

# Adjudication Manual - Evidence-Informed Decision Models

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Formerly known as "Streamlined Decision-Making Models"

## Purpose

To provide guidance in rendering disability benefit decisions using the Evidence-Informed Decision Models (EIDM) which include the following claim types:

- Hearing Loss
- Tinnitus
- Psychiatric Disorders – Insurance Principle and High-Risk Peacetime Service
- Post-Traumatic Stress Disorder – Compensation Principle
- Cumulative Joint Trauma
- Rapid Decision Model

This chapter should be read in conjunction with the policies entitled Disability Benefits in Respect of Wartime and Special Duty Service – The Insurance Principle **and** Disability Benefits in Respect of Peacetime Military Service - The Compensation Principle.

## I. Main Policy Concepts

1. In certain cases, there is sufficient evidence to establish that the etiology of certain medical conditions can be caused by the physical and mental demands of military/Royal Canadian Mounted Police (RCMP) service, without the adjudicator needing to review the applicant's full Service Health Records.
2. The evidence supporting such a relationship may not be personal to the applicant, but may include evidence such as expert opinion (medical or other), historical information, and statistical information.

## II. General Adjudication Considerations

1. If the claim to be adjudicated does not fit one of the models addressed in this chapter, it is to be adjudicated using the full adjudication process (commonly referred to as "tiered"). If additional guidance is required to determine if a claim should be tiered, the adjudicator should consult a Learning Advisor.
2. The EIDMs listed below can be applicable to claims made under:
  - a. the Insurance Principle;
    - i. subsection 21(1) of the *Pension Act*;
    - ii. section 45 and subsection 2(1) of the *Veterans Well-being Act* (VWA);
    - iii. section 32.1 of the *Royal Canadian Mounted Police Superannuation Act*

- b. the Compensation Principle; and
  - i. subsection 21(2) of the *Pension Act*;
  - ii. section 45 and subsection 2(1) of the *Veterans Well-being Act (VWA)*;
  - iii. section 32 of the *Royal Canadian Mounted Police Superannuation Act*

3. Considerations to establish if a service-relationship is medically reasonable include, but are not limited to:
- a. applicant's statement - do the details provided fit generally accepted medical timelines;
  - b. source of the diagnosis - was the diagnosis provided by a qualified medical practitioner, or recognized health care provider having expertise in the field;
  - c. medical timelines - is the timeline between military/RCMP service and the onset of the condition medically sound; and
  - d. medical guidelines - do the pieces fit together in a way that is supported by scientific evidence

### III. EIDM Claim Types

#### Hearing Loss - Full Entitlement

1. This section applies only to cases where the Veteran had a hearing loss disability on release and/or during service.
2. For released applicants, if no audiogram is performed at the time of release from service, the first available audiogram following release is to be used to determine entitlement.
3. For such claim types, the Department has accepted that there is sufficient evidence to support that as a result of the military/RCMP environment (as defined in the policy entitled *Disability Benefits in Respect of Peacetime Military Service – The Compensation Principle*), it is equally as likely as not that the member was exposed to significant noise during service and therefore their hearing loss is related to military/RCMP service.
4. For these claim types, the model should be applied in conjunction with the *Hearing Loss and Tinnitus* policy.
5. When a current audiogram shows mixed causes for the hearing loss disability, full entitlement may still be granted as long as the release audiogram demonstrates permanent losses consistent with noise exposure, losses at 2000 to 6000 frequency.
6. In order to provide full entitlement under the Insurance and/or Compensation Principles, the key pieces of evidence include:
  - a. a current diagnosis of a hearing loss disability meeting the diagnostic standards of the Entitlement Eligibility Guidelines;
  - b. service in either;
    - i. Active forces;
    - ii. Korean War;
    - iii. Special Duty Service;
    - iv. Reserve forces;
    - v. Regular forces; and/or

vi. RCMP; and

c. a release and/or service audiogram, demonstrating permanent hearing loss as a result of service-related noise exposure.

