

### **Part C – Decision Under Appeal**

The decision under appeal is the Ministry of Social Development and Poverty Reduction (ministry) reconsideration decision dated July 19, 2023, which determined the appellant was not eligible for the Persons with Disabilities designation because she did not meet the following criteria.

- Severe impairment
- Direct and significant restrictions to daily living activities
- Significant help required with daily living activities

Additionally, the ministry determined that the appellant is not one of the prescribed classes of persons who may be eligible for the persons with disabilities designation on alternative grounds. As there was no information or argument on this point, the panel considers it not to be an issue in this appeal.

### **Part D – Relevant Legislation**

*Employment and Assistance for Persons with Disabilities Act (Act), section 2*

Employment and Assistance for Persons with Disabilities Regulation (Regulation), section 2 and 2.1

Relevant sections of the legislation can be found in the Schedule of Legislation at the end of this decision.

**Part E – Summary of Facts**

**Relevant Evidence Before the Minister at Reconsideration**

**Request for Reconsideration (June 28, 2023)**

No reasons for the request for reconsideration were provided.

**PWD Application**

***Self-Report (March 23, 2023)***

The appellant states she is unable to work due to ultra-rapid cycling bipolar disorder.

Following are her health issues:

- Bipolar illness causing unusual unpredictable shifts in mood, energy level, emotions, and ability to function
- Struggle with mixed episodes, e.g. depression and manic at the same time
- Struggle with mania, hypomania, anxiety and depression
- Physical aches and pains, aching limbs and muscles
- Migraines, insomnia, problems with short-term memory
- Suicidal thoughts, mental confusion, irritability, racing thoughts
- Psychosis, agitation, poor judgement.
- Stomach problems
- Consistently low mood

The appellant also states bipolar disorder causes significant distress and impairment in all areas of her life. She currently takes the following medication: lamotrigine, risperidone, zopiclone, sertraline, multivitamin, omega 3 and vitamin D3.

***Medical Report (May 5, 2023) – signed by the appellant’s doctor***

The doctor (general practitioner) provided the following information and responses to the questions below.

<b>A - Diagnosis</b>	<b>Date of onset – month/year</b>
Bipolar disorder	2018

**Health History**

The appellant has bipolar disorder, is on appropriate medication and has a psychiatrist. The impairment is mild to life.

- Has the appellant been prescribed any medications and/or treatments that interfere with her ability to perform daily living activities? - no
- Does the appellant require prostheses or aids for her impairment? - no

**Degree and Course of Impairment**

- Is the impairment likely to continue for two years or more from today? - yes

**Functional Skills**

- How far can this person walk unaided on a flat surface? - 4+ blocks
- How many stairs can this person climb unaided? - 5+
- What are the person’s limitations in lifting? - no limitations
- How long can this person remain seated?- no limitation
- Are there difficulties with communication? - no
- Are there any significant deficits with cognitive and emotional function? - yes  
 “Emotional disturbance (e.g. depression, anxiety)” and “Impulse control”.

**Daily Living Activities**

Does the impairment directly restrict the person’s ability to perform daily living activities?  
 - yes

Daily Living Activities	Is activity restricted?		If yes, the restriction is:		
	yes	no	unknown	continuous	periodic
Personal self care		x			
Meal preparation		x			
Management of medications		x			
Basic housework	x		x		
Daily shopping		x			
Mobility inside the home		x			
Mobility outside the home		x			
Use of transportation		x			
Management of finances	x				
Social functioning – daily decision making; interacting, relating and communication with others	x		x		

**Additional Comments**

The doctor writes that the appellant has a long history of bipolar disorder and that her symptoms appear to be controlled and managed with medication.

**Frequency of Contact**

- How long has the appellant been your patient? - 2019 onwards
- How often have you seen this appellant in the past 12 months? - 2-10 times

**Assessor Report (May 5, 2023) – signed by the appellant’s doctor**

The doctor provided the following information and responses to the questions below.

**Living Environment**

The doctor indicated the appellant lives with family, friends or caregiver.

**Mental or Physical Impairment**

- What are the appellant’s mental or physical impairments that impact her ability to manage daily living activities?  
Mood swings associated with the appellant’s mental disorder.

