

Part C – Decision Under Appeal

The decision under appeal is the Ministry of Social Development and Poverty Reduction (“the Ministry”) decision dated February 27, 2024 denying persons with disabilities (“PWD”) designation.

The Ministry found the Appellant met the age (over 18) and duration (impairment likely to last more than two years) requirements. However, the Ministry found the Appellant did not meet the requirements for:

- severe mental or physical impairment;
- significant restriction on the ability to perform daily living activities; and
- needing significant help to perform daily living activities.

The Ministry found the Appellant was not one of the prescribed classes of persons eligible for PWD 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

(The relevant Legislation is in the Schedule of Legislation at the end of the Panel Reasons)

Part E – Summary of Facts

The hearing was held by videoconference on March 25, 2024. In attendance, along with the panel members, were the Appellant, his advocate, and the Ministry.

Information Before the Ministry at Reconsideration

The information the Ministry had at the time of the decision included:

- Medical and Assessor Reports both completed by the Appellant's doctor. The doctor indicates that the Appellant has been their patient for two years and has seen him 2-10 times in the past 12 months.
- Appellant's Self Report.
- A Request for Reconsideration where the Appellant writes as the reasons for requesting a reconsideration (summarized):
 - My injuries cause so much pain that I have to sit or lie down for the entire day.
 - I suffer from mental impairments such as anxiety, paranoia, obsessive compulsive disorder, eating disorders and psychosis. I was afraid of asking the doctor to have it diagnosed by a psychiatrist in fear of the diagnosis limiting my opportunities in the future because many companies ask for mental impairment history.
 - I have been homebound since July 2023 ever since my injuries debilitated my ability to function and be independent.
 - This isn't just about my eligibility to work. I am suffering mental impairments which cause me to stay at home all day.
 - The report my family doctor and I submitted isn't as accurate as it's supposed to be, and there are details missing.
 - In section 3 (of the PWD application), it reports that I am independent for walking indoors/outdoors, climbing stairs, standing, lifting, carrying and holding. My family doctor should have reported "takes significantly longer than usual" because all of these activities are extremely hindered by my injuries.
 - On the report, it says that I am not in need of any prosthesis or aids, yet I am pending to have an appointment with a foot specialist so he/she can prescribe me with the correct ankle brace. I also forgot to tell my doctor that I use knee braces on both knees.
 - On the report, it says the assistance needed and the frequency and duration it is required has not been described. I need assistance five times a week. I need one trip every week to get groceries. I need to have food cooked and prepared two times a week. I need my entire house cleaned one time per week. I also need assistance to go to doctor appointments, get medicine, hand documents to the Ministry, etc.

- On the report, it says that it cannot be determined that there is a severe impairment that significantly restricts the daily living activities, yet my pain is so unbearable I can't even bend down to pick up items or clean my house without feeling tremendous pain.
- I need assistance for all sorts of impairments, which I am willing to have diagnosed.
- A Psychiatric Assessment submitted by the Appellant's psychiatrist, dated February 13, 2024. The Assessment includes the Appellant's reason for referral, collateral information, history of present illness and past psychiatric history. After a mental status exam, the psychiatrist indicates the following diagnoses and treatment plan:
 - Major Depressive Disorder, current episode severe with anxious distress, with psychotic symptoms.
 - Psychotic Disorder, not otherwise specified.
 - Unspecified Eating Disorder.
 - Anxiety Disorder, not otherwise specified.
 - Psychotic Disorder secondary to the use of cannabinoids.
 - The Appellant is to start on antipsychotic medication, and medication to help reduce symptoms of anxiety, Major Depressive Disorder which can also help reduce symptom severity of OCD and Eating Disorder.
 - A referral to Outpatient Psychiatric Department following AHBT care episode has been discussed.
- A letter from the Appellant's doctor dated February 9, 2024. The doctor writes:
 - This patient states that he unfortunately has great difficulty with gait and needs the use of knee braces if having to walk more than 20 minutes.
 - He also states that he has great difficulty with any type of housework and even picking things up off the ground are extremely difficult for him to do.
 - He also states going up stairs are very difficult for him to perform.
- The Ministry's Health Assistance Branch Denial Decision Summary. The letter and summary indicate that after review of the PWD Application, the Appellant is not eligible for PWD designation. The Appellant has met the age and duration requirement; however, it cannot be determined that there is a severe impairment that significantly restricts the Appellant's daily living activities and as a result requires help of a significant nature.

