

DIRECTIVE #6.5: SPECIAL DIETS

SUMMARY OF POLICY

An amount for a special diet up to the maximum of \$250 per month for each member of the benefit unit may be provided if an approved health professional confirms that a special diet is required as a result of a medical condition.

Pregnant women on social assistance are eligible for a pregnancy nutritional allowance. The amount provided for the pregnancy nutritional allowance is not subject to the \$250 maximum for a special diet.

LEGISLATIVE AUTHORITY

[Sections 2 and 5 of the Act.](#)
[Sections 41, 44 and 57\(5\) of Regulation 134/98.](#)
[Ontario Regulation 564/05.](#)

SUMMARY OF DIRECTIVE

This directive outlines the provision of additional financial assistance to members of a benefit unit who require a special diet as a result of a medical condition.

The directive includes the Special Diets Schedule which is used in determining the amount for a special diet.

INTENT OF POLICY

To ensure that if a member of the benefit unit requires a special diet as a result of a medical condition, as confirmed by an approved health professional, they receive additional funding for the special diet.

APPLICATION OF POLICY

If there is a confirmed need, an amount for a special diet is issued in addition to the amount for basic needs and shelter or in addition to the amount for board and lodging. The amount provided is included in the budgetary requirements of the benefit unit.

The amount payable for a special diet commences the month that an approved health professional confirms that the applicant or recipient requires a special diet as a result of a medical condition.

If a recipient has more than one medical condition set out in the Special Diets Schedule, the total amount of the Special Diet Allowance cannot exceed \$250 per month per member of the benefit unit.

Women who are breast-feeding receive support through the Pregnancy Nutritional Allowance instead of through the Special Diet Allowance.

Please refer to the directive on Pregnancy Nutritional Allowance for more information.

Approval of a Special Diet Allowance

The Special Diets Schedule sets out the medical conditions that require a special diet allowance and the amount for a special diet or diets.

Products covered under the Ontario Drug Benefit Program (ODB) shall not be considered for a special diet allowance.

Before an amount for a special diet is provided, an Application for a Special Diet Allowance/ Pregnancy Nutritional Allowance is required. The form is completed and signed by an approved health professional outlining the details of the medical conditions that require a special diet.

The medical condition(s) confirmed by the approved health professional on the Application for a Special Diet Allowance/Pregnancy Nutritional Allowance are compared to the medical conditions and special diet(s) amounts listed in the Special Diets Schedule.

Applicants for and recipients of a special diet allowance are required to provide the necessary information to confirm the medical condition or conditions that require a special diet or diets.

Approved health professionals who may indicate that a special diet is required are as follows:

- physicians;
- registered nurses in the extended class – RN(EC);
- registered dietitians.
- registered midwives; or
- traditional Aboriginal midwives recognized and accredited by their Aboriginal community.

A registered midwife and a traditional Aboriginal midwife recognized and accredited by their Aboriginal community, may only confirm that a special diet is

required for the following medical conditions:

- inadequate lactation to sustain breast-feeding
- where breast-feeding is contraindicated

They may also confirm the need for the pregnancy nutritional allowance, including the breast-feeding allowance.

Issuing the Application Form

Approved health professionals are required to sign and date the Application for a Special Diet Allowance/Pregnancy Nutritional Allowance. The date the approved health professional signs the form must be the date on which they filled the form out.

Back-dating of the form is not permitted. Therefore, the date of the signature cannot be a date earlier than the date of the issuance of the form to the recipient.

The Application for a Special Diet Allowance/Pregnancy Nutritional Allowance Form should not be issued to anyone other than Ontario Works recipients requesting a special diet allowance or a pregnancy nutritional allowance.

Administrators are to adhere to the following when issuing the Application for a Special Diet Allowance/Pregnancy Nutritional Allowance:

- only the ministry-approved form must be used (i.e., the Application for a Special Diet Allowance/Pregnancy Nutritional Allowance Form 3059/3060);
- only original versions of forms must be used. Altered versions of the ministry approved form must not be used. Faxed versions or versions containing white-out must not be accepted or issued;
- when determining eligibility for the allowance, the original ministry approved form must be the only version accepted.

