

# Regional Policy Framework for the Nunavik Non-Insured Health Benefits (NIHB) Program

**POLICY : NRBHSS – RFP-01**

<b>ADOPTION :</b>		
Board of Directors	Resolution : 2022-14	BOD – March 22, 2022
Date :	March 2022	
<b>EFFECTIVE DATE:</b>	March 22, 2022	

<b>SUBJECT :</b>	<b>POLICY NO.</b>
Regional Policy Framework for the Nunavik Non-Insured Health Benefits (NIHB) Program	NRBHSS – RFP-01
<b>TO:</b>	
Executive Directors of the Inuulitsivik Health Centre and the Ungava Tulattavik Health Centre	
<b>UNDER THE RESPONSIBILITY OF:</b>	
NRBHSS Department of Out-of-Region Services	

## BACKGROUND OF POLICY

<b>TITLE :</b>		
Regional Policy Framework for the Nunavik Non-Insured Health Benefits (NIHB) Program		
<b>ADOPTION :</b>		
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## 1 Definitions and abbreviations

CNESST	<i>Commission des normes, de l'équité, de la santé et de la sécurité du travail</i>
Establishments	The Inuulitsivik Health Centre (Hudson Bay) and the Ungava Tulattavik Health Centre (Ungava Bay)
ISC	Indigenous Services Canada
ISC NIHB:	The non-insured health benefits (NIHB) offered to First Nations and the Inuit by Indigenous Services Canada (ISC)
JBNQA	The James Bay and Northern Quebec Agreement entered into on November 11, 1975, and as occasionally amended
MSSS	The <i>Ministère de la Santé et des Services sociaux</i> (Department of health and social services)
NIHB	The non-insured health benefits described and funded under this program, based on the NIHB program administered by Indigenous Services Canada
NRBHSS	The Nunavik Regional Board of Health and Social Services
Nunavik NIHB program	The Non-Insured Health Benefits (NIHB) program administered by the Nunavik Regional Board of Health and Social Services (NRBHSS) as provided for in this policy
OPHQ	<i>Office des personnes handicapées du Québec</i>
RAMQ	<i>Régie de l'assurance maladie du Québec</i>
RCMP	Royal Canadian Mounted Police
SAAQ	<i>Société de l'assurance automobile du Québec</i>
Territory	The Nunavik region served by the NRBHSS, as stipulated in Section 15 of the JBNQA

## 2 Policy principles

### 2.1 General principles

All Québec residents, including the Inuit as defined in the JBNQA, are eligible to the various health programs introduced by the Government of Québec.

The Nunavik NIHB program provides the Inuit with coverage for certain medically necessary goods and services not covered by the Government of Québec’s programs.

The NIHB program already existed when the JBNQA was signed, and the delivery of non-insured health benefits for beneficiaries under the JBNQA was transferred to the Inuit by Canada, as stipulated in Section 15 of the JBNQA.

Under section 15.0.19 of the JBNQA, the Government of Québec must provide the NRBHSS with the necessary funding to operate and administer the Nunavik NIHB program.

The NIHB program, as administered by the territory’s establishments, adheres to Jordan’s principle and operates as per the child-first principle with regard to ensuring that Inuit children can access non-insured health benefits.



## 2.2 Guiding principles

The Nunavik NIHB program framework’s implementation must comply with the following principles to ensure that services are offered in an efficient and equitable manner to all eligible persons:

- 1) **Be culturally suitable and safe** for eligible persons, by notably favouring access to services on the Nunavik territory, close to beneficiaries.
- 2) **Be sustainable for future generations**, by notably ensuring the effectiveness of the program, controlling costs and remaining accountable. The NRBHSS, in conjunction with the establishments, must ensure the proper management of information, accountability and reporting systems, and statistical and financial data. The programs are funded by the MSSS on a 100% cost-recovery basis, contingent on expenditures meeting program criteria as per applicable policies. The Nunavik NIHB program shall be the payer of last resort.
- 3) **Be fair, equitable and transparent**, by developing and upholding clear policies, administrative protocols and guidelines, introducing an efficient appeal procedure for beneficiaries wishing to contest a decision, and favouring access for eligible persons, regardless of place of residence.

