



Financial Assistance Programs for People Living with Diabetes ONTARIO

Ontarians with diabetes often incur medical costs that are two to three times higher than those without diabetes. The following financial assistance programs may help to offset some of the costs associated with your diabetes management. Proper diabetes care and management is important for helping to prevent or delay complications. For more information about diabetes and its management, please visit www.diabetes.ca or contact us at 1-800-BANTING (226-8464) or info@diabetes.ca

Prescription Drugs

Program: Ontario Drug Benefit (ODB) Program - Ministry of Health and Long-term Care

Tel: 1-866-532-3161 Web: <http://www.health.gov.on.ca/en/public/programs/drugs/>

Who qualifies?

- Seniors 65 years or older
- Social assistance recipients – ODSP/OW
- Residents of long-term care homes or Homes for Special Care
- Individuals enrolled in the Home Care Program
- Trillium Drug Program clients (*see also page 2*)

What does the Program cover?

- Program covers most of the cost of 3,800 prescription drug products, some blood glucose test strips and some nutritional products
- Maximum number of test strips reimbursed in any 365-day period:
 - **3000** strips for individuals using insulin
 - **400** strips for individuals using oral anti-diabetes medications with a high-risk of causing low blood sugar
 - **200** strips for individuals using oral anti-diabetes medications with a low-risk of causing low blood sugar
 - **200** strips for individuals managing their diabetes through diet/lifestyle therapy (no insulin or oral anti-diabetes medications)

Individuals with *exceptional clinical circumstances* may be eligible for additional strips; contact your doctor or pharmacist for more information. (*Continued on next page*)

Compiled by the Canadian Diabetes Association – updated January 2014

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Additional information (ODB):

- Seniors 65+ with annual income of \$16,018 or more (or a combined income of \$24,175 or more for a couple) must pay an annual deductible of \$100 and a co-pay of up to \$6.11 per prescription. If your income is lower than these amounts, apply to the **Seniors Co-Payment Program** to have the deductible waived and your co-pay reduced to \$2 per prescription.
- Drug products, diabetic test strips and nutritional supplements must be listed on the *Ontario Drug Benefit Formulary* to qualify for coverage through ODB. Note: You also must have a prescription for all products, including your test strips.
- Products that are not listed on the Formulary *may* be considered for funding on an *individual basis* through the **Exceptional Access Program (EAP)**. If the product you have been prescribed is not listed on the Formulary, please contact your doctor for more information.
- NOTE: ODB does **not** cover pen needles, syringes or lancets.

Prescription Drugs (continued)

Program: Trillium Drug Program - Ministry of Health and Long-term Care

Tel: 1-800-575-5386 Web: www.health.gov.on.ca/en/public/programs/drugs/programs/odb/opdp_trillium.aspx

Who qualifies?

Ontario residents *under* 65 years of age who have high prescription drug costs compared to their household income, and have no private health insurance OR private insurance does not cover 100% of drug costs.

What does the Program cover?

- Coverage for the Trillium Drug Program is provided through the Ontario Drug Benefit (ODB) Program. ODB covers most of the cost of more than 3800 prescription drug products, some blood glucose test strips and some nutritional products
- Maximum number of test strips reimbursed in any 365-day period:
 - **3000** strips for individuals using insulin
 - **400** strips for individuals using oral anti-diabetes medications with a high-risk of causing low blood sugar
 - **200** strips for individuals using oral anti-diabetes medications with a low-risk of causing low blood sugar
 - **200** strips for individuals managing their diabetes through diet/lifestyle therapy (no insulin or oral anti-diabetes medications)

Individuals with *exceptional clinical circumstances* may be eligible for additional strips; contact your doctor or pharmacist for more information. (*continued on next page*)

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Additional information (Trillium Drug Program):

- Coverage begins only after you have paid the deductible set by Trillium. The deductible is split into four equal amounts over the course of the year and must be paid out-of-pocket. Example: If your annual deductible is \$800, this will be split into four parts (\$200 every 3 months). You will be asked to pay the first \$200 of your prescription medication costs every three months; any *eligible* costs over and beyond that will be covered through Trillium.
- Trillium calculates your deductible based on the income reported to Canada Revenue Agency (CRA) in the previous tax year. If your household income has changed – decreased by at least 10% - you can send a letter to Trillium to request that your deductible be based on your new (lower) household income; you will need to submit supporting documentation.
- Drug products, diabetic test strips and nutritional supplements must be listed on the *Ontario Drug Benefit Formulary* to qualify for coverage. Note: You also must also have a prescription for all products, including your test strips.
- Products that are not listed on the Formulary *may* be considered for funding on an *individual basis* through the **Exceptional Access Program (EAP)**. If the product you have been prescribed is not listed on the Formulary, please contact your doctor for more information.
- NOTE: Trillium does **not** cover pen needles, syringes or lancets.

Prescription Drugs (continued)

Program: Healthcare Benefits Program (POC 10 - Prescription Drugs) – Veterans Affairs Canada

Tel: 1-866-522-2122 Web: <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

Who qualifies?

Veterans, retired CF members, retired RCMP members, etc who are in receipt of VAC disability benefits *OR* VIP / Long-term Care *OR* War Veterans Allowance *OR* CF Income Support, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.

What does the Program cover?

- Program provides coverage for prescription drugs and some over-the-counter medications listed on the VAC Drug Formulary for eligible clients.
- Coverage for less common or higher cost drugs also may be available through *Special Authorization*.

Prescription Drugs (continued)

Program: Non-Insured Health Benefits (NIHB) - First Nations and Inuit Health Branch - Health Canada

Tel: 1-800-640-0642 Web: <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php>

Who qualifies?

