

PART C – Decision under Appeal

The decision under appeal is the Ministry of Social Development and Social Innovation (the “ministry”) reconsideration decision of April 17, 2014, which found that the appellant did not meet three of five statutory requirements of section 2 of the Employment and Assistance for Persons With Disabilities Act (“EAPWDA”) for designation as a person with disabilities (“PWD”). The ministry found that the appellant met the age requirement and that in the opinion of medical practitioner the appellant’s 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 that
- as a result of those restrictions, the appellant requires the significant help or supervision of another person, an assistive device, or the services of an assistance animal.

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 information before the ministry at the time of reconsideration included the following:

- The appellant's application for designation as a PWD dated November 11, 2013 which included the appellant's handwritten self-report (SR).
- An assessor's report (AR) completed by a registered nurse (RN) dated November 11, 2013.
- A physician's report (PR) dated November 28, 2013.
- A Medical Report - Employability form dated November 28, 2013 which reported that the appellant has Ehlers-Danlos Syndrome as a primary medical condition and Bladder Cancer as a secondary medical condition and that his overall medical condition is severe. Under restrictions specific to the medical conditions; it is indicated that the appellant has very poor social functioning, poor attention and concentration and restricted employment.
- Results from the appellant's left hand/wrist X-Ray dated March 17, 2014 - forwarded to the appellant's physician.
- A letter from a nurse at a pharmacy dated March 25, 2014 reported that the appellant has received their help since September 2010 to manage his urostomy; he suffers from numerous peristomal skin dermatitis, has persistent urine scalding due to leakage, shortage of supplies and no bathing facilities, has fragile paper thin skin caused by his Ehlers-Danlos syndrome - often becomes very sensitive, bleeds easily and he also suffers from peristomal pruritus. The appellant's Ehlers-Danlos Syndrome challenges the arthritis of his hands and he lacks collagen which affects his joints. It is stated that despite his daily challenges of managing his urostomy pouch and symptoms from a complex congenital disease, the appellant tries his very best to remain independent and self cure.
- Results from the appellant's blood work dated April 2, 2014 - forwarded to the appellant's physician.
- Results from the appellant's blood work dated April 3, 2014 - forwarded to the appellant's physician.
- The appellant's Request For Reconsideration, dated April 10, 2014 indicated that he has been undergoing testing, his physician has not yet received his medical files of 18 years from his previous physician who had retired and that he has been overwhelmed with reports of diabetes and blood in his stool. The appellant further states that he is having difficulty coping with depression, anxiety, fatigue, high cholesterol and has trouble getting help.
- A internet report on Ehlers-Danlos syndrome.

In the Notice of Appeal dated April 29, 2014, the appellant wrote that he does have severe mental and physical impairments that restrict his ability to perform daily living activities and that he requires assistance with DLA.

Diagnosis

In the PR, the physician – who has seen the appellant 2-10 times in the last 12 months - diagnosed the appellant with Bladder Cancer, 2010 (bladder removed, ostomy for urine drainage) – causes chronic pelvic pain, lifelong Ehlers-Danlos Syndrome – suffers from painful joints and a Cataract in right eye, 2013 (surgery).

In response to the question; Has the applicant been prescribed any medication and/or treatments that interfere with his ability to perform DLA? The physician indicated no.

In response to the question; Does the applicant require any prostheses or aids for his impairment? The physician indicated yes - permanent ostomy bag.

In the AR, the RN who has known the appellant for 49 years and is his lifelong friend noted that the appellant's main impairments are; Ehlers-Danlos Syndrome (inherited connective tissue disorder), stoma due to bladder

cancer and excessive personal stress in the last 3 years.

Physical Impairment

- In terms of Functional Skills, the physician reported that the appellant can walk 4+ blocks unaided on a flat surface, can climb 5+ steps unaided, can lift 5 to 15 pounds, and has no limitation to remain seated.
- In the AR, under Mobility and Physical Ability, the assessor noted that the appellant is independent with respect to walking indoors, walking outdoors, climbing stairs and standing, but that he needs periodic assistance with lifting, and carrying/holding. "Patient is unable to cope with a Full Days work due to decreased stamina, strength and endurance."
- In his SR, the appellant wrote that Ehlers-Danlos Syndrome has always affected his life but even more so now with a loss of grip - extended joints that constantly hit something causing bruising and cuts. He burns around hot items and has droopy eyelids which make him look different.

