

Ontario Disability Support Program - Income Support Directives

9.12 - Mandatory Special Necessities

Summary of Legislation

The costs of the following items can be covered for members of the benefit unit as Mandatory Special Necessities (MSN) if not otherwise covered or reimbursed:

- Diabetic supplies;
- Surgical supplies and dressings; and
- Transportation reasonably required for medical treatment, if the cost of that transportation in the month exceeds \$15.

The costs may be covered by:

1. Adding the amount for the items to the monthly income support payment; or
2. Using pay direct, whereby the recipient receives the items or services from a third party and the third party invoices the local ODSP office for the amount for the items or services.

Legislative Authority

[Sections 21\(2\)3 of the Ontario Disability Support Program Act, 1997](#)
[Section 44\(1\)1.iii and iii.1 of the Ontario Disability Support Program Regulation](#)

Summary of Directive

The MSN benefit covers the costs of the following items and services:

- Diabetic supplies
- Surgical supplies and dressings; and,
- Transportation reasonably required for medical treatment which exceeds \$15 in a month.

The cost of the item must not be otherwise reimbursed or subject to reimbursement from any other source.

Intent of Policy

To ensure that ODSP recipients receive diabetic supplies, surgical supplies and dressings, and transportation reasonably required for medical treatment, where they are not available from any other source.

Application of Policy

Eligibility

The MSN benefit is available to all members of the ODSP benefit unit, including dependent adults.

Diabetic Supplies

Diabetic supplies include needles and syringes, alcohol swabs, platforms, lancets, blood glucose monitors and insulin pump supplies. Insulin and test strips are covered under the Ontario Drug Benefit (ODB).

The diabetic and surgical supply cost schedule is used to assist staff in determining the appropriate benefit amount for these items. However, **actual costs should be covered based on receipts.**

The Canadian Diabetes Association (CDA), Ontario Division's "Monitoring for Health" program can provide coverage of lancets and blood glucose monitors for insulin-dependent clients (using injections). The central toll-free telephone number for the CDA is 1-800-361-0796.

The CDA provides funding for 75% of the cost of lancets (up to an annual limit of \$920), only for persons who are insulin-dependent (using injections). The balance of the cost is an approvable MSN item.

The CDA provides funding on a reimbursement basis for the cost of a blood glucose monitor (used for monitoring blood sugar levels). The CDA will provide the lesser of 75% of the value or \$75, once every five years, only for persons who are insulin dependent. The balance of the cost is an approvable MSN item if not covered by another source.

For people who are not insulin dependent (not using injections) the full cost of a blood glucose monitor is an approvable item if not covered by another source, based on a completed MSN benefit request form, subject to a limit of \$54.

Note: Only models of blood glucose monitors whose test strips are covered under the ODB will be approved. Vendors can verify which test strips are covered by the ODB.

The Ministry of Health and Long-Term Care's (MOHLTC) Assistive Devices Program (ADP) provides an annual grant of \$170 for insulin needles and syringes for persons 65 and older. All clients aged 65 or older should be referred to ADP (1-800-268-6021) for this grant.

Surgical Supplies and Dressings

For ODSP purposes, surgical supplies and dressings are supplies prescribed by a licensed Ontario physician that are required as a direct result of a surgical, radiological or medical procedure or disease.

Persons recovering from surgery should first seek coverage for surgical supplies from their local Community Care Access Centre before seeking coverage from ODSP.

Persons requesting assistance for ostomy supplies must provide verification that they have applied for the yearly grant of \$1300 from ADP, payable in two instalments. Funding for costs greater than \$1300 is allowable. Information about the ostomy grant is available at 1-800-387-5559.

The Easter Seals Society Ontario delivers an incontinence supply program for families of children with severe disabilities where the disability results in chronic incontinence.

Under the Easter Seals program, children (aged 3-5) are eligible for \$400 and children (aged 6-17) are eligible for \$900 in incontinence supplies, in two semi-annual instalments. Applicants should contact Easter Seals at 1-888-377-5437. Dependent children are eligible through the MSN Surgical Supplies and Dressings category for the amount above that which is provided by the Easter Seals program.

Supplies for a Continuous Positive Airway Pressure (CPAP) machine are also covered (tubing, masks, water chamber, distilled water, filters).

Transportation

Travel and transportation costs are paid when the costs exceed \$15 per benefit unit in a given month, and the travel meets the criteria of one of the three components outlined below. In order to receive transportation costs (except in emergencies) an MSN Benefit Request form must be completed.

The approved costs should be based on the most economical mode of transportation that the approved health professional indicates a person's condition enables him/her to use.

There are 3 components in the MSN travel benefit that describe when costs for travel and transportation can be provided.

