

Out of Province Assessment/Treatment

For Mental Health, Alcohol and Drug, Problem Gambling, Acquired Brain Injury and Rehabilitation Therapies Programs

What is out of province Assessment/Treatment?

The out-of-province assessment/treatment program is a limited access program. It temporarily extends the services of Saskatchewan health care professionals to experts out of the province for a consultation with referring health care providers and/or short term assessment and treatment to improve client outcomes.

What type of services qualify?

Mental health, alcohol and drug, problem gambling, acquired brain injury and rehabilitation therapies program areas may be eligible for the out-of-province assessment/treatment program.

Only approved costs will be covered. Travel, accommodation, and/or meals are not eligible for coverage.

What type of approval is required?

Requests for out-of-province assessment/treatment can only be accepted from the Saskatchewan Health Authority (SHA) or the Physician Support Program (PSP) of the Saskatchewan Medical Association.

Approval must be obtained from the Ministry of Health prior to the client receiving services and/or support outside the province.

Any health care provider who operates within the public system may refer individuals with valid health care coverage for coverage for services out of the province.

Eligibility Criteria

- Completed request form and required documentation noted therein.
- The individual requesting services must have valid Saskatchewan Health coverage;
- The individual requesting services must be actively engaged and accessing services related to the service being requested in Saskatchewan from the SHA or PSP at the time the request is made;
- All attempts have been made to meet the needs of the individual by accessing the full continuum of publicly funded health care provided by the Saskatchewan Health card (please see [It's For Your Benefit: A Guide to Health Services in Saskatchewan](#))
- The health care provider completing the request form has demonstrated publicly available services have not met the assessed need of the individual;
- The assessment/treatment services being requested must use a researched evidence-based clinical model and have been assessed to likely produce a positive outcome for the individual.
- The SHA or PSP is committed to providing follow-up assessment/treatment services as required and has developed a plan for these services upon the individual's return.

Why apply for out of province assessment/treatment?

A request for assessment and treatment can only be made for the following reasons:

- Referring clinician requires additional expert advice on the case;
- Services and/or providers are not available within the province;
- Services within the province have not provided positive outcomes for the individual;
- Client outcomes have plateaued and expert assessment is not available within the province to determine next steps; and
- Client occupation necessitates treatment outside of the province.

Where can I go for out of province assessment/treatment?

The province does not maintain a list of appropriate facilities. Instead, individuals and health care professionals are encouraged to select a program or service that best meets the individual's needs. The facility or program must:

- Be approved, licensed, and/or accredited by the relevant licensing and accreditation bodies for the jurisdiction where the facility or program is located;
- Provide clinical, evidence-based treatment or assessment model that will benefit the individual;
- Provide service(s) to the patient that would be covered under Saskatchewan's health care if they were received in Saskatchewan; and
- Must provide a duration and cost for assessments and/or treatment prior to service delivery. Including all billable services expected to be provided including lab tests, treatment supplies, diagnostic costs, etc.

How long does it take to process my request?

Requests for out of province treatment take at least 10-15 business days to process.

The referring health care professional needs to send the completed request form to the referring program Director. For example, if your family doctor is completing the request form for addiction treatment, once complete it must be sent to your regional Director or Executive Director of Mental Health and Addictions within the SHA.

The SHA department related to the services you are requesting or the Physician Support Program will confirm the request meets the eligibility criteria. If appropriate the SHA/PSP will then submit the claim to the Ministry of Health for processing.

You will receive an approval or denial letter.

Can I appeal a decision if I am denied?

Yes, decisions can be reviewed. Denied requests for funding for out-of-province assessments and/or treatment may be eligible for review by the Health Services Review Committee (HSRC). A request for a review must be submitted in writing to the HSRC within 90 days of the date of the decision letter.