

# Administration Manual

for the Insulin Pump and Supplies Program

## Section 1

### Policies and Procedures

Assistive Devices Program (ADP)

Ministry of Health and Long-Term Care

September 2008

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*Section 1*

Introduction

**1**

# Introduction

## 100 **THE POLICIES AND PROCEDURES ADMINISTRATION MANUAL**

### **Purpose of this Manual**

The purpose of this Manual is to present the policies and procedures of the Insulin Pump and Supplies Program in one document. This Manual is intended to complement the Assistive Devices Program (ADP) Policy and Procedures Manual (Program Manual).

These Manuals form part of the contractual agreement between the Ministry of Health and Long-Term Care and the ADP Registered Vendor, and the understanding between the Ministry of Health and Long-Term Care and ADP Registered Diabetes Education Programs. The Ministry reserves the right to revise this Manual.

### **Intended Target Audience**

These Manuals are intended to be used by ADP Registered Diabetes Education Programs and ADP Registered Vendors for insulin pumps that have an agreement with the Assistive Devices Program (ADP) to provide devices and services related to insulin pumps.

## 105 **The Assistive Devices Program (ADP)**

The Ministry of Health and Long-Term Care administers the Assistive Devices Program (ADP).

### **Legislation Governing the Program**

The Minister has authority pursuant to paragraph 6(1) 4 of the Ministry of Health Act, R.S.O. 1990, c.M.26 to enter into agreements for the provision of devices.

**Vision**

To enable people with physical disabilities to increase their independence through access to assistive devices responsive to their individual needs.

**Mandate**

To provide consumer centered support and funding to Ontario residents who have long-term physical disabilities to provide access to personalized assistive devices appropriate for the individual's basic needs.

To provide Ontario residents with fair and affordable access to a range of devices and to provide vendors with a fair and predictable return on their investment.

**Goal**

The goal of the Insulin Pump and Supplies Program is to support an eligible person's purchase of an insulin pump and related supplies that meets his/her basic needs as defined by the ADP for funding purposes.

**110 DEFINITIONS**

For the purposes of the Manual, these are the meanings of the following terms:

**110.01 Agent:** A person who is legally authorized to act on the applicant's behalf.

(1) The following persons can sign an application on behalf of an individual to verify information and to consent to the collection, use and/or disclosure of information:

- (a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
- (b) the applicant's attorney under a continuing power of attorney;
- (c) the applicant's guardian of property;
- (d) the applicant's attorney under a power of attorney for personal care; and
- (e) the applicant's guardian of the person,

as evidenced by supporting documents.

(2) Only the following persons can sign on behalf of the individual to indicate that payment is to be made out to someone other than the applicant:

- (a) where the applicant is less than sixteen (16) years of age, a person who has lawful custody of the individual;
- (b) the applicant's attorney under a continuing power of attorney; and
- (c) the applicant's guardian of property,

as evidenced by supporting documents.

- 110.02 Applicant:** An individual who applies for ADP funding assistance for an insulin pump and supplies.
- 110.03 Application Forms:** There are two separate application forms provided by the Program and used to request ADP funding assistance:
- 1) Application for Funding Insulin Pumps and Supplies for Children
  - 2) Application for Funding Insulin Pump and Supplies for Adults
- 110.04 Approved Amount:** The dollar amount specified in the Insulin Pump and Supplies Program Product Manual, Section 8
- 110.05 Client:** An individual who applies to the Program, is eligible, and receives funding assistance from the Program for a device.
- 110.06 Diabetes Education Program:** A specialized multi-disciplinary team of health professionals that provides diabetes education, treatment and follow-up resources to individuals with diabetes.
- 110.07 Eligible Person:** An individual who is an insured person within the meaning of the *Health Insurance Act*, R.S.O. 1990, c.H.6 or any successor legislation thereto; and meets the eligibility criteria as specified in this Manual.
- 110.08 Manual:** The Administration Manual for the Insulin Pumps and Supplies Program.
- 110.09 Ministry:** The Ministry of Health and Long-Term Care.
- 110.10 Personal Health Information:** The personal information as defined in Section 2 of the *Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c. F.31 or any successor legislation thereto.

***See the Assistive Devices Program Policy and Procedures Manual Section 700, Protecting Personal Health Information and Section 705, Collection and Release of Information Policy.***

- 110.11 Program Manual:** The Policies and Procedures Manual for the Assistive Devices Program (ADP)
- 110.12 Insulin Pump Therapy:** It is a method of administering rapid-acting insulin subcutaneously by means of a portable, battery-operated, programmable pump with a tube and a Teflon or metal cannula specially designed for this purpose.
- 110.13 Insulin Pump Therapy Education Program:** A Diabetes Education Program that provides a multi-disciplinary team approach in the identification of suitable insulin pump candidates and provides education to assist individuals to understand the principles of insulin pump therapy including the mechanical /technical aspects of the insulin pump.
- 110.14 Program:** The Ministry's Assistive Devices Program (ADP).
- 110.15 Registered Vendor:** A business or nonprofit organization that has met all registration requirements with the Program and holds an executed vendor agreement with the Program.
- 110.16 Vendor Personnel:** Includes the Vendor's directors, officers, employees, independent contractors, members, subcontractors, shareholders, owners, agents and assigns.

***See Section 110 of the Assistive Devices Program Policy and Procedures Manual (Program Manual) for more definitions.***

**115      PROTECTING PERSONAL HEALTH INFORMATION**

The Program must ensure that ADP personnel, ADP Registered Diabetes Education Programs and ADP Registered Vendors are in compliance with the Personal Health Information Act, 2004 (PHIPA).

**See the Program Manual, Section 700, Protecting Personal Health Information and Section 705, Collection and Release of Information Policy.**

**120**     **ROLES AND RESPONSIBILITIES**

In the process of confirming eligibility for funding assistance, the ADP Applicant/Client and/or Agent, the ADP Registered Diabetes Education Program and the ADP Registered Vendor have a specific role and certain rights and responsibilities. Additional information may be found in the Program Manual and the vendor agreement.

**120.01**   **Role of the ADP Applicant/Client and/or Family and /or Agent:**

- Will be provided with accurate information from the ADP Registered Education Diabetes Program and the ADP Registered Vendor during the assessment and the ADP application process that will enable him/her to make an informed decision including but not limited to, whether or not to proceed with an application for ADP funding assistance, choice of vendor and choice of make and model of equipment.
- Must be informed about the Personal Health Information and Privacy Act, 2004, including their right to withhold any of his/her personal health information on the ADP application form, which may impact on the ability to process his/her application for funding.
- Has the right to seek a second opinion if he/she disagrees with the ADP Registered Diabetes Education Program's assessment of his/her needs.

**120.02**   **Role of the ADP Registered Diabetes Education Program:**

- Is the gatekeeper to the Program and assumes the leadership role in the assessment process, confirmation of the applicant's eligibility, and completion of the ADP application form in a timely fashion.
- Will inform the applicant/client and/or family and/or agent about ADP policies, eligibility criteria, and procedures, so that the applicant/client and/or family and/or agent can make a well informed decision regarding submitting an application to the Program.
- Will provide the applicant/client and/or family and/or agent with a list of ADP Registered Vendors serving his/her community.
- Will identify the need for equipment as part of the client assessment process, work with the client's vendor to ensure appropriate assessment and trial equipment is obtained and authorize the equipment that meets the client's requirements and the ADP eligibility criteria.
- Must not submit an application for funding assistance to the Program for an individual who does not meet the ADP eligibility criteria.

