

PART C – Decision under Appeal

The decision under appeal is the Ministry of Social Development (the ministry) reconsideration decision dated January 10, 2013 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:

- the appellant has a severe physical or mental impairment;
- 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; and,
- 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.

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

PART E – Summary of Facts

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

- 1) Medical Report dated January 19, 1999 as part of an application for the Government of Canada Income Security Programs;
- 2) Application by the appellant dated January 21, 1999 for disability benefits- Canada Pension Plan (CPP) ;
- 3) Letter dated July 9, 1999 to the appellant from Human Resources Development Canada (HRDC) regarding her eligibility for CPP disability benefits and requesting further information, as well as completed 'Request for Additional Information' form and hand written notes of daily activities covering a 24 hour period;
- 4) Electromyography Report dated July 19, 1999 from a hospital reviewing the appellant's physical health Conditions and making a final conclusion that in the long term the appellant "...should in fact be encouraged to get off the cane as I feel that her root pain is not on the basis of mechanical compression but intra-spinal pathology. The use of her cane is only increasing her perceived disability;"
- 5) Letter dated October 12, 1999 from the appellant to the review tribunal regarding an appeal of her eligibility for CPP disability benefits;
- 6) Letter dated October 21, 1999 from the Office of the Commissioner of Review Tribunals CPP/Old Age Security to the appellant regarding her appeal of her eligibility for CPP disability benefits;
- 7) Submission dated January 5, 2000 to the Review Tribunal on behalf of the Minister regarding the appellant's eligibility for CPP disability benefits;
- 8) Letter dated February 8, 2000 from a physician to another stating that the appellant's MRI shows lateral stenosis over the left L5 and L4 nerve roots and her pain is mainly in her right hip. She has mainly mechanical back pain and no surgery can be offered that would help her pain and "...she should continue with non-surgical measures and be as active as possible, despite the pain;"
- 9) Report dated February 29, 2000 from a visiting specialist clinic regarding the appellant's physical health conditions and stating in part that "...there are some psychological issues" that she "...shows quite a bit of despair over her situation and does tend to catastrophize when describing her pain;"
- 10) Letter dated November 28, 2000 from HRDC to the appellant regarding a review of her file;
- 11) Letter dated August 31, 2012 from a physician to the ministry stating in part that the appellant has severe sciatic pain and Lidocaine continues to be helpful for her;
- 12) Person With Disabilities (PWD) Application comprised of the applicant information dated September 18, 2012, and the physician report and assessor report completed by the appellant's psychiatrist of 11 years, both dated September 14, 2012; and,
- 13) Request for Reconsideration- Reasons.

Diagnoses

The appellant has been diagnosed by her psychiatrist with major depressive disorder (1997), chronic anxiety disorder (1990's), chronic pain- mainly lower back (1996) and alcoholism (1980's) as a substance-related mental disorder.

Physical Impairment

- In the physician report under health history, the psychiatrist indicated that the appellant suffers from "...moderately severe progressive accumulation of difficulties over the past 15 to 20 years."
- Functional skills reported in the physician report indicated that the appellant can walk 2 to 4 blocks unaided, she can climb 2 to 5 steps unaided, she can lift 15 to 35 lbs., and she has no limitation with remaining seated.
- The physician reported that the appellant has been prescribed medications that interfere with her ability to perform her daily living activities (DLA) as "...mood stabilizing medications can impair energy and drive to some extent." The appellant does not require any aids for her impairment. In the assessor report, the psychiatrist does not indicate that any of the listed assistive devices are routinely used by the appellant.

- In the assessor report, the appellant is reported as independent with all areas of mobility and physical ability, while taking significantly longer than typical with walking indoors and walking outdoors and with climbing stairs. For lifting and carrying and holding, the psychiatrist provided comments that the appellant is "limited to some degree."
- In her self-report included with the PWD application, the appellant stated that she has pain in her right leg and hip. The appellant stated that her movements are slow and she is in pain most days.

