Reasons for Decision:

Order # AP1617-0218

The appellant appealed that a request for the purchase of a electrodes for a <text removed> machine was denied.

The program representative stated that the appellant was approved for a <text removed> machine in <date removed> due to an administrative error. Due to the error, the program reviewed the decision to terminate ongoing <text removed> coverage. The appellant was advised by letter in <date removed> that the electrodes for <text removed> machine would no longer be covered by the program. The program filled a final order of <text removed> for the appellant. The appellant appealed that decision in <date removed>, along with other appeal issues, however the issue on the <text removed> was withdrawn by the appellant's lawyer. In <date removed>, the appellant requested funds for more <text removed>.

The Disability Health Support Unit (DHSU) reviewed the request and determined that <text removed> is not considered a basic and essential piece of equipment to treat pain management. The program further indicated that there is little evidence that supports the long term prognosis of someone using a <text removed>. The appellant's request was reviewed by supervisors, program specialists and Ministers designate who all confirmed that the program should not be covering this and further advised neither Manitoba Blue Cross, Winnipeg Regional Health Authority and Home Care does not cover <text removed> either. The program representative stated that the appellant receives disability benefits of \$105.00 per month which are to assist with additional costs for disability related needs not covered through the program.

The appellant attended the hearing with an advocate who presented on the appellant's behalf. The advocate advised that the appellant is extremely <text removed>. The appellant cannot always take pain medications. The appellant submitted a doctor's letter to the program which indicated that while the medications are helpful, they cause drowsiness, dizziness and puts the appellant at increased risk of injury and fall as the appellant cannot <text removed>.

At the hearing the appellant indicated that the appellant uses <text removed> in the day and manages the pain by medication at night. The appellant said the medications are very strong and make the appellant sleepy and dizzy. Therefore, if used during the day the appellant wouldn't be able to leave the home as the appellant would be at an

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extreme risk due to the appellant's <text removed> impairment. The appellant stated that the disability benefits do help however it doesn't cover all the appellant's medically related costs. A list of the appellant's health need purchases was distributed at the hearing, with no objection from the program. The advocate requests the Board to consider the appellant's request under exceptional circumstances as the appellant has a lot of incurred health related costs and does not have the funds for any more.

Eligibility for health care expenses is outline in The Manitoba Assistance Regulation, Division 3, Section 9. Section (e) states: Such other remedial care, treatment and attention including physiotherapy as may be prescribed by a duly qualified medical practitioner.

After carefully considering the written and verbal information the Board has determined that the purchase of the <text removed> should be considered an eligible expense under Section (e) of eligible health care expenses. The appellant has a severe <text removed> impairment along with limited mobility due to <text removed>, which can be alleviated by the use of a <text removed> machine. The doctor has prescribed this as a remedy for pain which the appellant self-administers in the home as needed.

The Board has determined that the appellant has met the criteria outlined in the regulation as the remedial treatment will provide pain relief and has been prescribed by a duly qualified medical practitioner. Therefore the Board has rescinded the decision of the director and orders the Department to provide the appellant with the funds for the <text removed> effective <date removed>.

DISCLAIMER

These are electronic copies of the Reasons for Decision issued by the Social Services Appeal Board. These written reasons have been edited to protect the personal information of individuals be removing personal identifiers.

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