1. Professionals designated under the *Regulated Health Professions Act, 1991* (RHPA)

The MSN travel and transportation benefit is available to recipients who incur transportation costs to or from any therapy or treatment provided by a professional designated under the RHPA.

The professionals governed by the RHPA are:

- Physicians
- Psychologists
- Physiotherapists
- Dentists
- Dental Technologists
- Chiropractors
- Optometrists
- Pharmacists
- Chiropodists & Podiatrists
- Massage Therapists
- Respiratory Therapists
- Medical Radiation Technologists
- Traditional Chinese Medicine Practitioners
- Nurses
- Psychotherapists
- Dietitians
- Dental Hygienists
- Denturists
- Midwives
- Opticians
- Kinesiologists
- Audiologists & Speech-Language Pathologists
- Occupational Therapists
- Medical Laboratory Technologists
- Homeopaths
- Naturopaths

2. Alcohol and Drug Recovery Groups

The costs of transportation to attend drug and alcohol recovery groups (e.g.

Alcoholics Anonymous, Narcotics Anonymous) are covered, provided the recipient's physician or psychologist has prescribed it, and the program is available locally.

3. Mental Health Therapy and Mental Health Counselling

The costs of travel to mental health therapy/mental health counselling is covered provided that the treatment has been prescribed by a psychiatrist, other physician or psychologist and the program is provided under the supervision of a psychiatrist, other physician or psychologist.

To "prescribe" a program means that the psychiatrist, other physician or psychologist has provided a clear indication that the program is part of the client's medical treatment or therapy.

The program or activity must be under the supervision of a psychiatrist, other physician or psychologist, **and**

- i) The activity or program is administered and adapted to individual participants by qualified mental health caseworkers; **and**
- ii) The mental health caseworkers are supervised by the psychiatrist, other physician or psychologist.

Coverage will continue for recipients who were receiving transportation costs to attend day programs or other activities on **September 30, 1999**, for as long as the person attends the program. New requests for transportation costs to attend day programs are not eligible, unless the request meets one of the three components listed above.

The following chart outlines the amounts that ODSP will pay for different modes of transportation:

Mode of Transportation	Coverage available
Public Transportation	The lesser of the cost of all return trips per month or the cost of a monthly transit pass.
Private vehicle	40¢ per kilometer/41¢ in the North and North East Regions. Parking costs are covered with receipts.
Agency Driver	Agency fee or 40¢ cents per kilometer/41¢ in the North and North East Regions where there is no established fee.
Taxi	Return trip fare door to door.*
Ambulance	Scheduled travel by ambulance.

*Not waiting for customer during appointment. However, in regions where distances are great (e.g. the north or rural areas), it may be less expensive for a taxi to wait rather than to make a return trip. In this case, the waiting fee should be paid. In areas where distances are short (e.g. cities and towns), it is generally less expensive for a recipient to order a taxi for a return trip.

Emergency Travel

Some ODSP recipients may require emergency medical treatment and request reimbursement for transportation expenses that were not approved in advance. Emergency costs can be covered based on receipts. A note from the recipient requesting reimbursement and specifying the destination and the mileage incurred is also acceptable; however, receipts (e.g. parking receipt) should also be included if available. Where the recipient is requesting reimbursement, they should be asked if they will require regular appointments. If so, an MSN request form should be completed by the approved health professional and upfront verification would apply as in all other cases.

Out of Town Travel and Out of Country Travel

Out of Town Travel

Out of town travel may be approved when necessary to receive treatment or therapy provided by a professional designated under the RHPA. (These professionals are listed on page 4 and 5.) This may include overnight stays en route for long trips or during treatment that lasts for more than one day. Where appropriate, travel across a provincial border may be covered. (i.e. Manitoba and Quebec).

Out of Country Travel

If out of country travel is necessary for treatment or therapy, travel and transportation costs can only be covered when OHIP is covering the costs of the treatment. A letter from the Ministry of Health and Long-Term Care is required to document OHIP coverage.

Mode of Transportation, Meals and Attendants

With any approved travel, the most economical mode of transportation that the approved health professional indicates a person can use, should be used. The most economical accommodation should be used when overnight stays are required for a person to receive necessary medical services. Costs for meals while travelling are allowed in appropriate circumstances. Meal allowances should not exceed \$5.00 for breakfast, \$8.00 for lunch and \$15.00 for dinner (daily total \$28.00). Alcoholic beverages are not covered.

If the traveller needs someone to accompany them (e.g. to provide physical or attendant care, assistance with disembarking, etc.), an attendant's travel costs

may be covered where an approved health professional specifies that it is necessary for someone to accompany the recipient. Many carriers allow attendants to travel for free or at reduced rates. Only the balance of travel costs, plus meals are to be covered. Attendants are required to share accommodation on overnight stays.

