	Policy & Procedure Manual	Status:	Current
		Last updated:	July 2024
		Page:	1
Section:	Drug Plan and Extended Benefits Branch		
Title:	Saskatchewan Aids to Independent Living Program (SAIL) General Policies		

INTENT

The Saskatchewan Aids to Independent Living Program (SAIL) of the Ministry of Health was established in 1975 to provide benefits that assist people with physical disabilities achieve a more active and independent lifestyle and to assist people in the management of certain chronic health conditions.

The SAIL program is comprised of 14 sub-programs. Several of these programs are universal benefits and offer services to people who require them while the remaining programs are considered to be special benefit programs meaning a qualified applicant must meet specific program eligibility criteria before receiving benefits.

Universal Benefit Programs

- Prosthetics and Orthotics Program
- Special Needs Equipment Program
- Therapeutic Nutritional Products Program
- Respiratory Equipment Program
- Home Oxygen Program
- **Children’s Enteral Feeding Pump Program**
- Compression Garment Program

Special Benefit Programs

- Paraplegia Program
- Cystic Fibrosis Program
- Chronic End-Stage Renal Disease
- Ostomy Program
- Haemophilia Program
- Aids to the Blind
- Insulin Pump Program

PROGRAM OBJECTIVES

- To provide people with physical disabilities and certain chronic health conditions a basic level of coverage for disability related equipment, devices, products, and supplies in a cost effective and timely manner based on assessed need or defined criteria.
- To help offset the cost of, and improve the affordability of, disability supports.

- To ensure easy access to benefits for people with disabilities by maintaining effective co-ordination with health professionals and provider agencies in the community and institutions.
- To help facilitate discharge from hospital so that people can return to their homes.
- To ensure appropriate and reasonable use of SAIL benefits.

ELIGIBILITY

For all SAIL programs, clients must:

1. Be a resident of Saskatchewan*;
2. Possess a valid Saskatchewan Health Services Number;
3. Be referred for service by an authorized health care professional;
4. Unless pre-authorized by Saskatchewan Health, the service must be obtained in Saskatchewan; and
5. Not be eligible to receive the service from any other agency of government such as **Saskatchewan Government Insurance, Worker's Compensation Board, Health Canada (Non-Insured Health Benefits Program)** or Veterans Affairs Canada.

*Newcomers to the province from other parts of Canada may receive health services coverage on the first day of the third calendar month following the date of establishing residence in Saskatchewan. SAIL has no reciprocal agreements with other jurisdictions for provision of interim coverage.

Special classes of newcomers from outside Canada such as landed immigrants, student visa holders, and returning Canadian citizens or residents, may receive health services coverage from the date they establish residence. For further information, contact eHealth Saskatchewan.

Students who are residents of another Canadian province who enter Saskatchewan to attend an educational institution are not eligible for SAIL or other health services benefits in Saskatchewan. Such persons are eligible for benefits from their home province and should maintain coverage with that province.

Temporary Absence from Saskatchewan

Permanent residents may remain insured during their absence provided they spend a minimum of six (6) months each year in the province. In certain circumstances, residents may remain insured while absent for up to one year provided they intend to return to live in Saskatchewan. For further information, contact eHealth Saskatchewan.

Saskatchewan students in full time attendance at an educational institution elsewhere and who intend to return to reside in Saskatchewan are eligible for SAIL and other health services benefits providing that their residency status is accordingly registered with eHealth Saskatchewan.

Establishing Residence Elsewhere

For the period a resident retains a valid Health Services Number after they have left the province, eligibility for most SAIL benefits will continue. SAIL has no reciprocal agreements with other jurisdictions for provision of interim coverage. For further information, contact SAIL.

COVERAGE LIMITATIONS

There are limits to the types of equipment available, the frequency of equipment replacement and the quantities of some supplies. See detailed information in the program descriptions.

BENEFIT APPEAL PROCESS

Appeals should be made in writing and forwarded to:

Director – Client Services, Extended Benefits and Policy Unit
Drug Plan and Extended Benefits Branch
3475 Albert Street
Regina, Saskatchewan
S4S 6X6

EQUIPMENT LOAN POLICIES

Selected mobility, environmental, respiratory, and other specialized rehabilitation equipment may be requisitioned by designated requisitioning authorities for eligible beneficiaries on a loan basis for as long as the equipment is required. Such equipment must be returned to SAIL or the SAIL designated supplier whenever a beneficiary:

- Has equipment replaced
- No longer needs the equipment
- Moves out of Saskatchewan
- Becomes otherwise ineligible for the benefit.

Equipment Return

Loan equipment may be returned to or collected by an authorized service provider. For further information, please contact the SaskAbilities depot or the SAIL Respiratory Equipment Depot serving your area or SAIL.

Transferral

Equipment is loaned on the basis of specific individual need and cannot be transferred from one beneficiary to another without the approval of SAIL or its designate.

Maintenance and Repair

Maintenance and repair of loaned equipment is provided by SAIL or a SAIL designated supplier without charge to the beneficiary. The maintenance and repair of beneficiary owned equipment is not a benefit of the program.

BACKDATING CLAIMS

Claims will only be honoured if received within one year of the date of service. Claims received outside of the one year will not be reimbursed.

OUT OF PROVINCE COVERAGE

Out of province coverage for benefits received in other provinces and territories and outside of Canada is summarized below. Payments do not exceed the rates paid in Saskatchewan. The cost of drugs purchased outside of Canada is never reimbursed.

Program	Coverage in other provinces/territories	Coverage outside of Canada
Special Needs Equipment	No	No
Prosthetics and Orthotics	Yes – limited (see prosthetics and orthotics policy section for details)	No
Children’s Enteral Feeding Pump	Yes – with prior approval	No
Home Oxygen	Yes – with prior approval	Yes – limited (with prior approval)
Respiratory Equipment	No	No
Compression Garment	No	No
Therapeutic Nutritional Products	Yes – reimbursement	No
Paraplegia	Yes – reimbursement	No
Ostomy	Yes – reimbursement	No
Aids to the Blind	No	No
Cystic Fibrosis	Yes – reimbursement	No
Chronic End-Stage Renal	Yes – reimbursement	No
Haemophilia	Yes – reimbursement	No
Insulin Pump	Yes – reimbursement	No

CONTACT INFORMATION

Drug Plan and Extended Benefits Branch

3475 Albert Street

Regina, Saskatchewan

S4S 6X6

Phone: 306-787-7121

Toll free: 1-888-787-8996

Fax: 306-787-8679


Email: DPEB@health.gov.sk.ca

Saskatchewan Aids to Independent Living Program (SAIL)

General Policies

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 Drug Plan & Extended Benefits	Section: <i>Special Benefit Programs</i>	Last Amended Date April 2021
AIDS TO THE BLIND PROGRAM		

INTENT

The Aids to the Blind Program provides or subsidizes the cost of select low vision aids and assistive devices to individuals living with vision loss.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. Have a vision assessment that shows their vision to be 20/150¹ or worse in the better eye with corrected lenses or with visual fields no greater than 20 degrees;
2. Be referred by an optometrist, a physician specializing in ophthalmology or by a Low Vision Clinic; and
3. Require low vision aids or devices that are not exclusively for educational and/or employment purposes.

BENEFITS

Eligible clients can receive the following benefits:

- Low vision eyewear
- The loan of brailers, white canes (identification, mobility and/or support), magnifiers and book playback machines
- Assistance with the purchase of talking or braille watches, talking scales, large button or talking phones, talking labellers, talking blood pressure monitors, digital playback units, multifunctional electronic devices, and assistive computer applications².
- Low vision rehabilitation services from Vision Loss Rehabilitation Canada (VLRC)

Clients are limited to one device for each functional purpose.

Aids provided will be the most basic device required to complete ongoing daily visual tasks.

¹ For low vision magnifiers only, clients must have a vision assessment that shows their vision to be 20/70 or worse.

² Assistive computer applications are a benefit on a trial basis. The trial began on April 1, 2021.

1. Low Vision Eyewear

Low vision eyewear must be requisitioned by one of the Low Vision Clinics. Equipment may be supplied by any optometric or ophthalmic dispenser.

a. Lens Mounted Telescopes

- Lens mounted telescopes must be requisitioned and procured by a Low Vision Clinic.

b. Low Vision Eyewear

Financial Assistance is provided toward the purchase of eyeglasses that qualify as a low vision aid. Eyeglasses qualify as an eligible low vision aid only when:

- The incorporated bifocal or reading is +3.50 diopters or more above the routine distance refraction; or
- When a therapeutic tint (i.e. NoIR) is required (SAIL does not cover non-therapeutic tinting); or
- Eyewear is required for lens mounted telescope support.

Replacement of low vision eyewear is subject to the following limitations:

- Therapeutic replacement of lenses is insured whenever there is a change in the refractive correction of at least one half (0.50) dioptre or more.
- For adults, non-therapeutic replacement of eyewear due to wear, loss or breakage is insured:
 - Once within a 36 month period from the date since the last SAIL subsidized eyeglasses were provided; and
 - No more frequently than at 36 month intervals thereafter.
- For children (17 years and under), non-therapeutic replacement of eyewear due to wear, loss or breakage is insured:
 - Once within a 24 month period from the date since the last SAIL subsidized glasses were provided.
 - Requests for replacements within the 24 month period are reviewed by SAIL on an individual basis.

Repairs and replacement of eyewear frame components are covered in accordance with established fee schedules in the Supplementary Health Program Optometric and Ophthalmic Dispensing Agreements.

SAIL will consider contact lenses on a prior approval basis upon the written request of an ophthalmologist or optometrist. Approval will be considered based on the therapeutic indications for the contact lenses provided in the request.

Digital eyewear (i.e., eSight eyewear) is not covered.

2. Loaned Low Vision Aids and Devices **Quantity limit of one of each of these items per client.*
 The following items are purchased, housed, maintained and distributed by the VLRC on behalf of SAIL. VLRC provides instruction on the use of these items when initially loaned. These items are loaned at no cost to the client.

- Book playback machines (CD format) *
- Braille*
 • Magnifiers (including half eye reader spectacles)
- White canes (identification, mobility and/or support)

3. Purchase of Low Vision Aids and Devices

A variety of low vision aids and devices are available for purchase through the VLRC. The client is responsible for an initial payment and SAIL subsidizes the remaining cost up to a maximum amount. **Anything above the maximum cost is the client's responsibility.**

Items	Client initial payment and responsibility	SAIL coverage	Frequency
Talking Scales (bathroom or kitchen models)	<ul style="list-style-type: none"> • \$25 	\$50	Once every 5 years
Talking Watches	<ul style="list-style-type: none"> • \$25 	\$50	Once every 2 years
Braille Watches	<ul style="list-style-type: none"> • \$25 	\$50	Once every 5 years
Large Button / Talking Phones	<ul style="list-style-type: none"> • \$25 	\$85	Once every 5 years
Talking Labeller	<ul style="list-style-type: none"> • \$60 • Client is responsible for the cost of replacement labels 	\$100	Once every 5 years
Talking Blood Pressure Monitor	<ul style="list-style-type: none"> • \$25 	\$130	Consider replacement only if no longer working and warranty has expired
Digital Playback Units* (limited to devices with book reading functionality only)	<ul style="list-style-type: none"> • \$100 • Client is responsible for the cost of internet connectivity and accessories 	\$300	Once every 4 years

Items	Client initial payment and responsibility	SAIL coverage	Frequency
Multifunctional Electronic Devices* (limited to tablet style devices, not mobile phones)	<ul style="list-style-type: none"> \$100 Client is responsible for the cost of applications, accessories, internet connectivity and data plans 	\$400	Once every 4 years
Jaws Screen Reader**	NA	\$1,100	*approved on a trial basis effective April 1, 2021.
Zoom text magnifier**	NA	\$500	
Fusion**	NA	\$1,500	
* Clients are eligible for either a digital playback unit <u>or</u> a multifunctional electronic device, not both.			
** Clients are eligible for one assistive computer software			
<ul style="list-style-type: none"> Batteries are not covered by SAIL. Maintenance and repair costs for these items are the responsibility of the client. 			

4. Low Vision Rehabilitation Services

Low vision rehabilitation services are intended to assist persons with poor or failing sight to make the best functional use of their remaining vision. To that end, VLRC will carry out assessments of functional vision and, in consultation with health professionals (as required) and the client, determine goals and objectives for low vision rehabilitation. A plan to meet individual goals may include the provision of advice, training and assistive devices as deemed necessary.

PROCEDURE

Application

VLRC registers clients who are eligible for the Aids to the Blind Program. All beneficiary information is housed at VLRC. Referrals from optometrists, ophthalmologists or the Low Vision Clinics are sent directly to VLRC. (Registration with VLRC is voluntary.)

Billing Process

Lens Mounted Telescopes

Procurement of lens mounted telescopes must be handled by a Low Vision Clinic. The Low Vision Clinic will invoice SAIL for the cost of the lens mounted telescope, including any applicable brokerage or postage fees.

Low Vision Eyewear


The Low Vision Clinics in Regina and Saskatoon have *Supplementary Health Program Optometric / Ophthalmic Dispenser Account Forms* that are labelled "SAIL INSURED". These claim forms must be used to invoice SAIL for low vision eyewear. The client is responsible for taking the form, along with their prescription, to the dispenser of their choice. The

dispenser should submit the completed form to SAIL for payment after the glasses have been dispensed. SAIL fully subsidizes the cost of low vision eyewear in accordance with the Supplementary Health / Family Health Benefits Optical Benefits Payment Schedule.

