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# Monthly Nutritional Supplement (MNS)

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This Help Sheet is funded by the Health Sciences Association of British Columbia.

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Disability Alliance BC has prepared this Help Sheet to help you complete the Ministry of Social Development and Poverty Reduction's (MSDPR) application form for the Monthly Nutritional Supplement (MNS) benefit.

We will take you through the application form step by step, and provide a sample letter to give to your doctor or nurse practitioner.

## Getting started

The MNS is different than the monthly Diet Supplement for certain health conditions and the Short-term Nutritional Supplement which provides products such as Ensure or Boost for a three-month period. Please see our *Help Sheet 7, Health Supplements for People with Disabilities*, for information on those supplements.

You **cannot** apply for the MNS, if you have Medical Services Only (MSO), Persons with Persistent Multiple Barriers to Employment (PPMB) or regular income assistance status, or are a dependent of a person with Persons with Disabilities (PWD) status.

To apply for the MNS, you must have the PWD designation and be in receipt of PWD income assistance. However, not everyone with PWD status can qualify for the MNS.



## What you will get with the MNS

The Monthly Nutritional Supplement is divided into two parts, for a total of \$205 a month:

- 1. Nutritional items: \$165.** This part of the benefit will only be provided if you need to supplement your regular diet. You cannot receive both this supplement and a diet supplement (e.g., high protein diet). If you are approved for this part of the MNS, you will lose your diet supplement, if you have one.
- 2. Vitamin or mineral supplementation: \$40**

## To qualify for the MNS

To be eligible, you must have a chronic and progressive deteriorating condition directly causing at least two of the following symptoms:

- Significant deterioration of a vital organ
- Immune suppression (moderate to severe)
- Malnutrition
- Significant muscle mass loss
- Significant neurological deterioration
- Significant weight loss
- Underweight status.

Your doctor or nurse practitioner must state that you need the nutritional items and/or vitamin/mineral supplements to alleviate your identified wasting symptoms, and to prevent an imminent danger to your life. This means your health will deteriorate significantly without the nutritional supplement.

To apply, contact MSDPR and ask for a Monthly Nutritional Supplement application form. Ask your doctor or nurse practitioner to complete the form and return it to you. Then, submit the form to MSDPR.

## The MNS application

The application form consists of six questions and space for additional comments, all to be filled out by your doctor or nurse practitioner. We'll go through the application, question by question.

We use examples of applicants with various medical conditions to show how the MNS application questions may be answered. Please note: an applicant may have a medical condition that is not described in these examples, and still qualify for the MNS.



## Question 1

Please list and describe the applicant's severe medical condition(s):

This question asks for the applicant's diagnosis and a description of why the condition is severe.

**Example 1:** The person has Hepatitis C causing fever, nausea, and muscle and joint pain (and possibly cirrhosis).

**Example 2:** The person has Irritable Bowel Syndrome with chronic diarrhea and constipation.

**Example 3:** The person has diabetes complicated by neuropathy, kidney disease, retinopathy and chronic digestive problems.

**Example 4:** The person has severe anxiety causing frequent diarrhea or vomiting.

## 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.**

This question asks for information about any medical treatments you are receiving, such as prescriptions, procedures or surgeries, and medical reports to show the chronic and progressive deterioration of health.

## Question 3

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

### **Example 1: Hepatitis C**

- Malnutrition - poor absorption of nutrients due to digestive problems
- Underweight status - low Body Mass Index (BMI)
- Significant chronic weight loss - down 30 lbs. in one year
- Significant muscle mass loss - generalized muscle weakness
- Moderate to severe immune suppression - susceptible to frequent infections
- Significant deterioration of a vital organ - cirrhosis.



### **Example 2: Irritable Bowel Syndrome**

- Malnutrition - poor absorption due to chronic diarrhea
- Significant chronic weight loss - 25 lbs. in past year
- Significant muscle mass loss - generalized muscle weakness.

### **Example 3: Diabetes**

- Malnutrition - poor absorption due to frequent diarrhea, vomiting and constipation
- Significant neurological degeneration - neuropathy in feet and hands
- Moderate to severe immune suppression - susceptible to frequent gum and bladder infections, slow wound healing
- Significant deterioration of a vital organ - kidney damage, retinopathy.

### **Example 4: Severe anxiety**

- Malnutrition - poor absorption due to chronic diarrhea
- Significant muscle mass loss - generalized muscle weakness
- Significant neurological degeneration - concentration and memory problems.