7. In the case of mixed service, review the audiogram performed following the last period of Special Duty Service in order to determine if entitlement under the Insurance Principle can be granted.
8. If the applicant's release audiogram, and/or current audiogram, confirm normal hearing (as defined in the Hearing Loss and Tinnitus policy), a favourable decision cannot be awarded.
9. If the applicant's release audiogram (first available audiogram for those without a release audiogram), or current audiogram demonstrates a hearing loss disability related to causes other than noise exposure (for example Menières Disease or head trauma), the claim is to be tiered.

### Hearing Loss – Partial Entitlement

1. This section applies to cases where the Veteran had a hearing loss disability on enrolment that was aggravated by service, or a non-service related hearing loss disability that was aggravated by service.
2. The Department has accepted that there is sufficient evidence to support that as a result of the military/RCMP environment (as defined in the policy entitled Disability Benefits in Respect of Peacetime Military Service – The Compensation Principle), it is equally as likely as not that the member was exposed to significant noise during service which may have contributed to the development of their current hearing loss disability.
3. For these claim types, the model should be applied in conjunction with the Hearing Loss and Tinnitus policy.
4. In order to provide **partial entitlement** under the Insurance and/or Compensation Principles, the key pieces of evidence include:
  - a. a current diagnosis of a hearing loss disability meeting the diagnostic standards of the Entitlement Eligibility Guidelines;
  - b. service in either:
    - i. Active forces;
    - ii. Korean War;
    - iii. Special Duty Service;
    - iv. Reserve forces;
    - v. Regular forces; and/or
    - vi. RCMP
  - c. a pre-enrolment hearing loss disability that was aggravated by service-related noise exposure;  
OR
  - d. a non-service related hearing loss disability that was aggravated by service-related noise exposure
5. If the applicant's release audiogram demonstrates normal hearing (as defined in the Hearing Loss and Tinnitus policy), before providing an unfavourable ruling, review the applicant's service audiograms up to five years prior to release from service to ensure the release audiogram is consistent with previous service audiograms. If prior service audiograms also show normal hearing, a favourable decision cannot be awarded.
6. In the case of mixed service, review the audiogram performed following the last period of Special Duty



Service in order to determine if entitlement under the Insurance Principle can be granted.

**Dual Service Applicant (CAF and RCMP Service)** - for direction on how to process claims where the applicant has both CAF and RCMP service, please see the [Hearing Loss and Tinnitus](#) policy.

## **Tinnitus**

1. For such claim types, the Department has accepted that there is sufficient evidence to support that as a result of the military/RCMP environment (as defined in the policy entitled [Disability Benefits in Respect of Peacetime Military Service – The Compensation Principle](#)), it is equally as likely as not that the member was exposed to significant noise during service and therefore their tinnitus is related to military/RCMP service.
2. For released applicants, if no audiogram is performed at the time of release from service, the first available audiogram following release is to be used to determine entitlement.
3. For these claim types, the model should be applied in conjunction with the [Hearing Loss and Tinnitus](#) policy.
4. In order to provide a favourable ruling under the Insurance/Compensation Principle, the key pieces of evidence include:
  - a. a current diagnosis of tinnitus meeting the diagnostic standards of the [Entitlement Eligibility Guidelines](#);
  - b. service in either:
    - i. Active forces;
    - ii. Korean War;
    - iii. Reserve forces;
    - iv. Regular forces;
    - v. Special Duty Service;
    - vi. or RCMP; and
  - c. a release audiogram, or current audiogram, demonstrating a permanent loss of 25 decibels or more at 3000, 4000 or 6000 Hz
5. For released applicants, if the release audiogram does not demonstrate a permanent loss of 25 decibels or more at 3000, 4000 or 6000 Hz, before providing an unfavourable ruling, review the applicant's service audiograms up to five years prior to release from service to ensure the release audiogram is consistent with previous service audiograms. If prior service audiograms do not demonstrate a permanent loss of 25 decibels or more at the above noted frequencies, a favourable decision cannot be awarded.
6. In the case of mixed service, review the audiogram performed following the last period of Special Duty Service in order to determine if entitlement under the Insurance Principle can be granted.
7. If the applicant statement or medical evidence indicates that the cause of tinnitus is not the result of noise exposure, the claim is to be tiered.