Northern Ontario residents must apply for the Northern Health Travel Grant (NHTG) through MOHLTC for health related travel expenses. The recipient will need to complete the Agreement to Reimburse (2208) and Assignment and Direction (2209) forms so that if they are eligible for NHTG funding, the ministry is reimbursed for eligible expenses already paid to the recipient.

MSN Benefit Request Form

The Mandatory Special Necessities Benefit Request Form (2957) should be given to recipients requesting MSN for the first time and at the time of any subsequent renewal.

The form captures all information necessary to determine eligibility, determine the benefit amount, and establish the approval period.

The MSN benefit is paid commencing the date that the completed Mandatory Special Necessities Request Form is received by the ODSP office with the exception of emergency travel noted above.

Who can complete the form:

Type of Benefit	Eligible Professional
Medical Transportation	Physician, Nurse in the Extended Class, Psychologist (for addiction related treatment only)
Diabetic Supplies	Physician, Nurse in the Extended Class, Registered Nurse (where a physician has identified the need)
Surgical Supplies and Dressings	Physician, Nurse in the Extended Class, Registered Nurse (where a physician has identified the need), Enterostomal Therapist (where physician has identified the need)

Note: Where sections of the form relating to diabetic supplies or surgical supplies and dressings are being completed by a Registered Nurse or Enterostomal

Therapist, the box indicating that the need has been prescribed by a physician must be checked in order for a benefit to be approved.

Cost Schedule - Diabetic and Surgical Supplies

A diabetic and surgical supply cost schedule (see Appendix A) is available to ODSP staff to help determine the amount to be paid for these items. This schedule is not exhaustive. Other items can be covered if they meet the definition of surgical supplies, are prescribed by an approved health professional, and are listed in the "other" box on the MSN Benefit Request Form.

The schedule reflects average costs for the most commonly prescribed supplies. If actual costs exceed the amounts set out in the schedule, the higher actual cost should be paid based on written estimates or receipts provided by the recipient. It is not necessary to request estimates/receipts each month. The estimate/receipt is only used to establish/verify a cost that exceeds the amount set out in the schedule.

Worksheet

An MSN worksheet (Form 2968) is also available to ODSP staff to assist them in determining the appropriate monthly MSN benefit amount for each category.

Covering the Costs of Approved Items or Services

Adding the Amount for the Item(s) or Service(s) to the Monthly Income Support Payment

To cover the costs of items or services under the MSN benefit the amount for the items or services may be added to a recipient's monthly income support payment.

Pay Direct

To determine whether a pay direct arrangement should be implemented for a recipient, the following factors should be considered:

- the recipient has indicated a need for assistance with the payment of his or her MSN benefit(s);
- the amount for the item(s) or service(s) is high.

A decision to use a pay direct approach is not appealable to the Social Benefits Tribunal.

Approval Periods and Review Dates

Principles

MSN approval periods should be tied to the duration of need identified by the approved health professional.

Where a private vehicle is used for medical transportation, the recipient should provide an estimate of the mileage for a return trip to the identified appointment. ODSP staff can assist the recipient in estimating the mileage. Where other means of transportation are required (e.g. taxi, ambulance), the recipient should submit a written estimate for the cost of return trips.

If the costs of supplies or transportation exceed the approved amount, the benefit amount can be adjusted based on one time verification through an estimate or receipt. It is not necessary to request estimates/receipts each month.

Permanent Need

Where the need identified by the approved health professional is permanent and requirements are not expected to change (e.g. stable diabetes), a review of the need is not required. If the costs exceed the schedule, the actual amounts can be paid based on one time verification.

Changing Need

Where the approved health professional indicates that the needs are expected to change, the benefit is approved for the duration identified by the approved health professional. A review is needed prior to the expiry of the benefit. Staff must ensure that the recipient is provided with the "Mandatory Special Necessities Benefit Request Form" 60 days prior to the benefit expiry date.

At the time of review, if the need has changed, a new benefit amount will be determined for the next approval period, based on the need and duration identified by the approved health professional.

Time Limited Need

Where the approved health professional indicates that the need is time limited (e.g. six months transportation to physiotherapy for a broken leg), no review is needed nor is a new form to be issued at the end of the benefit period.

Recipients Transferring From Ontario Works

Some Ontario Works participants will be granted ODSP while receiving Ontario Works Mandatory Benefits for medical transportation, diabetic supplies and

surgical supplies/dressings. Eligible costs should continue to be paid without interruption until the Ontario Works benefit expiration date **if**:

- All appropriate documentation is provided (i.e. doctor's prescription, review date; verification of costs must also be provided for transportation and where diabetic/surgical supply costs exceed the ODSP schedule) and,
- The item would be approved under ODSP MSN benefits.

