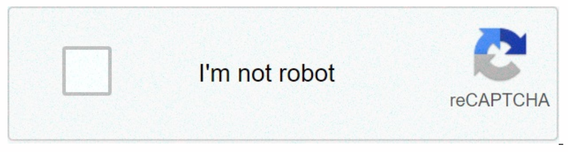

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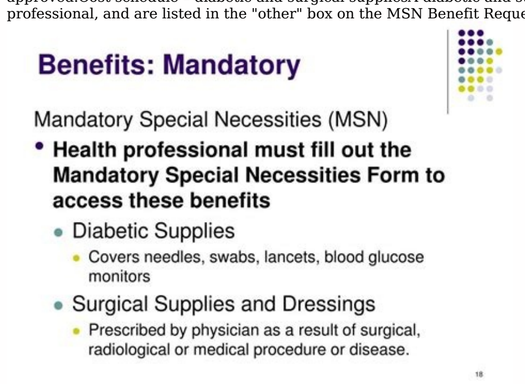
Odsp mandatory special necessities benefit request form pdf

Odsp personal needs allowance. Basic needs for odsp. Odsp basic needs allowance. Odsp basic needs amount.

July 2022Summary of legislationThe costs of the following items can be covered for members of the benefit unit as Mandatory Special Necessities (MSN) if not otherwise covered or reimbursed:diabetic suppliessurgical supplies and dressingstransportation reasonably required for medical treatment, if the cost of that transportation in the month exceeds $15The costs may be covered by:adding the amount for the items to the monthly income support paymentusing pay direct, whereby the recipient receives the items or services from a third party and the third party invoices the local ODSP office for the amount for the items or servicesLegislative authoritySections 21(2)3 of the Ontario Disability Support Program Act, 1997Section 44(1)1.iii and iii.1 of the Ontario Disability Support Program RegulationSummary of directiveThe MSN benefit covers the costs of the following items and services:diabetic suppliessurgical supplies and dressingstransportation reasonably required for medical treatment which exceeds $15 in a monthThe cost of the item must not be otherwise reimbursed or subject to reimbursement from any other source.Intent of policyTo ensure that ODSP recipients receive diabetic supplies, surgical supplies and dressings, and transportation reasonably required for medical treatment, where they are not available from any other source.Application of policyEligibilityThe MSN benefit is available to all members of the ODSP benefit unit, including dependent adults.Diabetic suppliesDiabetic supplies include needles and syringes, alcohol swabs, platforms, lancets, blood glucose monitors and insulin pump supplies. Insulin and test strips are covered under the Ontario Drug Benefit (ODB).The diabetic and surgical supply cost schedule is used to assist staff in determining the appropriate benefit amount for these items. However, actual costs should be covered based on receipts.Diabetes Canada, Ontario Division’s "Monitoring for Health" program can provide coverage of lancets and blood glucose monitors for insulin-dependent clients (using injections). The central toll-free telephone number for Diabetes Canada is 1-800-361-0796.Diabetes Canada provides funding for 75% of the cost of testing strips and lancets (up to an annual limit of $920), only for persons who are insulin-dependent (using injections). The balance of the cost is an approvable MSN item.Coverage for different types of blood glucose monitors is as follows:traditional blood-glucose monitorsintermittently scanned Continuous Glucose Monitors (isCGMs) — formerly referred to as Flash Glucose Monitors (FGMs)real-time Continuous Glucose Monitors (rtCGMs)Diabetes Canada provides funding on a reimbursement basis for the cost of a blood glucose monitor (used for monitoring blood sugar levels). Diabetes Canada will provide the lesser of 75% of the value or $75, once every five years, only for persons who are insulin dependent. The balance of the cost is an approvable MSN item if not covered by another source.For people who are not insulin dependent (not using injections) the full cost of a traditional blood glucose monitor is an approvable item if not covered by another source, based on a completed MSN benefit request form, subject to a limit of $54.Note: Only models of blood glucose monitors whose test strips are covered under the ODB will be approved. Vendors can verify which test strips are covered by the ODB.The ODB provides funding for isCGMs and the Ministry of Health’s (MOH) Assistive Devices Program (ADP) provides funding for real-time Continuous Glucose Monitors (rtCGMs) and its related supplies (i.e., sensors and transmitters).Surgical supplies and dressingsFor ODSP purposes, surgical supplies and dressings are supplies prescribed by a licensed Ontario physician that are required as a direct result of a surgical, radiological or medical procedure or disease.Persons recovering from surgery should first seek coverage for surgical supplies from their local Community Care Access Centre before seeking coverage from ODSP.Persons requesting assistance for ostomy supplies must provide verification that they have applied for the yearly grant of $1,300 from ADP, payable in two instalments. Funding for costs greater than $1,300 is allowable. Information about the ostomy grant is available at 1-800-268-6021.The Easter Seals Society Ontario delivers an incontinence supply program for families of children with severe disabilities where the disability results in chronic incontinence.Under the Easter Seals program, children (aged 3-5) are eligible for $400 and children (aged 6-17) are eligible for $900 in incontinence supplies, in two semi-annual instalments.
