nature of their illness or its unavailability in parts of the region. Individuals will be expected to use services in their local area when there may be indications for a service that is located outside of the area. The Mental Health Program has had to cover transportation costs for a number of individuals under these circumstances, particularly those receiving ECT treatment for whom public transportation would not be appropriate.

- The annual cap of $3000 per year will impact a number of individuals in our region who are receiving methadone maintenance treatment. This is a result of individuals having to travel distances to visit their prescribing physician and get their daily dose of methadone from a dispensing pharmacy. This issue has already been flagged and we are working with the Departments of HCS and AES to develop alternate plans as necessary. I have, however, received a number of complaints related to this decision given the location of methadone prescribers/dispensers and the bus routes/schedules to get there.

- Of most concern is the exclusion of recreation programs from transportation benefits. Therapeutic recreation contributes significantly to an individual’s physical, mental and social well-being. Leisure/recreation programming is a major component in our clients’ treatment plans as it helps promote recovery. Many of our clients do not have the financial means to purchase bus passes so it will mean that they can no longer participate in therapeutic recreation programming. Clients that had been quite active in this aspect of programming have gone from attending 3-4 times per week to once or not
at all. We have observed increased stress, health deterioration and impact on their quality of life.

- The loss of bus passes will also greatly impact day to day functioning and overall quality of life for many of our clients. Having a bus pass supported recovery by encouraging independence and fostering community inclusion. Without it, we are concerned that many clients will become more isolated or forced to cover transportation costs from already limited food budgets.

- In the absence of AES transportation benefits, the Mental Health & Addictions Program is increasingly pressured to cover client transportation costs. This is outside of the program’s mandate and we are not budgeted to do so.

Eastern Health has recognized the importance of reducing inequities as a means of addressing the health of the population. The changes introduced by AES will certainly create further inequities and increase barriers for the most vulnerable of our population in accessing health care services. It is anticipated that, in the longer term, these changes may actually increase costs in some cases. If individuals are not able to access necessary community based mental health and addictions services and supports, they may experience health deterioration requiring more expensive emergency/acute care services. It is therefore recommended that there be cross departmental discussions on the implications of this policy change with a view to develop solutions to address the needs of this population.