Must be identified as a resident of Canada **and** one of the following:

- a registered Indian according to the *Indian Act*; *OR*
- an Inuk recognized by an Inuit Land Claims org; *OR*
- an infant less than one year old whose parent is an eligible recipient.

What does the Program cover?

- Prescription drug products listed on the NIHB Drug Benefit List (DBL). Coverage for drug products not listed on DBL may be available by “Exception” (Doctor must complete **Exception Drugs Request Form**).
- If you have other coverage (e.g. through work or private insurance) you must use that coverage first before applying for repayment from NIHB. Please contact NIHB for more information

Program: Pharmaceutical Companies – Patient Assistance Programs

Example: **Lilly Canada Cares (Insulin & Glucagon Assistance Program)** or **Sanofi Compassionate Care Program**

Please contact your doctor or diabetes education centre for more information.

Who qualifies?

Assistance is normally limited to **low-income** individuals who do not have coverage for the specific medication required through private health insurance or government assistance programs. Low-income is generally defined as household income that is below Statistics Canada’s low-income cut-off line.

What does the Program cover?

Many prescription drug manufacturers offer assistance programs for patients. These programs normally provide a limited-time supply of prescription drugs such as oral diabetes medications or insulin for eligible patients.

NOTE: For *Sanofi-Aventis* drug products, contact the Compassionate Care Program at 1-800-265-7927 (general customer service line) for an application form to be sent to your doctor’s office.

Diabetes Supplies

NOTE: Seniors 65+, social assistance recipients and Trillium Drug Program clients receive coverage for their blood glucose test strips through the Ontario Drug Benefit (ODB) Program. For more information, please see pages 1-3 of this resource or contact your pharmacist.

Program: Insulin Syringes for Seniors - Assistive Devices Program (ADP) - Ministry of Health and Long-term Care

Tel: 1-800-268-6021 Web: <http://www.health.gov.on.ca/en/public/programs/adp/publications/diabetic.aspx>

Who qualifies?

Ontario residents 65 years or older who use pen needles or syringes on a daily basis to inject insulin. (Note: Seniors living in long-term care facilities or hospitals are not eligible).

What does the Program cover?

Eligible seniors receive an annual grant of \$170 to help pay for the cost of pen needles or syringes. Contact your pharmacist for more information and an application form.

Program: Ontario Monitoring for Health Program (MFHP)

Funded through the Assistive Devices Program of the Ministry of Health and Long-term Care; administered by the Canadian Diabetes Association Tel: 1-800-361-0796 Email: mfhp@diabetes.ca

Web: <http://www.diabetes.ca/get-involved/programs-entry/ontario-monitoring-for-health-program/>

Who qualifies?

- Ontario residents who use insulin or have gestational diabetes (diabetes during pregnancy) **AND** who do not have any other coverage (in whole or in part) for their diabetes supplies through private health insurance, employer health benefits, or other government programs.

What does the Program cover?

- 75% of the cost of blood glucose test strips and lancets, up to a maximum of \$820 per year
- 75% of the cost of a blood glucose meter, up to a maximum of \$75, once every 5 years
- 75% of the cost of a talking meter, up to a maximum of \$300, once every 5 years (visually-impaired clients only)

Note: The program does not cover pen needles or syringes.

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Additional information (Monitoring for Health Program):

- Your **first** claim form must be signed by a doctor or nurse practitioner to confirm that you use insulin or have gestational diabetes. Supplies must be purchased at a registered pharmacy; receipts/invoices from medical supply companies will not be accepted.
- Contact your pharmacist to ask if your pharmacy participates in **Third Party Billing**. This means that you pay only 25% of the purchase price (the amount not covered by the program) and the pharmacy is reimbursed the other 75% directly.
- If Third Party Billing is not available at your pharmacy, you must purchase your supplies and submit your own claim, with receipts. Receipts must include date of purchase, item(s) purchased, amount paid and name/address of pharmacy.
- Claim forms and receipts must be originals – photocopies will not be accepted.
- The program year runs from April 1st in one year to March 31st in the next year (e.g. April 1, 2014 – March 31, 2015). You can submit a claim at any point throughout the program year -- each time you purchase supplies or all at once near the end of the year, whatever works best for you. Keep in mind, however, that **all claims (with receipts) must be received by no later than March 31st each year.**

NOTE: Social assistance recipients, Trillium Drug Program clients and Seniors 65+ can only submit to the Monitoring for Health Program for reimbursement of lancets and meters. Test strips for these groups are covered through the Ontario Drug Benefit (ODB) program.

Diabetes supplies (continued)

Program: Ontario Disability Support Program – Mandatory Special Necessities (MSN) Benefit

Ministry of Community and Social Services (MCSS) Tel: Contact your case worker or local ODSP office

Web: http://www.mcss.gov.on.ca/en/mcss/programs/social/odsp/info_sheets/diabetic_supplies.aspx

Who qualifies?

Ontario Disability Support Program (ODSP) Income Support recipients ONLY.

What does the Program cover?

- Prescription drug coverage for ODSP recipients is provided through the Ontario Drug Benefit (ODB) Program. ODB covers most of the cost of more than 3800 prescription drug products, some blood glucose test strips and some nutritional products

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- Maximum number of test strips reimbursed by ODB in any 365-day period:
 - **3000** strips for individuals using insulin
 - **400** strips for individuals using oral anti-diabetes medications with a high-risk of causing low blood sugar
 - **200** strips for individuals using oral anti-diabetes medications with a low-risk of causing low blood sugar
 - **200** strips for individuals managing their diabetes through diet/lifestyle therapy (no insulin or anti-diabetes medications)

Individuals with *exceptional clinical circumstances* may be eligible for additional strips; contact your doctor or pharmacist for more information
- ODSP can also provide monthly amounts for your pen needles/syringes, lancets, alcohol swabs etc. through *Income Support Directive 9.12 – Mandatory Special Necessities (MSN)*. Ask your case worker for more information and an MSN application form.

