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PART C – Decision under Appeal

The decision under appeal is the ministry's reconsideration decision dated March 6, 2012 which found that the appellant did not meet three of the five statutory requirements of Section 2 of the Employment and Assistance for Persons with Disabilities Act for designation as a person with disabilities (PWD). The ministry found that the appellant met the age requirement and that her impairment is likely to continue for at least two years. However, the ministry was not satisfied that the evidence establishes that she has a severe physical or mental impairment. The ministry was also not satisfied that the appellant's daily living activities (DLA) are, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods. As the ministry found that the appellant is not significantly restricted with DLA, it could not be determined that she requires the significant help or supervision of another person, the use of an assistive device, or the services of an assistance animal to perform DLA.

PART D – Relevant Legislation

Employment and Assistance for Persons with Disabilities Act (EAPWDA), Section 2
Employment and Assistance for Persons with Disabilities Regulation (EAPWDR), Section 2

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PART E – Summary of Facts

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

1) Person With Disabilities (PWD) Application: applicant information dated September 20, 2011, physician report dated November 26, 2011, and assessor report dated November 26, 2011;
2) Letter dated December 29, 2006 from a physician, a specialist in rheumatology, that states in part that the appellant developed low back pain with spasms approximately 15 years previously, she had a number of investigations and was diagnosed with lupus. She has frequent episodes of either upper or lower back pain which last for 3 days at a time and may subside for up to a month at a time. Episodes are aggravated by heavy lifting, by stress, and by sitting for a long time at the computer and sometimes have no triggering factors. For pain, she uses ibuprofen on a very regular basis, either for headache, arthralgias or back pain. Recently, she has been experiencing an increase in left sacroiliac pain with walking and sitting. On examination, she appears generally healthy and range of motion in the neck and back are completely normal. On the basis of the history, physical examination and lab tests, the physician would not jump to a diagnosis of SLE;
3) Letter dated January 5, 2012 from the ministry to the appellant denying person with disabilities designation and enclosing a copy of the decision summary;
4) Letter dated February 9, 2012 from a resident of the recovery facility 'To Whom It May Concern', stating in part that she has provided the appellant with periodic assistance with some basic housekeeping activities such as help with carrying groceries, help with getting her buggy up the stairs, help lifting and moving items around the house, and emotional support while shopping for groceries and household items;
5) Letter dated February 10, 2012 from a recovery facility 'To Whom It May Concern', stating in part that the facility offers a support program for women with addiction issues and promotes peer support and offers individual and group counseling in addition to 12-step programming, life skills training, physical activities, relapse prevention and spiritual care; the appellant is presently residing in the independent living unit of the facility and, despite some of her physical and mental health challenges, has been proactive in participating in the program since her arrival on June 13, 2011; and,
6) Request for Reconsideration- Reasons prepared by an advocate on behalf of the appellant.

At the hearing, the appellant's advocate provided a written submission on behalf of the appellant attaching excerpts of the Interpretation Act RSBC 1996 c. 238 and the decision in Hudson v. EAAT 2009 BCSC 1461 but containing no new evidence. The ministry did not object to the acceptance of this document. The panel accepted the submission as argument.

In her Notice of Appeal, the appellant states that her disabilities may be invisible or not immediately apparent on the outside, but they are numerous and they are severe. The appellant states that her conditions compound one another making normal life/functioning very difficult and sometimes impossible.

At the hearing, the appellant's advocate stated that the appellant has substance dependence since 1990 and her physician states that the appellant used marijuana since her teens, became dependent in her 30's and that she used it to help cope with anxiety/OCD and pain issues. The advocate stated the physician confirms the appellant has a long history of depression secondary to both physical and medical conditions which result in isolation and increased substance abuse over many years. The advocate stated that the appellant's physician diagnoses the appellant with 3 severe medical/psychiatric diagnoses that have continued for at least 2 years. The advocate stated that the physician confirms the appellant has significant deficits with cognitive and emotional functions, including consciousness, executive functions, memory (ability to recall and learn information), emotional disturbances (depression, anxiety), motivation, impulse control, motor activity (agitation, repetitive behaviour) and attention or sustained concentration. The advocate stated that the physician confirms that lupus can cause decreased cognitive functioning and impaired concentration. The advocate stated that the appellant has not used marijuana in 10 months and has been involved in a recovery program at a recovery facility, as confirmed by the letter dated February 9, 2012, since June 13, 2011.