Ontario Works participants who are granted ODSP while receiving Ontario Works Mandatory Benefits (that would be approved under ODSP) for a documented life-long condition, in which the level of need is not expected to change, do not require a review, as long as documentation standards are met and the funds are sufficient to meet the recipient's needs.

If costs exceed the ODSP schedule amount during the approved period, the benefit can be adjusted based on one time verification through an estimate/receipt. It is not necessary to request estimates/receipts each month.

Where Requests Are Not Approved

Recipients must be notified in writing of a decision not to approve MSN benefits. Internal reviews and appeal provisions apply.

Retroactive Payments Based on Reconciliation of Costs

With the exception of meal allowances, MSN pays for the actual cost of the travel/transportation and supplies specified on the MSN form. In some cases, actual costs will exceed the amounts originally approved. In these cases, a reconciliation should take place based on verification of the actual expenses incurred. Payment for the difference in costs can be made retroactive to the date the completed MSN form was received by the ODSP office.

HYPERLINKS ASSOCIATED WITH THIS POLICY DIRECTIVE

Related Directives:

[9.6 Assistive Devices](#)

[9.10 Extended Health Benefit](#)

Bulletins:

09-99

010-99

020-2000

010-2002

07-2005

APPENDIX A

Ontario Disability Support Program Diabetic and Surgical Supply Schedule

NOTE: The following schedule is **not** exhaustive. Additional or alternative items may be prescribed based on a recipient's specific circumstances and indicated in the "other" box on the MSN Benefit Request form. This chart reflects an estimate of costs for many commonly prescribed supplies and is used to assist staff in determining the appropriate benefit amount for these items. However, **actual costs should be covered based on receipts.**

For ODSP purposes, surgical supplies and dressings are considered to be those supplies prescribed by a licensed Ontario physician and required as a direct result of a surgical, radiological or medical procedure or disease.

Item	Average Cost	Unit Cost
Diabetic Supplies		
Insulin Syringes/per 100	\$30.21	.30 each
Needle tips/100 box	\$27.05	.27 each
Lancets/ 200 box	\$13.99	.07 each
Wipes: Betadine/100 box	\$17.61	.18 each
Alcohol/100 box	\$3.09	.03 each
Incontinence Supplies		
Diapers/case	\$78.03/case	\$78.03/case
Containment Briefs – Reusable	\$26.32/case	\$26.32/case
Containment Pads – Disposable	\$44.75/case	\$44.75/case
Leg Bags – Disposable	\$6.11	\$6.11
Leg Bag Straps	\$6.86	\$6.86
Enema Kits	\$5.13	\$5.13
Latex Gloves/box 100	\$11.43	\$.11 each
Vinyl Gloves Non Sterile/100 box	\$12.79/box	\$.13 each
Vinyl Gloves Sterile/50 box	\$68.75/box	\$1.38 each
Ostomy Flanges/5 box	\$42.96	\$8.59 each
Ostomy Pouches/10 box no drain	\$35.90	\$3.59 each
Urostomy (pouch with drain)	\$57.16	\$57.16

Bedside Drainage Bags	\$7.26	\$7.26
Catheters – Indwelling	\$10.83	\$10.83
Catheters – Straight	\$2.18	\$2.18
External Condom Catheters (urinary incontinence)	\$1.06 each	\$1.06 each
Paste (Ostomy)	\$13.89	\$13.89
Ostomy Deodorant	\$22.82	\$22.82
Antiseptic Solutions: Hydrogen Peroxide Alcohol	\$ 3.14 \$ 1.89	\$ 3.14 \$ 1.89
Surgical dressing gauze		
Non sterile 2X2 12 ply	\$ 5.15	\$ 5.15
3X3 12 ply	\$ 7.02	\$ 7.02
4X4 12 ply	\$11.03	\$11.03
2X2 8 ply	\$ 5.54	\$ 5.54
3X3 8 ply	\$ 6.73	\$ 6.73
4X4 8 ply	\$ 9.15	\$ 9.15
Sterile 2X2 12 ply	\$10.37	\$10.37
3X2 12 ply	\$22.82	\$22.82
4X4 12 ply	\$29.05	\$29.05
Elastoplast Dressing: 3.8 cm X 4.5 6.3 cm X 4.5 7.5 cm X 4.5	\$18.95 \$24.00 \$27.24	\$18.95 \$24.00 \$27.24
Adhesive Tape	\$ 2.64	\$ 2.64

When calculating MSN benefit amounts assume 31 days or 4.33 weeks per month.