

**Reasons for Decision:**

**Order # AP1819-0403**

On <date removed>, <name removed> filed an appeal of the Director's decision to deny funding for physiotherapy services, specifically a membership at <text removed>. The decision letter was dated <date removed>.

The letter communicating the denial did not provide a reason for the denial. The Department subsequently clarified that Employment and Income Assistance does not fund physiotherapy services.

<name removed>'s advocate stated the Department told <name removed> they should use the \$105 per month in Assistance to Persons with a Disability funding to pay for their physiotherapy. The Department noted that the physiotherapy visits are \$55 each, and the Assistance to Persons with a Disability funding is inadequate to meet their physiotherapy needs. <name removed> is already using that money for other disability purposes, including insulin test strips and aspirin.

The advocate asserted the Department does not dispute the need for the physiotherapy, but is denying funding based on a blanket policy.

<name removed>'s advocate stated they have been on assistance since <year removed>, as the result of multiple health issues . Of particular concern is <name removed>'s back, since they have <health condition removed>. <name removed>'s primary source of mobility is a wheelchair.

<name removed> was receiving physiotherapy services through a Winnipeg hospital, but those services ended as the result of a Department of Health funding decision applying to all Winnipeg hospitals.

<name removed>'s advocate stated their spine surgeon recommended physiotherapy as a way to maintain mobility. <name removed> was directed to exercise three times per week and attend physiotherapy sessions.

<name removed>'s advocate explained they cannot use facilities such as the YMCA, because their chronic conditions require monitoring by medical practitioners during exercise. The YMCA also lacks the specialized equipment <name removed> requires for their exercises.

The advocate noted that, despite its policy of not paying for physiotherapy services, the Department asked <name removed>'s doctor to provide a justification for the request.

The Department subsequently approved a one-year membership at <text removed>, which it later reduced to three months.

The advocate told the Board the Department suggested that <name removed> request physiotherapy services from the WRHA. <name removed> did submit a request, and was denied by the WRHA.

The advocate noted the Board has ordered the Department to fund physiotherapy services in previous cases.

The advocate asserted the Department's approach to <name removed>'s request has been inconsistent. On the one hand, the Department maintained that it did not fund physiotherapy in any circumstances. On the other hand, the Department required them to submit information justifying the request for services.

The advocate told the Board <name removed> wanted the Department to reimburse them for <amount removed> in out-of-pocket costs incurred by them after the Department denied their membership.

<name removed> told the Board they live in constant pain. The appellant takes three different types of <medications removed>. The appellant's condition is not expected to improve. The appellant reacts to <medication removed>, so they cannot have surgery for some of their health issues.

<name removed> explained <text removed> is their only option, because of the presence of specialized staff and equipment. The appellant stated that without <text removed> their condition would deteriorate to point where they are bed-ridden.

The Department stated it denied <name removed>'s initial request for physiotherapy in <date removed>. <name removed>'s doctor submitted additional information in <date removed>. The appellant requested 12 weeks of treatment.

The Department approved 12 weeks of treatment, and advised <name removed> that it would require a physiotherapy report before it would approve treatments beyond the 12 weeks.

The Department stated it approved <name removed> for <text removed> because they stated the appellant was excluded from any other exercise program available. Subsequently, the Department determined the YMCA would accept <name removed>.

The Department stated future physiotherapy requests should be specific to the actual treatment, not a general request for membership in <text removed>.

In response to a question from the Board, the Department stated it funds essential health services, which it defines as essential to a person's life. The Department

does not consider physiotherapy for strength training purposes to be essential.

The Department stated <name removed>'s request for physiotherapy services should include an estimate of the frequency and duration of services required. <name removed> stated the <date removed> doctor letter they submitted indicated that they required physiotherapy three times per week, indefinitely.

In response to a question from the Board, the Department stated it reduced <name removed>'s approved membership from one year to three months because their doctor stated they were capable of exercise. The Department admitted that a change in the supervisor responsible for the file resulted in a review of the file and a change in the length of approval.

<name removed> told the Board they see a physiotherapist every time they go to <text removed>. The appellant stated they could not do their exercises at home, because they need to be monitored whenever they engage in activity that puts stress on their heart.

The Board noted The Manitoba Assistance Regulation states in Schedule A, Section 9 Health Care:

- The following amounts are payable to a person in respect of his or her health care:
- (e) such other remedial care, treatment, and attention including physiotherapy as may be prescribed by a duly qualified medical practitioner;
  - (h) such other rehabilitative treatment or care as the director may authorize.

The Department acknowledged that section of the Regulation provided flexibility in determining what services may be funded. The Board notes that subsections (a) through (d) of Section 9 use the term "essential", while the remedial treatments in subsection (e) are not limited by that term.

The Board notes the significant mobility challenges faced by <name removed>, and the strong medical evidence submitted that physiotherapy is essential to maintaining their mobility, and therefore both their quality of life and its duration. The Board accepts that <name removed> requires specialized expertise and medical monitoring while they receive treatment, and that they are unable to access this expertise anywhere but <text removed>.

The Board recognizes the policy changes made by a different Manitoba department have created a policy void for the Employment and Income Assistance program. However, Schedule A, Section 9 Health Care of The Manitoba Assistance Act Regulation provides broad authority to the Director to fund medically necessary services, including physiotherapy.

Based on the evidence presented to it, the Board determines that physiotherapy is a medically necessary service for <name removed>, and that they must access

that service through <text removed>. Therefore, the Board rescinds the decision of the Director and orders the Department to pay for <name removed>'s monthly membership fee, effective <date removed> for a period of 12 months.

## **DISCLAIMER**

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