

Tube Feed Supplement

General Principle

The tube feed supplement is intended to provide liquid nutritional product, equipment and supplies to recipients of *income assistance* or *disability assistance* who are unable to take food orally or process it through the gastrointestinal system. The supplement includes nutritional products, as well as related medical equipment or medical supplies (such as pumps, tubes and bags).

Status Indians receive health benefits through the Medical Services Branch of Health Canada's *Non Insured Health Benefits*. These benefits may include medical equipment or supplies pertaining to tube feeding. For more information, visit the Health Canada web site at <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/index-eng.php> or call toll free at 1-800-317-7878.

Definitions

See Definition section, under INAC's *Social Development Policy and Procedures Manual, Vol 1, BC Region*, for income assistance, disability assistance, hardship assistance or a supplement.

Policy

Intent

A tube feed supplement may be provided to a recipient of *income assistance* or *disability assistance* who is unable to take food orally or process it through the gastrointestinal system. The supplement can be provided for acute short-term or chronic long-term conditions. The supplement includes nutritional product, medical supplies and medical equipment necessary for tube feeding. The tube feed supplement is available when no other funding (government funded programs or other resources) is available to the client.

Eligible Clients

The following recipients are eligible for the tube feed supplement:

- persons receiving *income assistance* or *disability assistance* and their dependants;

- children in the Child Out of the Parental Home (COPH) Program (see Chapter 6, Child Out of the Parental Home); and,
- persons residing in a licensed drug and alcohol facility and their dependants.

Ineligible Persons

The following persons are not eligible for the tube feed supplement:

- persons in receipt of hardship assistance and their *dependent children*;
- persons residing in a long term care facility and their *dependent children*;
- persons in receipt of the monthly nutritional supplement (see Chapter 11, Other Benefits);
- persons in receipt of short-term nutritional supplements (see Chapter 11, Other Benefits); and,
- persons in receipt of the diet supplement (see Chapter 11, Other Benefits).

Approval Criteria

Clients may be eligible for a tube feed supplement provided that all of the following conditions are met and confirmed in writing by a *medical practitioner*, *nurse practitioner* or a registered *dietitian*:

- that the client's primary source of nutrition must be obtained through tube feeding;
- the type of nutritional product required;
- daily or monthly quantity of nutritional product required;
- the expected duration of the condition requiring tube feeding; and,
- the necessary tube feed related supplies or equipment.

Persons in receipt of the tube feed supplement are not eligible for diet supplements, short-term nutritional supplements, or monthly nutritional supplements. Clients that are eligible for more than one of these supplements must choose which of these supplements they would like to receive (see Chapter 11, Other Benefits).

Timeframes

The nutritional product and supplies portion of the tube feed supplement may be approved for the period of time indicated on the prescription, up to a maximum of 2 years.

Three months prior to the expiry date, the Band Social Development Worker will issue a renewal letter to the recipient requesting confirmation for ongoing nutritional product and medical supplies required for tube feeding. The request for updated medical information shall identify any new medical supply item that is required or whether a significant change in quantity of current product is necessary.

Documentation Fees

Clients are responsible for providing the required documentation. The *Administering Authority* is **not** responsible for any fees associated with the required documentation.

Tube Feed Supplement Authorities and Responsibilities

Band Social Development Worker is responsible for:
<ul style="list-style-type: none"> - ensuring that documentation provided by the recipient includes all of the necessary information - determining eligibility for tube feed supplements - issuing a denial for tube feed supplement letter (see Vol. 4, Appendix 8) - ensuring the recipient has no other source of funding to meet the cost of tube feeding - approving for costs <i>under</i> \$500 - notifying the supplier to provide the nutritional produce, medical supplies and medical equipment for tube feeding to eligible recipient as identified on the SA 200 form - provide renewal letter to recipient three months prior to expiry date of tube feeding - assessing renewals for the tube feed supplement - providing proper eligibility documentation and forms to the Funding Services Officer for approval costs <i>over</i> \$500

Funding Services Officer is responsible for:
<ul style="list-style-type: none"> - assessing eligibility documentation for tube feed supplement for costs <i>over</i> \$500 - providing proper approval documentation and forms to the Band Social Development Worker for costs <i>over</i> \$500

Procedures

Requirement	Documentation and Forms
Eligibility & Application & Renewal	<ul style="list-style-type: none"> • <i>Nutritional Supplement Request & Authorization (SA 200)</i> • <i>Budget and Decision Form (901-25)</i> • <i>Sample Denial for Tube Feed Supplement letter</i> (see Vol. 4, Appendix 8) • Written prescription and specific diagnosis • <i>Social Development Financial and Statistical Report (DCI#455895)</i> • All other required income assistance documents

Assessing Eligibility

To assess eligibility for the tube feed supplement, follow these steps:

- Step 1** Ensure that the *recipient* has provided written prescription and diagnosis from a *medical practitioner, a nurse practitioner* or a registered *dietitian* verifying all of the following information:
- BSDW & Recipient**
- that the recipient’s primary source of nutrition must be obtained through tube feeding;
 - the type of nutritional product required;
 - the daily or monthly quantity of nutritional product required;
 - the expected duration of the condition requiring tube feeding; and
 - the necessary tube feed related supplies or equipment.
- Step 2** Ensure that the recipient has no other sources of funding to meet the cost of tube feeding.
- BSDW** Provide the recipient with the *Nutritional Supplement Request & Authorization (SA 200)* form and ensure a copy of the prescription and diagnosis are attached in order to make an eligibility decision.