## **Psychiatric Disorders - Insurance Principle and High-Risk Peacetime Service**

1. This section applies only to claims related to Post-Traumatic Stress Disorder (PTSD), Generalized Anxiety Disorder, Adjustment Disorder, Major Depressive Disorder, and Other Trauma and Stressor Related Disorder under the Insurance Principle or High-Risk Peacetime Service. Refer to the next section if the claim is related to PTSD under the Compensation Principle. All other psychiatric disorders are to be adjudicated using the full adjudication process.

2. The Department has accepted that there is sufficient evidence to support that as a result of events witnessed by members while serving in Special Duty Areas, and potentially Special Duty Operations, it is equally as likely as not that the claimed psychiatric disorder is related to military/RCMP service.
3. The Department has accepted that certain peacetime trades and occupations have an elevated risk, where it is known that the likelihood of witnessing/experiencing traumatic events is elevated. For these trades, there is sufficient evidence to support that as a result of events witnessed by members while serving in these occupations and trades, it is equally as likely as not that the claimed psychiatric disorder is related to service. The trades and occupations include, but are not limited to:
  - a. RCMP;
  - b. Military Police;
  - c. Search and Rescue Technicians;
  - d. Military Firefighters;
  - e. Disaster Assistance Response Team (DART);
  - f. Medical Officers;
  - g. Nursing Officers; and
  - h. Medical Technicians
4. In order to provide a ruling, the key pieces of evidence include:
  - a. a current diagnosis of the claimed psychiatric condition meeting the diagnostic standards of the Entitlement Eligibility Guidelines and addressing a service relationship;
  - b. service in either:
    - i. Active forces;
    - ii. Korean War;
    - iii. Special Duty Service (CAF and RCMP);
    - iv. Elevated risk trades; or
    - v. RCMP
  - c. applicant's statement providing details (if available); and
  - d. Member's Personnel Record Resume (MPRR) confirming Special Duty Service and/or trade/occupation (members and former members of the RCMP may present their Engagement/Discharge Document).
5. In order to provide a favourable ruling for a psychiatric condition under this section, both the applicant's statement and medical report providing the diagnosis should relate the psychiatric disorder to the member/Veteran's service.
6. In the absence of an applicant's statement, a favourable ruling may be awarded if the remaining pieces of evidence, such as the diagnostic report, support a relationship to service.
7. For PTSD claims under this section, the following cases will be accepted as service related and will receive full (5 fifth) entitlement:
  - a. The diagnostic report is not explicitly attributable to non-service related incidents
  - b. The diagnostic report lists both non-service and service related causes

NOTE: This does not apply to Generalized Anxiety Disorder, Adjustment Disorder, Major Depressive Disorder, and Other Trauma and Stressor Related Disorder.

8. In the absence of documentation to support a service relationship (i.e. the diagnostic report lists only non-service related causes), the claim for the psychiatric condition should be tiered.

### **Post-Traumatic Stress Disorder - Compensation Principle**

1. This section applies only to claims related to PTSD under the Compensation Principle. Refer to the previous section if the claim is related to PTSD under the Insurance Principle or High-Risk Peacetime Service.
2. For claims related to peacetime service in trades and occupations other than those listed in paragraph 3 in the above section, a favourable ruling may be provided with the following key pieces of evidence:
  - a. a current diagnosis of PTSD meeting the diagnostic standards of the Entitlement Eligibility Guidelines and addressing a service relationship;
  - b. service in either:
    - i. Reserve forces; and/or
    - ii. Regular forces; and
  - c. applicant's statement providing details
3. In order to provide a favourable ruling, applicant's statement and medical report providing the diagnosis should relate the PTSD to the member/Veteran's service. Documentation establishing that the claimed traumatic event occurred is not required.
4. The following cases for PTSD claims will be accepted as service related and will receive full (5 fifth) entitlement:
  - a. The diagnostic report is not explicitly attributable to non-service related incidents
  - b. The diagnostic report lists both non-service and service related causes
5. In the absence of documentation to support a service relationship (i.e. the diagnostic report lists only non-service related causes), the PTSD claim should be tiered.

