

Evidence-Informed Decision Model (EIDM) Overview – Tinnitus

Content Document

COD Training and Development Unit

EVIDENCE-INFORMED DECISION MODEL (EIDM) OVERVIEW – TINNITUS	1
Course Description for LMS.....	3
Purpose of the Course.....	3
Course Objectives.....	3
Audience Profile	3
Learning Environment	3
Evidence-Informed Decision Model Overview – Tinnitus	4
Evidence-Informed Decision Model – Tinnitus.....	5
Full (5/5) Tinnitus Entitlement – Insurance Principle.....	5
Full (5/5) Tinnitus Entitlement – Compensation Principle	6
To Tier or Not to Tier? – That is the Question!	7
No (0/5) Entitlement – Insurance / Compensation Principle	6
Assessment.....	8
Question 01	8
Question 02	8
Question 03	9
Question 04	9
Question 05	10
Resources	11
Conclusion	12

Course Description for LMS

Purpose of the Course

This course will provide an overview of the Evidence-Informed Decision Model (EIDM) for Tinnitus. The EIDM enables decision-makers to simplify processes and practices when adjudicating certain disability claims, achieve more timely decisions and identify relevant evidence for review. The EIDM also has a tiered process when reviewing more complex claims.

Course Objectives

Upon successful completion of this course, the learner will be able to:

- Apply the Evidence-Informed Decision Model (EIDM) for Tinnitus
- Identify when to adjudicate or tier a claim for Tinnitus

Audience Profile

This course is intended for Benefits Program Officers (BPOs).

Learning Environment

Asynchronous self-paced course.

Evidence-Informed Decision Model Overview – Tinnitus

[<https://www.istockphoto.com/photo/motivated-diverse-businesspeople-brainstorm-at-office-meeting-gm1180069919-330455921>]

Introduction

This module will provide an overview of the Evidence-Informed Decision Model (EIDM) for Tinnitus. The EIDM enables decision-makers to simplify processes and practices when adjudicating certain disability claims, achieve more timely decisions and identify relevant evidence for review. The EIDM also has a tiered process when reviewing more complex claims.

Objectives

When you have completed this module, you will be able to:

- Apply the Evidence-Informed Decision Model (EIDM) for Tinnitus
- Identify when to adjudicate or tier a claim for Tinnitus

Duration

This course will take approximately 10 minutes to complete.

Evidence-Informed Decision Model – Tinnitus

[https://www.istockphoto.com/photo/serious-60s-mature-female-leader-in-eyewear-holding-negotiations-meeting-gm1270913470-373687045]

The Evidence-Informed Decision Model (EIDM) is a tool used by decision-makers to simplify the evidence review process and make timely decisions. Based on evidence reviewed, the decision-maker will learn when to provide a client with full tinnitus entitlement, no entitlement, or when to tier a claim.

The EIDM for Tinnitus is used in conjunction with Veterans Affairs Canada’s (VAC) Hearing Loss and Tinnitus Policy:

- [Hearing Loss and Tinnitus](#)

The policy provides guidance on how to determine eligibility for hearing loss and / or a tinnitus disability benefit.

The EIDM placemat is a visual representation of how you, as a decision-maker, can quickly determine how to proceed with a Tinnitus claim based on the evidence provided.

Click to link to review the EIDM placemat for Tinnitus.

- [Evidence-Informed Decision Model \(EIDM\) for Tinnitus](#)

Click each item to learn more about the important areas of the EIDM placemat for Tinnitus.

[accordion]

Full (5/5) Tinnitus Entitlement – Insurance Principle

<p>5/5</p> <p>Full Tinnitus Entitlement</p> <p>Insurance Principle</p>	<p>In order to provide full entitlement (5/5) and proceed with a favourable ruling under the Insurance Principle, we must keep in mind three (3) key pieces of evidence:</p> <ul style="list-style-type: none"> • A current diagnosis of a tinnitus disability meeting the diagnostic standards of the Entitlement Eligibility Guidelines (EEG) • Eligible service (Wartime / Special Duty Service, Korea Service) • First available audiogram, following Special Duty Service (SDA / SDO), Korea, or Active Force, documents a permanent loss of 25 decibels or more at 3000, 4000, or 6000 Hz OR applicant statement / audiologist report indicates acoustic trauma during SDA / SDO
---	---

