

PART C – Decision under Appeal

The decision under appeal is the Ministry of Social Development and Social Innovation (ministry) reconsideration decision dated June 13, 2016 which denied the appellant's request for a Monthly Nutritional Supplement (MNS) for additional nutritional items. The ministry held that the requirements of Section 67(1.1) of the Employment and Assistance for Persons With Disabilities Regulation (EAPWDR) were not met as there is not sufficient information to establish that:

-the appellant requires additional nutritional items as part of a caloric supplementation to a regular dietary intake to alleviate the symptoms of his chronic, progressive deterioration of health and to prevent imminent danger to life.

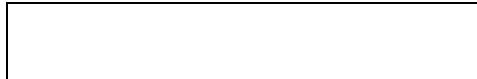
PART D – Relevant Legislation

Employment and Assistance for Persons With Disabilities Regulation (EAPWDR), Sections 23, 67(1.1) and 72, and Schedule C, Section 7

PART E – Summary of Facts

The evidence before the ministry at the time of the reconsideration decision included:

- 1) Prescription dated December 23, 2015 for specified vitamins;
- 2) Application for MNS dated January 5, 2016 signed by the appellant's medical practitioner and stating in part that:
 - The appellant's severe medical conditions are traumatic brain injury and chronic pain syndrome;
 - In response to the question whether, as a direct result of the severe medical condition, the appellant is being treated for a chronic, progressive deterioration of health, the medical practitioner wrote: "Yes, he is awaiting MRI scans of his cervical/thoracic/lumbar spine to assess his neurological issues including decreased balance/gait abnormality and back pains."
 - In response to the question whether as a direct result of the chronic progressive deterioration in health, does the appellant display two or more symptoms, the medical practitioner indicated the symptoms of significant muscle mass loss, and wrote "needs extra supplement to keep current conditioning/muscle mass" as well as significant neurological degeneration, and wrote "without proper nutrition has increased fatigue/cognitive changes affecting quality of life";
 - The appellant's height and weight are recorded;
 - In response to a request to specify the additional nutritional items required, the medical practitioner left this section incomplete;
 - In response to the question whether the appellant has a medical condition that results in the inability to absorb sufficient calories to satisfy daily requirements through a regular dietary intake, the medical practitioner wrote: "no issues with absorption";
 - Asked to describe how the nutritional items required will alleviate one or more of the symptoms described and provide caloric supplementation to the regular diet, the medical practitioner wrote: "help with preserving muscle mass and help with energy/fatigue to help cognitive status";
 - Asked to describe how the nutritional items will prevent imminent danger to the appellant's life, the medical practitioner wrote: "will help with keeping cognitive/mood/physical status."
- 3) Abdominal Ultrasound Report dated March 11, 2016;
- 4) Laboratory Investigation Results dated March 18, 2016 and May 11, 2016;
- 5) Letter dated May 18, 2016 in which a physician wrote that:
 - The appellant has an unidentified musculoskeletal disorder which causes weakness and loss of muscle tone. He has also been diagnosed with a fatty liver and cholelithiasis.
 - He needs to use a scooter for mobility of any distance.
 - He has found that he benefits from daily nutritional supplements including Vitamin D, a multivitamin, Udos oil, milk thistle and lipotrophen factor.
 - Due to his fatty liver, he needs to eat a diet with more protein, fruits, and vegetables but his disability benefits do not provide him with enough money to get these foods which are more costly, as well as his nutritional supplements.
 - Without these supplements, he is in imminent danger of further muscle weakness and immobility.
 - The appellant has been under the care of a rehab medicine specialist and an exercise program has been recommended which, due to fatigue and muscle loss, will be difficult



without the aid of his supplements and proper nutrition in quantities for his habitus.

- She feels he could be assisted with a dietary stipend in order for him to have the appropriate foods and supplements that he requires to optimize his health;
- 6) Work Absence Certificate dated May 19, 2016 in which a physician wrote that:
- The appellant was assessed as unable to work due to illness.
 - The appellant has problems with chronic active hepatitis and fatty liver due to nutritional deficits. He needs to be on Vitamin D3, essential fatty acids, vitamin supplements, and liver support with silymarin or milk thistle and lipotropic facts (sic).
 - The appellant requires a special diet with non-fatty foods, or sugary foods and supplementation with nuts, grains, beans, fruits, and vegetables. He needs to remain on these supplements and dietary changes.
 - Handwritten note added: "If he does not take all of the supplements, his liver will deteriorate over time and can put his health in imminent danger";
- 7) Letter dated May 24, 2016 in which a physician wrote that:
- The appellant has a background of traumatic brain injury, spondylosis (osteoarthritis) of the spine and fatty liver disease.
 - He is of the opinion that his intake of vitamins is helping his current symptoms and energy. His Vitamin D supplementation has affected his health positively.
 - The appellant is also on naturopathic supplements that have also helped his management of his current symptoms;
- 8) Memo dated May 29, 2016 in which the appellant's landlord wrote that the appellant borrowed \$200 to pay for needed medically required supplements, vitamins, oil, and special foods to treat his fatty liver and hepatitis; and,
- 9) Request for Reconsideration dated May 29, 2016.