**Ability to Communicate**

Please indicate the level of ability in the following areas	Good	Satisfactory	Poor	Unable	Explain
speaking	X				
reading	X				
writing	X				
hearing	X				

**Mobility and Physical Ability**

Indicate the assistance required related to impairment (that directly restricts the applicant’s ability to manage in the following areas).	Independent	Periodic assistance from another person	Continuous assistance from another person or unable	Uses assistive device	Takes significantly longer than typical	Explain and specify device
Walking indoors	X					
Walking outdoors	X					
Climbing stairs	X					
Standing	X					
Lifting	X					
Carrying and holding	X					

**Cognitive and Emotional Functioning**

For each item indicate to what degree the applicant's mental impairment restricts her functioning.

If impact is episodic or varies over time, please explain.	Impact on Daily Functioning			
	No impact	Minimal impact	Moderate impact	Major impact
Bodily functions (e.g. eating problems, toileting problems, poor hygiene, sleep disturbance)	x			
Consciousness (e.g. orientation, alert/drowsy, confusion)	x			
Emotion (e.g. excessive or inappropriate anxiety, depression etc.)			x	
Impulse control (e.g. inability to stop doing something or failing to resist doing something)		x		
Insight and judgement (e.g. poor awareness of self and health condition (e.g. grandiosity, unsafe behavior)		x		
Attention/concentration (e.g. distractible, unable to maintain concentration, poor short-term memory)	x			
Executive (e.g. planning, organizing, sequencing, abstract thinking, problem-solving, calculations)	x			
Memory (e.g. can learn new information, names etc., and then recall that information, forgets over-learned facts)	x			
Motivation (e.g. lack of initiative, loss of interest)		x		
Motor activity (e.g. increased or decreased goal-oriented activity, coordination, lack of movement, agitation, ritualistic or repetitive actions, bizarre behaviours, extreme tension)		x		
Language (e.g. expression or comprehension problems (e.g. inability to understand, extreme stuttering, mute, racing speech disorganization of speech)	x			

Psychotic symptoms (e.g. delusions, hallucinations, disorganized thinking)	x			
Other neuropsychological problems (e.g. visual/spatial problems, psychomotor problems, learning disabilities etc.)	x			
Other emotional or mental problems	x			

**Daily Living Activities**

Indicate the assistance required related to impairment(s) that directly restrict the applicant's ability to manage in the following areas.	Independent	Periodic Assistance from another person	Continuous assistance from another person or unable	Uses assistive device	Takes significantly longer than typical	Explain/ Describe
Dressing	x					
Grooming	x					
Bathing	x					
Toileting	x					
Feeding self	x					
Regulating diet	x					
Transfers (in/out of bed)	x					
Transfers (on/off chair)	x					
<b>Basic Housekeeping</b>						
Laundry	x					
Basic housekeeping	x					
<b>Shopping</b>						
Going to/from stores	x					
Reading prices and labels	x					
Making appropriate choices	x					
Paying for purchase	x					
<b>Meals</b>						
Meal planning	x					
Food preparation	x					
Cooking	x					
Safe storage of food (ability, not environmental)	x					
<b>Pay rent and bills</b>						
Banking	x					

Budgeting	x				
Pay rent and bills	x				
<b>Medications</b>	x				
Filling/refilling prescriptions	x				
Taking as directed	x				
Safe handling and storage	x				
<b>Transportation</b>	x				
Getting in and out of a vehicle	x				
Using public transit	x				
Using transit schedules and arranging transportation	x				

**Social Functioning** – only complete if applicant has an identified mental impairment

Indicate the assistance required related to impairment(s) that directly restrict the applicant’s ability to manage in the following areas.

	Independent	Periodic support/supervision	Continuous support/supervision	Explain/Describe
Appropriate social decisions (including avoiding situations dangerous to self or others, good social judgement)	x	x		
Able to develop and maintain relationships	x			
Interacts appropriately with others (e.g. understands and responds to social cues, problem solves in social context)	x			
Able to deal appropriately with unexpected demands	x			
Able to secure assistance from others	x			

**Describe how the mental impairment impacts the applicant’s relationship with her**

- **immediate social network (partner, family, friends)**

The doctor checked, “good functioning – positive relationships: assertively contributes to these relationships”.

