

PART C – DECISION UNDER APPEAL

The decision under appeal is the reconsideration decision of the Ministry of Social Development and Poverty Reduction (the ministry) dated 24 October 2019 that denied the appellant designation as a person with disabilities (PWD). The ministry determined that the appellant did not meet all of the required criteria for PWD designation set out in section 2 of the *Employment and Assistance for Persons with Disabilities Act*, section 2. Specifically, the ministry determined that the information provided did not establish that the appellant has a severe mental or physical impairment that in the opinion of a prescribed professional

(i) directly and significantly restricts the appellant's ability to perform daily living activities (DLA) either continuously or periodically for extended periods; and,

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

The ministry determined that the appellant satisfied the other criteria of having reached 18 years of age and the impairment continuing for at least 2 years.

The ministry also found that it has not been demonstrated that the appellant is in one of the prescribed classes of persons who may be eligible for PWD designation on the alternative grounds set out in section 2.1 of the *Employment and Assistance for Persons with Disabilities Regulation*. As there was no information or argument provided by the appellant regarding alternative grounds for designation, the panel considers this matter not to be at issue in this appeal.

PART D – RELEVANT LEGISLATION

Employment and Assistance for Persons with Disabilities Act (EAPWDA) – section 2
Employment and Assistance for Persons with Disabilities Regulation (EAPWDR) – sections 2 and 2.1.

PART E – SUMMARY OF FACTS**Evidence before the ministry at reconsideration**

1. The appellant's PWD Designation Application, undated. The Application contained:
 - A Self Report (SR).
 - A Medical Report (MR) dated 03 May 2019, completed by a general practitioner (GP) who has known the appellant for 1 year and has seen the appellant 11 or more times in the past year.
 - An Assessor Report (AR) dated 02 August 2019, completed by the same GP.
2. The appellant's Request for Reconsideration, dated 08 October 2019, in which the appellant provides reasons.

In the MR, the GP provides the following diagnoses related to the appellant's impairment: post-traumatic stress disorder (PTSD), borderline personality traits, and cannabis use (daily). The GP indicates the onset of these conditions is uncertain.

In the AR, the GP describes the appellant's impairment as PTSD, with the impairment impacting ability to manage DLA as "Anxiety impairs social interaction, affecting concentration."

The panel will first summarize the evidence from the MR and the AR as it relates to the PWD criteria at issue in this appeal.

*Severity/health history**Physical impairment*

MR:

Regarding functional skills, the specialist indicates that the appellant can walk 4+ blocks unaided on a flat surface, can climb 5+ steps unaided, and that there are no limitations regarding lifting or remaining seated.

The GP indicates that the appellant has not been prescribed medication and/or treatments that interfere with the ability to perform DLA, noting that the appellant "declines pharmacological treatment."

AR:

Respecting mobility and physical ability, the GP assesses the appellant as independent for all listed areas of mobility and physical ability: walking indoors, walking outdoors, climbing stairs, standing, lifting, and carrying and holding.

Mental impairment

MR:

Under Health History, the GP writes:

"Post-Traumatic Stress Disorder

- Reflecting on past trauma as child, previously living on streets

- Daily symptoms of anxiety
- Intermittent social isolation
- Intermittent thoughts of self-harm

Borderline Personality Disorder Traits

- Struggles to connect with people, interaction limited and of short duration

Gender Dysphoria

- Currently in transition

Attention Deficit Hyperactivity Disorder

- Distractibility and restlessness

Cannabis Use Disorder, Previous Methamphetamines

- Uses daily (smokes marijuana)
- Intermittent auditory hallucinations

Above based on assessment by Psychiatrist, [name], on 19 May 2019. I do concur these findings.”

Under Additional Comments, the GP writes, “I am hopeful that, with medication and psychotherapy, [the appellant] will be able to function in the open labour market. [The appellant] is currently in counselling.”

The GP indicates that the appellant has no difficulties with communication.

The GP indicates that the appellant has significant deficits with cognitive and emotional function in the areas of psychotic symptoms, emotional disturbance and attention or sustained concentration. The GP comments, “No current features of psychosis.”

AR:

The GP assesses the appellant's ability to communicate as good for speaking, reading, writing, and hearing.

