VETERANS AFFAIRS CANADA

Horizontal Evaluation of Program Alignments

Final Report

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Executive Summary

This evaluation was conducted in accordance with Veterans Affairs Canada's (VAC) 2019-2024 Evaluation Plan. The plan aligns with the *Policy on Results* and meets the policy requirement for VAC to periodically evaluate organizational spending on programs and services.

This evaluation sought to identify ways to leverage how certain VAC program assessment criteria align to create efficiencies for Veteran clients and operational staff. The programs reviewed for alignments under this evaluation were:

- Pain and Suffering Compensation (PSC)
- Additional Pain and Suffering Compensation (APSC)
- Caregiver Recognition Benefit (CRB)

Specifically, the evaluation considered:

- If there are ways to streamline processes using alignments between the PSC's Table of Disabilities medical impairment criteria, and the health-related assessment criteria for the APSC, and CRB programs for Canadian Armed Forces (CAF) Veterans with more significant disabilities and impairments.
- If there are unintended impacts that occur between programs.
- If current program requirements provide equitable access for all Veteran applicants, regardless of biological sex, gender identity, sexual orientation or other identifying factors.

The findings and conclusions are based on the analysis of multiple lines of qualitative and quantitative evidence. While correlations were noted between the PSC and APSC, there was limited alignment between the assessment criteria for PSC and CRB. As a result, there are no recommendations related to CRB.

Recommendation 1a - The Assistant Deputy Minister (ADM) of Service Delivery explore opportunities to better align the Table of Disabilities (ToD) chapters/tables 9.1 (hearing loss), 17 (musculoskeletal), 21 (psychiatric), and other conditions as determined by Medical Advisory, with the existing health-related assessment criteria for the Additional Pain and Suffering Compensation (APSC) to facilitate program access for Canadian Armed Forces (CAF) Veterans assessed with more significant levels of disability and impairment.

Recommendation 1b: The ADM of Service Delivery, in consultation with the ADM of Strategic Policy and Commemoration, explore opportunities to streamline entitlement decisions for the Additional Pain and Suffering Compensation (APSC)

(Recommendation 1a) by using the information captured during the initial/reassessment PSC entitlement decision.

Recommendation 2 – The Chief Data Officer, with support from the Chief Information Officer, take the necessary steps to ensure VAC has access to all data required, either through direct collection or through information sharing agreements with other partners, including Statistics Canada, to carry out intersectional analysis including data related to race, indigeneity, socioeconomic status, gender, gender identity, sexual orientation, age, spirituality/religion, language, and education. This will support VAC's Gender-based Analysis Plus (GBA+) Strategy and equity-based program and policy design, delivery, evaluation and reporting practices.

1.0 Introduction

The 2019 Mandate Letter directed the Minister to continue to streamline the current suite of benefits with the goal of reducing overlap and administrative burden, and further improving VAC's performance, as well as the client experience for Veterans, both as they transition to civilian life and as their needs change throughout their lives.

This priority was re-affirmed in the 2021 Mandate Letter, which included additional direction to apply GBA+ in decisions and consider public policies through an intersectional lens to address systemic inequities including: systemic racism; unconscious bias; gender-based discrimination; barriers for persons with disabilities; discrimination against LGBTQ2 communities; and inequities faced by all vulnerable populations.

To date, VAC has never audited or evaluated each program's assessment criteria to determine: how they align with other VAC programs; or how alignment could reduce overlap and administrative burden. Additionally, VAC has not had access to sufficient intersectionality data for departmental clients to apply a fulsome GBA+ lens to determine if there are barriers to access for various sub-groups of VAC's client base (i.e. LGBTQ+, indigenous, etc).

As part of VAC's 2019-24 Departmental Evaluation Plan, Senior Management agreed to a cross-program evaluation of VAC programs to identify opportunities for efficiencies where assessment criteria alignments existed. Additionally, the 2019 Neutral Assessment of VAC's evaluation function recommended that VAC should continue to explore options for specialized/cross-cutting studies and the impacts of GBA+ factors on access to VAC programming. The evaluation was conducted primarily due to risk/need and also addresses the recommendation for specialized/cross-cutting studies.

This report presents findings of the *Horizontal Evaluation of Program Alignments* and focuses on Canadian Armed Forces (CAF) Veterans assessed with a more significant level of disability and impairment and the programs they are likely to access.

Based on preliminary interviews with key stakeholders and a survey of program decision makers, it was determined that the evaluation would focus on alignments between VAC's Disability Benefits Table of Disabilities (TOD) medical impairment criteria, the health-related assessment criteria of Additional Pain and Suffering Compensation Program (APSC) and the Caregiver Recognition Benefit Program (CRB). Prior to applying for the APSC and CRB the Veteran must receive a Pain and Suffering Compensation (PSC[1]).

[1] Disability Benefits, includes the Pain and Suffering Compensation, Disability Pensions and Disability Awards. The PSC came into effect on April 1, 2019 with the introduction of Pension for Life.

1.1 Program Overviews

Pain and Suffering Compensation (PSC)

The PSC recognizes and compensates for the non-economic effects of service-related disabilities. Determining the PSC is a two-part process:

1) an **entitlement** decision is made based on relationship to military service;
2) then an **assessment** (percentage) is made based on the medical impairment criteria in conjunction with quality of life indicators found in the Table of Disabilities (ToD).

The ToD is a legislated/statutory instrument used to assess the extent of a disability for the purposes of determining the amount of the PSC. Each of its 24 chapters considers the relative importance of a certain body part/system to assess the level of impairment, and the impact that impairment has on the Veteran's quality of life. When determining a PSC disability assessment percentage, the Veteran's entitled medical impairment is assessed against the appropriate ToD worksheet.

Additional Pain and Suffering Compensation (APSC)

The APSC program came into effect on 1 April 2019. It is a tax-free monthly benefit that recognizes and compensates Veterans for the non-economic loss associated with service-related permanent and severe impairments that cause barriers to re-establishment. The amount of the compensation is based on the severity of the impairment. The impairments are classified as being grade 1, 2, or 3 (1 being the most severe).

As of March 2020, the program had 14,223 recipients with expenditures of $119.1 million. Departmental forecasts for the APSC program suggest by the 2025 fiscal year end, there will be 32,980 recipients with expenditures of $264.5 million.

Caregiver Recognition Benefit (CRB)

Established 1 April 2018, the CRB[2] is a monthly, tax-free benefit (indexed annually). It formally recognizes the contribution that informal caregivers[3] make to the health and well-being of seriously disabled Veterans with service-related physical and/or mental health condition(s) who require continuous provision of care. The benefit is paid directly to an eligible Veteran's designated informal caregiver.

As of March 2020, the CRB program had 756 recipients with year-to-date expenditures of $9.5 million. Departmental forecasts for the CRB program suggest by the 2025 fiscal year end, there will be 1,576 recipients with expenditures of $20.8 million.

The Audit and Evaluation Directorate conducted a comprehensive evaluation of the CRB Program in 2020, the recommendations and findings of which have been considered in this evaluation.

[2] Formerly known as the Family Caregiver Relief Benefit. The introduction of the CRB program was as a direct result of the 2015 mandate letter which provided overarching direction to do more to support the families of Canadian Veterans.
[3] An "informal caregiver" (identified as a "designated person" in the legislation) is a person 18 years of age or older who plays an essential role in the provision or coordination of ongoing care to the Veteran in the Veteran's home, for which the person receives no remuneration.