- **extended social networks (neighbourhood contacts, acquaintances, storekeepers, public officials etc.)**

The doctor checked, “good functioning – positively interacts with the community; often participates in activities with others”.

### **Assistance Provided for Applicant**

The doctor states that help required for daily living activities, is provided by family.

### **Assistance provided through the use of devices**

What equipment or devices does the applicant routinely use to help compensate for her impairment?

The doctor did not check any items.

### **Assistance provided by Assistance Animals**

Does the applicant have an assistance animal? – no

### **Additional Information**

#### Appellant

#### **Notice of Appeal (August 15, 2023) – summary**

The appellant states her doctor is unaware of the severity of her disability and after she saw the information from her doctor, she had her files from another province, sent to them. However, they refuse to make changes. The appellant states her disability is a major impairment to the quality of her life.

She adds that the reason her disability is so severe is because years ago she went to another continent; this trip ruined her life. She took Lariam, an antimalaria drug and became very ill. She adds that Lariam is a very dangerous drug, which causes many permanent side effects. Unfortunately, she had all of the side effects. The appellant adds that at the time, she did not realize she had a mental illness. She was in treatment for an eating disorder and started cutting from age 11-13. She states she wishes she had realized that she had a mental illness and that Lariam would exacerbate it.

#### **Submission (November 10, 2023)**

Below is a summary of the documents the appellant provided with her submission.

#### August 2, 2007 – note by Dr. S

The visit was to discuss malaria prophylaxis. The appellant had received immunizations for a trip to another continent.



March 15, 2007 - note by Dr. S

Appellant has had an adverse reaction to Lariam (psychotic symptoms, feeling depressed and anxious, paranoid).

March 20, 2007 - note by Dr. S

Follow-up visit to adverse drug reaction.

May 27, 2008 - note by Dr. B

Drug reaction symptoms abated but appellant still has problems with concentration anxiety and crowds.

October 2, 2009 - note by Dr. S

Situational stress, Paxil renewed.

October 22, 2009 - note by Dr. S

Appellant reported headaches and mucous clots, likely reminiscent of bowel infection, Zomig prescribed to treat headaches.

March 23, 2010 - note by Dr. S

Increased headaches, depression. Appellant needs prescription for Alesse as provided by Dr. H.

September 14, 2011 - note by Dr. S

The appellant believes a lot of her symptoms are related to her previous Lariam and possible cranial nerve effects from it. Appellant referred to audiology.

October 2, 2011- note by Dr. S

Appellant states her depression comes and goes.  
Follow-up for depression and anxiety. Appellant states she is feeling better.

October 24, 2011- note by Dr. S

Appellant depressed, referred to Crisis and note given to be off work.

November 7, 2011 - note by Dr. S

Follow-up with Wellbutrin. Appellant states she feels happy, more energy, but has had a depressed mood.

May 15, 2012 - note by Dr. S

The appellant's eating disorder has become more active and she started stealing things from work. Referral to eating disorders counsellor and to psychiatry.

July 16, 2012 - letter from Dr. T.

Diagnosis – bulimia nervosa, major depressive disorder, chronic with residual depressive symptoms, generalized anxiety disorder, sleep disorder.

December 1, 2012 - note by Dr. S

psychiatrist's notes – some improvement in appellant's mood although she continues to experience residual depression. She has returned to work part-time. Advised an increase in the dosage of Wellbutrin.

June 24, 2013 - note by Dr. S

Appellant requesting forms to be completed for provincial disability support program and disability tax credit, due to depression, anxiety and eating disorder.

December 15, 2013 - note by Dr. S

Assessment – increased anxiety

February 15, 2014 - note by Dr. S (psychiatrist's notes, Dr. T)

Appellant continues to experience residual depression and anxiety. The appellant is working part-time and no longer in a relationship. She continues to take Lorazepam for sleep, alternating with Graval.

April 3, 2014 - note by Dr. S

Chronic throat clearing. Appellant has chronic sinus congestion.

