HEALTH SERVICES MEDICAL TRAVEL POLICY



DEPARTMENT OF HEALTH

June 2013

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1.0 POLICY STATEMENT

1.1 The Department of Health (Health) provides travel benefits to eligible Clients who must travel in order to access necessary Health Services that are not available in their home community.

2.0 PRINCIPLES

- 2.1 This Policy is based on the following principles:
 - (a) Inuit Societal Values, which includes the guiding principles of Pijitsirniq serving and providing for family and/or community; and Inuuqatigiitsiarniq respecting others, relationships and caring for people, will be recognized and respected;
 - (b) All activities of the health system support an approach that places people first;
 - (c) The cost of travel should not be an economic barrier to individuals requiring Health Services that are not available in their home community;
 - (d) Health programs should be designed to be fair, understandable, easy to access, and consistently applied across the territory;
 - (e) The health services system should operate in a way that is accountable, sustainable, and responsive; and
 - (f) The Nunavut health care system supports the accessibility principle of the *Canada Health Act*.

3.0 APPLICATION

- 3.1 This Policy applies to all Clients who access Health Services outside their home community pursuant to the following legislation and programs:
 - (a) Hospital Insurance and Health and Social Services Administration Act,
 - (b) Medical Care Act, and
 - (c) Mental Health Act

(collectively, "the Legislation").

- 3.2 This Policy is issued by the Minister of Health.
- 3.3 Medical travel arrangements and, in some cases, payments for accommodation, meals, ground transportation, escorts and travel can also be determined in part or in whole by a Client's ability to access insurance or other programs which are not covered by this Policy. These include but are not limited to:
 - (a) Non-Insured Health Benefits Program;
 - (b) Extended Health Benefits Program;
 - (c) Workers' Safety and Compensation Commission;
 - (d) Public Service Health Care Plan;
 - (e) Government of Nunavut Employees Dental and Health Benefits Plan; and

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(f) Private Insurance Plans.

4.0 **DEFINITIONS**

4.1 Adult – means a Nunavut resident 19 years of age or older.

- 4.2 <u>Approved Centres</u> means a hospital, clinic, birthing centre, regional health facility, or rehabilitation centre approved by the Assistant Deputy Minister Operations for the provision of Health Services that are not available in a Client's home community.
- 4.3 Child means a Nunavut resident between 2 to 18 years of age.
- 4.4 <u>Client</u> means a Nunavut resident who must travel in order to access Health Services.
- 4.5 <u>Client Escort</u> means an Adult authorized to accompany a Client pursuant to Guideline 2, Section 4.
- 4.6 <u>Co-payment</u> means the portion of eligible Medical Travel expenses which must be paid by eligible Clients as determined in accordance with this Policy.
- 4.7 <u>Director</u> means a regional Director of Health Programs, a regional Director of Health Facilities, the Director of Clinical Services at the Qikiqtani General Hospital, or their designates.
- 4.8 Director Child and Family Services means the territorial director designated under the *Child* and Family Services Act or their designate.
- 4.9 <u>Guardian</u> means a parent, a foster parent, or an individual legally responsible for a Client.
- 4.10 <u>Health Services</u> means insured services, as defined by the Legislation that a Nunavut Practitioner deems medically necessary for a Client.
- 4.11 <u>Infant</u> means a Nunavut resident less than 2 years of age.
- 4.12 Legislation means
 - (a) Hospital Insurance and Health and Social Services Administration Act,
 - (b) Medical Care Act; and
 - (c) Mental Health Act.
- 4.13 <u>Nunavut Practitioner</u> means an individual who is licensed to deliver Health Services in Nunavut through employment or a contract with the Government of Nunavut, such as nurses, physicians, and midwives. For the purposes of this Policy, dental providers are not considered Nunavut Practitioners.
- 4.14 <u>Mature Minor</u> means an individual 16 to 18 years of age who has reached a sufficient level of emotional and intellectual development to be able to make their own medical decisions, as determined by the Nunavut Practitioner referring the Medical Travel.
- 4.15 <u>Medevac</u> means air transport of a Client requiring emergency or specialized care.
- 4.16 <u>Medical Escort</u> means a health care professional, including but not limited to a physician, nurse, or paramedic, who is required to provide professional care to a Client while travelling.
- 4.17 <u>Medical Travel</u> means travel between Nunavut communities and/or Approved Centres outside of Nunavut, as approved by a referring Nunavut Practitioner for a Client, for the purpose of obtaining Health Services that are not available in a Client's home community.
- 4.18 <u>Public Guardian</u> means the Public Guardian designated under the *Public Guardianship and Trusteeship Act*.
- 4.19 <u>Regional Director</u> means a Regional Director of Health Services, the Executive Director of Igaluit Health Services, or their designates.

5.0 ROLES AND RESPONSIBILITES

5.1 Minister

(a) The Minister of Health ("the Minister") is accountable to Executive Council for the implementation of this Policy.

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- (b) The Minister may:
 - (i) approve program provisions and Guidelines; and
 - (ii) determine the amount of Co-payment from time to time.