Applicants should contact Easter Seals at 1-888-377-5437. Dependent children are eligible through the MSN Surgical Supplies and Dressings category for the amount above that which is provided by the Easter Seals program.Supplies for a Continuous Positive Airway Pressure (CPAP) machine are also covered (tubing, masks, water chamber, distilled water, filters).TransportationTravel and transportation costs are paid when the costs exceed $15 per benefit unit in a given month, and the travel meets the criteria of one of the three components outlined below. In order to receive transportation costs (except in emergencies) an MSN Benefit Request form must be completed.The approved costs should be based on the most economical mode of transportation that the approved health professional indicates a person’s condition enables him/her to use.There are three components in the MSN travel benefit that describe when costs for travel and transportation can be provided.1. Professionals designated under the Regulated Health Professions Act, 1991 (RHPA)The MSN travel and transportation benefit is available to recipients who incur transportation costs to or from any therapy or treatment provided by a professional designated under the RHPA.The professionals governed by the RHPA are:physiciansnursespsychologistspsychotherapistsphysiotherapistsdietitiansdentistsdental hygienistsdental technologistsdenturistschiropractorsmidwivesoptometristsopticianspharmacistskinesiologistschiropodists & podiatristsaudiologists & speech-language pathologistsmassage therapistsoccupational therapistsrespiratory therapistsmedical laboratory technologistsmedical radiation technologistshomeopathstraditional Chinese medicine practitionersnaturopaths2. Alcohol and drug recovery groupsThe costs of transportation to attend drug and alcohol recovery groups (e.g., Alcoholics Anonymous, Narcotics Anonymous) are covered, provided the recipient’s physician or psychologist has prescribed it, and the program is available locally.3. Mental health therapy and mental health counsellingThe costs of travel to mental health therapy/mental health counselling is covered provided that the treatment has been prescribed by a psychiatrist, other physician or psychologist and the program is provided under the supervision of a psychiatrist, other physician or psychologist.To "prescribe" a program means that the psychiatrist, other physician or psychologist has provided a clear indication that the program is part of the client’s medical treatment or therapy.The program or activity must be under the supervision of a psychiatrist, other physician or psychologist, andthe activity or program is administered and adapted to individual participants by qualified mental health caseworkers andthe mental health caseworkers are supervised by the psychiatrist, other physician or psychologistCoverage will continue for recipients who were receiving transportation costs to attend day programs or other activities on September 30, 1999, for as long as the person attends the program. New requests for transportation costs to attend day programs are not eligible, unless the request meets one of the three components listed above.The following chart outlines the amounts that ODSP will pay for different modes of transportation:Mode of transportationCoverage availablePublic transportationThe lesser of the cost of all return trips per month or the cost of a monthly transit passPrivate vehicle40¢ per kilometer/41¢ in the North and North East Regions. Parking costs are covered with receiptsAgency driverAgency fee or 40¢ cents per kilometer/41¢ in the North and North East Regions where there is no established feeTaxiReturn trip fare door to door*AmbulanceScheduled travel by ambulance*Not waiting for customer during appointment. However, in regions where distances are great (e.g., the north or rural areas), it may be less expensive for a taxi to wait rather than to make a return trip. In this case, the waiting fee should be paid. In areas where distances are short (e.g., cities and towns), it is generally less expensive for a recipient to order a taxi for a return trip.Emergency travelSome ODSP recipients may require emergency medical treatment and request reimbursement for transportation expenses that were not approved in advance. Emergency costs can be covered based on receipts. A note from the recipient requesting reimbursement and specifying the destination and the mileage incurred is also acceptable; however, receipts (e.g., parking receipt) should also be included if available. Where