Full (5/5) Tinnitus Entitlement – Compensation Principle

<p>5/5</p> <p>Full Tinnitus Entitlement Compensation Principle</p>	<p>In order to provide full entitlement (5/5) and proceed with a favourable ruling under the Compensation principle, there are also three (3) key pieces of evidence to consider:</p> <ul style="list-style-type: none">• A current diagnosis of a tinnitus disability meeting the diagnostic standards of the EEGs• Eligible service (Regular / Reserve Force and / or RCMP)• Release / discharge audiogram, or first available audiogram, documents a permanent loss of 25 decibels or more at 3000, 4000, or 6000 Hz OR applicant statement / audiologist report indicates service-related acoustic trauma
--	---

- **Note:** Still-serving applicant's current audiogram documents a permanent loss of 25db or more at the 3000, 4000, or 6000 Hz **OR** applicant statement / audiologist report indicates service-related acoustic trauma.

No (0/5) Entitlement – Insurance / Compensation Principle

<p>0/5</p> <p>No Entitlement Insurance / Compensation Principle</p>	<p>In order to provide an unfavourable ruling, we must keep in mind three (3) key pieces of evidence:</p> <ul style="list-style-type: none">• A current diagnosis of a tinnitus disability meeting the diagnostic standards of the EEGs• Eligible service (Wartime / Special Duty Service, Regular / Reserve Force and / or RCMP)• Release / discharge audiogram, or first available audiogram, does not document a permanent loss of 25 decibels or more at 3000, 4000 or 6000 Hz OR applicant statement / audiologist report does not indicate service-related acoustic trauma
---	---

- **Note:** Still-serving applicant's current audiogram does not document a permanent loss of 25 decibels or more at 3000, 4000 or 6000 Hz **OR** applicant statement / audiologist report does not indicate service-related acoustic trauma.

[/accordion]

[callout]

Important: If no audiogram is performed at the time of release / discharge from service, the first available audiogram following release / discharge is used to determine entitlement.

[/callout]

To Tier or Not to Tier? – That is the Question!

Tiering is a term used across all Evidence-Informed Decision Models (EIDM) describing the action of preparing a claim and sending it to a Disability Adjudicator (DA) for adjudication. The DA reviews and renders a decision on that claim.

Within the Tinnitus EIDM, there are specific circumstances where the Benefits Program Officer (BPO) determines whether or not a tinnitus claim is required for tiering based on certain evidence.

If a client is applying for tinnitus, you may need to tier the claim if either of the following applies:

- Supplementary or Survivor Claims exists
- Already holds entitlement for an ear condition (i.e., otitis media, perforated eardrum)

If a client is applying for tinnitus, you may need to tier the claim if the applicant statement indicates that the condition is a result of any of the following:

- Related to medications or past radiation therapy
- Head Injury
- Related to hypertension / heart disease
- Menière's Disease, Cochlear Implant, Acoustic Neuroma

[didyouknow]

Did You Know?

Past decision rates and medical research were reviewed to determine what types of claims had a higher percentage of favourable decisions. These results led to the creation of the current Evidence-Informed Decision Models to meet this high demand. The models are Post Traumatic Stress Disorder (PTSD), Psychiatric Disorders, Hearing Loss, Tinnitus, Cumulative Joint Trauma (CJT), and Musculoskeletal (MSK).

[/didyouknow]

Assessment

[image]

Assess your knowledge by answering the following questions and selecting the correct response.

Question 01

You recently began your role as a BPO and are reviewing a client's tinnitus claim. The client is released from Regular Force and spent 20 years working as an artillery gunman. In 2017, they were diagnosed with hypertension. The audiology documentation suggests the client's hearing issues could be related to treatment associated with heart disease. Noise exposure is not mentioned as part of the client's disability. The client meets all of VAC's diagnostic criteria for a tinnitus disability. As a BPO, identify the correct action you take when processing this claim.

- Provide full entitlement under the Compensation Principle
- Provide full entitlement under the Insurance Principle
- Tier the claim for a Disability Adjudicator to review and assess
- Grant no entitlement

[Correct answer option]

Tier the claim for a Disability Adjudicator to review and assess

[Correct feedback]

Correct. Since the client meets all of VAC's criteria for a tinnitus disability and was diagnosed with hypertension, the claim is tiered to a Disability Adjudicator to review and assess. A BPO should not provide a decision on this case as the client was diagnosed with hypertension and certain medications can affect the client's hearing.