The information in the PWD application included the following:

Self Report

The Appellant states (summarized):

- My disability is an accumulation of injuries inflicted over most of my adult life. The first, and most debilitating injury, is the lateral meniscus tear which I received at age 19 caused by climbing a steep hiking trail.
- All forms of movement cause excruciating pain, to the point that my knees feels like they can break or give out at any moment. I feel pain even in rested positions, such as sitting or laying down. The pain affects my sleep and daily routine.
- I have rotator cuff tears on both shoulders. Both shoulders feel pain whenever lifting anything, and when laying down on my sides.
- The third injury is damage in both feet. The damage was caused from wearing shoes too tight, sleeping on an incorrect bed and not enough nutrients from a low-calorie diet. Any movement where my body is shifting forward, such as walking, looking down, bending down to pick up items, urinating, squatting to sit down, going up and down stairs causes pain.
- All these accumulated injuries create so much pain, anguish and difficulties in my life. I don't have the ability to enjoy the physical recreational activities that I used to. I don't have the physical capability to work 99% of the jobs I'm eligible for. The pain is so debilitating to the point where even passively sitting on a chair can hurt my feet and I have to lie down to ease the pain.
- I don't have enough income to feed myself sufficiently. All my financial support goes to monthly rent. I eat from the food bank, and they don't supply enough protein, calcium, and healthy foods to sustain my heavily injured body.

Diagnoses

The doctor provides diagnoses of bilateral knee, foot, and shoulder pain with onset since age 19.

Health History

The doctor writes: "patient states severe knee pain and foot pain and bilateral shoulder pain"; "Patient states has difficulty bending down to pick things up."; "states difficulty with gait."; "Patient has a history of right knee orthoscopy with lateral meniscectomy in June 2016"; "Had recent x-rays of knees, showed no abnormality."; "X-Ray of feet showed accessory navicular bends in both feet."; "Referral has been sent to orthopedics for both."

The doctor indicates that the Appellant has not been prescribed any medications or treatments that interfere with his ability to perform daily living activities. The Appellant does not require any prostheses or aids for his impairment.

Degree and Course of Impairment

In the Medical Report, the doctor indicates that the Appellant's impairment is likely to continue for two years or more. The doctor explained "unknown, patient states many years of pain".

In the Assessor Report, the doctor indicates that the Appellant's level of ability with speaking, reading, writing and hearing are good.

Physical Impairment

In the Medical Report, the doctor did not respond to the section regarding Functional Skills.

In the Assessor Report, the doctor indicates that the Appellant independent with:

- Walking indoors/outdoors (no more than 30 minutes).
- Climbing stairs.
- Standing.
- Lifting (>30 lbs painful).
- Carrying and holding (<20 lbs).

The doctor comments: "Patient states will have pain with any of these movements."

Cognitive and Emotional Functioning

In the Medical Report, the doctor answered "Yes" to the question, "Are there any significant deficits with cognitive and emotional function." The doctor indicated Psychotic symptoms and commented: "There are concerns about mental health, but patient declines any referral for assessment."

In the Assessor Report, the doctor did not complete the Cognitive and Emotional Functioning Section which indicates how the Appellant's mental impairment impacts his functioning.

Daily Living Activities

The doctor did not complete the section regarding Daily Living Activities, as it directs them to not complete if they are completing the Assessor Report.

In the Assessor Report, the doctor indicates the Appellant is independent in all areas of personal care, reading prices and labels, making appropriate shopping choices, paying for purchases, meal planning, food preparation, safe storage of food, paying rent and bills, medications, and getting in and out of a vehicle.

The doctor indicates the Appellant requires periodic assistance from another person with laundry, basic housekeeping, going to and from stores, and carrying purchases home.