## **Question 4**

### **Please specify the applicant's height and weight.**

The question is concerned with the person's Body Mass Index. However, it is possible to be overweight and still need nutritional items, in addition to regular dietary intake. Also, certain medications, such as steroids and some medications used to treat mood disorders and other mental health issues, can cause weight gain. If you are normal weight or overweight, and have malnutrition for health reasons, it is helpful if your doctor comments here that, although you are normal or overweight, you have malnutrition.

## **Question 5**

### **Vitamin and mineral supplementation**

This supplement addresses the severe symptoms given in Question 3.

### **Specify the vitamin or mineral supplement(s) required and expected duration of need.**

Each vitamin or mineral supplement must be listed (e.g., multivitamin and mineral supplement, high potency vitamin B complex, calcium with vitamin D, high potency vitamin C). The duration of need must be long term, in order to qualify for MNS.

**Describe how this item or items will alleviate the specific symptoms specified.**

This question requests confirmation that the items are needed to alleviate further health deterioration caused by the severe health conditions given in Question 1, that result in the symptoms given in Question 3. A biochemical analysis is not required.

**Describe how this item or items will prevent imminent danger to the applicant's life.**

This question requests confirmation that your medical condition is at a stage where nutritional intervention is required to alleviate health deterioration and subsequent health risks.

## Question 6

### Nutritional items

The nutritional items must be necessary to provide a source of extra calories in addition to regular dietary intake. Items for a special diet, such as organic, vegetarian or gluten-free, do not qualify for the MNS.

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

Each source of extra calories required in addition to regular dietary intake should be listed (e.g., "In addition to regular dietary intake, the applicant requires daily intake of extra calories in the form of fresh produce, fish, poultry and lean red meat or three cans of Boost/Ensure/Glucerna or some combination of these.").

**Example 1:** Someone with Irritable Bowel Syndrome may be prescribed daily caloric supplementation in the form of fresh produce, fish and poultry.

**Example 2:** Someone with diabetes may be prescribed daily caloric supplementation in the form of two to three cans of Glucerna.

**Does this 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.**

The inability to absorb sufficient calories must be a direct result of a chronic, progressive deterioration of health.

**Example 1:** The person has Crohn's Disease, causing severe chronic diarrhea and constipation that directly results in nutrient malabsorption.

**Example 2:** The person has severe depression that decreases their appetite and indirectly causes weight loss. This application would not be successful because depression does not directly cause an inability to absorb food.

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. This question requests confirmation that the items are needed to provide extra calories to alleviate further health deterioration, caused by the severe health conditions given in Question 1, that result in the symptoms given in Question 3. A biochemical analysis is not required.

Describe how the nutritional items will prevent imminent danger to the applicant's life: This question requests confirmation that your medical condition is at a stage where nutritional intervention is required to alleviate health deterioration and subsequent health risks.

## **Additional comments**

If you already have a monthly Diet Supplement, the Additional Comments space is a good place for your doctor or nurse practitioner to mention that your diet allowance is not sufficient to meet your need for nutritional supplementation.

## **Right to appeal**

The vitamin and mineral supplement, the nutritional items or both may be denied and you have the right to appeal. Contact MSDPR immediately after you receive your denial, if you wish to appeal. You may want to ask an advocate to help you with your appeal.



## Letter to doctors and nurse practitioners

Dear Doctor/Nurse Practitioner:

Your patient is applying for the Monthly Nutritional Supplement (MNS) and needs your assistance with the application. We hope that you will have the opportunity to discuss the application with your patient before you fill it in. To qualify for the MNS:

- The applicant must have a chronic, progressive deterioration of health because of a severe medical condition(s)  
and
- The applicant must, as a direct result of a chronic progressive deterioration of health, display two or more of the following symptoms:
  - malnutrition
  - underweight status
  - significant weight loss
  - significant muscle mass loss
  - significant neurological deterioration
  - moderate to severe immune suppression
  - significant deterioration of a vital organ (please specify)and
- The items requested in the application will:
  - alleviate those specific symptoms, and
  - prevent imminent danger to the applicant's life (e.g., the applicant's medical condition is at a stage where nutritional intervention is required to alleviate the deterioration and subsequent health risks).

The above outline describes the key MNS eligibility criteria. May we suggest you return the application form to your patient once you have completed it, so they can take it to their Ministry office.

**Thank you for your assistance and cooperation.**



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