2.0 Scope and Methodology

This evaluation was conducted in response to the Treasury Board of Canada's requirement to ensure there is adequate evaluation coverage of risk and organizational spending. It was conducted in accordance with the directive and standards specified in their *Policy on Results*.

2.1 Evaluation Scope

The objective of this formative[4] evaluation was to look for alignments between the existing ToD medical impairment criteria for the PSC, and the health-related assessment criteria of the APSC and CRB programs. These alignments could:

- identify opportunities to be more efficient;
- determine if unintended impacts are occurring among these VAC programs; and
- inform/promote equitable program access for all VAC clients.

The evaluation will support program and policy decision making and inform the implementation of new departmental initiatives.

This evaluation focused on CAF Veterans assessed with more significant levels of disability and impairment. To explore the potential alignments of the program assessment criteria through data analysis, the evaluation team set a disability percentage of ≥40% assessment for a single disability condition as the evaluation threshold. This threshold was used for **analytical purposes only** to explore relationships, and does not suggest a standard for alignments based on assessment level. It is recognized that each program may benefit from examining alignments at a higher or lower threshold based on program intent and criteria.

2.2 Evaluation Questions

Three questions (see Table 1)—based on information collected from a planning phase staff survey in fall 2019 and preliminary staff interviews—guided the evaluation.

[4] Formative evaluations focus on service improvement. Formative evaluations typically assess service implementation, or specific aspects of a service, and try to understand why a service works or doesn't, and if there are any impacting factors at play.

Table 1: Evaluation Questions

Recognition, Health, and Income Replacement Programs for Canadian Armed Forces Veterans with more significant disabilities/impairments
1. Are there opportunities to streamline processes by using alignments between the Table of Disability medical impairment criteria for the Pain and Suffering Compensation, and the health-related assessment criteria for the Additional Pain and Suffering Compensation and Caregiver Recognition Benefit programs for Canadian Armed Forces Veterans with more significant disabilities and impairments?
2. Are there unintended impacts occurring between VAC programs?
3. Do current eligibility requirements provide equitable program access for all Veteran applicants, regardless of biological sex, gender identity, sexual orientation or other identity factors?

To focus on the evaluation objective, meet timeline targets, and comply with available resources, a number of areas were excluded from the scope of the evaluation. These include:

- The delivery of specific program benefits/services (including VAC providers); Disability Benefits/Pain and Suffering Compensation and claims processing;
- Case Management function;
- Assessment of specific Treatment Benefit grids;
- CAF Long Term Disability Insurance Plan (previously called SISIP);
- CAF to VAC transition process;
- Program relevance; and
- Program logic models and progress towards achieving program outcomes.

2.3 Multiple Lines of Evidence

Multiple lines of evidence have been used to support the evaluation findings. The methods undertaken to support these lines of evidence are identified in Table 2.

Table 2: List of Methods

Methodology	Source
Documentation Review and secondary research review	• Departmental documentation/information has been reviewed to understand the program objectives/intent, authorities and requirements, complexity, context and any key issue areas. Documents included: departmental planning documents, policies, mandate letters, business processes, strategic documents, research papers, previous Audit and Evaluation reports, social media monitoring reports and National client survey results. • A comparative review of the 2006 Table of Disabilities[5] and program assessment criteria was conducted to explore potential alignments
Non-Departmental Government Document Review	• Various non-departmental government documents were reviewed, including, Parliamentary reports, Budget Speeches/Plans, and Speeches from the Throne.
Consultations	To support this evaluation, consultations with various stakeholders were conducted. These key consultations began early in the evaluation process and included: • Medical Advisory • Program Policy • Strategic Policy • The Office of Women and LGBTQ2 Veterans to highlight the scope of the evaluation and the relevance of one of the evaluation questions to their unit. • ADMs, DG's and Programs Directors, presentations to Health Professionals, as well as presentations at Corporate Policy and Program Management Committee (CPPMC) and Performance Management Committee and Evaluation Committee (PMEC) as part of the Departmental Evaluation Plan.

[5] The is a legislated /statutory instrument used to assess the extent of a disability for the purposes of determining disability benefits.

Literature Review	• During the course of the evaluation, a third party contractor conducted a research study on Veteran and non-Veteran specific disability benefits programs. This information was used to inform the evaluation in terms of how other countries/private organizations use alignments for similar programming. In addition, the evaluation team conducted an academic literature review to inform and contextualize the evaluation findings within existing research findings.
File Reviews (conducted by VAC employees and in adherence to privacy and personal information safeguard requirements)	• Two File Reviews were completed which reviewed the relationship between a client's disability condition and their relationship with the APSC/CIA program. • Each file review was conducted using stop and go sampling which pulls a random sample of a specific population and the evaluator looks at set number of clients until the evaluation team is satisfied that the hypothesis is validated. • For the purposes of these two file reviews, the evaluation team looked at a sample of 100 clients.
Statistical/Program Data	• Comprehensive descriptive statistical analysis was conducted to support this evaluation using multiple program data sets. The available client data was pulled from VAC's Client Service Delivery Network (CSDN) system as of March 31, 2019. This evaluation examined VAC client and program data as of March 31, 2019. • In addition to analyzing raw data from VAC's CSDN system and the 2017 National Survey, published data was also utilized such as VAC's Facts and Figures.
Survey	• To help inform the scoping portion of the evaluation a planning phase staff survey was distributed to the following program decision makers: Veterans Service Agents, Case Managers, Veterans Service Team Managers, Field Nursing Services Officers, Field Occupational Therapy Service Officers, Disability Adjudicators, Benefits Program Officers, Benefits Program Officers (EBU) and Appeals Officers. This survey was used to garner feedback regarding eligibility determination, supporting program policies, processes, assessment tools, and applications. The survey was distributed to 1,080 employees and had 184 respondents.

2.4 Considerations, Strengths and Limitations

The evaluation team acknowledges the following with respect to the evaluation and findings:

- On 1 April 2019, VAC implemented significant changes through the Pension for Life (PFL) initiative. PFL included the launch of new programming (PSC, APSC and the Income Replacement Benefit) and the implementation of a new client relationship management system called GCcase. APSC administrative client data was not available in GCcase for the evaluation period due to ongoing system development. To mitigate, the evaluation team used data from the program's precursor, the Career Impact Allowance (CIA)[6], as a substitution to explore the relationship between the PSC and APSC.

  CIA program data was determined to be a suitable substitution for the APSC as:

  - Like the APSC program, the CIA had the same definitions of permanent and severe impairments laid out in the program regulations; and
  - The CIA measured the extent of the impairment using the same three grade levels now used by the APSC program.

  The key differences between the CIA and the APSC are the different program intents (economic vs. non-economic compensations) and that in order to be eligible for the CIA Program, the Veteran had to apply for and be participating in the Rehabilitation Program. As the CIA was an economic benefit, the department assessed the Veteran's earning capacity and considered the number of years the Veteran had left to serve in the CAF as part of the grade level determination as well as any medical and physical impairments. It is important to note that earnings capacity and years left to serve are not considerations in the APSC grade level determination. Additionally, while participation in the Rehabilitation Program is not required to gain access to APSC, a barrier to re-establishment must be identified for APSC entitlement.

- Any potential changes to the assessment process for any program can have significant cost implications that require approval from the Minister of Finance. As a result, any potential changes that are explored by the Department will require an accrual costing completed by the Office of the Chief Actuary and if new funding is required, any proposed changes must be submitted to the Department of Finance for consideration as part of the Federal Budget process.

- The implementation of the GCcase system required considerable input from and impact on operational decision makers. Evaluation requests to operational staff were concise so as to minimize impact on their already busy workload.

