

Reasons for Decision:

Order # 1516-0290

The appellant appealed that the appellant's request for Ensure was denied.

The Department reported at the hearing that the appellant is receiving benefits under the disability category of Income Assistance. The appellant's doctor completed a Therapeutic Diet and Nutritional Supplement Request and Justification form requesting four cases a month of Ensure to be reviewed again in twelve months. The chronic condition listed in Section 1 of the form is listed as <condition name removed>. In Section 3 – Nutritional Supplements and Products, the doctor has noted <condition name removed>, extensive; unable to consume enough protein and calories for adequate nutrition”.

Decisions regarding health needs are currently made by the Disability Health Support Unit (DHSU) to ensure consistency in decision making. The appellant's Body Mass Index (BMI) is 20.6 kg and falls within the normal range of 18.5 to 24.9 kg and no known issues with solid food consumption were identified as well as no evidence of body wasting. The Department indicated that the appellant does have the health diet allowance for chronic conditions in the appellant's budget in the amount of \$81.63 monthly.

The appellant stated that the appellant was diagnosed with <condition name removed> in <year removed> and is a <health condition removed> survivor from childhood. The appellant's weight as of yesterday, being weighed at the doctor's office, is now 63 kilograms. The appellant indicated that the appellant does have issues with solid food consumption and that food gets caught in the appellant's throat causing the appellant to choke. This issue was explored by the appellant's physician in <city name removed> and is commented upon in the appellant's submitted medical documents. The appellant advised that because of the appellant's disease, the appellant is unable to absorb protein; the appellant eats numerous times each day and requires Ensure in addition to the appellant's meals, to obtain the nutrition and protein the appellant requires.

The appellant advised that in addition to appropriate nutrition the Ensure helps to soothe the appellant's stomach which is frequently in pain with the <condition removed>. The appellant advised that the appellant was in receipt of Ensure from the Department approximately six months ago and was approved for the high protein diet allowance and doesn't understand why the appellant is ineligible now when the appellant's conditions remain the same.

After carefully considering the written information the Board has determined that the appellant should have been approved for four cases a month of Ensure as requested by the appellant's doctor. The Department's denial letter of <date removed>

indicated the reason for denial was that the appellant's BMI is normal and there no evidence of body wasting and consumption of solid food (choking, difficulty swallowing etc). The appellant included in the appellant's request a letter from a doctor the appellant saw in <city removed> in <year removed> which has choking information in the report. The Therapeutic Diet and Nutritional Supplement Request and Justification form submitted by the appellant's current doctor stated that the appellant has advanced <health condition removed> and is unable to obtain enough protein and calories. The Department approved a high protein diet allowance as well as Ensure for the appellant in the recent past. The Department has not presented that BMI scale reports and body wasting are to be used as criteria for protein supplement requests, but in fact are criteria for the high protein diet allowance. Therefore the Board is ordering the Department to authorize the delivery of Ensure in the amount of four cases per month for 12 months.

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