Mental Impairment

- In the PR, the physician indicated that the appellant has significant deficits with cognitive and emotional function in areas of impulse control and attention or sustained concentration. The PR also noted that the appellant lives with chronic pain and has poor social functioning.
- The two sections in the AR that are to be completed only for applicants with an identified mental impairment or brain injury contained the following:
 - Under Cognitive and Emotional Functioning, the RN reported a major impact for 5 of 14 items – impulse control, insight and judgment, attention/concentration, memory, and motivation, 3 moderate impacts - consciousness, emotion and executive and 5 minimal impacts – bodily functions, motor activity, language, psychotic symptoms and other neuropsychological problems with no impact indicated on the remaining category of other emotional or mental problems.
 - Under Social Functioning; the appellant was described as requiring periodic support to be able to interact appropriately with others and continuous support to make appropriate social decisions (sometimes poor judge of character in choosing friends) and to develop and maintain relationships (strained at times). It is noted that he easily gets overwhelmed with responsibilities and has trouble asking for help. He was also reported as having marginal functioning with both his immediate social network and extended social networks.
- In his handwritten self-report, the appellant indicated that he experienced stress from a poisoned workplace, unjustified beating by police, court and lawyer visits, doctor follow-ups and not being able to officially visit specialists. He stated that this has left him in a constant state of anxiety, he can't recover, doesn't trust anyone anymore, is getting unable to control his anger, and is more frustrated because he looks different with droopy eyelids because of his syndrome.

Daily Living Activities

- In the PR, the physician reported that the appellant's impairments do not directly restrict his ability to perform 9 of the 10 listed DLA: Personal self-care, Meal preparation, Management of medications, Basic housework, Daily shopping, Mobility inside the home, Mobility outside the home, Use of transportation and Management of finances. The PR indicated the appellant is continuously restricted with respect to 1 DLA: Social functioning which is explained as; very socially isolated, poor impulse control and extremely poor attention. Added is that the appellant needs ostomy supplies.
- In the AR, the RN indicated that the appellant independently manages all aspects of DLA under Personal Care, Basic Housekeeping and Transportation. Under Shopping 3 of 5 aspects are independently managed specifically; going to and from stores, reading prices and labels and carrying purchases home whereas he requires periodic assistance from another person to make appropriate choices and needs financial help for paying for purchases. Under Meals the appellant independently manages 3 of 4 aspects specifically; food preparation, cooking and safe storage of food whereas meal planning is noted as poor due to lack of funds. Under Pay Rent and Bills, the appellant independently manages banking whereas it is noted that he is poor at budgeting and with paying rent and bills, he is

noted as making poor choices. Under Medications the appellant independently manages taking as directed and safe handling and storage whereas with filling/refilling prescriptions, it is noted as poor due to lack of funds. Added is urostomy bags are very expensive as well as are other accessories for stoma and he is often unable to afford these supplies.

- In his SR, the appellant stated that he has difficulty getting out of bed, preparing meals and burns when around hot items.

Help Required with DLA

- In the PR, it is noted that the appellant requires ostomy supplies.
- In the AR, it is noted that the appellant needs financial help, needs urostomy supplies, a social environment and somewhere to live that is safe and healthy.
- In the PR the prescribed professional indicated the appellant does require aids or prostheses for his impairment, noting a permanent ostomy bag and in the AR, the prescribed professional indicated that appellant does not have an assistance animal.