[6] Prior to being named the CIA program, the program was called the Permanent Impairment Allowance Program (PIA).

- At the same time as this evaluation, Strategic Policy began an initiative which was to consider the overall structure of VAC programming. As such, the efficacy of the general structure of VAC programming was not examined.

3.0 Environmental Scan

Initial evaluation work included a cross-jurisdictional review of streamlined program access. Employee feedback and information on decision making processes for the CRB and APSC were also collected.

3.1 Streamlining of program processes in other jurisdictions

The evaluation team conducted a literature review and a review of other governmental jurisdictional policies and practices to look for examples of streamlined program access. In reviewing the academic literature, related to these other jurisdictions, the team noted that, considerations should be made regarding: enhancing Veteran awareness of their programs; providing clear explanations regarding eligibility requirements; offering referrals to specific programs that Veterans are eligible for; prioritizing the reduction of barriers in strategic plans; and including barrier reduction components in program designs (Mobbs & Bonanno, 2018[i]; Morgan et al., 2020[ii]; Government Accountability Office, 2014[iii]; Richardson et al., 2019[iv]).

The team also found evidence in the United Kingdom, Australia, and New Zealand of streamlining access to certain Veteran benefits. In Canada, Employment and Social Development Canada is also streamlining by integrating the Old Age Security/Guaranteed Income Supplement applications which reduces both the need for multiple applications and administrative burden on the client.

3.2 Information Access, Guidance, and Eligibility Decisions

A review of documentation and interview data suggests that there are opportunities to improve the guidance documents for CRB and APSC decision making.

In 2017, the Department undertook an internal exercise to better understand what Veterans and their families experience when they interact with VAC. It did this by following their steps and experiences of navigating the benefits and services offered. The results suggested that the Department could benefit from making client information more accessible to program decision makers if and when it is required.

Additionally, upon reviewing APSC program policies, the evaluation team found directions for decision making that included statements such as “where possible use existing information on file” and “may already have the required information”, however the potential locations and sources of this existing information were not provided. Because of this, some program decision makers reported having created their own informal working documents to support efforts in locating the existing information. The *2020 Caregiver Recognition Benefit (CRB) Evaluation* noted that guidance documentation for decision makers lacked sufficient detail. The CRB Evaluation reported that decision makers relied on multiple sources for locating information.

VAC has two client management systems which store client program information for PSC, APSC and CRB. Decision makers have to navigate these systems to locate documents to support their work. This process can prove time consuming and challenging. Interviews and observations with APSC decision makers identified that there are a variety of VAC documents available that measure or discuss a Veteran's impairment(s) and barrier(s) including various different medical assessments, ToD worksheets, and client notes. It was noted that some of these documents collect similar or duplicate information. The Client Service Delivery Network (CSDN) has multiple sections where health information or relevant documents are stored. CSDN also offers different levels of access based on job related tasks. CSDN information will gradually be migrated over and housed in GCcase. Complete migration to GCcase with clear direction to operational employees will help to mitigate the risk that information may be overlooked or missed from the decision making processes.

The evaluation team found there may be opportunities to reduce the potential burden and duplication of effort for clients and staff. This could be done if alignments are formalized between existing programs with similar assessment criteria and where possible, using information already gathered by the department such as the information gathered when populating the ToD worksheet.

3.3 National Survey

In 2017, Veterans Affairs Canada conducted a National Client Survey of 1,508 Veterans from various different client groups of the department. One survey question asked respondents their level of agreement with the statement "I found all of the service and benefits for which I may be eligible".

Table 3: Clients reporting poor mental health and poor health have a lower level of agreement with being able to find all of the services and benefits for which they are eligible.

Agreement level with "Being able to find all of the services and benefits for which I am eligible	Overall (all client health levels)	Clients who reported Poor Health	Clients who reported Poor Mental Health
Strongly disagree/disagree	22.5%	42.5 %	42.4%

The level of agreement with this statement dropped by 20% for the CAF Veterans who reported their mental health and/or health as "poor" compared to all clients surveyed. This suggests that it is harder for these Veterans with poor physical overall health or mental health to find the programs and services they are eligible for.

4.0 Evaluation Question 1:

Are there opportunities to streamline processes by using alignments between the Table of Disability medical impairment criteria for the Pain and Suffering Compensation, and the health-related assessment criteria for the Additional Pain and Suffering Compensation and Caregiver Recognition Benefit programs for Canadian Armed Forces (CAF) Veterans with more significant disabilities and impairments?

The Evaluation team has noted that there are alignments between the ToD medical impairment criteria for certain conditions and the existing APSC health-related assessment criteria.

The evaluation team has identified opportunities for alignments between the medical impairment criteria for certain conditions contained within the **ToD**[7] and the **APSC Policy Definitions of Permanent and Severe Impairment (sec. 33, 34)**; the **APSC Policy Grade Levels (sec. 44-46 [see Annex A])**. These sections of the policies and procedures are being referenced in the work completed in sections 4.1 and 4.2.

4.1 Table of Disabilities (ToD) Medical Impairment Criteria

Once the initial PSC application is assessed and entitlement is granted by a medical adjudicator using the ToD medical impairment criteria, the client may go on to have this same impairment reviewed again for other VAC programs. The evaluation team saw benefit in considering how these initial impairment ratings, could be used to align with the program policies and procedures outlined in 4.0. During consultations with VAC's Medical Advisory it was determined that there was potential for some ToD medical impairment criteria already determined during the PSC disability assessment for certain conditions to be used to inform APSC and CRB program decisions.

4.2 Potential Alignments for Consideration

The evaluation team examined a number of ToD chapters/tables and their associated medical impairment criteria and compared them with the program policies and business process outlined in 4.0.

The following examples (Table 4) were identified by the evaluation team as potential areas for alignment consideration. Additional alignments may exist but require further comparative analysis by Medical Advisory and the program areas.

[7] See example of ToD Chapter 17 in Annex C

Table 4: Potential Alignments

Program Name	Chapter and subsection of potential alignment

APSC	• **Chapter 21. Psychiatric Impairment**
	  • 21.1 – Loss of Function – Thoughts and Cognition
	• **Chapter 17. Musculoskeletal Impairment**
	  • 17.1 – Loss of Function – Upper Limb
	• **Chapter 2. Quality of Life (QOL)**
	• **Chapter 9. Hearing Loss Impairment**
	  • Table 9.1 assesses Loss of Function – Hearing Loss (uses audiograms to determine impairment rating)

4.3 Additional Pain and Suffering Compensation

To explore the relationship between the ToD medical impairment criteria and the APSC health-related assessment criteria, as previously indicated the evaluation team used the former CIA program as substitution.

Participation in the Rehabilitation Program was a requirement for the CIA program. This requirement effected the number of people who were entitled to apply for the CIA program. However, with the ending of the CIA and the introduction of the APSC, those clients in receipt of CIA were automatically transferred to the APSC program for the same condition and at the same grade level. For the APSC program, Rehabilitation Program participation is no longer a requirement for entitlement, but a barrier to re-establishment is. To determine whether a disability creates a barrier to re-establishment, the nature of the disability must be analyzed to determine how, and to what extent, the disability limits the Veteran's performance in civilian life of their roles in the workplace, home, or community.