the recipient is requesting reimbursement, they should be asked if they will require regular appointments. If so, an MSN request form should be completed by the approved health professional and upfront verification would apply as in all other cases.Out of town travel and out of country travelOut of town travelOut of town travel may be approved when necessary to receive treatment or therapy provided by a professional designated under the RHPA. (These professionals are listed on page 4 and 5.) This may include overnight stays en route for long trips or during treatment that lasts for more than one day. Where appropriate, travel across a provincial border may be covered. (i.e., Manitoba and Quebec).Out of country travelIf out of country travel is necessary for treatment or therapy, travel and transportation costs can only be covered when OHIP is covering the costs of the treatment. A letter from the Ministry of Health and Long-Term Care is required to document OHIP coverage.Mode of transportation, meals and attendantsWith any approved travel, the most economical mode of transportation that the approved health professional indicates a person can use, should be used. The most economical accommodation should be used when overnight stays are required for a person to receive necessary medical services. Costs for meals while travelling are allowed in appropriate circumstances. Meal allowances should not exceed $5.00 for breakfast, $8.00 for lunch and $15.00 for dinner (daily total $28.00). Alcoholic beverages are not covered.If the traveller needs someone to accompany them (e.g., to provide physical or attendant care, assistance with disembarking, etc.), an attendant’s travel costs may be covered where an approved health professional specifies that it is necessary for someone to accompany the recipient. Many carriers allow attendants to travel for free or at reduced rates. Only the balance of travel costs, plus meals are to be covered. Attendants are required to share accommodation on overnight stays.Northern Ontario residentsNorthern Ontario residents must apply for the Ministry of Health and Long-Term Care’s Northern Health Travel Grant (NHTG) Program for health-related travel expenses. Prior to travel, the traveller will need to have the referring health care professional complete the required sections of the NHTG application form and return the application to the ODSP office.After the trip is completed, the NHTG application form, completed in full by the medical specialist or the health care facility service provider, along with the original receipts for the travel costs incurred, must be submitted to the ODSP office. If the NHTG application form and original receipts are not returned to the local office, an overpayment may be applied.MSN Benefit Request FormThe Mandatory Special Necessities Benefit Request Form (2957) should be given to recipients requesting MSN for the first time and at the time of any subsequent renewal.The form captures all information necessary to determine eligibility, determine the benefit amount, and establish the approval period.The MSN benefit is paid commencing the date that the completed Mandatory Special Necessities Request Form is received by the ODSP office with the exception of emergency travel noted above.Who can complete the form:Type of benefit Eligible professionalMedical transportationPhysician, nurse in the extended class, psychologist (for addiction related treatment only)Diabetic suppliesPhysician, nurse in the extended class, registered nurse (where a physician has identified the need)Surgical supplies and dressingsPhysician, nurse in the extended class, registered nurse (where a physician has identified the need), enterostomal therapist (where physician has identified the need)Note: Where sections of the form relating to diabetic supplies or surgical supplies and dressings are being completed by a Registered Nurse or Enterostomal Therapist, the box indicating that the need has been prescribed by a physician must be checked in order for a benefit to be approved.Cost schedule – diabetic and surgical suppliesA diabetic and surgical supply cost schedule (see Appendix A) is available to ODSP staff to help determine the amount to be paid for these items. This schedule is not exhaustive. Other items can be covered if they meet the definition of surgical supplies, are prescribed by an approved health professional, and are listed in the "other" box on the MSN Benefit Request Form.The schedule reflects average costs for the most commonly prescribed supplies.