Prior to the appeal, a letter from the appellant's new physician dated May 9, 2014 confirmed that the appellant has been his patient since January 2014, has had Bladder Cancer for which he has had extensive surgery, suffers from Ehlers-Danlos disease which affects his joints and he suffers from anxiety. The appellant has indicated to the physician that; he has memory problems - easily forgets and burns food on the stove, has pain in his hands – making it difficult to lift and grip things, easily gets bruises and has swollen and painful joints – restricting his DLA such as lifting, dish washing and repairing vehicles and his pain is worsened by heat – making it difficult to cook. The appellant has also told the physician that he feels that he is unable to work full time, has difficulty sitting for long periods and is now living with others to get support as he couldn't function normally.

Included with the physician's letter were the appellant's results notification from the colon screening program dated April 23, 2014 and a report from a right hand x-ray dated April 25, 2014, both noted as being forwarded to the appellant's physician.

Oral Testimony

At the hearing, the ministry representative, who had not seen the letter from the appellant's new physician dated May 9, 2014, took time to review the contents and stated that she had no objection at all to the information being accepted as evidence.

The ministry also relied on its reconsideration decision and submitted no new information.

At the hearing, the appellant testified that he had the same physician for 18 years, who retired and that it was hard for a new doctor to comprehend in a 15 minute sitting, the manifestation of a lot of the appellant's issues. The appellant stated that he had moved to a larger center because of the resources and states that he needs help. In response to a question by the ministry, the appellant stated that he was not with the physician who filled out the PR, at the time it was completed. The appellant stated that he was also told by the advocacy agency that the forms were not filled out correctly. In response to a question by the panel, the appellant indicated that he cannot do dishes – can't put his hands in hot water, that food preparation and drying dishes is difficult because of not being able to grip things – bleeds and bruises easily and finds solvents too harsh on his skin. The appellant reported that he lives with others and they take care of each other. He stated that he does not have to do a lot of basic housekeeping. The appellant indicated that his Ehlers-Danlos Syndrome has always caused him problems with daily living activities and that now because of things that have happened to him, it takes longer to recover.

Admissibility of New Information

The letter dated May 9, 2014 from the appellant's new physician and the appellant's testimony have provided additional information regarding the appellant's impairments and how his daily living activities are affected. This information provides additional detail with respect to issues addressed in the original PWD application forms. Accordingly, the panel has admitted this new information as being in support of information and records that were before the ministry at the time of reconsideration, in accordance with section 22(4) of the Employment and Assistance Act.

PART F – Reasons for Panel Decision

The issue under appeal is whether the ministry's decision to deny the appellant designation as a PWD was reasonably supported by the evidence or was a reasonable application of the applicable enactment in the circumstances of the appellant. In particular, was the ministry reasonable in determining that the appellant does not have a severe physical or mental impairment, and that in the opinion of a prescribed professional the appellant's impairments do not directly and significantly restrict him from performing DLA either continuously or periodically for extended periods, and that as a result of those restrictions the appellant does not require help to perform DLA?

The relevant legislation is as follows:

EAPWDA:

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.

EAPWDR section 2(1):

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.

(2) For the purposes of the Act, "prescribed professional" means a person who is authorized under an enactment to practice the profession of

(a) medical practitioner,

(b) registered psychologist,

(c) registered nurse or registered psychiatric nurse,

(d) occupational therapist,

(e) physical therapist,

(f) social worker,

- (g) chiropractor, or
- (h) nurse practitioner.

Severe Physical Impairment

The appellant's position is that he does have a severe physical impairment due to his Ehlers-Danlos Syndrome and Bladder Cancer surgery. The appellant testified that he has difficulty with his grip and has extended joints that constantly hit something causing bruising and cuts. The appellant stated that he cannot sit for long periods due to pelvic pain.

The ministry's position, as set out in its reconsideration decision, is that the appellant's functional skills as reported by the physician are that the appellant can walk 4+ blocks unaided on a flat surface, can climb 5+ steps unaided and can lift 5 to 15 pounds and has no limitation to remain seated. The RN noted that the appellant is independent in all aspects of mobility and physical ability; however, the appellant requires periodic assistance with lifting and carrying and holding, with no explanation included as to why the appellant requires this level of assistance. The ministry finds it reasonable to assume that a severe physical impairment may impact the appellant's physical functioning which in turn affects his ability to manage DLA; however, both the physician and RN indicate that the appellant can manage the majority of DLA independently. The ministry concludes that there is not enough evidence to establish that the appellant has a severe physical impairment.

