

Appendix D – Special Diets Rate Guidelines

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Conditions Requiring Special Diets	Criteria	Approved Monthly Amounts
Cardiovascular Disease	Low Sodium, Low Salt	\$27.00
Celiac Disease	Gluten Free Diets	\$30.00
Chronic Constipation / High Fiber Requirements	High Fiber or High Residue	\$27.00
Crohn's Disease/ Ulcerative Colitis		\$66.00
Chronic Fatigue/ Fibromyalgia	Combination of High Fiber/ Modified Fat	\$54.00
Cystic Fibrosis		\$133 plus cost for supplement or additional amount specified by nutritionist
Diabetes	1000 k calories and under	No additional Funds
	1001-1200 k calories	No Additional Funds
	1201-1500 k calories	\$5.00
	1501-1800 k calories	\$18.00
	1801-2000 k calories	\$26.00
	2001-2200 k calories	\$34.00
	2201-2400 k calories	\$42.00
	2401-2600 k calories	\$51.00
	2601-2800 k calories	\$60.00
	2801-3000 k calories	\$68.00
	above 3000 k calories	\$8.00 for each additional 200 k calories
Dialysis		\$27.00 plus supplement of Nepro or Supplena purchased at VGH up to \$150.00 per month
Failure to Thrive	An individual assessment by a dietician is recommended	No amount specified, up to \$150.00 per month

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Food Allergy – Milk/ Diary or Lactose Intolerance	Less than 2 years of age (see “Infant Formula”) Based on required referral letter from a dietician and funding is calculated individually.	Up to \$150.00 per month with Supervisory approval
Food Allergy – Wheat	Based on required referral letter from a dietician and funding is calculated individually.	Up to \$150.00 per month with Supervisor approval
Gastric / Ulcer or Bland Diets	Treatment is based on eliminating foods which cause distress.	No additional funding
High Calorie / High Protein Diets	Prescribed for illnesses such as, but not limited to, cancer or post surgery where there has been significant weight loss.	\$66.00
HIV / AIDS	High Protein / High Calorie Diet 3000 k calories	\$66.00
	3250 k calories	\$88.00
	3500 k calories	\$101.00
Hyperlipidemia	Low fat	\$27.00
Infant Formulas <small>** Allowance will be gradually reduced as the child begins eating solid foods</small>	** Soy Formula (includes Isomil and Prosobee)	\$35.00
	** Lactose Free Formula	\$28.00
	** Hypo-allergenic formula— Pregestimil (powder)	\$144.00
	** Hypo-allergenic formula— Alimentum (ready to feed)	\$144.00
	** Hypo-allergenic formula – Nutramigen	\$121.00
Nutritional Supplements	Such as, but not limited to, Ensure, Boost, Essential, Advera, Pediasure and Jevity	Actual costs up to \$150.00 per month
Paraplegic Diet		\$36.50
Reducing Diets	For purposes of weight loss or prescribed following gastroplasty	No additional funds