



Monthly Nutritional Supplement (MNS)

The BC Coalition of People with Disabilities' Advocacy Access Program helps people with disabilities to apply for benefits, services and programs.

Advocates can use this Guide to help their clients qualify for the Monthly Nutritional Supplement (MNS). We have also written this Guide to help people with disabilities who want to apply for this supplement on their own.

An applicant for the MNS must be receiving the Persons with Disabilities (PWD) benefit from the Ministry of Housing and Social Development (MHSD). The MNS is a provincial benefit provided by the *Employment and Assistance for Persons with Disabilities Act (EAPWD)* and Regulations. The benefit is administered by MHSD.

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The information in this Guide is based on the legislation and policy that was current at the time of writing. The legislation and policy are subject to change. Please check the date on this page.

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What is the Monthly Nutritional Supplement (MNS)?

The MNS is a monthly allowance that people receiving the Persons with Disabilities (PWD) benefit may receive in addition to their regular benefits to help cover the cost of their nutritional needs. The maximum amount that a person can receive through the MNS is \$225 a month.

The Health Assistance Branch (HAB) of MHSD in Victoria decides whether or not a person qualifies for the MNS based on the information in their MNS application form.

To qualify for the MNS, an applicant must have a “chronic, progressive deterioration of health due to a severe medical condition.” They must have a health condition that is long-term and expected to get worse over time. For the exact wording of the Ministry’s requirements for MNS, please see the *Nutritional Supplement Section of the EAPWD Regulation* in the Appendices to this Guide.

The MNS is made up of three parts and a person may qualify for one, two or all three parts, depending on their needs. These parts are:

1. \$165 for nutritional items. These items must be in addition to what would be considered a normal diet.
2. \$20 for bottled water. This is available only to someone who has a weakened immune system.
3. \$40 for extra vitamins and minerals.

If the applicant is already receiving a diet supplement from MHSD (for example, the \$40 high protein diet), they **cannot** receive the \$165 nutritional items part of the MNS. However, the applicant should apply for the MNS because, if they are successful in obtaining it, they will lose the \$40 diet supplement but gain the \$165 MNS supplement.

How to Apply for the MNS

- 1 The applicant starts the process by getting an MNS application form from their local MHSD office. If they phone their office ahead of time and say they want to apply for the MNS, a worker can prepare the form before the applicant comes in to pick it up.
- 2 Part A of the MNS application form contains the applicant’s contact information. The Employment and Assistance Worker (EAW) EAW must complete this section.
- 3 The applicant signs and dates the “Declaration and Consent” section of the form. This authorizes the doctor to complete Part B of the application and provide the person’s medical information to MHSD.

4 The applicant takes the form to their doctor for him or her to complete Part B of the application. MHSD will pay the doctor \$25 for completing this section of the form.



Suggestions for Completing Part B of the Form

It is the doctor's responsibility to complete Part B of the MNS application based on his or her understanding of the applicant's medical condition(s). It is very important that the applicant discusses their disability and health with their doctor. The doctor should have a good understanding of the person's conditions and concerns before he or she fills out Part B of the application form.

It can be a big help if the doctor understands details about each question and how the Ministry interprets the answers. We have prepared a sample letter for doctors that outlines the Part B questions (please see the Appendices). The applicant may want to copy this letter and take it to their doctor, or use it as a guide to write their own.

In the following paragraphs, we list the information the doctor is asked to provide in Part B of the application form. We have also made some suggestions to ensure that all the necessary information is included (please see the sample MNS application form in the Appendices).

QUESTION 1

“Does the applicant have a chronic, progressive deterioration of health due to a severe medical condition?”

The doctor must respond “yes” to this question for the applicant to qualify for the MNS. The doctor should also provide some details about the person's medical condition; for example, “the patient has advanced Hepatitis C which is not responding to treatment.”

QUESTION 2

Applicant's height and weight

The doctor must provide the applicant's height and weight. This may show that the applicant is underweight. But people who are overweight can also qualify for the MNS. For example, someone who is overweight may have organ deterioration (an internal organ condition that is getting worse) and need nutritional supplements.

QUESTION 3

Applicant's symptoms

The doctor is asked if the applicant has specific symptoms such as malnutrition, significant weight change, muscle mass loss, bone density loss, organ deterioration or a weakened immune system. The doctor must check “yes” in at least one of the boxes provided

and give a brief description of the person’s symptoms for the applicant to qualify for the MNS.

QUESTION 4

“Is a nutritionist involved in the applicant’s treatment plan?”