Additional information (ODSP):

- The basic monthly amounts available for pen needles/syringes, lancets, etc are set out in a chart called the “Diabetic and Surgical Supply Schedule”. Your case worker will approve a monthly amount for your diabetes supplies based on this chart. If the actual amount you spend every month is more than this chart amount, let your case worker know (and show your receipts to prove how much you normally spend on these items per month); you should then start receiving the actual amount you spend on these items every month.
- If you use insulin, your case worker may ask you to apply to the *Monitoring for Health Program* to help cover 75% of the cost of your lancets; for more information on this program, see page 5-6 of this handout or call 1-800-361-0796. The other 25% of the cost of your lancets should be covered by ODSP. You also should continue receiving the monthly amount for your other supplies (e.g. pen needles/syringes) directly through ODSP.
- **SPECIAL DIET ALLOWANCE** – if you receive ODSP Income Support and you have **diabetes OR prediabetes**, you may also be eligible for the Special Diet Allowance (SDA). The SDA helps cover some of the extra cost of special diets/healthy foods for social assistance recipients with certain medical conditions such as diabetes, prediabetes, heart disease, high blood pressure, high cholesterol, etc. Ask your case worker for more information and an application form.
- **TRAVEL TO MEDICAL APPOINTMENTS:** If you spend \$15 or more every month to travel to medical appointments, you may be able to get this money back. Ask your case worker for more information.

Diabetes Supplies (continued)

Program: Ontario Works – Health Benefits (OW Directive 7.2)

Ministry of Community and Social Services (MCSS) Tel: Contact your case worker or local OW office directly

Web: http://www.mcss.gov.on.ca/en/mcss/programs/social/directives/directives/OWDirectives/7_2_OW_Directives.aspx

Who qualifies?

Ontario Works (OW) recipients ONLY

What does the Program cover?

- Prescription drug coverage for ODSP recipients is provided through the Ontario Drug Benefit (ODB) Program. ODB covers most of the cost of more than 3800 prescription drug products, some blood glucose test strips and some nutritional products
- Maximum number of test strips reimbursed by ODB in any 365-day period:
 - **3000** strips for individuals using insulin
 - **400** strips for individuals using oral anti-diabetes medications with a high-risk of causing low blood sugar
 - **200** strips for individuals using oral anti-diabetes medications with a low-risk of causing low blood sugar
 - **200** strips for individuals managing their diabetes through diet/lifestyle therapy (no insulin or anti-diabetes medications)

Individuals with *exceptional clinical circumstances* may be eligible for additional strips; contact your doctor or pharmacist for more information

- OW will also cover the cost of other diabetes supplies (e.g. lancets, pen needles/syringes, etc) if you have no other coverage for these supplies.

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Additional information (Ontario Works):

- The amount you spend on diabetes supplies not covered through ODB (e.g. pen needles/syringes, lancets, etc) should be added directly to your monthly assistance. You will need to show receipts to prove how much you normally spend on these supplies every month.
- **SPECIAL DIET ALLOWANCE** (OW Policy Directive 6.6) – If you receive assistance through OW and you have **diabetes OR prediabetes**, you also may be eligible for the Special Diet Allowance (SDA). The SDA helps cover some of the extra cost of special diets/healthy foods for social assistance recipients with certain medical conditions such as diabetes, prediabetes, heart disease, high blood pressure, high cholesterol, etc. Ask your case worker for more information and a Special Diet Allowance application form.
- **TRAVEL TO MEDICAL APPOINTMENTS** (Health Benefits - OW Policy Directive 7.2): If you spend \$15 or more every month to travel to medical appointments, you may be able to get this money back. Ask your case worker for more information.

Diabetes Supplies (continued)

Program: Insulin Pump & Supplies Program - Assistive Devices Program (ADP) - Ministry of Health and Long-term Care
Tel: 1-800-268-6021 Email: adp@ontario.ca Web: http://www.health.gov.on.ca/en/public/programs/adp/insulin_pump.aspx

Who qualifies?

Ontario residents with type 1 diabetes who have been unable to achieve good blood glucose control with multiple daily injections and who meet specific eligibility criteria. Note: There are different eligibility criteria for children and adults.

What does the Program cover?

- 100% of the cost of an insulin pump (paid directly to the vendor once funding is approved)
- \$2400 per year to help cover cost of insulin pump supplies (paid out in four installments of \$600 each)

Additional information:

- You can only apply for insulin pump funding through a Diabetes Education Program registered with the ADP. For more information, please contact your Diabetes Healthcare Team or visit the program website for more information.
- You must continue to meet specific eligibility criteria to continue to receive funding for your supplies. A renewal form will be mailed to you every year. This form must be completed with your diabetes assessment team and submitted to ADP.

Diabetes Supplies (continued)

Program: Provincial / Federal Government Programs for Specific Client Groups

Veterans Affairs Canada (VAC) <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>;

Non-Insured Health Benefits (NIHB) <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php>

Healthcare Benefits Program – Veterans Affairs Canada

Provides coverage for diabetes supplies (including strips, lancets, syringes, pen needles, etc) listed on the VAC Drug Formulary for eligible Veterans, retired CF members, retired RCMP members, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

Provides coverage for diabetes supplies (including strips, lancets, syringes, pen needles, pump supplies, etc) listed on the NIHB Drug Benefit List for eligible First Nations and Inuit recipients. Contact NIHB directly for more information.

Assistive Devices

Program: Assistive Devices Program (ADP) - Ministry of Health and Long-term Care

Tel: 1-800-268-6021 Email: adp@ontario.ca Web: <http://www.health.gov.on.ca/en/public/programs/adp>

Who qualifies?