[Incorrect feedback]

Sorry, that is incorrect. Since the client meets all of VAC's criteria for a tinnitus disability and was diagnosed with hypertension, the claim is tiered to a Disability Adjudicator to review and assess. A BPO should not provide a decision on this case as the client was diagnosed with hypertension and certain medications can affect the client's hearing.

Check Answer

Next Question

Question 02

A released client from the Reserve Force (Reserve Force: 2000-2010, SDA Afghanistan 2007-2008) is applying for a tinnitus condition. Upon review of the client's claim, you notice that the client's Applicant Statement indicates they worked as a vehicle technician for 10 years. Over time, the client has noticed a ringing / buzzing sound in both ears that was originally noticed following the Special Duty Service. Upon review of the first available audiogram following the client's service in Afghanistan, decibel losses are noted in the frequencies typically affected by noise exposure. These losses are also present on the client's release audiogram. The client meets all of VAC's criteria for a tinnitus disability. As a BPO, identify the correct action you take when processing this claim.

Provide full entitlement under the Compensation Principle
Provide full entitlement under the Insurance Principle
Tier the claim for a Disability Adjudicator to review and assess
Grant no entitlement

[Correct answer option]

Provide full entitlement under the Insurance Principle

[Correct feedback]

Correct. Based on the applicant's statement, the diagnosis meets VAC's standards and eligible Special Duty Service criteria therefore, a decision can be rendered under the Insurance Principle.

[Incorrect feedback]

Sorry, that is incorrect. Based on the applicant's statement, the diagnosis meets VAC's standards and eligible Special Duty Service criteria therefore, a decision can be rendered under the Insurance Principle.

Check Answer

Next Question

Question 03

A release audiogram that does not indicate a permanent loss of 25 decibels or more at the 3000, 4000 or 6000 Hz (i.e., frequencies typically affected by noise), may be considered for an unfavourable ruling.

True

False

[Correct answer option]

True

[Correct feedback]

Correct. A claim may be unfavourable if the release audiogram, or current audiogram (Still-Serving applicant) does not document a permanent loss of 25 decibels or more at 3000, 4000 or 6000 Hz. **Note:** Service audiograms performed up to five (5) years prior to release / discharge must be reviewed to determine if the majority reveal decibel losses of 25 dB or more.

[Incorrect feedback]

Sorry, that is incorrect. A claim may be unfavourable if the release audiogram, or current audiogram (Still-Serving applicant) does not document a permanent loss of 25 decibels or more at 3000, 4000 or 6000 Hz. **Note:** Service audiograms performed up to five (5) years prior to release / discharge must be reviewed to determine if the majority reveal decibel losses of 25 dB or more.

Check Answer

Next Question

Question 04

There is a requirement for audiograms to reveal decibel losses where acoustic trauma may be a consideration for entitlement to disability benefits.

True

False

[Correct answer option]

False

[Correct feedback]

Correct. Based on the applicant's statement detailing at least one episode of acoustic trauma and in the absence of evidence to contradict the applicant statement, there is no requirement for the current audiogram to show decibel losses of 25 decibels or greater at 3000, 4000 or 6000 Hz.

[Incorrect feedback]

Sorry, that is incorrect. Based on the applicant's statement detailing at least one episode of acoustic trauma and in the absence of evidence to contradict the applicant statement, there is no requirement for the current audiogram to show decibel losses of 25 decibels or greater at 3000, 4000 or 6000 Hz.

Check Answer

Next Question

Question 05

Margaret, a new BPO, is reviewing a claim for a released client who has recently applied for tinnitus. Upon review of the evidence submitted, which audiogram does Margaret need to review in order to proceed?

Release audiogram

First available audiogram

Current audiogram

All of the above

[Correct answer option]

All of the above

[Correct feedback]

Correct. Margaret needs to review the release and / or first available / current audiogram to proceed with a tinnitus claim.

[Incorrect feedback]

Sorry, that is incorrect. Margaret needs to review the release and / or first available / current audiogram to proceed with a tinnitus claim.

Score ###/###

Congratulations, you have passed the assessment!

Sorry, you did not pass the assessment. Please review the areas where you had difficulty.

