

Reasons for Decision:

Order # AP1516-0352

The appellant appealed that the appellant's high protein diet allowance was denied.

The Department reported at the hearing that the appellant's high protein diet allowance expired at the end of <date removed>. The appellant submitted a new Therapeutic Diet & Nutritional Form completed by the appellant's physician. The physician indicated a diagnosis of <reference removed>, which is not a condition eligible for the high protein diet allowance. The physician also noted on the form that due to the appellant's <reference removed> the appellant is frequently <reference removed> causing the appellant to miss adequate nutrition. The physician did not note the appellant's previous weight. The current form shows his weight as <reference removed> kg which is an increase from the previous year's form with weight indicated at <reference removed> kg. A letter was sent to the appellant on <date removed> advising that the high protein diet allowance was denied as <reference removed> is not one of the approved conditions to meet the criteria for the diet allowance. The appellant is however approved for the Ensure supplement and receives 2 units per day to assist with the appellant's caloric intake.

Decisions regarding therapeutic diet allowances are currently made by the Disability Health Support Unit to ensure consistency in decision making. Individual case workers do not have the authority to add special diet allowances to income assistance budgets. The Disability Health Support Unit reviewed the information and decided that the appellant did not qualify for a high protein diet allowance.

Schedule A Section 4 of The Manitoba Assistance Regulation states that:

If a medical practitioner has prescribed a special diet for a person, the applicable allowance for basic necessities under Table 1,2 or 3 may be exceeded by an amount approved by the minister,

The Employment and Income Assistance Administrative Manual, Section 18.4.2 outlines the amounts approved by the Minister. This section contains a list of specific therapeutic diets for specific medical conditions, and the monthly amount to be added to the income assistance budget when a physician or other medical profession has prescribed the specific therapeutic diet for the treatment of the listed medical conditions. The appellant attended the hearing with the appellant's physician. This physician advised that the appellant's weight was <reference removed> kg on <date removed> when the physician completed the diet request form and the appellant's current weight is <reference removed> kg. The physician stated that the appellant is not getting enough nutrition. The doctor stated that the appellant suffers from <reference removed> which contributes to not eating properly. The physician and the appellant feel that due to the appellant's unintentional weight loss the appellant meets

the criteria. The appellant stated that the appellant has to access food banks as the appellant's income assistance budget doesn't allow much for food.

After carefully considering all the written and verbal information the Board has determined that the Department has appropriately determined that the appellant does not meet the established eligibility criteria for a high protein diet allowance.

From the information provided on the Therapeutic Diet & Nutritional Supplement form, <reference removed> is not one of the conditions necessary to be eligible for this diet allowance. In order to be eligible you must first have an approved medical condition, then in addition to that, there must be evidence of unintentional weight loss. Having unintentional weight loss alone does not meet the criteria. The appellant and the physician both stated that the appellant has some financial challenges which affect the appellant's ability to buy adequate food.

The Board finds this to be more of a matter of financial challenges than an actual medical need. Therefore the decision of the Director has been confirmed and this appeal has been dismissed.

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