The advocate stated that the appellant's physician has also completed the assessor report and confirms that pain and impaired joint function impact significantly on physical activities of daily living, and symptoms of OCD and lupus impact on social functioning. The advocate stated that the physician indicates that the appellant takes significantly longer than typical to walk indoors or outdoors or to climb stairs secondary to back, knee, and SI joint pain, her standing is limited to half an hour maximum and lifting, carrying, and holding requires continuous assistance from another person due to her back pain. The advocated stated that the physician confirms the appellant has an identified mental impairment and this has had a major or moderate impact on her daily functioning in 8 of the 14 items. The advocate stated that the physician notes the appellant has difficulty processing oral instructions and must often request written instructions, she has repetitive behaviours associated with her OCD, and constant checking-up in environments with high scrutiny. The advocate stated that the physician further notes that the appellant has depression secondary to physical and psychiatric symptoms, leads to poor motivation and cravings to use marijuana, which in turn worsens her psychiatric symptoms.

The advocate stated that the physician indicates that due to the appellant's back and joint pains, she takes significantly longer than typical to dress, groom, bathe and toilet. With basic housekeeping, the appellant requires periodic assistance from another person, as set out in the letter from the resident dated February 9, 2012. The advocate stated that the physician confirms that the appellant's food and meal preparation take significantly longer than typical due to physical pain. The advocate stated that the physician notes that due to impulsive spending/shopping, the appellant is very anxious around budgeting and requires continuous assistance from another person in this area and periodic assistance in banking and paying bills. The advocate stated that the physician assessed the appellant as taking significantly longer than typical to get in and out of a vehicle and requires assistance at times and, when using public transit, she requires periodic assistance from another person. The advocate stated that the physician reports that the appellant requires periodic support/supervision to make appropriate social decisions as she has some impairment of social judgment when depressed or isolating. In developing and maintaining relationships, the appellant tends to isolate, dislikes conflict and avoids people in general. The advocate stated that the physician notes the appellant requires periodic support/supervision to interact appropriately with others and she is easily overwhelmed with unexpected demands and stressful situations increase anxiety and OCD symptoms. The advocate stated that the physician notes the appellant requires group counseling, one-on-one mental health and addiction counseling and peer support groups. The physician notes that when dealing with addiction, the appellant has been in unsafe situations, e.g. compromised safety with strangers, and once she has completed the recovery program she will need ongoing long-term counseling to help manage her psychiatric symptoms and to maintain sobriety.

The appellant stated that lupus is an auto-immune disease that involves flare-ups that can be triggered by stress or fatigue. The appellant stated that she is always fatigued but she will hit a wall of energy that will increase her back and joint pain and depression to the point where she cannot function and may have to get out of a situation and go right to bed. The appellant stated that sometimes she can push through the wall if she can get some rest, even for an hour. The appellant stated that she is currently in a supported environment where she is able to get enough rest. The appellant explained that she does not want to sit at home but she needs to manage her illnesses. The appellant stated that she had a sister who died of Crohn's disease. The appellant stated that she also gets 'foggy' thinking which can cause problems, especially in a work situation, because there is difficulty processing information or there is logical 'freezing'. The appellant stated that the other resident at the recovery facility helps her with shopping because she needs help carrying and she also gets caught up in circular thinking and she needs someone to move things along and so she does not make impulsive decisions. The appellant stated that she uses a basket for shopping and the resident will help her carry it in. The appellant stated that she goes to some type of counseling a couple of times a week plus she goes to AAA and NA meetings. The appellant stated that she takes medications every day for both the lupus and OCD and that she still deals with the symptoms of these conditions on a daily basis.