In his Request for Reconsideration, the appellant wrote that:

- He has a diagnosis of chronic hepatitis and fatty liver.
- He has been prescribed vitamins and minerals, other supplements, silymarin or milk thistle. He is also supposed to be on a special diet which he cannot afford.
- Medical tests show there has been improvement following this treatment as acknowledged by three doctors.
- His request meets the requirements in the legislation and he is requesting back-payment of \$200 borrowed to pay for prescribed vitamins/minerals and other needed supplements and a special diet.

In the Notice of Appeal dated June 22, 2016, the appellant expressed his disagreement with the ministry's reconsideration decision and wrote that:

- His doctors specifically prescribed a regimen to treat specific medical conditions that require him to have vitamin and mineral supplements but also milk thistle, additional Vitamin D, Udo Oil, Lipotropic Actors (sic).
- All his doctors agree that he must follow a special diet that is more expensive.
- His doctors agree that without the needed supplements and foods his health is in imminent danger and to prevent further deterioration and to normalize his current health status, he must follow the recommended regimen.

At the hearing, the appellant provided the following additional documents:

- 1) Written submission (9 pages); and,

2) Definition/ purpose of “supplement” (1 page).

At the hearing, the appellant stated:

- He had estimated his weight at the time of MNS application as 230 lbs. but he is actually 238 lbs.
- This year and last year, he has not been able to work. His health started to deteriorate and he did not know why. He has experienced various symptoms, including red patches on his skin, which his doctor has said have to do with his liver.
- He obtained a definition of “nutritional supplements” from the internet that “include vitamins, minerals, herbs, meal supplements, sports nutrition products, natural food supplements, and other related products used to boost the nutritional content of the diet,” as well as the purpose of a nutritional supplement, which are “used for many purposes. They can be added to the diet to boost overall health and energy; to provide immune system support and reduce the risks of illness and age-related conditions; to improve performance in athletic and mental activities; and to support the healing process during illness and disease.”
- His age is also a concern in speeding up his deterioration of health, with the possibility of liver failure and other unwanted conditions.
- His muscle tissue is tearing and he often pulls muscles if he does not warm up in the morning, and this is due to his nutritional deficits.
- His fatty liver is potentially a genetic condition since another family member also had this issue.
- He has worked with the doctor who completed the MNS application for many years. He has recommended exercises and lots of motion and rest. He does not currently use a scooter but he has applied for one.
- The doctors have said that a fatty liver is a serious condition and it has made him want to be very active, and he avoids alcohol. He is dealing with an urgent condition.

Admissibility of New Information

The ministry did not raise an objection to the admissibility of the information in the appellant’s oral testimony, which provided additional information regarding the appellant’s condition and his need for supplements. As this information provides additional detail with respect to issues addressed at reconsideration, the panel has admitted this additional information as being in support of information and records that were before the ministry at the time of reconsideration, in accordance with Section 22(4) of the *Employment and Assistance Act*.

The ministry relied on its reconsideration decision, as summarized at the hearing. The ministry clarified at the hearing that the ministry usually considers products such as Boost or Ensure as additional nutritional items since these products are designed specifically to add calories to a person’s diet.

PART F – Reasons for Panel Decision

The issue on the appeal is whether the ministry decision, which denied the appellant's request for a Monthly Nutritional Supplement for additional nutritional items because the requirements of Section 67(1.1) of the *Employment and Assistance for Persons With Disabilities Regulation* (EAPWDR) were not met, was reasonably supported by the evidence or is a reasonable application of the applicable enactment in the circumstances of the appellant.

Section 23 of the EAPWDR provides in part:

Effective date of eligibility

23 . . .

2) Subject to subsections (3.01) and (3.1), a family unit is not eligible for a supplement in respect of a period before the minister determines the family unit is eligible for it.

