

WRHA Dietitian Primary Practice Council User Guide for Employment and Income Assistance Therapeutic Diet & Nutritional Supplement Request Form

The purpose of this document is to provide guidance to health care providers who are asked to complete an Employment and Income Assistance (EIA) Therapeutic Diet and Nutritional Supplement Request form as revised in 2013.

Q. Who can fill out and sign the form?

A. EIA program allows regulated health professionals, including, licensed physicians, nurse practitioners, physician assistants, registered nurses, licensed practical nurses or registered dietitians to recommend therapeutic diets and nutritional supplements.

Q. Who is eligible for a therapeutic diet allowance +/- nutritional supplement?

A. Any Manitoban currently enrolled with EIA.

Q. Can the same person receive the Therapeutic Diet benefit and nutritional supplements?

A. Yes, with justification.

Q. Is it a breach of confidentiality to provide medical information to EIA Case Coordinators?

A. No. Every EIA recipient has signed a consent form at intake allowing the exchange of information to and from other providers to assist in the assessment of eligibility. The following wording appears on the EIA Intake form and is considered 'knowledgeable consent'.

CONSENT TO DISCLOSURE OF INFORMATION

I consent to the disclosure of any personal information and/or personal health information that may be required for the purpose of determining or verifying my eligibility for assistance or the amount of assistance. I authorize any person, agency or organization, including any federal, provincial or municipal government authority (such as Human Resources Development Canada, Citizenship and Immigration, Manitoba Public Insurance Corporation or the Workers Compensation Board), any bank, credit union or financial institution, and the Minister responsible for the Act or the Minister's representative(s), to release and/or exchange information for that purpose. I understand this consent includes requests pertaining to my Social Insurance Number(s), marital status, employment, income, assets, liabilities and resources, medical condition, family status, benefits received under other programs or any other relevant personal information.

Q. What should I do with the completed form?

A. One of the following:

- FAX it to the EIA Case Coordinator
- Send electronically via EMR
- Give to the client to take to the Case Coordinator

Q. Should I save a copy of the form?

A. EIA program does not require that prescribing regulated health professionals maintain a copy of this form. However, keeping a copy is not prohibited and is recommended as a form of documentation.

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Q. Many of the conditions that require these diets are life long. Why is a review period needed?

A. EIA recognizes the chronic nature of the conditions, but is legislatively obligated to review benefits regularly. Considering this, the maximum review period for diet benefits provided to EIA participants with chronic conditions is 24 months.

Instructions for Completing the Therapeutic Diet & Nutritional Supplement Request Form

Field	Instructions for use
Date	Enter today's date
Client Name	Enter the client's first and last name
Address	Enter the client's mailing address
DOB	Enter date of birth dd/mmm/yyyy
Height*	Enter a documented height if it is available
Current weight*	Enter the most current documented weight if it is available
Previous documented weight*	Enter a previous documented weight and the date that it was measured. This establishes a weight history which is important for the approval process.

* Height and Weight are important considerations in the approval of 'Diabetic' diets and High Energy/High Protein diets, nutrition supplements and some non-standard diets only. No other diet requests require a height or weight for adults. Include ht/wt for all pediatric diet requests.

Section 1- Standard Therapeutic Diets

Diabetic (Controlled CHO)	Check the 'Adult' box if the client has diagnosed type 1 or type 2 diabetes and is 18 years of age or older. A female client will receive an allowance for 1800 kcals/day and a male client will receive an allowance for 2000 kcals/day. If the client needs an energy level that is more or less than this amount, use Section 3 Non-Standard Therapeutic Diets on the reverse to write in the energy level request. Currently, diet requests for Pre-diabetes are not funded. Check the 'Gestational Diabetes' box if the client has diagnosed GDM. The client will receive an allowance for 2200 kcals/day. If the client needs an energy level that is more or less than this amount, use Section 3 Non-Standard Therapeutic Diets on the reverse to write in the energy level request.
High Protein/Calorie	Check the 'High Protein/High Calorie' box if the client's protein needs \geq 100g/day. Check the box that corresponds with the client's condition. If none apply, use Section 3- Non-standard Therapeutic Diets to indicate the reason for the therapeutic diet.
Chronic Kidney Disease	Check the box that corresponds with the client's condition.