June 19, 2014 - note by Dr. S

Appellant needs to apply for Canada Pension Plan disability. She is on provincial disability assistance. She finds her anxiety disorder is out of control.

July 17, 2014 - note by Dr. S

Appellant attended with her mother who is concerned the doctor doesn't understand the depth of the appellant's depression. She hasn't left the house for many weeks, lays in bed staring at the wall – not watching television, not doing any housework, not reading.

September 9, 2014 - letter by Dr. M.

Past history is significant for anxiety and depression and the appellant has a drug allergy (most certainly secondary to her anxiety).

November 4, 2014 - report by Dr. T. to Dr. S

The appellant suffers from atypical depression. While there is an anxious component, this is not primary, and has not been complicated by psychosis or bipolarity.

November 11, 2014 - note by Dr. S

Assessment: Intractable depression. Electrocardiogram to be done.

December 13, 2014 - note by Dr. T

The doctor suggests the appellant explore the potential for a mindfulness program and/or Cognitive Behavioural Therapy in the new area of the province she is moving to, and suggests a psychiatric assessment in the spring.

March 13, 2015 - note by Dr. S

The appellant states she continues to live in her new location, where things are slightly better. She has more of a social life but is still feeling quite depressed.

December 18, 2015 - letter to Appellant from the provincial Disability Support Program

Advising the appellant her file is being closed because her situation has changed.

December 5, 2019 - letter from Dr. V.

The doctor writes that the appellant suffers from mental health illness. As a result, she has a support dog that she takes with her wherever she goes to help manage stressful circumstances. The doctor is requesting that the appellant be accommodated to travel with her emotional support dog.

2020 - notes from Dr. L.

Appellant was referred to the Reproductive Mental Health Program.

Impression – the appellant has generalized anxiety disorder, persistent depressive disorder, a bipolar depression is not excluded. There are no current psychotic or safety concerns. The appellant is discharged to the provincial mental health for ongoing care, Cognitive Behavioural Therapy and Diabolical Behavior Therapy.

At the hearing, the appellant stated she was on disability assistance in another province but didn't continue when she moved to British Columbia because she was happy at the time. However, she then ended up in emergency care in 2018. She added that although her doctor stated that her medications don't interfere with her ability to perform daily living activities, they certainly do cause impairment.

The appellant stated that there are days when she doesn't eat because she can't. She fasts 23 hours/day because it helps her mood. Because of her depression, sometimes she can't take a shower for two weeks, and can't do anything about it. She stated that her personal self-care is restricted for 20 out of 30 days as she can't get up. She usually makes one meal a day. Her husband does all the shopping as she doesn't go anywhere and doesn't use transportation. Regarding basic housework, the appellant stated that if it's too hard to take a shower, basic housekeeping is out of the question.

As well, the appellant stated she doesn't do finances and her credit cards are all maxed out. She added that she used to unknowingly steal, and consequently ended up in trouble with the law. In addition, the appellant stated that she doesn't really interact with anyone. Aside from a few very close people, she hasn't interacted with anyone for a long time. Her husband is her best friend and helps her significantly. The appellant added that she has a dog, but the dog is not a registered service animal.

### Ministry

The ministry relied on its record and added that the ministry did not receive any recent information on the appellant's medical condition. In response to a question regarding an assistive animal, the ministry responded that the animal has to be registered as an assistive animal. As well, the ministry stated that it acknowledges that the medical information from 2019 shows severe medical conditions. However, as the information does not demonstrate that the medical conditions cause restrictions, the ministry deems them as not severe. The ministry added that the appellant can re-apply for the persons with disabilities designation, with the required information.

The ministry had no objections to the additional information submitted by the appellant on November 10, 2023.

### **Admissibility**

The panel determined the additional information is reasonably required for a full and fair disclosure of all matters related to the decision under appeal and therefore is admissible under section 22(4) of the *Employment and Assistance Act*.

## **Part F – Reasons for Panel Decision**

The issue on appeal is whether the ministry's reconsideration decision was reasonably supported by the evidence or was a reasonable application of the legislation in the circumstances of the appellant.

