## Chapter 8: Health Benefits

### (vi) Vision Care

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| **Intent:** | The intent of the vision care benefit is to contribute to the payment of eye refraction examinations and glasses. |
| **Act:** (if applicable) | N/A |
| **Regulations:** | 22. (1) Vision care in the form of an eye examination may be provided to:<br>• a recipient who has been receiving income support for a period of at least 3 months; or<br>• an applicant who was receiving a level of income equal to the level of income support for which he or she may have been eligible for the 3 months preceding the request for vision care, plus the cost of vision care.<br>(2) Special needs assistance for vision care for an eligible applicant or recipient covers no more than one eye examination every 36 months except where there is a medically verified eye disease or condition, then more frequently than every 36 months.<br>(3) Special needs assistance for vision care covers one eye examination every 12 months for dependents.<br>(4) The amount for eye examinations is $55.<br>23. (1) Vision care in the form of eye glasses may be provided to:<br>• a recipient who has been receiving income support for a period of at least 3 months; or<br>• an applicant who was receiving a level of income equal to the level of income support for which he or she may have been eligible for the 3 months preceding the request for vision care, plus the cost of the vision care.<br>(2) Special needs assistance for eye glasses may be provided to an eligible applicant or recipient every 36 months except |

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| | where there is a medically verified eye disease or condition which would warrant more frequent changes, then more often as medically indicated.<br><br>(3) Dependents may be covered for eye glasses once every 12 months if there is a verified change in the dependent's prescription.<br><br>(4) Repairs to eyeglasses may be considered at the discretion of an officer and frames shall be reused where possible.<br><br>(5) Notwithstanding subsection (4), the cost for repair of eye glasses shall not exceed one half the amount special needs assistance for eyeglasses.<br><br>(6) Special needs assistance for eye glasses shall be<br><br>• for single vision eye glasses, up to $125; or<br><br>• for bifocal eye glasses, up to $175. |
| **Overview:** (if applicable) | N/A |
| **Policy:** | • Current Income Support clients are eligible for vision care within the time frames noted in the Regulations, assuming that they have been in receipt of benefits or have had marginal income for the past three months. The Income Support 30 day needs test will be used to determine eligibility for applicants applying for vision care (eye exams and glasses/contact lenses).<br><br>• Those receiving benefits from Health and Community Services (HCS) or a Regional Health Authority (RHA) but not in receipt of Income Support, should be referred to their RHA to request this service.<br><br>• There is no provision through the Income Support program to pay for medical services; therefore, applicants/recipients requesting coverage for vision care procedures other than eye exams must be directed to obtain the service from a physician covered by MCP. |

- **Note**: Examinations which are related to a specific eye disease or condition (i.e. diabetes, glaucoma, eye pressure), are covered through the MCP program if performed by a licensed physician registered with MCP. When the cost of transportation to the nearest MCP insured physician/specialist would be more costly (i.e. sending a person from Nain to Happy Valley-Goose Bay), consideration may be given to purchasing the service from a local optometrist or physician not registered with MCP.

- There is no provision through the Income Support program to pay for foldable lenses for cataract patients. MCP covers standard lenses; clients wanting to upgrade lenses will be responsible for the extra cost.

- Requests for contact lenses are considered the same as requests for glasses.

- Exceptions to the maximum rates and issuances for vision care may be made for persons with eye diseases/conditions requiring more frequent examinations or special lenses. Such cases should be documented and presented to the Client Services Manager (CSM) for consideration.
  - Proper documentation for such special prescriptions should include:
    - information on the old and new prescription if the time frame is less than the time allotted in the policy,
    - if applicable, medical documentation denoting the special eye condition or disease and the need for a special prescription, and
    - the cost of the lenses and frames.

- When the cost for eye glasses for persons with specific eye diseases/conditions exceeds the prescribed rates, three estimates (where possible) should be obtained from optical companies and the amount paid shall not exceed the lowest estimate in all cases.

- For **first** requests, vision care will be issued by Service Authorization (SA) for the amount of eligibility determined

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| | for the applicant/recipient. A copy of the invoice must be provided before the SA is paid. If an applicant/recipient requests a payment directly for confidentiality purposes, the payment can be issued to the client for the initial eye exam and glasses. The client should then provide a copy of the receipt within 30 days.<br><br>• Subsequent vision care benefits will be issued directly to the applicant/recipient unless they request a SA. Receipts will not be required. If a payment was made directly to the client for the initial eye exam and glasses but no receipt was provided, a SA should be issued for the next request.<br><br>• Clients who have private insurance but the coverage amount is insufficient, are eligible to be considered for the balance of the cost of the eye exam/glasses as per the policy rates. For example, if private insurance covered $150 towards a $225 pair of glasses, the Department can consider the remaining $75 balance at it is less than the $125 permitted. If the glasses were $300 and insurance paid $150, the Department would only be able to pay the maximum of $125. Those with insurance must go through private insurance first. |
| **Procedure:** | Client Services Officers must:<br><br>• for recipients, verify he/she has been in receipt of Income Support or have had marginal income for the three months prior to the request<br><br>• for applicants, determine eligibility by including the maximum amount for vision care (eye exam and glasses) in the requirements. If the total requirements exceed the net deductible income for the previous three months, the applicant is eligible to receive a contribution toward the cost of the vision care to the maximum eligibility<br><br>• for applicants/recipients, if the cost of vision care is more than the prescribed rates because of an eye disease/condition that requires more frequent examinations, special lenses or frequent change in lenses: |

- request the recipient provide verification of need from an approved professional and to obtain three cost estimates (where possible);
- seek approval from the CSM to provide increased vision care benefits; and
- ensure all verification is placed in the file and make a notation in the case record of all exceptions to the time frames and/or rates.

**Payment**

- For first vision care requests for applicants/recipients, CSO's must:
  - issue a SA for the cost of the eye exam and/or glasses/contact lenses **up to** the maximum eligibility
    - a SA for both an eye exam and glasses can be issued simultaneously if client eligibility exists
    - two separate SA's will be required when clients receive an exam and glasses from two different service providers
  - if the applicant/recipient requests a payment directly to themselves for confidentiality reasons, issue the payment to the applicant/recipient for the cost of the eye exam and/or glasses/contact lenses **up to** the maximum eligibility
  - if a payment is issued directly to the client, advise them to provide a receipt within thirty days and inform them that future requests for vision care will only be issued via a SA if they do not provide a copy of the receipt. KIV the case to ensure verification is received.
- For subsequent requests for applicants and recipients, CSO's must:
  - verify that a SA or receipt is on file for the previous vision care benefits issued;
    - if the receipt (cases initially paid directly to the client) is not on file, advise the applicant/recipient that future issuances must be by a SA. If the initial SA was not used, the

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| | next request will be treated as if it was a first request;<br>▪ if the SA or receipt is on file, issue the payment to the applicant/recipient (unless they request a SA) for the cost of the eye exam and/or glasses/contact lenses **up to** the maximum eligibility, but not to exceed the maximum rates; and<br><br>o once eligibility is determined and if a SA is provided, this can be done for exams and glasses at the same time. If a client is using separate service providers for the exam and glasses, two separate SA must be used. |
| **Authority Level:** | Client Services Officer - basic vision care benefits listed in the regulations<br><br>Client Services Manager - exceptions to the time frames and rates specified in the regulations. |
| **Date revised:** | December 17, 2020 |