Ontario residents who have a long-term physical disability (lasting 6 months or longer).

What does the Program cover?

- ADP provides partial coverage for more than 8,000 pieces of assistive equipment and supplies including wheelchairs, mobility aids, specialized seating systems, prosthetic limbs, reciprocating gait orthoses, arm/leg/spinal braces, hearing aids, visual aids, oxygen delivery systems, etc
- ADP normally pays up to 75% of the cost of these items or contributes a fixed amount. You will be asked to pay the remaining amount. If you live on a fixed/limited income, organizations such as the Lions Club, March of Dimes or your local place of worship may be able to help

Assistive Devices (continued)

Program: Assistive Devices Program - Ontario March of Dimes

Tel: 1-866-765-7237 Email: adp@marchofdimes.ca Web: www.marchofdimes.ca

Who qualifies?

Ontario residents 19 years of age or over in financial need (specific income limits apply). The program is aimed at providing funding for devices that assist adults with disabilities that restrict their mobility and prevent them from living safely in their homes; enable discharge from a hospital/rehab centre; help avoid job loss; or community participation, etc.

What does the Program cover?

Program provides funding for purchase and maintenance (repairs) of equipment such as: manual/power wheelchairs, scooters, home and bath aids, personal aids, seating inserts, walking aids, etc. The program does **not** fund installation costs or devices such as foot orthotics, hearing or vision aids, artificial limbs or cosmetic prostheses, etc.

Program: Adult Amputee Program – National Amputee Centre – The War Amps

Tel: 1-877-622-2472 Email: nac@waramps.ca Web: <http://www.waramps.ca/nac/programs.html>

Who qualifies?

Canadian amputees (18+)

What does the Program cover?

The Adult Amputee Program provides financial assistance towards the cost of artificial limbs. Individuals needing assistance must first access any other funding sources available to them. The program also provides educational resources related to amputations including information about artificial limbs, daily living aids, driving, returning to the workforce, etc.

Program: Provincial / Federal Government Programs for Specific Client Groups

Ontario Disability Support Program - http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/income_support/odsp_device.aspx

Ontario Works (OW) - http://www.mcsc.gov.on.ca/en/mcsc/programs/social/ow/help/benefits/health_benefits.aspx

Veterans Affairs Canada (VAC) - <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

Non-Insured Health Benefits (NIHB) <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php> (First Nations/Inuit)

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Ontario Disability Support Program (ODSP) / Ontario Works (OW)

ODSP Income Support and OW recipients must apply to the Assistive Devices Program (ADP) of the Ministry of Health for coverage of assistive devices such as wheelchairs, walkers, prosthetic limbs, hearing aids, etc. *See page 10 of this guide.* Once the application is approved, ADP will pay either a fixed amount or 75% of the cost of the device; the remaining amount will be billed back to ODSP/OW directly. Specific maximums (\$) may apply. **Note:** ODSP and OW also will cover assessment fees, repairs, etc and also may cover the cost of assistive devices not covered by ADP through *Discretionary Benefits*.

Healthcare Benefits Program (POC 1 – Aids for Daily Living) – Veterans Affairs Canada

Program provides coverage for purchase and repair of assistive devices for eligible Veterans, retired CF members, retired RCMP members, etc. Eligible devices include: devices designed to assist in the activities of daily living (e.g. canes, bathroom aids); hearing aids; prostheses, orthoses; hospital beds; walkers, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information at 1-866-522-2122 or visit the web link listed above.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health - Health Canada

When not covered by another plan or program, NIHB provides coverage for general medical supplies and equipment such as mobility aids (e.g. walkers, wheelchairs), prosthetics (breast, eye, limbs), bathing and toileting aids, lifting and transfer aids, low vision aids, oxygen supplies, hearing aids and supplies, wound dressing supplies, etc for eligible First Nations and Inuit recipients. Contact NIHB directly for more info at 1-800-640-0642 or visit the web link listed above.

Vision Care (Eye Exams)

Ontarians with diabetes are covered by OHIP for a routine eye exam by an optometrist or physician *once every 12 months*. Any follow-up assessments that may be required are also covered.

Note that some newer optional diagnostic tests (e.g. HRT for glaucoma) now offered by some optometrists are not covered by OHIP.

If you have any questions regarding eye care services that you have been charged for, please contact the Ministry of Health and Long-Term Care at 613-536-3103 or toll-free at 1-888-662-6613

Eyeglasses

Program: Provincial / Federal Government Programs for Specific Client Groups –

Ontario Disability Support Program - http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/income_support/odsp_vision.aspx

Ontario Works - http://www.mcsc.gov.on.ca/en/mcsc/programs/social/ow/help/benefits/health_benefits.aspx

Veterans Affairs Canada (VAC) <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

Non-Insured Health Benefits (NIHB) - <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php> (First Nations/Inuit)

Ontario Disability Support Program (ODSP) – Income Support recipients

Program covers the cost of prescription eyeglasses (lenses and frames) once every 3 years for eligible ODSP recipients, their spouses and children under 18 years of age. Additional coverage may be available sooner if prescription changes (especially for children). Contact your case worker to ask for a Vision Care benefit authorization form and for more information.

Ontario Works (OW) – Dependent children of OW recipients receive coverage for prescription eyeglasses (lenses and frames) as a “mandatory benefit” once every 3 years; additional coverage may be available sooner if child’s prescription changes. Specific maximums (\$) apply. Coverage for prescription eyeglasses for adult OW recipients may be available through *Discretionary Benefits* (approved at the discretion of the OW Administrator) if there’s been a significant change in prescription or if it would support the recipient’s “employability or participation requirements”. Contact your case worker for more info.