Panel Decision

The diagnosis of a medical condition is not itself determinative of a severe impairment. Accordingly, to assess the severity of an impairment one must consider the nature of the impairment and its impact on the appellant's ability to manage his DLA as evidenced by functional skill limitations, the restrictions to DLA, and the degree of independence in performing DLA.

The determination of severity of impairment is at the discretion of the minister – the ministry must be "satisfied" that the statutory criteria for granting PWD designation are fulfilled. In making its determination the ministry must act reasonably and consider all the relevant evidence, including that of the appellant. While the legislation is clear that the fundamental basis for the analysis is the evidence from prescribed professionals, the professional evidence has to be weighed and assessed like any other evidence.

In the appellant's case, the PR reported his diagnoses as Ehlers-Danlos Syndrome and Bladder Cancer. Under Functional Skills, it is not indicated that the appellant has any difficulties with walking unaided on a flat surface, climbing stairs or remaining seated and the reported limitation of 5-15 lbs for lifting indicates a reasonable level of independent functioning. In the AR, under Mobility and Physical Ability, the RN noted that the appellant is independent with respect to walking indoors, walking outdoors, climbing stairs and standing, but that he needs periodic assistance with lifting, and carrying/holding. The appellant testified that he has difficulty with his grip and has extended joints that constantly hit something causing bruising and cuts and that he cannot sit for long periods due to pelvic pain.

The panel finds that while the appellant's diagnoses of Ehlers-Danlos Syndrome and Bladder Cancer for which he has undergone surgery may limit his ability to function, the evidence does not establish that the symptoms restrict the appellant's ability to function independently, effectively, appropriately or for a reasonable duration. The information provided by the physician respecting physical Functional Skills and the description by the RN of the appellant's Mobility and Physical Ability are not reflective of a severe impairment of daily functioning.

Based on the evidence, the panel finds that the ministry reasonably determined that the information provided did not establish a severe physical impairment.

Severe Mental Impairment

The appellant's position is that he does have a severe mental impairment and reported that he is having difficulty coping with depression, anxiety and fatigue.

The ministry's position, as set out in its reconsideration decision, is that while the appellant's physician reports that he has significant deficits with cognitive and emotional functions in the area of impulse control and attention, the physician has not diagnosed the appellant with a mental impairment. The RN indicates that the appellant's impairments have a moderate, minimal or no impact on the majority of his cognitive and emotional functioning while she reports that the appellant's impairments have a major impact in the areas of insight, attention, executive, memory and motivation. The ministry may assume that a severe mental impairment would affect the appellant's ability to manage DLA; however the physician and RN indicate that the appellant is not restricted and that he can independently manage almost all of his DLA. The ministry concludes that there is not enough evidence to establish that the appellant has a severe mental impairment.

Panel Decision

In the appellant's case, the PR does not diagnose any mental impairment or brain injury and the physician has not reported that the appellant has been prescribed any medication and/or treatments that interfere with his ability to perform DLA. The appellant has been noted to have significant deficits with cognitive and emotional function in areas of impulse control and attention or sustained concentration. The PR also indicated the appellant is continuously restricted with respect to 1 DLA: Social functioning which is explained as; very socially isolated, poor impulse control and extremely poor attention. In the AR, under Cognitive and Emotional Functioning, the RN reported a major impact for 5 of 14 items – impulse control, insight and judgment, attention/concentration, memory and motivation, 3 moderate impacts - consciousness, emotion and executive and 5 minimal impacts – bodily functions, motor activity, language, psychotic symptoms and other neuropsychological problems with no impact indicated on the remaining category of other emotional or mental problems. Under Social Functioning; the appellant was described as requiring periodic support to be able to interact appropriately with others and continuous support to make appropriate social decisions (sometimes poor judge of character in choosing friends) and to develop and maintain relationships (strained at times). It is noted that he easily gets overwhelmed with responsibilities and has trouble asking for help. He was also reported as having marginal functioning with both his immediate social network and extended social networks. The new physician's letter dated May 9, 2014 indicates, as does the appellant, that he suffers from anxiety.