The GP assesses the degree to which the appellant's mental impairment impacts daily functioning as follows:

- Major impact: emotion.
- Moderate impact: impulse control, insight and judgment, attention/concentration, and memory.
- Minimal impact: executive and motivation.
- No impact: bodily functions, consciousness, emotion, motor activity, language, psychotic symptoms, other neuropsychological problems, and other emotional or mental problems.

Under Additional Information, the GP writes, “Started an antidepressant today. We shall continue with close follow-up.”

Ability to perform DLA

MR:

The GP reports that appellant's ability to perform DLA is restricted as follows:

- Not restricted: personal self-care, meal preparation, management of medications, basic housework, daily shopping, mobility inside the home, ability outside the home, use of transportation, and management of finances.
- Restricted on a periodic basis: social functioning.

The GP explains restrictions with social functioning by writing, "Difficulty in establishing relationships. Symptoms of anxiety make socializing difficult."

As an additional comment, the GP writes, "Able to work as [tradesperson] at times."

AR:

The GP provides the following assessments of the assistance the appellant requires in performing DLA:

- Personal care – independent for all tasks.
- Basic housekeeping – independent for all tasks.
- Shopping – independent for all tasks.
- Meals – independent for all tasks.
- Pay rent and bills – independent for all tasks
- Medications – independent for all tasks.
- Transportation – independent for all tasks.

The GP comments, "[The appellant] feels that interacting with others is difficult. Hypervigilance – e.g. noises and clock ticking will distract and disturb [the appellant]." And "intermittent poor impulse control."

Social functioning

The GP assesses the appellant as requiring periodic support/supervision in the following areas, along with the GP's comments:

- Making appropriate social decisions – "Assisted by [12-step groups]. Has alcohol; counselor."
- Developing and maintaining relationships – no comments.
- Interacting appropriately with others – "Therapist at [charitable organization]."
- Dealing with unexpected demands – no comments.
- Securing assistance from others – "Paranoid at times."

The GP assesses the appellant's relationship with both immediate and extended social networks as "marginal."

The GP also comments, "Intermittent history of suicidal ideation (nil currently.)"

Help provided/required

MR:

The GP indicates that the appellant does not require any prostheses or aids to compensate for impairment.

AR:

The GP does not indicate that the appellant requires the use of an assistive device.

The GP indicates that the appellant does not have an assistance animal, while commenting, "Expressed interest in getting therapy dog."

The GP indicates that assistance is provided by community service agencies, referring to the comments provided above regarding assistance with social functioning.

Self Report

In the SR, the appellant provides the following disability description:

"Social trauma from being physically assaulted. Anxious to where I have physical discomfort.

Traumatic experiences in my life have impacted me. Therapy is suggested.

I am a victim of child abuse physical, sexual and emotional.

I am hypersensitive and hyperactive. There are 5/7 days a week I have trouble leaving the house or getting out of bed.

I get mental flashbacks every day of traumatic events that have happened all my life. I use the bathroom a lot due to stress and emotion.

Music and meditation therapy help but organizing my day or having ability to interact is a daily struggle.

Flashbacks and having an "emotion" stomach leaves me with not enough energy to focus on feeling calm."

The appellant then describes the impact of the disability as follows:

"My disability affects my life in the way that I have less time and courage to communicate in public. This makes working on advancing hard. I find it hard to support myself financially without food and personal hygiene products. These barriers make it hard to stick to a routine or have good mental health to interact with the public.

There have been a lot of times where I feel despair feeling lost and overwhelmed with flash backs and negative emotions.

Eating and resting is hard with a daily mental state of anxious feelings and on edge from being afraid of violence.

With not being able to focus my attention I miss opportunities, or I have setbacks due to anxiety/trauma.

When I am in public, I sweat a lot and when interacting with anyone for too long I feel trapped and can't breathe. When I have an appointment or meeting, I feel as though I will pass out/lose consciousness, nausea with diarrhea. When I am expected to be somewhere at a specific time, I get confused and overwhelmed, stressed and panicked. After being in the public I wash my hands often from germs. Loud noises bother me."

Request for Reconsideration

The appellant provides the following reasons for requesting a reconsideration:

"After having a second diagnosis from [the psychiatrist] (documents being forwarded), she has recommended a reconsideration.

