
VETERANS AFFAIRS CANADA

Evaluation of the Additional Pain and Suffering Compensation Program

Final Report
June 2024



V32-463/2025E-PDF
978-0-660-73991-5



Veterans Affairs
Canada

Anciens Combattants
Canada

Canada

Table of Contents

Executive Summary	i
1.0 Introduction	1
1.1 Program overview	1
1.2 Program eligibility	2
1.3 Program delivery	4
2.0 Scope and methodology	6
2.1 Evaluation objective and scope	6
2.2 Methodologies	7
2.3 Considerations and limitations	8
3.0 Relevance	10
3.1 Continued need	10
3.1.1 Program uptake	10
3.1.2 Gender Based Analysis Plus considerations	19
3.2 Alignment with government priorities and federal roles and responsibilities	21
3.3 Alignment with departmental roles and responsibilities	21
4.0 Program effectiveness and efficiency	23
4.1 Achievement of expected outcomes	23
4.1.1 Performance data	30
4.1.2 Gender Based Analysis Plus considerations	31
4.1.3 Unintended impacts	31
4.2 Program efficiency	32
4.2.1 System functionality and efficiency	32
4.2.2 Application process	34
4.2.3 Innovation	36
4.3 Program economy	38
5.0 Conclusion	41
Appendices	42
Appendix A – APSC assessment criteria by grade level	42
Appendix B – Reported APSC performance outcome measurement results	45

Executive Summary

Program Profile

The purpose of the Additional Pain and Suffering Compensation (APSC) is to recognize and compensate Veterans for the non-economic loss associated with their service-related permanent and severe impairments that cause barriers to re-establishment. Program eligibility is linked to a Veteran's medical condition(s) for which they have a VAC disability benefit(s).

The APSC was launched 1 April 2019 and the Career Impact Allowance (CIA) was discontinued when VAC's programs were redesigned under the [Veterans Well-being Act](#) and VAC's Pension for Life initiative. Approximately 13,400 CIA recipients were transitioned into the APSC. As of 31 March 2023, there were 26,056 Veterans in receipt of APSC.

The APSC is a non-taxable monthly benefit. Payment amounts are determined based on the severity of the Veteran's impairment. Impairments are classified as grade one, two or three (one being the most severe and the highest payment).

Expenditures for APSC totaled \$224.6 million in 2022-23. Departmental forecasts estimate that by 2027-28 fiscal year end, there will be more than 50,000 APSC recipients and expenditures of almost \$540 million.

Evaluation purpose and background

The evaluation was conducted from September 2022 to December 2023 and covered the period from April 2019 to June 2022 (though more current information and statistics are represented in this report where possible). The evaluation was conducted in accordance with Treasury Board of Canada's [Policy on Results](#). This is the first evaluation of the grant and contribution program since its inception. The objective of the evaluation was to assess program relevance, while considering opportunities to improve program effectiveness and efficiency.

Evaluation findings

The evaluation finds that there is a continuing and ongoing need for APSC, based on the number of annual applications received and the generally high favourable decision rate. Veterans with psychiatric medical conditions, and Veterans with active case plans are more likely to receive APSC. Higher disability rates and/or multiple medical conditions were also determined to be predictors of APSC. The evaluation identifies a

potential gap in program awareness for Veterans with psychiatric medical conditions, especially those without an active case plan. The evaluation identifies an opportunity to improve program reporting, including trends linked to medical conditions.

The APSC aligns with government priorities and departmental roles and responsibilities.

The APSC has very limited performance indicators included in the Disability Benefits Program PIP specific to its unique performance. Given the continued and expected program growth, additional performance measures would be warranted to appropriately measure program success.

A number of initiatives were introduced in 2023 which are enabling the APSC unit to enhance program operations. As the program evolves, the evaluation identifies additional areas that could help enhance operational efficiencies, including enhancements to the online application process and considering more innovative processes to ensure program awareness and determining program eligibility.

Though still under 10% of VAC program spending, the amount committed to the APSC program is growing. Program expenditures are expected to continue to grow as the APSC recipient base increases and grade payments are indexed annually (based on Consumer Price Index).

Based on the findings, the evaluation identifies the following recommendations:

Recommendation #1: It is recommended that the Director General, Centralized Operations with the Director General, Information Technology and Information Management, Administration and Privacy, expand regular APSC reporting to incorporate application trend data, including medical conditions/categories.

Recommendation #2: It is recommended the Director General, Centralized Operations review and enhance performance indicators and targets specific to APSC to enable the collection of more valuable information in support of measuring program success and program decision making.

Recommendation #3: It is recommended that the Director General, Centralized Operations review the online application process for APSC from a client-centered approach, and with Director General, Service Delivery and Program Management, complete any updates determined to enhance the Veteran clients experience and the efficiency and effectiveness of the application assessment process.

Recommendation #4: It is recommended that the Director General, Centralized Operations explore and analyze options to improve screening and program awareness for APSC among Veteran clients.

1.0 Introduction

Veterans Affairs Canada's (VAC's) mandate is to support the well-being of Veterans and their families, and to promote recognition and remembrance of the achievements and sacrifices of those who served Canada in times of war, military conflict, and peace.

The benefits and supports offered by VAC have seen various amendments and enhancements within the last almost 20 years to respond to the evolving needs of Canadian Armed Forces (CAF) members, Veterans and their families as they transition to post-service life. On 20 December 2017, the Pension for Life (PFL) benefit package was announced by the Minister of Veterans Affairs Canada and subsequently came into force 1 April 2019.

The PFL benefit package replaced some existing economic and non-economic benefits, while some benefits remain unchanged. New benefits include: the Pain and Suffering Compensation (PSC); the Additional Pain and Suffering Compensation (APSC); and the Income Replacement Benefit (IRB). Through the introduction of PFL, all economic benefits were combined into the Income Replacement Benefit, and recognition benefits linked to non-economic loss provided through PSC and APSC.

1.1 Program overview

The purpose of the APSC is to recognize and compensate Veterans for the non-economic loss associated with their service-related permanent and severe impairments that cause barriers to re-establishment.