Eligible persons must be able to access services outside of the territory when necessary, in certain cases with prior approval. They must also be reimbursed as per the established policies and procedures.

- 4) **Be available** in a timely fashion, by developing and continually upholding a record creation and follow-up system that meets the needs of eligible persons.
- 5) **Be stable, yet flexible**, by understanding the guidelines of other Canadian NIHB programs such as those administered by the ISC, the RCMP, Correctional Services and the Armed Forces, and determining which goods and services are covered so as to better meet the needs of eligible persons.
- 6) **Apply the “either/or” principle**, such that provincial and federal lists shall be used to maximize access to benefits or services for eligible persons.

## 2.3 Administrative practices

Means must be introduced to ensure that:

- a) Services are only provided to eligible persons;
- b) Services provided are medically necessary and cannot be accessed through any other program, with the Nunavik NIHB program being the last paying agency;
- c) Services shall be distributed as per program conditions and procedures, in a cost-efficient and effective manner.

This being said, if an expenditure usually ineligible under the policy is shown to generate cost savings for the NIHB program, the expenditure in question could be considered eligible. In such cases, a notice of opportunity must be examined and analyzed by the NRBHSS and the regional policy modified accordingly, as the case may be. This decision, accompanied by all relevant documentation, must be submitted to the MSSS.

## 3 Beneficiaries

### 3.1 Eligible persons as regards the program

NIHB program beneficiaries are persons who are registered or eligible for the provincial health insurance program and who meet one of the following criteria:

- a) Are beneficiaries under the JBNQA whose permanent residence is in the territory;
- b) Are beneficiaries under the JBNQA who are living outside of the territory but on a temporary basis (e.g., students, inmates or patients transported outside of the territory to receive medical treatment);
- c) Are beneficiaries under the JBNQA who have elected domicile outside of the territory for less than ten (10) consecutive years;
- d) Are beneficiaries under the JBNQA who have elected domicile outside of the territory for ten (10) consecutive years or more, for educational, health or employment purposes with an organization devoted to promoting the well-being of the Inuit;





The above list was drafted with a view to including all of the items, supplies, services and treatments provided to other Aboriginals residing in Québec under the ISC NIHB program.

An Inuit applicant will also notably be entitled to benefit from, and considered eligible to, a service that is not on the federal NIHB list but is, in similar circumstances, made available to Québec residents. Situations of this kind should be reported to the NRBHSS' Direction des services hors région, which will need to subsequently advise the MSSS.

#### 4.3 Non-eligible expenses

- a) Transportation and accommodations for non-eligible escorts
- b) Muscle stimulator
- c) Enuresis device
- d) Insurance documents
- e) Disintoxication sessions in private centres in or outside of Québec
- f) Protective headgear for use with recreational vehicles
- g) Private or semi-private room
- h) Endoscopy
- i) Diet/Nutrition
- j) Request for an autopsy from a family member rather than the attending physician
- k) Surgery or other care provided for purely aesthetic reasons
- l) Pharmaceutical, diet or cosmetic products that are not covered by the Québec prescription drug insurance plan (RAMQ), or which are not included on the list of acknowledged services under the NIHB program (Québec region)
- m) Treatment for which the patient is sent outside of the country, and this without prior authorization from the RAMQ
- n) Artificial and in vitro insemination

## 5 Drugs

The regional policy on drugs and non-insured health policy<sup>1</sup> governs the drugs covered by the program. In the event of a discrepancy between the framework policy and the regional policy on drugs and non-insured health benefits, the latter shall prevail.

### 5.1 Eligible expenses

Drugs purchased by establishments on the territory and distributed to beneficiaries, which meet at least one of the following three criteria:

- a) Drugs on the list of RAMQ drugs<sup>2</sup> or on the ISC NIHB program list<sup>3</sup> and for which there are no eligibility criteria.
- b) Limited use drugs, based on the criteria from the list of RAMQ and ISC NIHB program drugs.
- c) Exception drugs, deemed useful in some cases, if their utilisation is authorized by the NRBHSS' Direction des services hors région.

### 5.2 Non-eligible expenses

- a) Drugs that are not covered by the Québec drug insurance plan or not included on the list of acknowledged services under the NIHB program and not eligible under the regional policy on drugs and non-insured health benefits (*Politique régionale sur les services de santé non assurés: médicaments*<sup>4</sup>).
- b) Exception drugs that did not receive a prior authorization.

