

AT HOME PROGRAM

Purpose: To inform health care providers of the type of information required in justification letters. These guidelines are intended to: 1) enhance communication, and 2) improve consistency and quality of letters.

Information Required:

Date

Name of Child

Date of Birth

Diagnosis

Include the type of impairment, location and degree of involvement.

Prognosis (*if applicable*)

What has Precipitated the Request?

Indicate why the request is occurring at this time.

Current Equipment (*related to equipment requested*)

If applicable, indicate the type and status of present equipment and why it is no longer meeting the needs of the child/youth.

Recycling Equipment Review

Indicate whether or not the equipment needs could be met through the Children's Medical Equipment Recycling and Loan Service (CMERLS - www.redcrossequipment.com).

Justification

Clearly indicate the relationship between the child's medical need and the equipment requested. Indicate the expected results of the prescribed equipment for the child/youth. The AHP will provide the most cost-effective item that meets the child/youth's needs. Where the most cost-effective item does not meet the needs of the child/youth, please provide additional information to support the request.

Expected Time Frame

Indicate the expected timeframe for the use of the bio-medical equipment (e.g., 1 month, 6 months, indefinitely).

Name and Signature

Include professional affiliation and contact information (i.e., address and phone number).

We are interested in any comments, suggestions or questions that you may have about these guidelines. Please feel free to call (250) 387-3326.