The doctor indicates the Appellant requires continuous assistance from another person with cooking, using public transportation or arranging transportation. The doctor explains: "patient states unable to cook due to pain" and "unable to use public transit due to pain, fear of an injury". The doctor made a final additional comment: "Patient states due to different injuries he has a lot of pain which limits him greatly with self care (cooking/cleaning)."

Assistance Provided for the Applicant

In the Assessor Report, the doctor indicated that help required for daily living activities is provided by family. The doctor writes: "Patient states needing help with transportation, assistance with grocery shopping, house chores, or heavy lifting." The doctor did not indicate that there is assistance required using assistive devices or an assistance animal.

Information Submitted After Reconsideration

On the Notice of Appeal, the Appellant wrote, "I kindly ask you to please appeal the Ministry's decision on my PWD decision. I disagree with the Ministry's decision because they aren't able to comprehend the severity of my physical and mental difficulties. They are claiming my physical injuries and mental pain are not severe enough even though they are causing me difficulties every day."

At the hearing, the Appellant reviewed that he has three injuries he is dealing with: knees, rotator cuffs, and feet. Because of these injuries he is always in pain and cannot operate normally. He cannot walk outside for hours like other people do, can't stand for more than 20 minutes. He had surgery on his knee a long time ago (about 12 years ago), and he has been dealing with it all his adult life. These accumulated injuries have caused him mental problems, which a psychiatrist recently has diagnosed. He argues that the Ministry does not see he has a severe problem, but he needs family, or has to pay a cleaning person, to do his housework and help him get groceries.

When asked about his knee injury, the Appellant stated that he uses knee braces on both knees, which he forgot to mention to his doctor. The injury was from a lateral meniscus tear which he

had surgery for. The Appellant stated that he still felt pain after the surgery but the surgeon told him that they had done all they could other than an injection which the Appellant thought would not work and did not get done due to the cost. The x-ray may show that the injury has healed, but he still has pain from it. Sometimes it feels like his knees are bleeding and clotting inside and are going to tear apart.

When asked about his shoulder injury, the Appellant stated he injured it when lifting weights and was told to go to physio to help improve the injury. He did go to physio for a while, but it didn't seem to help so he stopped doing the exercises.

When asked about his foot injury, the Appellant stated that he is pending an appointment with a specialist.

The Appellant added that he got fired from his work because he just couldn't do the job. He spends most of his time now on the computer creating YouTube content because he is housebound. He is now on anti-depressants but is only taking the minimal dosage because he doesn't want to take higher amounts, because it could affect him differently.

The Appellant added that he is not able to do any cleaning that involves getting down on his knees and he finds that cooking is painful. His parent cleans his house and helps him with getting groceries because he can't carry anything heavy. He cannot take public transit because buses are crowded and due to fear of people bumping into his knees or feet, which would cause him pain. He also cannot walk to and from the bus stop, or the block between bus stops.

The Appellant's advocate, his mother, added that she is unable to help him any longer because she is having her own health issues.

The Appellant explained that perhaps the doctor did not do a thorough job answering the questions on the application. He added that if he were to return to the doctor, or have a different doctor complete the application, that the doctor would clarify that he does need help.

At the hearing, the Ministry stated that the reconsideration decision outlines the reasons for denial. The Ministry emphasized that the recent x-rays show no abnormalities. In the PWD application, the doctor's written notes are statements such as, "the patient states", but this does not confirm the doctor agrees with the statements made.

The Ministry stated that, regarding a physical impairment, the doctor notes the Appellant is independent in all areas of mobility and physical ability. He is able to walk indoors/outdoors, climbing stairs, standing, lifting, carrying and holding. This is not indicative of a person with a severe physical impairment.

The Ministry stated that, regarding a mental impairment, the doctor did not indicate any mental impairment. Although the recent psychiatrist letter does state the Appellant is receiving care for a mental condition, it does not confirm what limitations the Appellant has, or the need for help. There is not enough information provided to establish that the Appellant has a severe mental impairment.

The Ministry stated that the doctor has indicated that the Appellant is independent in most areas of caring for himself. The doctor does not describe the frequency and duration in the few areas where the Appellant requires periodic assistance. For these reasons the Ministry could not determine that a prescribed professional has confirmed that there is a severe impairment that directly and significantly restricts the Appellant's ability to perform daily living activities.