Low Vision Aids, Devices and Rehabilitation Services

VLRC provides low vision rehabilitation services, aids and devices to qualifying Saskatchewan residents in accordance with an agreement with the Ministry of Health.

VLRC is responsible for collecting the client's payment on items that are cost shared with SAIL.

 Drug Plan & Extended Benefits	Section: <i>Special Benefit Programs</i>	Last Amended Date January 2018
CYSTIC FIBROSIS PROGRAM		

INTENT

The Cystic Fibrosis Program covers the cost of formulary and select non-formulary drugs and nutritional supplements for individuals with cystic fibrosis (CF).

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. Have a confirmed diagnosis of cystic fibrosis, and
2. Be referred to the Cystic Fibrosis Program by a paediatrician, respirologist or medical geneticist.

BENEFITS

Eligible clients receive the following benefits at no charge:

- Formulary and select non-formulary prescription drugs.
- Select physician prescribed over the counter drugs.
- Nutritional supplements.

Nutritional Supplements:

Supplement Puddings – smooth texture dairy or starch based food that is a source of vitamins, minerals, and energy beyond that of a dessert pudding.

Examples: Ensure Pudding, Boost Pudding

Supplement Bars – nutrition food supplement typically containing cereals and other high energy foods.

Examples: Boost Bar, Glucerna Bar, Vector Bar, Scandibar, Larabar, Taste of Nature Bar

Liquid Oral Supplements – supplemental drink providing additional energy, vitamin and minerals. Not a complete source of nutrition*.

Examples: Boost (Regular, Plus, Fibre), Beta Quik, Carb Zero, Carnation Instant Breakfast, Ensure (All), Glucerna, Liquigen, Nutren (All), MCT Oil, Microlipid Pediasure, Peptamen Liquid (All), Pulmocare Liquid, Resource, Vital HN.

*clients receiving at least 90% of their nutrition through an eligible nutrition product should refer to Therapeutic Nutritional Products Program Policy.

Supplement Shakes – calorie-rich, dairy based drink typically served cold.

Examples: Scandishakes, Magic Cups

Powders – powdered products that can be added to foods to provide additional nutrients.

Example: Beneprotein, Polycose, Portagen, Pregestimal, Tolerex, Vital HN Powder, Vivonex Powder

Vitamin Supplements:

Additional vitamins and minerals such as calcium, vitamin D, fat soluble vitamins, iron, and/or zinc. Pancreatic enzymes may also need to be supplemented.

Examples: Aquasol E drops, MCT oil, Palafer, Pancrease MT Caps, Calcium

Non-Benefit Items:

Infant formulas, food thickeners, herbs, oral swabs, Pedialyte, weight lifting or body building products or nutritionally complete products.

PRICING, SHIPPING AND QUANTITY LIMITS:

Pharmacies or Medical Suppliers must invoice the Ministry for nutritional supplements based **on the lesser of the manufacturer's suggested retail price (SRP) or the supplier's usual and customary charge on that day.**

Shipping is not a benefit of the Cystic Fibrosis Program.

Items must be purchased based on a three month, or less, supply. Standing orders are discouraged.

PROCEDURE


Application

A specialist physician must submit a *Special Benefit Programs Referral Form* on behalf of the client. The application must confirm the diagnosis of cystic fibrosis.

Qualifying beneficiaries are notified in writing of their acceptance to the program. The Drug Plan network is updated to reflect coverage on the Cystic Fibrosis Program to enable invoicing for prescription drugs.

Billing Process

Beneficiaries must supply a valid prescription for formulary and select non-formulary drugs, approved over the counter drugs and nutritional supplements. Pharmacists adjudicate all prescriptions on the on-line pharmacy network.

 Drug Plan & Extended Benefits	Section: <i>Universal Benefit Programs</i>	Last Amended Date January 2025
CHILDREN'S ENTERAL FEEDING PUMP PROGRAM		

INTENT

The Children's Enteral Feeding Pump Program provides feeding pumps on loan to children who require nasogastric or gastrostomy pump feeding. Certain consumable supplies are also covered as benefits.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. Be under 18 years of age*
2. **Be referred to the Children's Enteral Feeding Pump Program (CEFPP) by a dietitian and a specialist physician.**

*If a client enrolled in the CEFPP requires benefits beyond the age of 18, their coverage will be extended.

BENEFITS

Eligible clients receive the following benefits at no charge:

1. Equipment (loaned through SaskAbilities):
 - One feeding pump, IV pole, and carrying case
 - Maintenance and repair of loaned equipment
2. Supplies:
 - Feeding pump sets (provided through SaskAbilities.) – one set per day
 - Adapter/extension sets (obtained from a supplier of **client's** choice, invoiced directly to SAIL) – six sets every three months
 - Feeding tubes (obtained from a supplier of **client's** choice, invoiced directly to SAIL) - three per year
 - Large syringes (i.e. 60 cc) (**obtained from a supplier client's choice, invoiced directly**) - one per week

Requests for additional supplies are considered on a case-by-case basis and approved only when justified by medical need. Medical professionals can request increased quantities by

contacting SAIL via phone at 306-787-7121, fax at 306-787-8679, or email at EHB@health.gov.sk.ca.

NON-BENEFITS

The following items are not covered by this program:

- nutritional products
- nasogastric tubes
- gravity feeding bags

PROCEDURE


Request for Coverage

Clients are referred through their dietitian, who completes a **Children's Enteral Feeding Pump Application form**, obtains a physician's **signature** and submits it to SaskAbilities (Saskatoon Special Needs Equipment Depot). The feeding pump, sets, and an information sheet are then sent to the client.

SaskAbilities notifies SAIL of new clients, who are then registered in the SAIL Payment System. This allows medical suppliers to invoice SAIL directly for feeding tubes, adapter/extension sets and syringes.

Billing Process

Medical suppliers submit invoices on-line to SAIL for payment of feeding tubes, adapter/extension sets and syringes.

 Drug Plan & Extended Benefits	Section: <i>Special Benefit Programs</i>	Last Amended Date February 2021
COMPRESSION GARMENT PROGRAM		

INTENT

The Compression Garment Program covers the cost of compression garments for clients who are experiencing serious conditions that require moderate to high pressure (20 mmHg or higher) that cannot be managed by other means such as elevation or medication and would become more severe without compression.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- *The Saskatchewan Aids to Independent Living Regulations, 1976* (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

- Have a diagnosis of a serious condition that requires moderate to high pressure (20 mmHg or higher) that cannot be managed by other means such as elevation or medication and would become more severe without compression. Conditions may include hypertrophic scarring, chronic lymphedema, paraplegia, deep vein thrombosis (DVT), or history of ulceration³; and,
- Have the garment requisitioned by an approved requisitioner, such as an Occupational Therapist (OT), Physical Therapist (PT), Nurse Specialized in Wound Ostomy & Continence (NSWOC), Wound Care Nurse (IIWCC), Diabetes Nurse (DN), Complex Decongestive Therapist (CDT) or Certified Lymph Therapist (CLT).

BENEFITS

- Benefits include:
 - Moderate to high pressure (20mmgh or higher) socks, hose, gloves, adjustable non-elastic garments, arm sleeves.
 - Graduated pressure arm sleeves (15-20mmHg) may be requisitioned for clients who meet all other criteria but cannot tolerate 20mmHg or higher at the wrist.
 - Compression bandaging/wrapping supplies used for lymphatic drainage.

³ Conditions not named, such as severe edema, require the therapist to provide information that supports that the condition is serious, that it cannot be managed by other means such as elevation or medication and that the condition would become more severe without compression.

- Accessories/supplies used in conjunction with a compression garment, such as gel sheets, adhesives, stocking applicators, liners, swell spots, pit pads or gloves.
- Clients are eligible for two (2) daytime garments every six (6) months and one (1) nighttime garment every two (2) years⁴.
- **Garments must be the least costly available alternative that meets the client's needs.**

NON-BENEFIT ITEMS

- Garments for short-term use (such as pregnancy, travel, exercise, pre or post operative or fracture).
- Garments for varicose veins, tired legs, discomfort, mild to moderate edema, arterial insufficiency, hypertension, hypotension, osteoarthritis or any condition where swelling could be relieved by regular methods such as elevation.
- **"Fashion hose" or any garment that is more costly for purely cosmetic reasons.**
- Any garment purchased directly by a client.
- Dressings (including gauze).
- Bandaging/wrapping supplies used for wound care.
- Tape.
- **Any extra cost incurred to place an order on a "rush" basis.**

PROCEDURE

Requisitioner Registration Process

PTs and OTs are automatically enrolled as approved requisitioners. All other requisitioners must complete the *Saskatchewan Aids to Independent Living (SAIL) Compression Garment Program Requisitioner Application* and email it to the Ministry of Health Drug Plan and Extended Benefits Branch (DPEBB) at EHB@health.gov.sk.ca with attention to REGISTRATION Compression Garment Program in the subject line.

Client Registration

The client will be seen by an approved Saskatchewan-based requisitioner. The approved requisitioner will:

- Assess the client.
- Register eligible clients for the Compression Garment Program in one of two ways:
 - Phone SAIL at 306-787-7121 or toll-free at 1-888-787-8996; or,
 - Complete and submit a SAIL Compression Garment Program – Client Registration Form and email it to: EHB@health.gov.sk.ca ATTN: CLIENT REGISTRATION Compression Garment Program.
- Receive verbal or email confirmation that the client is registered.
- **Order garments on the registered client's behalf from an approved vendor.**
- **Ensure garments must be the least costly available alternative that meets the client's needs.**

⁴ Garments sold in pairs (i.e., a pair of compression socks) count as two garments and have limitations of one pair per left/right limb every six (6) months.

- Make available documentation for verification purposes.

Drug Plan and Extended Benefits (SAIL) will:

- Verbally confirm client registration approved over the phone; or,
- Notify requisitioner by email from the EHB@health.gov.sk.ca within 72 hours.
- Provide an approval letter to the client within one to two weeks of registration.

Ordering and Billing

Approved Requisitioners will:

- Contact an approved vendor to order compression garments (refer to list of approved vendors provided by DPEBB and follow ordering processes of the vendor. If more information is required email EHB@health.gov.sk.ca.
- Inform the vendor that the client is registered with the Compression Garment Program.
- Order compression garments and accessories for clients registered with the Compression Garment Program according to the benefit policy.
- Order compression garments based on approved quantity/frequency limits.


Approved Vendors will:

- Use the Drug Plan and Extended Benefits Branch (DPEBB) adjudication system to submit claims
- Confirm eligibility of the client (HSN) and garment (Compression Garment Benefit List) by submitting a claim to the DPEBB adjudication system:
 - If the claim does not adjudicate:
 - Ensure the client is eligible (registered with the program)
 - Ensure the quantity/frequency rules are followed.
 - Clarify eligibility or quantity/frequency concerns with the approved requisitioner
 - If the claim successfully adjudicates,
 - Ship garment or accessories to the requisitioner
 - Submit claim to DPEBB for payment
- Call for questions:
 - Contact the DPEBB for policy, program, procedural and payment questions:
 - By Phone: 306-787-7121 (Regina) or 1-888-787-8996
 - By Email: EHB@health.gov.sk.ca
 - Contact CGI (24/7 Technical Support Desk) for network and connectivity questions:
 - 306-761-4286 or 1-800-667-6080
 - Contact eHealth Saskatchewan for assistance with loading software for the DPEBB adjudication system:
 - 1-888-316-7446 or 306-337-0600
- Reconcile claims submitted to payment on a biweekly basis.

- Returns:
 - The vendor must reverse the original claim and resubmit the claim with the corrected quantity to ensure the DPEBB records accurately reflect what was provided to the client.
 - Concerns related to the shipping or quality of the garment should be managed between the vendor and the requisitioner.
- Make available claims and documentation for verification purposes.

The Drug Plan and Extended Benefits Branch (SAIL) will:

- Manage requisitioner registration.
- Manage client registration on the DPEBB adjudication system.
- Provide Help Desk services Monday through Friday from 8am to 5pm CST.
- Pay approved vendors for electronic claims submitted on a biweekly basis.
- Process eligible garments for payment to the preferred vendor.
- Conduct regular claims verification.

 Drug Plan & Extended Benefits	Section: <i>Special Benefit Programs</i>	Last Amended Date January 2018
CHRONIC END-STAGE RENAL DISEASE PROGRAM		

INTENT

The Chronic End-Stage Renal Disease Program covers the cost of formulary and select non-formulary drugs for individuals with a chronic kidney condition requiring dialysis and/or kidney transplantation. Qualifying beneficiaries depend on many medications to help them deal with pain, regain lost vitamins and minerals, suppress their immune system post transplantation, and other drugs associated with ongoing dialysis.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Chronic End-Stage Renal Disease Regulations, 1973 (Saskatchewan Regulation 153/73).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. Have a chronic kidney condition sufficiently severe that the person requires dialysis and/or kidney transplantation.
2. Be referred to the Chronic End-Stage Renal Disease Program by a nephrologist.

BENEFITS

Eligible clients receive the following benefits at no charge:

- Formulary and select non-formulary prescription drugs.
- Select physician prescribed over the counter drugs.

PROCEDURE


Application

A nephrologist must submit a *Special Benefit Programs Referral Form* on behalf of the client. The application must include the start date of dialysis and/or the date of the kidney transplantation.

Qualifying beneficiaries are notified in writing of their acceptance to the program. The Drug Plan network is updated to reflect coverage on the Chronic End-Stage Renal Disease Program.