Did the ministry reasonably determine the appellant was not eligible for the Persons with Disabilities designation because she:

- does not have a severe impairment;
- does not have an impairment that directly and significantly restricts daily living activities, and
- does not require significant help with daily living activities?

### **Appellant Position**

The appellant argues that her doctor is unaware of the severity of her disability. She states her disability is a major impairment and although her doctor stated that her medications don't interfere with her ability to perform daily living activities, they certainly do cause impairment.

She argues there are days when she doesn't eat because she can't. Because of her depression, sometimes she can't take a shower for two weeks, and can't do anything about it. Her personal self-care is restricted for 20 out of 30 days as she can't get up. Her husband does all the shopping as she doesn't go anywhere and doesn't use transportation. Basic housekeeping is out of the question. As well, the appellant stated she doesn't do finances, her credit cards are all maxed out and she doesn't really interact with anyone.

### **Ministry Position**

#### Mental Functioning

The ministry argues the doctor reports that the bipolar symptoms are controlled with medication and that the appellant experiences mild rather than severe impairment as a result. No major impacts to the appellant's cognitive and emotional functioning were identified and the doctor states she is independent in all activities relating to personal activities, care, finances, and social functioning.

### Physical Functioning

The ministry argues that the appellant's doctor does not provide a diagnosis of a physical health condition and finds there are no reported restrictions in the appellant's physical abilities.

### Daily Living Activities

In the medical report, the appellant's doctor assessed the appellant as restricted in basic housework, management of finances, and social functioning. However, they did not specify whether these restrictions are continuous or periodic, nor is any information provided regarding the nature or degree of the restriction in these areas. This prevents the ministry from confirming that these restrictions are significant and occur periodically for extended periods.

The doctor confirmed the appellant requires periodic support with one aspect of social functioning, while maintaining independence in all other areas and activities. The ministry states that this reinforces the information, provided by the doctor, that the appellant is mildly impaired by her medical condition, which is controlled with medication.

### Help Required with Daily Living Activities

The ministry argues although the appellant's doctor reports the appellant receives assistance from family, as it has not been established that daily living activities are significantly restricted, it cannot be determined that significant help is required from another person.

## **Panel Analysis**

Section 2(2) of the Act sets out the requirements that must be met for the minister to designate a person as a person with disabilities. One requirement is that the minister is satisfied that the person has a severe mental or physical impairment.

### **Severe Mental or Physical Impairment**

"Severe" and "impairment" are not defined in the legislation. The ministry considers the extent of any impact on daily functioning as shown by restrictions on physical abilities and/or mental functions. The panel finds an assessment of severity based on physical and mental functioning (including restrictions) a reasonable application of the legislation.

### *Mental Impairment*

In the Notice of Appeal, the appellant states that years ago she was in treatment for an eating disorder and started cutting from age 11-13. In the self-report, the appellant states she is unable to work due to ultra-rapid cycling bipolar disorder and that bipolar disorder

causes significant distress and impairment in all areas of her life. At the hearing, the appellant described her daily struggles with this disorder (i.e., days she can't eat, can't take a shower for two weeks, can't get up, doesn't interact with anyone and doesn't go anywhere). The medical information included in the appellant's submission confirms that she has suffered from anxiety, depression bulimia and bipolar depression for many years.

The panel notes, in the medical report, the doctor writes that the appellant has a long history of bipolar disorder and states the appellant has significant deficits with cognitive and emotional function. However, the doctor also states the impairment is mild, the symptoms are controlled, the appellant is appropriately medicated, there are no major impacts on daily cognitive and emotional functioning (and only one moderate), and that the appellant has good communication and good social functioning. The panel also notes that the appellant is not new to the doctor. They have treated her since 2019 and seen her 2-10 times in the last 12 months.

The panel finds that although the appellant indicated her mental impairment is severe, evidence from her doctor does not support a severe level of impairment. Therefore, the panel finds the ministry determination, that it is not satisfied that the appellant experiences a severe mental impairment, reasonable.

#### *Physical Impairment*

In the medical report, the doctor indicates the appellant has no difficulty with physical functional skills nor with communication. In the assessor's report, the doctor states the appellant is independent in all areas of mobility and physical ability. There were no arguments from the appellant suggesting she has a severe physical impairment.