To better understand the relationship between the APSC program via the CIA program and the evaluation threshold, the evaluation team looked at 9,492 Rehabilitation participants who met the evaluation threshold[8]. The team identified 7,924 who had applied for the CIA program and 1,568 who did not apply. Of the 7,924 applicants, 96.9% received a favourable CIA program decision, highlighting the relationship between the evaluation threshold and the health-related CIA program assessment criteria. For the 1,568 clients who did not apply, the barrier to re-establishment requirement, a requirement for APSC, would have already been met through their Rehabilitation Program approval. Therefore, the analysis would suggest that this group of 1,568 clients would have a similar favorable rate to that of the 7,924 if they applied to the APSC program being that they meet the entitlement requirements.

[8] In order to apply for CIA, the Veteran was required to be participating in the Rehabilitation program, whereas this is not a requirement for the APSC program.

Table 5: CIA favourable rates and the number of clients within each category

Program Name	Total # of Veterans who have disability condition assessed at ≥40% [9]	Number of Veterans (with Disability condition assessed at ≥40%) that applied for the CIA program	Favorable rate for Veterans (with Disability condition assessed at ≥40%) for CIA the program	Number of Veterans (with Disability assessed at ≥40%) that did not apply for the CIA
CIA	9,492	7,924	96.9%	1,568

The evaluation team identified 208 conditions that, when applying the evaluation threshold, would receive a favourable decision for the CIA program in excess of 90% of the time. Some examples of these conditions include osteoarthritis of the lumbar spine, alcoholism, amputation below the knee, and Amyotrophic Lateral Sclerosis (ALS). This demonstrates existing information could potentially be used to predict entitlement for additional programs for some of the more significantly impaired Veterans. These conditions would benefit from a more thorough review as a result of the recommendations from this evaluation.

4.4 Caregiver Recognition Benefit

A detailed analysis of the CRB program was completed in the summer of 2020 by the CRB program evaluation team and the recommendations from that evaluation were considered for this project. Specifically the recommendation: *The Director General, Service Delivery and Program Management use existing program information/data to identify the Department's seriously disabled Veterans who have not applied for the CRB and could be eligible for the program.*

To explore the relationship between the ToD assessment criteria and the CRB program, the evaluation team reviewed data for clients who met both the evaluation assessment threshold and the following CRB eligibility criteria:

- the Veteran received a disability award (now replaced by Pain and Suffering Compensation); and
- the Veteran was not in a long term care facility.[10]

Upon review, 1,146 (or 19%) of the 5,894 Veterans who met the evaluation threshold criteria applied for the CRB program. Of those Veterans that did apply, 44% received a favourable decision (as shown in Table 5 below).

[9] This excludes anyone in receipt of EIA because they are not eligible for the CIA program

[10] Note the CRB program also has other eligibility requirements such as the an informal caregiver who is 18 years of age or older plays an essential role in the provision or coordination of the ongoing care to the Veteran in the Veteran's home for which the informal caregiver receives no remuneration. This requirement was not easily tracked in the data available to the evaluation team, and thus was a consideration when making final conclusions on the data.

Table 5: CRB favourable rates and the number of clients within each category

Program Name	Total # of Veterans who have disability condition assessed at ≥40%	Number of Veterans (with Disability condition assessed at ≥40%) that applied for the CRB program	Favorable rate for Veterans (with Disability condition assessed at ≥40%) for the CRB program	Number of Veterans (with Disability assessed at ≥40%) that did not apply/not in receipt of the program
CRB	5,894	1,146	44%	4,748

This would suggest that the correlation between the ToD medical impairment criteria for PSC and the CRB health-related assessment criteria is not as strong as the correlation between the ToD medical impairment criteria and APSC health-related assessment criteria. There are a low number of Veteran caregivers actually applying for the program (1,146) at the evaluation threshold. This may be because the type of impairment or the impact of the impairment on the Veteran's ability to care for themselves does not require a caregiver.

Given the modest correlation between the ToD medical impairment criteria and the CRB health-related assessment criteria coupled with the different program intent/design and the caregiver requirement, the evaluation found that using the ToD assessment to identify potential CRB recipients would not realize efficiencies.

Health-related information is a fundamental contributor to overall CRB entitlement, but it is not the only requirement or variable for a favourable decision. Other key determinants include whether the Veteran requires ongoing care as a result of the health condition(s) for which the disability award application was approved; the presence of a caregiver providing care in the home or if the Veteran is residing in a long term care facility.

4.5 File Reviews

Interview data from APSC decision makers also highlighted the possibility of aligning APSC assessment criteria to certain disability conditions based on the criteria captured within the ToD. Interviewees suggested this could be done for certain psychiatric conditions and for hearing loss clients with audiograms showing 300 decibel hearing loss in both ears. To explore this further, the evaluation team conducted file reviews on these conditions for individuals who were not in receipt of the CIA program as of March 31, 2019.

4.5.1 Psychiatric Impairment File Review

Based on the decision maker feedback and the number of Veterans that meet the evaluation threshold for psychiatric conditions, the evaluation team explored the strength of the relationship between the ToD medical impairment ratings and criteria,

and the APSC Grade Level determinations. The evaluation team identified those Veterans who had a psychiatric disability that met the evaluation threshold and who were **not** in receipt of the CIA[11] program as of March 31, 2019. Unlike the data presented in Table 5, participation in the Rehabilitation Program was not a consideration in this group. There was a total of 3,173 Veterans who met this criteria and data was pulled from a random sample of 100 of these Veterans.

Upon reviewing the ToD worksheet impairment criteria and ratings of the 100 Veterans (released) in the sample, it was found that there was sufficient evidence to grant a favourable APSC decision for 94% of the clients under review. The file review was validated by APSC decision makers, and considered impairment and associated barrier eligibility requirements. This finding further demonstrates the strength of the correlation between the PSC's ToD medical impairment criteria and the APSC health-related assessment criteria.

Image 2

The remaining 6% of the sample group were not eligible for APSC as they were already in receipt of the Exceptional Incapacity Allowance (EIA) and are therefore unable to also receive APSC entitlement.

