

**PAEDIATRIC OCCUPATIONAL THERAPY COUNCIL**  
**EXECUTIVE MEETING**

**MINUTES**

February 27, 2023

**Present:** Susan Stacey, Co-Chair / minutes (VIHA – Cowichan), Anna Matthews (FHA – Abbotsford), Edith MacHattie, (FHA – Surrey), Jennifer Persello (IHA – Kamloops), Samantha Jenkins (PHSA), Keith O'Connor (PHSA – BCCH acute), Shelly Boardman (VIHA – Victoria), Regina Tworow (NHA – Northwest CCD in Bulkley Valley), Angela Chin (PHSA – SHHC), Mary Glasgow-Brown – CAOT-BC, Stephanie Ratzlaff (representing VCH – Vancouver )  
Kate Evans – MCFD, Candace Chow – MCFD, Kristin Chan – MCFD, Michelle Harvey – HME/ CMEDS

**Regrets:** Ingrid Kusnierczyk, Co-Chair (VCH – Vancouver), Nicole Nybo (VCH – Vancouver), Suzanne Lauzon (IHA – Kelowna), Pat Hamilton (NHA – Prince George), Kersten Swanson (NHA- Prince Rupert),

**Chair:** Susan

**Recorder:** Susan

Each member expressed their deep appreciation for the land upon which they work, live and play, acknowledging those lands are unceded territories of the First Nation(s) of their local communities.

1. **Agenda.** No additions.
2. **Minutes.** Minutes from January 16, 2023 meeting adopted as circulated.
3. **MCFD Update.**
  - a. **At Home Program Benefits updates.**
    - i. Kate Evans provided some updates and shared responses to questions from January meeting. Additional updates and information will be provided at the April joint PT/OT Council meeting.
    - ii. MCFD is moving forward with some orientation with CYSN managers to policies that have updated. Current AHP benefits include: Mobility/ adaptive equipment, biomedical, medical supplies, travel, audiology equipment / supplies, dental / orthodontic as well as School-Aged Extended Therapies, Respite and access to Pharmacare Plan F.
    - iii. AHP assessment and eligibility criteria will change: current assessment process involves Nursing Support Services conducting an assessment and client is dependent or close to dependent in 3 of 4 areas (dressing, feeding, toileting, bathing); new assessment process will be 'equipment/ supply-based need', which will be assessed through a different process. Pearson will be doing training on the PEDI-CAT and Vineland, which will be coordinated by BCCH (see below).
    - iv. There are **three new buckets**: (1) Mobility and Adaptive Equipment: GMFCS will be used; must be completed by OT/ PT and usually at the FCC; eligibility for GMFCS 3, 4, 5.
    - v. Questions / Reponses (based on today's discussion and email from Kate; additional information to be provided at April joint meeting):
      1. Is the GMFCS valid for clients who do not have CP? Response: CanChild was consulted and they discussed this with their team and it was decided it could be used for this purpose. The GMFCS is based on walking/ mobility and sitting

skills which are relevant to equipment needs – needs not limited to children with CP. They did note that using the tool for equipment eligibility does not imply validation of the GMFCS for other diagnoses; there are also other caveats that therapists will need to consider, e.g. personal and environmental factors, which can/ would be captured on the request for equipment form.

2. Biomedical and Related Supplies: needs attestation from a health care provider
3. Definition of 'prolonged': for purpose of AHP Medical Benefits eligibility, "prolonged disability" refers to a long-term support need that is confirmed either by: a Functional Needs Assessment upon initial assessment or a health professional's attestation (e.g. physician, paediatrician, or paediatric specialist) when needed. Includes attestation for children under age 3.  
**Note:** The At Home Program Medical Benefits are not intended for children and youth who have acute or temporary equipment needs.
4. **Specialized Provincial Services (SPS):**
  - a. Confirmation of eligibility based on assessment and equipment justification letter; adjudicates requests for equipment and supplies
  - b. SPS adjudicates M&A equipment based on GMFCS
  - c. SPS confirms eligibility for biomedical equipment/ supplies and health benefits and adjudicates the benefit
5. **Reassessment:** In pilot areas families can request a review of eligibility for the At Home Program. Question: will there be specific timelines for periodic reassessment to determine if client is still eligible?
6. Discussion re: clients with Trisomy 21 or diagnosis of CP but *GMFCS level 2* or a client with CP with a hemiplegia presentation who may no longer meet criteria for AHP but may need mobility aids such as walkers or wheelchairs and/or orthotics, etc.
7. **Incontinence Supplies:** This falls under the Medical Benefits bucket and OTs will continue to be able to request incontinence supplies.