Effective 1 April 2019, the APSC was introduced, and the Career Impact Allowance (CIA) was discontinued.¹ While there are similarities between the two programs, there are a few key differences:

1. The intent of the CIA was to compensate for reduction of employment and earnings potential and to better support CAF members who have their career cut short medically (i.e., economic loss). In comparison, the APSC intent is to recognize and compensate Veterans for the non-economic loss associated with service-related permanent and severe impairments.
2. Since it was an economic loss benefit, the CIA was a taxable benefit. In contrast, the APSC is a tax-free recognition benefit. This change resulted in slightly lower monthly rates, taking into consideration that the benefit is now non-taxable.

¹ As part of the benefit redesign, the Income Replacement Benefit (IRB) was created, which is a taxable benefit that replaces the previous economic benefits (Earnings Loss Benefit, Career Impact Allowance, Supplementary Retirement Benefit (SRB) and Retirement Income Security Benefit (RISB) with one, simpler economic benefit.

3. Both the CIA and the APSC require that Veterans have a severe and permanent impairment for which they have received a VAC disability benefit. However, in order to qualify for CIA Veterans also needed a VAC-approved application for rehabilitation services for the same condition that led to this impairment. There is no qualification link to the Rehabilitation program for the APSC and the APSC grade levels are not dependent on the Veteran's earning capacity.

Approximately 13,400 CIA recipients were transitioned into the APSC after 31 March 2019. As of 31 March 2023, there were 26,056 Veterans in receipt of APSC.

Expenditures for APSC totaled \$224.6 million in 2022-23. Departmental forecasts estimate that by 2027-28 fiscal year end, there will be more than 50,000 APSC recipients and expenditures of almost \$540 million.

1.2 Program eligibility

According to section 56.6 of the [Veterans Well-being Act](#), a Veteran is eligible for APSC if they suffer from one or more disabilities that are creating a permanent and severe impairment and a barrier to re-establishment in civilian life, and the Veteran has been granted a disability award, pain and suffering compensation or a disability pension from VAC for those disabilities.

The [Veterans Well-being Regulations](#) further define a permanent and severe impairment as:

- an amputation at or above the elbow or the knee;
- the amputation of more than one upper or lower limb at any level;
- a total and permanent loss of the use of a limb;
- a total and permanent loss of vision, hearing or speech;
- a severe and permanent psychiatric condition;
- a severe and permanent limitation in mobility or self-care; or
- a permanent requirement for supervision.

According to the Regulations, the extent of a Veteran's impairment is assessed based on any relevant factors, including:

- the need for institutional care;
- the need for supervision and assistance;
- the degree of the loss of use of a limb;
- the frequency of the symptoms; and
- the degree of psychiatric impairment.

The APSC policy further elaborates definitions and parameters around eligibility. For example, “permanent” is defined as an impairment that is expected to persist indefinitely despite treatment or interventions. With respect to the impairment, although the signs and symptoms may wax and wane over time, further recovery is not anticipated.

The amount compensated is based on the severity of the Veteran’s impairment. The impairments are classified as being grade 1, 2, or 3 (grade 1 being the most severe level of impairment). Determining the grade level for APSC is based on the degree of functional, physical and mental impairment. The frequency, persistency and continuity of these impairments are considered when determining the appropriate APSC grade level. Based on operational data available as of 31 March 2023, 98% (25,759/26,056) of APSC recipients² were assessed as grade 2 or 3. Appendix A, outlines the criteria for each impairment area, by grade level.

Once the degree of impairment is established, the extent of the barrier to re-establishment in civilian life is assessed. As defined in the *Veterans Well-being Act*, a barrier to re-establishment in civilian life means the presence of a disability or a temporary or permanent physical or mental health problem limits or prevents an individual's reasonable performance in civilian life of their roles in the workplace, home, or community.

Excluded groups

The following groups are not eligible for APSC:

- Survivors, dependent children or estates of a deceased CAF member or Veteran;
- Veterans with disabilities resulting from service in the CAF on or before 1 April 1947, or from service in the Korean War;
- Veterans already in receipt of an Exceptional Incapacity Allowance (EIA) under the Pension Act; or
- Members of the Royal Canadian Mounted Police without a disability granted in relation to CAF service³.

Additionally, serving CAF members may apply for APSC, however they are not eligible to receive payment until they have released from service and become a Veteran.

² Note this figure would include new APSC recipients, as well as CIA recipients transitioned into APSC.

³ Individuals with RCMP and CAF service may be eligible for APSC, so long as a disability has at least partial entitlement granted in relation to CAF service.

1.3 Program delivery

Applications for the APSC are made by the Veteran either as a web-based application through VAC's application and communication platform, My VAC Account (MVA), or hardcopy paper form mailed to the Department. The Department's National Client Contact Network (NCCN) employees, as well as Veterans Service Agents and Case Managers serve as first points of contact for Veterans so may help with providing program information and application assistance. Application decisions for APSC are rendered by VAC's Centralized Operations Division (COD).

In addition to first applications, there are a number of other decision categories for APSC:

1. Reassessment - A reassessment can occur when a favourable APSC decision has been rendered and a Veteran would like to apply for a reassessment of their APSC grade level (i.e., extent of their impairment). A reassessment must be supported by evidence of a change in the Veteran's circumstances and may or may not result in a change in their APSC grade level.
2. Subsequent first application - A subsequent first application can occur when a first application for APSC was rendered unfavourable, and the Veteran reapplies for APSC based on a newly entitled VAC disability benefit or submits new evidence related to the original decision. The effective date or date of the new evidence must be dated later than the APSC decision date.
3. Departmental review - A departmental review may occur when a Veteran has new evidence to present to the Department with respect to an APSC decision. Information presented must pre-date the first APSC decision date, otherwise it would be considered a subsequent first application.
4. Administrative review - In the case of an administrative error, the Department may also conduct a review of a previous decision or reassessment to rectify any errors.

If a Veteran is dissatisfied with any APSC decision they may apply to the Veterans Review and Appeal Board (VRAB) for a review of the decision.

At the time of the evaluation, APSC decisions were processed in two departmental systems:

- First applications in GCcase; and
- All other applications (subsequent first applications, reassessments and departmental/administrative reviews) in the Client Service Delivery Network (CSDN).

To date, APSC decisions have been made based on information available on file with the Department. Supporting documents could include occupational therapy assessments, nursing assessments, or other assessments/health-related documentation on file.