Mental Impairment

- In the physician report, under health history, the psychiatrist wrote that the appellant has been involved in AA in recent years "...with some mood stabilizing with medication and psychotherapy but has continued to encounter major stress with marital and other family issues, chronic pain and financial concerns; chronic variable impairment of energy, concentration, mood stability, motivation, recent memory and mobility."
- In the additional comments, the psychiatrist added that the appellant "...has suffered an accumulation of difficulties over many years; she has finally made some progress in recent years with sobriety, AA involvement and multi-faceted treatment. She requires ongoing treatment and remains at risk for severe relapses. Her finances are a major source of stress and some increase in regular income could be of considerable value."
- The psychiatrist reported that the appellant has no difficulties with communication and has a good ability to communicate in all areas.
- In the physician report, significant deficits are reported in 5 of 11 listed aspects of cognitive and emotional function in the areas of executive, memory, emotional disturbance, motivation, and attention or sustained concentration with the comment "...chronic anxiety/pain/depression contributing to impaired energy, recent memory, concentration which also cause some impairment in executive functions."
- In the assessor report, the areas of emotion ("chronic anxiety/depression") and attention/concentration ("...limited due to chronic anxiety") are identified as having a major impact on the appellant's cognitive and emotional functioning, with moderate impacts in the areas of bodily functions ("impaired sleep/eating"), impulse control ("some impulses to drink alcohol, harm self"), executive ("difficulty planning and carrying out sequential activities"), memory and motivation ("affected by chronic depression"). Minimal impacts are identified in consciousness, motor activity and other emotional or mental problems ("variable frustration/anger with her limitations") and no impact in the remaining 4 areas of functioning.
- The psychiatrist indicated that the appellant requires periodic support/supervision in all 5 listed aspects of social functioning, including making appropriate social decisions, developing and maintaining relationships, interacting appropriately with others, dealing appropriately with unexpected demands, and securing assistance from others. The psychiatrist provided an explanation that the appellant is "...affected very much by mood- can be quite impaired at times by severe anxiety, avoidance of social contact, depression (limited motivation, energy)." She has marginal functioning with both her immediate and extended social networks, and "...requires regular support and encouragement."
- In the additional information section, the psychiatrist has added that "...despite significant disabling factors of independent nature, her life is made even more stressful by continuing to live with her elderly dementing husband. She requires increased professional and financial support to move into a healthier environment."

Daily Living Activities (DLA)

- In the physician report, the psychiatrist indicated that that appellant's impairment directly and significantly restricts her ability to perform her DLA.
- In the assessor report, the psychiatrist reported that all listed tasks of the DLA personal care are performed independently and all take significantly longer than typical, with an added comment that "...all affected to some degree by chronic physical pain."

- The appellant is assessed as requiring periodic assistance from another person with doing her laundry and basic housework, and both tasks take significantly longer than typical.
- For shopping, the appellant requires periodic assistance from another person and takes significantly longer than typical with going to and from stores, and carrying purchases home while being independent with reading prices and labels, making appropriate choices and paying for purchases, with the comment "...main limitations are chronic back pain and mobility, also affected by chronic anxiety/ depression."
- The psychiatrist assessed the appellant as requiring periodic assistance from another person and taking significantly longer than typical with meal planning, food preparation and cooking, and being independent with safe storage of food, with the comment "...impaired energy, concentration, motivation."
- The appellant is also assessed as requiring periodic assistance from another person and taking significantly longer than typical with all tasks of paying rent and bills and transportation, with no further comments provided by the psychiatrist.
- All listed tasks for the DLA medication are performed independently.
- In her self-report, the appellant stated that her pain causes depression and slows her down on her ability to do normal everyday household chores like sweeping, vacuuming, laundry, cooking, and yard work. She needs help with these things. She had a home maker and yard man when her husband "...was here, but now he is gone he no longer has the veterans pay for this service."
- The appellant stated that she is able to take care of her personal needs but takes longer to get ready than most people.

Need for Help

- The psychiatrist reported that the appellant lives with family, friends or caregiver and does not use an assistive device.
- The help required for DLA is reported to be provided by family and friends.
- The psychiatrist commented regarding help required where none is available that the appellant "...needs to separate from highly stressful marriage but requires assistance with finances."