**120.03 Role of the ADP Registered Vendor:**

- Is an essential resource for the ADP applicant/client and/or family and /or agent and the ADP Registered Diabetes Education Program regarding the makes and models of equipment available and the amount of technical support that may be required.
- Must provide assessment and trial equipment requested by the ADP Registered Diabetes Education Program.
- Will work cooperatively with the applicant/client and/or family and/or agent applicant/client and the ADP Registered Diabetes Education Program to ensure that the choice of equipment is appropriate to meet the individual's basic requirements.
- Must notify the ADP Registered Diabetes Education Program when the authorized equipment has been delivered to the ADP client to ensure appropriate follow-up is completed by the ADP Registered Diabetes Education Program.
- Must keep an adequate stock of the equipment which they are authorized to sell to ADP clients, honour manufacturer warranties, and provide after sale service.
- Must continue to meet all conditions specified in their executed vendor agreement.

*Section 2*

Devices Covered

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# Devices Covered

## **200 INSULIN PUMPS**

Only those makes and models of insulin pumps listed in the Insulin Pump and Supplies Program Product Manual, Section 8 are available for ADP funding assistance.

Note: The applicant must pay the vendor directly for any non ADP funded items he/she may choose to purchase.

### **200.01 FUNDING PERIOD FOR INSULIN PUMPS**

This is a minimum period of time that a device is expected to remain useful. For ADP purposes the designated replacement period for re-applying for funding for insulin pumps is five (5) years.

### **200.02 REQUESTS FOR REPLACEMENT INSULIN PUMPS**

If during or following the designated funding period, a change in medical condition leaves the applicant unable to use the previously funded insulin pump, the ADP will consider full contribution towards the cost of a replacement insulin pump.

ADP funding is not available when the manufacturer's warranty is in effect.

### **200.03 WARRANTY OF PURCHASED INSULIN PUMPS**

The ADP Registered Vendor must provide the ADP client with the manufacturer's warranty when the device is provided to the client.

As all devices funded by the ADP carry a manufacturer's warranty, the vendor must provide the client with the written warranty at the time of purchase.

The manufacturer is responsible for honouring warranties even in those situations where a device has been purchased from a vendor that is no longer in business, i.e. the vendor has been sold, closed or has declared bankruptcy.

**200.04 REPAIRS**

The ADP does not provide funding towards the cost of repairs and/or maintenance and/or replacement batteries for any listed device.

**200.05 INSULIN PUMP SUPPLIES**

The ADP will provide an eligible person with an annual grant, payable directly to the individual in four (4) equal amounts. The ADP client must use the grant to purchase the supplies that he/she requires to use their pump.

**200.06 ANNUAL RENEWAL OF INSULIN PUMP SUPPLIES GRANT**

The client must continue to meet ADP eligibility criteria for funding assistance for his/her insulin pump in order to continue to receive the annual grant for insulin pump supplies.

The re-application form for the insulin pump supplies grant will be sent to the client directly every year. The client must complete the re-application form with the Diabetes Education Program to maintain eligibility for the grant.

**205.        INSULIN PUMPS AVAILABLE THROUGH ADP**

Insulin pumps must be purchased after the applicant has been assessed by a diabetes education program. Otherwise, the insulin pump will not be considered for funding. Clients who choose to purchase an insulin pump prior to the assessment cannot then submit a completed application form to the Program and expect reimbursement from the Program.

**205.01**        All insulin pumps funded by the Program must be new. The Registered Vendor cannot supply any authorized insulin pump that has been previously used or any component, which has been previously used.

**205.02**        Insulin pumps which manufacturers or dealers have lent to institutions to promote their products and assist educators in their assessments do not qualify as new equipment.

**210**      **LISTING NEW INSULIN PUMPS TO BE ELIGIBLE FOR FUNDING**

**210.01**      The Program must list a new insulin pump before the pump can be recommended by a physician or clinic and/or provided by a vendor under the Program.

**210.02**      Manufacturers will inform the Program in writing that they wish to have a new insulin pump listed by the ADP. Program staff will review the documentation and determine if the new pump fits within the Insulin Pump and Supplies category.

**210.03**      If the new insulin pump does not fit within the Insulin Pumps and Supplies category, the manufacturer/vendor is notified in writing that the product cannot be listed with the ADP.

**210.04**      Where an insulin pump does fit within a device category, the Program forwards the appropriate Application for Equipment Listing for Insulin Pumps Form to the manufacturer for completion. Applications can be obtained by contacting the ADP Program Co-ordinator.

**210.05**      The manufacturer must provide the Program with make and model of the new insulin pump, a copy of Health Canada's Medical Device Establishment Licence (MDEL), warranty as well as a list of a minimum of seven Diabetes Education Programs willing to participate in a product evaluation.

**210.06**      On receipt of the completed Application for Equipment Listing for Insulin Pumps Form, the Senior Program Coordinator or delegate will determine if the information is sufficient enough to proceed with the product evaluation.

**210.07**      The manufacturer will be informed, in writing, whether or not the evaluation can proceed. If an evaluation cannot proceed, the manufacturer will be informed of the reason (s) and be given an opportunity to respond. If an evaluation is approved to proceed the manufacturer will be asked to contact the Diabetes Education Programs who have agreed to participate in the evaluation process.

- 210.08** The manufacturer then forwards the Insulin Pump Product Evaluation forms to the seven Diabetes Education Programs to initiate the clinical evaluation of the new product.
- 210.09** The evaluators will evaluate the product for a specified period of time. Evaluators test the device checking for ease of use, performance, safety, durability, reliability, warranties, etc.
- 210.10** The evaluators will complete the appropriate forms and return them directly to the appropriate Senior Program Coordinator or delegate at the agreed upon time.
- 210.11** Insulin pumps used during the evaluation will be returned to the manufacturer directly by the evaluators at the manufacturer's expense.
- 210.12** On receipt of the completed Application for Equipment Listing for Insulin Pumps Form, the Program ensures the manufacturer has provided documentation such as, Health Canada approval, manufacturer clinical trials, durability specifications, user manuals and cost.
- 210.13** The Senior Program Coordinator or delegate prepares recommendations based on the evaluations for Senior Management's review and final approval.
- 210.14** If the Program approves the insulin pump to be listed, ADP codes will be assigned and the ADP approved amount will be determined. The Program advises the manufacturer of the listing and the effective date that the insulin pump is eligible for funding assistance under the Program.
- 210.15** The Senior Program Coordinator or delegate coordinates the listing of the new insulin pump in the Insulin Pump and Supplies Product Catalogue, Section 8.

**215**      **REMOVAL OF ADP LISTED INSULIN PUMPS**

**215.01**      The Program must ensure that devices recommended by a physician or clinic and/or provided by a vendor to ADP eligible clients, are cost-effective, safe and reliable.

**215.02**      There may be several reasons why a manufacturer discontinues production of a device, such as:

- the product line has been discontinued
- the product is voluntarily recalled due to manufacturing problems
- Health Canada has recalled the product because of safety issues

**215.03**      In these cases, either the manufacturer informs the Program in writing and requests the device to be removed from the ADP list or the Program receives notification from Health Canada of a recall of the product.

**215.04**      Occasionally, manufacturers fail to inform the Program that a device is no longer manufactured. To ensure the ADP device listings remain current the Program reviews the activity of ADP listed devices every two years.