During the evaluation examination phase the process in place by the APSC unit was to use the information available on file, and not request additional health assessments. However, a process review was underway in support of finalizing APSC business processes, including changes to current processes regarding requesting health assessments and information sharing with VAC field offices. This topic is further discussed in section 4.2, Program efficiency.

2.0 Scope and methodology

This evaluation was conducted in accordance with VAC’s 2022-23 to 2026-27 Departmental Evaluation Plan, which was developed to align with the Treasury Board of Canada Secretariat’s (TBS’s) [Policy on Results](#). The policy stipulates that evaluations of all ongoing grant and contribution programs funded under a grant and contribution vote that have a five-year average expenditure of \$5 million per year must be evaluated every five years. The policy also indicates that all organizational spending and programs in the Department’s program inventory must be considered within departmental evaluation planning based on risk and need.

2.1 Evaluation objective and scope

The objective of the evaluation was to assess program relevance, while considering opportunities to improve program effectiveness and efficiency.

The evaluation planning and examination phases were conducted from September 2022 to December 2023. The evaluation covers the time period from 1 April 2019 to 30 June 2022. When available and applicable, more up-to-date information was incorporated into the evaluation (e.g., efficiency initiatives introduced in summer/fall 2023 and updated operational data for 2022-23).

When the evaluation was launched, the program had been delivered for three years, with the first year being a transition/implementation year. While assessing the effectiveness and efficiency of the program, the evaluation team took the lifecycle of the program into consideration.

Upon completion of an initial review (interviews, document review, and data analysis), evaluation questions were developed to help assess program relevance, effectiveness and efficiency. A list of evaluation questions, highlighting the key lines of inquiry, can be found below in Table 1, Evaluation questions.

Table 1, Evaluation questions

Relevance
1. To what extent does the program align to Government of Canada priorities and departmental roles and responsibilities?
2. To what extent does the APSC respond to the needs of its intended recipients (including GBA Plus considerations)?

Effectiveness and efficiency
3. To what extent is the program achieving its outcomes? Are outcomes in line with program intent?
4. What are the unintended impacts of APSC (positive or negative)?
5. Do processes administer APSC efficiently and effectively? Are there opportunities to increase efficiency?

2.2 Methodologies

Multiple lines of evidence have been used to support the evaluation findings. The methods undertaken to support these lines of evidence are outlined in Table 2, List of Methodologies.

Table 2, List of methodologies

Methodology	Source
Departmental documentation and secondary research review	Departmental documents/information were reviewed to understand the program objectives/intent, their authorities and requirements, complexity, and context (including departmental planning documents, central agency submissions, program terms and conditions, guidance documents, performance reports, public opinion research, previous audits and evaluations).
Non-departmental document review	Various non-departmental documents were reviewed, such as: parliamentary reports, budget speeches, speeches from the throne, and program literature from other countries.
Interviews	Interviews with VAC employees, including senior management, program managers, head office employees, as well as other subject matter experts within VAC.
Observational research	Work observations (in person/virtual) was conducted to better understand the application submission and review/decision making process as well as the systems used, and documentation reviewed in support of APSC application decisions.
Statistical analysis	Financial and operational departmental data for fiscal years 2019-20 through 2022-23 was analyzed (where available). GBA Plus factors including age, sex, marital status was incorporated where possible.
Jurisdictional scan	Comparative scan of similar programs for permanently and severely disabled military Veterans in the five eyes countries.

2.3 Considerations and limitations

The APSC continues to mature since its inception in 2019. This was taken into consideration when evaluating the effectiveness and efficiency of the program.

The evaluation also identified the following considerations and limitations:

- The introduction of the APSC coincided with the release of GCcase, the Department's new benefit processing system. Several factors related to the new system impacted data retrieval and analysis in support of the evaluation:
 - GCcase was not ready for APSC benefit processing when the program came into force 1 April 2019, and was unable to process APSC decisions until January 2020.
 - During the scope period of the evaluation, APSC applications were processed in both GCcase and the CSDN.
 - Medical condition data was difficult to link between the Disability Benefits program and APSC resulting from the inconsistency of documentation with the available data between the two systems.
 - Detailed medical condition information (i.e., disability assessment rates and decision/effective dates) was always in CSDN but not always in GCcase.
 - Often, transitional APSC applications (CIA conversions) contained no information relating to medical conditions.
- To gain additional perspective on decision trends linked to disability benefit medical conditions, the evaluation team developed a customized methodology to assess APSC first application decisions made in GCcase between 1 April 2019 and 31 March 2023:
 - APSC first applications completed in GCcase with medical condition and decision information were pulled from the VAC data warehouse.
 - The final dataset included 15,997 unique APSC first applications and 63,657 APSC medical condition decisions and provided an accuracy rate of 99.7% of all first application decisions processed in GCcase.
 - The resulting dataset allowed the evaluation team to assess the great majority (approximately 90%) of first application decisions completed and identify trends. This analysis was conducted on first applications processed in GCcase only and did not include the other APSC decision types (approximately 5,400) completed in CSDN (e.g., reassessments).
- There were ongoing system functionality changes in GCcase throughout the course of the evaluation, as well as ongoing efforts to update program guidance documents and develop supporting business processes. This was taken into consideration when evaluating the effectiveness and efficiency of the program to date.

- The APSC falls under the umbrella of the global Disability Benefits program⁴, with performance information tracked mainly at the global program level and limited information collected at the sub-program (APSC) level. Additionally, there was less than three years of performance information to consider at the time of evaluation. Where possible, the evaluation used available operational and survey data to make statements on the effectiveness of the program.
- Gender based analysis (GBA Plus) was incorporated into the evaluation where possible, mostly at an overarching recipient level. The degree of GBA Plus data available at the time of the evaluation limited the breadth of analysis.
- Veteran National Client Survey results from 2020 and 2022 were reviewed for relevant Veteran feedback and performance measurement information. The evaluation team did not consult directly with APSC recipients.
- The evaluation team consulted with various areas across the Department to gain an in-depth understanding of APSC, including the original intent of the program, how it operates, what is working well, and where there may be areas for improvement. While field office employees are directly engaged with Veterans, the APSC is administered and managed from VAC head office in Charlottetown. Where resources permitted, the evaluation team spoke with a few field office health professionals regarding assessment tools that are used to inform APSC eligibility and grade determination; however, there may have been more information to be gained from talking to additional field office employees who interact with Veterans on a daily basis.
- Administrative costs for APSC are rolled into the larger Disability Benefit program. Based on this departmental administrative costing methodology, the evaluation team is only able to report on the overall administrative budget and is unable to estimate with an acceptable level of confidence program resource utilization costs for the period under review. Program expenditures are, however, specific to APSC only.