5.2 Deputy Minister

- (a) The Deputy Minister of Health (the Deputy Minister) is accountable to the Minister for the administration of this Policy. The Deputy Minister may delegate this responsibility; and
- (b) Amend from time to time the Guidelines and Appendixes that form part of this Policy.

5.3 <u>Assistant Deputy Minister – Operations</u>

- (a) The Assistant Deputy Minister Operations may:
 - (i) designate Approved Centres for the purpose of this Policy;
 - (ii) determine the nearest Approved Centre for necessary and appropriate Health Services; and
 - (iii) approve a second Client Escort for Medical Travel in rare situations.

5.4 Regional Directors

- (a) Regional Directors have the responsibility of reviewing appeals to this Policy; and
- (b) May approve Client Escort travel that originates from a community other than where the Client resides.

5.5 <u>Director</u>

(a) A Director may approve Client Escort requests from a Nunavut Practitioner pursuant to Guideline 2, Section 4.

5.6 Nunavut Practitioners

- (a) A Nunavut Practitioner determines the care that a Client requires and initiates a referral to the nearest Approved Centre where the appropriate care is available.
- (b) A Nunavut Practitioner may recommend a Client Escort accompany a Client on his or her Medical Travel subject to the approval of a Director.
- (c) If the Client is a ward of the Director Child and Family Services, the Director Child and Family Services's approval is required prior to travel. If the Client is a ward of the Public Guardian, the Public Guardian's approval is required prior to travel.

5.7 Clients

(a) Clients must be willing to attend their appointments as recommended by a Nunavut Practitioner and follow the rules outlined in the Client and Escort Travel Agreement (Appendix A).

5.8 Client Escorts

(a) A Client Escort must agree to stay with his/her Client at all times and follow the rules outlined in the Client and Client Escort Travel Agreement (Appendix A).

6.0 PROVISIONS

6.1 Exclusions

- (a) Medical Travel benefits will not be authorized for Medical Travel originating outside Nunavut.
- (b) When a Client chooses to travel to a centre other than the nearest Approved Centre, travel benefits will only be provided to the nearest Approved Centre.
- (c) Medical Travel benefits will not be provided if a similar benefit is available through an employer or insuring body as set out in section 3.3.

6.2 Medical Travel

- (a) Eligibility
 - (i) Eligibility is restricted to Nunavut residents who require Medical Travel to the nearest Approved Centre and meet the following criteria:
 - The Client must hold a valid registration with the Nunavut Health Care Plan;
 and
 - The reason for travel is a valid referral from a Nunavut Practitioner and the travel cannot be deferred until the Client is traveling for other reasons.
- (b) Benefits
 - (i) Medical Travel transportation to and from the nearest Approved Centre; and
 - (ii) Medical Escort and Client Escort benefits for eligible Clients.
- (c) In emergency circumstances the cost of Medical Travel for non-residents will be paid by the Government of Nunavut. However, the individual will be billed for the full cost of the transportation provided.
- (d) Clients who have been abusive to other Clients, Client Escorts, Medical Escorts, Health staff, boarding home staff or airline staff will be requested to make their own travel arrangements and seek reimbursement.

6.3 Appeals

- (a) A Client or Guardian has the right to appeal a decision regarding Medical Travel.
- (b) Second Client Escort decisions are not subject to appeal.

6.4 <u>Accountability</u>

(a) Health will submit an annual report concerning the administration of this Policy to the Minister.

7.0 FINANCIAL RESOURCES

7.1 Financial resources required under this Policy are conditional on approval of funds in the Main Estimates by the Legislative Assembly and there being a sufficient unencumbered balance for the fiscal year for which the funds would be required.

8.0 GUIDELINES

8.1 Client benefits, Client Escort benefits and Appeals will be dealt with in accordance with the Guidelines established in support of this Policy.

9.0 SUNSET

8.1 This Policy will be in effect from the date of signature until March 31, 2018.

10.0 CONTACT

9.1 This Policy is available on the Health website or by contacting Health at:

Medical Travel Office P.O. Box 1000, Stn 1046 Iqaluit, NU X0A 0H0

Toll Free Line 1-866-371-3305

Phone 1-867-975-5759 Fax 1-867-975-5964

Includes: Guideline 1 – Medical Travel Benefits

Guideline 2 – Medical Escort and Client Escort Approval

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Guideline 3 – Appeals

Appendix A – Client and Escort Travel Agreement Appendix B – Request for Client Escort Travel

Appendix C – Appeal Request Form

APPENDIX A



CLIENT AND CLIENT ESCORT TRAVEL AGREEMENT

Department of Health (Health)

Health Services Medical Travel Policy

General Terms:

- Health does not tolerate alcohol or illegal drug use, or abusive behaviors, while on Medical Travel assistance.
- Clients and Client Escorts must sign this agreement before travel will be arranged.
- Do not take any bags or packages for anyone, especially if you do not know the contents.
- Health is not responsible for excess baggage or costs associated with unauthorized companions, whether Adult or Children.
- Be sure to take government issued photo identification and your Nunavut Health Care Card.
- Health recommends Clients and Client Escorts take some cash for incidentals.
- You are responsible for treating your fellow travelers and health care workers with respect.

