



ADMINISTRATIVE BURDEN WORKING GROUP – SUMMARY JUNE 2024

FORM NAME	PROGRAM	IMPACTED AREAS	PROPOSED CHANGES
Request for Special Diet	Income Support		<p style="text-align: center;">Who can Authorize</p> <p>Updated policy to expand who can sign. Moving from current:</p> <ul style="list-style-type: none"> • <u>Physicians</u> • <u>Nutritionists</u> • <u>Dieticians</u> • <u>Nurse Practitioners</u> <p>to</p> <ul style="list-style-type: none"> • <u>All licensed Health Care professional</u> • <u>their delegate</u> <p>Eliminate the need to request the form if the pertinent information is already captured under another program area within the Department.</p> <p style="text-align: center;">Renewal Process</p> <p>Eliminating the need for physician to reconfirm diagnosis for all current qualifying medical conditions, except for the following:</p> <ul style="list-style-type: none"> • <u>“cancer patients who are in active treatment”</u> which is only needed during the cancer treatment phases and will be reviewed annually. • <u>“diabetic and insulin dependent children up to 19”</u> which will remain in place with no renewal required until the youth turns 19.



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<p>Diabetic Supplies / Blood Glucose Test supplies</p>	<p>Income Support</p>	<ul style="list-style-type: none"> • Child Welfare • Long Term Care • Disability Support Program 	<p align="center">Who can Authorize</p> <p>Update policy to expand who can sign. Moving from current:</p> <ul style="list-style-type: none"> • <u>Physicians</u> • <u>Nurse Practitioners</u> • <u>Certified diabetic educator</u> <p>to</p> <ul style="list-style-type: none"> • <u>All licensed Health Care professional</u> • <u>their delegate</u> <p>Eliminate the need to request the form if the pertinent information is already captured under another program area within the Department.</p> <p align="center">Streamlining Process</p> <p>Group the <u>Newly Diagnosed</u> and <u>Oral Medications users</u> into one group with a standard approval of 100 strips annually. Authorize the release of an additional 50 strips a year should a client initiate a request for additional strips.</p> <p>Add information section onto form to clearly indicate that insulin dependent individuals are eligible for the Flash glucose monitoring systems (ex. Freestyle Libre). Continuous Glucose Monitors or CGMs are still not covered by our plan.</p> <p align="center">Renewal Process</p> <p>Remove the need for annual diagnosis renewals, unless there's a change in original diagnosis, for all cases except gestational.</p>
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<p>Specialized Infant Formula</p>	<p>Income support</p>		<p style="text-align: center;">Who can Authorize</p> <p>Update policy and referral form to expand who can sign. Moving from current:</p> <ul style="list-style-type: none"> • <u>Physician</u> <p>to</p> <ul style="list-style-type: none"> • <u>Physician</u> • <u>Nurse Practitioner</u> • <u>Certified dietician</u> <p style="text-align: center;">Streamlining Process</p> <p>Simplifying form by removing the following fields from current form:</p> <ul style="list-style-type: none"> • the open text Description section • the Program Guideline section <p>As neither of these sections add to assessment of need or assist prescriber.</p> <p>Update the outdated Social Development contact # on document.</p> <p style="text-align: center;">Renewal Process</p> <p>Changing the renewal period from every 4 months to every 12 months.</p>
<p>Treatment Program Medical</p>	<p>Income support</p>		<p style="text-align: center;">Removing physician involvement</p> <p>Remove the need for physician to provide a confirmation that client is in treatment plan as the Pharmacy or Treatment clinic client is attending can simply provide confirmation of participation. Methadone distribution is highly controlled and all clients accessing methadone meet medical eligibility criteria.</p>