If actual costs exceed the amounts set out in the schedule, the higher actual cost should be paid based on written estimates or receipts provided by the recipient. It is not necessary to request estimates/receipts each month. The estimate/receipt is only used to establish/verify a cost that exceeds the amount set out in the schedule.WorksheetAn MSN worksheet (Form 2968) is also available to ODSP staff to assist them in determining the appropriate monthly MSN benefit amount for each category.Covering the costs of approved items or servicesAdding the amount for the item(s) or service(s) to the monthly income support paymentTo cover the costs of items or services under the MSN benefit the amount for the items or services may be added to a recipient’s monthly income support payment.Pay directTo determine whether a pay direct arrangement should be implemented for a recipient, the following factors should be considered:the recipient has indicated a need for assistance with the payment of his or her MSN benefit(s)the amount for the item(s) or service(s) is highA decision to use a pay direct approach is not appealable to the Social Benefits Tribunal.Approval periods and review datesPrinciplesMSN approval periods should be tied to the duration of need identified by the approved health professional.Where a private vehicle is used for medical transportation, the recipient should provide an estimate of the mileage for a return trip to the identified appointment. ODSP staff can assist the recipient in estimating the mileage. Where other means of transportation are required (e.g., taxi, ambulance), the recipient should submit a written estimate for the cost of return trips.If the costs of supplies or transportation exceed the approved amount, the benefit amount can be adjusted based on one time verification through an estimate or receipt. It is not necessary to request estimates/receipts each month.Permanent needWhere the need identified by the approved health professional is permanent and requirements are not expected to change (e.g., stable diabetes), a review of the need is not required. If the costs exceed the schedule, the actual amounts can be paid based on one time verification.Changing needWhere the approved health professional indicates that the needs are expected to change, the benefit is approved for the duration identified by the approved health professional. A review is needed prior to the expiry of the benefit. Staff must ensure that the recipient is provided with the "Mandatory Special Necessities Benefit Request Form" 60 days prior to the benefit expiry date.At the time of review, if the need has changed, a new benefit amount will be determined for the next approval period, based on the need and duration identified by the approved health professional.Time Limited NeedWhere the approved health professional indicates that the need is time limited (e.g., six months transportation to physiotherapy for a broken leg), no review is needed nor is a new form to be issued at the end of the benefit period.Recipients transferring from Ontario WorksSome Ontario Works participants will be granted ODSP while receiving Ontario Works Mandatory Benefits for medical transportation, diabetic supplies and surgical supplies/dressings. Eligible costs should continue to be paid without interruption until the Ontario Works benefit expiration date if:All appropriate documentation is provided (i.e., doctor’s prescription, review date; verification of costs must also be provided for transportation and where diabetic/surgical supply costs exceed the ODSP schedule)The item would be approved under ODSP MSN benefitsOntario Works participants who are granted ODSP while receiving Ontario Works Mandatory Benefits (that would be approved under ODSP) for a documented life- long condition, in which the level of need is not expected to change, do not require a review, as long as documentation standards are met and the funds are sufficient to meet the recipient’s needs.If costs exceed the ODSP schedule amount during the approved period, the benefit can be adjusted based on one time verification through an estimate/receipt. It is not necessary to request estimates/receipts each month.Where requests are not approvedRecipients must be notified in writing of a decision not to approve MSN