Reset

Resources

[image]

- [Entitlement Eligibility Guidelines - Tinnitus](#)
- [Insurance Principle](#)
- [Compensation Principle](#)
- [EIDM Tinnitus Placemat](#)
- [Veterans Affairs Canada Hearing Loss and Tinnitus Policy](#)
- [Adjudication Manual – Evidence-Informed Decision Models](#)

Conclusion

[<https://www.istockphoto.com/photo/motivated-diverse-businesspeople-brainstorm-at-office-meeting-gm1180069919-330455921>]

This module provided you with an overview of the Evidence-Informed Decision Models (EIDM) for Tinnitus. You should now be able to apply the EIDM when adjudicating certain Tinnitus disability claims and identify when to tier a claim to Disability Adjudicators.

Your opinion matters to us!

Please take some time to complete our survey so we can continue to improve our service to you. It only takes a couple minutes to complete.

Survey

You have now completed this course.

Click complete to certify that you have reviewed the content and completed all activities.

Complete

Evidence-Informed Decision Model (EIDM) Overview – How to Adjudicate Tinnitus

Content Document

COD Training and Development Unit

EVIDENCE-INFORMED DECISION MODEL (EIDM) OVERVIEW – HOW TO ADJUDICATE TINNITUS	1
Course Description for LMS.....	3
Purpose of the Course.....	3
Course Objectives.....	3
Audience Profile	3
Learning Environment	3
How to Adjudicate Tinnitus using the Evidence-Informed Decision Model	4
Introduction	4
Objectives.....	4
How to Adjudicate a Tinnitus Claim	5
Step 01: Review the Disability Benefits Application (PEN923) and Summary of Assessment / Decision Dockets ...	6
Disability Benefits Application (PEN923).....	6
Summary of Assessment (SOA)	6
Decision Dockets CSDN / Other Active Applications GCcase	7
Step 02: Identify a Confirmed Diagnosis	9
Step 03: Determine Period(s) of Service and Legislative Tests	11
Dual Service.....	12
Knowledge Check	12
Step 04: How to Adjudicate Entitlement for Tinnitus Claims.....	14
Decision Guidance – Acoustic Trauma	15
Decision Guidance – Exposure to Noise.....	16
Tiering	20
How to Tier a Tinnitus Claim	20
Who Adjudicates the Tiered Tinnitus Applications	21
Assessment.....	22
Question 01	22
Question 02	22
Question 03	22
Question 04	23
Question 05	24
Question 06	24
Question 07	25
Question 08.....	25
Resources	27
Conclusion	28

Course Description for LMS

Purpose of the Course

This course will provide you with detailed steps about the Evidence-Informed Decision Model (EIDM) for Tinnitus. These steps will guide and enable you through the process of adjudicating a tinnitus claim.

Course Objectives

On successful completion of this course, the learner will be able to:

- Perform initial screening of a disability benefits application
- Identify a confirmed diagnosis
- Determine period(s) of service and legislative tests
- Recall the difference between key factors when processing tinnitus claims (acoustic trauma versus noise-exposure)
- Interpret audiometric results from release, current and service audiograms
- Identify the difference between released and still-serving members
- Adjudicate a Tinnitus claim using the Evidence-Informed Decision Model
- Utilize the “How to Adjudicate a Tinnitus Claim” resource document and EIDM Hearing Loss / Tinnitus Interactive Flowchart for adjudication purposes

Audience Profile

This course is intended for Benefit Program Officers (BPO).

Learning Environment

Asynchronous self-paced course.

How to Adjudicate Tinnitus using the Evidence-Informed Decision Model

[<https://www.istockphoto.com/photo/focused-young-interns-making-notes-listening-to-old-female-manager-gm1135346384-302006793>]

Introduction

This module will provide you with detailed steps about the Evidence-Informed Decision Model (EIDM) for Tinnitus. These steps will guide and enable you through the process of adjudicating a tinnitus claim.

Objectives

When you have completed this module you will be able to:

- Perform initial screening of a disability benefits application
- Identify a confirmed diagnosis
- Determine period(s) of service and legislative tests
- Recall the difference between key factors when processing tinnitus claims (acoustic trauma versus noise-exposure)
- Interpret audiometric results from release, current and service audiograms
- Identify the difference between released and still-serving members
- Adjudicate a Tinnitus claim using the Evidence-Informed Decision Model
- Utilize the “How to Adjudicate a Tinnitus Claim” resource document and EIDM Hearing Loss / Tinnitus Interactive Flowchart for adjudication purposes

Duration

This module will take approximately 30 minutes to complete.

