

# Ontario Disability Support Program – Income Support Directives

## 6.4 - Special Diet Allowance

### Summary of Policy

Each member of the benefit unit may receive an allowance to assist with the cost of a special diet for a medical condition listed on the Special Diets Schedule.

An approved health care professional must confirm that the member has a medical condition for which a special diet allowance is provided.

The Special Diet Allowance is provided to recipients and their dependants who receive either basic needs/shelter allowance, or the board and lodging amount.

The maximum Special Diet Allowance is \$250 per month, per member of the benefit unit.

The Special Diet Allowance is a component of the budgetary requirements of a benefit unit.

### Legislative Authority

[Sections 25, 30\(1\)4; 33\(1\)4; 33\(2\), \(3\) of the ODSP Regulation](#)

### Summary of Directive

- An approved health care professional must confirm that a recipient and/or a member of the benefit unit has a medical condition for which a special diet allowance is provided.
- The amount of the Special Diet Allowance is determined by consulting the Special Diets Schedule.
- The maximum Special Diet Allowance provided is \$250 per month per member of the benefit unit, and is part of the budgetary requirements.

### Intent of Policy

To assist social assistance recipients with the cost of a special diet due to a medical condition for which the special diet:

- is generally considered by the Ontario medical community to be an adjuvant to the treatment of the medical condition; and

- results in additional costs above a normal diet.

## **Application of Policy**

A Special Diet Allowance is not a benefit but is a component of the budgetary requirements.

An ODSP recipient and/or any other member of the benefit unit who requires a special diet(s) may apply for the Special Diet Allowance.

**Note:** ODSP recipients residing in institutions as defined under Section 32 of the ODSP General Regulation are **not** eligible for a Special Diet Allowance as their needs are met by the institution.

The Application for Special Diet Allowance (Form 3111 – English/3112 – French) and the Special Diets Schedule are used to determine the appropriate allowance.

A recipient who requests a Special Diet Allowance must have one of the following **approved health care professionals** complete the Application for Special Diet Allowance:

- a Physician registered with the College of Physicians and Surgeons of Ontario;
- a Registered Nurse in the Extended Class registered with the College of Nurses of Ontario;
- a Registered Dietitian registered with the College of Dietitians of Ontario;
- a Registered Midwife registered with the College of Midwives of Ontario;  
or
- a Traditional Aboriginal Midwife recognized and accredited by her or his Aboriginal community.

ODSP recipients are responsible for forwarding the completed application form to the local ODSP office.

## **Issuing the Application for Special Diet Allowance (Form 3111/3112)**

Any member of a benefit unit may apply for a Special Diet Allowance.

Staff will issue an original copy of the Application for Special Diet Allowance (Form 3111/3112) for each member of the benefit unit who makes a request for a Special Diet Allowance. Only the original, ministry-approved application form (Form 3111/3112) can be used. Photocopies, faxed copies, and forms that have been altered may **not** be issued or accepted.

## **Receiving an Incomplete Application for Special Diet Allowance (Form 3111/3112)**

Applications will be considered incomplete if:

- under Section II, the health care professional has:
  - not identified the number of medical conditions indicated in Section III or has identified a different number of conditions than are indicated in Section III; and/or
  - not signed the application form;
- under Section III, the health care professional has not indicated at least one eligible medical condition or initialed each indicated medical condition; and/or
- under Section IV, the recipient/applicant or someone lawfully authorized to sign on their behalf have not signed the applicant declaration and consent for release of information.

**Note:** A photocopy of the Application for Special Diet Allowance (Form 3111/3112) is not a valid application form. If a recipient submits a completed photocopy of the application form it is to be considered incomplete.

If an incomplete application form is submitted, the “Special Diet Allowance - Form Not Completed Correctly” letter should be sent to the recipient.

### **Determining the Amount of the Special Diet Allowance**

A recipient’s Special Diet Allowance amount is based on the Special Diets Schedule which provides an allowance amount for each medical condition listed on the application form.

A Special Diet Allowance is included in the recipient’s income support in the month that a completed application is received by the local office.

If an approved health care professional confirms more than one medical condition for which a Special Diet Allowance is required for a member of the benefit unit, the member is eligible to receive multiple allowances equal to the amount for each condition with the following exceptions:

- 1. Congenital heart defect — Have had Ross procedure or arterial switch procedure or have coexisting coarctation of aorta, Diabetes, Gestational Diabetes, Hypertension, Extreme Obesity, Hypercholesterolemia/Hyperlipidemia, and Prader-Willi Syndrome.**

If more than one of the above conditions is listed on the application form, only one allowance (the highest) will be provided.

- 2. Allergy to Milk/Dairy and Lactose Intolerance**

If both of the above conditions are listed on the application form, only one allowance (the allowance for allergy to milk/milk products) will be provided.