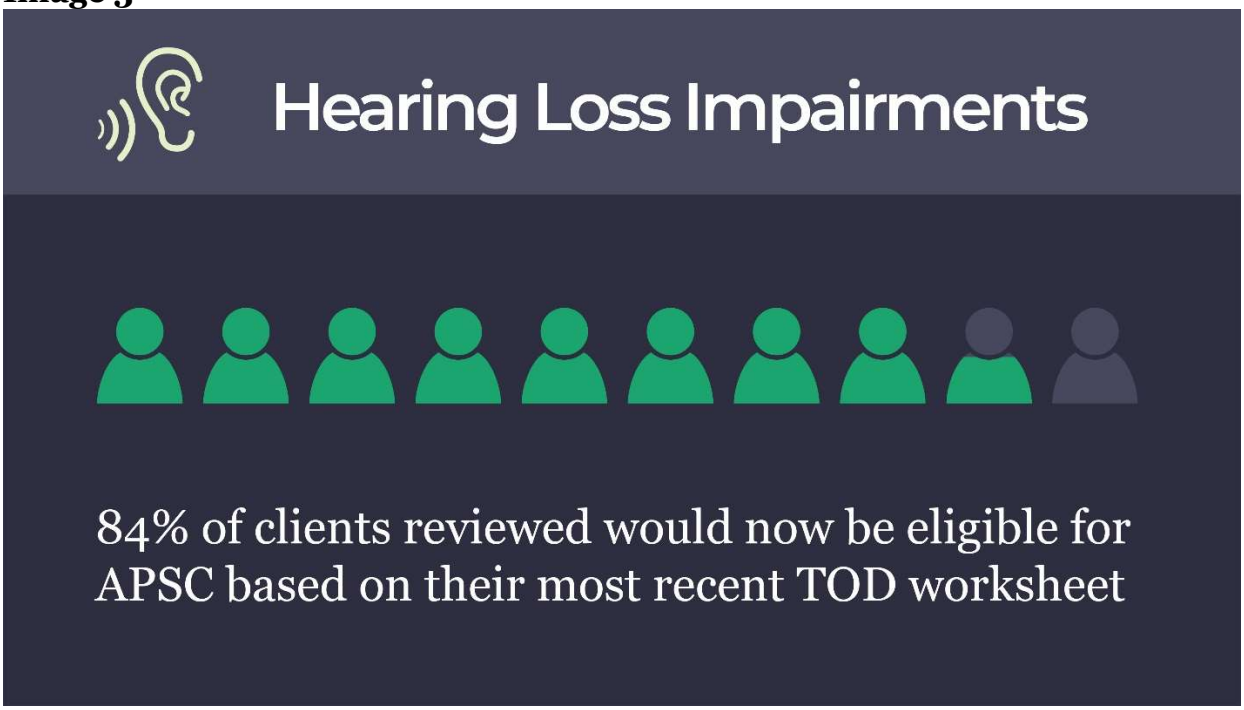
4.5.2 Hearing Loss (HL) File Review

The same methodology was then applied to Veterans with a Hearing Loss disability. Of the 900 Veterans identified that met the criteria, the evaluation team reviewed the information contained within the ToD hearing loss impairment table, of a random

[11] CIA and APSC have the same definitions for Severe and Permanent Impairment and same Grade Levels for assessing extent of the impairment

sample of 100 clients. The team determined a favourable APSC decision could be made for 84% of the clients under review[12]. If the results are extrapolated to the whole cohort of clients who meet the review criteria, there could be 756 clients who may not have met CIA requirements that could be eligible for APSC. The 16% who did not meet the APSC assessment criteria did not have a 300DBL hearing loss in both ears as defined in the APSC policy.

Image 3



Although not a formal business process, some adjudicators began sending work items to the APSC unit in 2019 to flag clients who met the policy definition of severe hearing impairment (300 DSHL threshold in both ears).

A sample of the two file review findings were validated by program decision makers.

4.6 Application Waivers

In 2018, the Application Waiver Policy came into effect for use with *Veterans Well-Being Act*[13] programs. The overall intent was to waive the requirement for applicable program applications so as to decrease administrative burden on Veterans, their families and VAC staff. The policy suggests a waiver can be used if information has already been collected or obtained as part of VAC's ongoing administration of programs, services and daily operations, and that the individual may be eligible for the benefit (compensation, service or assistance) should they apply for it.

[12]Eligibility was based on the policy section 33e which explicitly states that a loss of hearing of at least 300 Decibel Sum Hearing Loss (DSHL) over four frequencies in each of the two ears is considered a permanent and severe impairment.
[13] See section 78.1 of the VWA

Application waivers can be applied to many VAC benefits including PSC, APSC, and CRB. A waiver of application is not a guarantee that a favourable eligibility decision will be made, rather a waiver removes the requirement for the person to submit a written application. The evaluation team was unable to find evidence or tracking information on application waiver use at VAC for the CRB or APSC program.

The Caregiver Recognition Benefit Evaluation found that the application waiver has not been used for the CRB, nor were there any specific guidelines or practices developed to use the application waiver for the program. Should the waiver be used, there is still the requirement of the delegated decision maker to follow all established processes for determining eligibility after contact with the Veteran has been made to ensure they wish to proceed with an application.

The evaluation team considers the use of application waivers as a positive start for reducing client application burden, but suggests that there are additional opportunities to create efficiencies and draw upon existing alignments that will further reduce this burden on clients as well as staff.

Recommendation 1a – The Assistant Deputy Minister (ADM) of Service Delivery explore opportunities to better align the Table of Disabilities (ToD) chapters/tables 9.1 (hearing loss), 17 (musculoskeletal), 21 (psychiatric), and other conditions as determined by Medical Advisory, with the existing health-related assessment criteria for the Additional Pain and Suffering Compensation (APSC) to facilitate program access for Canadian Armed Forces (CAF) Veterans assessed with more significant levels of disability and impairment.

Management Response:		
• The Central Operations Division is in agreement with the recommendation.		
Action Plan	**Expected Completion Date**	**OPI Accountable**
The VAC Table of Disabilities (TOD) was published in 2006 and is used to assess the severity of a Veteran's awarded medical condition. A plan to review and modernize the TOD to ensure that it continues to be based on up to date scientific research and medical practices and advances in the assessment field is underway. As part of this review, VAC will apply a GBA+ lens to review the TOD to ensure equity from a sex, gender and intersectional perspective. The work will be done in 3 phases over a several years. Concurrent with modernization of the TOD, alignment with VACs Additional Pain and Suffering Program (APSC) program policy and processes will be explored.	December 2024	Assistant Deputy Minister (ADM) of Service Delivery is accountable for the action(s).

Recommendation 1b - The ADM of Service Delivery, in consultation with the ADM of Strategic Policy and Commemoration, explore opportunities to streamline entitlement decisions for the Additional Pain and Suffering Compensation (APSC) (Recommendation 1a) by using the information captured during the initial/reassessment PSC entitlement decision.

Management Response:		
• The Central Operations Division is in agreement with the recommendation.		
Action Plan	**Expected Completion Date**	**OPI Accountable**
Modifications to the Table of Disabilities (ToD) will be based on information and guidance obtained from the review and through consultations. As changes are expected, once this work is completed and the identified chapters are updated, the Centralized Operations Division (COD) will consult with the Strategic Policy and Commemoration Branch and the Chief Financial Officer and Corporate Services Branch to explore the development of a pilot to test the functionality and benefits of streamlining entitlement decisions for the Additional Pain and Suffering Compensation (APSC), while ensuring adherence to departmental authorities related to privacy and funding. This phase will include exploring system capacity and process requirements. The goal of the pilot will be to ensure that the streamlining approach provides a fair and consistent outcome. If the ToD is aligned with VAC's APSC Program, then COD will conduct a six month pilot to test the alignment. The length of the pilot will ensure that a sufficient amount of data is collected/available to properly evaluate the effectiveness.	September 2025	Assistant Deputy Minister (ADM) of Service Delivery is accountable for the action(s).

5.0 Evaluation Question 2:

Are there unintended impacts occurring between VAC programs?

Throughout the course of the evaluation, the team looked for possible alignments between the CRB and the APSC, to better understand if any unintended cross-program impacts existed. Despite the differences in the program intents and design, the evaluation team found that for certain conditions assessed in the ToD chapters/tables[14], there may be alignments between the CRB and APSC health-related assessment criteria, specifically CRB policy sec. 2e and associated business process and the APSC policy Grade Level 1 eligibility criteria.

[14] ToD tables 21.1, 21.3, 21.4, 17.1, 17.7, 17.9, and Chapter 2.

6.0 Evaluation Question 3:

Do current eligibility requirements provide equitable access for all Veteran applicants, regardless of biological sex, gender identity, sexual orientation or other identifying factors?

The evaluation team was unable to determine *equitable* program access as VAC currently does not capture sufficient intersectionality data or information to complete this analysis. The evaluation team was able to look at program access based on sex, official language, age, and geographic location.