**215.05**      The Program determines the amount paid for each ADP catalogue number over the two-year period. Inactive devices (no payments for the device in two years) are identified and the manufacturer is notified in writing of the Program's intent to remove the device from the ADP approved list.

**215.06**      Manufacturers must provide adequate documentation to support a request not to remove the device from the ADP listing.

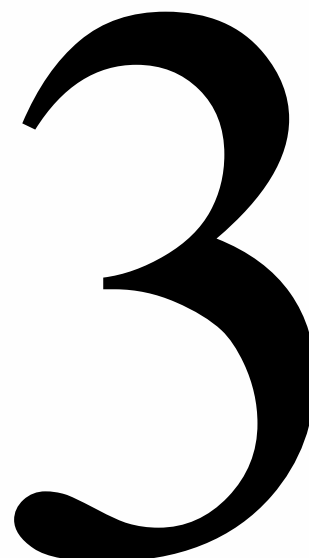
**215.07**      If the manufacturer agrees or there is a nil response, the device code is made inactive and the manufacturer is notified of the effective end date of the device code.

**215.08**      When a device is removed from the ADP list of devices notification of removal is provided to ADP staff, the ADP Payment Unit, Kingston and the Ministry's INFOLINE.

**215.09**      The Senior Program Coordinator or delegate coordinates removal of the device code from the Insulin Pump and Supplies Product Catalogue, Section 8.

*Section 3*

Applicant Eligibility for  
Program Benefits



## Applicant General Eligibility for Program Benefits

### **300**     **ELIGIBILITY CRITERIA**

To be eligible to receive funding through the ADP, the individual must be a permanent Ontario resident with a valid Health Card and must require the prescribed equipment for six months or longer.

### **305**     **PERMANENT RESIDENCE**

As indicated in section 300, the applicant must hold permanent residency in Ontario and reside in the community. An applicant is not eligible if they reside in one of the following:

- a. an acute or chronic care facility
- b. Schedule I Ministry of Community and Social Services residential facility

### **310**     **OTHER BENEFIT PROGRAMS**

An applicant is must not be receiving or be eligible to receive the same benefits from the Workplace Safety and Insurance Board (WSIB) or from Veterans Affairs Canada (VAC), Group A.

## Applicant Medical Eligibility for Program Benefits

### **315 PEDIATRIC MEDICAL ELIGIBILITY CRITERIA FOR INSULIN PUMPS AND SUPPLIES**

Children and youth eighteen (18) years of age and under with type 1 diabetes will be eligible for ADP funding assistance if they meet the following established criteria:

- Has demonstrated to a Paediatric Diabetes Program an ongoing commitment to blood glucose (BG) monitoring before each meal and before bedtime and a commitment to establishing an ongoing record of BG test results;
- Has demonstrated to the Paediatric Diabetes Program appropriate insertion site rotation;
- Has demonstrated to the Paediatric Diabetes Program appropriate sick day knowledge and management - not more than one diabetic ketoacidosis (DKA) in the previous six (6) months;
- Receives appropriate ongoing family support;
- Maintains regular diabetes clinic attendance (at least three (3) visits in the previous year);
- Has or will participate in an insulin pump education program,
- Signs an agreement with the Paediatric Diabetes Program to adhere to the terms established by the Paediatric Diabetes Program for the continuation of pump therapy.

**315.01** Children and Youth 18 years and under must continue to meet the medical eligibility criteria outlined in Section 315 at the time of their annual re-application.

**315.02** The annual re-application form is automatically generated by the ADP database three months prior to the client's anniversary date. The anniversary date is based on the date the initial application was received by ADP.

**320 PEDIATRIC MEDICAL INELIGIBILITY FOR INSULIN PUMPS AND SUPPLIES**

Children and youth eighteen (18) years of age and under with type 1 diabetes will be ineligible for ADP funding assistance under the following circumstances:

- Occurrence of more than one episode of diabetic ketoacidosis (DKA) within the last twelve (12) months;
- Inadequate frequency of blood glucose testing to ensure safe and effective use of the insulin pump;
- A1c greater than ten (10) per cent for the last two readings;
- Inadequate frequency of set changes to ensure healthy insertion sites;
- Consistent pattern of ineffective pump management,
- Fewer than three (3) diabetes clinic visits in the last twelve (12) months.

**325      ADULT MEDICAL ELIGIBILITY CRITERIA FOR INSULIN PUMPS AND SUPPLIES**

Adults 19 years of age and older with type 1 diabetes will be eligible for ADP funding assistance if they meet the following established criteria:

- The applicant must have been on a basal/bolus regimen for at least one year prior to the initiation of the insulin pump.
- The applicant must demonstrate the ability to self-assess and take action based on blood glucose results by:
  - carbohydrate counting and administering correction boluses.
  - sick day management.
- The individual must demonstrate a commitment to long term diabetes follow-up through regular assessments by diabetes educators and physicians at intervals deemed appropriate by the diabetes education program.

**330 ADULT RENEWAL MEDICAL ELIGIBILITY CRITERIA (ANNUAL RE-APPLICATION) FOR INSULIN PUMPS AND SUPPLIES**

Adults 19 years of and older with type 1 diabetes will be eligible for continued ADP funding assistance for insulin pump supplies if they meet the following established criteria at the time of the annual re-application:

- The individual must continue to demonstrate an ongoing commitment to blood glucose (BG) monitoring at a minimum of four times a day
- The individual must continue to demonstrate successful sick day management.
- The individual must demonstrate that they have benefited from pump therapy.
- A benefit from pump therapy is one of the following:
  - Improved quality of life;
  - Improved A1c results;
  - Reduction in the number of hypoglycaemic events;
  - Reduction in the number of diabetic ketoacidosis (DKA) episodes, and
  - Improved management of the “dawn phenomenon”.
- The individual must demonstrate a commitment to long term diabetes follow-up through regular assessments by diabetes educators and physicians at intervals deemed appropriate by the ADP-registered diabetes program.

**335**      **INITIATION OF 90 DAY TRIAL PERIOD**

**335.01** On receipt of a fully completed initial Application for Funding Insulin Pump and Supplies for Children or Adult form for an applicant who meets the general and medical eligibility criteria, the individual will receive funding for the 90 day trial period. The 90 day funding is based on the date the insulin pump therapy 90 day trial was initiated.

**335.02** Once the application has been approved the client will be eligible to receive full funding for the cost of the insulin pump and will receive the 1<sup>st</sup> instalment of \$600.

**335.03** If, at the end of the of the 90-day trial period, it is determined that the individual is not a suitable candidate for insulin pump therapy, the individual agrees to return the insulin pump to the vendor. On receipt of the returned insulin pump the vendor must credit the ADP the full amount of the ADP price in order to ensure that the individual is eligible to apply again for ADP funding for an insulin pump and supplies at a future date.

**340**     **TRANSITION FROM THE PEDIATRIC FUNDING PROGRAM TO THE ADULT FUNDING PROGRAM**

**340.01**     At the time of an ADP client's 19<sup>th</sup> birthday, individuals who have received funding assistance for insulin pump and supplies through the Pediatric Insulin Pump and Supplies Funding Program are eligible for continued funding through the Adult Insulin Pump and Supplies Funding Program.

**340.02**     At the time of the annual reapplication, individuals who are 19 years of age must meet the adult medical re-application criteria as outlined in Section 330 and must be assessed at an Adult Diabetes Education Program who offers an Insulin Pump Therapy Education Program.

