

Update: Special Diet Allowances

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<http://pcchu.peterborough.on.ca/>

See also:

http://www.mcass.gov.on.ca/en/mcass/programs/social/budget_social.aspx

Background:

The 2010 Provincial Budget announced on March 25, 2010, included changes that will affect both Ontario Works and the Ontario Disability Support Program:

- The elimination of the Special Diet Allowance
- The creation of a new nutritional supplement program, administered by the Ministry of Health and Long-Term Care, for individuals on social assistance with severe medical needs, and
- A 1% social assistance rate increase.

Update:

The Special Diet program from the Ministry of Community and Social Services will continue as a benefit for people receiving Ontario Disability Support Program (ODSP) and Ontario Works (OW). There have been some changes and new forms were sent out to all previous recipients in February. All clients must reapply for the Special Diet Allowances by July 31, 2011 and have been notified by letter.

This is an important benefit that allows the client to purchase foods required by their medical conditions. The same procedure is in place regarding filling in the forms. They need to be filled in by the client's health care provider (Doctor, Nurse Practitioner, Midwife, or Registered Dietician).

The special diet forms are available to the patient/ client from their caseworker.

Please note: The Pregnancy and Breastfeeding Nutritional Allowance is now on a separate form. This form can be completed when the patient is pregnant in order to receive additional money for nutritional needs associated with her pregnancy. Once the child is born and if the mother is breastfeeding, the allowance can continue until the child is 12 months old. The patient is able to verbally advise their caseworker that they are breastfeeding in order to continue to receive the nutritional allowance. Please encourage your patients/ clients to ask for these forms from their case worker when they become pregnant.

For questions about the forms refer patients/ clients to their case workers.

If a client DOES NOT have a health care provider, please refer them to the VON (705-745-9155 or 1-800-743-6255) where a Nurse Practitioner has made herself available for this service (ONLY FOR PEOPLE WITHOUT A HEALTH CARE PROFESSIONAL).

New Special Diet Allowance Schedule – Effective April 1, 2011

Eligible Medical Condition	Amount
<p>Unintentional weight loss/body wasting due to one or more of the following medical conditions:</p> <ul style="list-style-type: none"> • Amyotrophic Lateral Sclerosis • Crohn's Disease • HIV/AIDS • Lupus • Malignancy • Multiple Sclerosis • Ostomies [e.g., jejunostomy, ileostomy] • Pancreatic Insufficiency • Short Bowel Syndrome • Congestive Heart Failure • Cirrhosis (Stage 3 and 4) • Anorexia Nervosa • Cystic Fibrosis • Ulcerative Colitis <ul style="list-style-type: none"> ○ > 5% - ≤ 10% of usual body weight ○ > 10% of usual body weight 	<p style="text-align: right;">\$191 \$242</p>
<p>If both of the conditions below are indicated, an allowance equal to the amount for Stage 3 & 4 – chronic wounds and burns is provided:</p> <ul style="list-style-type: none"> • Stage 1 & 2 – chronic wounds and burns 1-10% body surface area • Stage 3 & 4 – chronic wounds and burns >10% body surface area 	<p style="text-align: right;">\$88 \$191</p>
<p>If two or more of the following conditions are indicated an allowance equal to the highest amount of the indicated conditions is provided:</p> <ul style="list-style-type: none"> • Diabetes • Gestational Diabetes (provided for the term of pregnancy and for 3 months post partum) • Extreme Obesity (BMI >40) • Hypertension • Hypercholesterolemia/ Hyperlipidemia 	<p style="text-align: right;">\$81 \$102 \$51 \$86 \$51</p>
<p>Dysphagia requiring thickened fluids</p>	<p>\$125</p>
<p>If both of the following conditions are indicated, an allowance equal to the amount for Food Allergy - Milk/Dairy is provided:</p> <ul style="list-style-type: none"> • Food Allergy - Milk/Milk Products <ul style="list-style-type: none"> ○ 1-8 years of age ○ 9-18 years of age 	<p style="text-align: right;">\$32 \$63</p>

Eligible Medical Condition	Amount
<ul style="list-style-type: none"> ○ 19 - 50 years of age ○ > 50 years of age 	<p style="text-align: right;">\$32 \$47</p>
<ul style="list-style-type: none"> • Lactose Intolerance <ul style="list-style-type: none"> ○ 1-8 years of age ○ 9 to 18 years of age ○ 19 to 50 years of age ○ > 50 years of age 	<p style="text-align: right;">\$30 \$59 \$30 \$45</p>
<p>If both of the following conditions are indicated only one allowance amount of \$97 is provided:</p> <ul style="list-style-type: none"> • Allergy to Wheat • Celiac Disease 	<p style="text-align: right;">\$97 \$97</p>
<p>Insufficient lactation to sustain breast-feeding or breast-feeding is contraindicated (provided until infant reaches 1 year)</p> <ul style="list-style-type: none"> • Infant is Lactose Tolerant • Infant is Lactose Intolerant 	<p style="text-align: right;">\$145 \$162</p>
Osteoporosis	\$38
Renal Failure	
<ul style="list-style-type: none"> • Pre-Dialysis (GFR <30) 	\$52
<ul style="list-style-type: none"> • Peritoneal/Hemodialysis 	\$88

For more information about our InfoNotes contact
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