6.1 Why GBA+ Analysis?

The 2019 Neutral Assessment of the Departmental Evaluation Function at VAC (3.2.6 Evaluation Standards) recommended the use of new approaches to evaluations including Gender-Based Analysis Plus (GBA+). "GBA+ is a gender and diversity approach to program and policy analysis and was designed to consider many factors in addition to sex and gender, such as race, ethnicity, religion, age, and disability" (Hankivshy & Mussell, 2018, p. 305[v]). As such, the evaluation team developed questions and indictors to help determine whether program assessment criteria provides equitable program access for all Veteran applicants. According to the document *Delivering Service Excellence: A Review of Veterans Affairs Canada's Service Delivery Model,* it is recognized that equitable treatment is based on individual need, and as such, equal treatment does not imply equitable treatment.

In order to respond to the evaluation question, the team looked at qualitative survey data from the planning phase staff survey (fall 2019) which aimed to identify challenges relating to program assessment criteria. This survey included questions to staff regarding barriers to program access relating to GBA+ factors. The employee feedback was analyzed and themes were identified. Themes from the survey indicated that female Veterans face challenges when linking military sexual trauma (MST) to their service. It was also suggested that women have a higher burden of proof for disability applications pertaining to MST. Additionally, the survey revealed there may be bias toward women in terms of the types of military occupation they held in relation to the benefits they seek.

Interviewees also commented that VAC forms should be updated to reflect the diversity of the client population. For example the downloadable online application forms for both the CRB and APSC programs do not ask the applicant's sex or gender. In a study on welcoming sexual and gender minority veterans into VA (US Department of Veterans Affairs) care, it was suggested that "asking about sexual orientation and gender identity at intake conveys respect and provides information about the patient's primary relationships, environmental support, and potential health risks"(Sherman et. Al, 2014, pp 8-9[vi]).

The evaluation team went on to support these survey findings with research and found that when examining access criteria across program and service areas, it is important to understand the unique and diverse needs of minority groups within the client base. This is true of the female and LGBTQ+ Veteran populations. Research suggests that these client groups are transitioning from military service with high levels of complex needs. In a qualitative study on injured female veterans' experiences with community reintegration, it is stated that females often reported not being prepared to go home to civilian life. They did not feel they had the skills to reintegrate back into the community, particularly at the beginning of the transition, and that they had unrealistic expectations of the reintegration experience. (Hawkins & Crowe, 2017[vii]).

Female transition from military service is also reported to be more challenging due to loss of identity, income, and employment opportunities (Lee, Dursun, Skomorovsky, & Thompson, 2018[viii]). A scoping review of gender and veteran reintegration and transition found that despite not having as much combat exposure, female Veterans carry a mental health toll likely due to higher rates of MST (Eichler & Smith-Evans, 2018, p. 13[ix]). Statistics Canada reported in 2016 that "more than a quarter of all women in the military, or 27.3 per cent, reported sexual assault at least once over their military careers" (CBC, 2016). "Research also indicates a higher prevalence of mental and physical health conditions among LGBTQ Veterans compared to their non-LGBTQ counterparts" (Eichler & Smith-Evans, 2018, p. 13[ix]). This research suggests women and LGBTQ+ veterans are leaving military service vulnerable, with high levels of stress and adjustment issues, and equal or greater trauma responses and health issues as their male counterparts. Gender and sexual orientation are factors to be considered when assessing and determining timely and *equitable* access to programs and services for our Veteran clients.

GBA+ is also extremely important for addressing systemic racial and gender discrimination that is prevalent in many systems, particularly those that are rooted in authoritative masculinity. The Truth and Reconciliation Commission's Summary (2015) report stated, "for governments, building a respectful relationship involves dismantling a centuries-old political and bureaucratic culture in which, all too often, policies and programs are still based on failed notions of assimilation" (p. 21). Without comprehensive GBA+ analysis, the department will not be able to address these recommendations.

In addition to the academic research, a review of internal documents also informed the evaluation question. In particular, the 2018-2019 Office of Veterans Ombudsman (OVO) Annual Report highlighted that despite only making up 11% of the client population, female veterans were lodging over 17% of the complaints. The Report goes on to say that **"**the analyses, based on two random samples of completed disability benefit application files, revealed that not all groups of Veterans are treated equitably, and many applicants waited longer than the standard 16 weeks for a decision. For instance, women waited longer than men, and Francophone applicants waited longer than Anglophone applicants" (p.10). In addition, one of the action items in the OVO Report Card 2018-2019 was for VAC to be able to grant equitable access to decisions in a timely manner regardless of the applicant's gender and language.

6.2 GBA+ Evaluation Data Analysis

After consideration of the above-mentioned information highlighting areas of issue for these minority Veteran groups, VAC's administrative client data available in CSDN was analyzed. Specifically, program access and reach based on available personal identifiers.

The data confirmed that women[15] were in receipt of CIA at similar rates to men, but women were applying at a slightly higher rate. For the CRB program, women Veterans were in receipt of the CRB program at a slightly lower rate in comparison to men and also were applying at a slightly lower rate. Without direct feedback from Veterans the evaluation team is unable to explain the reasons relating to program application.

French and English clients were in receipt of CIA at roughly the same rates however, French clients were applying at a higher rate than English clients. For the CRB program, English clients were in receipt of and applying for the program at a higher rate than French clients. When examining field office location and age breakdowns, some differences were found in the data. The evaluation team notes that this could be due to the complexity of program access criteria, the decision-making guidance available to front line staff, or staff workload pressures. It is anticipated that through the responses to Recommendation 1a and 1b, some of these differences will be rectified.

Overall, the evaluation team was unable fully analysis the question regarding equitable program access, as VAC currently does not capture sufficient intersectionality data or information to complete this analysis.

6.3 GBA+ To Improve Results

The Status of Women Canada (2015) state that by demanding a wider and more heterogeneous sampling, GBA+ encourages a participatory approach that can inform management's response regarding program and policy improvements. It also encourages a more rigorous, expansive, and systematic use of comparison groups to provide baseline data. Identifying gaps through GBA+ provides more comprehensive analysis of impacts and outcomes, leading to improved accuracy and precision within policy and program development and design.

Although GBA+ has been adopted in many departments, it rarely becomes more than just a framework that is never fully actioned (Hankivshy & Mussell, 2018v[v]). This may be because the changes required do not align with the current culture of the organization resulting in opposition and barriers to implementation (Johnstone & Momani, 2019[x]).

GBA+ analysis has the potential to generate and depict a more accurate analysis of lived experiences for the entire VAC client population. Audit and Evaluation will be challenged to conduct GBA+ analysis, as per the Neutral Assessment of the Departmental Evaluation Function at Veterans Affairs Canada (3.2.6 Evaluation

[15] Based on the way the data is collected, we are unable to differentiate between biological sex and gender identity

Standards), the VAC GBA+ Strategy (Pillar 6), and per the Departmental commitment to VAC's Gender Based Analysis Plus (GBA+) Strategy, because the data collected by the Department is not conducive to such. This issue has been highlighted in the VAC GBA+ Strategy, Pillar 2.

Recommendation 2 – The Chief Data Officer, with support from the Chief Information Officer, take the necessary steps to ensure VAC has access to all data required, either through direct collection or through information sharing agreements with other partners, including Statistics Canada, to carry out intersectional analysis including data related to race, indigeneity, socioeconomic status, gender, gender identity, sexual orientation, age, spirituality/religion, language, and education. This will support VAC's Gender-based Analysis Plus (GBA+) Strategy and equity-based program and policy design, delivery, evaluation and reporting practices.