In the Notice of Appeal, the appellant's psychiatrist stated that the appellant is unable to adequately present her own case. Since the original application there has been further deterioration in her functional abilities/ performance partially due to marital separation. She requires increased daily assistance and direction in a number of areas of daily functional activities. The psychiatrist stated that "...we are attempting to avoid the need for residential care."

Prior to the hearing, the appellant provided a letter dated February 21, 2013 from her psychiatrist which included the following :

- One of the reasons for the delay in providing the letter is the appellant's cognitive and emotional difficulties contributing to the problems understanding the process. She has been unable to fully comprehend the information contained in the letters and ended up handing them over to the psychiatrist for assistance.
- There has been further deterioration in recent months in the appellant's overall abilities and performance.
- The appellant's major disabling difficulties are in the area of mental functioning although her chronic physical problems do contribute to her chronic anxiety and depression to some degree. The psychiatrist indicated that the appellant's limitations are in keeping with a severe degree of impairment in terms of her need for daily support, assistance and direction.
- The psychiatrist indicated that, in the past, the appellant has "...always been a stubbornly independent and strong-minded individual who has managed to maintain a pretty marginal existence over the past

several years despite her increasing limitations."

- With regard to DLA, over the course of the past 3 or 4 months, the appellant's need for assistance has continued to increase. The psychiatrist noted that "...it is always quite difficult to accurately estimate the duration of the assistance required in view of the variable nature of the tasks involved. However, at present, she does require daily assistance with basic household tasks including meal planning, food preparation, and cooking, laundry, and housekeeping. She is also quite forgetful and disorganized due to her high anxiety level, making it very difficult for her to focus on and complete tasks. Her medication management is complicated to some degree by her history of addiction, thereby limiting the choice of anti-anxiety agents."
- Over the past few months, there has been an increase in mood instability and functional impairment in this case bordering on the need for hospitalization. There are no realistic options available to this patient.

The ministry did not raise an objection to the admissibility of this letter. The panel admitted the letter, pursuant to Section 22(4) of the Employment and Assistance Act, as providing further detail relating to the appellant's diagnosed conditions and being in support of information that was before the ministry on reconsideration.

The ministry relied on its reconsideration decision which included evidence that the appellant applied for income assistance as a single recipient.

PART F – Reasons for Panel Decision

The issue on the appeal is whether the ministry's decision, that the appellant is not eligible for designation as a person with disabilities (PWD) as she does not meet all the criteria in Section 2 of the EAPWDA, was reasonably supported by the evidence or was a reasonable application of the applicable enactment in the circumstances of the appellant. The ministry found that the appellant 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 as follows:

Persons with disabilities

2 (1) In this section:

"assistive device" means a device designed to enable a person to perform a daily living activity that, because of a severe mental or physical impairment, the person is unable to perform;

"daily living activity" has the prescribed meaning;

"prescribed professional" has the prescribed meaning.

(2) The minister may designate a person who has reached 18 years of age as a person with disabilities for the purposes of this Act if the minister is satisfied that the person has a severe mental or physical impairment that

(a) in the opinion of a medical practitioner is likely to continue for at least 2 years, and

(b) in the opinion of a prescribed professional

(i) directly and significantly restricts the person's ability to perform daily living activities either

(A) continuously, or

(B) periodically for extended periods, and

(ii) as a result of those restrictions, the person requires help to perform those activities.

(3) For the purposes of subsection (2),

(a) a person who has a severe mental impairment includes a person with a mental disorder, and

(b) a person requires help in relation to a daily living activity if, in order to perform it, the person requires

(i) an assistive device,

(ii) the significant help or supervision of another person, or

(iii) the services of an assistance animal.

(4) The minister may rescind a designation under subsection (2).

Section 2(1)(a) of the EAPWDR defines DLA for a person who has a severe physical or mental impairment as follows:

Definitions for Act

2 (1) For the purposes of the Act and this regulation, **"daily living activities"**,

(a) in relation to a person who has a severe physical impairment or a severe mental impairment, means the following activities:

(i) prepare own meals;

(ii) manage personal finances;

(iii) shop for personal needs;

- (iv) use public or personal transportation facilities;
 - (v) perform housework to maintain the person's place of residence in acceptable sanitary condition;
 - (vi) move about indoors and outdoors;
 - (vii) perform personal hygiene and self care;
 - (viii) manage personal medication, and
- (b) in relation to a person who has a severe mental impairment, includes the following activities:
- (i) make decisions about personal activities, care or finances;
 - (ii) relate to, communicate or interact with others effectively.