Billing Process

Beneficiaries must have a valid prescription for formulary and select non-formulary drugs and over the counter drugs. Pharmacists adjudicate all prescriptions on the on-line pharmacy network.

 Drug Plan & Extended Benefits	Section: <i>Special Benefit Programs</i>	Last Amended Date January 2018
HAEMOPHILIA PROGRAM		

INTENT

The Haemophilia Program covers the cost of medical supplies associated with home infusion for the treatment of haemophilia.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. Have a confirmed diagnosis of haemophilia.
2. Be referred to the Haemophilia Program by a Saskatchewan based haematologist from a Bleeding Disorders Program.

BENEFITS

Eligible clients receive items associated with home infusion at no charge (as listed below):

Swab Dukal Alcohol Prep Pad Non-Sterile	Sharps Disposal Container
Swabsticks (All Prep Sticks)	Syringes
CLAVE Connector (Flolink Valve)	Tape
Sterile Gauze	Utility Gloves
Male/Female Luer Lock Adapter	Emla Cream
Needles	Hepalean Solution
Opsite Bandage	Injectable Solutions (NaCl, Sodium Chloride)
Winged Infusion Set	Sterile Plastic Drapes

The SAIL Haemophilia Program does not provide the factor 8 or 9 products for injection. These products are obtained directly from the transfusion lab at the local hospital.

PROCEDURE


Application Process

A haematologist from a Bleeding Disorders Program must submit a written application on behalf of the client. The application must confirm the diagnosis of haemophilia and the requirement for assistance from the program.

Qualifying beneficiaries are notified in writing of their acceptance to the program. The Drug Plan network is updated to reflect coverage on the Haemophilia Program to enable invoicing for medical supplies through the pharmacy network.

Billing Process

A physician's prescription is required for home infusion supplies. Pharmacies and Medical suppliers submit invoices on-line to SAIL in order to receive payment for home infusion supplies under the Haemophilia Program.

 Drug Plan & Extended Benefits	Section: <i>Universal Benefit Programs</i>	Last Amended Date March 2021
HOME OXYGEN PROGRAM		

INTENT

The Home Oxygen Program provides funding towards the cost of prescribed home oxygen therapy for clients who meet the program criteria. The program is delivered through private oxygen suppliers who are contracted by Saskatchewan Health.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. have oxygen prescribed by a physician or nurse practitioner, and
2. meet the medical criteria for either continuous, exertional, or nocturnal oxygen, or meet the criteria for end stage palliative care; and
3. be assessed by the Saskatchewan Health Authority

Continuous Oxygen

Criteria:

- In the absence of cor pulmonale or polycythemia, the patient, while at rest after being seated for 10 minutes, must have a PaO₂ ≤ 55 mmHg determined by arterial blood gas or an SaO₂ ≤ 87% determined by oximetry for a minimum of two continuous minutes.
- In the presence of cor pulmonale or polycythemia, the patient, while at rest after being seated for 10 minutes, must have a PaO₂ of ≤ 59 mmHg determined by arterial blood gas or an SaO₂ ≤ 90% determined by oximetry for a minimum of two continuous minutes.
- Testing should be completed within 48 hours prior to initiation of home oxygen therapy.

Coverage:

- Funds a concentrator, regulator and 10 portable oxygen cylinders per month.
- Initial coverage is for six months.

Exertional Oxygen

Criteria:

- Patients must not have been hospitalized for a cardiorespiratory event or had an exacerbation or change of treatment in the 30 days prior to testing.
- Clients will complete a two-part test. Part one is a maximum exercise symptom limited room air test. After being seated for 10 minutes, the patient should use a treadmill, an exercise bicycle, or walk on the level at a comfortable pace. Stop the test with the onset of symptoms. Record the symptoms, the time of onset, and the distance.
- Part two requires the patient to rest for 10 minutes while receiving 2 litres per minute of oxygen after completing part one. The patient should then repeat the test in part 1 while using oxygen. Oxygen should be adjusted as needed to maintain the saturation at 90% – 92% during exercise. Stop the test with the onset of symptoms. Record the symptoms, the time of onset, and the distance.
- **Oximetry on room air must show a pulse oximetry saturation $\leq 87\%$ continuously for a minimum of 20 seconds *and***
- There must be documentation of improvement in exercise capacity of 20% with oxygen use; that is the onset of symptoms is delayed by at least 20%.

Coverage:

- Funds a regulator and 10 portable oxygen cylinders per month.
- Initial coverage is for six months.

Nocturnal Oxygen

Criteria:

- Patients must not have been hospitalized for a cardiorespiratory event or had an exacerbation or change of treatment in the 30 days prior to testing.
- Nocturnal funding applications should only be made for patients whose blood gas or oximetry results do not show qualification for continuous oxygen.
- Nocturnal oximetry testing shall be done both on room air and with supplemental oxygen. Both complete tests and the underlying diagnosis must be included with the application for funding.
- Patients shall demonstrate nocturnal hypoxemia through saturations $\leq 87\%$ on overnight oximetry for a period of more than 30% of the test time. Measured saturation with the application of oxygen therapy should show evidence of significant improvement.
- Oxygen is not recommended as a single intervention for sleep apnea and may not be funded.
- Benefits may be considered on an exceptional basis when prescribed by a respirologist. Documentation of polysomnography results or other supporting evidence must be provided.
- Use of oxygen must show evidence of significant improvement.

Coverage:

- Funds a concentrator.
- Initial coverage is for up to one year.

End Stage Palliative Oxygen

Criteria:

To be eligible for end stage palliative oxygen funding, the client must be enrolled in the Palliative Care Program through the Saskatchewan Health Authority and meet the criteria for end stage palliative care as follows:

- The time frame for end stage care may be measured in terms of days or weeks of active dying. Time frames are difficult to determine, however, in some cases, this end stage may be longer than a few weeks or shorter than a couple of days.
- There are typically day-to-day changes with deterioration proceeding at a dramatic pace. There is usually a sudden drop in the Palliative Performance Rating according to the Palliative Performance scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.
- The end stage may be characterized by increasing intensity of need: increased assistance required for physical or psychological need, family exhaustion and usually a requirement for social work, pastoral care and therapies.
- There is documented clinical progression of disease which may include a combination of symptoms such as dyspnea, crescendo pain, profound weakness, being essentially bed bound, increased nausea or drowsy for extended periods.
- The terminally ill patient must be assessed a Palliative Performance rating of 30% or less according to the palliative Performance Scale developed by the Victoria Hospice Society and the Capital Regional District Home Nursing Care in British Columbia.

Coverage:

- Funds a concentrator, regulator, 10 portable oxygen cylinders per month and consumable supplies.
- Coverage is short-term only. Funding is extended for a maximum of four months both for initial coverage and for renewals. Only a prescription is required to renew end stage palliative oxygen coverage.

OPTIONAL COVERAGE

Clients may apply for optional coverage through their oxygen supplier. Optional coverage allows the client to use equivalent funding towards an alternate oxygen system (such as liquid oxygen, an oxygen conserving device, a transfill system or portable concentrator) that may better suit their needs. Any additional cost related to these systems is the responsibility of the user.

LONG TERM OXYGEN FUNDING

To qualify for long-term oxygen funding, clients must:

- Meet the eligibility criteria for continuous or exertional oxygen as outlined above.
- Have been on short-term oxygen under the same eligibility criteria as the long-term coverage being requested, and
- Be stable, having had no exacerbation, hospital admission or change of treatment within the previous 30 days at the time of testing.

Clients approved for long-term funding receive coverage for one year. Renewal requires a prescription only (no tests are required).

CHOICE OF OXYGEN SUPPLIER

- As user costs, delivery schedules and services vary among oxygen suppliers, the choice of an oxygen supplier remains solely with the oxygen user.
- Requests for a change of supplier are considered only if directed by the oxygen user.

NON-BENEFIT ITEMS

- additional cylinders in excess of those approved by SAIL
- consumable supplies (unless the client has Supplementary Health coverage or meets the end stage palliative)
- power costs related to running the concentrator
- additional costs related to alternate systems approved under optional coverage


PROCEDURE

Application

A physician or nurse practitioner must submit an *Application for Initial SAIL Oxygen Funding* form along with supporting test results on behalf of the client. For end stage palliative applications, both a health region case manager and a physician or nurse practitioner must complete a *Saskatchewan Health Authority Request for End Stage Palliative Oxygen Benefits* form, which is submitted on behalf of the client. Clients are notified in writing if their application has been approved or rejected. Approval letters outline the benefits available and dates of coverage.

Billing Process

Oxygen suppliers invoice SAIL directly for eligible benefits based on approved coverage. Non-benefit items, and items in excess of covered amounts are the responsibility of the client and suppliers invoice the client directly for those items.

 Drug Plan & Extended Benefits	Section: <i>Special Benefit Programs</i>	Last Amended Date July 2024
OSTOMY PROGRAM		

INTENT

The Ostomy Program provides fifty percent of the cost of ostomy management supplies for individuals with a urinary or bowel diversion.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. Have some type of urinary or bowel diversion (colostomy, ileostomy, urostomy, utereterostomy, cecostomy, nephrostomy or fistula) and
2. Be referred to the Ostomy Program by an Enterostomal Therapy (ET) nurse in Saskatchewan.

BENEFITS

Eligible clients receive 50% of the cost of eligible ostomy management supplies.

Covered Items	
Ostomy Product	Comments
Accessories (tube securement, tubing, connector kit, adapter)	for urostomy and nephrostomy
Adhesive or skin protector	
Adhesive removers	e.g. Solvoplast, Remove
Catheters / tips	straight catheters for drainage of internal pouches (e.g. Medena)
Enema bags	for cecostomy irrigation only
Filters / gas vents / pouch vents	to release air build up (e.g. E-Z Vents)
Gauze	only internal pouches and mucous fistulas
Gravity feeding bags	for cecostomy irrigation only
Hernia belt	
In pouch deodorants / odour eliminators	e.g. Adapt, M9, OAD, Ostogard, Osto-Gel, Reliamed, Banish II
Irrigation kits and accessories	used to irrigate ostomy

Leg bag	urostomy only
Night drainage containers, tubing, bags	urostomy only
Ostomy appliance belt	
Pouches	1 or 2 piece, filtered or non-filtered
Pouch clip / clamp	Duolock closures, tail closures
Pouch covers	
Pouch liners	Colomajic liners
Powders – non-medicated	Convatec, Stomahesive, Premier, Hollister, Karaya, cornstarch
Skin barriers	3M no-sting spray and wipes, Skin Prep, All Kare, Adapt & Skin Gel wipes, Eakin cohesive skin barrier, Coloplast Strip Paste, Urihesive strips, Adapt paste, Adapt barrier strips, Stomahesive paste
Sterile lubricant	to dilate or examine stoma (e.g. KY jelly, Adapt)
Stoma cap	includes Mestopore
Syringes	for irrigation of internal pouches or a cecostomy (large sizes e.g. 60 cc or larger)
Tape	e.g. Hypafix
Wafer	also called a flange

Non-Benefit Items	
Ostomy Product	Comments
Air freshener	
Alcohol swabs	
Antiseptics	
Appliance cleaners	
Bed pads	
Briefs	
Creams, lotions or moisturizers	
Disinfectants	
Dressings	gauze covered for internal pouches and mucous fistulas
Enema kits	enema bags are covered for cecostomy irrigation
Incontinence briefs	
Isopropyl alcohol	
Medicated paste, powders, ointments	
Oral deodorant tablets	
Razors	
Rubber gloves	

Saline	
Scissors	
Skin cleansers, soaps	
Silver nitrate sticks	
Sterile water	
Stoma hole cutters	
Undergarments	
Urinary supplies	urinary catheters

PROCEDURE

Application

Clients must be referred to the program by an ET nurse practicing in a Saskatchewan Stoma Clinic. The application must confirm the type of stoma.

List of Saskatchewan Outpatient Ostomy Clinics:

Ostomy and Wound Care Centre

Pasqua Hospital

4101 Dewdney Avenue

Regina SK S4T 7T1

Telephone: 306-766-2271

Ostomy Clinic

Royal University Hospital

Box 5, 103 Hospital Drive

Saskatoon SK S7N 0W8

Telephone: 306-655-2138

Ambulatory Care

Victoria Hospital

1200 – 24th Street West

Prince Albert, SK S6V 5T4

Telephone: 306-765-6263

Billing Process

Beneficiaries of the Ostomy Program purchase their supplies through an approved medical supplier or pharmacy. Claims will be processed through an online system. Clients will pay the supplier or pharmacy 50% of eligible expenses within quantity limits. Medical suppliers and pharmacies will be reimbursed for the remaining 50% in a biweekly pay run.


Ostomy products purchased out of province (not out of country) are eligible for reimbursement if SAIL receives a paid receipt that clearly indicates what was purchased. Reimbursement for these purchases will be made directly to the client.

Medical suppliers and pharmacies will invoice the Ministry based on the lesser of the **manufacturer's suggested retail price (SRP) or the supplier's usual and customary charge** on that day.

Shipping is not a benefit of the Ostomy Program.

Exceptions

To request an exception, the client must be seen by an ostomy clinic who in turn will contact SAIL to confirm the reason for the higher quantity of the product/supply.