Management Response:		
• The VAC Chief Data Officer and Chief Information Officer support the recommendation.		
Action:	**Expected Completion Date**	**OPI Accountable for Action**
The Chief Data Officer (CDO) and the Chief Information Officer (CIO) will: 1. Clarify and address the limitation in the Department's authority to collect personal client information; in particular section 4 of the *Privacy Act* which brings into question the authority to collect information on an institutional/Departmental level (Section 4: *No personal information shall be collected by a government institution unless it relates directly to an operating program or activity of the institution.*) https://jmvfh.utpjournals.press/toc/jmvfh/7/s1	• March 2022	ADM, Chief Financial Officer and Corporate Services
2. Conduct a thorough review of data collection processes and available and or required data points related to veteran access to, and use of, programs, services, and benefits using the GBA+ lens. This will enable robust intersectional data analysis that will inform equity-based program and policy design, delivery, evaluation and reporting practices	• March 2023	ADM, Service Delivery

7.0 Conclusions

There may be opportunities to align the ToD medical impairment criteria determined at the initial PSC decision with the APSC Policy Determinants of Permanent and Severe Impairments and Grade Levels (sec. 33, 34, 41-46). This will assist earlier access to these programs for CAF Veterans with more significant levels of disability and impairment while reducing their application burden. These alignments should also reduce administrative burden on VAC program decision makers. Formalizing alignments would require consultations and collaboration between VAC's Policy Division, Medical Advisory group and Centralized Operations Division in order to determine the impairments and levels of impairment that are best suited for alignment in relation to program intent and overall eligibility criteria.

The evaluation also found limited correlation between the ToD medical impairment criteria for PSC and the CRB health-related assessment criteria. As a result of the weak correlation, coupled with the different program intent/design and the caregiver requirement, the evaluation team determined that using the ToD assessment to identify potential CRB recipients would not be effective.

VAC has developed a GBA+ Strategy to guide the work of the Department, but the evaluation team was unable to determine if program access at VAC is equitable because the appropriate client information or data is not collected to fully complete the analysis. The evaluation team was able to look at program access based on sex, official language, age, and geographic location. Although access appeared to be relatively equal based on sex and language, it was determined that there are some differences when examining Area Office location and favourable program decision rates. Opportunities to identify and make available, data items and sources relating to intersectionality should be pursued in order to support the VAC GBA+ Strategy and GBA+ analysis for program and policy design, delivery, and evaluative purposes.

Annex A: APSC Policy Excerpts

"Permanent and Severe Impairments"	Determination Grade Level 1	Determination Grade Level 2	Determination Grade Level 3
33. A "**Permanent and severe impairment**" is evident if the Veteran has at least **one** of the following: a) An amputation, or loss by physical separation, of a limb at or above the elbow or the knee; b) Two or more amputations of limbs at or above the ankle, or at or above the wrist; c) The permanent loss of use of a limb such as may result from a permanent paralysis of an arm or a leg to the extent that it is ineffective for any practicable purposes in carrying out activities of daily living. Consideration should also be given to severe amputations that contribute to the loss of use of a limb at any level; d) Legal blindness which is defined by the Canadian National Institute for the Blind as worse than or equal to 20/200 with best correction in the better eye or a visual	**APSC Grade 1** is for those with the most severe level of physical, functional and/or mental impairment. To determine that Veterans have this extent of impairment, they must meet at least one of the following criteria: **i. Functionally, these Veterans:** A. require long-term hospitalizations; B. are institutionalized, or are approaching the need for institutionalization; C. require continuous physical assistance of another person with 6 of 7 ADLs as defined in paragraph 32.e.; or D. require daily supervision and are not considered safe when left alone.	**APSC Grade 2** is for those with a lesser extent of functional, mental and/or physical impairment than those in Grade 1. To determine that Veterans have this extent of impairment, they must meet at least one of the following criteria: **i. Functionally, these Veterans:** A. require the physical assistance of another person with 50% or more of the tasks associated with transferring and ambulation (Mobility); or 4 Self-care activities, as set out in paragraph 34; B. take an inordinate amount of time to complete transferring and ambulation (Mobility); or 4	**APSC Grade 3** is for those with a lesser extent of functional, mental and/or physical impairment than those in Grade 2. All Veterans who meet the APSC eligibility criteria will be eligible for at least Grade 3.The criteria set out below is for illustrative purposes. **i. Functionally, these Veterans:** A. require the physical assistance of another person with 50% or more of the tasks associated with transferring or a mbulation (Mobility); or 2 Self-Care activities, as set out in paragraph 34; B. take an inordinate amount of time to complete transferring or a mbulation

field extent of less than 20 degrees in diameter; e) A loss of hearing of at least 300 Decibel Sum Hearing Loss (DSHL) over four frequencies in each of the two ears; f) A loss of speech such that the Veteran's audible communication has been reduced to a level insufficient to meet needs of everyday speech and conversation; g) A psychiatric condition or neurocognitive disorder, diagnosed according to the most recent version of the *Diagnostic Statistical Manual of Mental Disorders*, for which the Veteran requires ongoing regular treatment, and which results in the Veteran suffering from severe and frequent symptoms (presenting at least once per week) which significantly interfere with functioning in the areas of thought and cognition; emotion, behaviour and coping; and/or activities of daily living; h) A severe and permanent limitation	***OR*** **ii. Physically, these Veterans include those who have:**	Self-care activities, as set out in paragraph 34; C. have cumulative effects of limitations in most ADLs, as defined in paragraph 32.e., which when taken together have an equivalent impact on the person as A or B above; or D. require daily supervision and are considered safe when left alone for very short periods of time, such as 2 to 3 hours during the day, or 5 to 6 hours overnight. ***OR*** **ii. Physically, these Veterans**	(Mobility); or 2 Self-care activities, as set out in paragraph 34; C. have an inordinate frequency in how often 2 Self-care activities are completed daily; D. have cumulative effects of limitations in most ADLs, as defined in paragraph 32.e, which when taken together have an equivalent impact on the person as A, B, or C above; or E. require supervision at least three to four times per week for at least one hour per visit to ensure safety in performing activities of daily living, and are considered safe when left alone for longer periods of time. ***OR*** **ii. Physically, these Veterans**

in Mobility or Self-care (see paragraph 34 below for more information); **or** i) The need for supervision at least three to four times per week for at least one hour per visit to ensure safety in performing activities of daily living. 34. A **severe and permanent limitation in Mobility or Self-care** is evident where the Veteran, all or substantially all of the time, has at least **one** of the following limitations (a-g): **Mobility** a) unable to transfer or ambulate independently (i.e., requires total assistance), even with the aid of medication, therapy, or an assistive device (e.g., cane, crutches, walker, wheelchair, shower lift); b) able to perform less than 50% of the tasks associated with transferring or ambulating without the assistance of another person (i.e., requires maximal/significant	A. quadriplegia; B. paraplegia; C. bilateral upper extremity amputation (at or above wrist); or D. bilateral lower extremity amputation (at or above the ankle). ***OR*** **iii. Mentally, these Veterans:** A. show obvious signs and behaviour that are influenced by delusions or hallucinations not controlled with treatment and demonstrate gross impairment in communication or judgement i.e., grossly inappropriate, incoherent or mute; or	**include those who have:** A. a complete and permanent loss of vision; B. irrecoverable loss of use of an upper and lower limb; C. a single upper or lower limb amputation at the hip or shoulder (no viable stump); or D. double limb amputations, i.e., at or above the ankle for the lower extremity and at or above the wrist for the involved upper extremity (viable stump). ***OR*** **iii. Mentally, these Veterans include those who:** A. suffer from a psychiatric condition or neurocognitive disorder with persistent symptoms of extreme impairment of	**include those who have:** A. a total and permanent loss of hearing; B. a total and permanent loss of speech; C. a single upper extremity amputation at or above the elbow; D. a single lower amputation at or above the knee; or E. irrecoverable loss of use of a limb. ***OR*** **iii. Mentally, these Veterans include those who have:** A. a psychiatric condition or neurocognitive disorder for which the Veteran requires ongoing regular treatment, and which results in the Veteran