**340.04**     The adult re-application form is automatically generated by the ADP database three months prior to the client's anniversary date. The anniversary date is based on the date the initial application was received by ADP.

*Section 4*

Application for Funding:  
Insulin Pumps and Supplies

**4**

## Application for Funding: Insulin Pumps and Supplies for Children and Insulin Pumps and Supplies for Adults

The procedure to access the Program incorporates a team approach using a two-tiered delivery model involving (i) an ADP Registered Diabetes Program and (ii) an ADP Registered Vendor. See Appendix A for the Insulin Pump ADP Application Process Flow Chart.

There are two separate applications for funding forms:

- 1). Application for Funding Insulin Pumps and Supplies for Children  
To be used for individuals 18 years of age and under submitting an initial application
- 2). Application for Funding Insulin Pumps and Supplies for Adults  
To be used for individuals 19 years of age and over submitting an initial application

The application form is completed and submitted to the Program for review only when the assessment has been completed by a Registered Diabetes Education Program and ADP eligibility criteria have been met.

Application forms are not pre-numbered. The applicant's Health Card number is the unique identifier for access to the Program. Once data is entered successfully, each application form will be assigned a unique ADP number. This number will be used on all ADP correspondence, vendor reports and Registered Diabetes Education Program reports.

### **400 GUIDE TO COMPLETING THE APPLICATION FORM**

The application forms consist of five (5) sections printed on two (2) pages.

Each page consists of a series of questions to be answered or statements to be confirmed either by inserting specific information (e.g. name, health card number, date of birth, medical condition and information, device code etc.) or by checking appropriate boxes with an "x".

The application must be completed in full to be accepted by the ADP for processing.

Sample application forms can be found at:  
[http://www.health.gov.on.ca/english/public/forms/form\\_menus/adp\\_fm.html](http://www.health.gov.on.ca/english/public/forms/form_menus/adp_fm.html)

The application forms includes the following sections:

- Section 1 - Biographical Information
- Section 2 - Confirmation of Eligibility for Insulin Pump Therapy
- Section 3 - Equipment Request & Specifications
- Section 4 - Proof of Delivery and Confirmation of Participation in a 90 day Trial period
- Section 5 - Consent/Authorization

**400.01 Section 1 - Biographical Information**

This section must be completed in full to be accepted by the ADP for processing.

Information required:

- Applicant's biographical information including name, address, valid Ontario Health Card number, Version Code, if applicable, date of birth, sex and telephone number(s).

**400.02 Section 2 - Confirmation of Eligibility for Children with type 1 Diabetes**

This section requires the physician's signature and the Paediatric Diabetes Education Program ADP clinic number.

Information required:

- Series of six (6) statements requiring a yes response to confirm eligibility for funding;
- Confirmation of number of episodes of DKA in the preceding twelve (12) months;
- Dates and results of last two (2) A1c results;
- Date insulin pump therapy was initiated;
- Make and model of the insulin pump prescribed;
- Name, signature and OHIP billing number of the Paediatric Diabetes Program Endocrinologist or another Specialist Physician confirming that the applicant has type 1 diabetes and has demonstrated a clinical need for insulin pump therapy and has participated in a diabetes education program,
- Name, address, telephone number and ADP clinic number of the Paediatric Diabetes Program.

This section must be completed in full to be accepted by the ADP for processing.

**400.03 Section 2 – Confirmation of Eligibility for Adults with type1 Diabetes**

This section requires the physician's signature and the Adult Diabetes Education Program ADP clinic number.

Information required:

- Series of six (6) statements requiring a yes response to confirm eligibility for funding;
- Confirmation of number of episodes of DKA in the preceding twelve (12) months;
- Number of severe episodes of hypoglycemia in the preceding twelve (12) months;
- Dates and results of last two (2) A1c results;
- Date insulin pump therapy was initiated;
- Make and model of the insulin pump prescribed;
- Name, signature and OHIP billing number of the Adult Diabetes Program Endocrinologist or another Specialist Physician confirming that the applicant has type 1 diabetes and has demonstrated a clinical need for insulin pump therapy and has participated in a diabetes education program;
- Name, address, telephone number and ADP clinic number of the Adult Diabetes Program.

This section must be completed in full to be accepted by the ADP for processing.

**400.04 Section 3 - Equipment Request & Specifications**

This section includes the request for equipment:

- (1) **an Insulin Pump and Supplies**  
or
- (2) **Insulin Pump Supplies** for an individual who purchased an insulin pump without ADP funding assistance and currently meets all ADP eligibility criteria for funding  
or
- (3) **Replacement Insulin Pump** for an individual whose insulin pump is no longer functioning and the manufacturers warranty has expired.

**Note:** An individual requesting funding assistance for Insulin Pump Supplies will proceed to section 5 of the application form, Consent/Authorization,

The ADP Registered Vendor must complete section 3 for an individual requesting funding assistance for an Insulin Pump and Supplies and Replacement Insulin Pump and provide the following information:

- Make and model, serial number, ADP device code and the ADP price of the insulin pump prescribed;
- Vendor's name and ADP registration number;
- Vendor's invoice number for the insulin pump prescribed;
- Vendor representative's name and signature,
- Date of vendor representative's signature.

**400.05 Section 4 – Proof of Delivery and Confirmation of Participation in a 90 Day Trial Period**

This section is to be completed only when the pre-assessment phase has been completed and it has been determined by the Diabetes Education Program team that the individual is a suitable candidate for insulin pump therapy and funding for an insulin pump is being made.

The applicant, parent or agent signs this section to confirm that the individual received the insulin pump described in section 3 and that individual has agreed to participate in a 90 day trial period. If at the end of the of the 90-day trial period, it is determined that the individual is not a suitable candidate for insulin pump therapy, the individual agrees to return the insulin pump to the vendor indicated in Section 3.

On receipt of the returned insulin pump the vendor must credit the ADP the full amount of the ADP price in order to ensure that the individual is eligible to apply again for ADP funding for an insulin pump and supplies at a future date.

**400.06 Section 5 - Consent/Authorization**

This section on the form contains the applicant's declaration statement. The applicant or his/her parent or his/her agent must sign and date the declaration statement on the form.

By signing this section, the applicant or his/her parent or his/her agent:

- Authorizes the release of confidential information about the applicant to the Ontario Ministry of Health and Long-Term Care, its agents and the registered vendor;
- Certifies that the device is needed and the applicant does not have a similar device in good condition that was previously funded by the Program;

- Certifies understanding of the Program eligibility criteria for funding,  
and
- Certifies that the information given is true and correct.

If an applicant is less than sixteen (16) years of age, the legal guardian or parent may sign the form. Applicants who are sixteen (16) years of age and older and unable to sign the form may give oral consent and the form may be signed by his/her agent. The agent acts as a witness to the declaration.

Vendor and Diabetes Education Program personnel may not act as the agent for the applicant.

This section must be completed in full by the applicant, parent or agent in order to be accepted by the ADP for processing.

## **405 Re-Application for Funding Forms: Insulin Pumps and Supplies for Children and, Insulin Pumps and Supplies for Adults**

There are two separate re-applications for funding forms:

- 1). Re-application for Funding Insulin Pumps and Supplies for Children

To be used for individuals 18 years of age and under submitting an annual re-application

- 2). Re-application for Funding Insulin Pumps and Supplies for Adults

To be used for individuals 19 years of age and over submitting an annual re-application

The re-application forms are completed and submitted to the Program for review only when the annual re-assessment has been completed by the Registered Diabetes Education Program and ADP eligibility criteria have been met.