This question is for information only. The applicant does not have to be seeing a nutritionist to qualify for the MNS.

QUESTION 5

Nutritional items (\$165 per month)

This question asks the doctor if nutritional items will improve the symptoms listed under Question 3. These nutritional items must increase the person’s caloric intake through additional food and food supplements for the person to qualify for the nutritional item amount. The doctor must answer “yes” to this question.

The doctor is also asked whether these extra foods will “prevent imminent danger to life.” The doctor must check “yes” for the applicant to qualify for this part of the MNS. This means the person’s medical condition must have reached a stage where extra foods and calories are needed to stop their health from deteriorating or at least to slow down the progression of their condition. The doctor needs to be clear about how the extra food items will improve the person’s symptoms. The doctor can also provide a list of specific nutritional items or foods the person needs and explain that they are necessary to increase their caloric intake.

The Ministry has clear policies about diet that could affect the person’s MNS request. Please see the Appendices for MHSD’s instructions to medical practitioners.

For example, the Ministry considers a “vegetarian diet” to be an “alternate diet” and will not cover costs for this kind of diet. So, if the applicant’s doctor says the person needs “more vegetables,” MHSD may say they do not cover this “alternate diet.” Or, if the doctor says the person needs a high-protein diet, MHSD may tell them to apply for the \$40 a month high protein diet allowance.

Most people applying for the MNS have long-term, chronic nutritional needs, rather than short-term, acute needs. **Because MHSD has a very narrow way of looking at MNS requests, the doctor should explain their patient’s long-term needs as clearly as possible.**

QUESTION 6**Bottled Water (\$20 per month)**

There are two questions asking if bottled water will reduce the risks to the applicant's health from a weakened immune system or "prevent imminent danger to life." Both parts of Question 6 must be answered "yes" for the applicant to qualify for this part of the MNS.

If bottled water will reduce the risk of the person's health deteriorating because of their weakened immune system—for example, from a water-carried infection in regular tap water—it is extremely important the doctor explain this on the form.

QUESTION 7**Vitamin and Mineral Supplementation (\$40 per month)**

The doctor is asked whether the applicant needs vitamins and mineral supplementation to help improve their symptoms listed in Question 3 and whether this will "prevent imminent danger to life." Both parts of Question 7 must be answered "yes" for the applicant to qualify for this part of the MNS. The doctor must say that the applicant needs more vitamins or minerals than a healthy person. A list of all the vitamins and minerals the person needs must be listed in the answer to this question.

**Frequently Asked Questions****Q. What does the phrase "to avoid an imminent danger to life" mean?**

A. MHSD's Instructions to Medical Practitioners—MNS states "for the purpose of this application, the requirement to prevent imminent danger to life is satisfied if the medical condition is at a stage where nutritional intervention is required to relieve the wasting symptoms, to prevent further deterioration or to reduce the rate of further deterioration."

Q. How long does it take the HAB to process an application for the MNS?

A. It usually takes about 4 – 6 weeks.

Q. If an applicant is granted part of the MNS (such as the vitamin/mineral supplement), but is turned down for another part (such as the nutritional items) and wants to appeal, do they risk losing the part of the benefit that was approved?

A. No, they will not lose the part of the MNS they have been granted, even if they lose their appeal and don't gain the additional MNS items.

Q. If a person has PWD status and a Medical Services Only file, but is not receiving a monthly cheque, can they be eligible for the MNS?

A. No. To qualify for the MNS a person must be receiving a monthly PWD cheque.

Q. How long can someone receive the MNS?

A. The MNS will be provided indefinitely. However, MHSD can ask for additional information from the person’s doctor to prove they still need the supplement.

Q. What if someone has only a short-term need for caloric supplementation, like Ensure or Boost?

A. The doctor must say in writing that the applicant or their dependant has an acute short term need (up to three calendar months) for caloric supplementation to prevent serious weight loss while they are recovering from surgery, a severe injury, a serious disease or a side effect of medical treatment.



Submitting the MNS Application Form

The doctor must complete Part B of the MNS application form and return the form to the applicant. The applicant should then review the form to make sure all the questions have been answered and return it to their EAW.

It is a good idea for the applicant to have their EAW date-stamp the completed application and provide them with a photocopy. The EAW will send the application to the HAB in Victoria to be processed.

The applicant should keep a photocopy of the completed date-stamped MNS application form for their records.