The panel will consider each party's position regarding the reasonableness of the ministry's decision under the applicable PWD criteria at issue in this appeal.

Severe Physical Impairment

The appellant's position is that a severe physical impairment is established by the evidence of her chronic pain which is mainly in her lower back but also in her right leg and hip and that she is in pain most days.

The ministry's position is that the information provided by the psychiatrist in the PWD application indicated that the appellant is able to walk 2 to 4 blocks unaided and to climb 2 to 5 unaided, to lift 15 to 35 lbs., and she has no limitations to sitting. The ministry argues that the psychiatrist indicates the appellant is independent in all aspects of mobility and physical ability and although he notes that the appellant takes significantly longer with walking indoors and outdoors and climbing stairs, he does not specify how much longer these activities take. The ministry argues that although the psychiatrist notes the appellant's lifting and carrying and holding are limited to some degree, he does not specify the degree of limitation. The ministry argues that the lifting, carrying and holding limitations reflect the appellant's ability to lift 15 to 35 lbs.

Panel Decision

The legislation clearly provides that the determination of severity of impairment is at the discretion of the minister, taking into account all of the evidence including that of the appellant. However, the legislation is also clear that the fundamental basis for the analysis is the evidence from a prescribed professional respecting the nature of the impairment and its impact on daily functioning.

The medical practitioner, the appellant's psychiatrist, has diagnosed the appellant with chronic pain- mainly lower back. The additional information provided is, for the most part, from many years ago and a letter dated February 8, 2000 from a physician refers to an MRI which shows lateral stenosis over the left L5 and L4 nerve roots and that the appellant's pain is mainly in her right hip, that it is mainly mechanical back pain and no surgery can be offered that would help her pain and "...she should continue with non-surgical measures and be as active as possible, despite the pain." A more recent letter, dated August 31, 2012, from a physician to the ministry states that the appellant has severe sciatic pain and Lidocaine continues to be helpful for her. In the PWD application, the psychiatrist assessed the appellant as able to walk 2 to 4 blocks and to climb 2 to 5 steps unaided, she takes longer than typical with walking indoors and outdoors but she does not require the use of an assistive device. The psychiatrist assessed the appellant as able to lift 15 to 35 lbs., that she is limited with lifting and carrying and holding "to some degree", which is not further specified by the psychiatrist beyond the range of 15 to 35 lbs., and that the appellant has no limitation with remaining seated. In the February 21, 2013 letter from the psychiatrist, the psychiatrist wrote that the appellant's major disabling difficulties are in the area of mental functioning although her chronic physical problems do contribute to her chronic anxiety and depression to 'some degree'. The panel concludes that the ministry reasonably determined that the appellant's level of independent physical functioning does not establish that the appellant has a severe physical impairment under Section 2(2) of the EAPWDA.

Severe Mental Impairment

The appellant's position is that a severe mental impairment is established by the psychiatrist's diagnosis of major depressive disorder, chronic anxiety disorder, and alcoholism.

The ministry's position is that a severe mental impairment has not been established as although the psychiatrist identifies significant deficits to areas of cognitive and emotional functioning, he also refers to the appellant's living circumstances and finances as being an aggravating source of stress. The ministry argues that financial difficulties are not an eligible criterion for designation as a PWD. The ministry also argues that there is conflicting information regarding whether the appellant is residing with her husband since the appellant stated that he is "gone" and applied for income assistance as a single recipient and the psychiatrist refers to the appellant continuing to live with her "dementing husband." The ministry argues the appellant's functional skill limitations are more in keeping with a moderate degree of impairment.