How to Adjudicate a Tinnitus Claim

[<https://www.istockphoto.com/photo/quality-control-certification-checked-garantee-of-standard-gm1199243271-343038094>]

The Evidence-Informed Decision Model (EIDM) for tinnitus provides a step-by-step process for adjudicating a tinnitus application.

There are five (5) steps to follow when adjudicating tinnitus applications.

1	Review the Disability Benefits Application (PEN923) and Summary of Assessment / Decision Dockets
2	Identify a confirmed diagnosis
3	Determine period(s) of service and legislative tests
4	How to Adjudicate Entitlement for Tinnitus
5	Determine Disability Assessment (%)

This module explores the first four (4) steps when adjudicating tinnitus applications.

[callout]

Note: The fifth step, Determine Disability Assessment (%), is explained in a later module.

[callout]

Step 01: Review the Disability Benefits Application (PEN923) and Summary of Assessment / Decision Dockets

[https://www.istockphoto.com/photo/focused-african-student-looking-at-laptop-holding-book-doing-research-gm1144287280-307571999]

Reused image

In order for you to proceed with a Disability Benefits Application, first examine the client's Disability Benefits history with Veterans Affairs Canada (VAC). We want to avoid sending duplicate applications or registering claims for conditions that have already received a decision.

To quickly research and confirm that requests are valid and claims are ready to process, review the following information sources.

Disability Benefits Application (PEN923)

Review the **Disability Benefits Application (PEN923)** to identify:

- The condition being claimed
- The applicant's service
- How the applicant relates the condition to service (i.e., noise exposure, acoustic trauma)

[callout]

Note: The burden of proof rests with the applicant to provide the facts needed in their case that link the claimed condition to service. As such, an applicant statement **MUST** be provided for every claim.

[callout]

[callout]

If the applicant statement indicates Tinnitus is the result of anything other than acoustic trauma or noise exposure (i.e., head injury, medication, etc.), the file is tiered and reviewed by a Disability Adjudicator (DA).

[callout]

Summary of Assessment (SOA)

Review the **Summary of Assessment (SOA)** to determine if Tinnitus has been the subject of a previous application. This step of the adjudication process is intended to confirm if VAC has jurisdiction to rule.

Upon review of a client's SOA, you may encounter one of the following situations.

Click each item to learn more.

[accordion]

Previous Favourable Ruling

If Tinnitus was the subject of a previous favourable ruling, the Benefits Program Officer (BPO) must review the claim for a possible reassessment. Clients are eligible for a

reassessment every two (2) years after their initial decision or if the client feels their condition has worsened within two (2) years.

In this scenario, the BPO takes the necessary steps to initiate a reassessment if applicable.

Previous Unfavourable Ruling – Same Condition

If Tinnitus was the subject of a previous unfavourable ruling, the BPO must review the previous service period ruling compared to the current claimed period of service to determine if Veterans Affairs Canada (VAC) has jurisdiction to rule.

For example, a previous ruling to Peacetime / RCMP service is unfavourable and the client is now seeking a new decision for the same condition in relation to their Special Duty Service (SDS).

In this scenario, the BPO has jurisdiction to rule and proceeds with a decision on SDS service only.

Previous Unfavourable Ruling – Same Period of Service

If Tinnitus was subject to a previous unfavourable ruling, the BPO must review the previous service period ruling compared to the current claimed period of service to determine if VAC has jurisdiction to rule.

For example, a previous ruling to Peacetime / RCMP service is unfavourable and the client is now seeking a new decision for the same period of service.

In this scenario, the BPO does not have jurisdiction to rule on Peacetime / RCMP service and should refer this claim to the Bureau of Pensions Advocates (BPA).

Previous Favourable or Unfavourable Ruling – under *Pension Act*

If Hearing Loss was subject to a previous favourable or unfavourable ruling under the *Pension Act*, the BPO must review the previous hearing loss application on the head office file. If the previous hearing loss application made reference to the newly claimed Tinnitus, the new claim of Tinnitus may be bumped to the *Pension Act*.

If the previous hearing loss application made reference to the newly claimed Tinnitus condition, prior to proceeding with a decision under the *Veterans Well-being Act*, refer to the [How to Approach Pre-2006 Hearing Loss / Tinnitus Claim](#) resource document for additional information.

[accordion]

Decision Dockets CSDN / Other Active Applications GCcase

Next, review **Decision Dockets in CSDN** that were previously withdrawn to ensure the condition was not the subject of an earlier application that would fall under the *Pension Act* (i.e., date of contact prior to April 1, 2006).