Healthcare Benefits Program (POC 14 – Vision Care) - Veterans Affairs Canada (VAC)

Program covers lenses, frames and accessories for eligible Veterans, retired CF members, retired RCMP members, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information at 1-866-522-2122 or visit the web link listed above

Non-insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

When not covered by another plan or program, NIHB covers the cost of prescription eyeglasses once every 2 years for eligible First Nations and Inuit recipients over the age of 19, and once every year for eligible First Nations and Inuit recipients *under* the age of 19. If any major change in prescription, may be eligible for coverage sooner. Contact NIHB directly for more information at 1-800-640-0642 or visit the web link listed above

Program: See also “*Discretionary Benefits*” for low-income residents on page 18 of this resource.

Eyeglasses

Program: LensCrafters – Gift of Sight Program

Tel: Contact your nearest LensCrafters store for more information. Store locator search tool available at www.lenscrafters.ca

Who qualifies?

Low-income individuals who do not have coverage for prescription eyeglasses through private health insurance, employer health benefits or government programs (e.g. social assistance, Veterans Health Benefits, Non-Insured Health Benefits, etc)

What does the Program cover?

Program provides free lenses and frames to individuals in need. You will need a recent prescription and a letter of referral from a registered charity (e.g. community social service agency, place of worship, service club, etc). The organization providing the referral must contact the LensCrafters store closest to where you live (not head office). You must have a valid prescription for your eyeglasses.

Dental Care

Program: Provincial / Federal Government Programs for Specific Client Groups

Ontario Disability Support Program – http://www.mcass.gov.on.ca/en/mcass/programs/social/odsp/income_support/odsp_dental.aspx

Ontario Works - http://www.mcass.gov.on.ca/en/mcass/programs/social/ow/help/benefits/health_benefits.aspx

Veterans Affairs Canada (VAC) <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

Non-Insured Health Benefits (NIHB) - <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php> (First Nations/Inuit)

Ontario Disability Support Program (ODSP) – Income Support recipients

ODSP recipients are eligible for basic dental benefits; program covers a range of dental services; a dental card is provided monthly to eligible recipients. Additional coverage may be available through the *Dental Special Care Plan* for eligible ODSP recipients whose dental needs result from a specific medical condition (including diabetes), disability, prescription medication or medical treatment.

Ontario Works (OW) – Dependent children of OW recipients receive basic dental coverage as a “mandatory benefit”. Adult OW recipients may receive coverage through *Discretionary Benefits* (approved at the discretion of the OW Administrator) for emergency dental care (to relieve pain or for other medical reasons) and for dental care that “supports the person’s employability or participation requirements”.

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(Dental Care – Specific Client Groups – continued)

Healthcare Benefits Program (POC 4 – Dental Services) – Veterans Affairs Canada (VAC)

Program provides coverage for basic dental care and other pre-authorized comprehensive dental services for eligible Veterans, retired CF members, retired RCMP members, etc. Specific annual maximums (\$) may apply. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information at 1-866-522-2122 or visit the web link listed above.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

Provides coverage for a wide range of dental services for eligible First Nations and Inuit clients, when not covered by any other program or insurance plan. Eligibility for dental services is determined on an individual basis. Contact NIHB directly for more information at 1-800-640-0642 or visit the web link listed above.

Dental Care (continued)

Program: See also “*Discretionary Benefits*” for low-income residents on page 18 of this resource.

Program: **Public Health Units** – programs and eligibility vary by region

Contact your local Public Health Unit for more information. For a listing of Public Health Units in Ontario please see:

<http://www.health.gov.on.ca/en/common/system/services/phu/locations.aspx>

Who qualifies?

Eligibility varies depending on Program. Contact your local Public Health Unit for more information.

What does the Program cover?

Many Public Health Units across Ontario offer free or low-cost dental programs for low-income seniors and/or adults. Some programs may be limited to emergency dental care, while others may cover basic dental services for specific client groups such as low-income seniors. Programs vary by region.

Dental Care (continued)

Program: University of Toronto / University of Western Ontario – Dental Clinics

University of Toronto Dental Program: <http://www.utoronto.ca/dentistry/patientclinic/patientclinicmain.html>

University of Western Ontario Dental Program: <http://www.schulich.uwo.ca/dentistry/patient>

Services are provided by student dentists within the Faculty of Dentistry, under the supervision of licensed dentists. Services are generally offered at a lower-cost than at regular dentists. Contact University directly for more information about services offered and dental fees.

Foot Care Services / Custom-made Orthotics & Footwear

Program: Ontario Health Insurance Plan (OHIP) – Ministry of Health and Long-term Care

Tel: 1-800-268-1154 Web: <http://www.health.gov.on.ca/en/public/programs/diabetes/recent/coverage.aspx>

Who qualifies?

Ontario residents with a valid health card.

What does Program cover?

Very limited coverage: OHIP covers assessment of the feet by a physician and medically-necessary treatments performed by a specialist (e.g. orthopedic surgeon); also limited partial coverage for some services provided by a podiatrist.

General foot care services such as cutting or trimming of toenails by other healthcare professionals (e.g. chiropodist) are not covered. (Note: See section below on community-based foot care programs)

NOTE: OHIP also does not cover orthopedic shoes/insoles or custom-made orthotics.

Program: Community-based foot care services/programs (Programs vary depending on community/location)

A number of Community Health Centres (CHCs) throughout Ontario offer foot care services through a chiropodist for eligible patients with diabetes. Some hospital-based clinics also offer chiropody services for people with high-risk foot issues. Eligibility for these programs may vary. Please contact a Diabetes Education Program in your area to find out about foot care services and programs in your community or contact your local Canadian Diabetes Association branch.