Section 2(1)(b) of the EAPWDR prescribes two DLA that are specific to mental impairment – make decisions about personal activities, care or finances (decision making), and relate to, communicate or interact with others effectively (social functioning).

In the AR, it was indicated that the appellant independently manages banking although it is noted that he is poor at budgeting and with paying rent and bill, makes poor choices.

Considering the evidence as a whole, the panel finds that despite the significant deficits as noted in the PR, the physician did not identify the area of emotional disturbances (e.g. depression, anxiety) as a significant deficit. While the RN identified major impacts for 5 aspects of cognitive and emotional functioning, she indicated that emotion (e.g. excessive or inappropriate anxiety, depression, etc.) had a moderate impact on the appellant's functioning. The panel also finds that the appellant's new physician and the appellant have both indicated that the appellant suffers from anxiety without providing any details as to how it impacts on the appellant's daily functioning. The PR also indicated the appellant is continuously restricted with respect to 1 DLA; Social functioning, which is explained as very socially isolated, poor impulse control and extremely poor

attention. Under Social Functioning, the RN described the appellant as requiring periodic support to be able to interact appropriately with others and continuous support to make appropriate social decisions (sometimes a poor judge of character in choosing friends) and to develop and maintain relationships (strained at times). The panel finds that as reported by the RN, the appellant is sometimes a poor judge of character in choosing friends and has strained relationships at times, but that these examples do not indicate continuous support/supervision is required by the appellant. For these reasons, the panel finds that the ministry reasonably determined that the evidence does not demonstrate a severe mental impairment.

Significant Restrictions to DLA

The appellant's position is that he is restricted with daily living activities due to his severe medical impairments. He has difficulty with preparing meals, cooking, housekeeping and getting medical supplies.

The ministry's position is that based on the information provided by the appellant's physician, the appellant is not restricted in his ability to manage all but one DLA; that is notably, Social Functioning, for which the appellant is reported to require continuous assistance as he is very socially isolated, has poor impulse control and has extremely poor attention. The ministry finds that this limitation in and of itself does not provide enough evidence to confirm that the appellant's impairments directly and significantly restrict his ability to manage daily living activities. The assessor indicates that the appellant can independently manage the majority of DLA and reports that he needs periodic assistance with making appropriate choices and needs financial help with paying for purchases, that his meal planning is poor due to lack of funds and that he makes poor choices when it comes to budgeting and paying rent and bills. However, the RN does not indicate that the appellant requires any periodic or continuous assistance to manage the majority of DLA. The RN has not described the amount of periodic assistance needed when making appropriate social decisions and has not identified any safety issues when it comes to completing DLA. The RN indicates that the appellant requires continuous support with making appropriate social decisions, however "sometimes poor judge of character in choosing friends" does not indicate a requirement for continued assistance; and "strained at times" does not explain why the appellant requires this level of assistance. Although the ministry acknowledges that the appellant has deficits with social functioning, it is unclear why the physician has not diagnosed the appellant with a mental impairment. The ministry relies on the expert medical opinions and assessments provided by the prescribed professionals in determining PWD eligibility. The evidence that confirms that the appellant's impairment impacts his ability to manage DLA and whether he requires assistance with these activities is also assessed by the physician and RN. The ministry makes the decision regarding PWD eligibility based on the physical, mental and daily living assessments provided by the physician and RN and based on all available information provided by the appellant, the physician and the assessor. The ministry finds that there is not enough evidence to establish that the appellant's impairment directly and significantly restricts daily living activities continuously or periodically for extended periods; therefore, not meeting the legislative criteria.

