

Reasons for Decision:

Order #AP1617-0449

The appellant appealed that the appellant's request for reimbursement for the cost of <text removed> was denied.

The appellant advised that the appellant went to the hospital emergency after a fall which injured the appellant's <text removed>. When the appellant was ready to leave emergency they provided the appellant with crutches and the bill for the crutches. The total charge was <amount removed>, but <text removed> was refundable upon return of the <text removed>. The appellant was advised by the emergency staff that the appellant should seek further treatment at a sports medicine facility. The appellant therefore went to see a doctor at the <name removed> Clinic and was prescribed a brace. The appellant purchased and paid for the brace at a cost of <amount removed>.

The appellant saw the appellant's own doctor on <date removed> who completed the medical equipment request form and these were provided to the appellant's worker. The forms were forwarded to the Disability Health Support Unit (DHSU) for approval. The DHSU denied the request as the appellant had already paid for the items and the DHSU works on a pre-approval basis only.

The appellant indicated at the hearing that the appellant did not know that the appellant needed to get pre-approval for these types of items, and in the appellant's situation the appellant did not know how the appellant would have been able to get the pre-approval as the appellant was handed the crutches and the bill at the same time.

The worker at the hearing indicated that as far as she knew the items that were requested were covered items, and would have been covered had the proper procedure taken place.

After carefully considering the written and verbal information the Board has determined that the appellant did have a legitimate need for the crutches and these items are covered as an essential medical need. At no time was the appellant ever provided with information from the Employment and Income Assistance Program that the cost of essential medical needs would not be covered unless he obtained pre-approval. The appellant did the best the appellant could to meet the program's requirements, once the appellant knew about them, and followed up with the necessary forms once the appellant was aware of their existence. Therefore the Board has rescinded the Director's decision and orders that the appellant be reimbursed <amount removed>.

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