 Drug Plan & Extended Benefits	Section: <i>Special Benefit Programs</i>	Last Amended Date November 2021
PARAPLEGIA PROGRAM		

INTENT

The Paraplegia Program covers the cost of formulary and select non-formulary drugs, incontinence products, medical supplies and select specialized rehabilitation equipment for individuals who have paralysis of all or most of the lower limbs and trunk due to a lesion or disease affecting the spinal cord. SAIL also provides grants for purchases related to home access and vehicle modifications.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- Paraplegia under The Health Services Act (Saskatchewan Regulations 786/68).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. Have paralysis of all or most of the lower limbs and trunk due to a lesion or disease affecting the spinal cord, and
2. Be referred to the Paraplegia Program by a physiatrist or a paediatrician (or other specialist physician) **associated with the Kinsmen Children’s Centre or Wascana Rehabilitation Centre (Children’s Program).**

Children’s Criteria (up to and including 17 years of age)	Adult Criteria
Cerebral Palsy with <ul style="list-style-type: none"> o Spastic Quadriplegia, or o Spastic Diplegia 	Amyotrophic Lateral Sclerosis / ALS Traumatic Spinal Cord Injury
Spinal Cord Criteria – examples but not limited to: <ul style="list-style-type: none"> o Spina Bifida o Caudal Regression Syndrome o Transverse Myelitis o Traumatic Spinal Cord Injury o Guillain-Barre Syndrome o Poliomyelitis 	Cerebral Palsy with <ul style="list-style-type: none"> o Spastic Quadriplegia, or o Spastic Diplegia Multiple Sclerosis (in advanced stages)* <ul style="list-style-type: none"> o Relapsing–Remitting MS, or o Primary Progressive MS, or o Secondary Progressive MS
Neuromuscular Criteria – examples but not limited to: <ul style="list-style-type: none"> o Duchenne’s Muscular Dystrophy o Spinal Muscular Atrophy o Becker’s Muscular Dystrophy 	Primary Lateral Sclerosis / PLS *Clients may not simultaneously be on the Paraplegia Program and the MS Drug Program.

Children's Criteria Continued
Degenerative Metabolic Disorders – example but not limited to: <ul style="list-style-type: none"> ○ Rhett Syndrome
Acquired Brain Injury resulting in <ul style="list-style-type: none"> ○ Spastic Quadriplegia, or ○ Spastic Diplegia

BENEFITS

Eligible clients receive the following benefits at no charge:

1. Formulary and select non-formulary prescription drugs, including physician prescribed over the counter drugs.
2. Incontinence and medical supplies (including catheter supplies, ostomy supplies, cleaning supplies, rubber gloves, feeding supplies and incontinence supplies).
3. Wound management supplies (excluding negative pressure wound therapy).
4. Specialized rehabilitation equipment (with prior approval).
5. Home and vehicle modification grants.

Home Access and Vehicle Modification Grants

- Prior approval is required. Written requests for prior approval must be submitted to SAIL by a physiatrist, occupational therapist, or physical therapist.
- Equipment purchased using the Home Access and Vehicle Modification Grants is the property of the beneficiary. Maintenance and repair costs are the responsibility of the beneficiary.
- Grants may be subject to individual limits.

Home Access Grant:*

- Available to those residing in the community. Residents of personal care homes or special care homes are not eligible.
- Provided to a maximum of \$5,000 every 10 years toward:

Description	Maximum
Outdoor wheelchair ramp	\$2,500
Indoor lift (ceiling track, elevator, stair lift, tub lift)	\$5,000
Outdoor wheelchair lift	\$5,000

**The option to access a loaned outdoor patient lift was discontinued in May 2018. Clients who have an outdoor patient lift on loan through the program are not eligible for the home access grant.*

Vehicle Modification Grant.

- Provided to a maximum of \$1,670 every 10 years toward:

Description	Maximum
Van lift	\$1,000
Portable or stationary van ramp(s)	\$700
Vehicle hand controls	\$400
Wheelchair tie downs	\$150
Vehicle spinner knob	\$120

Grant Replenishment Schedule:

- Beneficiaries are eligible to receive the maximum grant amount after 10 years from invoice date of the last grant purchase.
- Beneficiaries can request a reduced grant using the following replenishment schedule:

Frequency	Maximum percent of original eligible amount
Three (3) to five (5) years	40%
Five (5) to eight (8) years	60%
Eight (8) to ten (10) years	80%

PROCEDURE

Application


A physiatrist, or a paediatrician associated with the Kinsmen Children’s Centre or Wascana Rehabilitation Centre (Children’s Program), must submit a *Special Benefit Programs Referral Form* on behalf of the client.

Qualifying beneficiaries are notified in writing of their acceptance to the program. The Drug Plan network is updated to reflect coverage on the Paraplegia Program to enable invoicing for prescription drugs and supplies. The individual is also registered on the SAIL Supply System to allow suppliers to invoice for all other benefit items.

Billing Process

Beneficiaries must have a valid prescription for formulary and select non-formulary drugs and over the counter products. Pharmacists adjudicate all prescriptions on the on-line pharmacy network.

A physician’s prescription is also required for all eligible incontinence and medical supplies. Medical suppliers must submit invoices on-line or on a *Medical Supplies, Appliances and Miscellaneous Drugs Claim Form* (or equivalent paper invoice) to SAIL in order to receive payment under the Paraplegia Program.

 Drug Plan & Extended Benefits	Section: <i>Universal Benefit Programs</i>	Last Amended Date December 2022
PROSTHETICS AND ORTHOTICS		

INTENT

The Prosthetics and Orthotics Program provides assistance with the cost of a range of prosthetic and orthotic devices. The program also covers the cost of adaptive and specialized seating, standing frames and limited rehabilitation equipment such as rolls, wedges and therapy balls.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

Orthotics

In addition to the eligibility criteria in the general policies section, clients must:

1. Have the device requisitioned by a specialist in physiatry, orthopaedics, paediatrics, neurology (neurologist and neurosurgeon), rheumatology, plastic surgery, gerontology, hematology or vascular surgery (cardiovascular and cardiothoracic). Sports medicine specialists can requisition knee braces and ankle braces. Oncologists, nephrologists and endocrinologists can requisition ankle foot orthoses (AFOs). Oncologists can requisition back braces. Knee braces can be requisitioned by one of the following health professionals working at a Multi-Disciplinary Clinic (MDC) within the algorithms and policies established within the hip knee pathway: a physician, an advance practice physiotherapist, or an MDC trained physiotherapist.
2. Require the device to carry out activities of daily living or prevent physical deterioration. These activities may vary with the ability of the client and may extend from basic walking within the community to higher impact demand of a physical labourer. Orthotic devices are not a benefit when required by the client for intermittent use such as for sports activities.
3. Receive one device at a time and replacements as required but no more frequently than once per two years (exceptions are considered for size change, growth and/or medical conditions). A new requisition for a replacement orthotic is only required if there is a significant change in medical or physical condition.
4. Only receive modifications to footwear or custom footwear if required in conjunction with the use of a brace. The footwear may be permanently attached to the brace or the brace

may cause a leg length discrepancy on the opposite leg that would then require footwear modification or custom footwear.

5. Receive repairs as required. Repairs shall not exceed 75% of the cost of replacement. In cases where repair has been deemed suitable and a client requests a new device instead, the client shall be responsible for any costs above the estimated cost of repair. Replacements required as a result of obvious abuse are not a benefit.
6. Receive the device that is the least costly available alternative that will meet their basic needs and allow them to carry out activities of daily living based on professional judgement, clinical considerations, and functional status of the client. Clients choosing an upgraded device (beyond the one that is determined to meet their basic needs) may pay the difference between the basic benefit and the upgraded device, provided they are advised of and agree to the differential fee in advance.
7. Receive coverage for items on the benefit list. Items not on the benefit list may be considered on a case-by-case basis upon written request by the qualifying physician who, in consultation with a certified orthotist, shall clearly describe the need for the device, the reason an eligible benefit would be unsuitable and an estimated cost of the item (excluding labour).

Prosthetics

In addition to the eligibility criteria in the general policies section, clients must:

1. Be referred by a physiatrist, orthopaedic surgeon, plastic surgeon, paediatrician associated **with Wascana Rehabilitation Centre or Kinsmen Children's Centre or vascular surgeon. A team consisting of at least a therapist, physiatrist and certified prosthetist must requisition myoelectrics.**
2. Receive repairs as required. Repairs shall not exceed 75% of the cost of replacement. In cases where repair has been deemed suitable and a client requests a new device instead, the client shall be responsible for any costs above the estimated cost of repair.
3. Receive the device that is the least costly available alternative that will meet their basic need and allow them to carry out activities of daily living based on professional judgement, clinical considerations, and functional status of the client. Clients choosing an upgraded device (beyond the one that is determined to meet their basic needs) may pay the difference between the basic benefit and the upgraded device provided they are advised of and agree to the differential fee in advance of the service.
4. Receive coverage for items on the benefit list. Items not on the benefit list may be considered on a case-by-case basis upon written request by the qualifying physician who, in consultation with a certified prosthetist, shall clearly describe the need for the device, the reason an eligible benefit would be unsuitable and an estimated cost of the item (excluding labour).
5. Require the device to carry out the activities of daily living, assist with physical rehabilitation or prevent physical deterioration. Activities of daily living may vary with the ability of the client and may extend from basic functioning within the community such as eating or dressing oneself to higher impact demands of a physical labourer.
6. Require the device for reasons other than intermittent use, cosmetic purposes or for purposes other than physical need.

7. Receive one device at a time and replacements as required but no more frequently than once per three years (exceptions are considered for size change, growth and medical conditions). A new requisition for a replacement prosthetic is only required if there is a significant change in medical or physical condition. Replacements required as a result of obvious abuse are not a benefit. Socket replacement required due to physical change is considered a repair not a new device.

Adaptive and Specialized Seating

In addition to the eligibility criteria in the general policies section, clients must:

1. For adaptive seating, be referred by an occupational therapist (OT) or physical therapist (PT).
2. For specialized seating, be referred to the specialized seating review committee in Saskatoon where the requisition will be reviewed by the committee and signed by a physiatrist. In Regina, applications are signed by a physiatrist.
3. For Ride seating systems, applications are completed by the therapist and signed by a **physiatrist or a pediatrician associated with the Kinsmen Children's Centre or Wascana Rehabilitation Centre (Children's Program)**.
4. Meet other specific criteria dependent on the item being requisitioned.

Adaptive and Rehabilitation Equipment

In addition to the eligibility criteria in the general policies section, clients must:

1. Be referred by an occupational or physical therapist.
2. Be 17 years of age or younger.

Standing Frames

In addition to the eligibility criteria in the general policies section, clients must:

1. **Be referred by a PT or OT specialized in children's rehabilitation and knowledgeable in the area of standing frames.**

Functional Electrical Stimulation (FES) for Foot Drop

In addition to the eligibility criteria in the general policies section, clients must:

1. Have FES requisitioned by a specialist in physiatry, orthopaedics, paediatrics, neurology (neurologist and neurosurgeon), rheumatology, plastic surgery, gerontology, hematology, vascular surgery (cardiovascular and cardiothoracic), oncology, nephrology or endocrinology;
2. Have an upper motor neuron injury or disease or central nervous system involvement;
3. Have inadequate dorsiflexion during swing;
4. Have adequate stability during stance as determined by an FES-trained clinician;
5. Have adequate response to nerve stimulation as determined by an FES-trained clinician;
6. Demonstrate the ability and willingness to use an FES device;
7. Demonstrate the positive impact that use of an FES device will have on activities of daily living through a successful trial; and
8. Not have any of the following contraindications:
 - lower motor neuron deficit;

- history of grand mal seizures;
- severe cardiac disease or other diagnosed heart conditions;
- a demand-type pacemaker or defibrillator;
- fixed plantar flexion contractures;
- currently pregnant or planning a pregnancy; or
- a malignant tumour, lesion or open wound on affected leg.

External Craniofacial Prosthetics

In addition to the eligibility criteria in the general polices section, clients must:

1. Require the device to restore functionality in daily living. The craniofacial prosthesis must address a condition that presents an extreme visual impact that cannot be concealed in a manner that allows a client to communicate and interact daily in a functional manner; and
2. Be referred to the Institute of Reconstructive Sciences in Medicine (iRSM)* by a specialist in plastic surgery, ophthalmology, oncology, otolaryngology or maxillofacial surgery and be assessed for appropriateness at iRSM by an anaplastologist, restorative prosthetist, prosthodontist or maxillofacial surgeon.

*Or equivalent institution as approved on a case-by-case basis.

Palatal Prosthetics

In addition to the eligibility criteria in the general polices section, clients must:

1. Require the device to restore functionality in daily living for the purpose of improving independent living; and
2. Be referred to the Institute of Reconstructive Sciences in Medicine (iRSM)* by a physician or dentist within one of the following specialties (plastic surgery, ophthalmology, oncology, otolaryngology, maxillofacial surgery) and be assessed for appropriateness at iRSM by a maxillofacial prosthodontist or speech language pathologist.

*Or equivalent institution as approved on a case-by-case basis.

BENEFITS

Orthotics

Benefits include upper and lower extremity orthoses as requisitioned by the appropriate medical specialist (including AFOs, ankle braces, knee ankle orthotics, knee braces*, total contact casting**, splints and fracture braces) with the exception of back corsets and off the shelf wrist braces. Coverage is limited on high cost knee braces and may involve cost sharing with patients. Modifications to footwear or custom footwear are considered a benefit only when used in conjunction with a leg brace. Custom helmets are a benefit if an off-the-shelf helmet cannot be used.

*High cost knee braces are cost shared. The maximum SAIL will cover for a high cost knee brace required as the result of an injury is \$400 and for osteoarthritis is \$450. Client is responsible for the remainder of the cost.