Panel Decision

The legislation – Section 2(2)(b)(i) of the EAPWDA – requires the minister to substantially assess direct and significant restrictions of DLA in consideration of the opinion of a prescribed professional. This doesn't mean that other evidence – such as that from the appellant - shouldn't be factored in as required to provide clarification of the professional evidence, but the legislative language makes it clear that the prescribed professional's opinion is fundamental to the ministry's determination as to whether it is "satisfied". In the appellant's case, the prescribed professionals have supplied little in the way of narrative to provide detail of the degree of restriction to DLA.

The legislation requires that a severe impairment directly and significantly restricts the appellant's ability to perform DLA either continuously or periodically for extended periods. The term "directly" means that there must be a causal link between the severe impairment and the restriction. There is also a component related to

time or duration. The direct and significant restriction may be either continuous or periodic. If it is periodic it must be for an extended time. Inherently, any analysis of periodicity must also include consideration of the frequency. In circumstances where the evidence indicates that a restriction arises periodically, it is entirely appropriate for the ministry to require evidence of the duration and frequency of the restriction in order to be "satisfied" that this legislative criterion is met.

The evidence provided in the PR indicated that the appellant's impairments do not directly restrict his ability to perform 8 of the 10 legislated DLA: Personal self-care, Meal preparation, Management of medications, Basic housework, Daily shopping, Mobility inside and outside the home, Use of transportation and Management of finances. The appellant is reported to be continuously restricted with respect to 1 DLA: Social Functioning. Additionally, the physician has not reported that the appellant has been prescribed any medication and/or treatments that interfere with his ability to perform DLA.

In the AR, the RN indicated that the appellant independently manages all aspects of DLA under Personal Care, Basic Housekeeping and Transportation. Under Shopping, 3 of 5 aspects are independently managed; specifically, going to and from stores, reading prices and labels and carrying purchases home. However, he requires periodic assistance from another person or is unable to make appropriate choices and needs financial help for paying for purchases. Under Meals the appellant independently manages 3 of 4 aspects specifically, food preparation, cooking and safe storage of food, whereas meal planning is noted as poor due to lack of funds. Under Pay Rent and Bills, the appellant independently manages banking, although it is noted that he makes poor choices when it comes to budgeting and paying rent and bills. Under Medications the appellant independently manages taking as directed and safe handling and storage whereas with filling/refilling prescriptions, it is noted as poor due to lack of funds. The appellant stated that he has difficulty with preparing meals, cooking, housekeeping and getting medical supplies.

The onus is on the appellant to prove on the balance of probabilities that he satisfies the legislative criteria with respect to direct and severe restrictions in his ability to manage his DLA independently. In the panel's view, while the evidence indicates that the appellant has some difficulty with his DLA; specifically, in the area of Social Functioning, it does not establish that in the opinion of a prescribed professional his impairments directly and significantly restrict his ability to manage his DLA either continuously or periodically for extended periods. Accordingly, the panel finds that the ministry reasonably found that this legislative criterion is not satisfied.

Help with DLA

The appellant's position is that he lives with others who look after each other and perform DLA such as cooking, dish washing and basic housekeeping knowing that the appellant is unable to perform these tasks.

The ministry's position is that since it has not been established that the appellant's DLA are significantly restricted, it cannot be determined that significant help is required from other persons.

Panel Decision

Finding that a severe impairment directly and significantly restricts a person's ability to manage his DLA either continuously or periodically for an extended period is a precondition to a person requiring "help" as defined by section 2(3)(b) of the EAPWDA.

In the PR, it is noted that the appellant does not require aids or prostheses for his impairment. In the AR, it is noted that the appellant needs financial help, needs urostomy supplies, a social environment and somewhere to live that is safe and healthy. In the AR, the prescribed professional indicated that the appellant does not have an assistance animal. The panel finds that the ministry reasonably concluded that since it has not been established that the appellant's DLA are significantly restricted, it could not be determined that the

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appellant requires help with DLA as defined by the legislation.

Conclusion

The panel acknowledges that the appellant's medical conditions affect his ability to function. However, having reviewed and considered all of the evidence and the relevant legislation, the panel finds that the ministry's decision finding the appellant ineligible for PWD designation is reasonably supported by the evidence. The panel therefore confirms the ministry's decision.