<sup>1</sup> Policy: NRBHSS RP-04, came into force on February 9, 2021.

<sup>2</sup> Updated list on the MSSS Web site: <https://www.ramq.gouv.qc.ca/fr/professionnels/professionnels/Pages/liste-medicaments.aspx#assure> (in French only).

<sup>3</sup> Updated list on the Express Script Web site: <https://nihb-ssna.express-scripts.ca/fr/0205140506092019/16/160407>.

<sup>4</sup> See page 7 of the regional policy on drugs and non-insured health benefits (*Politique régionale sur les services de santé non assurés : médicaments*)

## 6 Dentistry

### 6.1 Eligible expenses

- a) Dental supplies purchased by establishments on the territory.

**or**

- b) Dental services provided by a dentist outside of the territory, hence requiring that the beneficiary travel.

### 6.2 Non-eligible expenses

- a) Salaries and other benefits associated with dental services usually provided by personnel from establishments on the territory.
- b) Expenses, fees and accommodation expenses of professionals on the territory.

## 7 Denturology

### 7.1 Eligible expenses

- Services provided by a denturologist on the territory.

For the organization of denturology services on the territory, the travel expenses, fees and accommodation costs of professionals are eligible, conditional on their being accounted for separately and a distinct comparative cumulative report being prepared each year.

**or**

- Dental services provided by a denturologist outside of the territory, hence requiring that the beneficiary travel.

In both cases, eligible services include:

- a) Dental devices and the purchase of replacement devices, whenever these meet the criteria established by the ISC NIHB program;
- b) Denturology services received that meet the criteria applied by Indigenous Services Canada when beneficiaries receive services outside of the territory.

### 7.2 Non-eligible expenses

- a) Fixed dental prostheses.
- b) Dental implants and all associated procedures.
- c) Cosmetic services.





## 9 Vision care

### 9.1 Eligible expenses

- Optometry services received on the territory, as per the criteria applied by Indigenous Services Canada.

**or**

- Optometry services performed as per the criteria applied by Indigenous Services Canada and provided by an optometrist outside of the territory, hence requiring that the beneficiary travel.

In both cases, eligible services notably include:

- a) General vision test every 12 months for beneficiaries who:
  - i. are under 18 years of age;
  - ii. are diabetic and treated with tablets, injections or who have been diagnosed with a retinal disease.
- b) General vision test every 24 months for beneficiaries 18 years of age or more.
- c) Glasses, including UV protection.
- d) Corneal lenses and toric lenses, when necessary from a medical perspective.

### 9.2 Non-eligible expenses

- a) Soft corneal lenses and toric lenses, if not covered by the RAMQ and if for aesthetic purposes only.
- b) Corrective eye surgery, including refractive surgery and laser eye surgery.
- c) Replacement of glasses or lenses due to neglect or improper use.

## 10 Hearing aids

### 10.1 Eligible expenses

- Professional services performed and received as per the criteria applied by Indigenous Services Canada on the territory.

For the organization of services in the region, the travel expenses, fees and accommodation costs of professionals and the associated personnel are eligible, conditional on their being accounted for separately and a distinct comparative cumulative report being prepared each year.

**or**

- Professional services performed and received as per the criteria applied by Indigenous Services Canada and requiring that the beneficiary travel outside of the territory.

In both cases, eligible services notably include:

- a) Second hearing aid (digitally programmable) identical to the one paid by the RAMQ (analog or analog with digital controls) when considered necessary by a professional.

### 10.2 Non-eligible expenses

- a) Second hearing aid with no recommendation from a professional.
- b) Surgical implants (internal devices for surgical implants and bone anchored hearing systems [BAHS]).
- c) Ear protection for use in the workplace.
- d) Therapeutic treatment (e.g., speech language pathology).

## 11 Special equipment rentals

The regional policy on drugs and non-insured health benefits (*Politique régionale sur les services de santé non assurés [SSNA] sur les fournitures médicales et les équipements médicaux*)<sup>5</sup> governs the equipment covered under the program. In the event of a discrepancy between the framework policy and the regional policy on drugs and non-insured health benefits, the latter shall prevail.