In her self-report included in the PWD application, the appellant adds that her disabilities affect her life

immensely and together they are compounded. The appellant states that the lupus causes chronic joint pain, headaches, fatigue, low-grade fever, muddled thinking and depression. The appellant states that it effects her mobility and the ability to stand in one place. The appellant states that "lupus fog" makes it difficult for her to understand and to follow instructions, particularly involving a sequence of activities. The appellant states that her Sjogren's Syndrome causes her extremely dry eyes and mouth and chronic sinusitis. The appellant explains that her OCD causes her to be hyper-vigilant which manifests in checking rituals, obsessive thoughts, double and triple checking, and generalized anxiety with depression. The appellant states that it takes her longer to complete tasks as a result of this checking behaviour and it makes her self-defensive and has lead to interpersonal problems. The anxiety she feels as a result of her OCD then triggers her lupus. The appellant states that she feels her disabilities cause her to become isolated socially from her friends and other supports.

The physician who completed the physician report has confirmed that the appellant has been her patient for 5 months and that she has seen the appellant 2 to 10 times in that period. In the physician report, the physician confirms a diagnosis of lupus and Sjogren's Syndrome, obsessive compulsive disorder (OCD) and substance dependence. The physician adds comments that the appellant has a "....20 year history of back pain, multiple joint pain and stiffness, sinus pain, dry eyes and mouth, mouth ulcers, headache and rashes; these affect her mobility and ability to perform household tasks as a well as secondary depression and ability to concentrate; her symptoms vary over time and she experiences exacerbations which are becoming more frequent requiring long term regular medication. Long history of typical obsessive-compulsive symptoms (obsessive thoughts, checking rituals, anxiety and agitation if rituals not performed); she has some generalized anxiety symptoms." The physician report indicates that the appellant has not been prescribed medication that may interfere with her ability to perform DLA, and notes that the appellant is on medications which reduce the joint pains somewhat but significant impairment persists and she is on medication for OCD which again reduces but does not extinguish her OCD and anxiety symptoms. The physician reports the appellant requires an aid for her impairment, being a grab rail in the shower. The physician reports that the appellant can walk 2 to 4 blocks unaided on a flat surface, she can climb 5 or more stairs unaided, she can lift 5 to 15 lbs., and can remain seated less than 1 hour. The physician reports that the appellant has no difficulties with communication. The physician indicates that there are significant deficits with cognitive and emotional function in the areas of consciousness, executive, memory, emotional disturbance, motivation, impulse control, motor activity, and attention or sustained concentration, with the note "...lupus can cause decreased cognitive functioning and impaired concentration; OCD- triple checking (repetitive behaviours); impaired impulse control with relapse to marijuana use.

The physician has also completed the assessor report and indicates that the appellant is independent with walking indoors and walking outdoors as well as with climbing stairs but takes significantly longer than typical "...secondary to back, knee and SI joint pain". The physician reports the appellant requires periodic assistance from another person with standing ("limited to 1/2 hour max") and continuous assistance with lifting and carrying and holding ("back pain"). The physician indicates that the appellant is independent with all tasks of personal care while taking significantly longer than typical with the tasks of dressing, grooming, bathing, and toileting. The physician reports that the appellant requires periodic assistance from another person with doing laundry and with basic housekeeping, taking significantly longer than typical ("back and joint pains"). The physician indicates that the appellant is independent with two of the tasks of shopping, while requiring periodic assistance with reading prices and labels and making appropriate choices ("OCD symptoms interfere with decision making and anxiety 5 times worse") and continuous assistance with carrying purchases home, with no further comments. Further, the assessor reports that the appellant is independent with all of the tasks of managing meals, taking significantly longer than typical with food preparation and cooking. The physician indicates that the appellant requires periodic assistance from another person with paying rent and bills and banking and continuous assistance with budgeting (impulsive spending/shopping- very anxious"). The physician reports that the appellant is independent with all tasks of managing medications and with using transit schedules and arranging transportation, while requiring periodic assistance with getting in and out of a vehicle and using public transit, with no further information provided.