### **Assessment of Psychiatric Conditions**

1. It is the adjudicator's responsibility to determine medical stability for psychiatric assessments under the EIDM.
2. An entitled condition is considered to be medically stable when it is unlikely to change substantially in the next 12 months, with or without, medical treatment.
3. In the case of psychiatric conditions, the condition is considered to be medically stable for disability assessment purposes if :
  - a. the applicant has been in treatment for 18-24 months; **OR**
  - b. the condition has been longstanding with no active treatment plan
4. Conditions that are not medically stable are to be given an interim/initial assessment of 10%.
5. Conditions that are medically stable are to be referred to Disability Adjudication for assessment. Disability Adjudication will provide the assessment rating for inclusion in the entitlement decision.

## Cumulative Joint Trauma

1. This section applies only to musculoskeletal conditions associated with cumulative joint trauma (CJT), as established by the Entitlement Eligibility Guidelines. These include:
  - a. osteoarthritis of the lumbar spine;
  - b. osteoarthritis of the hips;
  - c. osteoarthritis of the knees; and
  - d. osteoarthritis of the ankle
2. For such claim types, the Department has accepted that there is sufficient evidence to support that, as a result of the military/RCMP environment (as defined in the policy entitled Disability Benefits in Respect of Peacetime Military Service – The Compensation Principle), it is equally as likely as not that these conditions are related to military/RCMP service.

3. **RCMP Regular Members** do not have a task statement such as their military counterpart. As such, it can be difficult to determine whether a regular member meets the CJT criteria in order to render a favourable decision.

Common occupations within the RCMP, in which the occupation would prove to be more physically demanding are those of Emergency Response Team and/or Dog Handlers. If the applicant has served within this occupation for a period of 10 years or more, it is reasonable to conclude that they would have been subjected to cumulative joint trauma.

For other occupations, such as those of General Duty Officer, in order to apply the CJT model favourably, the applicant statement, or other supporting documentation submitted with the claim, should clearly identify how the applicant meets the CJT criteria. In the absence of such documentation, the claim should be adjudicated via the Rapid Decision Model.

4. **RCMP Civilian Members** do not have a policy requirement to be physically fit for duty, are not required to have a periodic health assessment, and they do not take the PARE. As such, we **cannot** apply the principles of CJT to RCMP civilian members.

5. In order to provide a ruling, the key pieces of evidence include:

- a. a current diagnosis of osteoarthritis meeting the diagnostic standards of the Entitlement Eligibility Guidelines;
- b. service in either:
  - i. Reserve forces;
  - ii. Regular forces; and/or
  - iii. RCMP
- c. applicant's statement providing details; and
- d. Military Occupational Structure ID (MOS ID), and/or Member's Personnel Record Resume (MPRR), or list of RCMP duties

6. Medical timelines are an important factor in applying the model to these claim types – the timelines must be medically sound and meet those set out in the Entitlement Eligibility Guidelines. If there is doubt, the file should be tiered.

7. In order to provide a favourable ruling, the evidence (as noted above) should establish that based on the applicant's military/RCMP occupation and years of service, the CJT guidelines for the development of osteoarthritis are met. For additional information, please refer to the discussion paper on CJT.

8. If the criteria and medical guidelines for CJT are not met, the claim should be processed based on the **Rapid Decision Model** before providing an unfavourable ruling.
9. For musculoskeletal conditions which fall outside of the CJT guidelines, please refer to the **Rapid Decision Model**.