The above noted information should be taken into consideration when reading this evaluation report. Throughout the report, where applicable, additional limitations may be identified.

⁴ Included under the umbrella of the Disability Benefit program are the following VAC programs: Disability Pension, Pain and Suffering Compensation, Additional Pain and Suffering Compensation, Clothing Allowance, Attendance Allowance, Exceptional Incapacity Allowance, Critical Injury Benefit, Detention Benefit, Prisoner of War, and Death Benefit.

3.0 Relevance

Veterans Affairs Canada's mandate is to support the well-being of Veterans and their families, and to promote recognition and remembrance of the achievements and sacrifices of those who served Canada in times of war, military conflict and peace. The APSC, as part of PFL, was developed to recognize and compensate Veterans for the non-economic loss associated with service-related permanent and severe impairments that cause barriers to re-establishment.

3.1 Continued need

There is a continuing and ongoing need for APSC, based on the number of annual applications received and the generally high favourable decision rate.

APSC was designed as an additional level of recognition compensation (over and above the Pain and Suffering Compensation) for those Veterans with more significant impairments and challenges, recognizing that Veterans with permanent and severe impairments may face extra challenges as they re-establish into post-service life. The program design included consultation with stakeholder groups and internal subject matter experts (e.g., finance and operations).

There was an intentional shift to consolidate economic/career-related compensation into the Income Replacement Benefit and to focus the Pain and Suffering Compensation and APSC on non-economic recognition compensation. APSC is part of a package of benefits under the PFL, which as a whole is aimed at raising the overall level of income for the most vulnerable Veterans.

3.1.1 Program uptake

There continues to be a steady increase in APSC recipients year over year. Generally, Veterans remain in receipt of the benefit until death, so the recipient base is expected to continue to grow as CAF members release from service and apply/are approved for service-related disabilities in their post-service life. Table 3 gives an overview of actual recipient numbers from 2019-20 through 2022-23, as well as forecasted recipient growth.

Table 3, Actual and forecasted APSC recipients by fiscal year

	Actuals				Forecasts			
	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Number of APSC recipients⁵	14,223	18,326	21,846	26,056	32,420	37,840	43,010	46,930
Percent change in recipients (year over year)		29%	19%	19%	24%	17%	14%	9% ⁶

Source: AED analysis of VAC Warehouse Data. 31 March 2023.

The forecasting process considers a number of factors, including annual trends for applications received, number of decisions and favourable rates. Forecasting is also based on known departmental resources and expected capacity to make benefit decisions. Demand for the APSC is directly tied to trends in Disability Benefit applications. In the fall of 2023, VAC received an extension of temporary funding enabling the Department to extend the majority of temporary disability adjudication employees until March 2026. Forecasting assumes the volume of APSC applications submitted will also remain high during this period, as new Disability Benefits are approved and increasing the likelihood of subsequent APSC applications. The APSC evaluation did not assess the forecasting process associated with the Disability Benefit program.

As of 31 March 2023, there were 119,718 Veterans in receipt of a VAC disability benefit who would be eligible to apply for APSC based on their service⁷. For the same timeframe, there were 26,056 Veterans in receipt of APSC, indicating that 22% of the eligible Veteran population was in receipt of APSC benefits (up from 19% in 2022).

Application decisions and favourable rates

Following the first year of implementation, there has consistently been 4,500 plus first application decisions rendered annually for APSC. Table 4 highlights the number of decisions by application type. As illustrated in the table, first applications make up the majority (76%) of APSC decisions rendered.

⁵ The number of APSC recipients also includes those individuals transitioned into APSC from CIA on 1 April 2019 (13,400).

⁶ In the fall of 2023, VAC received an extension of temporary funding enabling the Department to extend the majority of temporary employees until March 2026. Forecasting assumes the volume of APSC applications submitted will also remain high during this period, as new disability benefits are awarded and increasing the likelihood of submitting applications for APSC.

⁷ The following groups were removed from the eligible client count: Veterans in receipt of EIA (cannot receive EIA & APSC simultaneously), Veterans in receipt of Disability Benefits for RCMP service only (RCMP, and War Service Veterans (WWI, WWII, Korea service).

Table 4, Number of APSC decisions by category (2019-20 to 2022-23)⁸

APSC decision category	2019-20	2020-21	2021-22	2022-23	All years
First applications	1,815	5,883	4,670	5,360	17,728
Subsequent first applications	0	35	110	254	399
Reassessments	8	945	987	1,451	3,391
VAC reviews*	903 ⁹	125	236	331	1,595
VRAB reviews and appeals	0	2	45	43	90
TOTAL	2,726	6,990	6,048	7,439	23,203

Source: AED analysis of VAC Enterprise Data. As of 31 March 2023.

* VAC Reviews include departmental and administrative reviews.

Table 5, Average favourable decision rates by category¹⁰

APSC decision category	2019-20	2020-21	2021-22	2022-23	All years
First applications	81%	71%	75%	76%	74%
Subsequent first applications	n/a	63%	56%	59%	59%
Reassessments	100%¹¹	40%	37%	32%	36%
VAC reviews*	99%	84%	92%	90%	95%
VRAB reviews and appeals	n/a	100%	82%	72%	78%
TOTAL	87%	67%	69%	67%	70%

Source: AED analysis of VAC Enterprise Data. As of 31 March 2023.

Note: Due to rounding, totals may not match all departmental reporting.

* VAC Reviews include departmental and administrative reviews.

⁸ Decisions are categorized based on APSC decision date.