I have problems concentrating because of extreme ADHD. My IBS from my diagnosis of anxiety makes me go to the bathroom regularly and on myself on a daily basis. Also, my PTSD makes me have trouble concentrating and breathing to the point of panic. With my personality disorder interacting with others makes me not be able to breathe and regress into a state of panic and withdrawal. Daily activities are affected, and I am in need of assistance, so I am not homeless and without help.

Everyday is hard to get out of bed or follow routine."

[In the reconsideration decision, the ministry noted that as of the time of writing of the decision, it had not received any documents from the psychiatrist.]

Notice of Appeal

In submitting the Notice of Appeal, dated 30 October 2019, the appellant wrote under Reasons for Appeal, "I have supporting documents."

The hearing

The appellant did not attend the hearing. After confirming that the appellant was notified of the hearing, the hearing proceeded in accordance with section 86(b) of the Employment and Assistance Regulation

The ministry stood by its position at reconsideration.

PART F – REASONS FOR PANEL DECISION

The issue in this appeal is whether the ministry decision that determined that the appellant did not meet three of the five statutory requirements of Section 2 of the EAPWDA for designation as a person with disabilities (PWD) is reasonably supported by the evidence or is a reasonable application of the legislation in the circumstances of the appellant. Specifically, the ministry determined that the information provided did not establish that the appellant has a severe physical or mental impairment that in the opinion of a prescribed professional,

(i) directly and significantly restricts the appellant's ability to perform daily living activities (DLA) either continuously or periodically for extended periods; and,

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

The ministry determined that the appellant satisfied the other criteria of having reached 18 years and the impairment continuing for at least 2 years.

The following section of the EAPWDA applies to this appeal:

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 is in a prescribed class of persons or that the person has a severe mental or physical impairment that

(a) in the opinion of a medical practitioner or nurse 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.

The following sections of the EAPWDR applies to this appeal:

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
 - (a) authorized under an enactment to practise the profession of
 - (i) medical practitioner,
 - (ii) registered psychologist,
 - (iii) registered nurse or registered psychiatric nurse,
 - (iv) occupational therapist,
 - (v) physical therapist,
 - (vi) social worker,
 - (vii) chiropractor, or
 - (viii) nurse practitioner, or
 - (b) acting in the course of the person's employment as a school psychologist by
 - (i) an authority, as that term is defined in section 1 (1) of the *Independent School Act*, or
 - (ii) a board or a francophone education authority, as those terms are defined in section 1 (1) of the *School Act*,
- if qualifications in psychology are a condition of such employment.

Alternative grounds for designation under section 2 of Act

2.1 The following classes of persons are prescribed for the purposes of section 2 (2) [*persons with disabilities*] of the Act:

- (a) a person who is enrolled in Plan P (Palliative Care) under the Drug Plans Regulation,
- (b) a person who has at any time been determined to be eligible to be the subject of payments made through the Ministry of Children and Family Development's At Home Program;
- (c) a person who has at any time been determined by Community Living British Columbia to be eligible to receive community living support under the *Community Living Authority Act*;
- (d) a person whose family has at any time been determined by Community Living British Columbia to be eligible to receive community living support under the *Community Living Authority Act* to assist that family in caring for the person;
- (e) a person who is considered to be disabled under section 42 (2) of the *Canada Pension Plan* (Canada).

Analysis

Severity of impairment

Preliminary Considerations

For the minister to be "satisfied" that the person's impairment is severe, the panel considers it reasonable for the ministry to expect that the information submitted by the independent and professional medical practitioner and prescribed professional (in this case the GP) completing the application provides the minister with sufficient information on the nature and extent of the impacts of the person's medical conditions on daily functioning. As the legislation requires the minister to make determinations regarding the degree of impairment, the degree of restrictions in the ability to perform DLA and the resulting degree of help required, it is therefore important

that the MR and the AR include explanations, descriptions or examples in the spaces provided so that the minister has the information needed to make these determinations. Significant weight must also be placed on the evidence of the applicant, unless there is a legitimate reason not to do so. Such information provided by the applicant, while optional in the Application form, may be helpful in fleshing out the general picture provided by the medical practitioner/prescribed professional. The reconsideration process provides the opportunity for the prescribed professionals and applicant to clarify or add to the information provided on application, and the panel hearing an appeal must consider any information provided on appeal, as long as the panel finds it admissible.