Note: If a favourable decision is considered, the effective date will be determined according to the appropriate legislation (i.e., *Pension Act* or *Veterans Well-being Act*). Consideration must be given to the possibility of retroactivity of the effective date for claims that were previously withdrawn. Additional information will be provided in a later module.

Review **other active applications in GCcase** to determine if the application is a duplicate of a previously submitted application.

[callout]

Important: Be mindful of previous decisions for hearing loss and / or tinnitus under the *Pension Act*. If the Application for Disability Benefits for the previous condition made reference to the newly claimed condition, the new claim **should be bumped to the *Pension Act***. You may need to order the Head Office file copies to review the previous application prior to proceeding.

Click to learn more about how to approach Pre-2006 Hearing Loss / Tinnitus Claims.

- [How to Approach Pre-2006 Hearing Loss / Tinnitus Claim.](#)

[callout]

Step 02: Identify a Confirmed Diagnosis

[<https://www.istockphoto.com/photo/african-american-employee-pointing-at-laptop-discussing-paperwork-with-colleague-gm1135346242-302006644>]
Reused image

The next step is identifying a confirmed diagnosis.

Review the client's medical documentation to confirm the presence of a Tinnitus Disability, as a result of acoustic trauma or noise exposure, as per the Entitlement Eligibility Guidelines (EEGs).

Diagnosis of tinnitus may be made by a clinical / licensed / certified / registered audiologist or a qualified medical practitioner.

[callout]

In cases involving exposure to noise (other than acoustic trauma), the client's current audiogram must reveal a loss of 25 decibels or more in the ear(s) with tinnitus, at the 3000, 4000, or 6000 Hz.

[/callout]

To determine whether an applicant has a confirmed Tinnitus disability, review the documents submitted with the claim for released or still-serving members.

Click each item to learn more.

[tabs]

Released Members

[http://combatcamera.forces.gc.ca/en/photo-search.page#ipa_assetDetail=%7B56E0D41F-13B8-47C4-9ECB-D1C9A3E37811%7D]
Source: Combat Camera

Review the documents submitted with the claim to identify the report that confirms a diagnosis of Tinnitus (i.e., audiologist report, audiogram, medical questionnaire).

Still-Serving Members

[<http://ipa.forces.gc.ca/gallery/download/?ref=/images/CFCC/{B857F1CE/60E5/4D70/924B/F1CA1611B641}/RP24-2019-0007-002.jpg>]
re-used image
Source: Combat Camera

Review the Service Health Records (SHRs) to identify the most current report that confirms the diagnosis of Tinnitus.

Ensure diagnosis is chronic, signs and symptoms have been present for at least six (6) months.

[tabs]

Review the following for additional information on confirming a diagnosis.

- [Qualified Health Professionals Accepted for Veterans Affairs Canada Disability Program](#)
- [SHR Review Tips](#)
- [Key Dates and Metadata](#)
- [Pension Disease Classification Manual](#)

Step 03: Determine Period(s) of Service and Legislative Tests

[https://www.istockphoto.com/ca/photo/closeup-cropped-image-student-girl-hands-typing-using-laptop-gm1146488500-308938398]
reused image

Based on the applicant statement, determine the periods of service to rule on and which legislation these periods of service fall under. Provide rulings for those periods of service only identified by the applicant in their statement.

[callout]

Important: If you are able to award the condition to the applicant's Special Duty Service (SDS), no further entitlement to other periods of service are considered.

It is extremely important that the service is accurate prior to finalizing your decision. If clarification on dates is required, follow up accordingly.

Please refer to the Service Verification section in the Claims Preparation Desktop Procedures for the appropriate steps in GCcase.

- [GC Case Disability Benefits Claims Preparation Desktop Procedure](#)

[fr –
<https://gcdocs.gc.ca/veterans/lisapi.dll?func=ll&objaction=overview&objid=24252710>]
/callout]

Legislative Test

Depending on which period of service you are rendering a decision for, ensure the appropriate legislative test is used in your decision letter as indicated below.

Click each item to learn more.

[accordion]

Canadian Armed Forces Regular / Reserve Force / Royal Canadian Mounted Police

The legislative test used for Canadian Armed Forces Regular / Reserve Force / Royal Canadian Mounted Police (RCMP) is:

[quote]

“Arose out of, directly connected with, your Regular Force / RCMP service”.