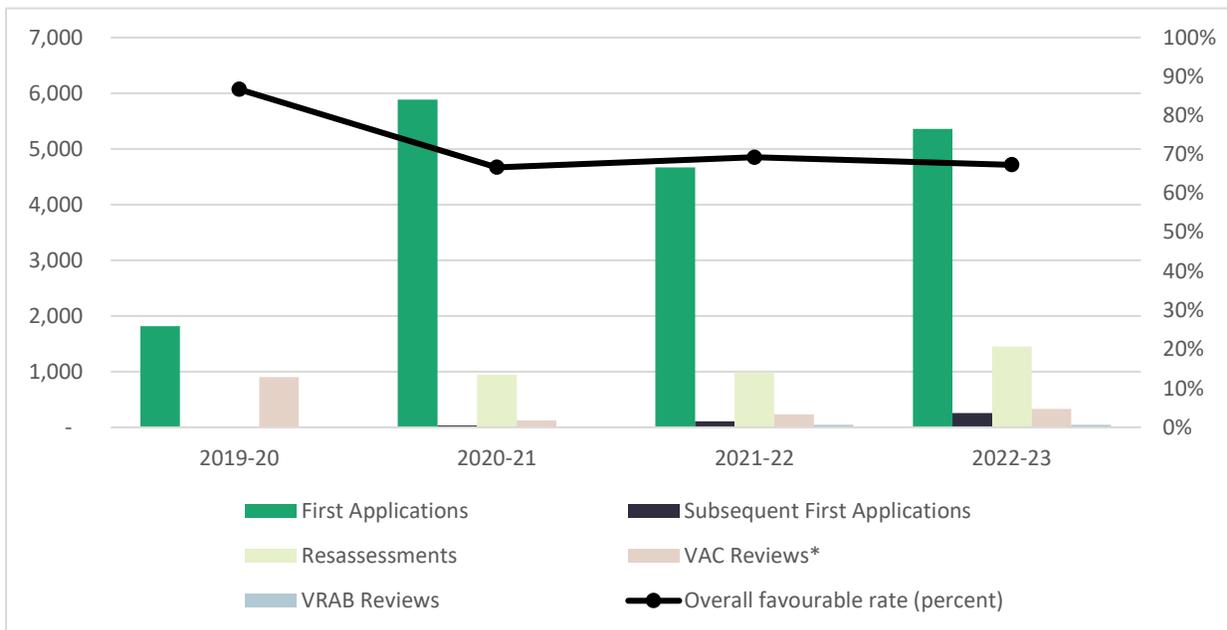
⁹ 2019-20 indicates a higher number of VAC reviews; this is an anomaly and due mainly to the carry-over of CIA applications that had to be assessed.

¹⁰ Decisions are categorized based on APSC decision date.

¹¹ 2019-20 reassessment decision rate is an outlier, there were only 8 decisions that year, and they were conducted during the first year of implementation.

The average favourable decision rate for first applications during the evaluation scope period was 74%; when considering all decision types, the favourable rate was slightly lower at 70%¹². Favourable decision rates can vary depending on APSC application type. As seen in Table 4 and 5 above, first applications account for the majority of decisions, and the majority of first application decisions are favourable. There are fewer subsequent first applications and reassessments submitted to VAC, and they have a lower favourable rate. While there are fewer reviews (by VAC or VRAB), they have a higher favourable rate. Figure 1 provides a visual representation of the number of APSC decisions by application type and fiscal year, as well as an overlay of the overall average favourable decision rate over the fiscal years.

Figure 1, Number of APSC decisions by category and fiscal year, with overlay of average total annual favourable decision rate (2019-20 to 2022-23)



Source: AED analysis of VAC Enterprise Data. As of 31 March 2023.

¹² Removing the first year of operations figures had minimal impact on favourable rates (difference of one to two percentage points).

APSC grade level

In terms of breakdown by grade level, the great majority of favourable decisions are assessed as grade two or three. Of the over 16,000 favourable decisions made between 2019-20 and 2022-23, 98% were assessed as grade two or three. A breakdown of decisions by grade level can be seen in Table 6.

Table 6, All favourable APSC decisions by grade level (2019-20 to 2022-23)

APSC grade level	Number of favourable decisions	Percent of favourable decisions
Grade 1	293	2%
Grade 2	4,510	28%
Grade 3	11,423	70%
Total favourable decisions	16,226	100%

Source: VAC Enterprise Data. Data as of 31 March 2023.

When considering first applications, the numbers were similar, with more likelihood for first applicants to be assessed at a lower grade level (82% of first applications assessed as grade three and 17% as grade two). The difference in first and overall application grade levels makes sense, as some reassessments and reviews would result in Veterans receiving a higher grade based on changes in their impairment and/or additional supporting information being provided to the Department.

The great majority (92%) of favourable reassessment decisions are assessed at grade two, with some individuals reassessed to grade one. Supported by interview feedback, the likelihood of being assessed at the highest grade level is low, indicating few individuals are assessed at the most severe level of physical, functional and/or mental impairment.

There is a high need for APSC for Veterans with psychiatric medical conditions, and Veterans with active case plans are more likely to receive APSC.

At the time of the evaluation, there was no regular APSC reporting specific to confirmed¹³ APSC medical conditions/service-related disability conditions. Data assessed by the evaluation team indicates that psychiatric conditions (particularly Post

¹³ A medical condition that has been confirmed by APSC, means that there is a favourable APSC decision linked to that medical condition. An application for APSC may have multiple service-related medical conditions, but not may be confirmed for APSC.

Traumatic Stress Disorder [PTSD]) make up the bulk of APSC confirmed conditions and have high APSC application favourable rates.