Lower-cost basic foot care services (e.g. trimming of toenails) also may be available in your community through seniors' residences, community care agencies (e.g. VON) and other community organizations. **Check with your doctor first to determine if the foot care service provided by these organizations is appropriate for you AND always ensure that all foot care services are being provided by a trained healthcare professional with training in diabetes foot care.**

Foot Care Services / Custom-made Orthotics & Footwear (continued)

Program: Provincial / Federal Government Programs for Specific Client Groups

Ontario Disability Support Program (ODSP)

Ontario Works (OW)

Veterans Affairs Canada (VAC) - <http://www.veterans.gc.ca/eng/services/treatment-benefits/poc>

Non-Insured Health Benefits (NIHB) <http://www.hc-sc.gc.ca/fniah-spnia/pubs/nihb-ssna/yhb-vss/index-eng.php> (First Nations/Inuit)

Ontario Disability Support Program (ODSP) / Ontario Works (OW)

Coverage for custom-made orthotics and footwear may be available for eligible clients. **Note:** There is no mandatory coverage for items such as custom-made orthotics and shoes under ODSP/OW regulations. Some municipalities/regions however will approve coverage for these items through OW *Discretionary Benefits* (available to both OW and ODSP clients); others will not. Check with your case worker to see if coverage is available in your region. *See also "Discretionary Benefits" section below*

Healthcare Benefits Program (POC 11 – Prosthetics and Orthotics) - Veterans Affairs Canada (VAC)

Program covers basic or advanced foot care services for *eligible* Veterans, retired CF members, retired RCMP members, etc. Program also provides coverage for prosthetics, orthotics, arch supports/insoles, custom-built orthotics /shoes/winter boots, modifications to regular footwear, etc. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information at 1-866-522-2122 or visit the web link listed above.

(Foot care Services – Specific Client Groups – continued)

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

When not covered by any other plan or program, NIHB covers custom-made orthotics and footwear for *eligible* clients. Specific maximums (\$) may apply. “Off the shelf” orthopedic shoes and foot products manufactured *only* from laser or optical scanning or computerized gait and pressure analysis systems are not covered. To be eligible for NIHB benefits, you must belong to one of the following groups: a registered Indian according to the Indian Act; an Inuk recognized by one of the Inuit Land Claim organizations; or an infant less than one year of age whose parent is an eligible recipient. Contact NIHB directly for more information at 1-800-640-0642 or visit the web link listed above.

Discretionary Benefits

Ontario Disability Support Program (ODSP) / Ontario Works (OW)

Under Ontario Works (OW) Directive 7.8, OW can approve health-related costs not normally covered through OW or ODSP, through “Discretionary Benefits”. In addition to an approved list of items/services, the Administrator also can authorize coverage of other health-related costs if “...*failure to provide [coverage] would result in a detriment to the health of the recipient or a member of the benefit unit...*”

NOTE: If your application for funding through Discretionary Benefits is denied by your case worker you can ask for an Internal Review by the Administrator (within 30 days), but you cannot appeal decision to the Social Assistance Tribunal.

Low-income residents (not receiving social assistance)

Municipalities normally have some *limited* funds set aside to help low-income residents who cannot afford specific costs related to their health, housing or basic needs (e.g. dental care, vision care, assistive devices, funeral costs, etc). Residents must be in financial need (income cut-off may vary, depending on municipality).

Eligibility is determined on a case-by-case basis; the services/costs covered are determined by the municipality and may vary from region to region.

Please contact the social service department of your local municipality for more information. Examples: Toronto – Hardship Fund; Ottawa – Essential Health and Social Supports (EHSS); Hamilton – Special Supports Program (Community Services Dept), etc.

Medical Travel Assistance

Program: Northern Health Travel Grant (NHTG) - Ministry of Health and Long-term Care

Tel: 705-675-4010 / 1-800-461-4006 Web: <http://www.health.gov.on.ca/en/public/publications/ohip/northern.aspx>

Who qualifies?

- Ontario residents with a valid health card whose primary place of residence is in the districts of Algoma, Cochrane, Kenora, Manitoulin, Nipissing, Parry Sound, Rainy River, Sudbury, Timiskaming or Thunder Bay; **AND**
- the nearest medical specialist or Ministry-designated health care facility able to provide the type of care you need in Ontario or Manitoba is at least 100 km away (one-way) from your area of residence.

Individuals who have their medical travel covered by another government program or organization (e.g. First Nations Band/Federal Government) are **not** eligible for the NHTG.

What does the Program cover?

- **Travel cost** – The amount you receive is based on the two-way road distance (km) between your area of residence and the nearest medical specialist or Ministry-designated health care facility able to treat you.

The grant is calculated at 0.41 cents per kilometer (regardless of whether you travel by car, airplane, train or bus). There is a “deductible” of 100 km, so the first 100 km of your trip is not counted.

- **Accommodation** - \$100 allowance for accommodation if the nearest medical specialist or Ministry-designated health care facility able to treat you is at least 200 km away (one-way) from your area of residence.

Additional information:

- The health care service/treatment needed must be an insured (OHIP covered) service under the *Health Insurance Act*.
- You must have a referral and travel must be approved in advance.

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Program: Provincial/Federal Government Programs for Specific Client Groups

Ontario Disability Support Program (ODSP) http://www.mcsc.gov.on.ca/en/mcsc/programs/social/odsp/info_sheets/doctor.aspx

Ontario Works (OW) http://www.mcsc.gov.on.ca/en/mcsc/programs/social/ow/help/benefits/health_benefits.aspx

Veterans Affairs Canada (VAC) <http://www.veterans.gc.ca/eng/services/treatment-benefits/tb-coverage-travel>

Non-Insured Health Benefits (NIHB) <http://www.hc-sc.gc.ca/fniah-spnia/nihb-ssna/benefit-prestation/medtransport/index-eng.php>

(First Nations and Inuit)

Ontario Disability Support Program (ODSP) / Ontario Works (OW)

Eligible ODSP/OW recipients who spend \$15 or more every month to travel to medical appointments or treatment may be able to get this money back. Travel must be using the most “economical” mode of transportation that your doctor (or other healthcare professional) indicates you can use and that is readily available in your community.

