**COMMENTS FOR LETTER TEMPLATES:**

* The following templates are structured to provide a guide for MDs or NPs who is looking to provide letters of support for clients seeking funding from the Ministry of Social Development and Poverty Reduction for medically necessary supplies. Eligibility for Medical Supplies is dependent on client’s case for assistance.
  + At this time, only persons on PPMB (Persons with Persistent Multiple Barriers) or PWD qualify for medical supplies coverage. Those on basic Income Assistance do not, unless the MD or NP can confirm that the unmet need for medical supplies is a life-threatening need. A summary of health supplement support can be found here: <https://www2.gov.bc.ca/assets/gov/british-columbians-our-governments/policies-for-government/bc-employment-assistance-policy-procedure-manual/additional-resources/health_supplements_eligibility.pdf>
  + If the patient is on basic Income Assistance and the MD or NP cannot confirm that the supply need is life-threatening, they can consider writing a letter in support for a crisis grant, highlighting the need for the supplies and the reason why the patient cannot afford and was unable to plan for this expense. For more information on the request process, visit <https://www2.gov.bc.ca/gov/content/governments/policies-for-government/bcea-policy-and-procedure-manual/general-supplements-and-programs/crisis-supplement>
  + See next page for more information on eligibility.
* Four template letters are provided in this document. Where there is highlighted text, replace with relevant/appropriate information for your patient.
  + The first is a generic letter that can be used for general medical supplies that patients may need for gender affirmation.
  + The second is a generic letter that can be used for general supplies that patients may require related to surgery.
  + The third letter is for supplies required after vaginoplasty.
  + The fourth letter is for supplies required after phalloplasty.
  + Some patients may prefer that references to gender dysphoria and gender affirmation are not included and in this case, it may be appropriate to provide general letters with less detail.
* For supplies required immediately post-surgery, be sure to submit the letter request to the appropriate departments for your patient at least 30 days prior to surgery (the earlier, the better) so the funding can be provided and supplies purchased prior to surgery/discharge.

How Eligibility is Assessed:

Effective:  August 28, 2018

All requests for Medical Supplies are assessed by Health Assistance (HA).

The following procedures are to be used to determine eligibility for Medical Supplies.

|  |  |  |
| --- | --- | --- |
| ***EAW*** | 1. | Confirm that the applicant is eligible for general health supplements or assess for eligibility under life-threatening health needs [see Related Links – Life-Threatening Health Needs]. |
| 2. | Verify that there are no other resources available [see Policy]. |
| 3. | Ensure that the client has provided a written prescription and diagnosis, with detailed medical justification, from a *medical practitioner*or*nurse practitioner*, including the quantities required and expected duration of the need.  The Information Required - Medical letter (HR3237) may be used to request documentation from clients [see Forms and Letters]. |
| 4. | Ensure the service request has all required documentation and is ready for adjudication, and forward to HA.  No price quotes are required. |
| ***HA*** | 1. | Assess application to ensure eligibility criteria are met. |
| 2. | If application is approved, an approval letter will be issued to the client and Product Distribution Centre (PDC) or Service Provider. If denied, a denial letter and decision summary outlining reasons for the decision will be sent to the client.  **Note:** It is the client’s responsibility to contact PDC or other Service Provider to place their order. |
| 3. | Note details.  Details include substantive reasons explaining what is requested and why the eligibility criteria are met (or not met).  If the medical supplies are approved, include the cost of the medical supplies and the name of the service provider. |

Date

To Whom It May Concern,

**RE: Request for coverage for medical supplies for PATIENT’S NAME (legal name PATIENT’S LEGAL NAME; PHN #)**

I am writing on behalf of my patient \_\_\_\_\_\_\_\_\_\_\_\_ (patient’s name) to request coverage for the following listed supplies that are necessary for gender affirmation.

The patient requires these supplies to address gender dysphoria. These supplies are medically necessary to avoid an imminent and substantial danger to health and well-being.

This patient advises me that he/she/they are not eligible for coverage for these expenses from any other source. *<<<NOTE for providers – remember to remove: Patient must establish that no resources are available to the family unit to cover the cost of the supplies (for example, WorkSafe, ICBC, Fair Pharmacare etc.)>>>*

The items listed below are medically necessary for this patient:

[List the item (s) here]

[Consider specifying whether this is a one-time only request (eg., chest binders for a patient who will be having surgery in the next year) or will be needed on an ongoing basis (e.g., bras and breast forms may need annual coverage for patients who don’t intend to have surgery or don’t qualify for funding for surgery.)]

Please don’t hesitate to contact me if you require additional information.