**3. Allergy to Wheat and Celiac Disease**

If both of the above conditions are listed on the application form, only one allowance will be provided (note: allowance amount for these conditions are the same).

**4. Chronic Wounds (Stage 1 & 2) and Burns (1-10% body surface area) and Chronic Wounds (Stage 3 & 4) and Burns (>10% body surface area)**

If both of the above conditions are listed on the application form, only one allowance, the allowance of Chronic Wounds (Stage 3 & 4) and Burns (>10% body surface area), will be provided.

**5. Chronic Hepatitis C (BMI <25) and Chronic Wounds and Burns (any stage or percentage of body surface area)**

If more than one of the above conditions are listed on the application form, only one allowance (the highest), will be provided.

**6. Chronic Hepatitis C (BMI <25) and unintended weight loss (any condition)**

If more than one of the above conditions are listed on the application form, only one allowance (the highest), will be provided.

**7. Chronic Hepatitis C (BMI <25) and Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis)**

If more than one of the above conditions are listed on the application form, only one allowance (the highest), will be provided.

**8. Chronic Hepatitis C (BMI <25) with interferon treatment and Chronic Hepatitis C (BMI < 25)**

If more than one of the above conditions is listed on the application form, only one allowance (the highest), will be provided.

**9. Chronic Hepatitis C (BMI <25) with interferon treatment and Chronic wounds or burns (any stage or percentage of body surface area)**

If more than one of the above conditions is listed on the application form, only one allowance (the highest), will be provided.

**10. Chronic Hepatitis C (BMI <25) with interferon treatment and Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis)**

If more than one of the above conditions is listed on the application form, only one allowance (the highest), will be provided.

**11. Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis) and Renal Failure (GFR <30) with unintended weight loss**

If more than one of the above conditions is listed on the application form, only one allowance (the highest) will be provided.

**12. Rett Syndrome (BMI <18.5) and Chronic Hepatitis C (BMI <25)**

If more than one of the above conditions is listed on the application form, only one allowance (the highest) will be provided.

**13. Rett Syndrome (BMI <18.5) and Chronic Wounds and Burns (any stage or percentage of body surface area)**

If more than one of the above conditions is listed on the application form, only one allowance (the highest) will be provided.

**14. Rett Syndrome (BMI <18.5) and Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis)**

If more than one of the above conditions is listed on the application form, only one allowance (the highest) will be provided.

**15. Rett Syndrome (BMI <18.5) and unintended weight loss (any condition)**

If more than one of the above conditions are listed on the application form, only one allowance (the highest), will be provided.

Also note that an applicant/recipient is only eligible for one unintended weight loss special diet.

The cumulative, total allowance for a member of a benefit unit cannot exceed \$250.

**Approval Process**

When a Special Diet Allowance request has been approved, the Special Diet Allowance Approved letter is sent to the recipient notifying him/her that a Special

Diet Allowance has been approved, the amount approved, and the review date if applicable (at which time the dietary needs of the recipient will be re-assessed).

The allowance is added to the recipient's basic needs allowance and shelter allowance or board and lodging amount (as appropriate) with a review date, if applicable. The Special Diet Allowance will be paid commencing the first day of the month in which the completed application was received by the local office.

**Note: Only ODSP Director-approved template letters may be used to notify recipients.**

When a Special Diet Allowance request has not been approved, the Special Diet Allowance Application Not Approved letter is sent to the recipient notifying him/her that the Special Diet Allowance has not been approved, the reason, and his or her right to request an Internal Review.

### **Review Dates for Special Diets**

A recipient's ongoing eligibility for a Special Diet Allowance for all medical conditions is subject to review. The timing of the review and the method of review is based on the length of time the approved health care professional confirms the special diet is required. For most conditions, health care professionals can choose one of the following three options on the application form when indicating the length of time a special diet is required: 6 months, 12 months or indefinite.

However, a recipient's eligibility for the Special Diet Allowance is reconfirmed at the time of the recipient's scheduled full case review if the case review precedes the expiry date of the Special Diet Allowance.

For Special Diet Allowances that expire in 6 months or 12 months, an eligibility review is initiated 90 days prior to the Special Diet Allowance review date or case review date. Recipients are to be notified using the Notification of Review letter accompanied by a Form 3111/3112.

A recipient may have more than one review date if more than one medical condition has been confirmed. If this occurs, a recipient will be required to submit a separate Application for Special Diet Allowance at the time of each review.

If an updated Application for Special Diet Allowance (Form 3111/3112) is not received by the ODSP office by the due date or scheduled case review, the Special Diet Allowance is cancelled. An extension of the 90 day period may be approved if a recipient is experiencing difficulty with submitting a completed application form.