Physical impairment

The GP has not diagnosed the appellant with any medical condition that would restrict physical functioning. In the Request for Reconsideration, the appellant mentions IBS [irritable bowel syndrome], but attributes that to his diagnosis of anxiety. As the ministry noted in the reconsideration decision, in the MR the GP assessed the appellant as not being restricted in terms of physical functional skills (can walk 5+ blocks unaided, etc.) and in the AR as being independent in managing activities requiring mobility and physical ability (walking indoors and outdoors, etc.). The GP also indicated that the appellant does not require an assistive device for any impairment of his physical functioning.

Panel finding

Considering the lack of evidence that would point to any restriction in physical functioning, the panel finds that the ministry was reasonable in determining that a severe physical impairment has not been established.

Mental impairment

The panel understands from the Request for Reconsideration that the appellant had seen the psychiatrist subsequent to the GP's completion of the MR and AR, and that as a result documents from the psychiatrist were being forwarded to the ministry. The position of the appellant would appear to be that the information provided in such documents would establish the appellant having a severe mental impairment. In referring to the content of such documentation, the appellant refers to a number of mental health conditions with impacts on daily functioning:

- "extreme" ADHD with resulting problems with concentration and anxiety resulting in IBS and frequent bathroom visits,
- PTSD with trouble concentrating and breathing to the point of panic, and
- personality disorder so that interacting with others causes not being able to breathe and regressing into a state of panic and withdrawal.

Unfortunately, as the ministry noted in the reconsideration decision, no documentation from the psychiatrist was provided to the ministry or to the panel.

The position of the ministry, as set out in the reconsideration decision, is that the information provided by the appellant in the PWD application does not demonstrate a severe impairment of

mental functioning.

In reaching this conclusion, the ministry first reviewed the information in the MR and AR regarding cognitive and emotional functioning. The ministry noted that in the MR, the GP diagnosed the appellant with PTSD, borderline personality disorder and cannabis use (daily), did not identify any difficulties with communication, and identified significant deficits to the appellant's cognitive and emotional functioning in the areas of psychotic symptoms, emotional disturbance and attention or sustained concentration. The ministry then noted the GP's assessments in the AR of the impacts to the appellant's cognitive and emotional functioning, with a major impact to emotion and moderate impacts to impulse control, insight and judgment, attention/concentration, and memory. The ministry also found that the GP's assessments to manage DLA does not demonstrate any impairment in the ability to make decisions about personal activities, care or finances.

The ministry then reviewed the information in the MR and AR regarding social functioning, including the GP's assessment in the MR that the appellant is restricted in the ability to manage social functioning periodic basis and in the AR that the appellant requires periodic support/supervision with the 5 listed social functioning abilities (making appropriate social decisions, etc.) and related commentary the type of such support/supervision (e.g. 12-step groups, counselor, therapist). (See section E above for details). The ministry held that the assessments provided by the GP suggests that the restrictions and need for support/supervision with social functioning are episodic in nature. However, the GP does not describe the frequency or duration of these episodes, thus making it challenging to determine whether the restrictions and the support/supervision required are significant and demonstrated a severe impairment. The ministry acknowledged that the appellant has limitations with social functioning related to the medical conditions diagnosed by the psychiatrist. However, the ministry found that the assessments of the appellant's social functioning as provided by the GP demonstrates that the appellant has a moderate impairment of ability relating to, communicating or interacting with others effectively.

Panel finding

The GP has diagnosed the appellant with PTSD, borderline personality traits, and cannabis use (daily). The GP has also indicated concurrence with the psychiatrist's additional diagnoses of gender dysphoria (in transition) and ADHD. However, as the ministry noted in its decision, the diagnosis of a serious medical condition or conditions does not in itself determine PWD eligibility or establish a severe impairment. An "impairment", as defined by the ministry in the MR and AR, is a loss or abnormality of psychological, anatomical or physiological structure or function causing a restriction in the ability to function independently, effectively, appropriately or for a reasonable duration. The panel finds this definition of impairment to be reasonable, given the emphasis in the legislation on restrictions and help required. To assess the severity of impairment, the ministry must consider the nature of the impairment and the extent of its impact on daily functioning.