Service-related medical conditions

APSC applications can include multiple service-related medical conditions. While favourable rates for APSC are currently tracked at the application level, there is no reported APSC decision data by confirmed medical condition (i.e., service-related medical conditions determined to be a severe and permanent impairment that is creating a barrier to re-establishment). The evaluation team developed a customized methodology to report on APSC first application decision trends by medical condition. Additional details pertaining to the methodology are highlighted in section 2.3, Considerations and limitations. A total of 15,997 unique APSC first application decisions were analyzed to determine trends in confirmed APSC medical conditions.¹⁴

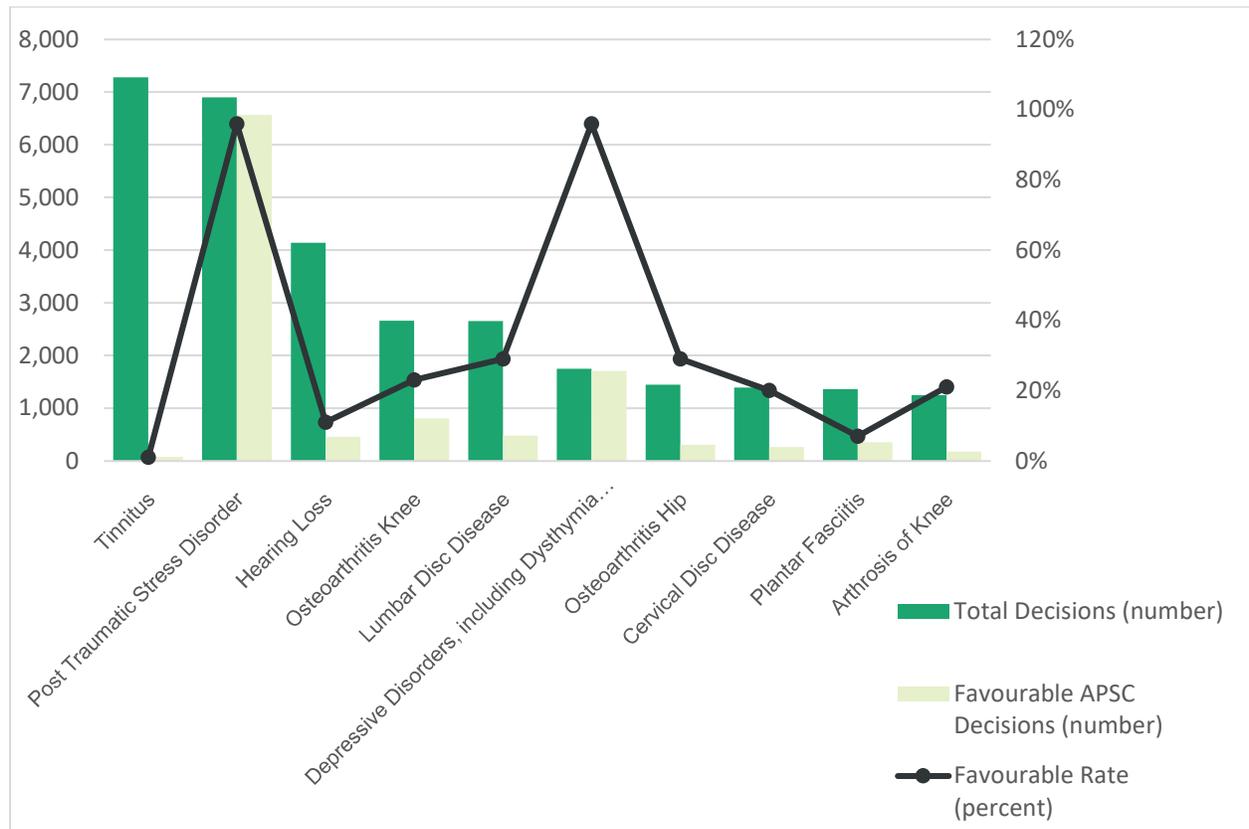
In assessing available operational data for APSC first applications in GCcase, the evaluation team determined that PTSD is the most approved medical condition for APSC recipients. Additionally, first application favourable rates by medical condition show a favourable rate of 96% (10,767/11,211) for conditions within the psychiatric condition category (of which the great majority are PTSD). This favourable rate is considerably higher than the overall average APSC first application favourable rate of 74%. PTSD was also reported by the Department¹⁵ as the second/third most common medical condition approved for a disability benefit for CAF Veterans during the evaluation scope period.

Analysis of the available information as of 31 March 2023 shows the most common medical conditions linked to APSC first application decisions in GCcase are similar to the most common favourable VAC disability medical conditions (i.e., Tinnitus, PTSD, Hearing Loss, Lumbar Disc Disease, Osteoarthritis Knee, Depressive Disorders, Chronic Mechanical Low Back Pain, Cervical Disc Disease). Figure 2 highlights the total number of APSC decisions as well as the number of favourable decisions for the most common VAC disability benefit medical conditions linked to APSC decisions as of 31 March 2023. As illustrated, similar to the greater Disability Benefit Program, PTSD was found to be linked to a high volume of APSC decisions (6,901) as well as having a high favourable decision rate (96%).

¹⁴ Only medical conditions that were confirmed to result in an APSC decision and were linked directly to Disability Benefits using medical condition were included in analysis. Through various validation efforts the evaluation team was able to determine that the first application decision trend analysis is accurate with a confidence level of 99.7%.

¹⁵ Veterans Affairs Canada Statistics – Facts and Figures: [March 2022 edition](#); [March 2021 edition](#) and [December 2020 edition](#).

Figure 2, Most common VAC medical conditions linked to APSC first application decisions (as of 31 March 2023)¹⁶



Source: AED analysis of GCcase APSC first application data. 31 March 2023.

Interviews with VAC employees responsible for assessing APSC applications also indicate that psychiatric conditions are likely to be favourable, and that they review the file closely to ensure individuals receive the appropriate grade level based on information on file (i.e., the extent of their permanent and severe impairment is appropriately identified). Based on available departmental data, over 60% of eligible Veterans with an approved PTSD service-related disability benefit are in receipt of APSC.

In terms of Veterans with a PTSD disability who are not in receipt of APSC (and may be eligible for APSC), their overall profile looks similar to those in receipt of APSC (e.g., similar average age and assessed disability rate for PTSD). The key differences between the two groups being:

- average total disability benefit paid rate (86% for those in receipt of APSC compared to 69% for those not in receipt of APSC); and
- likelihood of being case managed (30% of Veterans with a PTSD disability and in receipt had APSC had an active case plan compared to 17% of Veterans with

¹⁶ Contains VAC approved service-related medical conditions linked to APSC first applications decision between 1 April 2019 and 31 March 2023.

a PTSD disability not in receipt of APSC).