### 11.1 Eligible expenses

- a) Rental of equipment prescribed by a physician and compliant with the criteria applied by Indigenous Services Canada.

### 11.2 Non-eligible expenses

- a) Rental of equipment for services provided on the territory by the establishments responsible for providing home care.
- b) Salaries and other benefits of the establishment personnel responsible for the management and rental of equipment for the services provided on the territory by the establishments concerned.
- c) The travel expenses, fees and accommodation costs of the professionals who deliver the services provided on the territory by the establishments concerned.

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<sup>5</sup>Policy: NRBHSS RP-03, came into force on February 9, 2021.

## 12 Medical supplies

The Regional Non-Insured Health Benefits Policy on Medical Supplies and Equipment<sup>6</sup> governs the medical supplies covered under the program. In the event of a discrepancy between the framework policy and the Regional Non-Insured Health Benefits Policy on Medical Supplies and Equipment, the latter shall prevail.

### 12.1 Eligible expenses

- a) Purchase of the medical supplies used and distributed by the territory's establishments.
- b) Reimbursing beneficiaries for the medical supplies required through a prescription, according to Indigenous Services Canada criteria.

### 12.2 Non-eligible expenses

- a) Medical supplies purchased without a medical prescription.
- b) Medical supplies that fail to comply with the criteria established by Indigenous Services Canada.

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<sup>6</sup>Policy: NRBHSS RP-03, came into force on February 9, 2021.

## 13 Transportation of patients, attendants (escorts) and medical escorts

The Regional users transportation policy for the Nunavik region<sup>7</sup> governs the transportation expenses covered by the program. In the event of a discrepancy between the framework policy and the regional policy on the transportation of users from the Nunavik region, the latter shall prevail.

### 13.1 Eligible expenses

- a) Travel expenses of patients, attendants and escorts required to ensure health services delivery.
- b) Transportation expenses, contingent on these having been approved by competent authorities prior to the travel taking place.

### 13.2 Non-eligible expenses

- a) Travel for the purpose of applying social and youth protection programs.
- b) Travel by family members for the purpose of visiting a patient.
- c) Salaries and other benefits of the employees who manage the transportation services provided.

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<sup>7</sup>Policy: NRBHSS RP-01, most recent revision, on February 21, 2021.

## 14 Patient accommodations when travelling through villages

The Regional users transportation policy for the Nunavik region<sup>8</sup> governs the accommodation expenses covered by the program. In the event of a discrepancy between the framework policy and the Regional policy on the transportation of users from the Nunavik region, the latter shall prevail.

### 14.1 Eligible expenses

- a) Rental of accommodations space and meal expenses for patients, attendants (escorts) and medical escorts by the competent authorities and required by the territory's establishments. The establishments will be provided a template by the Regional board, which they must keep comprehensively updated at all times.
- b) Salaries of personnel who manage the accommodation services provided directly by the establishments concerned, contingent on their being identified separately.

### 14.2 Non-eligible expenses

- a) Expenses for meals at the cafeteria of an establishment in the territory.
- b) Salaries and other benefits of employees, as well as leave, travel expenses, the cost of housing and other items are excluded, and must be recorded in the regular operating budgets of the establishments.

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<sup>8</sup>Policy: NRBHSS RP-01, came into force on February 21, 2021.

## 15 Accommodations for patients in Montréal

The Regional users transportation policy for the Nunavik region<sup>9</sup> governs the accommodation expenses covered by the program. In the event of a discrepancy between the framework policy and the Regional policy on the transportation of users from the Nunavik region, the latter shall prevail.

### 15.1 Eligible expenses

- a) Expenses associated with accommodations for beneficiaries, attendants (escorts) and medical escorts by the competent authorities and as required when travelling to Montréal for medical purposes, as well as fees for related services (e.g., interpretation services).
- b) Salary expenditures for personnel assigned to the management of transportation and intake services for beneficiaries.
- c) Salary expenditures for personnel, including interpreters, assigned to liaison services and the cultural safety of beneficiaries.
- d) Operating budget (operations) of the intake service for beneficiaries (Ullivik).

### 15.2 Non-eligible expenditures

- a) Salary and benefit expenditures for other support departments, such as social services offered to beneficiaries when housed (e.g., midwives, social workers, etc.).