(3) Repealed. [B.C. Reg. 340/2008, s. 2.]

(3.01) If the minister decides, on a request made under section 16 (1) [reconsideration and appeal rights] of the Act, to provide a supplement, the family unit is eligible for the supplement from the earlier of

(a) the date the minister makes the decision on the request made

under section 16 (1) of the Act, and

(b) the applicable of the dates referred to in section 72 of this regulation.

(3.1) If the tribunal rescinds a decision of the minister refusing a supplement, the family unit is eligible for the supplement on the earlier of the dates referred to in subsection (3.01). . . .

Section 72 of the EAPWDR provides in part:

Time limit for reconsidering decision

72 The minister must reconsider a decision referred to in section 16 (1) of the Act, and mail a written determination on the reconsideration to the person who delivered the request under section 71 (1) [how a request to reconsider a decision is made],

(a) within 10 business days after receiving the request, or

(b) if the minister considers it necessary in the circumstances and the person consents, within 20 business days after receiving the request.

Section 67(1.1) of the EAPWDR sets out the eligibility requirements which are at issue on this appeal for providing the additional nutritional supplement, as follows:

Nutritional supplement

67 (1.1) In order for a person with disabilities to receive a nutritional supplement under this section, the minister must receive a request, in the form specified by the minister, completed by a medical practitioner or nurse practitioner, in which the practitioner has confirmed all of the following:

(a) the person with disabilities to whom the request relates is by the practitioner for a chronic, progressive deterioration of health on account of a severe medical condition;

(b) as a direct result of the chronic, progressive deterioration of health, the person displays two or more of the following symptoms:

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- (i) malnutrition;
 - (ii) underweight status;
 - (iii) significant weight loss;
 - (iv) significant muscle mass loss;
 - (v) significant neurological degeneration;
 - (vi) significant deterioration of a vital organ;
 - (vii) moderate to severe immune suppression;
- (c) for the purpose of alleviating a symptom referred to in paragraph (b), the person requires one or more of the items set out in section 7 of Schedule C and specified in the request;
- (d) failure to obtain the items referred to in paragraph (c) will result in imminent danger to the person's life.

Section 7 of Schedule C of the EAPWDR provides as follows:

Monthly nutritional supplement

7 The amount of a nutritional supplement that may be provided under section 67 [*nutritional supplement*] of this regulation is the sum of the amounts for those of the following items specified as required in the request under section 67 (1) (c):

- (a) for additional nutritional items that are part of a caloric supplementation to a regular dietary intake, up to \$165 each month;
- (b) Repealed. [B.C. Reg. 68/2010, s. 3 (b).]
- (c) for vitamins and minerals, up to \$40 each month.

Vitamins and Minerals- Timing of Payment

At reconsideration, the ministry found that the appellant's request for the MNS of vitamins/minerals meets the eligibility criteria set out in Section 67(1.1) of the EAPWDR and it was approved. The ministry's position is that the appellant's eligibility for the MNS for vitamins/minerals commences on the date the ministry decided he was eligible for it, which is June 13, 2016. The appellant requested back payment of \$200 he borrowed from his landlord on May 29, 2016 to pay for the prescribed vitamins/minerals prior to the ministry's decision.

Panel decision

Section 23 of the EAPWDR stipulates that, subject to subsections (3.01) and (3.1), a family unit is not eligible for a supplement in respect of a period before the minister determines the family unit is eligible for it. Subsection 3.01 includes decisions made on reconsideration and sets out that if the minister decides to provide a supplement, the family unit is eligible for the supplement from the earlier of: (a) the date the minister makes the decision on the request made under section 16 (1) of the Act, and (b) the applicable of the dates referred to in section 72 of the regulation. Section 72 of the EAPWDR further sets out that the ministry must reconsider a decision referred to in section 16 (1) of the Act: (a) within 10 business days after receiving the request, or (b) if the minister considers it necessary in the circumstances and the person consents, within 20 business days after receiving the request.

The appellant did not dispute that the ministry received his request for reconsideration on May 30, 2016 and the appellant did not claim that he consented to an extension of the time period to 20 business days for the ministry to consider his request, pursuant to Section 72(b) of the EAPWDR.

Therefore, the earliest date of eligibility in the appellant's circumstances is the date that the ministry made the decision on the request, or June 13, 2016. Calculating 10 business days from the date that the ministry received the appellant's request for reconsideration on May 30, 2016, under Section 72 of the EAPWDR, results in the date of eligibility of June 13, 2016. Therefore, the panel finds that the ministry reasonably determined that the appellant's eligibility for the MNS for vitamins/minerals commenced on June 13, 2016 according to Section 23(3.01) of the EAPWDR.