benefits. Internal reviews and appeal provisions apply.Retroactive payments based on reconciliation of costsWith the exception of meal allowances, MSN pays for the actual cost of the travel/transportation and supplies specified on the MSN form. In some cases, actual costs will exceed the amounts originally approved. In these cases, a reconciliation should take place based on verification of the actual expenses incurred. Payment for the difference in costs can be made retroactive to the date the completed MSN form was received by the ODSP office.Related directives9.6 — Assistive devices9.10 — Extended Health BenefitBulletins09-99 010-99020-2000 010-200207-2005Appendix AOntario Disability Support Program Diabetic and surgical supply scheduleNote: The following schedule is not exhaustive. Additional or alternative items may be prescribed based on a recipient’s specific circumstances and indicated in the “other” box on the MSN Benefit Request form. This chart reflects an estimate of costs for many commonly prescribed supplies and is used to assist staff in determining the appropriate benefit amount for these items. However, actual costs should be covered based on receipts.For ODSP purposes, surgical supplies and dressings are considered to be those supplies prescribed by a licensed Ontario physician and required as a direct result of a surgical, radiological or medical procedure or disease.ItemAverage costUnit costDiabetic supplies Insulin syringes/per 100$30.21.30 eachNeedle tips/100 box$27.05.27 eachLancets/ 200 box$13.99.07 eachWipes:Betadine/100 boxAlcohol/100 box$17.61$3.09.18 each.03 eachIncontinence supplies Diapers/case$78.03/case $78.03/case Containment briefs – reusable$26.32/case$26.32/caseContainment pads – disposable$44.75/case$44.75/caseLeg bags – disposable$6.11$6.11Leg bag straps$6.86$6.86Enema kits$5.13$5.13Latex gloves/box 100$11.43$ .11 eachVinyl gloves non sterile/100 box$12.79/box$ .13 eachVinyl gloves sterile/50 box$68.75/box$1.38 eachOstomy flanges/5 box$42.96$8.59 eachOstomy pouches/10 box no drain$35.90$3.59 eachUrostomy (pouch with drain)$57.16$57.16Bedside drainage bags$7.26$7.26Catheters – indwelling$10.83$10.83Catheters – straight$2.18$2.18External condom catheters (urinary incontinence)$1.06 each$1.06 eachPaste (ostomy)$13.89$13.89Ostomy deodorant$22.82$22.82Antiseptic solutions:Hydrogen peroxideAlcohol$ 3.14$ 1.89$ 3.14$ 1.89Surgical dressing gauze Non sterile 2X2 12 ply$ 5.15$ 5.153×3 12 ply$ 7.02$ 7.024×4 12 ply$11.03$11.032×2 8 ply$ 5.54$ 5.543×3 8 ply$ 6.73$ 6.734×4 8 ply$ 9.15$ 9.15Sterile 2×2 12 ply$10.37$10.373×2 12 ply$22.82$22.824×4 12 ply$29.05$29.05Elastoplast dressing:3.8 cm × 4.56.3 cm × 4.57.5 cm × 4.5$18.95$24.00$27.24$18.95$24.00$27.24Adhesive tape$ 2.64$ 2.64When calculating MSN benefit amounts assume 31 days or 4.33 weeks per month. ODSP provides many health benefits and disability-related benefits. These benefits can help you with many different types of costs, including health, dental, vision, assistive devices, and other expenses related to disability or medical conditions.If you need to apply for ODSP, you can find out if you are eligible and how to apply.Prescription drug coverageIf you receive ODSP income support, you and your family will get coverage for prescription drugs that are both:listed in the Ontario Drug Benefit Formularyprescribed by an approved health care professionalGoing to the pharmacyYou can use your benefits by showing your:Ontario health cardvalid driver’s licenceOntario photo identification cardpassportmonthly ODSP statement of assistanceCo-payment feeSome pharmacists may ask you to pay a fee (co-payment) of up to $2 per prescription if you are 25 or older.Drugs not listed in the Ontario Drug Benefit FormularyYour doctor can ask the Ministry of Health to cover the cost of the prescription drug. The Ministry of Health will review the request and tell your doctor its decision.Contact your doctor to find out how to ask for coverage for a prescription drug that is not in the Ontario Drug Benefit Formulary.Dental coverageYou and your spouse may get coverage for:basic dental servicesadditional services if your disability, prescribed medications or prescribed treatment affects your oral healthAnyone under 18 years old in your family will automatically get coverage through the government’s Healthy