**Total contact casting through approved private providers is a benefit on a trial basis. The trial began June 30, 2023.

Prosthetics

1. Conventional Prostheses

Lower Extremity Prostheses

- Single or partial digits – if required for functionality (documentation of the functionality must accompany the invoice to SAIL).
- Symes
- Below the knee – includes socket, suspension, ankle, foot and any other add-ons required to constitute a prosthesis that meets the basic need of the client.
- Above the knee – includes socket, suspension, knee, ankle, foot and any other add-ons required to constitute a prosthesis that meets the basic need of the client.
- Hemipelvectomy or hip disarticulation – includes socket, suspension, hip, knee, ankle, foot and any other add-ons required to constitute a prosthesis that meets the basic need of the client.
- Foot or partial foot
- Silicone partial feet – as per the following criteria:
 - Prior approval is required for the initial placement.
 - Saskatchewan Health will consider one silicone foot per 12-month period as medically necessary.

Upper Extremity Prostheses

- Single or partial digits – if required for functionality (documentation of the functionality must accompany the invoice to SAIL).
- Hand or partial hand
- Below elbow – includes socket, suspension, cable, wrist, terminal device and any other add-ons required to constitute a prosthesis that meets the basic need of the client.
- Above elbow – includes socket, suspension, cable, elbow, wrist, terminal device and any other add-ons required to constitute a prosthesis that meets the basic need of the client.
- Elbow disartic, shoulder disartic, forequarter (inter-scapular thoracic), wrist disartic

Consumables

Clients are eligible to receive consumables as listed below based on medical need with the following limitations:

- Shrinkers 4 per 12 month period
- Stump socks 12 per 12 month period
(If various thickness are required, maximum benefit is 24 per 12-month period.)
- Pelite liners 2-3 per 12 month period
- Gel liners 4-6 per 12 month period
- Silicone liners 4-6 per 12 month period
- Comfort liners & sleeves 4-6 per 12 month period
- Comfort liners without suspension 4-6 per 12 month period

2. Myoelectric Prosthesis

- Requests will be considered on a case-by-case basis. Prior approval for initial placements is available, if requested, from Saskatchewan Health.
- Requests shall involve assessment by an inter-disciplinary team constituting a minimum of a physiatrist, prosthetist and occupational therapist but may also include a social worker, psychologist and physical therapist. The team physiatrist signs the requisition and provides documentation that:
 - the client has demonstrated the successful use of a standard prosthesis for day-to-day activities;
 - the incremental improvement to lifestyle and activities with the use of a myoelectric are clearly indicated;
 - the ability of the candidate to take direction and understand instructions on the use and limitations of a myoelectric has been assessed and deemed acceptable;
 - the psychological impacts of a myoelectric have been assessed; and
 - the history and overall well-being of the candidate supports a myoelectric.
- Documentation may be provided either with the invoice or with the prior approval request.

3. C-Leg (microprocessor knee)*

- Requests will be considered on a case-by-case basis. Requests shall involve assessment by an inter-disciplinary team constituting a minimum of a physiatrist, prosthetist and occupational therapist but may also include a social worker, psychologist and physical therapist. The team must recommend the suitability of a C-Leg for the individual client and the prosthesis will be requisitioned by the attending physiatrist.
- **The team shall consider factors related to the client's ability to use a C-Leg and the impact this use will have on activities of daily living including:**
 - past successful use of a standard prosthesis for day-to-day activities;
 - incremental improvement to lifestyle and activities which will result from the provision of a C-Leg;
 - level of physical activity and safety improvements which may be provided by use of a C-Leg;
 - ability of the client to take direction and understand instructions on the use and limitations of a C-Leg;
 - history and overall well-being of the client (as it pertains to use of the prosthesis, for example, medically stable).

*C-Legs and other microprocessor knees are cost shared. The maximum SAIL will cover is \$15,000. Client is responsible for the remainder of the cost.

Adaptive and Specialized Seating

1. Specialized seating are loan items and include: custom molded seating inserts (back, seat or both) and modular inserts.
2. Adaptive seating items include: wedge seats, adaptive backs, trays, bolsters, headrests and anything that can be added to a standard wheelchair to assist with positioning.

3. Ride seating systems are a benefit when clients meet certain criteria. Application forms for the Ride seating system are available through SAIL.

Adaptive and Rehabilitation Equipment

SAIL covers the cost of rolls, balls, wedges, weighted vests, height adjustable tables and chairs, and therapy benches required for in home rehabilitation and therapy.

Standing Frames

Benefits include standing frame, parts, casters, and basic base.

Functional Electrical Stimulation (FES) for Foot Drop

Eligible clients receive the following benefits:

1. Funding towards the purchase of an FES device for foot drop to a maximum of \$3,500.00 once every five years; and
2. FES electrodes to a maximum cost of \$5.00 each with a frequency limit of 4 every 28 days.

The client retains ownership of the FES device and is responsible for maintenance and repair costs.

External Craniofacial Prosthetics

Benefits include craniofacial prostheses that are required as an external substitute for a partially or totally absent facial part. Custom made nasal and orbital prostheses are funded. (Funding may be approved for auricular prostheses on a case by case basis if they are required as part of a larger facial reconstruction or if a functional requirement can be demonstrated). Eligible clients receive the following benefits:

1. Funding towards the purchase of a nasal and/or orbital craniofacial prostheses to a maximum of \$11,000 each once every three years*, and
2. Funding for maintenance and follow up appointments to assess the continued health of the craniofacial prosthesis as required.

*The typical replacement period for a craniofacial prosthesis is 3 years. Exceptions will be made on the basis of size change, growth, or changes in medical condition.

Palatal Prosthetics

Benefits include palatal prostheses that are required as an internal substitute for a partially or totally absent palate, including palatal augmentation prostheses and palatal lift prostheses. Eligible clients receive the following benefits:

1. Funding towards the purchase of a palatal prosthesis to a maximum of \$9,000 once every three years*, and
2. Funding for maintenance and follow up appointments to assess the continued health of the palatal prosthesis as required.

*The typical replacement period for a palatal prosthesis is 3 years. Exceptions will be made on the basis of size change, growth, or changes in medical condition.

NON-BENEFIT ITEMS

The following are not a benefit:

- ocular prostheses
- breast prostheses
- weighted items (with the exception of vests covered for children)
- compression vests
- soft back braces, cervical collars, rib belts, hernia truss, off-the-shelf wrist or hand braces, back corsets, hand or finger splints
- liners used under orthotics (confirmed Nov/16)
- sit-to-stand lifts and/or standing frames
- any base for standing frames that is not basic or is intended to move the child in the stander (e.g., wheels, pivot base, etc.)
- a second prosthesis for the same facial site
- surgical costs associated with prostheses, including surgical implants and posts
- travel or accommodation costs to iRSM
- FES devices for upper extremities
- FES costs such as batteries, replacement parts (other than electrodes), trial costs, shipping costs, extended warranties, and private physical therapy services.

PROCEDURE

Prosthetics and Orthotics – Public Service Providers

Application

A qualifying specialist physician must refer clients by completing a *Prosthetic and Orthotic Appliance Requisition* and forwarding it to Wascana Rehabilitation Centre or SaskAbilities.

Billing

Requests for reimbursement shall be submitted to Saskatchewan Health on a designated *Prosthetic and Orthotic Appliance Requisition* that clearly indicates:

- Client identification
- Signature of a qualifying physician or attached prescription signed by a qualifying physician
- Signature of the orthotist/prosthetist is accepted for repairs assuming there is no change to the original prescription
- Description of the orthotic or prosthetic, specifically:
 - whether it is a new device or repair of existing device;
 - a description of the appliance including major category, sub-category and any other relevant information; and
 - the eligible fee.
- Endorsement by the client or their representative that the device has been received.
 - In instances where client endorsement is not practical, an explanation is noted on the requisition (i.e. mailed, provided in hospital, etc.).

Prosthetics and Orthotics – Private Service Providers

Application

A qualifying specialist physician must refer clients by either providing the client with a prescription for an appliance or by completing a *Prosthetic and Orthotic Appliance Requisition* and forwarding it to a certified private orthotist or prosthetist.

A qualifying specialist physician must refer clients by completing a *Total Contact Casting Requisition* and forwarding it to an approved private provider.

Billing

Upon provision of a prosthetic or orthotic appliance, providers must submit an invoice to SAIL for the cost of materials only, along with a copy of a completed *Prosthetic and Orthotic Appliance Requisition* or a prescription. Invoices must include client identification, a detailed description of the prosthetic/orthotic and the total cost of the appliance including the client share and the SAIL payable amount.

Clients covered by Supplementary Health and children covered under the Family Health Benefits Program are eligible for coverage for the client share of the orthotic appliance. Reimbursement for these clients will be provided based on the following formula: material acquisition cost + 15% markup on material acquisition cost + (hours of labour x hourly rate) + shipping charges.

Reimbursement for the costs associated Total Contact Casting during the trial will be provided based on the following formula: material acquisition cost + 15% markup on material acquisition cost + (hours of labour x hourly rate).

Prosthetics and Orthotics – Out of Province

Full coverage will be considered if:

- the client is referred out of province for surgery or treatment or is involved in an accident out of province;
- the appliance is fitted by a certified orthotist or prosthetist;
- the appliance is a condition of discharge or cannot be supplied in province; and
- it is the first issue of the appliance.

The prescriber/certified service provider must provide:

- rationale for the client obtaining out of province service (as outlined above);
- a detailed estimate (labour and parts must be detailed); and
- a prescription – which will be subject to Saskatchewan Health prescriber limitations as established.

Obtaining a prior approval is recommended. Approvals are valid for 60 days or until the **client's Saskatchewan Health coverage is cancelled, whichever comes first.** The quoted rate on the detailed estimate will be approved when the conditions above are met.

Ongoing support and maintenance will not be approved at out of province rates.

Clients meeting the eligibility criteria who choose to have their device provided in a province other than Saskatchewan shall receive assistance with the cost of the device at Saskatchewan rates only when approved in advance by Saskatchewan Health and supplied by a certified orthotist or prosthetist. The cost of labour will not be reimbursed.

Adaptive and Specialized Seating

The Wascana Rehabilitation Centre and SaskAbilities invoice SAIL directly for the costs involved with adaptive and specialized seating.

For Ride seating systems (initial and replacement), the therapist must complete an *Application for Ride Seating System* and forward it to SAIL. Therapists are notified if the Ride is approved and the supplier of the Ride seating system invoices SAIL directly once the final fitting is complete.

Adaptive and Rehabilitation Equipment

Therapist must complete a *Special Needs Equipment Requisition* and forward it to SAIL. SAIL will order the item, have it shipped directly to the client or to the therapist as requested and pay the supplier directly.

Standing Frames

Therapist must complete a *Special Needs Equipment Requisition* and forward it to SAIL. SAIL will order the standing frame, have it shipped directly to the client or to the therapist as **requested and pay the supplier directly.** Kinsmen Children's Centre and Wascana Rehabilitation Centre also have the option of placing the standing frame order directly with a supplier, paying the supplier, and invoicing SAIL for the acquisition cost.

Standing frames are purchased for the client. Clients may donate their used standing frame back to the program for reissuing when it is no longer required.

If the standing frame is being ordered by a therapist working outside of the Alvin Buckwold Child Development Program (ABC DP) or WRC, the therapist must check with the nearest centre to ensure a recycled frame is not available before ordering a new standing frame.

Functional Electrical Stimulation (FES) for Foot Drop

A specialist physician refers the client to an FES-trained clinician (orthotist or physical therapist working in either the public or private sector), completing the top portion of a *Prosthetic and Orthotic Appliance Requisition*.


The FES-trained clinician screens, assesses, fits and trains the client. This clinician assists the client with the selection of a suitable FES device (in consultation with the referring physician) and organizes a trial with that device. If the trial is successful and the patient wants to obtain

an FES device, the clinician completes the bottom portion of the *Prosthetic and Orthotic Appliance Requisition*. The completed form is sent to an FES distributor.

The FES distributor submits the completed *Prosthetic and Orthotic Appliance Requisition* to SAIL for approval. Invoices for approved FES devices and electrodes are submitted online. The **FES distributor is responsible for collecting the client's co-pay** for the FES device and electrodes (when applicable).

Craniofacial or Palatal Prosthetics

- Specialist physicians refer applicable clients to iRSM (for initial prosthesis only). The referral must include the diagnosis and medical condition of the client as well as the **specialist's signature**.
- Specialists at iRSM will assess the medical condition of the client and determine appropriate treatment options for the client.
- iRSM will submit (email) the following information to Covenant Health, who then submits it to SAIL:
 - Treatment estimates including prosthesis fees, laboratory fees, and other fees.
 - Information, including diagnosis and reason for referral, from the specialist physician.
 - **Client's first and last name, health services number and date of birth.**
 - The type of craniofacial or palatal prosthesis being requested.
 - For replacement prostheses only, supporting information and justification for the replacement indicating **why the client's current prosthesis is no longer usable**.
 - Once approval is granted by SAIL, iRSM is responsible for informing and following up with the client.