[[quote]

- 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*

Special Duty Service

The legislative test used for Special Duty Service is:

[quote]

“Incurred during, or attributable to, your Special Duty Service (SDA XXX)”.

[quote]

- The Insurance Principle; and
 - 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*

Military Members

For military members, compare the service identified on the Member Personnel Record Resume (MPRR) / Personnel Record located in CSDN / GCcase. Depending on service dates, an MPRR may not be available. For these cases, review the digital service file (Service Health Record (SHR) Service) to obtain the necessary information.

If service periods are missing or discrepancies are noted, further investigation of service may be required. In these cases, a “verify service” request may need to be initiated to the Service Unit.

Royal Canadian Mounted Police

For RCMP members, review the CSDN / GCcase digital service file to find RCMP service information (i.e., Engagement Document and Discharge Board are common documents that confirm service).

If service periods are missing or discrepancies are noted, further investigation of service may be required. In these cases, a “verify service” request may need to be initiated to the Service Unit.

[/accordion]

Dual Service

If you determine the applicant has Dual Service, the application must be adjudicated by the **RCMP Veteran Benefit Team (VBT) Benefits Program Officers (BPO) who are trained on Dual Service claims**. Please follow the GC Case Decision Maker Desktop Procedure and add these files back to the proper queue.

For additional information on Dual Entitlement and Dual Service, review the following:

- Policy for Dual Entitlement – Disability Benefits
- First Application Dual Service Resources

Knowledge Check

Meet Patrick

Review Patrick’s applicant statement and answer the following question.

FAQs

I clicked “Prepare ROAD” but it won’t work or is giving me an Error Message.

A few things you can check:

- a. ***Is the SHR field updated?*** The SHR field must be at “Received” or “Not Required”. If at “Not Required” the “SHR Not Required Reason” must also be entered.

- b. ***Is your name indicated under the “Decision Made by” column?*** On the Application screen, look at the “Medical Conditions on this Application” section and scroll over to view the “Decision made By” column. If another decision maker’s name is indicated here, you need to move the medical condition *back* to “Adjudication” and delete and re-enter the “Entitlement” section(s) in order to attach your name to the decision.

- c. ***Is the Application Active at the “In Progress” stage?*** If the Application is either at “Completed” or at “Intake” stage in the green ribbon, you can’t prepare a ROAD. The Application needs to be moved to “In Progress”. **Follow the steps below:**
 - 1) In the Application screen – first copy the CSDN ID #
 - 2) Click the green arrow to move the Application back or forward to “In Progress”
**this will move the Application back into the unassigned Preparation queue*
 - 3) Go to the “Preparation Team – Workload” dashboard to remove the Application from the queue so another user will not pick it
 - i. Under the “Preparation Items Available for work” heading, copy and paste the CSDN ID # in the search bar and press Enter
 - ii. Look at the “Entered Queue” column to make sure the date and time match when you moved the app back to In Progress *there could be med conditions or APSC apps that show up here – ignore these
 - iii. “Pick” the Application and assign to yourself
 - 4) Go back into the App to continue with the ROAD/Letter

I am trying to move a condition to “Adjudication” or “Decision Complete” but I get an error message indicating “Required Documents are not yet Verified”

Check “Required Documentation” section on the condition screen:

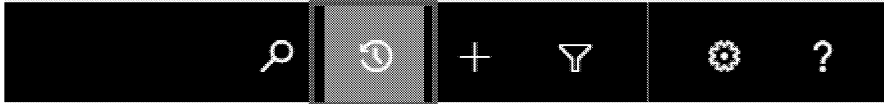
You, or a user who previously worked on this claim, likely requested missing information but did not update the system to show that it was received & verified.

Look at the “Required Documentation” section on all medical condition(s) **and** Application screens. If any of the Request Status’ say “requested” or “received”, double click into them and change the Request Status to “**Verified**” (always ensure the information/documentation has actually been received/verified if required).

I moved the medical condition to “decision complete”, but the Application was not assigned to me and I exited out of the claim.. now I can't find the claim in order to do my ROAD.

Try this:

Click the “Recently Viewed” button at the top right of your screen – this will show you conditions, applications, or client profiles you've most recently viewed/accessed.