Predictors of APSC

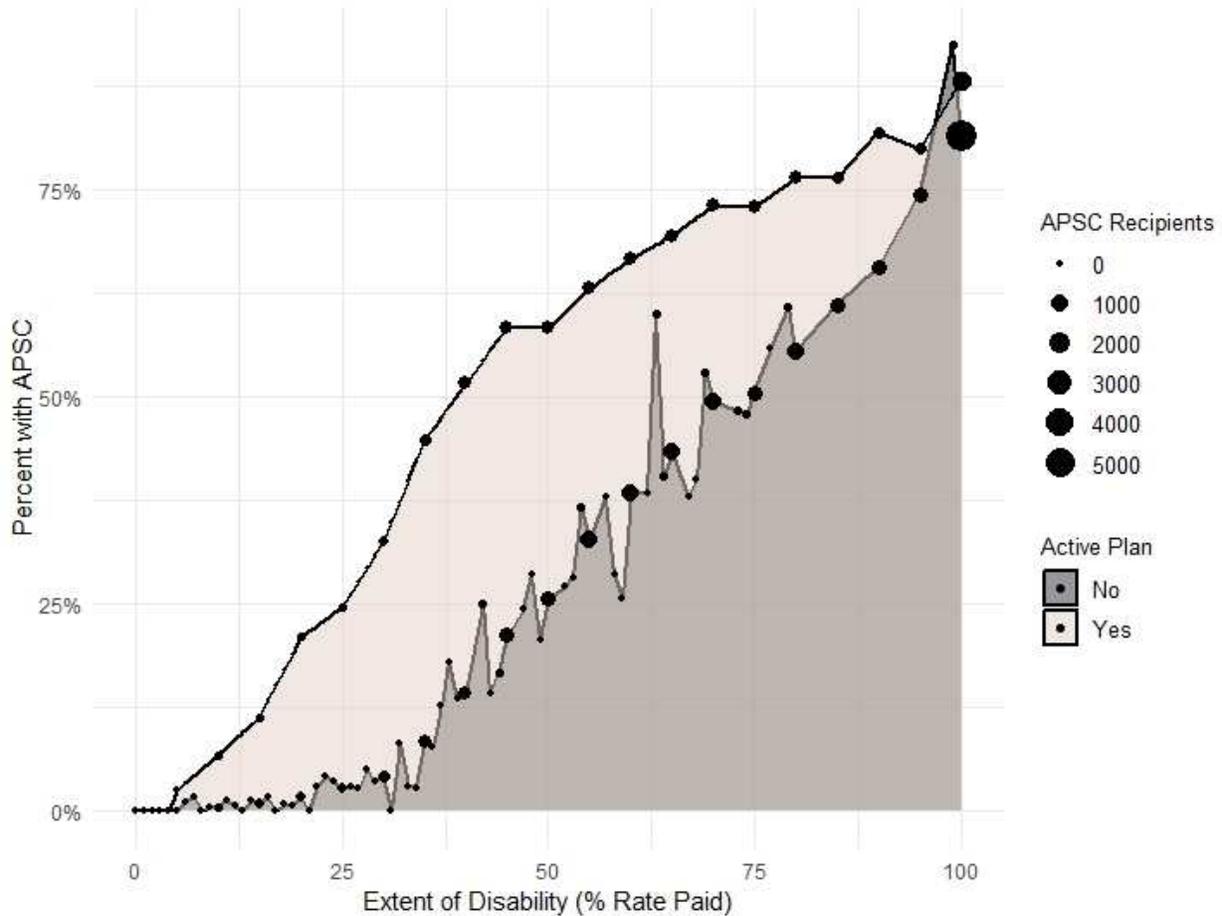
When considering disability rates¹⁷ and number of unique medical conditions, statistical analysis indicates there is a correlation with APSC.

Approximately 75% of eligible Veterans with a total disability rate of 80% or higher are in receipt of APSC, and 50% of VAC clients with rate between 60% and 80% are in receipt of APSC. Analysis of operational data also determined that the percentage of Veteran clients in receipt of APSC increases with the number of unique medical conditions related to disability benefits. Of note, PTSD is the second most likely condition linked to an APSC first application, but the approval rate is high regardless of the number of medical conditions on the application.

Furthermore, Veterans who are case managed (i.e., have an active VAC case plan in GCcase) are also more likely to be in receipt of APSC compared to Veteran clients without an active case plan. Based on March 2023 data, 60% of the eligible Veteran population with an active case plan were in receipt of APSC. The evaluation team did not conduct a file review, therefore is unable to make further comments on the linkage between APSC and case management, however, it can be assumed that those Veterans with active case plans are most likely those with more substantial medical conditions/impacts on re-establishment. Also, the support and guidance from a case manager could aid in identifying APSC as a VAC benefit to apply for. In fact, while the percentage of Veteran clients in receipt of APSC increases with the rate of disability, clients with an active case plan are still more likely to be in receipt of APSC compared to those who are not. Figure 3 illustrates this relationship.

¹⁷ In order to match departmental reporting, the evaluation assessed medical conditions based on the paid disability rate, versus assessed rate. The disability rate paid is the assessment rate that is rounded to the nearest 5% past a certain percentage.

Figure 3, Percentage of eligible Veteran clients with APSC and an active case plan and disability rate paid



source: AED analysis of VAC Finance data. 31 March 2023.

Based on the evidence reviewed, the evaluation team is unable to state whether those who would potentially qualify for APSC are sufficiently aware of the program; however, the number of APSC applications and recipients continues to increase year over year, indicating many are aware of the benefit.

Since an APSC application may have multiple medical conditions attached to it, the current reported favourable rate at the application level does not show potential trends by medical conditions and/or number of medical conditions. Reporting at the medical condition or medical category level would help inform program management and decision making.

RECOMMENDATION #1: It is recommended that the Director General, Centralized Operations with the Director General, Information Technology and Information Management, Administration and Privacy, expand regular APSC reporting to incorporate application trend data, including medical conditions/categories.

Management Response: Veterans Affairs Canada agrees with the recommendation.