### **Rapid Decision Model**

1. The Rapid Decision Model applies to claims where historically and statistically, the Department has provided a favourable ruling in the majority of cases.
2. This model applies to musculoskeletal conditions resulting from injury(ies) or rigors of service (wear and tear) which fall outside the guidelines for cumulative joint trauma.
3. When the applicant statement solely refers to the rigors of service (wear and tear) as the cause of the disability, the applicant should have served for a period of at least 5 years to determine a reasonable cause and effect relationship between military/RCMP service and the claimed disability.
4. In order to provide a ruling, the key pieces of evidence include:
  - a. applicant's statement;
  - b. a current diagnosis established and supported by a medical report, as per the **Establishing the Existence of a Disability** policy;
  - c. Member's Personnel Record Resume (MPRR) confirming service, trade/occupation;
  - d. Report of Physical Examination on Enrolment; and
  - e. Report of Physical Examination on Discharge (or most recent Medical Examination for still-serving members)
5. Following review of the above evidence, a favourable ruling may be provided when;
  - a. the applicant's statement supports a service relationship; and
  - b. the release medical includes a diagnosis or reference to the disability being claimed and no other contributing factor has been identified as a cause of the disability either on the release medical or on the current diagnostic report (released applicants); or
  - c. a diagnosis of the disability being claimed has been diagnosed in service and no other contributing factor has been identified as a cause of the disability (still-serving applicants)
6. The claim should be tiered if:
  - a. any of the above key evidence contradicts the applicant's statement;
  - b. the Report of Physical Examination on Enrolment refers to a pre-enrolment injury/condition affecting the same part of the body being claimed;
  - c. the Report of Physical Examination on Discharge (or most recent Medical Examination) does not provide the diagnosis of, or a reference to, the claimed condition;
  - d. the applicant already holds entitlement for the same body part; or
  - e. the applicant statement solely refers to the rigors of service (wear and tear) and they have less than 5 years of service

### **Assessment of Musculoskeletal Conditions**

1. In addition to rendering entitlement decision, Benefits Adjudicators and Benefits Operations



Adjudicators can also render assessment decisions for conditions of the shoulder, elbows, wrists, hips, knees, ankles, and feet; or an amputation of the upper and lower limbs, if a VAC Medical Questionnaire accompanies the claim. NOTE: Some exceptions apply.

2. It is the adjudicator's responsibility to determine medical stability for the above-noted conditions and whether they can proceed with the assessment.
3. An entitled condition that is unlikely to change substantially in the next 12 months, with or without, medical treatment is considered medically stable.
4. For a condition that is medically stable, the adjudicator will proceed with the assessment (if a condition they can assess) or refer the claim to Disability Adjudication who will provide the assessment rating for inclusion in the entitlement decision.
5. An entitled musculoskeletal condition is considered to be **not medically stable** for disability assessment purposes if:
  - a. the applicant underwent surgery on the condition within the last six months; **OR**
  - b. the applicant is awaiting surgery and has been provided a confirmed surgery date.
6. For a condition that is not medically stable, or deemed insufficient to assess by the Disability Adjudicator, the entitlement decision will be rendered with the assessment to be determined at a later date.

## IV. References

### 1. Legislation

- a. *Pension Act*, section 21
- b. *Veterans Well-being Act*, sections 45, 46 and subsection 2(1)
- c. *Royal Canadian Mounted Police Superannuation Act*, sections 32 and 32.1

### 2. Policy

- a. Assessing and Categorizing Health-Related Expert Opinion(s) and Scientific Evidence
- b. Disability Benefits in Respect of Peacetime Military Service - The Compensation Principle
- c. Disability Benefits in Respect of Wartime and Special Duty Service – The Insurance Principle
- d. Establishing the Existence of a Disability
- e. Assessment and Reassessment of a Disability
- f. Hearing Loss and Tinnitus

### 3. Miscellaneous

- a. Entitlement Eligibility Guidelines
- b. 2006 Table of Disabilities

Related categories: Disability Benefits,