Smiles Ontario program.If you have dependants 18 years of age or older, they may be able to get dental coverage through Ontario Works discretionary benefits.How to access your dental benefitsMake sure that your dentist or dental hygienist accepts ODSP recipients.Show them your ODSP monthly statement or government ID to verify your eligibility.For coverage of anyone under 18 years old, find out how Healthy Smiles Ontario provides dental services.If you already have private dental coverageYour dentist or dental hygienist may contact the ODSP dental benefits administrator (Accerta) for more information about the coordination of dental benefits.Vision coverage and glassesIf you do not have vision care coverage under the Ontario Health Insurance Plan (OHIP), you and your family may be able to get help with costs of:routine eye examinations (once every two years) for you and your family if coverage under OHIP is not availableassistance with the cost of prescription eyeglasses (once every three years) for you, your spouse and your children under 18 years of ageassistance with the cost of eyeglass repairs for you, your spouse and your children under 18 years of ageThe vision care benefit covers prescription eyeglasses up to a maximum amount. If you choose to get more expensive lenses or frames, you will need to pay the difference directly to the optometrist or optician.Dependent adults18 years of age or older may receive vision care under discretionary benefits through Ontario Works.
Contact your local Ontario Works office for more information about discretionary benefits.How to use your vision benefitsTo use your benefits for eyeglasses, frames or repairsStep 1Contact your local ODSP office and ask for a vision care benefit authorization formStep 2Give the form to your vision care provider, and show them:your ODSP statement of assistancehealth cardother government IDStep 3Ask your vision care provider to fill in the formStep 4Sign the form.The vision care provider will send your completed form to the government for their reimbursement. You do not need to pay for eyeglasses up front.Mandatory Special Necessities BenefitYou and your family may be able to get help with the cost of:transportation for medical appointments and treatmentdiabetic supplies, such as syringes, alcohol swabs and blood glucose monitorssurgical supplies, surgical dressings and incontinence suppliesAssistance with these costs is provided under ODSP's Mandatory Special Necessities Benefit.How to get this benefitStep 1Contact your local ODSP office to tell your caseworker what you want to buy and ask for a Mandatory Special Necessities benefit request form.Step 2Take this form to your family doctor's or health care professional's office and ask to have it filled in.Step 3Return the form to your local ODSP office in person or by mail. We will review your form and send you a letter to tell you if you have been approved.You should not pay a fee to have the form filled out. We pay for the cost of filling out the form. The form tells the health care professional how to get paid for filling it out.For people with insulin-dependenceIf you or a member of your family is insulin-dependent and needs injections, you may be eligible for traditional blood glucose monitors and lancets through Diabetes Canada.For more information, Diabetes Canada’s telephone number is Toll-free: 1-800-361-0796.Transportation for medical appointments and treatmentYou may receive money to cover the cost of travel to and from a medical appointment with an approved healthcare professional if you and your family spend $15 or more a month on transportation.


NATIONAL ENGINEERING SERVICES PAKISTAN (PVT.) LIMITED
13TH FLOOR, NIC BUILDING, ABBASI SHAHEED ROAD, KARACHI
Tel: +92-21-99080000

BIDDING FORM FOR DISPOSAL OF ITEMS

Sr. No.	Items	Unit	BID PRICE	
			Amount in Figures (Rs.)	Amount in Words (Rs.)
01.	As per list attached as Annexure-A	Quotation for items listed in Annexure-A		

Terms & Conditions:

1) National Engineering Services Pakistan (Pvt.) Ltd. (NESPAK), Karachi invites sealed offer(s)-bid(s) for the disposal of items as mentioned in the list attached as Annexure-A on **"As is where is basis"**, which can be inspected between 8:30 a.m to 12:00 p.m (Monday to Friday) at NESPAK Karachi office, 12th Floor, NIC Building, Karachi.