**405.01** Both re-application forms are automatically generated by the ADP database three months prior to the client's anniversary date. The anniversary date is based on the date the initial application was received by ADP.

### **405.02 PEDIATRIC RE-APPLICATION FORM**

The Pediatric re-application form consists of the following:

- The payee name and address;
- The applicant name (if different from the payee's name);
- ADP reference number (DS #),
- Date re-application issued.

The Pediatric re-application form must be completed by an Endocrinologist or another Specialist Physician who is associated with one of the pediatric diabetes education programs. The physician must indicate whether or not the applicant has:

- Has had no more than one episode of diabetic ketoacidosis (DKA) with the last 12 months;
- Has had adequate frequency and recording of blood glucose testing to ensure safe and effective use of the insulin pump;
- Has had A1c less than ten per cent for the last two readings at a minimum interval 3 months;

- Has had adequate frequency of set changes to ensure healthy insertion sites;
- Shown consistent pattern of effective pump management,
- Has had minimum of three diabetes clinic visits in the last twelve months.

**405.03 PEDIATRIC RE-APPLICATION FORM CERTIFICATION STATEMENT**

The physician must indicate one of the following certification statements:

“I certify that the above named person has type 1 diabetes, continues to demonstrate a clinical need for insulin pump therapy, meets the above listed criteria, and is in compliance with the requirements of our local diabetes education program.”

OR

“ I certify that the above named person has type1 diabetes and does not meet all the above listed criteria for ongoing funding of their pump supplies through ADP.”

The following information is then completed:

- Physician’s name;
- OHIP Billing number;
- Physician’s signature and date,
- Name of the Paedatric Diabetes Program and ADP Clinic Number.

**405.04 ADULT RE-APPLICATION FORM**

The adult re-application consists of the following:

- The payee name and address;
- The applicant name (if different from the payee’s name);
- ADP reference number (DS #),
- Date re-application issued.

The Adult re-application form must be completed by an Endocrinologist or another Specialist Physician who is associated with one of the registered adult diabetes education programs. The physician must indicate whether or not the applicant:

- Has had adequate frequency and recording of blood glucose testing to ensure safe and effective use of the insulin pump;
- Has continued to demonstrate successful sick day management;
- Has shown consistent pattern of effective pump management,
- Has continued with regular diabetes assessments as deemed appropriate by the diabetes team.

**405.05      ADULT RE-APPLICATION FORM CERTIFICATION STATEMENT**

The physician must indicate one of the following certification statements:

“I certify that the above named person has type 1 diabetes, continues to demonstrate a clinical need for insulin pump therapy, meets the above listed criteria, and is in compliance with the requirements of our local diabetes education program.”

OR

“ I certify that the above named person has type1 diabetes and does not meet all the above listed criteria for ongoing funding of their pump supplies through ADP.”

The following information is then completed:

- Physician’s name;
- OHIP Billing number;
- Physician’s signature and date,
- Name of the Adult Diabetes Program and ADP Clinic Number.

**410      SUBMISSION OF FUNDING APPLICATIONS FOR INSULIN PUMPS AND SUPPLIES**

The original initial and re-application forms must be submitted, when completed in full to:

Assistive Devices Program  
Ministry of Health and Long-Term Care  
5700 Yonge Street, 7<sup>th</sup> Floor  
Toronto Ontario  
M2M 4K5

**NOTE:** Applications with missing or incomplete information will be returned directly to the Diabetes Education Program or vendor as applicable for correction.

**415      NOTIFICATION OF APPROVAL/DENIAL/REJECTION**

1. In the case of funding approval for an insulin pump, notification will be provided on the vendor’s Remittance Advice Report and Status of Application Report.
2. In the case of funding approval for the insulin pump supplies grant, the client will receive the grant notice and cheque directly.

3. In the case of funding denial/rejection notification will be sent to the applicant and the prescribing Diabetes Education Program and the vendor through the Status of Application Report.

**420 ADP PROCESSING ERRORS**

In the event of an ADP processing error being identified following funding approval, the ADP will co-operate with the Diabetes Education Program and the client to make any necessary corrections.

The Diabetes Education Program must notify the ADP in writing of the error(s) along with a request for the approval to be amended. Incomplete applications will be not be processed.

**425 PRESCRIPTION ERRORS & OMISSIONS**

In the event of an prescription error and/or omission being identified following funding approval, the ADP will co-operate with the Diabetes Education Program to make any necessary corrections.

The Diabetes Education Program must return a copy of the page of the application form, including corrected information and correct information added, to the ADP with the errors highlighted along with a request for the approval to be amended.

**430 CLIENT REFUSAL OF DELIVERED EQUIPMENT**

In the event of client refusal either at the time of delivery or immediately thereafter, the ADP will co-operate with the client, Diabetes Education Program and vendor to resolve the situation.

*Section 5*

Funding and Payment

**5**

## Funding and Payment

### 500 **POLICIES**

No payment of an approved insulin pump shall be made to anyone other than an ADP Registered Vendor in the ADP Insulin Pump and Supplies Program.

### 505 **FUNDING AMOUNTS AND PAYMENT**

For applications approved for funding, the Program will pay 100 per cent of the ADP approved price directly to the vendor for an insulin pump listed the Insulin Pump and Supplies Program Product Manual, Section 8

The ADP Registered Vendor may not charge the ADP client any more than the ADP approved price for the insulin pump. The ADP Registered Vendor may charge the ADP client less than the ADP approved price for the insulin pump.

The ADP client must pay the vendor directly for any insulin pump accessories not included in the ADP price.

An annual grant of \$2400 will be paid in four (4) equal amounts directly to the client or his/her agent. The client must use the grant to purchase the supplies that he/she requires to use their pump.

### 510 **EXPIRY DATE OF THE APPLICATION FORM**

An application form is considered current and valid for one (1) year from the Diabetes Education Program assessment/signature.

**NOTE:** The expiry date will not be extended. After the expiry date a new assessment must be completed and a new application form must be submitted to the Program.

*Section 6*

Diabetes Education Program

6

## Diabetes Program

### **600 ADP REGISTERED DIABETES EDUCATION PROGRAM STATUS**

A Diabetes Education Program wishing to be registered with the ADP for the Insulin Pump and Supplies Program must be registered as an ADP clinic.

### **605 ADP CLINIC STATUS**

In order to maintain active ADP clinic status a Diabetes Education Program must provide a pump therapy education program to ADP eligible individuals and ensure that the ADP has an updated list of physicians who are actively involved in the ADP Insulin Pump and Supplies Program.

### **610 GUIDELINES FOR A PUMP THERAPY PROGRAM**

Minimum criteria established for a paediatric pump education program for the Northern Diabetes Health Network Paediatric Diabetes Programs registered with the ADP is attached as Appendix B.

Minimum criteria established for an adult pump education program registered with ADP is attached as Appendix C.

### **615 MAINTAINING UP TO DATE CLINIC LIST**

Within ten (10) days of any change in personnel actively involved in the ADP Insulin Pump and Supplies Program, the Diabetes Education Program must provide the ADP with an up to date record of information. See Appendix D for Diabetes Education Program ADP Clinic Registration Form.

### **620 RECORD KEEPING**

Accurate record keeping is essential. The Program may ask to see the Diabetes Education Program's clinical assessment findings to confirm the applicant's eligibility and/or as part of the Program's audit review procedures.