Panel Decision

The panel finds that that medical practitioner, the appellant's psychiatrist of 11 years, diagnosed the appellant with major depressive disorder, chronic anxiety disorder and alcoholism as a substance-related mental disorder. The psychiatrist wrote in the physician report that the appellant has been involved in AA in recent years "...with some mood stabilizing with medication and psychotherapy but has continued to encounter major stress with marital and other family issues, chronic pain and financial concerns; chronic variable impairment of energy, concentration, mood stability, motivation, recent memory and mobility." He also commented that the appellant requires ongoing treatment and remains at risk for severe relapses. Significant deficits are reported in 5 of 11 listed aspects of cognitive and emotional function in the areas of executive, memory, emotional disturbance, motivation, and attention or sustained concentration with the comment "...chronic anxiety/ pain/ depression contributing to impaired energy, recent memory, concentration which also cause some impairment in executive functions." Major impacts to daily cognitive and emotional functioning are identified in the areas of emotion ("chronic anxiety/depression") and attention/concentration ("...limited due to chronic anxiety") and moderate impacts in the areas of bodily functions ("impaired sleep/ eating"), impulse control ("some impulses to drink alcohol, harm self"), executive ("difficulty planning and carrying out sequential activities"), memory and motivation ("affected by chronic depression"). Minimal impacts are identified in consciousness, motor activity and other emotional or mental problems ("variable frustration/anger with her limitations") and no impact in the remaining 4 areas of functioning. The psychiatrist also indicated that the appellant requires periodic support/supervision in all 5 listed aspects of social functioning, with an explanation that the appellant is "...affected very much by mood- can be quite impaired at times by severe anxiety, avoidance of social contact, depression (limited motivation, energy)." She has marginal functioning with both her immediate and extended social networks, and "...requires regular support and encouragement."

In the February 21, 2013 letter, the psychiatrist reported that there has been further deterioration in recent months in the appellant's overall abilities and performance. Her major disabling difficulties are reported to be in the area of mental functioning although her chronic physical problems do contribute to her chronic anxiety and depression to some degree. The psychiatrist indicated that the appellant's limitations are in keeping with a severe degree of impairment in terms of her need for daily support, assistance and direction. The psychiatrist indicated that, in the past, the appellant has "...always been a stubbornly independent and strong-minded individual who has managed to maintain a pretty marginal existence over the past several years despite her increasing limitations." The psychiatrist concluded that, over the past few months there has been an increase in mood instability and functional impairment bordering on the need for hospitalization. The panel finds that the evidence of the appellant's long-time psychiatrist demonstrates that the appellant's mental health conditions have deteriorated in the 6 months since completion of the reports included in the PWD application to the extent that she is now in need of daily support and supervision. Therefore, the panel finds that the ministry's conclusion that the evidence did not establish a severe mental impairment under section 2(2) of the EAPWDA was not reasonable.

Restrictions in the ability to perform DLA

The appellant's position is that her physical and mental impairments directly and significantly restrict her ability to perform DLA and she requires the assistance of another person to perform many DLA.

The ministry's position is that the evidence of the prescribed professionals establishes that although some aspects of some DLA are assessed as taking significantly longer than typical or requiring periodic assistance from another person, the frequency and duration of the periodic assistance and how much longer these tasks take are not described. The ministry acknowledges that the appellant has certain limitations as a result of her medical conditions, but argues that the information provided does not consistently support that an impairment directly and significantly restricts DLA continuously or periodically for extended periods.

Panel Decision

The evidence of a prescribed professional, the appellant's psychiatrist, in the physician report, is that the appellant's impairment directly and significantly restricts her ability to perform her DLA, without further detail of the areas of restriction. The psychiatrist indicated in the physician report that the appellant is able to walk 2 to 4 blocks unaided and, while she takes longer than typical with walking both indoors and outdoors, she does not require the use of an assistive device. In the assessor report, the psychiatrist reported that all listed tasks of the DLA personal care are performed independently while taking the appellant significantly longer than typical with an added comment that "...all affected to some degree by chronic physical pain." The appellant stated in her self-report that she is able to take care of her personal needs but takes longer to get ready than most people. The appellant is assessed as requiring periodic assistance from another person with doing her laundry and basic housework, and both tasks take significantly longer than typical. For shopping, the appellant requires periodic assistance from another person and takes significantly longer than typical with going to and from stores, and carrying purchases home while being independent with reading prices and labels, making appropriate choices and paying for purchases, with the comment "...main limitations are chronic back pain and mobility, also affected by chronic anxiety/depression." The psychiatrist assessed the appellant as requiring periodic assistance from another person and taking significantly longer than typical with meal planning, food preparation and cooking, and being independent with safe storage of food, with the comment "...impaired energy, concentration, motivation." The appellant is also assessed as requiring periodic assistance from another person and taking significantly longer than typical with all tasks of paying rent and bills and transportation, with no further comments provided by the psychiatrist. All listed tasks for the DLA medication are performed independently.