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<p>Medical Transportation</p>	<p>Income support</p>		<p style="text-align: center;">Who can Authorize</p> <p>Update policy to expand who can sign.</p> <ul style="list-style-type: none"> • For <u>all single occurrence</u> requests, no diagnosis needed. Simply a confirmation of attendance from: <ul style="list-style-type: none"> ○ <u>All licensed Health Care professional</u> ○ <u>their delegate</u> <p style="text-align: center;">Streamlining Process</p> <p>All one-time or single occurrence <u>local</u> requests will simply require a confirmation that the medically related appointment was attended.</p>
<p>Dressings - Cancer</p>	<p>Income support</p>	<ul style="list-style-type: none"> • Long Term Care Disability Support Program 	<p style="text-align: center;">Who can Authorize</p> <p>Update policy to expand who can sign. Moving from current:</p> <ul style="list-style-type: none"> • <u>Physicians</u> <p>to</p> <ul style="list-style-type: none"> • <u>Physicians</u> • <u>Nurse Practitioners</u> • <u>Registered Nurses</u> <p style="text-align: center;">Renewal Process</p> <p>Changing the need for authorizer to provide confirmation of diagnosis from annually to every 2 years. Benefit to be set up annually and year 2 renewal will be based on verification with client of ongoing need.</p>



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<p>HEP C, HIV settlement exemptions</p>	<p>Income support</p>		<p style="text-align: center;">Removing physician involvement</p> <p>Qualifying to receive the settlement itself confirms the existence of qualifying medical condition. Policy will be updated to remove the need for physician proof of diagnosis.</p>
<p>Incontinence supplies</p>	<p>Income support</p>	<ul style="list-style-type: none"> • Child Welfare • Disability Support Program 	<p style="text-align: center;">Who can Authorize</p> <p>Update policy to expand who can sign. Moving from current:</p> <ul style="list-style-type: none"> • <u>Physicians</u> to • <u>All licensed Health Care professional</u> • <u>their delegate</u> <p style="text-align: center;">Streamlining Process</p> <p>Create a standard simplified form that prescriber can use when requesting.</p> <p>Form would also inform prescriber that it is only used for non-ambulatory and non-ostomy clients. Incontinence supplies for non ambulatory (wheelchair) and ostomy clients are provided through a different program and form will provide directions to prescriber on how to request supplies in those cases.</p> <p style="text-align: center;">Renewal Process</p> <p>Allowing prescriber to identify if the client need is Long-term or interim. Short term coverage will be approved up to 6 months and require a renewal if still needed beyond that. Long term will be permanent and no longer require any future prescriber involvement unless there is a change in need.</p>



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<p>Medical Report / Pregnant Medical</p>	<p>Income Support</p>		<p style="text-align: center;">Streamlining Process</p> <p>Giving physicians and nurse practitioners the authority from the onset to request the Long-Term Needs designation for clients with prolonged inability to work or train due to medical reasons.</p> <p>Create a temporary exemption in NB Case for Blind, Deaf or Disabled applicants living at home and undergoing the disability medical assessment (allowing them to receive income support at the Transitional Assistance rate while their disability application is being processed)</p>
<p>Emergency Response Services</p>	<p>Health Services</p>		<p style="text-align: center;">Who can authorize</p> <p>Update policy and form to expand who can sign. Moving from current:</p> <ul style="list-style-type: none"> • <u>Physician</u> • <u>Nurse Practitioner</u> <p>to</p> <ul style="list-style-type: none"> • <u>Physician</u> • <u>Nurse Practitioner</u> • <u>Social Workers</u> • <u>Discharge Planners</u> • <u>Licensed Health Care Professionals</u> <p style="text-align: center;">Renewals</p> <p>Expiry date to be removed from form.</p>