Program may also cover cost of out-of-town travel for medically-necessary healthcare services not available in your home community. Contact your case worker directly for more information.

Healthcare Benefits Program (POC 2 – Ambulance / Medical Travel Services) – Veterans Affairs Canada

Program provides coverage for costs related to travel for health care services/medical treatment for *eligible* Veterans, retired CF members, retired RCMP members, etc. Eligible expenses include items such as transportation, parking, meals, lodging, approved out-of-province travel and, when required, someone to accompany you while you are travelling for treatment. Travel must be within Canada (at nearest treatment centre able to treat you), by the most convenient and economical means appropriate to the medical condition of the Veteran. Benefit coverage may vary by client group and by individual. Contact VAC directly for more information.

Non-Insured Health Benefits (NIHB) – First Nations and Inuit Health Branch - Health Canada

Program covers cost of travel for medically-necessary health services not available in your local community (e.g. travel for doctor’s appointments, hospital care, health programs available to other Ontario residents, other eligible NIHB healthcare services, alcohol/solvent/drug abuse and detox treatment programs). Treatment must be at nearest healthcare facility able to treat you, using the most economical and efficient means of transportation (appropriate to your medical condition). Program may also provide assistance to cover cost of meals and accommodation. Access to Medical Transportation Benefits requires approval in advance, *except in emergency situations*. Contact NIHB directly for more information.

Medical Travel Assistance (continued)

Organization: Hope Air

Tel: 1-877-346-HOPE (4673) Web: www.hopeair.ca

Who qualifies?

Canadians in financial need who require assistance with cost of air travel to access medically-necessary healthcare services not available in their home community.

Healthcare service you need must be an “approved” service/treatment (covered by your provincial health plan) and doctor must confirm that you are “medically fit” to fly.

What does the Program cover?

Hope Air is Canada’s only nation-wide charity providing free flights to people who cannot afford the cost of an airline ticket to get specialized medical care outside their home communities. Flights are provided free-of-charge to eligible clients and are arranged through Canada’s national and regional airlines or on private planes.

NOTE: Hope Air will request financial information from you to confirm financial need.

Program: Air Canada – Kids’ Horizons Hospital Transportation Program

Tel: For more information, please contact the pediatric hospital where child will be receiving treatment

Who qualifies?

Children/families in financial need who require assistance with the cost of air travel to access medically-necessary healthcare services not available in their home community.

NOTE: Child must require treatment at a pediatric (children’s) hospital in Canada.

What does the Program cover?

Program operates through approximately 15 pediatric hospitals across Canada. Program covers cost of air travel from home community to pediatric hospital where child will be receiving treatment. Families must be in financial need.

NOTE: Requests for assistance must be submitted through pediatric hospital where child will be receiving treatment. Parents cannot contact Air Canada directly to request assistance.

Tax Credits / Deductions

Program: Tax Credits and Deductions - Canada Revenue Agency (CRA)

Tel: 1-800-959-8281 Web: <http://www.cra-arc.gc.ca/>

Ontarians with diabetes may be eligible for a number of health-related tax credits and deductions including but not limited to:

- **Disability Tax Credit (DTC)** - Individuals with diabetes using insulin whose doctor certifies that they spend at least 14 hours per week on specific activities related to determining and administering insulin (e.g. monitoring blood glucose levels, preparing and administering insulin, calibrating necessary equipment, maintaining log book) may qualify; DTC certificate must be completed and signed by a physician
- **Child Disability Benefit (CDB)** – If your child qualifies for the Disability Tax Credit (DTC) and you receive the Canada Child Tax Benefit (CCTC), you may also be eligible to receive the CDB; based on family net income
- **Medical Expenses Tax Credit** – You can claim eligible medical expenses for you, your spouse/common-law-partner or dependents under the Medical Expenses line of your income tax return
- **Refundable Medical Expense Supplement** – For working individuals with low incomes and high medical expenses
- **Attendant Care or Care in an Establishment** - If you, your spouse/common-law-partner or dependent required attendant care either at home or in an institution (e.g. retirement home, group home, special school, etc), you may be able to claim some of your attendant care expenses
- **Travel Expenses** - If you had to travel at least 40 km one-way to access medical services not available in your community, you may be able to claim public transportation costs or vehicle expenses (if public transportation is not readily available in your community). You may also be able to claim some of your meal and accommodation expenses.

Please contact an accountant or the Canada Revenue Agency (CRA) directly for more information.

Note: Individuals with low-income may be eligible for free income tax preparation assistance at tax clinics offered in the community during February and March each year. These clinics are normally offered through local social service agencies, seniors' centres and homes, libraries, food banks, etc. with the help of the Institute of Chartered Accountants of Ontario.

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Registered Disability Savings Plan (RDSP)

Program: Registered Disability Savings Plan (RDSP) - Canada Revenue Agency

Tel: 1-800-959-8281 **Web:** <http://www.cra-arc.gc.ca/tx/ndvdl/tpcs/rdsp-reei/menu-eng.html>

Who qualifies?

Canadian residents under age 60 who have a long-term disability **AND** who receive the Disability Tax Credit (DTC).

How does the Program work?

The RDSP is a long-term savings plan to help Canadians with disabilities and their families save for the future.

If you are under 60 years of age and are eligible for the Disability Tax Credit (DTC), you can open an RDSP for yourself, or a parent/guardian can open an RDSP on behalf of child with a disability (who receives the DTC).

With written permission from the RDSP account holder, anyone can contribute to the RDSP on behalf of the beneficiary (e.g. grandparents, other family members, friends, etc). Earnings accumulate tax-free in your RDSP until the money is taken out.