Additional Nutritional Items- Section 67(1.1)(a) & (b)

The ministry acknowledged that a medical practitioner confirmed that the appellant is being treated for a chronic, progressive deterioration of health on account of a severe medical condition, specifically traumatic brain injury, chronic pain syndrome, a musculo-skeletal disorder, spondylosis (osteoarthritis), fatty liver, Cholelithiasis [gallstones] and hepatitis [type unspecified], pursuant to Section 67(1.1)(a) of the EAPWDR.

Section 67(1.1)(b) of the EAPWDR requires that a medical practitioner confirm that as a direct result of the chronic, progressive deterioration of health, the person displays two or more of the symptoms listed. The ministry acknowledged that there is sufficient information from the medical practitioner in the application as well as in accompanying letters to establish that the appellant displays two or more of the symptoms, namely: significant neurological degeneration due to a traumatic brain injury which causes increased fatigue and cognitive changes, as well as significant deterioration of a vital organ (liver) as evidenced by fatty liver and hepatitis.

Caloric Supplementation- Section 67(1.1)(c) and Section 7 of Schedule C of the EAPWDR

The ministry's position is that it is not satisfied that the appellant requires additional nutritional items as part of a caloric supplementation to a regular dietary intake to alleviate the symptoms of a chronic, progressive deterioration of health. The ministry stated that the medical practitioner did not specify the additional nutritional item required in the MNS application. The ministry stated that the medical practitioner also did not confirm that the appellant has a medical condition that results in the inability to absorb sufficient calories to satisfy daily requirements through a regular dietary intake as he wrote "no issues with absorption." The ministry stated that when describing how the specific food choices will alleviate one or more of the symptoms specified the medical practitioner wrote that "help with preserving muscle mass and help with energy/fatigue to help cognitive status." The ministry stated that the medical practitioner supplied information regarding the appellant's height and weight in the application and has confirmed that the appellant's BMI is in the slightly overweight range, and this does not demonstrate that he requires caloric supplementation to a regular dietary intake. The ministry wrote that in the MNS application and in the letters from the physicians, reference is made to the need for increased protein in the diet and more fruits and vegetables, with non-fatty and sugary foods and supplementation with nuts, grains, beans and this suggested that medical practitioners recommend a low fat diet with few sugary foods and not a need for caloric supplementation.

The appellant's position is that sufficient information has been provided by a medical practitioner, in both the original Application and in the additional letters, to establish that he requires additional nutritional items to alleviate the symptoms of a chronic, progressive deterioration of health. In his Notice of Appeal, the appellant wrote that his doctors specifically prescribed a regimen to treat specific medical conditions that require him to have vitamin and mineral supplements but also milk thistle, additional Vitamin D, Udo Oil, and Lipotropic Actors (sic). At the hearing, the appellant argued that the medical practitioner specified in the MNS application that he recommends vitamins, B12, and a protein diet and, in his letter, that he needs Vitamin D supplementation and naturopathic

supplements. The appellant argued that Section 67(1.1) of the EAPWDR does not say or require a statement of what the supplements are. The appellant argued further that there is no legislative requirement that he needs to indicate that he is consuming a regular dietary intake, but only that the doctor make a statement that the nutritional supplement is required to augment whatever the so-called regular dietary intake may be. The appellant argued that this requirement would violate a person's rights and prejudice toward having to be of a certain status to afford a so-called regular dietary intake. The appellant referenced his definition of "nutritional supplements" from the internet that "include vitamins, minerals, herbs, meal supplements, sports nutrition products, natural food supplements, and other related products used to boost the nutritional content of the diet," as well as the purposes of a nutritional supplement, which include being "added to the diet to boost overall health and energy; to provide immune system support and reduce the risks of illness and age-related conditions; to improve performance in athletic and mental activities; and to support the healing process during illness and disease" and argued that the doctors referred to 'supplements' according to this definition and did not refer to substituting certain components of his regular dietary intake with healthier alternatives. The appellant argued that the conclusions drawn by the ministry that due to the appellant's weight and height and his BMI being in the slightly overweight range somehow overrides the medical diagnosis protocol in treatment recommendations is flawed and is not related to the legislation.