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<p>Ostomy, Incontinence, Catheterization</p>	<p>Health Services</p>		<p align="center">Who can authorize</p> <p>Update policy and referral form to expand who can sign. Moving from current:</p> <ul style="list-style-type: none"> • <u>Physician</u> • <u>Nurse Practitioner</u> • <u>Enterostomal nurses</u> <p>to</p> <ul style="list-style-type: none"> • <u>Physician</u> • <u>Nurse Practitioner</u> • <u>Enterostomal Nurse</u> • <u>EMP Nurse</u> • <u>Other Specialists</u> <p align="center">Renewals</p> <p>Form allows prescriber to identify if the client diagnosis is permanent or not.</p> <p>Short term diagnosis will be approved for upwards to 12 months and require a new referral form should the person's medical condition extend beyond that point.</p> <p>Permanent diagnosis will not require any further forms unless there is a change in the person's medical condition.</p> <p>The treatment plan (type and quantity of medical supplies needed) will be in effect for the prescribed term of the medical condition and would only require an updated prescription/authorization from the prescriber if there is a change in the type or quantity of medical supplies needed.</p>
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<p>Footwear and Orthotics, and Orthosis and Orthopedic Bracing</p>	<p>Health Services</p>		<p style="text-align: center;">Streamlining Process</p> <p>Physicians or nurse practitioners only need to provide a one-time prescription or confirmation of item need.</p> <p style="text-align: center;">Renewals</p> <p>A renewal or new prescription is not required to demonstrate there is still an issue of the foot.</p>
<p>Foot Care Diabetic</p>	<p>Health Services</p>		<p style="text-align: center;">Who can authorize</p> <p>Update policy and form to expand who can sign. Moving from current:</p> <ul style="list-style-type: none"> • Physician • Nurse Practitioner <p>to</p> <ul style="list-style-type: none"> • Physician • Nurse Practitioner • Registered Nurses • Licensed Practical Nurses • Certified Diabetic Instructors <p style="text-align: center;">Renewals</p> <p>No longer require medical renewal.</p>



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Prosthetics	Health Services		<p align="center">Streamlining Process</p> <p>Physicians or nurse practitioners only need to provide a one-time prescription or confirmation of item need.</p> <p align="center">Renewals</p> <p>A renewal or new prescription is not required.</p>
Foot Care Non-diabetic	Health Services	<ul style="list-style-type: none"> • Long Term Care • Disability Support Program 	<p align="center">Streamlining Process</p> <p>Physicians or nurse practitioners will now be able to indicate whether the duration of treatment plan is short term or permanent/long term.</p> <p align="center">Renewals</p> <p>Renewals are done according to diagnosis / prognosis. indicated on the form. Non-Permanent diagnosis will require renewals if need exceeds original timeline. Permanent diagnosis won't require any future renewals.</p>
Enteral Feeding (tube feeding)	Health Services		<p align="center">Streamlining Process</p> <p>Physicians, nurse practitioners or registered dieticians only need to provide a one-time prescription or confirmation of item need.</p> <p align="center">Renewals</p> <p>No need for renewals unless change in condition.</p>



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<p>Total Parental Nutrition (TPN)</p>	<p>Health Services</p>		<p style="text-align: center;">Streamlining Process</p> <p>Physicians, nurse practitioners or registered dieticians only need to provide a one-time prescription or confirmation of item need.</p> <p style="text-align: center;">Renewals</p> <p>No need for renewals unless change in condition.</p>
<p>Respiratory Program</p> <p>Includes 5 forms:</p> <ul style="list-style-type: none"> • CPAP • BPAP/AVAP • Breathing Aids • Home Oxygen • Ventilation Equipment 	<p>Health Services</p>		<p style="text-align: center;">Streamlining Process</p> <p>Physicians or nurse practitioners still need to provide a prescription to individual, but it is only required once.</p> <p>Please note that a new prescription is required for any type of new equipment. They do not need to do anything with any application form.</p> <p>We have removed the need for a new prescription for all renewals.</p> <p>Special notes:</p> <ul style="list-style-type: none"> • The <u>Ventilation Application form</u> needs to be completed by a respiratory specialist. • Changes to Home Oxygen can be made by the respiratory therapist by they must inform the prescriber.