The Appellant questioned the Ministry about how a doctor could confirm what the Appellant is stating on the PWD application form. The Ministry responded that they do consider what a person is stating in their Self Report, but it is then reviewed in conjunction with what a doctor is reporting.

Admissibility of Additional Information

The panel accepts and admits the oral testimony provided by both the Appellant and the Ministry at the hearing as evidence under section 22(4) of the Employment and Assistance Act, which allows for the admission of evidence reasonably required for a full and fair disclosure of all matters related to the decision under appeal. The Ministry had no objection to the admissibility of this evidence.

Part F – Reasons for Panel Decision

The issue on appeal is whether the Ministry's decision denying the Appellant PWD designation is reasonably supported by the evidence or is a reasonable application of the legislation.

Appellant's Position

The Appellant's position is that he has been living in pain for many years and it has affected him to the point that he is now housebound and unable to do any cooking or housecleaning for himself. Further, he states that the situation has caused him much mental trauma.

Ministry's Position

The Ministry's position is there is not enough evidence to confirm that the Appellant has a severe impairment that significantly restricts his ability to perform his daily living activities continuously or periodically for extended periods, or that help is required to perform those activities. Therefore, the legislative criteria have not been met.

Panel's Decision*PWD Designation – Generally*

The legislation provides the Ministry with the discretion to designate someone as a PWD if the requirements are met. In the Panel's view, PWD designation is for persons who have significant difficulty in performing regular self-care activities.

Some requirements for PWD designation must have an opinion from a professional, and it is reasonable to place significant weight on these opinions. The PWD application form includes a Self Report. It is also appropriate to place significant weight on the Self Report and evidence from the Appellant, unless there is a legitimate reason not to do so.

The Ministry found the Appellant met the age (over 18) and duration (impairment likely to last more than two years) requirements. However, the Ministry found the Appellant did not meet the requirements for:

- severe mental or physical impairment;
- significant restriction on the ability to perform daily living activities; and
- needing significant help to perform daily living activities.

The panel will review the reasonableness of the Minister's determinations and exercise of discretion.

Severe Mental or Physical Impairment

“Severe” and “impairment” are not defined in the legislation. In the reconsideration decision, the Ministry was not satisfied that the information showed that the Appellant has a severe physical or mental impairment. The Ministry is of the opinion that to show that an impairment is severe, the information has to be weighed against the nature of the impairment and how it impacts functioning either physically or mentally. Having a diagnosis of a medical condition does not mean that the impairment is severe or that the person is qualified for PWD. The information has to show that the impairment, which is caused by a medical condition, restricts a person’s ability to function on their own or effectively. The Ministry has to look at the impairment and see if it impacts daily functioning. The Ministry depends on the information in the PWD application and any other information that is given. The panel finds that the Ministry’s approach to determining severity is reasonable.

The panel also notes that the ability to work is not a consideration for PWD eligibility because the ability to work is not a requirement of section 2(2) of the Act and is not listed as a daily living activity.

Physical Impairment

The panel finds that the Ministry was reasonable in its determination that there was not enough information provided to determine the Appellant’s physical impairment is severe.

In the Self Report, the Appellant indicates that he is in constant pain and is unable to do any activity that involves bending down nor can he go shopping on his own because he feels pain when carrying anything.

In the Medical Report, the doctor did not answer any of the questions regarding the Appellant’s functional skills. In the Assessor Report, the doctor indicated that the Appellant is independent in all areas of mobility and physical ability. The doctor clarified that the Appellant can walk for 30 minutes, lifting over 30 lbs is painful and is limited to carrying items up to 20 lbs.

The panel finds there are inconsistencies between what the Appellant is indicating as his limitations and what the doctor is confirming. The Appellant states he is basically housebound now because he cannot even walk to the bus, yet the doctor notes he is able to walk indoors and outdoors, and he can do so for up to 30 minutes. An additional letter from the doctor notes that the Appellant uses knee braces if walking more than 20 minutes. The Appellant states he cannot do any lifting or carrying, yet the doctor indicates he can carry and hold items up to 20 pounds.