Panel decision

Section 7 of Schedule C and Section 67(1.1)(c) of the EAPWDR stipulate that the medical practitioner must confirm that, for the purpose of alleviating a symptom referred to in sub-section (b), the appellant requires the additional nutritional items that are part of a caloric supplementation to a regular dietary intake as specified in the request. Although the appellant argued that there is no requirement to identify the nutritional items, Section 67(1.1)(c) stipulates that the medical practitioner must confirm the person requires one or more of the items set out in section 7 of Schedule C and *specified in the request* and, in Section 7 of Schedule C, the additional nutritional items must be *part of a caloric supplementation to a regular dietary intake*. In response to a request to specify the additional nutritional items required by the appellant, the medical practitioner did not provide a response and left this section of the MNS application incomplete. Given an opportunity to elaborate on his initial assessment, the medical practitioner wrote in a letter dated May 24, 2016 that the appellant is on naturopathic supplements "...that have also helped his management of his current symptoms," but he did not provide specific information about the "naturopathic supplements" used by the appellant or whether or not the naturopathic supplements used by the appellant provide a caloric supplementation. However, in the section of the MNS application relating to vitamins and minerals, the medical practitioner specified vitamins and also wrote that the appellant requires an increased protein diet, the combination of which will "...help with fatigue, increase energy, to help muscle build-up, to help with energy/strength to ambulate." When asked to describe how the nutritional items will alleviate one or more of the symptoms and provide caloric supplementation to the regular diet, the medical practitioner wrote in the application: "...help with preserving muscle mass and help with energy/fatigue to help cognitive status."

By requiring evidence of a need for "caloric supplementation" to one's regular dietary intake, or calories in addition to the regular diet, the MNS for additional nutritional items is geared specifically for those experiencing one of the listed symptoms as a result of an individual's "regular diet" not providing sufficient calories, rather than for those who do not have enough to eat or who are not eating enough of the right things within a regular diet. While the appellant referenced a definition for "nutritional supplements," the wording in the legislation is specific to "caloric supplementation" and the

panel considered the ordinary meaning of “supplementation” to be calories added beyond a regular diet. The panel finds that the ministry reasonably determined that the medical practitioner’s recommendation in the MNS application is for specific food choices, including an increase in protein, that represent a specific dietary regime within a regular diet. In response to the question whether the appellant has a medical condition that results in the inability to absorb sufficient calories to satisfy daily requirements through a regular dietary intake, the medical practitioner wrote: “...no issues with absorption.” The ministry pointed out that the appellant’s BMI is in the slightly overweight range, and the panel finds that the ministry reasonably considered this as one of several factors to determine if the evidence demonstrates that the appellant requires caloric supplementation, or calories added, to a regular dietary intake.

Section 7 of Schedule C provides for additional nutritional items, specifically, “that are part of a caloric supplementation to a regular dietary intake” and rather than requiring the medical practitioner to investigate the appellant’s particular diet, as argued by the appellant, the panel finds that the ministry reasonably required the medical practitioner to confirm a need for nutritional items beyond whatever the appellant is currently eating because the appellant is not assimilating sufficient calories from his food intake. In the letter dated May 18, 2016 a physician wrote that the appellant has found that he benefits from daily nutritional supplements including Udos oil, milk thistle and lipotrophin factor and, due to his fatty liver, the appellant needs to eat a diet with more protein, fruits, and vegetables, as well as his nutritional supplements. The physician wrote that she feels the appellant could be assisted with a dietary stipend in order for him to have the appropriate foods and supplements that he requires to optimize his health. However, the physician did not confirm that these foods and supplements provide a needed caloric supplementation to the appellant’s diet. Further, in the Work Absence Certificate dated May 19, 2016, a physician wrote that the appellant needs to be on Vitamin D3, essential fatty acids, vitamin supplements, and liver support with silymarin or milk thistle and lipotrophic facts (sic), and he also requires a special diet with non-fatty foods, or sugary foods and supplementation with nuts, grains, beans, fruits, and vegetables. While the physician wrote that the appellant needs to remain on these supplements and dietary changes, he did not provide an explanation for how the nutritional items specifically, as opposed to the “dietary changes,” address a need for a caloric supplementation to a regular dietary intake. The panel finds that the ministry reasonably concluded that there is not sufficient information from the medical practitioner to confirm that specified additional nutritional items are required by the appellant as part of a caloric supplementation to a regular dietary intake to alleviate a related symptom, as set out in Section 67(1.1)(c) of the EAPWDR.