Client Responsibilities:

 Clients must be willing to attend all their appointments. If you do not attend your appointments, you are not eligible for any travel benefits under this Policy.

Client Escort Responsibilities:

- You must be 19 years of age or the Guardian of a Client.
- You must accompany your Client to all appointments.
- You are expected to stay with your Client at all times, including sharing accommodations.
- If your Client is in a hospital, you must be available to assist your Client with his/her needs.
- Where language barriers exist, you must be able to provide translation services in English. You may be asked to
 demonstrate basic language ability to the person presenting this agreement.
- You must be able to stay with your Client for up to 4 weeks.
- You must be aware of your Client's condition and medications.

AGREEMENT

- 1. I understand and agree to my responsibilities.
- 2. If I do not fulfill my responsibilities, I will not hold Health responsible for the cost of my travel assistance, and I will reimburse Health for all costs incurred.
- 3. I understand the travel policies and procedures that have been explained to me and I have the emergency phone numbers to call in case something unexpected happens while travelling.

Client Signature	Print Name	Date	
Client Escort Signature	Print Name	Date	
Signature of Witness	Print Name	Date	

If you are unable to fulfill your responsibilities due to circumstances beyond your control, the Director may review your situation and you may not be responsible for the travel expenses.

APPENDIX B



Client Name:

REQUEST FOR CLIENT ESCORT TRAVEL

Department of Health

Health Services Medical Travel Policy

Date of Birth:

HCP Number:

Escort Name:	Community [^] :	Date of Birth:
Second Escort*:		Date of Birth:
Request Date:	Appointment Date[s]:	
* - A second Client Escort is only provided in rare the second Client Escort (use separate page if ne Operations (ADM), via a Regional Director.		
^ - Regional Directors may approve an escort from	n a different community than the Client	t.
Summarize your request by checking one of the form	ollowing. A Client Escort is required be	ecause:
C. the Client is a unilingual Inuit langual D. the Escort will participate in the Clie medical/nursing procedures that car Please ensure that the above e apply can the following can be Please provide an explanation belo	condition of a nature that he or she is nature speaking Client and interpreter sent's treatment program and receive instanct be given to the Client only ligibility reasons are considered ficonsidered: the Client is unilingual I will requesting an escort based on this	rvices are not available at the Approved Centre structions on specific and essential home first. Only if none of these Escort reasons nuit language speaking and age 65 or older s criteria.
Notes: Client Escorts are not allowed to bring an		be switched after 4 weeks of continuous travel.
Background Details [please attach a separate page 2017]	age if necessary]	
Signature of Nunavut Practitioner	Print Name	Contact Number
Fax to: QGH 867-975-7195; Baffin 867-473-2	2657; Kivalliq 867-645-2149; Kitik	meot 867-983-4519
To be completed by Director - Reason for decision:		Approved Denied Signature Date

In the event that this request is denied, the Client or Guardian has the right to appeal the decision to the Regional Director by completing an Appeal Request Form and subject to the Appeal Guidelines.

APPENDIX C



APPEAL REQUEST FORM

Department of Health

Health Services Medical Travel Policy

Information from Client or Guardian who was denied a travel benefit:

Client Name: Date of Birth: HCP Number: Community: Appointment Date[s]: Date of this Request: Appointment Date[s]: Date the Appointment was Booked: Client's Employer: This appeal must include the reason or condition for which the benefit was requested. This is to notify Health of my intention to appeal a decision made with respect to the benefits associated with travel the purpose of receiving a Health Service. I am appealing the decision for the following reason(s): Attach additional pages, if necessary. Signature of Client or Guardian Contact Number Fax to: QGH 867-975-7195; Baffin Region 867-473-2657; Kivalliq Region 867-645-2149; Kitikmeot Region 867-983-406 To be completed by Regional Director: Reason for decision: Approved Denied Signature		
Date of this Request: Date the Appointment was Booked: Client's Employer: This appeal must include the reason or condition for which the benefit was requested. This is to notify Health of my intention to appeal a decision made with respect to the benefits associated with travel the purpose of receiving a Health Service. I am appealing the decision for the following reason(s): Attach additional pages, if necessary. Signature of Client or Guardian Fax to: QGH 867-975-7195; Baffin Region 867-473-2657; Kivalliq Region 867-645-2149; Kitikmeot Region 867-983-406 To be completed by Regional Director: Reason for decision:	Client Name:	Date of Birth:
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To be completed by Regional Director: Reason for decision: Approved Denied Signature	orgination of one of organization	Solitati Hamba
Reason for decision: Approved Denied Signature	Fax to: QGH 867-975-7195; Baffin Reg	gion 867-473-2657; Kivalliq Region 867-645-2149; Kitikmeot Region 867-983-4063
Reason for decision: Approved Denied Signature		
Signature		
		☐ Approved ☐ Denied
		Signature
l late I		Date

In the event that this appeal is denied, there are no further appeal rights.