 Drug Plan & Extended Benefits	Section: <i>Universal Benefit Programs</i>	Date Reviewed November 2020
RESPIRATORY EQUIPMENT PROGRAM		

INTENT

The Respiratory Equipment Program offers the loan of a selection of respiratory equipment and provides financial assistance towards the purchase of aerosol therapy compressors (nebulizers) to eligible Saskatchewan residents. The program covers the cost of consumable tracheostomy and laryngectomy supplies. The program also covers spirometers for discharge from hospital after a lung transplant. Loaned equipment includes ventilators, continuous positive airway pressure (CPAP) and bi-level flow generators, tracheostomy humidification compressors, mechanical insufflation-exsufflation devices and portable and stationary suctioning equipment.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

All clients must meet eligibility criteria defined in the Saskatchewan Aids to Independent Living (SAIL) general policies. In addition, beneficiaries must:

Ventilators

- Have mechanical ventilation prescribed by a respirologist.
- Require support by intermittent or continuous* mechanical ventilation.
- Have mechanical ventilation appropriately supported for at-home use.
- Not be a resident of a special-care home, hospital or health centre.

*continuous ventilation clients are those who are unable to safely maintain spontaneous ventilation for four or more consecutive hours.

Flow Generators

CPAP

- Have CPAP prescribed by a Saskatchewan based:
 - Respirologist for adults 18 years of age and older; or
 - Pediatric Respirologist for children under the age of 18.
- Complete a level one or three sleep study.*

- Have a Sleep Specialist with privileges at a Saskatchewan Sleep Disorders Centre interpret test results and confirm a diagnosis of moderate to severe sleep apnea (Respiratory Disturbance Index (RDI) or Apnea-Hypopnea Index of 15 or higher). Or,
- Be a child under the age of 18 who requires CPAP due to a medical condition.
- Be a patient who is prescribed CPAP by the Medical Director or designate at a Sleep Disorder Centre due to an immediate medical need.
- Coverage for CPAP flow generators for mild sleep apnea (Respiratory Disturbance Index (RDI) or Apnea-Hypopnea Index of five (5) or higher) may be considered for individuals who are symptomatic and in high risk occupations. High risk occupations are defined as occupations wherein symptomatic sleep apnea presents as a risk to the individual or the general public (i.e., professional drivers). In order to qualify, clients must:
 - Complete a level one or three sleep study.*
 - Have a Sleep Specialist with privileges at a Saskatchewan Sleep Disorders Centre prescribe CPAP.

*Level three sleep studies must be based in Saskatchewan, unless pre-authorized by SAIL to be completed out of province.

Bi-level

- Have a bi-level prescribed by a Saskatchewan based respirologist.

Auto CPAP

- Have an Auto CPAP prescribed by a Sleep Specialist with privileges at a Saskatchewan Sleep Disorders Centre.
- Have a full polysomnography showing a large variation in pressures required as a result of patient position.
- Have inadequate response to conventional CPAP with an adequate response when auto CPAP is used.

Adaptive Servo-Ventilation (ASV)

- Have an ASV unit prescribed by a Sleep Specialist with privileges at a Saskatchewan Sleep Disorders Centre.
- Have a confirmed diagnosis by polysomnography of complex apnea.

Heated Humidifier and Flow Source Generator

- Have a heated humidifier and flow source generator prescribed by a Saskatchewan pediatric respirologist.
- Be a child under the age of 18.
- Be diagnosed with:
 - a. Obstructive Sleep Apnea (OSA) that has not improved with low flow oxygen and are not tolerating non-invasive ventilation masks (e.g., children with significant facial deformity or children that require support day and night);

- b. Severe chronic lung disease or congenital cardiopulmonary anomalies with increased work of breathing/hypoventilation that is not being well controlled by low flow oxygen or non-invasive ventilation masks (CPAP or Bi-level)
- Have an adequate response when the heated humidifier and flow source generator is used.
- Have the heated humidifier and flow source generator appropriately supported for at home use.

Tracheostomy Humidification Compressors

- Have the compressor prescribed by a physician or nurse practitioner.
- Not be a resident of a special-care home, hospital, or health centre.

Stationary Suctioning Equipment

- Have the equipment prescribed by a physician or nurse practitioner.
- Not be a resident of a special-care home, hospital, or health centre.

Portable Suctioning Equipment

- Have the equipment prescribed by a physician or nurse practitioner.
- Have demonstrated mobility needs.
- Not be a resident of a special-care home, hospital, or health centre.

Mechanical Insufflation-Exsufflation Device

- Have the equipment prescribed by a physician with one of the following specialties: respirology, physiatry, paediatrics, neurology (neurologist and neurosurgeon), or rheumatology.
- Have a diagnosis of neuromuscular disease, post-polio, spinal cord injury, or a condition with weak respiratory muscles or paralysis.
- Be ventilator-assisted or at risk for developing a need for ventilator assistance.
- Have documented objective evidence of a weak cough with Peak Cough Flows <270 L/min with Lung Volume Recruitment (LVR) and/or Manually Assisted Cough (MAC).
- Not be a resident of a hospital, or health centre.

*Some individuals may not meet this criterion (e.g., young children or adults with cognitive challenges). In these cases, the specialist physician involved in the care and management of the patient must submit a written request stating the reason why the criterion cannot be met (e.g., child is too young to perform the maneuver) and providing evidence in support of the request (e.g., symptoms, clinical assessment, etc.). These requests should be reviewed on a case-by-case basis.

Aerosol Therapy Compressors (Nebulizers)

- Have a prescription from a physician or nurse practitioner.
- Be unable to use a metered dose inhaler for one of the following reasons:
 - The required medication is not available in the metered inhaler format.
 - Specific physical or intellectual challenges.
 - Be under the age of six.

Note: Patient preference for a nebulizer and arguments that a drug is more effective when administered through a nebulizer do not meet the program criteria for funding.

Spirometers

- Have a prescription from a respirologist at the Lung Transplant Program, and
- Have undergone a lung transplant and require the device for discharge from hospital.

Tracheostomy and Laryngectomy Supplies

- Be referred to the program by a physician, nurse practitioner, respiratory therapist or speech language pathologist.
- Have a tracheostomy or laryngectomy.

BENEFITS

Unless stated otherwise, the client is responsible for the cost of consumable supplies including patient circuits, interfaces, and filters. With prior approval, clients who have Supplementary Health coverage may be eligible for funding of consumable supplies.

Ventilators

Intermittent Ventilation

- One ventilator with humidifier for home use*
- Ventilator circuits
- Tracheostomy supplies
- Manual resuscitator and mask

*Clients with a defined need (e.g., live in a community where emergency equipment cannot be accessed) may request a back-up ventilator.

Continuous Ventilation

- Two ventilators with a humidifier for home use
- Ventilator circuits
- Tracheostomy supplies
- Manual resuscitator and mask
- Speaking valve

Inventory Ventilator Supplies (Supplied through the SAIL Respiratory Benefits Depot at Saskatoon City Hospital)		
Item	Intermittent Ventilator Benefits	Continuous Ventilator Benefits
Ventilator circuits	Yes (1 per month)	Yes (1 per month)
Large volume nebulizer for humidity with corrugated tubing and trach mask	Yes	Yes
Manual resuscitator and mask	Yes	Yes

Flow Generators

CPAP

- Loan of a CPAP flow generator upon the receipt of a \$275 program fee.
 - The program fee includes a loan of a CPAP and repairs as needed for the useful life of the machine (defined as five (5) years). Machines may continue to be loaned to the client for more than five (5) years if the machine is in good working order.

Bi-level, autoCPAP, and ASV

- Loan of a flow generator

Heated Humidifier and Flow Source Generator

- Eligible clients will receive a heated humidifier and flow source generator, a compact stand, and ongoing consumable supplies:

Description	Billing code	Replacement frequency
Circuit and chamber	00951333	1 every 2 months
Optiflow Nasal Cannula	00951334	1 every week
Water bag	00951335	1 every 2 months
Air Filter	00951336	1 every 3 months or 1000 hours
Wigglepads	00951337	1 pair every week
Oxygen tubing	00951338	1 every 2 months

Tracheostomy Humidification Compressors

- Loan of a compressor
- Consumable supplies including trach masks, corrugated tubing, and nebulizer bottles (three of each with initial loan, one of each per week thereafter)

Portable or Stationary Suctioning Equipment

- Loan of suction machine
- Consumable supplies including suction canisters and suction tubes (3 of each with initial loan, one of each per week thereafter)
- Six (6) suction catheters or three (3) Yankauer catheters are provided with initial loan. No replacements are available through SAIL.
- Carrying bag for portable suction machine.

Mechanical Insufflation-Exsufflation Devices

- Loan of a mechanical insufflation-exsufflation device
- Non-benefit items include stands, carry bags, peak flow meters, and modified baggers (for lung volume recruitment).

Aerosol therapy compressors (nebulizers)

- 50% reimbursement to a maximum of \$125; or, if eligible for the Supplementary Health Program or children with Family Health Benefits coverage, the full cost of a compressor to a maximum of \$160.
- Clients with Supplementary Health coverage or children covered through Family Health Benefits are eligible for two nebulizer kits and one filter per month.
- Compressor is eligible for replacement once every five years.

Spirometers

- One hand-held spirometer.

Tracheostomy and laryngectomy supplies

Tracheostomy Supplies	
Product	Approved Quantity
Artificial noses (HMEs)	4 per month (22 years of age and older) 16 per month (under 22 years of age)
Inner cannula	10 per month
Protective bib	3 per year
Rubber shower cover	1 per year
Speaking valves	1 per year
Suction catheters	100 per month
Tracheostomy dressings	50 per month
Tracheostomy ties	6 per month
Tracheostomy tubes	1 per month
Tracheostomy tube extension	1 per month
Laryngectomy Supplies	
Product	Approved Quantity
Cloth covers	3 per year
Foam stoma covers	30 per month
HME cassette packs	30 per month
HME housing	20 per month
Laryngectomy ties	2 per month
Laryngectomy tubes	1 per 4 month period
Puncture dilators	1 per year
Voice prosthesis	6 per year
Waterproof shower covers	1 per year

NON-BENEFITS

- Pulse oximeters.
- Reimbursement of privately purchased respiratory equipment or repairs available through the Respiratory Equipment Program.
- For CPAP, auto CPAP, ASV and Bi-level flow generators, the user is responsible for the cost to transport their machine to the depot for repairs or maintenance.
- For CPAP flow generators:
 - The refund of a program fee.
 - A replacement CPAP machine if the current machine is in good working order.
 - Cost of repairs and associated labour resulting from any obvious misuse or neglect. Examples include:
 - neglect to change filters resulting in damage to the machine;
 - transporting unit with humidifier chamber full resulting in water damage;
 - contamination or infestation; or,
 - damage resulting from dropping or tampering with the machine.
- The loan of a second CPAP or auto CPAP machine during repairs.

PROCEDURE

Ventilators

- *Application for Ventilator* forms are available from the SAIL Respiratory Benefits Depot at Saskatoon City Hospital.
- Upon completion by both the referring respirologist and the Saskatchewan Health Authority, the *Application for Ventilator* form must be forwarded to the SAIL Respiratory Benefits Depot. **For continuous ventilation, the client's care team must develop a comprehensive care plan, complete the SAIL Continuous Home Ventilation Care Plan Checklist and have the appropriate Vice President in the Saskatchewan Health Authority approve the plan.** Completion of forms by the health region shows commitment by the region to assume the cost of and provide home respiratory care for the client.

Flow Generators

Application for Respiratory Equipment or *CPAP* forms are available from the SAIL Respiratory Benefits Depot at Saskatoon City Hospital.

- Upon completion, the form must be forwarded to the SAIL Respiratory Benefits Depot.

Heated Humidifier and Flow Source Generator

- *Application for Heated Humidifier and Flow Source Generator* forms are available from the SAIL Respiratory Benefits Depot at Saskatoon City Hospital.
- Upon completion by both the referring pediatric respirologist and a discharge case manager, the *Application* form must be forwarded to the SAIL Respiratory Benefits Depot.
- **The client's care team must develop a comprehensive care plan, complete the SAIL Heated Humidifier and Flow Generator Checklist and have a home care manager or a designate of the Client Patient Access Service (CPAS) and designate of Respiratory care listed as the signing authority.**

- Completion of the forms shows commitment by the designated caregivers to assume responsibility to ensure that safe and effective home respiratory care is provided to the child.

Tracheostomy Humidification Compressors and Portable or Stationary Suctioning Equipment

- *Application for Respiratory Equipment* forms are available from the SAIL Respiratory Benefits Depot at Saskatoon City Hospital.
- If the application form is for a client residing in southern Saskatchewan, the application can be forwarded to the Wascana Rehabilitation Centre, Respiratory Services. If the application is for a client residing in northern Saskatchewan, the application should be sent to the SAIL Respiratory Benefits Depot. Requests for eligible replacement supplies can be made through the SAIL Respiratory Benefits Depot.

Mechanical Insufflation-Exsufflation Devices

- *Application for Mechanical Insufflation-Exsufflation Device* forms are available from the SAIL Respiratory Benefits Depot at Saskatoon City Hospital.
- Results of peak cough flow testing demonstrating program eligibility must be documented on the form by a respiratory therapist or a physical therapist with the Saskatchewan Health Authority.
- Upon completion by a specialist physician and a respiratory therapist or physical therapist, the form must be forwarded to the SAIL Respiratory Benefits Depot.

Aerosol Therapy Compressors (Nebulizers)

- Clients can present to any pharmacy, oxygen company, or medical supplier with a prescription from a physician. The supplier will call SAIL for approval and issue the equipment. If SAIL is responsible for 100% of the cost, the supplier will invoice SAIL and attach the prescription. If SAIL is responsible for 50% of the cost, the client pays the supplier the full cost and submits their original receipt and a copy of the prescription to SAIL for reimbursement.
- If the nebulizer is being purchased for a client that is not under the age of six, a letter from the physician outlining the circumstances must also be presented to the supplier and sent to SAIL for prior approval.

