

**Reasons for Decision:**

**Order # AP1516-0249**

The appellant appealed that the appellant's request for renewal of Ensure nutritional supplement was denied.

The Department reported at the hearing that the appellant had been approved for nutritional supplements until <date removed>. The Therapeutic Diet and Nutritional Supplement Request Form was received by the Department requesting two cans of Ensure per day for a further <number removed> months. Decisions regarding health needs are currently made by the Disability Health Support Unit (DHSU) to ensure consistency in decision making. The appellant's Body Mass Index (BMI) is <number removed> kg and falls within the normal range of 18.5 to 24.9 kg. There are no known issues with chewing and swallowing and no diagnosis indicated that justifies provision of this supplement and the Department does not provide supplements for the purpose of weight maintenance. Provision of this supplement must be substantiated by a medical diagnosis or a verified medical condition which has not been provided.

The appellant attended the hearing with a support worker, <name removed>, who works in conjunction with the appellant's health care provider. <Name removed> stated that she can appreciate that the Department needs some measurement when approving a nutritional supplement, however feels that using the BMI scale is not a good overall indicator. The appellant has <health condition removed> and has struggled with reaching and maintaining an acceptable weight for many years. The appellant's doctor indicated that the appellant's weight could get behind again if the appellant discontinues taking the supplement. The appellant stated that the appellant also wears dentures, the lower one which is not adhered to the appellant's mouth properly, making chewing many solid foods difficult.

After carefully considering the written information the Board has determined that the appellant should have been approved for two units of Ensure per day. The Department presented the appellant's previous Therapeutic Diet and Nutritional Supplement Request form, dated <date removed> which showed the appellant's previous weight at the time as <number removed> Kg and the appellant's current weight as <number removed> kg. On the most recent request form, dated <date removed> the appellant's current weight is listed at <number removed> kg which shows the appellant has lost weight since last approved by the Department for the supplement. Therefore the Board is ordering the Department to authorize the delivery of Ensure in the amount equivalent to two units per day for a period of six months. During that time the appellant's support worker will assist in getting a revised medical assessment so that the next Therapeutic Diet and Nutritional Supplement Request Form will include a supporting diagnosis.

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