In the February 21, 2013 letter from the psychiatrist, he wrote that over the course of the past 3 or 4 months, the appellant's need for assistance has continued to increase. The psychiatrist noted that "...it is always quite difficult to accurately estimate the duration of the assistance required in view of the variable nature of the tasks involved. However, at present, she does require daily assistance with basic household tasks including meal planning, food preparation, and cooking, laundry, and housekeeping." The psychiatrist also commented that the appellant is quite forgetful and disorganized due to her high anxiety level, making it very difficult for her to focus on and complete tasks.

For those DLA relating to a person with a severe mental impairment, the psychiatrist reported in the PWD application that the appellant requires periodic support/supervision with making appropriate social decisions and, in the updated information, the psychiatrist wrote that one of the reasons for the delay in providing the letter is the appellant's cognitive and emotional difficulties contributing to problems understanding the process. She was unable to fully comprehend the information contained in the letters regarding the appeal and ended up handing them over to the psychiatrist for assistance. In the Notice of Appeal, the appellant's psychiatrist stated that the appellant is unable to adequately present her own case. The psychiatrist reported in the PWD application that the appellant requires periodic support/supervision with interacting appropriately with others and that she has marginal functioning with both her immediate and extended social networks. The psychiatrist

provided an explanation that the appellant is "...affected very much by mood- can be quite impaired at times by severe anxiety, avoidance of social contact, depression (limited motivation, energy)." In the updated information, the psychiatrist reported that over the past few months, there has been an increase in mood instability and functional impairment bordering on the need for hospitalization.

The panel finds that the evidence, supplemented by the recent letter from the appellant's psychiatrist of 11 years, shows that the appellant is periodically restricted for extended periods of time with the DLA of meals, basic housekeeping, and finances as well as with both DLA relating to a person with a severe mental impairment. The panel finds that the ministry's conclusion that the evidence of the prescribed professional does not establish direct and significant restriction of the appellant's ability to perform DLA, thereby not satisfying the legislative criterion of s. 2(2)(b)(i) of the EAPWDA, was not reasonable.

Help to perform DLA

The appellant's position is that she requires the significant assistance of another person to perform DLA.

The ministry's position is that because it has not been established that DLA are significantly restricted, it cannot be determined that significant help is required from other persons, and no assistive devices are required.

Panel Decision

Section 2(2)(b)(ii) of the EAPWDA requires that, as a result of direct and significant restrictions in the ability to perform DLA, a person requires help to perform those activities. Help is defined in subsection (3) as the requirement for an assistive device or the significant help or supervision of another person or the services of an assistance animal in order to perform a DLA.

The panel finds that the evidence of the appellant's psychiatrist, as the prescribed professional, establishes that the appellant requires ongoing support and supervision from her family, friends and her psychiatrist for several aspects of DLA, including those relating to a mental impairment as well as meals, basic housekeeping and finances. In the Notice of Appeal, the appellant's psychiatrist stated that the appellant requires increased daily assistance and direction in a number of areas of daily functional activities and they are attempting to avoid the need for residential care. Therefore, the panel finds that the ministry's determination that the evidence does not show that the appellant requires the significant help of another person to perform DLA was not reasonable.

Conclusion

Having reviewed and considered all of the evidence and relevant legislation, the panel finds that the ministry's reconsideration decision which determined that the appellant was not eligible for PWD designation was not reasonably supported by the evidence, and therefore rescinds the decision. Therefore, the decision is overturned and the appellant is successful on her appeal.