Prescribers for Treatment Benefits

Effective Date: May 18, 2012

Purpose

This policy outlines who can prescribe treatment benefits.

Policy

Definitions

1. A prescription, for purposes of this policy, is a written order, by a physician or other appropriate health care provider, for the preparation and administration of a medicine, therapeutic regimen, assistive or corrective device, or other treatment.

2. "Health professional" is defined in section 2 of the *Veterans Health Care Regulations* as a "physician, dentist, nurse or other health care practitioner approved by the Minister".

General

3. Prescribers may be internal or external to the Department.

4. Treatment benefits can be prescribed by a member of a regulated health profession in good standing with the corresponding regulatory body. Additionally, the Minister must approve the health care provider. Departmental benefit grids identify who may be recognized as a prescriber.

5. A prescription for benefits may only be issued by a health professional who has personally assessed the client. The health professional must meet the prescriber requirements on the benefit grids for that benefit.

6. Departmental health professionals who, during the course of their Departmental duties, personally assess or evaluate Veterans/clients, may prescribe benefits in accordance with the benefit grids, excluding the drug benefits provided under the POC 10 Prescription Drug Program.

7. Prior to prescribing a benefit, the Departmental health professional must verify that the client is eligible for the benefit. This must include both the client's basic eligibility for the program and specific eligibility, including frequency and dollar limits, for the benefit.

8. Departmental employees who are not employed by the Department to provide health professional services may not prescribe benefits, regardless of their professional background or qualifications.

References

Veterans Health Care Regulations, sections 2 and 4

Benefit Grids