The panel finds it has not been established that the appellant has a severe physical impairment and finds the ministry determination, that it is not satisfied that the appellant experiences a severe physical impairment, reasonable.

#### **Restrictions in Ability to Perform Daily Living Activities**

Section 2(2) of the Act also states the minister must be satisfied that in the opinion of a prescribed professional, a severe mental impairment directly and significantly restricts the person's ability to perform daily living activities continuously, or periodically for extended periods.

At least two activities must be restricted in a way that meet the requirements. To be significant, the restriction must be to a great extent, such as not being able to do the activities without a lot of support. "Continuous" means the activity is generally restricted

all the time and “periodic for extended periods” means frequently or for longer periods of time.

Daily living activities are defined in section 2(1)(a) of the Regulation. The panel finds there is insufficient evidence to demonstrate that a severe mental or physical impairment directly and significantly restricts the appellant’s ability to perform daily living activities continuously or periodically for extended periods.

- manage personal finances

In the medical report, the doctor (a prescribed professional) indicates that management of personal finances is restricted. At the hearing, the appellant stated that she doesn’t do finances and her credit cards are maxed out. However, in the assessor’s report, the doctor states the appellant is independent for banking, budgeting and paying rent and bills.

- perform housework to maintain the person's place of residence in acceptable sanitary condition

In the medical report, the doctor indicated that basic housework was restricted. At the hearing, the appellant stated that because of her depression, she is immobile for weeks and therefore basic housekeeping is out of the question. However, the panel finds this information is contrary to the doctor's comments that the appellant's symptoms are controlled, and the impairment is mild.

As well, section 2(1)(b) of the Regulation states, in relation to a person who has a severe mental impairment, the following daily living activity is included.

- relate to, communicate or interact with others effectively

The appellant stated that aside from a few very close people, she hasn’t interacted with anyone for a long time. In the medical report, the doctor indicates that social functioning was restricted. However, in the assessor’s report, the doctor states the appellant has good social functioning with immediate and extended social networks and independently manages all but one listed aspect of social functioning.

The panel notes that although in the medical report the doctor identified some restrictions, in the assessor’s report, the doctor reports that except for one aspect of social functioning, for which periodic assistance is required, every task of every daily living activity is managed independently.



Therefore, the panel finds, there is insufficient evidence to conclude that a severe mental or physical impairment directly and significantly restricts the appellant's ability to perform daily living activities continuously, or periodically for extended periods, as is required under section 2(2) of the Act.

The panel finds the ministry determination that there is insufficient information to confirm that these restrictions are significant and occur periodically for extended periods, reasonable.

### **Help to Perform Daily Living Activities**

Section 2(2) of the Act includes the significant help or supervision of another person. At the hearing, although the appellant stated that her husband helps her significantly, evidence of required assistance must come from a prescribed professional. The panel finds there is insufficient evidence from a prescribed professional to determine that assistance is required. As well, the panel finds as it has not been established that daily living activities are significantly restricted, it cannot be determined that significant help is required from another person. Therefore, the panel finds the ministry determination that it was not satisfied that the significant help of another person was required, reasonable.

The panel acknowledges the appellant's difficulties. However, the panel is bound by the legislation.

### **Conclusion**

In conclusion, the panel finds the ministry's decision that the appellant was not eligible for Persons with Disabilities designation, was reasonably supported by the evidence.

The panel confirms the ministry's decision. The appellant is unsuccessful on appeal.

## Schedule of Legislation

### Employment and Assistance for Persons with Disabilities Act

#### **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 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....

### Employment and Assistance for Persons with Disabilities Regulation

#### **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.
- (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...

## **Part 1.1 — Persons with Disabilities**

### **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.C. Reg. 73/2015;
- (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).

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**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)

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

**Part H – Signatures**

Print Name

Connie Simonsen

Signature of Chair

Date (Year/Month/Day)

2023/11/20

Print Name

Kulwant Bal

Signature of Member

Date (Year/Month/Day)

2023/11/20

Print Name

David Handelman

Signature of Member

Date (Year/Month/Day)

2023/11/20