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In the assessor report, the physician has indicated that there are major impacts to daily cognitive and emotional functioning in emotion, motivation and motor activity and moderate impacts to consciousness, impulse control, attention/concentration, executive, and memory, with a minimal impact on bodily functions and no impact in the remaining 5 areas. The physician also adds comments that the appellant has difficulty processing oral instructions and must often request written instructions, that she has repetitive behaviours with constant checking up in environments with high scrutiny and increased anxiety, e.g. work environments and the depression is secondary to physical and psychiatric symptoms, leads to poor motivation and cravings to use marijuana, which in turn worsens her psychiatric symptoms. The physician indicates that the appellant requires periodic support/supervision with making appropriate social decisions ("some impairment of social judgment when depressed or isolating"), developing and maintaining relationships ("tends to isolate, dislikes conflict, avoids people in general"), interacting appropriately with others, and securing assistance from others. The physician indicates the appellant requires continuous support/supervision with dealing appropriately with unexpected demands ("easily overwhelmed - stressful situations increase anxiety and OCD symptoms"). The physician indicates that the appellant has marginal functioning in both immediate and extended social networks and notes that "...when suffering with addiction, has been in unsafe situations, eg. compromised safety with strangers." The physician indicates that the appellant requires group counseling, one on one mental health and addiction counseling and peer support groups.

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PART F – Reasons for Panel Decision

The issue on the appeal is whether the ministry reasonably concluded that the appellant is not eligible for designation as a person with disabilities (PWD) as she does not have a severe mental or physical impairment and that her daily living activities (DLA) are not, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods and that, as a result of those restrictions, it could not be determined that the appellant requires the significant help or supervision of another person, the use of an assistive device, or the services of an assistance animal to perform DLA.

The criteria for being designated as a person with disabilities (PWD) are set out in Section 2 of the EAPWDA. The minister may designate a person as a PWD when the following requirements are met. Pursuant to Section 2(2), the person must have reached the age of 18 and the minister must be satisfied that the person has a severe mental or physical impairment. Under Section 2(2)(a) the impairment must be likely, in the opinion of a medical practitioner, to continue for at least 2 years. The impairment must also, in the opinion of a prescribed professional, directly and significantly restrict the person's ability to perform DLA either continuously or periodically for extended periods, as set out in Section 2(2)(b)(i). As a result of those restrictions, the person must require help to perform DLA, pursuant to Section 2(2)(b)(ii). Section 2(3)(b) sets out that a person requires help in relation to DLA if, in order to perform it, the person requires an assistive device, the significant help or supervision of another person, or the services of an assistance animal.

Section 2(1)(a) of the EAPWDR defines DLA for a person who has a severe physical or mental impairment as: prepare own meals, manage personal finances, shop for personal needs, use public or personal transportation facilities, perform housework to maintain the person's place of residence in acceptable sanitary condition, move about indoors and outdoors, perform personal hygiene and self care, and manage personal medication. In relation to a person who has a severe mental impairment, there are two additional activities, namely: making decisions about personal activities, care or finances, and relating to, communicating or interacting with others effectively.

The ministry argues that the evidence does not establish that the appellant has a severe physical impairment. The ministry points to the physician report where it is indicated that the appellant is able to walk 2 to 4 blocks unaided, to climb 5 or more steps unaided, to lift 15 to 35 lbs., and to remain seated for less than an hour. The ministry argues that the appellant is independently able to walk indoors and outdoors and to climb stairs although these activities take longer due to pain and medication is described as remedial treatment which reduces the joint pain somewhat. The ministry argues that the functional skill limitations described are not significantly restricted, the exacerbations of symptoms vary with no information on the frequency or duration of exacerbations, and there is no remedial treatment in place.