Sincerely,

Name, title and contact info

Date

To Whom It May Concern,

**RE: Request for coverage for medical supplies for PATIENT’S NAME (legal name PATIENT’S LEGAL NAME; PHN #)**

I am writing on behalf of my patient \_\_\_\_\_\_\_\_\_\_\_\_ (patient’s name) to request coverage for the following listed supplies that will be required for their care/in advance of surgery.

The patient requires these supplies for STATE REASON^ as they will be having medically necessary surgery on \_\_\_\_\_\_\_ (date). These supplies are medically necessary to avoid an imminent and substantial danger to health to prevent infection and poor healing.

This patient advises me that he/she/they are not eligible for coverage for these expenses from any other source. *<<<NOTE for providers – remember to remove: Patient must establish that no resources are available to the family unit to cover the cost of the supplies (for example, WorkSafe, ICBC, Fair Pharmacare etc.)>>>*

The items listed below are medically necessary for this patient.

[Consider specifying whether this is a one-time only request (eg., compression vest after chest surgery) or will be needed on an ongoing basis (coverage.g., wound care supplies for patients having multiple stages of surgery or requiring an extended period of catheterization)]

Please don’t hesitate to contact me if you require additional information.

Sincerely,

Name, title and contact info

*^ NOTE: STATE REASON – Remember to remove note - MSD will only fund certain things as medical supplies and the doctor must specify for what purpose. Below is a sample of reason list: wound care; ongoing bowel care required due to loss of muscle function; catheterization; incontinence; skin parasite care; limb circulation; food thickeners; lancets; needles and syringes; ventilator supplies; tracheostomy supplies*

Date

To Whom It May Concern,

**RE: Request for coverage for medical supplies for PATIENT’S NAME (legal name PATIENT’S LEGAL NAME; PHN #)**

I am writing on behalf of my patient \_\_\_\_\_\_\_\_\_\_\_\_ (legal name) to request coverage for the following listed supplies that will be required in advance of surgery.

The patient will be having medically necessary surgery on \_\_\_\_\_\_\_ (date) and requires these supplies for STATE REASON. These supplies are medically necessary to avoid an imminent and substantial danger to health to prevent infection and poor healing.

This patient advises me that he/she/they are not eligible for coverage for these expenses from any other source.

The items and average retail costs listed are medically necessary for this patient. This is a one-time request for supplies funding.

|  |  |  |  |
| --- | --- | --- | --- |
| **Medically Necessary Item** | **Amount** | **Average retail cost per item (excl. taxes)1** | **One time purchase?** |
| Vaginal douche | 1 | $3.75 | Yes |
| Antibacterial dishwashing soap | 1 | $3.50 | Yes |
| Lubricating gel  (K-Y gel or other water based brand) | 10 | $7.85 | Yes |
| Unscented sanitary napkins (light absorption) | 4 | $4.15 | Yes |
| Disposable absorbent blue pads – 1 box  (alternative can be puppy pads) | 1 | $20.99 | Yes |
| Disposable non-perfumed baby wipes | 2 | $3.64 | Yes |

Note: (1) Retail cost valid as of August 2018

Please don’t hesitate to contact me if you require additional information.

Sincerely,

Name, title and contact info

Date

To Whom It May Concern,

**RE: Request for coverage for medical supplies for PATIENT’S NAME (legal name PATIENT’S LEGAL NAME; PHN #)**

I am writing on behalf of my patient \_\_\_\_\_\_\_\_\_\_\_\_ (legal name) to request coverage for the following listed supplies that will be required in advance of surgery.

The patient will be having medically necessary surgery on \_\_\_\_\_\_\_ (date) and requires these supplies for STATE REASON. These supplies are medically necessary to avoid an imminent and substantial danger to health to prevent infection and poor healing.

This patient advises me that he/she/they are not eligible for coverage for these expenses from any other source.

The items and average retail costs listed are medically necessary for this patient. This is a one-time request for supplies funding.

|  |  |  |  |
| --- | --- | --- | --- |
| **Medically Necessary Item** | **Amount** | **Average retail cost per item (excl. taxes)1** | **One time purchase?** |
| Sterile gauze 4x4 (Ideally AMD gauze as this has an anti-microbial element) – 1 box | 1 | $6.49 | Yes |
| ACE bandages – 1 box | 1 | $8.99 | Yes |
| Vitamin E oil | 1 | $10.50 | Yes |
| Disposable absorbent blue pads – 1 box  (alternative can be puppy pads) | 1 | $20.99 | Yes |
| Kling wrap | 1 | $3.75 | Yes |
| Adaptic (non-stick) dressing | 1 | $56.25 | Yes |
| Polysporin | 1 | $8.90 | Yes |

Note: (1) Retail cost valid as of August 2018

Please don’t hesitate to contact me if you require additional information.

Sincerely,

Name, title and contact info