Resources for Appealing the Denial of MNS

If the MNS application is denied, the applicant can appeal the decision. **A Request for Reconsideration must be filed with MHSD within 20 business days from the date the applicant receives their denial letter.** For more information on how to appeal a denial of MNS, please see our publication:

- *Appeal Guide: Monthly Nutritional Supplement*

All our publications are available on the BCCPD website at www.bccpd.bc.ca, including a series of Help Sheets and Guides on disability benefits.



On-Line Resources

For various community resources, go to: www.povnet.org.

“Your Welfare Rights: A Guide to BC Employment and Assistance” can be found on the Legal Services Society website at www.lss.bc.ca, under publications.

For information on MHSD policy, programs and services, the Online Resource serves as the public entry point: www.gov.bc.ca/MHSD/online_resource.

You can see BC’s income assistance acts and regulations at www.eia.gov.bc.ca/ministry/leg.htm.

Appendices

Monthly Nutritional Supplement Application Form



APPLICATION FOR MONTHLY NUTRITIONAL SUPPLEMENT

The personal information requested on this form will be used for the purpose of determining eligibility for a monthly nutritional supplement and is protected under the *Freedom of Information and Protection of Privacy Act*. The collection of this information is authorized by the *Employment and Assistance for Persons with Disabilities Act* and Regulation. Any questions about the collection, use or disclosure of the requested medical information should be directed to your local Employment and Assistance Centre.

NOTE: An applicant for the monthly nutritional supplement must be a recipient of disability assistance under the *Employment and Assistance for Persons with Disabilities Act* and Regulation. The Ministry has the discretion to review eligibility for the monthly nutritional supplement. The Ministry may also, where necessary, request a second opinion for the purpose of determining eligibility for this supplement.

PART A - Must be completed by Ministry of Human Resources (Please print)			
Applicant's Name	Birthdate (YYYY MMM DD)	File No. GA	Personal Health Number (Care Card #)
Applicant's Address	Postal Code	HS File No. HS	Telephone
Employment and Assistance Worker & Caseload Number		Date (YYYY MMM DD)	

DECLARATION AND CONSENT

I understand that the Ministry of Human Resources may verify and obtain information to confirm my eligibility. I authorize the medical practitioner identified in Part B of this application to share the requested medical information with the Ministry of Human Resources.

Applicant's Signature	Date (YYYY MMM DD)
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PART B - To be completed by the medical practitioner (Please print and attach additional sheets if necessary)

NOTE: Eligibility for this supplement is based on strict criteria outlined in the *Employment and Assistance for Persons with Disabilities Act* Regulation related to alleviating specific symptoms AND preventing imminent danger to life. It is NOT based solely on a persons medical condition. Detailed medical information will assist the Ministry in determining eligibility and will reduce the need for further follow-up.

1. Does the applicant have a chronic, progressive deterioration of health due to a severe medical condition? Yes No

If yes, please provide specifics of the medical condition and the ensuing deterioration.

2. Please specify the applicant's height _____ and weight _____.

3. Does the applicant have any of the following symptoms and if so, are they the direct result of the chronic progressive deterioration of health above?:

Mainnutrition Please describe: _____

Underweight status Please describe: _____

Significant weight change Please describe: _____

Muscle mass loss Please describe: _____

Bone density loss Please describe: _____

Neurological degeneration Please describe: _____

Significant deterioration of an organ Please describe: _____

Moderate to severe immune suppression Please describe: _____

Applicant's Name:

Applicant's File Number: **GA**

4. Is a nutritionist involved in the applicant's treatment plan? Yes No

5. **NUTRITIONAL ITEMS:**

Does the applicant require these to alleviate any of the above symptoms? (note: must be in addition to normal dietary intake) Yes No

To prevent imminent danger to life? Yes No

Please specify the additional items required and how they will alleviate the specific symptoms. _____

6. **BOTTLED WATER:**

Will the applicant's risks associated with immune suppression be mitigated by bottled water? Yes No

Will it prevent imminent danger to life? Yes No

Please specify how. _____

7. **VITAMIN OR MINERAL SUPPLEMENTATION:**

Does the applicant require these to alleviate any of the above symptoms? Yes No

To prevent imminent danger to life? Yes No

Please specify the additional items required and how they will alleviate the specific symptoms.