The appellant's advocate argues that the evidence establishes that the appellant suffers from a severe physical impairment as a result of the combination of serious and severe health conditions diagnosed, including lupus and Sjogren's Syndrome. The advocate points to Section 8 of the Interpretation Act RSBC 1996 c. 238 as providing that every enactment shall be construed as being remedial, and shall be given such fair, large and liberal construction and interpretation as best ensures the attainment of its objects. The advocate also highlighted the decision in Hudson v. EAAT 2009 BCSC 1461 as authority for the position that even if the physician or the assessor do not tick a specific box in the PWD application, the evidence must be reviewed in full, including narrative portions to see if eligibility confirmation is found elsewhere. The advocate points to the physician's assessment that the appellant takes significantly longer than typical to walk indoors, walk outdoors, or climb stairs secondary to back, knee and SI joint pain, her standing is limited to half an hour maximum and lifting, carrying and holding requires continuous assistance from another person due to her back pain.

The panel finds that the evidence of a medical practitioner confirms a diagnosis of lupus and Sjogren's

Syndrome with "....20 year history of back pain, multiple joint pain and stiffness, sinus pain, dry eyes and mouth, mouth ulcers, headache and rashes; these affect her mobility and ability to perform household tasks." The physician report indicates that the appellant has not been prescribed medication that may interfere with her ability to perform DLA, and notes that the appellant is on medications which reduce the joint pains somewhat but significant impairment persists. The physician reports the appellant requires an aid for her impairment, being a grab rail in the shower. The physician reports that the appellant can walk 2 to 4 blocks unaided on a flat surface, she can climb 5 or more stairs unaided, she can lift 5 to 15 lbs., and can remain seated less than 1 hour. In the assessor report, the physician indicates that the appellant is independent with walking indoors and walking outdoors as well as with climbing stairs but takes significantly longer than typical "...secondary to back, knee and SI joint pain". The physician reports the appellant requires continuous assistance with lifting and carrying and holding ("back pain"), but this would be for heavier loads in excess of the range to 15 lbs. Overall, the panel finds that the evidence demonstrates that the appellant has been diagnosed with a number of serious health conditions but, nevertheless, is independent with her mobility and physician functioning and that the ministry was reasonable in finding a moderate degree of impairment. Therefore, the panel finds that the ministry's determination that the evidence does not establish a severe physical impairment, was reasonable.

The ministry argues that the evidence does not show that the appellant has a severe mental impairment. The ministry argues that the physician has identified numerous deficits to cognitive and emotional functioning, described as "...lupus can cause decreased cognitive functioning and impaired concentration; OCD- triple checking (repetitive behaviours)." The ministry argues that the physician reports that the appellant's communication is good with no difficulty and impacts on daily functioning are mostly in the moderate to major range. The ministry points to the letter from the treatment facility dated February 10, 2012 which states that despite some of her physical and mental health challenges, the appellant has been proactive in participating in the program since her arrival on June 13, 2011. The ministry argues that the evidence shows the appellant is managing her psychiatric issues adequately with supportive housing, prescription medication, and abstinence from substances for 9-10 months.

The advocate argues that the evidence establishes that the appellant suffers from a severe mental impairment as a result of a combination of lupus, OCD and substance dependence, which compound each other. The advocate points to the physician's assessment that the appellant has significant deficits in 8 of the 12 areas listed and notes that lupus can cause decrease cognitive functioning and impaired concentration while OCD involves triple checking and impaired impulse control leads to relapse to marijuana. The advocate stated that the physician further notes that the appellant has depression secondary to physical and psychiatric symptoms, leads to poor motivation and cravings to use marijuana, which in turn worsens her psychiatric symptoms. The advocate argues that the physician indicates the appellant requires periodic support/supervision with making appropriate social decisions, developing and maintaining relationships, interacting appropriately with others, and securing assistance from others, and requires continuous support/supervision with dealing appropriately with unexpected demands. The advocate argues that the physician indicates that the appellant requires group counseling, one on one mental health and addiction counseling and peer support groups and that once the treatment program is completed she will need ongoing long-term counseling to help manage her psychiatric symptoms and maintain sobriety.