Special Diet Review

When a special diet allowance is provided, the length of time required for each confirmed diet is indicated on the Application Form by the approved health professional. Eligibility for the special diet allowance needs to be re-confirmed by an approved health professional at least once every 12 months.

In some instances, a diet may be required for a period of time less than 12 months and is end dated for that time. Where a shorter period for the special diet

is specified by the approved health professional, the diet is reviewed at this time. In other cases, a diet may be required for longer than 12 months or on a permanent basis. A twelve-month review is still required.

Adequate notice and a new Application for a Special Diets Allowance/ Pregnancy Nutritional form should be provided to each recipient prior to the review date.

An Administrator is required to request re-confirmation prior to the date of cancellation to allow the recipient adequate time to obtain re-confirmation from an approved health professional prior to cancelling the special diet allowance. In determining the review date, an Administrator takes into account limited access to approved health professionals in remote or under-serviced areas.

If a recipient does not return the Application for a Special Diets/Pregnancy Nutritional Allowance form by the review date, the special diet amount may be cancelled.

At any point if the approved health professional indicates that a special diet is no longer required, the amount for the special diet must be removed from the amount of assistance.

Guidelines for Treatment of Special Diet Allowances where the Amount of the Allowance is Related to Weight

The amount of the special diet allowance for some medical conditions is determined by weight changes resulting from the medical condition. It is important that an individual whose body weight as a result of having access to the special diet allowance is able to *maintain* their weight.

For this weight maintenance to occur, the special diet allowance required by the underlying medical condition should continue.

If an individual receives a special diet allowance that is determined by that individual's weight loss or body weight, this portion of the allowance should **not** be reduced as the recipient changes weight, in order to help the individual maintain their weight over time.

Consequently, special diets for the following medical conditions should **not** be reviewed:

- HIV/AIDS
- Crohn's Disease / Ulcerative Colitis
- Cystic Fibrosis
- Malignancy
- Marasmus or Kwashiorkor or Anorexia

- Ostomies (e.g., jejunostomy, ileostomy)
- Pancreatic Insufficiency
- Short Bowel Syndrome
- Extreme Obesity

If an individual has more than one medical condition that requires a special diet, the review of all conditions that are not determined by weight is to proceed at least once every 12 months.

In cases where an individual is receiving a special diet allowance for a medical condition where the amount is determined by changes to that individual's weight, and the individual changes weight in a detrimental way, they may re-apply for a higher special diet allowance based on the weight changes. This application is to proceed as usual.

Decisions Relating to Special Diets

If the application is not approved, an *Application Not Approved – Appealable Decision* letter is sent to the recipient notifying them that the special diet allowance has not been approved, the reason, and their right to request an Internal Review.

Decisions related to the special diet allowance may be appealed. Prior to an appeal to the Social Benefits Tribunal, an internal review must be requested.

Please refer to the directives on Notice and Internal Review Process and Appeal Process for further information.

SCHEDULE (SPECIAL DIETS)