Spirometers

- Before dispensing a spirometer, the transplant program should call SAIL to verify that the client has valid Saskatchewan Health coverage. The transplant program should invoice SAIL directly for the cost of the spirometer. A prescription from a physician involved with the transplant program designating that the client has had a lung transplant must accompany the invoice.

Tracheostomy and Laryngectomy Supplies

- A physician, nurse practitioner, respiratory therapist or speech language pathologist must refer eligible clients to the Ministry by calling 1-306-787-7121 in Regina or toll-free at

1-800-667-7581 and providing the **client's name, health services number and** confirmation of either a tracheostomy or laryngectomy.

- Following referral, clients will receive a letter from the Ministry confirming their eligibility for tracheostomy or laryngectomy benefits.
- Clients can present a copy of that letter to any pharmacy or approved medical supplier that carries the supplies.
- The supplier will issue the supplies within the approved quantity limits and invoice the Ministry of Health through the medical supplies system.

Provision, Repair, and Maintenance of Equipment

- Please contact the SAIL Respiratory Benefits Depot at Saskatoon City Hospital at 306-655-2505, if you,
 - have questions or concerns regarding delivery, servicing, and technical support for loaned equipment; or,
 - need to make an appointment for repairs or planned maintenance.
 - Auto CPAP and bi-level flow generator planned maintenance is recommended at intervals of five (5) years, depending on the particular model.
 - Repairs for a CPAP that is damaged due to client misuse or neglect is the responsibility of the client. The client can decide if they would like to pay for the actual cost of repairs and labour or replace their machine for the \$275 fee. If the machine is no longer in good working order after 5 years, the client may replace the machine for a \$275 program fee.
 - All appointments for repairs and planned maintenance should be made in advance.
 - The user is responsible for the cost to transport their machine to the depot. Please contact the SAIL Respiratory Benefits Depot prior to transporting the machine.
- For users of bi-level flow generators, with prescribed backup rates, an exception is made to loan a machine during servicing if required.
- For pediatric clients with a SAIL loaned *Heated Humidifier and Flow Source Generator*, the SAIL Respiratory Depot will exchange a stocked device on the occasion that an issued device is in need of repairs.
- The cost of repairs and maintenance to aerosol therapy compressors (nebulizers) is the responsibility of the user and is not available through the SAIL Respiratory Benefits Depot. Questions about repairs and maintenance should be directed to the supplier. Clients covered by Supplementary Health and children covered under the Family Health Benefits Program may be eligible for the cost of repairs and maintenance with prior approval from the program.
- Request for replacement of a spirometer must be made directly to SAIL.


CONTACTS

SAIL Respiratory Benefits Depot
Saskatoon City Hospital
701 Queen Street
Saskatoon SK S7K 0M7
Ph: 306-655-2505
F: 306-655-7591

SAIL
Ministry of Health
3475 Albert Street
Regina SK S4S 6X6
Ph: 306-787-7121
F: 306-787-8679

For clients residing in southern Saskatchewan, the teaching and loan of SAIL respiratory equipment (other than spirometers, CPAPs and bi-level flow generators) and supplies are coordinated through the Community Respiratory Outreach Program:

Wascana Rehabilitation Centre
2180 – 23rd Avenue
Regina SK S4S 0A5
Ph: 306-766-5973
F: 306-766-5769

 Drug Plan & Extended Benefits	Section: <i>Special Benefit Programs</i>	Last Amended Date May 2025
INSULIN PUMP PROGRAM		

INTENT

The Insulin Pump Program covers the cost of one insulin pump every five years for individuals who have Type 1 diabetes and meet specific eligibility criteria. Financial assistance is also available for insulin pump supplies for qualifying individuals.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the SAIL general policies section, clients must:

- Have Type 1 diabetes
- Have demonstrated ongoing and sustained practice of the following diabetes-related activities for a minimum of six (6) months prior to the insulin pump trial:
 - Blood glucose monitoring four (4) or more times per day or appropriate use of a continuous glucose monitor (CGM) or flash glucose monitor (FGM).
 - Consistency and accuracy in carbohydrate counting.
 - Ability to self-assess and take action based on blood glucose results.
 - Safe and effective management of hypoglycemia and hyperglycemia.
 - A commitment to long-term diabetes follow-up through regular assessments occurring at least annually (every 12 months) by a diabetes education program, diabetes educator, or their authorized specialist physician.
 - Expressed expectations or goals that are in line with potential outcomes of pump therapy.
 - No unacceptable burden of diabetic ketoacidosis as determined by a diabetes education program, diabetes educator, or their authorized specialist physician.
 - Consistent A1C monitoring at an interval of approximately every three (3) to six (6) months, or as deemed appropriate by a diabetes education program, diabetes educator, or their authorized specialist physician.
 - Those age less than 18 years:
 - There is demonstration of involvement of a parent(s)/guardian(s) in diabetes management. Child/youth/family has completed all steps of the Saskatchewan Pediatric Endocrinology and diabetes education program: Insulin Pump Assessment Process, part of which includes

- attendance at a Pediatric Diabetes Pump Information Session or completion of the *Is Pump Therapy for Me?* online modules and quiz.
- Those age 18 years and older:
 - There is demonstration of involvement of the candidate in their personal diabetes management. The candidate has been assessed through the SHA diabetes education program process.
 - If a SHA diabetes education program requires further assistance and deems it appropriate for their client, patients may access educational training through a SAIL registered provider who is a Certified Diabetes Educator (CDE)[®] and also a certified insulin pump trainer, if instructed to do so by an SHA diabetes program.
- Have completed an insulin pump trial for a period of up to three months that confirms:
 - the medical appropriateness of the insulin pump; and,
 - an adequate level of knowledge to operate the pump, and that safe use of the device has been achieved as confirmed by a certified pump trainer to the satisfaction of the SHA diabetes educator or the SAIL Registered CDE[®].
- Have eligibility certified by an SHA diabetes educator or a SAIL Registered CDE[®] who contributed to the assessment of the criteria; and,
 - For those less than 18 years:
 - Have eligibility certified by a pediatric licensed specialist (pediatric endocrinologist or pediatrician with diabetes expertise) who is associated with a SHA pediatric diabetes education program and has experience with insulin pump management in children.
 - For those aged 18 years and over:
 - Have eligibility certified by an endocrinologist or another specialist physician who is associated with a SHA diabetes education program and who has experience with insulin pump management.
- Have completed the Client (parent/caregiver) Consent and Authorization and Confirmation of Responsibility on the Insulin Pump Program application.

BENEFITS

Eligible beneficiaries receive the following benefits:

- A maximum of \$6,300 towards the purchase of an insulin pump once every five (5) years.
- Supplier provided insulin pump supplies (infusion sets and cartridges/reservoirs) at no charge during the pump trial period (up to three months).

Insulin pump supplies, including infusion sets, cartridges/reservoirs, insertion devices, Skin Prep and IV Prep wipes are listed on the Saskatchewan Formulary. Individuals may be eligible for full or partial coverage of these supplies through their customary deductible and/or co-payment through various Drug Plan programs (e.g., Special Support, Seniors' Drug Plan, Children's Drug Plan, Supplementary Health Benefits, Family Health Benefits, Palliative Care).

Coverage for batteries, cartridge/reservoir replacement caps, and battery replacement caps is only available as Supplementary Health and Family Health Benefits.

NON-BENEFITS

- Skins (covers)
- Cases
- Automated Glucose Monitoring systems such as a CGM (Continuous Glucose Monitor) or FGM (Flash Glucose Monitor).

PROCEDURE

Application

The SHA diabetes educator or a SAIL registered CDE® and an authorized specialist physician complete a *Pediatric Insulin Pump Program Application* or an *Insulin Pump Program Application* for adult clients and forward it to the insulin pump supplier selected by the client for the trial. On successful completion of the insulin pump trial period (up to three months), the completed application is forwarded to SAIL by email to EHB@health.gov.sk.ca.

SAIL will review the application and ensure all criteria have been met. The beneficiary is then registered with the Insulin Pump Program. Eligibility for pump supplies is automatically processed when the client is registered for the Insulin Pump Program.

Approval letters, one each for the grant and/or supplies, are mailed to the beneficiary. SAIL will notify the SHA diabetes educator or SAIL registered CDE®, the authorized specialist physician, and the supplier, by email, that the client is registered for the grant and/or supplies.

Application for a replacement insulin pump

The SHA diabetes educator, a SAIL Registered CDE®, or an authorized specialist physician may apply for a pump grant on behalf of a client/patient who is eligible for a replacement insulin pump. A completed *Pediatric Insulin Pump Program Application* or an *Insulin Pump Program Application* for adult clients **must certify the client's** ongoing eligibility for the insulin pump.

Discontinuation

Coverage for insulin pump supplies *may* be discontinued at any time for a minimum 6-month duration on the written recommendation of a specialist physician. In situations where a discontinuation has occurred, the pump user may seek re-instatement through their specialist physician of pump supply coverage after demonstrating at least 6 months of appropriate diabetes management on an alternative regime (i.e., injections).

Application to be a SAIL Registered CDE®


Privately employed diabetes educators who are not affiliated with the SHA may register with SAIL. Private educators must be CDE® and have Pump Trainer

certification. To qualify, private educators must submit a letter of support from an authorized specialist physician and/or the local SHA diabetes program.

Billing Process

A copy of the beneficiary's Insulin Pump Program acceptance letter is sent to the designated insulin pump supplier. The supplier must submit an invoice to SAIL in order to receive payment for the insulin pump.

Insulin pump supplies are adjudicated by pharmacists on the on-line pharmacy network. For supplies that are only available through the Supplementary and Family Health Benefit Programs, pharmacists must submit a *Medical Supplies, Appliances and Miscellaneous Drugs Claim Form* (or equivalent paper invoice) to the Supplementary Health Program.

 Drug Plan & Extended Benefits	Section: <i>Universal Benefit Programs</i>	Last Amended Date April 2024
SPECIAL NEEDS EQUIPMENT PROGRAM		

INTENT

The intent of the Special Needs Equipment Program is to provide the loan and repair of equipment to clients throughout the province. The program loans equipment such as walkers, wheelchairs, and hospital beds. Saskatchewan Health contracts with the SaskAbilities to operate this program.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. have equipment requisitioned by a medical professional with appropriate authority.

BENEFITS

Dependent on health coverage and program eligibility criteria, clients have access to the loan of equipment such as wheelchairs, walkers, cushions, paediatric mobility aids, bathroom accessories, hospital beds, and transfer lifts. The equipment is owned by the program and clients must return the equipment to a Special Needs Equipment Depot when they no longer require it. Repairs and maintenance of loaned equipment are also a benefit of the program.

Program benefits are provided to people residing in the community. Personal Care Home and Special Care Home residents are eligible only for walkers, wheelchairs, and cushions. Patients in an acute care facility are not eligible for Special Needs Equipment benefits except as part of a definitive discharge plan.

AVAILABLE EQUIPMENT

Type	Requisitioning Authority
WHEELCHAIRS	
standard wheelchair	physiatrist, Occupational Therapist (OT), Physical Therapist (PT), Home Care Nurse
standard recliner wheelchair	physiatrist, OT, PT

ultralite wheelchair	physiatrist, or pediatrician (or other specialist physician) associated with the Kinsmen Children's Centre or Wascana Rehabilitation (Children's Program) .
power wheelchair	physiatrist, or pediatrician (or other specialist physician) associated with the Kinsmen Children's Centre or Wascana Rehabilitation (Children's Program) .
tilt-in-space power wheelchair	physiatrist, or pediatrician (or other specialist physician) associated with the Kinsmen Children's Centre or Wascana Rehabilitation (Children's Program) .
tilt-in-space manual wheelchair	physiatrist (or OT, PT as part of the Regina Seating Team)
wheelchair tray	physiatrist, OT, PT, Home Care Nurse
growth kit	physiatrist, OT, PT
anti-tippers	physiatrist, OT, PT
CUSHIONS**	
foam	physiatrist, OT, PT, Home Care Nurse
T-foam	physiatrist, OT, PT, Home Care Nurse
non-slip	physiatrist, OT, PT, Home Care Nurse
Akton action gel	physiatrist, OT, PT, plastic surgeon, Home Care Nurse (in consultation with a PT or OT)
Jay 2	physiatrist, plastic surgeon, OT, PT, Home Care Nurse (in consultation with a PT or OT)
Jay active	physiatrist, plastic surgeon, OT, PT, Home Care Nurse (in consultation with a PT or OT)
Roho quatro high and low profile	physiatrist, plastic surgeon, OT, PT, Home Care Nurse (in consultation with a PT or OT)
Invacare matrix posture seat (PS)	physiatrist, plastic surgeon, OT, PT, Home Care Nurse (in consultation with a PT or OT)
Vicair vector	physiatrist, plastic surgeon, OT, PT, Home Care Nurse (in consultation with a PT or OT)
WALKERS	
folding	physiatrist, OT, PT, Home Care Nurse
rollator	physiatrist, OT, PT
kaye postural	physiatrist, OT, PT (specializing in paediatrics)
gutter attachment	physiatrist, OT, PT