The panel finds that the evidence of a medical practitioner confirms a diagnosis of lupus which can cause decreased cognitive functioning and impaired concentration, OCD and substance dependence and that these conditions tend to compound each other. The physician indicates that the appellant's symptoms vary over time, that she experiences exacerbations and these are becoming more frequent, requiring long term regular medication. The appellant has a long history of typical obsessive-compulsive symptoms and she has some generalized anxiety symptoms. The physician reports the appellant is on medication for OCD which reduces but does not extinguish her OCD and anxiety symptoms. The physician indicates that there are significant deficits with cognitive and emotional function in 8 out of the 11 defined areas. In the assessor report, the physician specifies that there are major impacts to daily functioning in emotion, motivation and motor activity

and moderate impacts to consciousness, impulse control, attention/concentration, executive, and memory, or 8 out of the 14 aspects. The physician also adds comments that the appellant has difficulty processing oral instructions and must often request written instructions, that she has repetitive behaviours, that there is depression secondary to physical and psychiatric symptoms, and this leads to poor motivation and cravings to use marijuana, which in turn worsens her psychiatric symptoms. The physician indicates that the appellant requires periodic support/supervision with making appropriate social decisions ("some impairment of social judgment when depressed or isolating"), developing and maintaining relationships ("tends to isolate, dislikes conflict, avoids people in general"), interacting appropriately with others, and securing assistance from others. The physician indicates the appellant requires continuous support/supervision with dealing appropriately with unexpected demands ("easily overwhelmed - stressful situations increase anxiety and OCD symptoms"). The physician indicates that the appellant has marginal functioning in both immediate and extended social networks. The appellant stated that she goes to some type of counseling a couple of times a week plus she goes to AAA and NA meetings, that she takes medications every day for both the lupus and OCD and that she still deals with the symptoms of these conditions on a daily basis. The physician confirms that the appellant lives in a care facility and that she requires group counseling, one on one mental health and addiction counseling and peer support groups, and that this need will continue after the recovery program is completed. The panel finds that the ministry's decision, which concluded that the evidence does not establish a severe mental impairment, was not reasonable.

The ministry argues that the evidence does not establish that the appellant's daily living activities (DLA) are, in the opinion of a prescribed professional, directly and significantly restricted either continuously or periodically for extended periods. The ministry points out that the physician reports that the appellant requires periodic help with laundry and basic housekeeping, to read prices/labels and make appropriate choices, with banking and paying rent/bills and to get in/out of a vehicle and to use public transit, but there is no information on the frequency or duration of periodic help with these tasks. The ministry points out that while continuous help is needed to carry purchases home and with budgeting, as the appellant is able to walk up to 4 blocks and to lift up to 15 lbs., restriction and help from others would only be required for heavier loads and longer distances. The ministry argues that the appellant is independently able to perform personal care tasks, prepare meals, and to do some shopping tasks and to manage medications. The ministry argues that the narrative describing social functioning does not substantiate a significant restriction in the appellant's ability to function socially.

The advocate argues that the Hudson decision is authority for the position that the evidence from a prescribed professional must indicate a direct and significant restriction on at least two DLA and that there is no statutory requirement that more than two DLA be restricted. The advocate highlighted the assessed need for assistance in the areas of housekeeping, shopping, managing finances and transportation and with social functioning and argues that the opinion of a prescribed professional confirms the appellant requires the significant help and supervision of another person, being the staff at the recovery facility, to perform DLA. As well, the advocate argued that the appellant requires ongoing group counseling, one on one mental health and addiction counseling and peer support groups.