If an approved health care professional confirms that a recipient's special dietary needs are indefinite, the Special Diet Allowance is reviewed periodically at the

time of the recipient's scheduled case review and through ongoing case management.

In addition, the Director may request a review of a recipient's special dietary needs at anytime, even in cases where the health care professional has confirmed that the special diet is required on an indefinite basis. The Director may also request for a new application form to be completed by an approved health care professional other than the one that completed the original form.

### **Consent to Release Medical Information**

Special Diet Allowance applicants are required to sign a consent to the release of relevant medical information to support their application for the Special Diet Allowance (Section IV of Form 3111/3112). Medical records requested by the Director will be reviewed by medical experts. Staff will not request access to or review recipients' records, beyond the information contained on the Special Diet Allowance application form.

### **Payments for the Completion of the Special Diets Application Form**

Approved health care professionals are to be paid \$20 for completing the Application for Special Diet Allowance (Form 3111/3112).

Payments to physicians are processed through OHIP. The assigned OHIP billing code for the Application for Special Diet Allowance is KO55, and is located on the top of the application form.

Registered Nurses in the Extended Class, Registered Dietitians and Midwives in both categories are also entitled to receive a \$20 payment for completing the Form 3111/3112. They are required to submit an invoice to the local office from which the Application for Special Diet Allowance originated stating the recipient's name and member ID, and the health care professional's name, address, telephone number, and college registration number. The local office is responsible for processing the invoice.

If the invoice form is not complete or the form does not identify the recipient, staff should send the Letter to Health Care Professional re: Invoice for Completing Application Form letter to the identified health care professional.

### **Recipients Transferring from Ontario Works**

Some Ontario Works participants will be granted ODSP while receiving an Ontario Works Special Diet Allowance. Eligible amounts should continue to be paid without interruption until the review date of the current (Ontario Works) Special Diet Allowance, if applicable.

If the Application for Special Diet Allowance (Form 3111/3112) has expired, eligible amounts can be paid but recipients transferring from Ontario Works are required to have a new Form 3111/3112 completed and submitted for review within 90 days.

### **Guidelines for Treatment of Grand-parented Family Benefits Allowance (FBA) Cases with Special Diet Allowances in Excess of the Current \$250 Per Month, Per Member Maximum**

Special Diet Allowance recipients grand-parented from FBA who were receiving special diet amounts in excess of \$250 per month continue to be eligible for amounts up to the maximum amount they were receiving on April 30, 1998 under FBA. However, they must have submitted an Application for Special Diet Allowance (Form 3111/3112) and have one or more eligible medical conditions under the Special Diets Schedule in order to receive a Special Diet Allowance. In other words, these recipients are subject to the same eligibility requirements as all other recipients, but the maximum allowance they can receive may exceed the \$250 cap.

**The ODSP regulations state that recipients who were grand-parented from FBA cannot receive a special diet allowance that is higher than the allowance they were receiving on April 30, 1998.** They may, however, receive less if their special dietary needs change.

For example, if an FBA grand-parented recipient was receiving a Special Diet Allowance of \$575 per month on April 30, 1998, provided that he or she has eligible medical conditions which amounts to at least \$575, this would continue to be the maximum allowance that he or she could receive. If the recipient is assessed with medical condition(s) which amount to \$500 per month, then the recipient would receive this amount and this would become their new grand-parented maximum allowance.

If an FBA grand-parented recipient's Special Diet Allowance falls to \$250 or less per month, they lose their grand-parented allowance maximum and are subject to the \$250 maximum allowance for special diets. In all cases, the current Special Diets Schedule is to be applied.

### **Pregnancy/Breast-feeding Nutritional Allowance**

A Special Diet Allowance for inadequate lactation or breast-feeding contraindication is not paid in combination with a Pregnancy/Breast-feeding Nutritional Allowance.

Women who are pregnant or are breast-feeding may be eligible to receive support through the Pregnancy/Breast-feeding Nutritional Allowance instead of



through the Special Diet Allowance (see [ODSP Directive 6.5: Pregnancy/Breast-feeding Nutritional Allowance](#) for more information).

If a woman is receiving the Pregnancy/Breast-feeding Nutritional Allowance, but a Special Diet Allowance is required due to inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated, the Pregnancy/Breast-feeding Nutritional Allowance ceases to be issued effective the month it is replaced by an amount provided to the infant through the Special Diet Allowance (see [ODSP Directive 6.5: Pregnancy/Breast-feeding Nutritional Allowance](#) for more information).

### **Products Covered under the Ontario Drug Benefit Program**

Products covered under the Ontario Drug Benefit Program (ODB) **shall not** be considered for a Special Diet Allowance. A Special Diet Allowance will only be paid in relation to a medical condition(s) listed in the Special Diets Schedule.

### **Decisions Related to Special Diet Allowance May Be Appealed**

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.