November 4, 2005

| COLUMN A MEDICAL CONDITION that requires a Special Diet | COLUMN B Monthly Amount for Special Diet Unless Otherwise Specified |
|---|--|
| Amyotrophic Lateral Sclerosis | \$10 |
| Cardiovascular Disease | \$10 |
| Celiac Disease | |
| Less than 2 years of age | \$58 |
| 2-10 years of age | \$115 |
| 11-18 years of age | \$147 |
| 19 years of age or older | \$131 |
| Chronic Constipation | \$10 |
| Chronic wounds requiring protein | \$10 |
| Congenital Abnormalities of the Metabolic Type – Adults | \$10 |
| Congenital Abnormalities of the Metabolic Type – Infants & Children | \$10 |
| Congestive Heart Failure | \$44 |
| Crohn's Disease/Ulcerative Colitis | |
| weight loss ≤ 2% of usual body weight | \$75 |
| weight loss > 2% and ≤ 5% of usual body weight | \$150 |
| weight loss > 5% and ≤ 10% of usual body weight | \$180 |
| weight loss > 10% of usual body weight | \$240 |
| Cystic Fibrosis | |
| weight loss ≤ 2% of usual body weight | \$75 |
| weight loss > 2% of usual body weight | \$150 |
| Diabetes | \$42 |
| Diverticulum / Diverticulitis | \$10 |
| Dysphagia/Swallowing or Mastication Difficulties | \$25 AND \$75 one-time amount for the cost of a blender, if funding for a blender has not been previously provided |
| Extreme Obesity: Class III BMI > 40 | \$20 |
| Food Allergy – Eggs | \$10 |
| Food Allergy - Milk/Dairy or Lactose Intolerance | |
| Less than 2 years of age | \$95 |
| 2-10 years of age | \$97 |
| 11-18 years of age | \$55 |
| 19 years of age or older | \$35 |
| Food Allergy – Soya | \$83 |
| Food Allergy – Wheat | |
| Less than 2 years of age | \$38 |
| 2-10 years of age | \$77 |
| 11-18 years of age | \$98 |
| 19 years of age or older | \$57 |
| Gestational Diabetes | \$44 |
| <i>[Diet is available during pregnancy and for 3 months post partum]</i> | |
| Gout | \$32 |
| Hepatic Disorders | \$10 |
| HIV/AIDS | |
| weight loss ≤ 2% of usual body weight | \$75 |
| weight loss > 2% and ≤ 5% of usual body weight | \$150 |
| weight loss > 5% and ≤ 10% of usual body weight | \$180 |
| weight loss > 10% of usual body weight | \$240 |
| Hyperlipidemia | \$10 |
| Hypertension | \$10 |
| Hypertension <u>and</u> Congestive Heart Failure <u>and</u> Grade 1 to 2 left ventricular function | \$44 |
| Hypercholesterolemia | \$22 |
| Inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated during the first 12 months of infant's life | |
| lactose tolerant | \$75 |
| lactose intolerant | \$83 |
| <i>A Special Diet Allowance will be paid during the first 12 months of an infant's life, if</i> | |

ONTARIO WORKS

| COLUMN A MEDICAL CONDITION that requires a Special Diet | COLUMN B Monthly Amount for Special Diet Unless Otherwise Specified |
|--|---|
| <i>formula is necessary due to inadequate quantity of breast milk or if breastfeeding is contraindicated [e.g. infant is unable to tolerate breast milk; mother's milk is contaminated due to other conditions or medical treatments such as HIV/AIDS, chemotherapy; infant has galactosemia].</i> | |
| Liver Failure | \$10 |
| Macrocytic Anaemia | \$10 |
| Malabsorption | \$20 |
| Malignancy | |
| weight loss ≤ 2% of usual body weight | \$75 |
| weight loss > 2% and ≤ 5% of usual body weight | \$150 |
| weight loss > 5% and ≤ 10% of usual body weight | \$180 |
| weight loss > 10% of usual body weight | \$240 |
| Marasmus or Kwashiorkor or Anorexia | |
| weight loss ≤ 2% of usual body weight | \$75 |
| weight loss > 2% of usual body weight | \$150 |
| Microcytic Anaemia | \$30 |
| Osteoporosis/ Osteomalacia/ Osteopenia | \$10 |
| Ostomies [e.g., jejunostomy, ileostomy] | |
| weight loss ≤ 2% of usual body weight | \$75 |
| weight loss > 2% and ≤ 5% of usual body weight | \$150 |
| weight loss > 5% and ≤ 10% of usual body weight | \$180 |
| weight loss > 10% of usual body weight | \$240 |
| Pancreatic Insufficiency | |
| weight loss ≤ 2% of usual body weight | \$75 |
| weight loss > 2% and ≤ 5% of usual body weight | \$150 |
| weight loss > 5% and ≤ 10% of usual body weight | \$180 |
| weight loss > 10% of usual body weight | \$240 |
| Post-gastric surgery | \$10 |
| Prediabetes: Impaired Glucose Tolerance (IGT) or Impaired Fasting Glucose (IFG) | \$42 |
| Renal Failure- Dialysis | \$44 |
| Renal Failure- Pre-Dialysis | \$44 |
| Short Bowel Syndrome | |
| weight loss ≤ 2% of usual body weight | \$75 |
| weight loss > 2% and ≤ 5% of usual body weight | \$150 |
| weight loss > 5% and ≤ 10% of usual body weight | \$180 |
| weight loss > 10% of usual body weight | \$240 |