The panel finds that the legislation requires that the opinion of a prescribed professional confirms that the appellant's ability to perform DLA is directly and significantly restricted either continuously or periodically for extended periods. In the assessor report, the physician confirms that, in terms of preparing her own meals, the appellant is independent with all tasks, including meal planning, food preparation, cooking and safe storage of food. For managing personal finances, the physician indicates that the appellant requires periodic assistance from another person with banking and paying rent and bills and continuous assistance with budgeting, with the note "impulsive spending/shopping- very anxious", however there is no further information regarding the duration or the frequency of the assistance to determine whether this is for an extended period of time. In terms of shopping for her personal needs, the physician indicates that the appellant is independent with 2 out of 5 tasks, while requiring periodic assistance from another person with reading prices and labels and making appropriate choices ("OCD symptoms interfere with decision making and anxiety 5 times worse") and continuous assistance with carrying purchases home. The appellant stated that the other resident at the

recovery facility helps her with shopping because she needs help carrying and she also gets caught up in circular thinking and she needs someone to move things alone and so she does not make impulsive decisions.

For use of public or personal transportation facilities, the physician indicates that the appellant is independent with using transit schedules and arranging transportation but requires periodic assistance from another person with getting in and out of a vehicle, and using public transit, with no further explanation or description provided. With respect to performing housework to maintain the appellant's place of residence in an acceptable sanitary condition, the physician reports that the appellant requires periodic assistance from another person with basic housekeeping and do her laundry. A resident of the recovery facility states in a letter dated February 9, 2012 that she has provided the appellant with periodic assistance with some basic housekeeping activities such as help with carrying groceries and help lifting and moving items around the house. For moving about indoors and outdoors, the physician indicates that the appellant is independent with walking indoors and with walking outdoors and does not use an assistive device for mobility. Regarding performing personal hygiene and self care, the physician indicates in the assessor report that the appellant is independent with all tasks of personal care, including dressing, grooming, bathing, toileting, feeding self, regulating diet, transfers in/out of bed and transfers on/off a chair. With respect to managing her personal medications, the physician again indicates that the appellant is independent with all tasks including filling/refilling prescriptions, taking as directed and safe handling and storage. For making decisions about personal activities, care or finances, the physician reports that the appellant requires periodic support/supervision with the note that there is "...some impairment of social judgment when depressed or isolating", with no further information regarding the frequency that this occurs. For relating to, communicating or interacting with others effectively, the physician assesses the appellant as having no difficulties with communication while requiring periodic support/supervision with interacting appropriately with others, with the comment added that when the appellant is suffering with addiction she has been in unsafe situations.

Looking at the evidence as a whole, the panel finds that the prescribed professional has reported that the appellant is continuously restricted with 1 of 5 tasks of shopping relating to heavier loads in excess of the range of 15 lbs., and with 1 of 3 tasks of managing finances (budgeting) due to impulsive behaviour. Although the appellant is also assessed as being periodically restricted with some tasks of other DLA, the panel finds that only the 2 out of 5 tasks of shopping have sufficient narrative to establish a periodic restriction for an extended period of time as anxiety becomes 5 times worse with decision making. The panel finds that the ministry reasonably determined that the evidence of the prescribed professional does not show a direct and significant restriction with two or more DLA. Therefore, the panel finds that the ministry's determination that the evidence of a prescribed professional does not establish a direct and significant restriction on the appellant's ability to perform DLA either continuously or periodically for extended periods, as required by Section 2(2)(b)(i) of the EAPWDA, was reasonable.

In determining whether the ministry reasonably concluded that the appellant does not require the significant help or supervision of another person or the use of an assistive device, the panel relies on the information from the physician and the appellant that she lives in a care facility and receives the help of a resident, volunteers, and community service agencies and uses a shower grab bar as an assistive device. As it has not been established that DLA are significantly restricted, the panel finds that the ministry's conclusion that the requirement for significant help or supervision of another person, an assistive device, or the services of an assistance animal to perform DLA, under Section 2(2)(b)(ii) of the EAPWDA, has not been met was reasonable.

Overall, the panel finds that the ministry's reconsideration decision was reasonably supported by the evidence and confirms the decision pursuant to Section 24(2)(a) of the Employment and Assistance Act.