### **Hyperlinks Associated with this Policy Directive:**

#### **Related Directives:**

- [6.1 Basic Needs Calculation](#)
- [6.3 Board and Lodging](#)
- [6.5 Pregnancy/Breast-Feeding Nutritional Allowance](#)
- [9.8 Drug Benefits](#)

<b>Special Diets Schedule</b>	
<b>Column A</b> <b>Medical Condition</b> that requires a Special Diet	<b>Column B</b> <b>Monthly Amount</b> for Special Diet unless otherwise specified
Wasting/weight-loss due to one or more of the following medical conditions:	
• Anorexia Nervosa	
• Cystic Fibrosis	
• Amyotrophic Lateral Sclerosis	
• Chronic Hepatitis C (BMI <25) with interferon treatment	
• Congestive Heart Failure	
• Crohn's Disease	
• Cirrhosis (Stage 3 and 4)	
• HIV/AIDS	
• Huntington Disease	
• Lupus	
• Malignancy	
• Multiple Sclerosis	
• Muscular Dystrophy	
• Ostomies	
• Pancreatic Insufficiency	
• Parkinson disease	
• Short Bowel Syndrome	
• Ulcerative Colitis	
• Renal Failure (GFR <30)	
- wasting/weight-loss of > 5% and = 10% of usual body weight	\$191
- wasting/weight-loss of > 10% of usual body weight	\$242
<b>Notes:</b>	
1) Only one unintended weight loss special diet will be provided per	

applicant/recipient.	
2) If unintended weight loss due to Renal Failure is indicated together with Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis), only one allowance (the highest) will be provided.	
3) If Chronic Hepatitis C (BMI <25) with interferon treatment is indicated together with one or more of the following conditions: Chronic Hepatitis C (BMI <25), Chronic wounds or burns (any stage or percentage of body surface area), Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis), only one allowance (the highest) will be provided.	
Allergy to Wheat	\$97
Celiac Disease	\$97
<u>Note:</u> Where both of the above conditions are indicated, only one allowance amount (the highest) will be provided.	
Chronic wounds (Stage 1 & 2) or burns (1-10% body surface area)	\$88
Chronic wounds (Stage 3 & 4) or burns (>10% body surface area)	\$191
Chronic Hepatitis C (BMI <25)	\$88
<u>Notes:</u>	
1) Where more than one of the above three conditions are indicated, only one allowance amount (the highest) will be provided.	
2) Where Chronic Hepatitis C (BMI <25) is indicated together with unintended weight loss (any condition), only one allowance amount (the highest) will be provided.	
3) Where Chronic Hepatitis C (BMI <25) is indicated together with Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis), only one allowance amount (the highest) will be provided.	
Congenital heart defect — Have had Ross procedure or arterial switch procedure or have coexisting coarctation of aorta	\$86
Diabetes	\$81
Extreme Obesity BMI > 40	\$51

Gestational Diabetes Note: provided during pregnancy and for 3 months post partum	\$102
Hyperlipidemia or Hypercholesterolemia	\$51
Hypertension	\$86
Prader-Willi Syndrome	\$200
<u>Note:</u> Where more than one of the above 7 conditions are indicated, only one allowance (the highest) will be provided.	
Dysphagia requiring thickened fluids	\$125
Food Allergy - Milk/Dairy	
• 1-8 years of age	\$32
• 9-18 years of age	\$63
• 19-50 years of age	\$32
• 51 years of age or older	\$47
Lactose Intolerance	
• 1-8 years of age	\$30
• 9-18 years of age	\$59
• 19-50 years of age	\$30
• 51 years of age or older	\$45
<u>Note:</u> Where both of the above conditions are indicated the allowance amount for allergy to milk/dairy will be provided	
Inadequate lactation to sustain breast-feeding or breast-feeding is contraindicated during the first 12 months of infant's life  A Special Diet Allowance will be paid during the first 12 months of an infant's life, if formula is necessary due to inadequate quantity of breast milk or if breast-feeding 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; mother is not present, etc.,] and the infant requires supplementation to maintain weight.	
• lactose tolerant	\$145

• lactose intolerant	\$162
Osteoporosis	\$38
Renal Failure — Pre-Dialysis (GFR<30)	\$52
Renal Failure — Peritoneal/Haemodialysis	\$88
Rett Syndrome (BMI <18.5)	\$88
<p><b>Note:</b> Where Rett Syndrome (BMI &lt;18.5) is indicated together with one or more of the following conditions: Chronic Hepatitis C (BMI &lt;25), Chronic wounds or burns (any stage or percentage of body surface area), Renal Failure (Pre-Dialysis or Peritoneal /Haemodialysis), or any unintended weight loss conditions, only one allowance (the highest) will be provided.</p>	

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