Additional Comments

Medical Practitioner's Name	Medical Practitioner Number	Telephone ()
Medical Practitioner's Signature		Date (YYYY MMM DD)

PART C - To be completed by the Ministry of Human Resources		
Applicant is eligible for:		
(a) Monthly supplement for additional nutritional items	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(b) Monthly supplement for bottled water	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(c) Monthly supplement for vitamins and minerals	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Additional Comments

Adjudicator's Signature	Date (YYYY MMM DD)
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Letter to Doctor

Dear Doctor:

The Monthly Nutritional Supplement (MNS) is a monthly allowance that Persons with Disabilities (PWD) recipients may receive in addition to their regular benefits. The MNS is made up of three parts. An applicant may qualify for 1, 2 or all 3 parts, depending on their needs.

- \$165 for nutritional items. These items must be in addition to what would be considered normal dietary intake.
- \$20 for bottled water. This is available only for people who have a weakened immune system.
- \$40 for extra vitamins and minerals.

Part B of the MNS application form must be completed by the applicant's doctor. We respectfully ask that you complete your patient's MNS application. To assist you and your patient, we are offering a brief guide to some questions we believe require particular attention:

Question 1: Medical Condition

To qualify for one or more parts of the MNS, your patient must have a "chronic, progressive deterioration of health due to a severe medical condition." Please list all of your patient's conditions that may demonstrate this requirement.

Question 3: Symptoms

Please describe all your patient's symptoms that relate to those listed in this question.

Question 5: MNS Nutritional Items (\$165 per month)

To qualify for this amount, your patient must need caloric supplementation "in addition to normal dietary intake." Both parts of Question 5 must be answered "yes" for your patient to qualify for this part of the MNS. Please note that the Ministry's own policy guidelines (in Instructions to Medical Practitioners-MNS) state "for the purpose of this application the requirement to prevent 'imminent danger to life' is satisfied if the medical condition is at a stage where nutritional intervention is required to relieve the wasting symptoms, to prevent further deterioration or to reduce the rate of further deterioration."

Although a person may be on an alternate diet (vegetarian or low cholesterol), he/she may also need caloric supplementation. If this is the case, your patient can qualify for the "nutritional item" amount.

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Please list the additional food and/or food supplements you recommend.

Question 6: Bottled Water (\$20 per month)

Both parts of Question 6 must be answered “yes” for your patient to qualify for this part of the MNS. Only applicants with the symptom of “moderate to severe immune suppression” can qualify for this amount. Please state whether bottled water will reduce the risk of your patient getting sick because of their weakened immune system (for example, from a water-carried infection in regular tap water).

Question 7: Vitamin or Mineral Supplementation (\$40 per month)

Both parts of Question 7 must be answered “yes” for your patient to qualify for this part of the MNS. Your patient must need more vitamins or minerals than an average healthy person. Please list all the vitamins and minerals your patient needs when you answer this question.

Thank you for your time and cooperation.

Instructions to Medical Practitioners – Monthly Nutritional Supplement (MNS)

Intent:

The purpose of the monthly nutritional supplement is to provide additional financial support to meet the extraordinary nutritional needs of specified Persons with Disabilities recipients. Eligibility for the MNS is defined in the Employment and Assistance for Persons with Disabilities Act and Regulation and states that a person must meet the following criteria:

- Have a severe chronic progressive deterioration of health;
- have a severe medical condition which is the cause of that deterioration;
- display evidence of specific wasting symptoms;
- have a need for specified additional items to alleviate these symptoms that, left untreated, would pose an imminent danger to life; and
- have no other financial resources to meet this need.

The information requested in the attached application is for the purpose of assessing an applicant’s eligibility based on these criteria.

The following information is provided to assist physicians in completing this form. The information you provide is vital in assessing the needs of the applicants. It is essential that you provide specific information regarding the medical condition and what items are needed. Incomplete applications cannot be adjudicated and may be returned for more information.

Question 1: Condition

For our purpose, examples of severe medical conditions which result in a chronic progressive deterioration of health with wasting symptoms would include conditions such as AIDS, Hepatitis C, Cancer and ALS.

Question 2: Height and Weight

Height and weight will assist the adjudicators in determining your patient’s Body Mass Index (BMI) which is a relevant indicator of certain wasting symptoms.

Question 3: Symptoms

The regulations outline these as specific symptoms of wasting. However, evidence of one symptom is not necessarily determinative of eligibility for the MNS. For example, patients who are overweight may have weight change but, in the absence of other information as to their medical condition and other symptoms, may not be considered “wasting.”

Question 4: Nutritionists’ Involvement

This question is for information purposes only. While recipients requiring MNS are encouraged to have a nutritional treatment plan, it is not a requirement of eligibility.