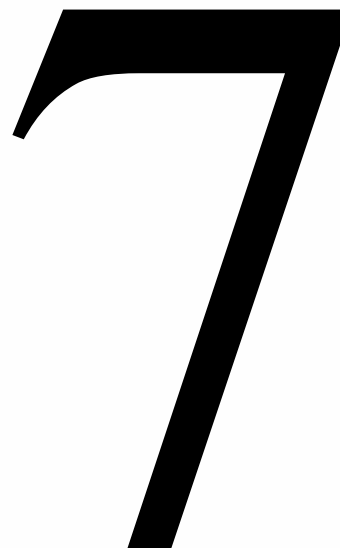
### **625 STATUS OF APPLICATION REPORT**

A report will be generated on a monthly basis and mailed to the Diabetes Education Program, listing the applications received by the Program and including the following information:

- applicant name;
- applicant health card number;
- ADP unique claim number assigned;
- codes requested (including quantity),
- status of the application.

*Section 7*

Vendors



## Vendors

### **700 GENERAL VENDOR POLICIES**

Detailed information about vendor registration, policies and procedures, are found in the Assistive Devices Program Policy and Procedures Manual (Program Manual) Section 3 Vendor Registration, Section 500 General Vendor Policies, and Section 9 Invoice Processing and Payment.

Note in Particular:

- (i) Section 535 Confidentiality
- (ii) Section 540 Solicitation of Business
- (iii) Section 545 Advertising
- (iv) Section 550 Informing Persons about the Program
- (v) Section 570 Refusal to Supply for Safety Reasons
- (vi) Section 575 Warranties of Purchased Devices
- (vii) Section 580 Repairs of Purchased Devices

### **705 PAYMENT PROCEDURES**

The registered insulin pump vendor will receive a Status of Applications Report, a Remittance Advice Report, an On Hold Report and an Invoices Deleted Report every two weeks from the Ministry's Supply and Financial Services Branch, Health Care and Related Payment Unit.

These reports show the ADP assigned number and include the following information:

**1. Status of Applications Report:**

- Approved: Please note that the client will not receive notification of approval.
- Rejected: Vendor should contact the Diabetes Education Program if the application has been rejected.
- In Process: The application has been received and entered into the system and is pending adjudication.

- 2. Remittance Advice Report:** Indicates the date that the vendor's invoice will be paid.

3. On Hold Report: Refers to those invoices that can not be processed and identifies the error(s).
4. Invoices Deleted Report: An invoice “on hold” due to errors will be deleted from the system if it has not been corrected by the vendor within ninety (90) days.



An itemized invoice must be given to the applicant.

Registered vendors cannot bill the applicant more than the ADP approved price for the insulin pump.

**710.02 RETURN POLICY AND PROCEDURES**

If during or at the end of the of the 90-day trial period, it is determined that the individual is not a suitable candidate for insulin pump therapy, the individual agrees to return the insulin pump to the vendor.

On receipt of the returned insulin pump the vendor must credit the ADP the full amount of the ADP price in order to ensure that the individual is eligible to apply again for ADP funding for an insulin pump and supplies at a future date.

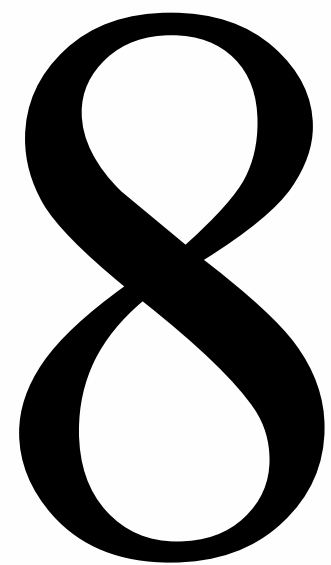
The vendor reimburses the ADP by submitting a credit note.

**The credit note must be issued two weeks from the date the applicant returns the insulin pump.** Direct the credit note to:

Ministry of Health and Long-Term Care  
Supply and Financial Services Branch  
Health Care Payments & Services  
2<sup>nd</sup> Floor, 49 Place D'Armes  
PO Box 48  
Kingston, ON K7L 5J3  
Fax: (613) 548-6514

*Section 8*

ADP Approved Price List



**800      ADP APPROVED PRICE LIST FOR INSULIN PUMPS**

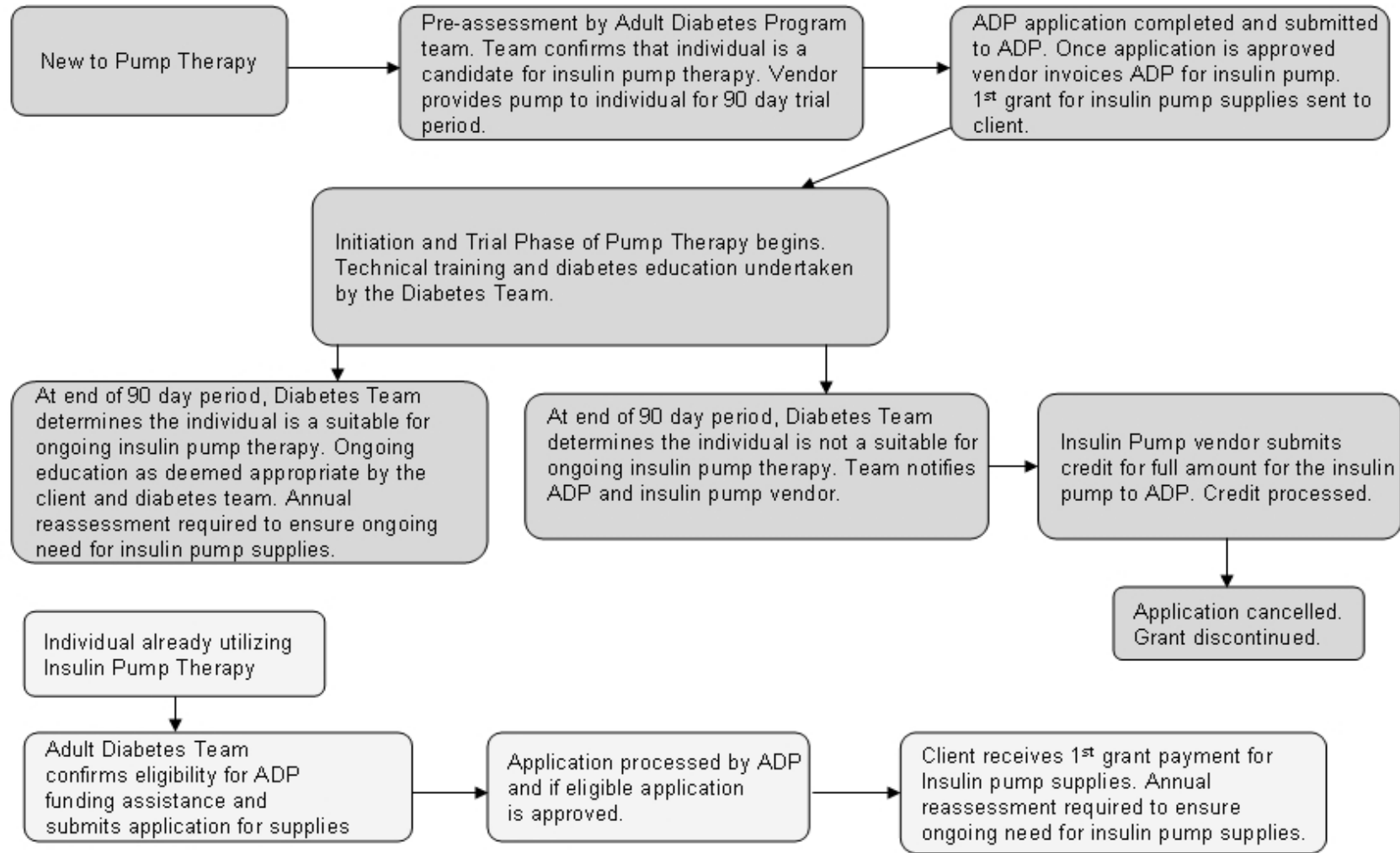
<u>ADP No.</u>	<u>ADP Price</u>	
		<b><u>ANIMAS CANADA</u></b>
DSP7A0010	\$6,300.00	ANIMAS IR 1200
DSP7A0020	\$6,300.00	ANIMAS 2020
		<b><u>AUTO CONTROL MEDICAL</u></b>
DSP8A0010	\$6,300.00	DELTEC COZMO
DSP8A0020	\$6,300.00	DELTEC COZMO 1800
		<b><u>DISETRONIC MEDICAL SYSTEMS</u></b>
DSP6D0010	\$6,300.00	ACCU-CHEK SPIRIT
		<b><u>MEDTRONIC OF CANADA LTD.</u></b>
DSP6M0010	\$6,300.00	MINIMED PARADIGM 522
DSP6M0020	\$6,300.00	MINIMED PARADIGM 722