Imminent Danger to Life- Section 67(1.1)(d) of the EAPWDR

The ministry's position is that it is not satisfied that the appellant requires additional nutritional items that are part of a caloric supplementation to a regular dietary intake to prevent an imminent danger to the appellant's life. The ministry pointed out that in describing how the nutritional items required will prevent imminent danger to life, the medical practitioner indicated in the MNS application: “...will help him with helping cognition/mood/physical status” and this description by the medical practitioner does not constitute confirmation that the appellant requires caloric supplementation to prevent imminent danger to his life. The ministry stated that the information provided by the physician in the letter dated May 18, 2016 also falls short of confirmation that failure to provide nutritional items specifically for caloric supplementation will result in an imminent danger to the appellant’s life. The ministry argued that while the physician’s statement in the Work Absence Certificate dated May 19, 2016, that the appellant needs to be on Vitamin D3, essential fatty acids, vitamin supplements, and liver support with silymarin or milk thistle and lipotrophic facts (sic) and requires a special diet with non-fatty foods,

or sugary foods and supplementation with nuts, grains, beans, fruits, and vegetables and “if he does not take all of the supplements, his liver will deteriorate over time and can put his health in imminent danger” is considered confirmation that failure to obtain the named vitamins and minerals will result in imminent danger to the appellant's life, the medical practitioner did not confirm that the appellant also requires caloric supplementation to prevent such an outcome.

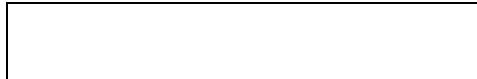
The appellant's position is that the information from the medical practitioner in the MNS application and in the letters from the physicians confirms that failure to obtain the additional nutritional items will result in imminent danger to his life. The appellant argued in his Notice of Appeal that his doctors agree that without the needed supplements and foods his health is in imminent danger and, to prevent further deterioration and to normalize his current health status, he must follow the recommended regimen. At the hearing, the appellant argued that the doctors have said that a fatty liver is a serious condition and he is dealing with an urgent condition made worse by his age. The appellant argued that the ministry approved his request for vitamins and minerals by relying on the physician's statement in the Work Absence Certificate dated May 19, 2016 that he needs to remain on named supplements and dietary changes and “If he does not take *all* [emphasis added] of the supplements, his liver will deteriorate over time and can put his health in imminent danger,” but the ministry disregarded the physician's reference to the need for the other supplements as well.

Panel decision

Section 67(1.1)(d) requires that the medical practitioner confirm that failure to obtain the nutritional items that are part of a caloric supplementation to a regular dietary intake will result in imminent danger to the person's life. In the original Application, the medical practitioner responded to the question how the nutritional items will prevent imminent danger to the appellant's life, by stating “...will help with keeping cognitive/mood/physical status.” Given an opportunity to elaborate on his initial assessment, the medical practitioner wrote in a letter dated May 24, 2016 that the appellant is on naturopathic supplements “...that have also helped his management of his current symptoms,” which indicates that the symptoms from the appellant's medical conditions are currently being managed.

In the letter dated May 18, 2016, another physician wrote that the appellant has found that he benefits from daily nutritional supplements including Udos oil, milk thistle and lipotrophin factor, that due to his fatty liver, he needs to eat a diet with more protein, fruits, and vegetables and, “...without these supplements, he is in imminent danger of further muscle weakness and immobility,” and the panel finds the physician refers to an imminent danger of physical restrictions with mobility but the ministry reasonably determined her statements fall short of confirming an imminent danger to the appellant's life.

While the appellant pointed out that the physician's statement in the Work Absence Certificate dated May 19, 2016, is that “if he does not take *all* [emphasis added] of the supplements, his liver will deteriorate over time and can put his health in imminent danger,” the panel finds that the ministry reasonably concluded that the medical practitioner did not specifically confirm that failure to obtain additional nutritional items *that are part of a caloric supplementation to a regular dietary intake* will result in imminent danger to the appellant's life, as discussed in more detail above under “caloric supplementation.” The panel finds that the ministry reasonably concluded that the medical practitioner has not confirmed that failure to obtain the requested additional nutritional items that are part of a caloric supplementation to a regular dietary intake will result in imminent danger to the appellant's life, as required by Section 67(1.1)(d) of the EAPWDR.



Conclusion

The panel finds that the ministry's reconsideration decision, which denied the appellant's request for a Monthly Nutritional Supplement for additional nutritional items on the basis that all of the requirements of Section 67(1.1) of the EAPWDR were not met, and also determined that his eligibility for vitamins/minerals commenced on June 13, 2016, was reasonably supported by the evidence and the panel confirms the ministry's decision. Therefore, the appellant's appeal is unsuccessful.