auto-stop kit	physiatrist, OT, PT
CANES and CRUTCHES	
adjustable ortho cane*	physiatrist, OT, PT, Home Care Nurse
four point cane*	physiatrist, OT, PT, Home Care Nurse
gutter cane*	physiatrist, OT, PT, Home Care Nurse
walkcane*	physiatrist, OT, PT, Home Care Nurse
standard adjustable axillary crutches*	physiatrist, OT, PT, Home Care Nurse
quad crutch*	physiatrist, OT, PT, Home Care Nurse
forearm adjustable crutch	physiatrist, OT, PT
gutter crutch attachment*	physiatrist, OT, PT
ice grippers*	physiatrist, OT, PT
PAEDIATRIC MOBILITY AIDS	
McLaren Buggy	physiatrist, OT or PT (specializing in paediatrics)
Convoid Cruiser	physiatrist, OT or PT (specializing in paediatrics)
Convoid Trekker (specialized seating approval)	physiatrist, OT or PT (specializing in paediatrics)
Kid Kart Xpress (specialized seating approval)	physiatrist, OT or PT (specializing in paediatrics)
Mulholland (specialized seating approval)	physiatrist
Kid kart (specialized seating approval)	physiatrist
Snug seat (specialized seating approval)	physiatrist
BATHROOM ACCESSORIES	
bathtub clamp old style*	physiatrist, OT, PT, Home Care Nurse
bathtub clamp new style*	physiatrist, OT, PT, Home Care Nurse
wall bars*	physiatrist, OT, PT, Home Care Nurse
transfer tub seat	physiatrist, OT, PT, Home Care Nurse
utility bath seat with back*	physiatrist, OT, PT, Home Care Nurse
utility bath seat without back*	physiatrist, OT, PT, Home Care Nurse
raised toilet seat*	physiatrist, OT, PT, Home Care Nurse
stationary commode	physiatrist, OT, PT, Home Care Nurse
combination commode	physiatrist, OT, PT, Home Care Nurse
shower commode	physiatrist, OT, PT, Home Care Nurse
child's commode	physiatrist, OT, PT, Home Care Nurse
child's shower commode	physiatrist, OT, PT, Home Care Nurse
toilet arm rests*	physiatrist, OT, PT, Home Care Nurse
bathtub lifts	physiatrist, OT, PT, Home Care Nurse
TRANSFER ASSISTS	
standard saskapole	physiatrist, OT, PT, Home Care Nurse
saskapole trapeze	physiatrist, OT, PT, Home Care Nurse
saskapole knee-board	physiatrist, OT, PT, Home Care Nurse

versa helper trapeze	physiatrist, OT, PT, Home Care Nurse
versa helper floor stand	physiatrist, OT, PT, Home Care Nurse
transfer board*	physiatrist, OT, PT, Home Care Nurse
patient lift	physiatrist, OT, PT
HOSPITAL BEDS and ACCESSORIES	
hospital bed – electric (home assessment required)	physiatrist, OT, PT
side rails	physician, OT, PT
mattress	physician, OT, PT
overbed table	physiatrist, OT, PT, Home Care Nurse
LYMPHEDEMA PUMP***	
PAEDIATRIC WOODEN EQUIPMENT	
height adjustable tables, chairs and therapy benches	OT, PT
ACCESSORIES	
helping hand reacher*	physiatrist, OT, PT, Home Care Nurse

*Loan is restricted to those clients with coverage through the Supplementary Health Program, Seniors Income Plan, or Family Health Benefits Program.

**The loan of cushions is restricted to clients who have a wheelchair. Clients who do not use a wheelchair for their primary mode of mobility are only eligible for the loan of a cushion if they:

- a) are eligible for coverage through the Supplementary Health Program, Seniors Income Plan, or Family Health Benefits Program; and
- b) have a current pressure ulcer (ICD-9-CM codes 707.03, 707.04, 707.05), or past history of a pressure ulcer (707.03, 707.04, 707.05), or wound on the area of contact with the seating surface (e.g., ischial tuberosities, greater trochanters, coccyx, sacrum, or other); and
- c) have a Letter of Medical Necessity which demonstrates a valid medical rationale for the provision of the cushion may be eligible. Letter details should demonstrate that the use of the proposed cushion is reasonable and necessary for the diagnosis **or treatment of the client's injury (e.g., surfaces, duration of time cushion is required, Braden Scale score, grading of current pressure sore, details on current sitting tolerance, and any other relevant information related to the medical necessity of the cushion).**

***A grant is available to clients with a diagnosis of lymphedema or lipedema for the purchase of a multi-chambered (six or more) lymphedema pump. To be eligible, clients must have a diagnosis of lymphedema or lipedema, require the pump long-term, and at least every second day, and demonstrate the pump is effective through a successful trial of a machine. Referral is required from a physician who diagnoses lymphedema or lipedema and whose letter must confirm the diagnosis of lymphedema or lipedema. A physiotherapist must specify the type of equipment and accessories that are required. If approved, the client will be notified in writing. The

client is responsible for purchasing the equipment and submitting the receipt to SAIL. SAIL will reimburse the client for two thirds (2/3) of the actual cost of the pump, sleeves and accessories to a maximum of \$4,000. The grant is available once every five years.

****Effective April 1, 2019 – The Ministry launched a trial that provides eligible clients the choice to access the loan of an ultralight wheelchair through Special Needs Equipment (SaskAbilities) OR receive a \$2,500 grant to purchase an ultralight wheelchair of their choice.

Please refer to the Special Needs Equipment Manual for more detailed information on equipment and eligibility. The manual is available on SaskAbilities website at <https://www.saskabilities.ca/programs-services/daily-living-rehabilitation-services/special-needs-equipment>.

Non-benefit items include medical alarm systems, four wheeled walkers with seats and scooters.

Neither Saskatchewan Health nor the SaskAbilities install or fund the installation of **special needs equipment in client's residences.**

Equipment will not be ordered with features that are not a benefit of the program (i.e., seats on walkers, environmental controls on wheelchairs, or an elevated seat in a wheelchair). Clients cannot pay the difference in cost to have an additional feature added to a loan item.

PROCEDURE

Application

A health professional with authority to requisition a specific type of equipment must complete a *Special Needs Equipment Requisition Form* on behalf of the client and send it to one of the five SaskAbilities Special Needs Equipment depots.

Saskatoon Depot
2310 Louise Avenue
Saskatoon, SK S7J 2C7
Phone: 306-664-6646
Fax: 306-955-2162
Hours: 8:30 a.m. – 4:30 p.m.

Regina Depot
2 – 1723 Francis Street
Regina, SK S4N 7N2
Phone: 306-569-1262
Fax: 306-352-4282
Hours: 8:30 a.m. – 4:30 p.m.
Swift Current Depot

1551 North Railway Street West
Swift Current, SK S9H 5H3
Tel: 1-833-526-5299
Fax: 306-773-7460
Hours: 8:30 a.m. – 4:30 p.m.

Yorkton Depot
144 Ball Road, Box 5011
Yorkton, SK S3N 3Z4
Phone: 833-444-4126
Fax: 306-783-1234
Hours: 8:30 a.m. – 4:30 p.m.

Prince Albert Depot
1205 1st Street East
Prince Albert, SK S6V 2A9
Phone: 306-922-0225
Fax: 306-764-8376
Hours: 8:30 a.m. – 4:30 p.m.

Applications for manual tilt-in space wheelchairs are subject to the approval of the Specialized Seating Committee in Saskatoon or a Seating Team in Regina.

The *Specialized Wheelchair Application* form must be completed to apply for the loan of power, power tilt-in-space and ultralite wheelchairs. These will be reviewed and approved subject to the client meeting specific equipment criteria.

The *Special Needs Equipment – Application for Specialty Cushion* form must be completed to requisition a Jay or Roho cushion. These will be reviewed and approved subject to the client meeting specific criteria.

REPAIRS

Trained technicians at each depot will repair SAIL issued equipment at no cost to the client. Appointments are required for all repairs.

RETURNS

Equipment can be returned at the nearest branch of the SaskAbilities. If you cannot return your equipment in person, please contact the office to make shipping arrangements. Please include the **client's name, address, phone number and Health Services Number (HSN)** with returned equipment.

EQUIPMENT SALES TO THIRD PARTY AGENCIES

Where inventory levels permit, the SAIL program may sell equipment to third party agencies listed below. There is no obligation on the part of SAIL to jeopardize its inventories or budget allocations to satisfy third party agency requests. Where inventory levels or budget constraints do not permit the sale of equipment, third party

agencies must make alternate arrangements with equipment distributors to satisfy their equipment requirements.


The intent of this policy is to assist funded agencies where possible. It is not intended to generate revenue or to infringe on the private sector market. In keeping with this intent, SAIL or any agency distributing equipment funded by SAIL, will not sell such SAIL equipment to private individuals, associations, or businesses.

Total revenues generated from the sale of equipment to third party agencies are payable to the Minister of Finance.

Eligible Buyers

Third party agencies that are eligible to purchase SAIL owned/funded equipment are:

- **Worker's Compensation Board**
- Saskatchewan Government Insurance
- Veterans Affairs Canada
- Health Canada
- Indian and Northern Affairs

 Drug Plan & Extended Benefits	Section: <i>Universal Benefit Programs</i>	Last Amended Date October 2024
THERAPEUTIC NUTRITIONAL PRODUCTS PROGRAM		

INTENT

The Therapeutic Nutritional Products Program provides assistance towards the cost of specialized nutritional products for people with complex medical conditions who rely on those products as their primary source of nutrition. The program assists with the incremental cost associated with using these products in place of a regular diet. These **costs are shared between patients and Saskatchewan Health, with the patient's** portion varying based on a number of factors including family income.

LEGISLATIVE AUTHORITY

The Department of Health Act (formerly under The Health Services Act)

- The Saskatchewan Aids to Independent Living Regulations, 1976 (Saskatchewan Regulation 292/76).

ELIGIBILITY

In addition to the eligibility criteria in the general policies section, clients must:

1. be referred by a dietitian;
2. receive at least 90% of their nutrition through an eligible nutritional product;
3. require the nutritional product for at least four consecutive months;
4. experience malabsorption, maldigestion, failure to thrive and/or swallowing difficulties;
5. not receive assistance through other programs such as Social Assistance the Cystic Fibrosis Program or any other Saskatchewan Ministry of Health or Health Authority based programs such as the Metabolic Diseases or Palliative Care Programs; and
6. not reside in a Special Care Home.

BENEFITS

Eligible Formulas	
Alfamino Junior	
Alimentum	Nutren (All)
Aptamil	NutriHep
Calcilo XD	Osmolite (All)
Compleat (All)	Pediasure (All)
Compleat Organic Blends (All)	Peptamen (All)
Enfamil Enfacare A+	Portagen

Eligible Formulas	
EquaCare Jr	Pregestimil (All)
Essential Care Jr	Promote
Glucerna 1.0 Cal	PurAmino A+
Glucerna 1.2 Cal	Pivot 1.5
Glycosade*	PurAmino A+ Junior
Isosource (All)	RCF
Jevity (All)	Renestart
Ketocal (All)	Renestep
KetoVie 4:1 and 3:1	Resource 2.0
KetoVie Peptide	Resource Diabetic
Lipistart	Resource Kid Essentials
Liquid Hope	Sandosource Peptide
Monogen	Similac Neosure
Neocate Infant	Sperri
Neocate Junior	Suplena
Neocate Splash	Tolerex
Nephea Kid	Two Cal HN
Nepro	Vital HN
Novasource Renal	Vital Peptide 1 Cal
Nourish	Vital Peptide 1.5 Cal
Nutramigen (All)	Vivonex (All)

*Glycosade can be approved as a benefit for a six month trial. If there is significant benefit after six months it will be approved indefinitely. Letters from dietitian or physician stating anticipated benefit are required to start trial. Follow up information is required for additional coverage.

Modular Supplements - eligible if combined with eligible formula

Carb Zero (Fat)	Microlipid (Fat)
Complete Amino Acid Blend (Protein)	Neocate Nutra
Duocal (Carb and Fat)	Polycal (Carb)
K Quik (Fat)	Pro-phree (Carb and Fat)
Liquigen (Fat)	Protifar (Protein)
LiquiProtein (Protein)	Resource Beneprotein (Protein)
MCT Oil (Fat)	SolCarb (Carb)
MCTprocal (Fat, Protein and Carb)	

Non-Benefit Items

- Boost (all)
- Ensure (all)
- Food supplements such as herbs, vitamins and gluten-free products
- Glucerna nutritional drink

Lactose-free infant formulas
 Milk/soy-based infant or follow-up formulas
 Pedialyte
 Real Food Blends
 Total Parenteral Nutrition (TPN) solution and supplies
 Weight-loss or body building products

PROCEDURE

Application Process

Clients will be referred through their clinical dietitian. The dietitian will complete a *Nutritional Products Program Application* form and give it to the client or their family. The client or family will then include income information and send the completed form to Saskatchewan Health.

Clients who meet the criteria will be required to pay a portion of their nutritional product costs. This co-payment will be calculated using a combination of age-specific monthly food deductible, their nutritional product costs, family drug costs and family income.

Age category (years)	Monthly food deductible
0-2	\$100.00
3-12	\$125.00
13 and older	\$175.00

If, during the course of **the coverage period, the family's income or drug costs change**, the family can forward a written request for reassessment to SAIL for consideration. Changes in or additions to the nutritional product including increase in cost of the product must be submitted for reassessment by the dietitian by resubmitting a completed application form.

Qualifying beneficiaries are notified in writing of their acceptance to the program and their percentage co-payment. The individual is registered on the SAIL Supply System to allow invoicing for nutritional products.

Billing Process

Clients and families may purchase their nutritional products from the supplier of their choice. To receive assistance, the client must show their acceptance letter to the supplier. Clients will pay their portion at the time of purchase and the supplier will invoice the remainder to SAIL.

The maximum mark-up allowed on nutritional products is 25%.