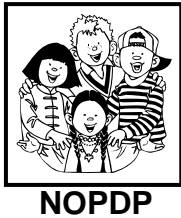
# Appendices

## Appendix A

# A to D

### Insulin Pumps and Supplies for Adults Application Process Flow Chart





## Network of Ontario Paediatric Diabetes Programs

### Appendix B – Minimum Criteria for a Paediatric Pump Therapy Program

Insulin pump therapy is complex and requires access to care that is provided by a specialized multi-disciplinary team of health professionals. Further to this, consensus<sup>1</sup> reached in Berlin in April 2006 stated that “frequent contact between the family/child and diabetes team is required after initiating pump therapy, and 24-hour access to the diabetes team is desirable”. However, due to limited resources, not all programs can currently offer 24-hour access to the paediatric diabetes team and therefore, clients may need to access after-hours care through community health services (i.e. emergency department).

#### **Multi-disciplinary team and their roles**

##### **PHYSICIAN** (Paediatric Diabetes Specialist)

- identifies appropriate candidates for pump therapy
- suggests, prescribes and monitors insulin pump therapy.

##### **REGISTERED NURSE** (Paediatric Diabetes Educator)

- designs, implements and monitors an individual nursing care plan with the client/family
- acts as primary liaison between the healthcare team and the client/family

##### **REGISTERED DIETITIAN** (Paediatric Diabetes Educator)

- designs, implements and monitors individual nutrition care plans with an emphasis on carbohydrate counting education.

##### **REGISTERED SOCIAL WORKER**

With special consideration for lifestyle, supports the client/family in:

- the decision process regarding insulin pump therapy
- identifying and working through psychosocial issues that may impact the success of pump therapy

---

<sup>1</sup> Berlin, April 2006. Consensus on the Use of Insulin Pumps Therapy in the Paediatric Age Group, achieved at a meeting organized by the LoopClub on behalf of the European Society for Paediatric Endocrinology (ESPE), the Lawson Wilkins Paediatric Endocrine Society (LWPES) and the International Society for Paediatric and Adolescent Diabetes (ISPAD).

- developing coping strategies
- addressing financial concerns and identifying available resources.

**Working with clients and families, the role of the multi-disciplinary team is to:**

- assess the readiness for pump therapy
- provide the required education, and ongoing support,
- ensure adequate pump training and
- monitor the effectiveness of pump therapy.

**Pre-Phase of Pump Therapy**

The “pre phase of pump therapy” phase begins when insulin pump therapy is being considered as a possible treatment option for diabetes, identified either by the client/family or the diabetes team. *At the end of the “pre-pump” phase, a decision is made whether to initiate insulin pump therapy or not.*

**The multidisciplinary team provides information about pump therapy which should include:**

- description of how a pump works
- potential advantages and disadvantages
- family and school considerations
- initial and ongoing costs
- client expectations of pump management
- steps involved to initiate pump therapy
- expectations for on-going follow-up

**Assessment of the client and family’s readiness for pump therapy should include:**

- adherence to current diabetes management regimen demonstrated by:
  - accurate insulin administration and dose adjustment
  - frequent blood glucose checks
  - adherence to meal plan and carbohydrate counting
  - logbook recording
  - recognition and proper treatment of hypoglycemia
  - illness management
  - ketone testing and DKA prevention
  - regular clinic attendance
  - good problem-solving skills
- willingness to carry out activities required for pump therapy
- parental support and involvement
- a plan for dealing with school and day care issues
- financial means to pay for portion of costs not covered by ADP program

### **Middle Phase of Pump Therapy**

The “middle phase of pump therapy” begins once insulin pump therapy has been chosen as the treatment option. *This phase ends approximately 6 weeks after successful initiation and establishment of insulin pump therapy.*

**Prior to pump initiation, the team must ensure that the client has received adequate education and preparation which is demonstrated by an understanding of the principles of insulin pump therapy including:**

- advantages, disadvantages and realistic expectations
- the goals of insulin pump therapy
- the requirement for frequent blood glucose and ketone checks
- record keeping and pattern recognition
- insulin dose adjustment
- the potential risks (ex. DKA) and how to avoid them
- the management of illness/hyperglycemia
- treatment and prevention of hypoglycemia
- exercise
- safety issues
- frequency of clinic appointments
- who and when to call for help
- special considerations for:
  - pre-teen and teen issues
  - travel plans
  - ordering pump supplies and prescriptions

**Pump education must occur as per the guidelines of the selected pump company**

### Ongoing Phase of Pump Therapy

The “ongoing phase of pump therapy” begins approximately 6 weeks after the successful establishment of pump therapy and is *ongoing until pump therapy is either discontinued or the client is transferred to adult services prior to their 19 birthday*. This phase addresses the ongoing management of pump therapy.

Client should be seen in follow-up by the paediatric diabetes team every 3-4 months. Ongoing follow-up should include:

#### **Review and evaluation of glycemic control and pump historical data (downloaded)**

- Include nocturnal blood glucose assessment
- Make adjustments to basal rate, insulin to carbohydrate ratio and correction factor as required
- Discuss adequacy of glycemic control and whether pump therapy is achieving glycemic goals

#### **Review and education as required**

- Treatment of lows
- DKA prevention
- Illness management guidelines (including when/who to call)

#### **Assessment of insertion sites**

- Address site issues as required
- Review insertion technique and site rotation as indicated

#### **Nutritional assessment**

- Assess growth and development
- Review carbohydrate counting and effectiveness of insulin to carbohydrate ratio as required

#### **Adjustments for physical activity**

#### **Identification of school-related issues**

- Transition and changes

#### **Ongoing education**

- Goals for control
- Normal growth and development
- Changes in lifestyle
- New technologies



## Appendix C

### Minimum Criteria for an Adult Diabetes Insulin Pump Program

**The following criteria were developed by the Insulin Pump and Supplies Expert Panel in April 2008.**

Insulin pump therapy is complex and requires access to care that is provided by a specialized multi-disciplinary team of health professionals. However, due to limited resources, not all programs can currently offer 24-hour access to the adult diabetes team and therefore, clients may need to access after-hours care through community health services (i.e., emergency department).

