Tips and Tricks: Monthly Nutritional Supplement (MNS) Application

Most clients on Ministry assistance would benefit from added funding to better support their monthly living expenses. If eligible, this supplement would ease some of their financial stress.

The notes below are to assist with completing the application. Statements are general and meant to contribute to the tone necessary for approval. Ministry staff reviewing these applications have no medical background; any explanation or description of conditions will help.

Please connect with your dietitian as this is one of their areas of expertise. Dietitians are familiar with the various Ministry nutrition supplements, can determine eligibility, and follow-up with clients for ongoing support.

To apply for MNS, the client must be in receipt of 'person with disabilities' (PWD) benefits.

Part A
This section used to have to be completed by a Ministry worker but is no longer required. The provider can use a blank form and fill in the name, PHN, address, and PWD status. The other sections can remain blank.

Part B
The client needs to sign to acknowledge and consent to the application process.

Part C (6 sections to be completed by provider)
MNS ($225 total) is divided into 2 parts:

- Vitamin or Mineral supplementation: $45
- Nutritional Items (oral nutrition supplements): $180
- On some occasions, we can see a partial approval of the MNS if Vitamins and Minerals section is met but the Nutritional Items section isn't (Answers to questions 1-4 will still need to be accepted for a partial approval).

Question 1. Please list and describe the applicant's severe medical condition(s)

- List all severe, chronic co-morbidities that have a connection to nutritional status (e.g. HIV, inflammatory bowel diseases, celiac disease, organ failure, severe, chronic lung conditions or non-healing wounds, etc.)
- At this time, substance use disorders, eating disorders, and mental health disorders are not accepted medical conditions for this supplement.
- Add any descriptors relating to the severity of the condition or the connection it has to nutritional status (e.g. stage of organ failure, decreased immune function, causes chronic malabsorption of nutrients, increases metabolic requirements, results in increased risk of infections, etc.)

Question 2. As a direct result of the severe medical condition(s) noted above, is the applicant being treated for a chronic, progressive deterioration of health? If so, please provide details and any information on treatments including any relevant clinical or diagnostic reports.

- Include any prescribed medications or treatments (e.g. anti-retroviral therapy, recurrent antibiotic treatments, wound care, significant dietary modifications necessary, etc.)

Question 3. As a direct result of the chronic, progressive deterioration of health noted above, does the applicant display <u>two or more</u> of the following symptoms? If so, please describe in detail.

- If two or more symptoms are not accepted, the application will be denied.
- If the symptoms of deterioration of health are not clearly related to the confirmed chronic, progressive health condition, the application will be denied.

<u>Malnutrition:</u>

- E.g. Unintentional weight loss, muscle loss, increased energy or nutrient requirements due to the chronic condition, micronutrient deficiencies, gastrointestinal symptoms leading to malabsorption of nutrients, SGA score of B or C.
- Including diagnostic reports is not always necessary, but can be included. Document details relating to nutritional status, such as any out-of-range lab work.
- Inadequate intake due to fatigue, depression, poor appetite, substance use or food insecurity are not accepted by the Ministry. Malnutrition needs to directly relate to the confirmed health condition(s).

<u>Underweight status:</u>

- Indicate using BMI, using adjusted BMI in cases of edema or ascites.

<u>Significant weight loss:</u>

- Note the amount of weight loss over 3, 6 or 12 months.
- Significant weight loss is >10% body weight loss over 6-month period but the Ministry has accepted less than this (5-10% in 6 months would be reasonable for an approval).

<u>Significant muscle mass loss:</u>

- <u>significant</u> loss of lean body tissue on a nutrition-focused physical exam.

<u>Significant neurological degeneration:</u>

- E.g. peripheral neuropathy, cognitive changes, neurological medical conditions

<u>Moderate to severe immune suppression:</u>

- E.g. HIV+ (even well-controlled viral load will be approved for this), long-term chemotherapy, immunosuppressive medications, CKD requiring dialysis

<u>Significant deterioration of a vital organ:</u>

- E.g. CKD (stage 3b or 4), heart failure (EF 40% or less), decompensated cirrhosis, decompensated COPD, etc.
- Include staging or severity details, as appropriate

Question 4. Specify the applicant's height and weight.

- Imperial or metric
- Take note of edema or ascites and adjust for dry weight as the Ministry uses these values to calculate BMI.

Question 5. Vitamin and Mineral Supplementation (3 parts):

Specify the vitamin or mineral supplement(s) required and expected duration of need:

- List specific micronutrients needed in excess due to the chronic medical condition, as well as micronutrients required to treat deficiencies.
- Mention they are required on an ongoing basis or for life

Describe how this item will alleviate the specific symptoms identified:

- Report how the micronutrients specified will help improve symptoms listed in Question 3.
- E.g. supplements to treat deficiencies or meet higher requirements from a chronic health condition (aka treating malnutrition, helping to prevent disease progression).

Describe how this item or items will prevent imminent danger to life:

- State "without these micronutrient supplements, my client's nutrition status will continue to decline", or the supplements are required to alleviate specific symptoms and subsequent health risks.
- If a specific nutrient is required to treat a documented deficiency, list how the client's health will deteriorate without treatment.
- List how ongoing malnutrition would impact the progression of chronic health conditions (e.g. reduction in immune function, increased disease progression of HIV or cirrhosis, worsening bone loss/osteoporosis, etc.)

Question 6. Nutritional Items (4 parts):

Specify the additional nutritional items required and expected duration of need:

- "My patient/client requires a high calorie, high protein oral nutritional supplementation in addition to a regular diet, [enter quantity] per day, to replete stores and maintain adequate nutritional status. This is necessary on an ongoing basis."

Does the applicant have a medical condition that results in the inability to absorb sufficient calories to satisfy daily requirements through a regular dietary intake? If yes, please describe:

- E.g. Significant deterioration of the liver impacts nutrient metabolism leading to hypermetabolism and catabolism resulting in inadequate nutritional status
- E.g. Inflammatory bowel disease (Crohn's, ulcerative colitis) causes significant damage to the intestinal tract causing malabsorption of macro/micro nutrients resulting in inadequate nutritional status
- E.g. For clients with HIV and symptoms of malabsorption/opportunistic infections of the gut: HIV leads to malabsorption due to the virus attacking the gastrointestinal tract as well as medication side effects.
- E.g. Chronic lung disease or chronic non-healing wounds, or cancer, etc. increase energy and protein requirements above normal. The client is in a state of catabolism (tissue breakdown) and additional nutrients are required for anabolism.

Describe how the nutritional items required will alleviate one or more of the symptoms specified in Question 3 and provide caloric supplementation to the regular diet:

- List how the nutritional items will alleviate the symptoms listed in Question 3.
- E.g. Improve nutrition status/treat malnutrition, prevent further weight or lean soft tissue mass loss, prevent deterioration of the impacted organ, etc.

Describe how the nutritional items requested will prevent imminent danger to the applicant's life:

- State, "Without these nutritional items, malnutrition, muscle mass, immune function, and/or organ function, etc. will continue to decline, increasing applicant's risk of morbidity and mortality."

Additional Comments:

- Add any additional information that may be useful.
- E.g. "see attached for hospital discharge summary"

Once application is completed and client has signed document, fax to Health Assistance Branch at 1-855-771-8785.

Adjudication takes up to 8-10 weeks. If approved funds are added to support client's monthly support cheque. With a completed Consent to Disclosure form (HR3189 or HR3189A), provider can contact the Ministry for updates on the decision.