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<sup>9</sup>Policy: NRBHSS RP-01, came into force on February 21, 2021.



## 16 Mental health counselling services

### 16.1 Eligible expenses

- a) Individual counselling sessions
- b) Telehealth counselling services
- c) Group counselling
- d) Family counselling

For every 12-month period, coverage equal to a maximum of 22 hours of counselling provided by an eligible supplier, and including the initial assessment (maximum of 2 hours) and up to 20 additional hours of counselling (individual, group, family).

With the exception of the initial assessment, which is considered pre-approved, all counselling hours must have prior approval. An approval can be provided for all of the required counselling, based on the criteria noted above, but disbursements shall only be made for the services actually delivered.

A referral from a physician is considered as an approval. In the absence of a medical referral, the Department of out of region services can grant its approval, within the above-described limits.

Services must be provided by an eligible supplier.

### 16.2 Non-eligible expenses

- a) Accommodation expenses and fees for treatment in addiction treatment centres.
- b) All services provided by a non-eligible supplier.
- c) Services other than those in the area of mental health counselling (e.g., psychoeducational assessments, academic and career counselling, life skills training, real-life mentoring, sex therapy, etc.).
- d) Telehealth services offered by e-mail or text messaging.

## 17 Repatriation of corpses

### 17.1 Eligible expenses

- Balance** of the fees not covered under the agreement with the Régie des rentes du Québec.
- Repatriation of the personal belongings of beneficiaries who died while travelling for medical reasons and who benefited from authorized transportation services.

## 18 Services purchased from other establishments

### 18.1 Eligible expenses

- Cost of exams and tests in a private clinic, when a patient is referred by his physician and must fly to another region to be seen in a public establishment which is ultimately unable to provide the necessary services for reasons outside of its control and which enables substantial savings.

*Such cases must be previously authorized in writing by the NRBHSS, which shall notify the MSSS, as well as documented, to notably allow for understanding the specifics of the situation and identifying the savings involved. These situations should be very few in number, if only to adhere to the existing health care services structure in Québec.*

### 18.2 Non-eligible expenses

- Services that are included in the operating budgets of Nunavik establishments.

## 19 Attendants (escorts) and medical escorts

The Regional users transportation policy for the Nunavik region<sup>10</sup> governs the eligibility of attendants and escorts for beneficiaries covered by the program. In the event of a discrepancy between the framework policy and the regional policy on the transportation of users from the Nunavik region, the latter shall prevail.

Chapter 8 and Appendix 3 of the regional policy on the transportation of users from the Nunavik region shall prevail; they are also subject to regular amendments.

## 20 Appeal procedure

A client is entitled to file an appeal if he is refused benefits under the Nunavik NIHB program. There are 3 levels of appeals. Appeals must be submitted in writing and brought by a beneficiary, a legal guardian or an interpreter. At each step, an appeal must include the supporting facts that justify an exceptional need as well as all relevant documents based on the type of appeal.<sup>11</sup>

The appeal shall be heard, and a decision rendered based on the special needs, other possible solutions, this regional policy framework concerning the NIHB, as well as the regional policies and orientations established by the Director, Out of region services for the NRBHSS.

Each level of appeal is required to hold a register of the appeals submitted and the decisions rendered, and to transmit this register to the Director, Out of region services. The Director of Out of region services shall then submit this information to the RCORS.

### **Level 1 appeal**

Level 1 appeals are heard by the executive of the referring establishment of the beneficiary.

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<sup>10</sup>Policy: NRBHSS RP-01, came into force on February 21, 2021.

<sup>11</sup> List of documents to submit for each type of appeal: <https://www.sac-isc.gc.ca/eng/1579792696583/1579792732972>



This level does not apply to beneficiaries living outside of the region, who must turn to a level 2 appeal.

### **Level 2 appeal**

Should a beneficiary disagree with the ruling in a level 1 appeal, he may turn to a level 2 appeal, which is heard by the execution direction of the NRBHSS.

### **Level 3 appeal**

Should a beneficiary disagree with the ruling in a level 2 appeal, he may turn to a level 3 appeal, which is heard by the Board of Directors of the NRBHSS.

The beneficiary must be provided with a written explanation of the decision rendered, and this at all levels of the appeal procedure.