2) The bid shall be accompanied by an earnest money of Rs.5,000/- in the form of bank pay order of bank draft in favour of M/s NESPAK (Pvt.) Ltd.
3) The last date for depositing sealed bids is **03-10-2018** up to 1030 hours in the Office Manager's office at the above address. Bids will be opened at 1130 hours on the same day in the presence of the bidders who choose to participate.
4) The successful bidder will have to take the delivery of the bid items on or before 09-10-2018 after depositing the bid amount failing which his earnest money already deposited with NESPAK will be forfeited.
5) NESPAK reserves the right to accept or reject any bid without assigning any reason thereto.
6) Income Tax shall be charged from the successful bidder as per prevailing Govt. rules & regulations and shall be included in the Bid Price.

Date: _____ Signature: _____
Bidder Name: _____
Address & Tel. No: _____
_____
National I.D. Card No. _____

Approved health care professionals include doctors, dentists and nurses.If you are attending mental health therapy, mental health counselling, or drug or alcohol recovery groups, the cost of transportation may also be covered under the Mandatory Special Necessities Benefit.To find out if you are eligible for help with these transportation costs, please contact your ODSP worker before spending money.Health emergenciesIn an emergency when you are unable to apply for the benefit in advance and you must pay to get to emergency medical care, you may be able to get those transportation costs covered. Keep your receipts and show them to your worker.Pregnancy and Breastfeeding Nutritional AllowanceIf you are receiving ODSP income support and you or a family member is either pregnant or breastfeeding, you may be able to get assistance with your nutrition-related costs.The Pregnancy and Breastfeeding Nutritional Allowance may provide you or a family member with either:$40 a month to assist with the costs of a regular diet$50 a month to assist with the costs of a non-dairy diet if you are lactose intolerantThe allowance may be paid until the baby reaches 12 months of age.How to get this benefitContact your local ODSP office and ask for the Pregnancy and Breastfeeding Nutritional Allowance form.Take this form to the relevant health care professional's office and ask to have it filled in.Here are the kinds of healthcare professionals who can fill out the Pregnancy and Breastfeeding Nutritional Allowance form:your family doctor or physiciana registered nurse in the extended classa registered dietitiana registered midwifea traditional aboriginal midwifeReturn the form to your local ODSP office in person or by mail. We will review your form and send you a letter to tell you if you have been approved.Coverage for assistive devicesIf you have a long-term physical disability, you can get help paying for equipment and supplies when you qualify for the Assistive Devices Program.
If you need an assistive device, you should contact your doctor who can help you apply.ODSP can help with some of the costs that the Assistive Devices Program does not cover.Here are some categories of assistive devices:mobility devices, such as wheeled walkers and wheelchairsvisual aids, such as magnifiershearing aidsorthotic or prosthetic devicesspeech devices, such as teletypewriterscertain medical supplies, such as ostomy suppliesrespiratory devicesThe Assistive Devices Program sets out what assistive devices are covered and the maximum amount of coverage.The Assistive Devices Program will not reimburse you for devices you buy before getting approval.The Assistive Devices Program does not cover the assessment fee for assistive devices, but ODSP may cover the assessment fee if no other source covers it.