In terms of impacts on daily functioning, the GP assessed one major impact – with emotion – and moderate impacts in four areas: impulse control, insight and judgment, attention/concentration, and memory. However, the GP has not provided much descriptive

information as to how, to what extent, or under what circumstances these impacts arise that would enable an assessment of the degree to which these conditions restrict the appellant's ability to function independently, effectively, appropriately or for a reasonable duration. For example, the GP commented, "[The appellant] feels that interacting with others is difficult," without any description of the context and frequency of such interactions and the result for the appellant. Similarly, with the GP's comments, "Hypervigilance – e.g. noises and clock ticking will distract and disturb [the appellant]," and "Intermittent poor impulse control," there is no explanation of the context and consequences of such hypervigilance or poor impulse control.

With regard to the GP's reporting of the psychiatrist's findings, little detail is given that would assist in assessing the degree of restriction in daily functioning. For example, the GP mentions "intermittent" social isolation, thoughts of self-harm and auditory hallucinations without providing any information on the frequency, duration and consequences of these intermittent events.

In the SR, the appellant describes mainly *feelings*: "I have less time and courage to communicate in public," "I find it hard to support myself...", "to feel despair feeling lost and overwhelmed...", "Eating and resting is hard with a daily mental state of anxious feelings...", and "when interacting with anyone for too long I feel trapped and can't breathe." While such information is helpful in understanding the nature of the appellant's mental state, it does not explain the frequency and duration to which the diagnosed mental conditions restrict the ability to perform day-to-day tasks effectively or independently.

Similarly in the Request for Reconsideration, the appellant provides little detail regarding context and consequences: "I have problems concentrating because of extreme ADHD," without any explanation as to under what circumstances this occurs (e.g. when shopping?, cooking? meeting with counselor?, at a 12-step meeting?) and how this impacts the appellant's life on a daily basis.

Given that the GP assessed only one major impact of the appellant's mental impairment on daily functioning, and considering the lack of detail provided by the GP and the appellant in the Application that would provide a clearer picture of how, how often and for how long the mental impairment restricts to the appellant's ability to function effectively or independently, the panel finds that the ministry was reasonable in determining that a severe mental impairment has not been established.

Direct and significant restrictions in the ability to perform DLA

The panel takes from the Request for Reconsideration that the position of the appellant is that the ministry was unreasonable in determining that this criterion has not been met, because the information provided by the GP clearly shows the appellant is significantly restricted in being able to manage social functioning on a continuous basis.

In the reconsideration decision, the ministry held that the information provided does not establish that the appellant's ability to manage DLA is significantly restricted either continuously or periodically for extended periods of time. In reaching this determination, the ministry had earlier found, when addressing severity of mental impairment, that the information provided did not establish significant restrictions in the appellant's ability to manage the 2 social functioning

DLA – make decisions about personal activities, care or finances and relate to, communicate or interact with others effectively (see above).

In the DLA section of the decision, the ministry noted that in the MR the GP does not confirm that the appellant has been prescribed medications that interfere with the ability to perform DLA. The ministry also noted that when asked to provide an assessment on the ability to manage DLA, the GP noted periodic restrictions with social functioning but otherwise indicated that the appellant does not have any restrictions with all other DLA. Referring to the AR, the ministry noted that the appellant was assessed as independent with all activities of DLA applicable to a person with a severe physical or mental impairment. The ministry therefore found this criterion has not been met.

Panel finding

The panel notes that, according to the legislation, the direct and significant restriction in the ability to perform DLA must be the result of a severe impairment, a criterion not established in this appeal. The legislation – section 2(2)(b)(i) of the EAPWDA – requires the minister to assess direct and significant restrictions to DLA in consideration of the opinion of a prescribed professional, in this case the GP. This does not mean that other evidence should not be factored in as required to provide explanation of the professional evidence, but the legislative language is clear that a prescribed professional’s evidence is fundamental to the ministry’s determination whether it is “satisfied.” And for the minister to be “satisfied,” it is reasonable for the ministry to expect that a prescribed professional provides a clear picture of the extent to which the ability to perform DLA is restricted, as assessed in terms of the nature and duration of help required or the time it takes to perform a task, in order for the ministry to determine whether the restrictions are “significant.” Any information submitted by the applicant or others could be useful in adding context and detail to the picture provided by the prescribed professional.

