

306-787-7121 Telephone
1-888-787-8996 Toll Free
306-787-8679 Fax
DPEB@health.gov.sk.ca

Application Date

Client IdentificationSurname First Name Initial Health Services Number (9 digits) Date of Birth Address City/Town/Village Province Postal Code Phone Number (with area code) Secondary Phone Number (optional) **Confirmation of Client's Eligibility**

- Client has Type 1 diabetes.

Client has demonstrated ongoing and sustained practice of the following diabetes-related activities for a minimum of six months prior to pump initiation:

- Blood glucose monitoring four or more times per day or appropriate use of a continuous glucose monitor.
- 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 at intervals deemed appropriate by a Saskatchewan Health Authority (SHA) Diabetes Education Program or by a SAIL registered independent provider.
- Expressed expectations or goals that are in line with potential outcomes of pump therapy.
- No more than one episode of diabetic ketoacidosis within the previous 12 months and zero episodes within the last six months (excluding at time of initial diagnosis).
- Consistent A1C monitoring at an interval of approximately every three to four months, or as deemed appropriate.
- There is demonstrated involvement of the candidate in their personal diabetes management.
- Client was assessed through a SHA Diabetes Education Program process or by a SAIL registered independent provider.

Physician's Certification of Eligibility

To be completed by an endocrinologist or another specialist physician who is associated with a SHA Diabetes Education Program and has experience with insulin pump management

Prescriber Signature Name
Phone Number Diabetes Education Program **Diabetes Educator's Certification of Eligibility**

To be completed by a diabetes educator who has experience with insulin pump training an ongoing follow-up or a SAIL registered independent provider who is a Certified Diabetes Educator (CDE)[®] and also a certified insulin pump trainer.

Signature Diabetes Educator Name
Phone Number

Insulin Pump and/or Supplies Specifications

Client Requires:

Insulin pump and supplies

Client's chosen insulin pump supplier

Client's chosen insulin pump brand and model

Insulin pump supplies only

Date insulin pump was started (if available)

Insulin pump supplies: brand, model, size and manufacturer number (if available)

Client Consent and Authorization and Confirmation of Responsibility

The collection of **personal health information** on this form by the Saskatchewan Ministry of Health is necessary for the purposes of assessing and verifying eligibility for the SAIL Insulin Pump Program and for other purposes related to the administration of that program.

In accordance with the Health Information Protection Act (Saskatchewan), and with your expressed consent, selected personal health information on this form may be used by or disclosed to appropriate employees of the SHA Diabetes Education Program(s), and the insulin pump supplier (as selected by the applicant and designated on this form). This information will only be provided on a need-to-know basis with your consent.

I, _____, consent to the collection, use and disclosure of my personal health information for the purpose outlined above, only for the period of time that I am eligible for benefits under the SAIL Insulin Pump Program. I understand that if I wish to withdraw this consent I may do so at any time by writing the SAIL program at the address on this form. I understand that withdrawal of consent would mean that I am no longer eligible for benefits.

I understand that the **Insulin Pump Trial Period** can be up to three months. During this time, the SHA Diabetes Education Program will assess the appropriateness of the pump for me and confirm that I have an adequate level of the knowledge and practices for the safe use of the device. During the three month period, the pump may be returned to the company and the trial ended, based on medical reasons such as allergy to infusion set or other reasons the SHA Diabetes Education Program deems necessary. I understand I would then be responsible for returning the pump to the company and I may be charged with the full cost of the insulin pump if I fail to do so within the return policy time frame (determined by the company).

I am aware of the **Insulin Pump Program Renewal Policy**, which occurs every five years. I understand that I am not eligible for additional Insulin Pump Program grant funding for the purchase of a new insulin pump prior to five years. Prior to the renewal date, I will receive a renewal letter, requesting a signature from a diabetes physician specialist or a Certified Diabetes Educator. This is required to have continued access to the SAIL Insulin Pump Program. I understand the signed renewal letter must be returned to SAIL by the physician or diabetes educator and that failure to complete the renewal process will result in the cancellation of coverage for the insulin pump and supplies through the Ministry of Health.

Insulin Pump Program Discontinuation. I understand that coverage for insulin pump supplies may be discontinued at any time for a minimum of six months on the recommendation of a specialist physician if it is determined that the Insulin pump is no longer appropriate for my care.

I have read and understand the Client Consent and Authorization and Confirmation of Responsibility.

Signature

Name

Date

Certification of Completed Insulin Pump Trial

Date client started the insulin pump

Client has completed a trial period (up to three months) that confirms:

- The insulin pump is medically appropriate for use.
- Client has an adequate level of knowledge to operate the pump and safe use of the device is achieved.

Signature

Diabetes Educator Name

Date