Additional information:

- There is no *annual* contribution limit to the RDSP, but there is a lifetime contribution limit of \$200,000.
- **Canada Disability Savings Grant:** To help you save, the federal government offers a matching grant of *up to* \$3500 per year (with a lifetime limit of \$70,000), depending on the amount contributed into the RDSP each year and the beneficiary's family income.
- **Canada Disability Savings Bond:** The federal government also contributes up to \$1,000 per year (with a lifetime limit of \$20,000) to the RDSP's of low-income and modest-income Canadians, *even if no other contributions are made to the RDSP*.
- Grants and bonds contributed by the government must remain in the RDSP for at least 10 years (exceptions may apply)
- Grants and bonds are only contributed by the government until the year in which the beneficiary turns 49 yrs old
- As of July 2011, the proceeds from a deceased parent or grandparent's Registered Retirement Savings Plan, Registered Pension Plan or Registered Income Fund can be rolled-over into the RDSP of a financially-dependent child or grandchild with a disability.
- **NOTE:** Earnings in an RDSP have no impact on eligibility for other benefits such as Canada Child Tax Benefit, Goods and Services Tax Credit, Old Age Security, etc and eligibility for social assistance (ODSP/OW).

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Home & Vehicle Modification Assistance

Program: Residential Rehabilitation Assistance Program for Persons with Disabilities

Canada Mortgage and Housing Corporation (CMHC) Tel: 1-800-668-2642 Web: <http://www.cmhc-schl.gc.ca>

Who qualifies?

Homeowners and landlords may qualify for assistance if property is occupied (or intended to be occupied) by a low-income person with a disability; is owned and the house is valued below a certain amount; OR is rented and the rent is less than the established levels for the area; and property does not have any major deficiencies to structure or systems.

Assistance is in the form of a fully-forgivable loan (certain conditions apply).

What does the Program cover?

Home modifications must be related to housing and reasonably related to the occupant's disability. Examples of eligible modifications: ramps, handrails, chair lifts, bath lifts, height adjustments for countertops, cues for doorbells / fire alarms, etc.

Program: Home Adaptations for Seniors' Independence (HASI)

Canada Mortgage and Housing Corporation (CMHC) Tel: 1-800-668-2642 Web: <http://www.cmhc-schl.gc.ca>

Who qualifies?

Homeowners and landlords may qualify for assistance if occupant is 65 years of age or over and has difficulty with activities of daily living due to loss of ability brought on by aging; total household income is at or below the program income limit for the area; and the home is a permanent residence.

Assistance is in the form of a forgivable loan of up to \$3500 (certain conditions apply).

What does the Program cover?

Eligible adaptations must be minor items related to loss of ability (e.g. handrails in hallways, levers on doors, grab bars in bathtub, etc).

Adaptations must be permanently installed or fixed to dwelling, improve access to basic facilities within the home and increase the physical safety of the resident.

Home & Vehicle Modification Assistance (continued)

Program: Home & Vehicle Modification Program - Ontario March of Dimes

Funded by the Ministry of Community and Social Services; administered by the Ontario March of Dimes

Tel: 1-800-263-3463 Web: <http://www.marchofdimes.ca/EN/programs/hvmp/Pages/HomeandVehicle.aspx>

Who qualifies?

Ontario residents (of any age) with a disability that restricts mobility and results in substantial restriction of daily activities (personal care and functioning in the community); impairment must be expected to last at least one year or more.

NOTE: Program is intended to serve those most in need and to be a program of last resort; all applicants must first access any available sources of private or public funding before being considered eligible.

What does the Program cover?

Provides funding for basic home or vehicle modifications to allow children/adults with disabilities to continue living safely in their home, avoid job loss and participate in the community. One-time only funding, except in special circumstances. Grant limits: up to \$15,000 max for home modifications; up to \$15,000 every 10 yrs for vehicle modifications. Modifications must be pre-approved. Contact Program directly for more info.

Medical ID Bracelets / Medical Alert Service - Adults

Program: Membership Assistance Program - Canadian MedicAlert Foundation

Tel: 1.800.668.1507 Web: <http://www.medicalert.ca/en/about/assistance.asp>

Who qualifies?

Canadians with diabetes (and other potentially life-threatening medical conditions) who are in financial need; must have a referral from your physician, nurse, pharmacist or social worker.

What does the Program cover?

Program provides a partial subsidy for the MedicAlert membership fee and the cost of a stainless-steel MedicAlert bracelet.

Medical ID Bracelets / Medical Alert Service - Children

Program: No Child Without Program - Canadian MedicAlert Foundation

Tel: 1-866-679-3220 Email: nochildwithout@medicalert.ca Web: <http://www.nochildwithout.ca/>

Who qualifies?

Canadian children ages 4-14 with diabetes or other medical conditions; program operates in a large number of schools across the country (child must be attending a school that is registered with the program).

What does Program cover?

Program covers the cost of MedicAlert membership for children ages 4-14 with medical conditions, at participating schools. Program is funded by the MedicAlert Foundation, the Government of Canada and Lions Clubs.

Scholarships (for Post-Secondary Students with Diabetes)

Organization: Diabetes Hope Foundation

Tel: 905-670-0557 Email: info@diabeteshopefoundation.com Web: www.diabeteshopefoundation.com

Who qualifies?

Diabetes Hope Foundation's mission is to improve and enhance the quality of life for Ontario children and adolescents living with type 1 and type 2 diabetes, and help them achieve their full potential in education, self-management and future independence. For more information, please contact Diabetes Hope Foundation directly.

What does Program cover?

Diabetes Hope Foundation offers assistance to students with diabetes through its *HOPE Scholarship Program*. The Program has awarded more than 378 scholarships since 1999.