Further, the Appellant states he sits at his computer for most of the day so there does not seem to any limitations to sitting.

The panel finds that having the ability to walk for up to 20-30 minutes, ability to sit for lengthy periods of time, and carry items up to 20 pounds is not indicative of a person with a severe impairment. Therefore, the panel finds that the Ministry was reasonable to determine there was insufficient evidence to determine the Appellant has a severe physical impairment.

Mental Impairment

The panel finds that the Ministry was reasonable in its determination that there was not enough information provided to determine the Appellant's mental impairment is severe.

The Appellant did not address that he had any kind of mental impairment in his Self Report. In his reasons for requesting a reconsideration, he writes that he is suffering from mental impairments such as anxiety, paranoia, obsessive compulsive disorder, eating disorder and psychosis. He noted that he did not want to have it diagnosed by a doctor because it could reduce his opportunities in the future. The Appellant added that he is now willing to seek medical care for his mental health.

In the Medical Report, the doctor indicated that the Appellant has a significant deficit in the area of psychotic symptoms and commented, "there are concerns about mental health, but the patient declines any referral for assessment."

In the Assessor Report, the doctor indicates that the Appellant is independent in all areas of personal care, feeding self, making appropriate choices, meal planning, food preparation, paying rent and bills, medications. The doctor notes that the Appellant requires assistance with cooking and notes "unable to cook due to pain."

The psychiatrist provided a psychiatric assessment that confirms diagnoses of major depressive disorder, psychotic disorder, unspecified eating disorder and anxiety disorder. The psychiatrist has seen the Appellant once and set up a treatment plan which includes prescribing low dose medications initially, followed up with an increasing dosage. The Appellant was also referred for Outpatient Psychiatry services.

At the hearing, the Appellant confirmed he remains on the low dosage medication because he does not want to increase it for fear of how his body will react.

The panel notes that the mental health diagnoses are recent, with the Appellant only just starting on medication. The psychiatric assessment does not describe how the Appellant's mental health impairment restricts his ability to function or the help required because of those restrictions. The

doctor, in the PWD application, indicates that the Appellant is able to do most daily living activities, does not have difficulties with communication, and does not indicate any restrictions with social functioning.

The panel acknowledges that the Appellant is now seeking treatment for his mental health, however, as noted above, there is insufficient specific information provided by the psychiatrist, or the doctor, to show there is a severe mental impairment. Therefore, the panel finds that the Ministry was reasonable to determine there was insufficient evidence to determine the Appellant has a severe mental impairment.

Significant Restrictions on the Ability to Perform Daily Living Activities

A prescribed professional must provide an opinion that the applicant's impairment restricts the ability to perform the daily living activities listed in the legislation. The activities that are considered are listed in the Regulation:

- prepare own meals;
- manage personal finances;
- shop for personal needs;
- use public or personal transportation facilities;
- perform housework to maintain the person's place of residence in an acceptable sanitary condition;
- move about indoors and outdoors;
- perform personal hygiene and self care; and
- manage personal medication.

For a person who has a severe mental impairment, activities also include:

- make decisions about personal activities, care, or finances;
- relate to, communicate, or interact with others effectively.

In the BC Supreme Court case of *Hudson v. British Columbia (Employment and Assistance Appeal Tribunal)*, 2009 BCSC 1461) it was decided that at least two daily living activities must be restricted in a way to satisfy the requirements. Not all activities, or even the majority, need to be restricted. The inability to work and financial need are not listed as daily living activities and are only relevant to the extent that they impact listed activities.

The restrictions to daily living activities must be significant and caused by the impairment. This means that the restriction must be to a great extent and that not being able to do the activities without a lot of help or support will have a large impact on the person's life.

The restrictions also must be continuous or periodic. Continuous means the activity is generally restricted all the time. A periodic restriction must be for extended periods, meaning frequent or for longer periods of time. For example, the activity is restricted most days of the week, or for the whole day on the days that the person cannot do the activity without help or support. To figure out if a periodic restriction is for extended periods, it is reasonable to look for information on the duration or frequency of the restriction.