#### b. FCC Update

- i. Vineland and PEDI-CAT – training is being done by Pearson and coordinated by BCCH
- ii. Individual funding: is continuing for families for both Autism and SAET benefit; if families choose to continue SAET benefit, they cannot also get FCC services for similar services; questions around funding for FCCs as there had been an earlier understanding that the SAET benefit would shift to the FCC, which would enhance funding for the FCC.
- iii. Discussion re: quality versus quantity of therapy intervention; focus will be on evidence-based practices; concern expressed regarding selection process, eg Starbright in Kelowna had not been selected but had been providing services for >50 years, and, as such, have been honing their craft for decades and have developed a support system that works for families and children; as Starbright will no longer get MCFD funding for EIT, how will they also be able to continue to support their families during the transition period?; the agency awarded FCC in Kelowna will apparently not 'house' all therapies/ services, which would 'splinter' rather than 'integrate' services; currently all services are connected/ work collaboratively to support families and children; member shared that she had heard hourly rate may not cover cost of therapist's hourly rate / be below 'market rate'; concern that a 'private, for profit' agency was awarded the FCC over a 'public, not for profit' agency; discussion that process in future needs to be transparent; Susan shared a 'word of advice' Pat Carney

once shared – that if the process is not transparent, even if the end result is the best option, there will be a lack of trust that the right decision was made.

- iv. Discussion re: the number of years it takes for community therapists to be mentored by the Tier 6 services, such as SHHC Positioning and Mobility team and Assistive Technology and how having the same agency continue helps with continuity and reduces the need to mentor therapists new to that role.
  - v. Regina's agency had also gone through the procurement process and she reported that what might have been lacking was a checklist of categories that included a score for demonstrated competencies in delivering the services that are to be delivered.
- c. **CMEDS** – Michelle Hardy and Candace Chow.
- i. For direct and/or follow-up input / questions can contact Michelle at: [michelle.harvey@HMEbc](mailto:michelle.harvey@HMEbc) or 778-980-2427
  - ii. Quarterly meetings are reportedly being held to review what is in the equipment pool, what is not in the pool for loan, etc. If a 'no' then a therapist can access funding; can trial equipment to determine if it works; eg can say 'posterior walker, size 1' and CMEDS will look for that in the pool. Alternate positioning seems to be most individualized. If trial does not work, can then trial new equipment. Feedback: not all therapists prescribing equipment are aware of those meetings; often equipment needs to be trialed first to determine what will work best, eg posterior walker versus gait trainer.
  - iii. CMEDS working to ensure no equipment is outside its OEM (obsolete equipment).
  - iv. Can take videos of equipment; unable to do a 'live data base' as it is constantly changing - ~50 pieces of equipment move daily.

**Specialized Provincial Services (SPS):**

- o Keith reported that at BCCH the acute respiratory phase had settled and a bit of catch up was now occurring.

**4. AOB/ Courses/ Workshops/ Professional Development**

- a. Shelly reported that there was an updated report by Pat Miranda – Key Components of Effective Service Delivery for Children and Youth with Support Needs and their Families. It was submitted to the Office of the Representative for Children and Youth (will send a link).
- b. **Paediatric Update Symposium – June 2, 3<sup>rd</sup>.**
- c. **School-Aged Therapy SIG** – Ingrid to confirm next meeting date and topic and link; Cindy Leland manages contact list.

5. **Next Meetings.** Next meeting is in April, a combined PT/OT Council, with OT Council to host, PT to take minutes. Ingrid to clarify date/ day. Following POTC meeting with be June 19<sup>th</sup>. No meetings are held over summer. Typical dates are 3<sup>rd</sup> Monday of Sept, November (may be date PT Council meets), January, February, April (with PT Council) and June.