You need to get pre-approval from your local ODSP office for all assessment fees over $500.Find out more about the Assistive Devices Program.Hearing aids and devicesThe Ontario Disability Support Program may help with:purchasing a hearing aid or an alerting system (for example, a visual smoke alarm)repairing a hearing aidreplacing a battery for a hearing aidThis benefit covers the cost of items if other funding is not available.You, your spouse and children under 18 years of age are eligible for help with alerting systems, and batteries and repairs for hearing aids and devices. Dependent children 18 years of age or over are not eligible but may get help from Ontario Works discretionary benefits.How to get this benefitYou need to contact your local ODSP office to get approval before you buy a hearing aid, an alerting system, batteries or get repairs.Batteries and repairs for mobility devicesODSP can also provide help with the cost of batteries and repairs for mobility devices if no other funding is available. Here are some examples of mobility devices:manual or electric wheelchairsscooterswalkerslifting devicesYou and your family members are eligible for help with batteries and repairs for mobility devices.How to get this benefitYou need to contact your local ODSP office before you get repairs or need batteries for your mobility device.Special Diet AllowanceThe Special Diet Allowance (SDA) helps eligible ODSP recipients and their family members with the extra costs of a special diet for an approved medical condition.Find out if you are eligible for the SDA and how to apply.Guide Dog BenefitIf you are receiving ODSP income support and you own a certified service or guide dog, you may receive $84 a month for each dog, to help pay for their care.How to access this benefitTo qualify for this benefit, you need to give your local ODSP office proof that your service or guide dog has been trained at an accredited training facility. An accredited training facility is:a facility listed in the Blind Persons' Rights Act, Regulation 58an organization that is a member of Assistance Dogs Internationala school that is a member of the International Guide Dog FederationYou do not need to provide receipts for the daily care of your dog.Health benefits for people leaving ODSPIf you leave ODSP because you are getting more money from somewhere else, such as from a job or the Canada Pension Plan (CPP), you may be able to continue to get some ODSP health benefits.There are two types of ODSP health benefits for people who leave the program. The:Extended Health BenefitTransitional Health BenefitExtended Health BenefitThis benefit may help you pay for your high health costs if you no longer qualify for ODSP because you get too much money from another source, such as Old Age Security (OAS).You may be eligible if:you are no longer eligible for ODSP income support because your income is too highyou and your family have high health costsDepending on your health care needs, the Extended Health Benefit may help with the cost of:prescription drugsdental carevision caremedical supplies, such as diabetic and incontinence suppliestransportation to and from medical appointmentsassistive devices, including hearing aidsA child or spouse who is 17 years of age or younger will continue to receive dental coverage through Healthy Smiles Ontario.To qualify for the Extended Health Benefit, your health costs must be higher than the difference between:your income (for example, money you get from your pension, your job or training after deductions like income tax)the amount of ODSP income support that you were receiving each monthYou can get the Extended Health Benefit for as long as you are eligible for it. You will still have to qualify for ODSP in every other way, including your disability status and assets, and will have to tell us about changes to your situation.How to get the Extended Health BenefitContact your local Ontario Disability Support Program office. You will have to provide proof of your health costs, such as a list of your prescription drug costs from your pharmacy and receipts for other health costs.Based on this information, we will determine if you are eligible for the Extended Health Benefit.
We will send you a letter to tell you if you have been approved.If you do not qualify for the Extended Health BenefitIf you do not qualify for the Extended Health Benefit, you may still be eligible for the Transitional Health Benefit if you leave the Ontario Disability Support Program for paid work and do not have similar health coverage from your employer.Transitional Health BenefitThis benefit can help you pay for your health costs if you have a job and:you don’t qualify for the Extended Health Benefit through ODSPyou don’t get health benefits (or similar benefits) from your employerA child or spouse who is 17 years of age or younger will continue to receive dental coverage through Healthy Smiles Ontario.Qualifying for the Transitional Health BenefitIf you leave ODSP for a job and don’t receive the same level of health benefits from your employer, you may be eligible for the Transitional Health Benefit.You can also get the Transitional Health Benefit if you leave ODSP because you make too much money from self-employment or from a training program.You can get this benefit until you’re able to get similar benefits from your employer. As soon as you do, you need to tell your local ODSP office.Other supportIf you don’t qualify for either the Extended Health Benefit or the Transitional Health Benefit, you may be eligible for help with your prescription drug costs through the Trillium Drug Program. This program provides coverage for prescription drugs through the Ontario Drug Benefit.Disagreeing with a decisionIf you disagree with a decision on your ODSP case or an application, you can ask for an internal review and may be able to appeal.More informationFor more information, please contact your local ODSP office.For general questions, please call ServiceOntario at:Toll-free: 1-888-789-4199Toll-free TTY: 1-800-387-5559