assistance; Veteran provides less than half of the effort); c) takes an inordinate amount of time, to transfer or ambulate, even with the aid of medication, therapy, or an assistive device (e.g., cane, crutches, walker, wheelchair); **Self-Care (must demonstrate the impairment with at least two Self-care activities)** d) unable to perform any of the tasks associated with **two** Self-care activities independently (i.e., requires total assistance); e) able to perform less than 50% of the tasks associated with **two** Self-care activities without the assistance of another person (i.e., requires maximal/significant assistance; Veteran provides less than half of the effort with each Self-care activity); f) takes an inordinate amount of time to complete **two** Self-care activities even with the aid of medication, therapy or an assistive device	B. require total care and supervision in the home or an institutionalized setting.	one's ability to think clearly, respond emotionally, communicate effectively, understand reality, and/or behave appropriately; B. suffer from a psychiatric condition or neurocognitive disorder which requires long periods of inpatient hospital care or a combination of inpatient hospital care and outpatient care (greater than 8 weeks, cumulative, within a 6 month period); e.g., a full time day program; or C. require recurrent hospitalization, i.e., greater than 3 times per year, without recovery.	suffering from severe and frequent symptoms (presenting at least once per week) which significantly interfere with functioning in the areas of thought and cognition; emotion, behaviour and coping; and/or activities of daily living.

(e.g., reachers, toilet safety rails; shower chair); g) has an inordinate frequency in how often **two** Self-care activities are completed daily, causing significant interference with his or her ability to participate in normal daily activities; **OR** **Cumulative Effects of Limitations in Activities of Daily Living** h) Experiences limitations in most of the ADLs defined in paragraph 32.e, which when taken together have an equivalent impact on the person as the limitations in 35.a-g above.			

Annex B: CRB Eligibility Requirements

Eligibility	Ongoing Eligibility
2. A Veteran is eligible for the Caregiver Recognition Benefit under section 65.1 of the *Veterans Well-being Act* : a. the Veteran has had an application for a disability award or pain and suffering compensation approved under section 45 of the *Veterans Well-being Act* : b. the Veteran requires ongoing care as a result of the health condition(s) for which the disability award application was approved; c. the Veteran has not been awarded a pension or compensation under the *Pension Act*; d. an informal caregiver who is 18 years of age or older plays an essential role in the provision or coordination of the ongoing care to the Veteran in the Veteran's home for which the informal caregiver receives no remuneration (see paragraph 4); and e. the Veteran requires at least one of the following: i. a level of care and supervision consistent with admission to an institution such as a long term care facility; ii. daily physical assistance of another person for most activities of daily living; iii. ongoing direction and supervision during the performance of most activities of daily living; or iv. daily supervision and is not considered to be safe when left alone (i.e. Veteran poses a risk to him/herself or others if not supervised on a daily basis). 3. A Veteran is considered to need ongoing care, if his/her health condition(s): a) are continuous, and unlikely to substantially improve; or	14. A Caregiver Recognition Benefit is paid on an ongoing basis to a Veteran's designated informal caregiver provided the Veteran continues to meet the eligibility requirements. 15. VAC may require: a. a Veteran and the Veteran's designated informal caregiver to provide information or documentation, and b. a Veteran to undergo an assessment to allow VAC to assess the Veteran's continued eligibility for the Caregiver Recognition Benefit.

b) the duration cannot be determined, but are not expected to substantially improve for at least 12 months. 4. An informal caregiver plays an essential role in the provision or coordination of the ongoing care to a Veteran in the Veteran's home if there is evidence that: a) the Veteran relies on the informal caregiver to provide or coordinate: i. daily supervision; ii. direction and/or physical assistance with most activities of daily living; or iii. assistance with completion of instrumental activities of daily living; and b) the Veteran's health and well-being would be placed at risk and the provision or coordination of the Veteran's ongoing care would be compromised without the informal caregiver. 5. The phrase "most activities of daily living" is interpreted to mean a minimum of four (4) activities out of seven (7). Mobility is considered to be one activity of daily living. 6. In some situations, it will be difficult, if not impossible, to separate the impact of a health condition for which a disability award or pain and suffering compensation has been granted from other non-entitled health conditions. In circumstances where there is a reasonable doubt or uncertainty as to whether the need for ongoing care is a result of the condition(s) for which the disability award or pain and suffering compensation is approved, then the reasonable doubt or uncertainty should be resolved in the Veteran's favour.	

Annex C: Chapter 17.1 Loss of Function Upper Limb

Dominant Rating	Non-Dominant Rating	Criteria
Two	One	• Can use limb efficiently for normal tasks but with excessive fatigue and/or pain towards the end of the day; **or** • Has paresthesia and/or numbness.
Four	Two	• Can use limb efficiently for normal tasks but with excessive fatigue and/or pain occurring within 1hour.
Nine	Four	• Can use limb reasonably well in **most** circumstances but frequent difficulties are manifested by: o minor loss of digital dexterity causing handwriting changes, or difficulty in manipulation of small or fine objects, e.g. tying shoelaces or setting a watch; **or** o minor loss of grip strength causing difficulty in gripping moderately heavy to heavy objects such as full saucepans, buckets and watering cans; **or** • Can use limb efficiently for normal tasks with excessive fatigue and/or pain occurring within 10 minutes.
Thirteen	Nine	• Can use limb reasonably well in **most** circumstances, but frequent difficulties are manifested by: o minor loss of digital dexterity causing handwriting changes, or difficulty in manipulation of small or fine objects, e.g. tying shoelaces or setting a watch; **and** o minor loss of grip strength causing difficulty in gripping moderately heavy to heavy objects such as full saucepans, buckets and watering cans.
Twenty-one	Thirteen	• Can use limb reasonably well in **some** circumstances, but with more noticeable difficulty manifested by: o moderate loss of digital dexterity causing difficulty in manipulation of larger objects such as turning door handles; **and/or** o major loss of grip strength causing difficulty in gripping light objects such as knives, forks, cups, toothbrushes, etc.
Thirty-Four	Twenty-one	• Uses limb inefficiently in **all** circumstances. Use of limb subject to major limitations; capable of light grip only. Multiple aids may be required for everyday activities such as writing and eating.
Thirty-four	Thirty-four	• Intractable pain[16].
Fifty-two	Thirty-nine	• Unable to use limb at all for self-care or daily activities. Limb is essentially useless.

[16] Intractable pain is severe, persistent, ongoing pain that is unresponsive to the usual treatment modalities.

Annex D: CRB Eligibility Business Process

Caregiver Recognition Benefit Eligibility Business Process
The CRB is payable to informal caregivers who:
1. are 18 years of age or older; **and**
2. are not paid for providing or coordinating care; **and**
3. are providing essential support in the provision of care to a **Veteran** who: ○ has been approved for a VAC disability award resulting in an ongoing need for care for at least the next 12 months; **and** ○ requires at least one of the following:
a) a level of care and supervision consistent with admission to an institution (i.e. long term care facility); **OR** b) daily physical assistance or supervision of another person to assist with a minimum of four (4) activities of daily living (ADLs); **OR** c) constant supervision to assure personal safety except for short periods of time (i.e. 2-3 hours during the day or 5-6 hours overnight).

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