Under the legislation, there are two sets of DLA at issue in this appeal: the 8 DLA (prepare own meals, etc.) set out in paragraph (a) of EAPWDR section 2(1), and the 2 “social functioning” DLA set out in paragraph (b) of that section – make decisions about personal activities, care or finances (the “decision-making” DLA) and relate to, communicate or interact with others effectively (the “interacting with others” DLA). The panel notes that there is some overlap between the paragraph (a) DLA and the decision-making DLA for the following abilities: regulating diet (under personal care), making appropriate choices (shopping), meal planning (food preparation), budgeting (pay rent and bills) and taking as directed (medications).

In the AR, the GP assessed the appellant as independent for all abilities under the paragraph (a) DLA, including the decision-making abilities within these DLA. The GP assessed the appellant as requiring periodic support/supervision for the 5 social functioning abilities (making appropriate social decisions, etc.) listed in the AR. However, while the GP indicated for 2 of these abilities the source of the support/supervision currently provided (12-step groups, alcohol counselor and therapist), the GP did not give any description of the type or frequency of the counselling/therapy provided or for how long these would be needed. For the other 3 abilities, the GP has not provided a description as requested in the AR of the degree and duration of the support/supervision required. Without such information for the 5 abilities, it would be difficult for the ministry to determine whether the restrictions the appellant experiences in being able to

manage the social functioning DLA are significant and are either continuous or periodic for an extended period.

Given that a severe impairment has not been established and considering the assessments given by the GP reviewed above, the panel finds that the ministry was reasonable in determining that the information provided does not establish that, in the opinion of a prescribed professional, the appellant's ability to perform DLA is significantly restricted either continuously or for extended periods.

Help required

In the reconsideration decision, the ministry held that, as it has not been established that DLA are significantly restricted, it cannot be determined that significant help is required.

Panel finding

Section 2(2)(b)(ii) of the EAPWDA requires that, as a result of being directly and significantly restricted in the ability to perform DLA either continuously or periodically for extended periods, a person must also require help to perform those activities. That is, the establishment of direct and significant restrictions under section 2(2)(b)(i) is a precondition of meeting the need for help criterion. Help is defined in subsection (3) as the requirement for an assistive device, the significant help or supervision of another person, or the services of an assistance animal in order to perform a DLA.

Although the GP has indicated that the appellant benefits from the assistance of 12-step groups, an alcohol counselor and a therapist, given that the GP did not report any detailed information on the nature, type, frequency or duration of assistance required from another person, the use of an assistive device or the services of an assistance animal, and since the ministry reasonably determined that direct and significant restrictions in the appellant's ability to perform DLA have not been established, the panel finds that the ministry reasonably concluded that under section 2(2)(b)(ii) of the EAPWDA it cannot be determined that the appellant requires help to perform DLA.

Conclusion

The panel finds that the ministry's reconsideration decision that determined that the appellant was not eligible for PWD designation was reasonably supported by the evidence. The panel therefore confirms the ministry's decision. The appellant is thus not successful on appeal.

APPEAL NUMBER

PART G – ORDER

THE PANEL DECISION IS: (Check one) UNANIMOUS BY MAJORITY

THE PANEL CONFIRMS THE MINISTRY DECISION RESCINDS THE MINISTRY DECISION

If the ministry decision is rescinded, is the panel decision referred back to the Minister
for a decision as to amount? Yes No

LEGISLATIVE AUTHORITY FOR THE DECISION:

Employment and Assistance Act

Section 24(1)(a) or Section 24(1)(b)

and

Section 24(2)(a) or Section 24(2)(b)

PART H – SIGNATURES

PRINT NAME

Richard Roberts

SIGNATURE OF CHAIR

DATE (YEAR/MONTH/DAY)

2019 November 25

PRINT NAME

David Kendrick

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2019 November 25

PRINT NAME

Wayne Reeves

SIGNATURE OF MEMBER

DATE (YEAR/MONTH/DAY)

2019 November 25