Keep all original documentation in the *recipient's* file.

Nutritional Supplement Request & Authorization (SA 200)

Eligibility for tube feed supplement shall be documented with a *Nutritional Supplement Request & Authorization (SA 200)* form, which is to be completed as follows:

- Step 1
BSDW** Complete Section A: *Client Information* and indicate the type of supplement being requested including timeframe before providing the form to the *recipient*.
- Step 2
Recipient &
Supplier** The recipient shall provide the form to the supplier, who shall complete Section B: *Service Information* as per the written prescription and provide supplier's price quotes for the prescribed product.
- The recipient shall return completed form and documentation to BSDW for an eligibility decision.
- Step 3
BSDW and/or
FSO** Review the SA 200 form and medical information to determine eligibility for the Tube Feed Supplement.
- If not approved notify client by mailing the denial letter.
- If approved:
- complete Section C: *Authorization* – amounts up to \$500 are to be authorized by the BSDW, and amounts exceeding \$500 are to be authorized by the FSO;
 - notify the contracted supplier to provide the product directly to the recipient; and
 - complete Budget and Decision Form (901-25).
- The BSDW may approve for items or up to a two-week supply, costing up to \$500, to meet immediate or emergency needs.
- The BSDW may authorize a further two-week supply if the FSO approves the extension.

All required documentation (i.e., prescriptions and invoices) are to be attached to the form.

The BSDW shall date-stamp the *Nutritional Supplement Request & Authorization (SA 200)* form and accompanying documentation at the time they were received. This will ensure time lines are maintained.

Payments must be made directly to the supplier and **not** to the *recipient*.

Reviewing Eligibility for the Tube Feed Supplement

As nutritional needs and medical conditions can change, it is necessary for the administering authority to complete regular reviews to confirm a recipient's continued eligibility for the tube feed supplement. The review process may begin 90 days prior to the assigned review date.

To conduct a review, the following steps will be completed:

<p>BSDW Step 1</p>	<p>Three months prior to the expiry of the approval review date, send a review letter with a new <i>Nutritional Supplement Request & Authorization (SA 200)</i> form to the recipient requesting confirmation of need to renew existing tube feed supplement approval.</p> <p>The SA 200 application form and written prescription and diagnosis from a <i>medical practitioner, a nurse practitioner</i> or a registered <i>dietitian</i> must be returned to the BSDW within 45 days.</p>
<p>Recipient Step 2</p>	<p>The recipient shall provide the form to the supplier, who shall complete <i>Section B: Service Information</i> as per the written prescription and provide supplier's price quotes for the prescribed product.</p> <p>The recipient shall return completed form and documentation to BSDW within 45 days for an eligibility decision.</p>
<p>BSDW Step 3</p>	<p>Review the SA 200 form to determine if the recipient continues to meet the eligibility criteria for the Tube Feed Supplement.</p> <p>If approved:</p> <ul style="list-style-type: none"> • assign a review date to the client's file; • advise the recipient of the approved decision; and • record the decision on the <i>Budget and Decision Form (901-25)</i>. <p>If not approved:</p> <ul style="list-style-type: none"> • advise the recipient of the decision to discontinue the tube feed supplement, by mailing the denial for <i>Tube Feed Supplement letter</i> (see Vol. 4, Appendix 8); • record the decision on the <i>Budget and Decision Form (901-25)</i>; and • advise the client that they may be eligible for other supplements. <p>The reduction will take effect on the next income assistance cheque following the denial.</p> <p>If the new SA 200 form and medical information is not received within the requested timeframe, eligibility for the previously approved supplements will not continue beyond the review date. The BSDW will inform the recipient of the decision, by mailing the denial letter to discontinue the tube feed supplement effective immediately.</p>

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the **approved** tube feed supplement for the *recipient* as follows:

1. Comment section – indicate “tube feed supplement” and period of eligibility (Example, March 2011- March 2013, issue renewal letter by January 2013),
2. Under Monthly Requirements, for Current Month, put a line through Personal Allowance and write “tube feed supplement,”
3. Tube feed supplement section - write amount of expenditure,
4. Under Monthly Requirements, for Continuing Allowance – write amount of recipients regular income assistance entitlements for basic and shelter, and include the tube feed supplement, expenditure for all future months,
5. Under Temporary Allowance Issued by Administering Authority section, write month in which the expenditure is paid and expiry date, and *signatures* of both the recipient and Administering Authority,
6. Prepare new *Budget and Decision Form* when tube feed supplement expires as this is a significant change, and under Monthly Requirements remove the supplement amount from current and continuing allowance.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form.

Tube feed supplement is charged to the basic needs budget.

Social Development Financial and Statistical Report (DCI#455895)

The administering authority is to document the tube feed supplement expenditure under the:

1. Applicable category under the client caseload (e.g., Employable Single).
2. Tube feed supplement expenditure will be included with Basic in “Total Income Assistance Expenditures (A).”

Budget and Decision Form (901-25)

The *Budget and Decision Form* (901-25) is to document the expenditure of the **not approved** tube feed supplement for the *recipient* as follows:

1. Comment section – indicate “tube feed supplement” and write not approved as per attached denial letter; and
2. *signature* of the Administering Authority.

All required documentation (i.e., written confirmation and appropriate case notes) are to be attached to the form, including copy of the denial for tube feed supplement letter.