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Gluten Free	The client must have diagnosed celiac disease or wheat allergy to qualify for this allowance.
Controlled Sodium Modified Fat/Controlled Fat + Controlled Sodium	Check the box that applies to the client's condition. Check the box that applies to the client's condition.
Bland Controlled/ Low Protein	There is currently no medical indication for these diets. If selected, use the space provided to document the client's diagnosis or condition that warrants these diets.
Section 2- Nutrition Supplements and Products	
	Use this field to indicate the client's diagnosis, the reason for the supplement, the product required and how many units/day. Once approved, EIA staff will calculate the amount for delivery.
Section 3- Non-Standard Therapeutic and Pediatric Diets	
	Use this field for all diet requests that do not fit the criteria in Section 1-Standard Therapeutic Diets. Provide the diagnosis and reason for request. Non-standard diet requests are often sent to the consulting dietitian for review and opinion. Provide as much information as possible to avoid delays in approval.
Signature	Sign the form in the space provided
Title	Use: MD, PA, RN, NP, LPN or RD as appropriate
Name	PRINT your name
Phone number	Provide your daytime or cell phone number

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EIA Funded OTC Nutrition Products

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VITAMINS W IRON CHEWABLE	ASCORBIC ACID & ASCORBIC ACID*	
MATERNA	ASCORBIC ACID & BIOTIN & CA	
MATERNA	ASCORBIC ACID & BIOTIN & CA	
GARFIELD MULTIVITS & MINERALS	ASCORBIC ACID & BIOTIN & CALC*	
CHILDREN'S VITAMINS CHEWABLE	ASCORBIC ACID & FOLIC ACID & *	
CHILDRENS CHEWABLE VITAMINS	ASCORBIC ACID & NIACINAMIDE &*	
VITAMINS TAB CHILDRENS CHEWABL	ASCORBIC ACID & NIACINAMIDE &*	
GARFIELD CHEWABLE MULTIVITAMIN	ASCORBIC ACID & NIACINAMIDE &*	
FLINTSTONES W EXTRA C TAB	ASCORBIC ACID ((SOD ASC AND V*	
LACTAID TAB 3000UNIT	B GALACTOSIDASE	
FLINTSTONES COMPLETE	FERROUS FUMARATE	
FLINTSTONES MULTIPLE PLUS IRON	FERROUS FUMARATE ((IRON EQ)) *	
FLINTSTONES MULTIPLE PLUS IRON	FERROUS FUMARATE ((IRON EQ)) *	
PMS-FERROUS SULFATE SOLUTION 1	FERROUS SULFATE	
PMS-FERROUS SULF DPS 75MG/ML	FERROUS SULFATE	
FERINSOL DROPS	FERROUS SULFATE ((IRON EQ))	
FERINSOL SYR	FERROUS SULFATE ((IRON EQ))	
FERINSOL DROPS	FERROUS SULFATE ((IRON EQ))	
FLINTSTONES MULTIPLE VITAMINS	FOLIC ACID & NIACINAMIDE & RI*	
LACTAID ULTRA	LACTASE	9000IU
LACTAID ULTRA	LACTASE	9000IU
LACTAID	LACTASE	3000U
LACTAID EXTRA STRENGTH	LACTASE	4500IU
LACTAID EXTRA TAB 4500UNIT	LACTASE	
LACTAID DROPS	LACTASE ENZYME	
LACTAID DPS	LACTASE ENZYME DPS	
MATERNA NEW FORM	MATERNA NEW FORM	
MATERNA NEW FORM	MATERNA NEW FORM	
POLY-VI-SOL DROPS	NIACINAMIDE & RIBOFLAVIN & VI*	
POLY-VI-SOL DROPS	NIACINAMIDE & RIBOFLAVIN & VI*	
INFANTOL LIQUID	ORAL VITAMIN SOLUTION	
MATERNA NEW FORM	PRENATAL SUPPLEMENT	
MATERNA NEW FORM	PRENATAL SUPPLEMENT	
PRENATAL VIT/MIN	PRENATAL VIT/MIN	
NOVO-MUCILAX	PSYLLIUM MUCILLOID	
METAMUCIL	PSYLLIUM MUCILLOID	
METAMUCIL ST/SF	PSYLLIUM MUCILLOID	
HI POTENCY VITAMIN B12 TAB 500	VIT. B12	
OSTOFORTE 50000IU CAPSULES	VIT. D	
D VI SOL INFANTS DROPS 400UNIT	VIT. D3	
VITAMIN B12	VITAMIN B12	
D VI SOL	VITAMIN D3	
MATERNA	VITAMINS & MINERALS	
TRI-VI-SOL	VITAMINS A/C/D3	
PEDIALYTE	DEXTROSE & POTASSIUM CITRATE*	

1. MD or NP only to list these products on a signed prescription.
2. Client to receive product at the pharmacy. Client will not be required to pay for the product.