The minimum standard for adult diabetes team members is a multi-disciplinary team that consists of a physician specialist, registered nurse and registered dietician.

#### Multi-disciplinary team and their roles

Working with clients and caregivers, the role of the multi-disciplinary team is to:

- assess the readiness for pump therapy,
- provide the required education, and ongoing support,
- ensure adequate pump training,
- monitor the effectiveness of pump therapy,

#### Physician (Adult Diabetes Specialist)

- Identifies appropriate candidates for pump therapy.
- Suggests, prescribes and monitors insulin pump therapy.

#### Registered Nurse (Adult Diabetes Educator)

- Designs, implements and monitors an individual nursing care plan and the initiation and follow-up of insulin pump therapy with the client/caregiver.
- Provides pump training to client/caregiver or oversees the technical training in the event that training is provided by a representative of the manufacturer.
- Provides ongoing follow-up and education.
- Acts as primary liaison between the healthcare team and the client/caregiver.

Registered dietitian (Adult Diabetes Educator)

- Designs, implements and monitors individual nutrition care plans with an emphasis on carbohydrate counting education.

#### Pre-Assessment Phase of Pump Therapy

The pre-assessment phase begins when insulin pump therapy is being considered as a possible treatment option for diabetes and ends once the 90-day trial period for an insulin pump begins.

The multidisciplinary team, with special consideration for lifestyle, supports the client/caregiver in:

- the decision process regarding insulin pump therapy,
- identifying and working through issues that may impact the success of pump therapy,
- developing coping strategies,
- addressing financial concerns and identifying available resources,
- ensuring appropriate referral to a social worker as required.

The multidisciplinary team provides information about pump therapy which should include:

- description of how a pump works,
- potential advantages and disadvantages,
- initial and ongoing costs,
- client expectations of pump management,
- steps involved to initiate pump therapy,
- expectations for on-going follow-up.

Assessment of the client and caregiver's readiness for pump therapy should include:

- adherence to current diabetes management and basal/bolus regimen demonstrated by:
  - accurate insulin administration and dose adjustment within a basal/bolus regimen,
  - frequent blood glucose checks (minimum 4 times per day),
  - adherence to carbohydrate counting using Carbohydrate to Insulin Ratio,
  - logbook recording,
  - recognition and proper treatment of hypoglycemia,
  - sick day management,
  - ketone testing and DKA prevention,
  - regular clinic attendance,
  - good problem-solving skills,

- willingness to carry out activities required for pump therapy,
- financial means to pay for portion of costs not covered by ADP program.

### Initiation and Trial Phase of Pump Therapy

The Initiation and Trial Phase begins once the 90-day trial period for insulin pump therapy starts. At the start of the Initiation and Trial Phase, the application requesting funding assistance can be completed and sent to the ADP.

Pump education for the mechanical/technical aspects of therapy must occur as per the guidelines of the selected pump company. It is recognized that some adult diabetes centres utilize technical training in the use of insulin pumps offered by insulin pump manufacturers. In this case, the Registered Nurse must oversee the technical training offered by the manufacturer.

Prior to pump initiation, the team must ensure that the client has received adequate education and preparation which is demonstrated by an understanding of the principles of insulin pump therapy including:

- advantages, disadvantages and realistic expectations,
- the goals of insulin pump therapy,
- the requirement for frequent blood glucose and ketone checks including record keeping and pattern recognition,
- insulin dose adjustment,
- the potential risks (ex. DKA) and how to avoid them,
- the management of illness/hyperglycemia,
- treatment and prevention of hypoglycaemia,
- appropriate insertion site changes and rotation,
- exercise,
- safety issues,
- frequency of clinic appointments,
- who and when to call for help,
- special considerations for:
  - travel plans
  - ordering pump supplies and prescriptions.

This phase concludes at the end of the 90-day trial period. If it has been determined by the client or the multidisciplinary team that the client is not an appropriate candidate for pump therapy, the pump must be returned to the manufacturer by the client for a refund (to be credited to the ADP). An unsuccessful trial period does not prevent the client from re-considering pump therapy as a treatment option at some later date.

**Ongoing Phase of Pump Therapy**

The Ongoing Phase begins once the 90-day trial period is concluded and the multidisciplinary team has determined that the client is an appropriate candidate for pump therapy. This phase addresses the ongoing management of pump therapy and is ongoing until pump therapy is discontinued.

Client should be seen in follow-up by the adult diabetes program every 3-4 months or as determined by the client and multi-disciplinary team. Ongoing follow-up should include:

Review and evaluation of glycemic control and pump historical data(down-loaded)

- Include nocturnal blood glucose assessment
- Make adjustments to basal rate, Carbohydrate to Insulin Ratio and correction ratio as required
- Discuss adequacy of glycemic control and whether pump therapy is achieving glycemic goals

Review and education as required

- Treatment of lows
- DKA prevention
- Illness management guidelines (including when/who to call)

Assessment of insertion sites

- Address site issues as required
- Review insertion technique and site rotation as indicated

Nutritional assessment

- Assess changes in weight
- Review carbohydrate counting and effectiveness of Carbohydrate to Insulin Ratio as required

Adjustments for physical activity

Ongoing education

- Goals for control
- Changes in lifestyle
- New technologies

Renewal of funding assistance for Insulin supplies

- Assessment of the client to determine if they continue to meet the medical eligibility criteria (view receipts to ensure funding is used for the purpose intended)
- Completion of Assistive Devices Program's renewal application

**APPENDIX D**  
**MINISTRY OF HEALTH AND LONG-TERM CARE**  
**ASSISTIVE DEVICES FORM**  
**INSULIN PUMP AND SUPPLIES FOR ADULTS**  
**DIABETES EDUCATION CENTRE REGISTRATION FORM**

Please answer all the questions (please print) and return the form to:

Program Coordinator, Medical Supplies  
Assistive Devices Program  
5700 Yonge Street, 7<sup>th</sup> Floor  
Toronto, Ontario M2M 4K5

Name of Diabetes Education Centre: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

1. Do you have an adult insulin pump education program?

Yes       No

If yes, please answer the following questions:

a) Name of centres Program Manager/Coordinator and professional status:

\_\_\_\_\_

b) Name(s) of physician and specialty

Physician's name	Specialty	Business Tele.	OHIP Billing #

c) Name(s) of Diabetes Nurse Educator

Name	Prof. designation	Business Tel #	College Reg. #

d) Name (s) of Registered Dietician

Name		Business Tel #	College Reg. #

2. What geographic area does this centre serve?  
\_\_\_\_\_
  
3. How many individuals with type 1 diabetes were assessed at your centre in the previous 12 months?  
\_\_\_\_\_
  
4. Of the individuals assessed by your centre in the past 12 months, how many were suitable candidates for insulin pump therapy?  
\_\_\_\_\_
  
5. Please indicate who provides the mechanical/technical training for the use of the insulin pump.

Centre staff                       Manufacturer staff

6. What are your regularly scheduled days and hours of operation?

\_\_\_\_\_

7. Does your centre have satellite locations?

Yes

No

If yes, please list the name of the centre and addresses:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Hours of Operation: \_\_\_\_\_