OR

Take these steps to find your completed Medical Conditions:

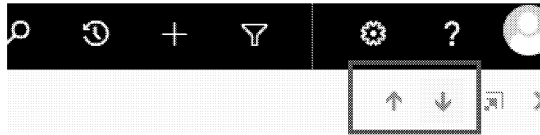
- a. In the “Medical Conditions Assigned to Me” queue, click on the “see records associated view with this view” button
- b. Click on the drop down arrow and select “**Active/Inactive Components**”.
- c. Click on the “Filter” icon to set up your search
- d. Click on the “Current State” column drop-down arrow, select “Decision Complete”.
- e. Click on the “**Decision Made By**” column, then click “Filter by specific Owner” to search and select your name
- f. The list will show ALL conditions you have moved to “decision complete” – try to look for the condition name/client name you may have been working on

System Reminders & Tips

1. **Employee Files** – Please note that all Employee files are to be moved to CSDN for processing. If you notice one in GC Case, please advise your VBTM/Manager immediately.
2. **Tasks** – Check your Tasks daily for “Pay Return” and “PSC/DP ROAD - Errors from processing” Tasks – these tasks should be actioned promptly. Remember that all “PSC/DP ROAD - Errors from processing” require a pay return – email the Micro Team to request.
3. **Assyst Logs** – for GC Case, you should only be sending an Assyst Log when you need a letter deleted in CSDN. For all other GCCase system issues, please send an email to the Micro Team, who will decide if an Assyst Log is required (and send it on your behalf). The Micro Team email is: [DB GC Case Support - PI Support GC Cas \(VAC/ACC\) dbupflimplementationsupport-upisupportimplantationpv@veterans.gc.ca](mailto:DB GC Case Support - PI Support GC Cas (VAC/ACC) dbupflimplementationsupport-upisupportimplantationpv@veterans.gc.ca)

4. **VWA/PSC Effective Date** – The PSC is payable on the later of:
- the first day of the month in which the application for PSC is made (date of first contact), or
 - the day that is three years prior to the first day of the month in which the PSC is granted.

5. **Navigating using “arrows”:**



- Applications:** If you open an Application from the **Client Details** screen, and the client has multiple Applications in GC Case, you can use the grey arrows in the top right corner of the Application screen to get to the next Application on the client's file.
- Medical Conditions:** If you open an Application and click into a medical condition, if there are multiple medical conditions on the Application, you can use the grey arrows in the top right corner of the medical condition screen to get to the next condition on that Application.
- Attached Documents:** If you open an Attached document from the medical condition screen or Application screen, and there are multiple documents attached, you can use the grey arrows in the top right corner of the document screen to get to the next one in the attached documents section



Veterans Affairs
Canada

Anciens Combattants
Canada

Protected – Personal Information
File Number: 1234567

XXXX

R163 XZIMCDJAJ
53 TR NZDJPRM IOR
NZMJARZO
J8T0C4

Dear R163 XZIMCDJAJ:

Subject: Disability Benefit Decision First Application

We are pleased to inform you that you have been granted disability entitlement for the following conditions:

- Hearing Loss
- Tinnitus

Further details regarding this decision are set out below:

Hearing Loss - Decision Details

- We have concluded that your Hearing Loss arose out of your Regular Force service.
- Granted, under section 45 of the *Veterans Well-Being Act*, Regular Force service.
- Assessment is 15%, effective April 1, 2019, under subsection 51(1) of the above Act.
- Your assessment was calculated using a medical impairment rating of 14 from Table 9.1 in the 2006 Table of Disabilities and a quality of life rating of 1.

Tinnitus - Decision Details

- We have concluded that your Tinnitus arose out of your Regular Force service.
- Granted, under section 45 of the *Veterans Well-Being Act*, Regular Force service.
- Assessment is 11%, effective April 1, 2019, under subsection 51(1) of the above Act.
- Your assessment was calculated using a medical impairment rating of 10 from Table 9.3 in the 2006 Table of Disabilities and a quality of life rating of 1.

Review and Appeal Options

You may ask the Department to review this decision if you have new evidence. If you do not agree with this decision, you may appeal to the Veterans Review and Appeal Board.

For advice on your options, you may contact:

- A lawyer, free of charge, at the Bureau of Pensions Advocates at [1-877-228-2250](tel:1-877-228-2250) (toll-free);
- A representative, free of charge, from a Veterans' organization;
- A representative of your choice, at your own expense.

Sincerely,

NAME
Benefits Program Officer