Question 5: Nutritional Items (\$165 per month)

To be eligible for these items, the medical practitioner must confirm that the specific

nutritional items are required to alleviate the symptoms of wasting. The need for the items must be in addition to a normal dietary intake. Conditions requiring an increase in caloric requirements through additional food and/or food supplements would meet the eligibility criteria. Low cholesterol diets, weight reducing diets, and vegetarian diets do not meet the intent of the MNS benefit.

Vitamins and mineral requirements should not be listed in this section, but in the section specific to vitamins and minerals.

Note: Persons with poor nutrition caused by spending support funds on items other than food, inadequate cooking facilities, or lack of knowledge, inclination, or ability to purchase and cook appropriately will not be eligible for additional nutritional items through the MNS.

Tube feeding and enteral nutrition diets would not be considered for the MNS, as other forms of assistance are available to assist with these situations. Short-term needs for supplements such as Boost or Ensure can also be met through other forms of Ministry assistance.

Diet allowances of up to \$40 per month are available and may be sufficient in some cases to provide for the required items.

For further information on eligibility criteria for the diet allowance, and other forms of assistance, patients should contact their Employment and Assistance Worker.

Question 6: Bottled Water (\$20 per month)

Where an applicant has immune suppression deficiencies, bottled water may be considered to prevent the transmission of water borne infections.

Question 7: Vitamins or Mineral Supplementation (\$40 per month)

To be eligible for this item, vitamins and minerals are required in dosages above normal amounts, specifically to alleviate the symptoms of wasting. The higher rate of disability assistance received by clients designated as a Person with Disabilities is expected to provide for low cost or occasional use of items such as once-a-day multi-vitamins.

Question 5-7 Imminent Danger to Life:

For the purpose of this application, the requirement to prevent “imminent danger to life” is satisfied if the medical condition is at a stage where nutritional intervention is required to relieve the wasting symptoms, to prevent further deterioration or to reduce the rate of further deterioration.

Payment:

The \$25 fee for completing Part B of this form may be billed through MSP on Fee Item 96400.

**If you have any questions, please contact:
Health Assistance Branch at 1-888-221-7711**

Nutritional Supplement Section of the EAPWD Regulation

Nutritional supplement

67(1) The minister may provide a nutritional supplement in accordance with section 7 [monthly nutritional supplement] of Schedule C to or for a person with disabilities in a family unit who receives disability assistance under

- (a) section 2 [monthly support allowance], 4 [monthly shelter allowance], 6 [people receiving room and board] or 9 [people in emergency shelters] of Schedule A, or
- (b) section 8 [people receiving special care] of Schedule A, if the special care facility is an alcohol or drug treatment center

if the minister is satisfied that all of the following conditions are met:

- (c) the minister receives a completed request in the form specified by the minister in which a medical practitioner has confirmed that
 - (i) the person with disabilities to whom the request relates is being treated by the medical practitioner for a chronic, progressive deterioration of health on account of a severe medical condition,
 - (ii) as a direct result of the chronic, progressive deterioration of health, the person displays one or more of the following symptoms:
 - (A) malnutrition;
 - (B) underweight status;
 - (C) significant weight change;
 - (D) muscle mass loss;
 - (E) bone density loss;
 - (F) neurological degeneration;
 - (G) significant deterioration of an organ;
 - (H) moderate to severe immune suppression,

(iii) for the purpose of alleviating a symptom referred to in subparagraph (ii), the person requires one or more of the items set out in section 7 of Schedule C and specified in the request, and

(iv) failure to obtain the items referred to in subparagraph (iii) will result in imminent danger to the person's life;

(d) the person is not receiving a supplement under section 2 (3) [general health supplement] of Schedule C;

(e) the person is not receiving a supplement under subsection (3) or section 66 [diet supplements];

(f) the person complies with any requirement of the minister under subsection (2);

(g) the person's family unit does not have any resources available to pay for the items for which the supplement may be provided.

(2) In order to determine or confirm the need or continuing need of a person for whom a supplement is provided under subsection (1), the minister may at any time require that the person obtain a medical opinion from a medical practitioner other than the medical practitioner referred to in subsection (1) (c).

Monthly nutritional supplement (from Schedule C of the EAPWD Regulation)

The amount of a nutritional supplement that may be provided under section 67 [nutritional supplement] of this regulation is the sum of the amounts for those of the following items specified as required in the request under section 67 (1) (c):

(a) for additional nutritional items that are part of a caloric supplementation to a regular dietary intake, \$165 each month;

(b) for bottled water for a person suffering moderate to severe immune suppression, \$20 each month;

(c) for vitamins and minerals, \$40 each month.