The Medical Report and Assessor Report also have activities that are listed, and though they do not match the list in the Regulation exactly, they generally cover the same activities. The Medical Report and Assessor Report provide the professional with an opportunity to provide additional details on the applicant's restrictions.

In the Self Report, the Appellant writes that his disability affects his life and his ability to take care of himself. In the reasons for requesting a reconsideration the Appellant notes that his pain is so unbearable that he cannot bend down to pick up items or clean his house and he is not independent when it comes to chores that require kneeling or bending down. He notes that he needs to have food cooked and prepared twice a week, and his house cleaned once a week.

In the Assessor Report, the doctor indicates that the Appellant is independent in all areas of personal care, meal planning, food preparation and safe storage of food, but requires continuous assistance with laundry, basic housekeeping, going to/from stores, carrying purchases home and cooking. As a comment, the doctor writes "patient states unable to cook due to pain." The doctor indicates that the Appellant is independent in all areas of paying rent and bills, medications and getting in and out of a vehicle. The doctor indicates that the Appellant requires continuous assistance with using public transit or arranging transportation. As a comment, the doctor writes "unable to use public transit due to pain and fear of an injury."

The psychiatrist, in their psychiatric assessment, did not provide any specific details about how the Appellant is restricted with daily living activities.

There are three areas of daily living activities where the Appellant has indicated he is not able to manage: prepare own meals; perform housework to maintain a place of residence; shop for personal needs. The doctor has indicated that the Appellant is independent in performing all other daily living activities.

The Appellant has stated that he is unable to cook for himself, yet the doctor has indicated he is independent with planning or preparing meals. The panel questions why the Appellant would not be able to cook for himself if he is able to prepare meals and is able to stand and walk about indoors for up to 20 minutes.

The Appellant has indicated he cannot bend down to do housework chores, however, the panel notes that sweeping with a broom, or a mop, does not require bending over.

The Appellant has indicated that he cannot lift or carry items when shopping, yet the doctor has indicated he can lift up to 20 pounds. Most grocery bags would not amount to more than 20 pounds. The Appellant is fearful to use public transportation to go shopping because he may get bumped into. The panel notes that the Appellant is now seeking help from mental health professionals.

The Appellant can make his own decisions about personal activities, care and finances. The doctor did not indicate that the Appellant does not relate to, communicate, or interact with others effectively.

For the reasons noted above, the panel finds the Ministry was reasonable in its determination that the limitations provided in the Medical and Assessor Reports did not indicate a direct and significant restriction in the Appellant's ability to perform daily living activities either continuously or periodically for extended periods.

Needing Significant Help to Perform Daily Living Activities

Section 2(2)(b)(ii) of the Act requires that, because of direct and significant restrictions in the ability to perform daily living activities, a person needs help to perform those activities. Help is defined as the need for an assistive device, the significant help or supervision of another person, or the services of an assistance animal in order to perform daily living activities.

Direct and significant restrictions with daily living activities are a prerequisite of the need for help. The panel previously found that the Ministry was reasonable in its decision that direct and significant restrictions in the Appellant's ability to perform daily living activities have not been established. Therefore, the panel also finds that the Ministry reasonably concluded that it cannot be determined that the Appellant requires help to perform daily living activities as required by section 2(2)(b)(ii) of the Act.

In summary, the panel finds that the Appellant has not provided sufficient evidence that proves he meets with all the requirements for a PWD designation, namely severe mental or physical impairment; significant restriction on the ability to perform daily living activities; and needing significant help to perform daily living activities.

Conclusion

The panel finds that the Ministry's Reconsideration Decision, which determined that the Appellant was not eligible for PWD designation, was reasonably supported by the evidence. Therefore, the panel confirms the Ministry's Reconsideration Decision. The Appellant is not successful in the appeal.

Schedule of Legislation***The Act***

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.

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

The 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 authorized under an enactment to practise 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

nurse practitioner.

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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

Janet Ward

Signature of Chair

Date (Year/Month/Day)

2024/03/25

Print Name

Katherine Wellburn

Signature of Member

Date (Year/Month/Day)

2024/March/26

Print Name

Kim Louie

Signature of Member

Date 2024/03/26