Action and Rationale	Expected Completion /Implementation Date	ADM Accountable for Action
<p>The Director General, Centralized Operations Division with the Director General, Information Technology and Information Management will develop an APSC data set that will allow for expanded regular reporting on APSC. The data set will include information related to the medical conditions associated with APSC applications, and will allow Centralized Operations the ability to analyze trends associated with the APSC program. The work will be dependent on analysis of the reporting requirements and needs. Until this detailed work is complete, we will be unable to determine a firm completion date. Once the report updates are outlined, we will submit a business case to confirm funding for any additional work.</p>	<p>March 31, 2026 (Dependent on Business Case)</p>	<p>Assistant Deputy Minister, Service Delivery Assistant Deputy Minister, Chief Financial Officer and Corporate Services</p>

3.1.2 Gender Based Analysis Plus considerations

Gender-based analysis plus (GBA Plus) is an analytical process used to assess how different groups of women, men and gender-diverse people experience policies, programs and services based on multiple factors including race, ethnicity, religion, age, and mental or physical disability. According to Treasury Board Secretariat (TBS), differential impacts on diverse groups of people are to be considered for policies and programs¹⁸.

As noted in the Considerations and limitations section, the degree of GBA Plus data available at the time of the evaluation was based on an overall recipient analysis. A review of available operational data enables the evaluation to make the following statements:

¹⁸ <https://www.canada.ca/en/treasury-board-secretariat/corporate/reports/2019-20-departmental-resultsreports/gender-based-analysis-plus.html> "In support of the Government's obligations under the Canadian Gender Budgeting Act, program-level GBA Plus impacts are to be reported in a supplementary information table as part of the 2019–20 Departmental Results Report."

- Region – Veteran clients residing in Atlantic Canada are more likely to be in receipt of APSC compared to those in Western Canada.
 - 30% of APSC recipients are in Atlantic Canada compared to 25% of the eligible Veteran client population, while 23% of APSC recipients are in Western Canada compared to 28% of the eligible Veteran population.
- Sex – female Veterans are more likely than males to be in receipt of APSC.
 - Approximately 17% of APSC recipients are female, which is slightly higher than the percent of eligible female Veteran client population (12%).
- Age - older clients are less likely to be in receipt of APSC compared to younger clients.
 - Compared to the eligible Veteran client population, there is a smaller representation of APSC clients over the age of 70 (6% of APSC clients are 70 years of age or higher, compared to 29% of the eligible Veteran population).
- Marital status – Married or Common-law Veterans are the most likely to be in receipt of APSC (48%), which is slightly higher compared to the eligible Veteran population of the same group (42%).
 - In comparison, the percentage of single Veterans in receipt of APSC is slightly lower than the eligible Veteran population for the same group (44% compared to 51%).
- Language – the Department does not currently collect data specific to client’s first language, but rather captures which official language is preferred for communication purposes.
 - When comparing preferences for written language, 81% of APSC recipients indicate English as their written language of choice, compared to 19% indicate French. This language profile is similar to the eligible Veteran client population.
- Homelessness - based on the CSDN homelessness indicator¹⁹, 321 Veteran clients with an active indicator between 1 April 2019 and 31 March 2023 were in receipt of APSC in the same period²⁰. This equates to approximately 50% of eligible Veterans with an active homelessness indicator within the scope period receiving APSC benefits. As of 31 March 2023, there were 86 Veterans in receipt of APSC who had an active homelessness indicator. A more thorough review of client files would be required to determine the extent of the correlation that exists,

¹⁹ The homelessness indicator is entered into CSDN manually by a VAC employee based on knowledge shared by the client at a point in time and may not capture all homeless Veterans. Additionally, the indicator will remain active unless the Veteran updates the department on their living situation. The indicator also captures Veterans at risk of homelessness.

²⁰ Data as of 31 March 2023.

however there are indications that that the monthly APSC benefit is helping reduce the risk of homelessness.

Interviews with departmental employees did not note any concerns/issues with application processing, policies, program management etc. from a GBA Plus perspective; however, the evaluation notes that there is limited information available and is unable to make conclusions from a GBA Plus perspective. Reiterating findings from previous evaluations, there continues to be a gap in information to support the conduct of gender-based analysis to ensure VAC programming is serving all sub-groups equitably. The Department should continue to work towards completing the corrective actions of Recommendation 2 from the *Horizontal Evaluation of Program Alignments* which would see the development of a Data Action Plan to guide the collection of the needed GBA Plus data points.

3.2 Alignment with government priorities and federal roles and responsibilities

The APSC aligns with government priorities and departmental roles and responsibilities.

The Government of Canada continues to recognize supporting the well-being of Veterans as an area of priority. Since the APSC is part of the larger suite of PFL benefits, specific mention of the program in federal documentation isn't always obvious. Speeches from the Throne within the evaluation scope period, identify support towards Veterans, including investing more funding to deliver better outcomes for Canadian Veterans.

Though not exclusive to the APSC, mandate letters to the Minister of Veterans Affairs (2019 and 2021) note priorities towards improving benefit access and efficiency of decision making:

- *“Your top priority is to ensure that services and benefits necessary for the physical, mental and economic wellbeing of Veterans and their families are easily accessible, responsive, and available in a timely manner”*; and
- *“Continue to streamline the current suite of benefits with the goal of reducing overlap and administrative burden, and further improving Veterans Affairs Canada’s performance, as well as the client experience for Veterans, both as they transition to civilian life and as their needs change throughout their lives”*.

3.3 Alignment with departmental roles and responsibilities

The Department’s responsibility to deliver the APSC is outlined in Part 3, Section 56.6 of the *Veterans Well-being Act*, stating that the Minister may pay APSC to Veterans who suffer from one or more disabilities that are creating a permanent and severe impairment and a barrier to re-establishment in civilian life. VAC continues to identify an

overarching purpose, support the well-being and recognition of Canada's Veterans, and to provide support to the most vulnerable Veterans.

The evaluation team confirms, primarily through document review, that compensation through the APSC supports the Department in meeting its mandate and fulfilling its responsibilities of supporting the well-being of Veterans and recognizing the achievements and sacrifices of those who served Canada.

4.0 Program effectiveness and efficiency

A Performance Information Profile (PIP) is a document that identifies the planned performance information for each program in the Department's program inventory. Each PIP outlines program outputs and outcomes, as well as related performance indicators, targets, data sources and associated methodologies. The Department uses a Performance Outcomes and Indicators System to track and report on departmental performance outcomes, indicators and results. The Department's Integrated Planning and Performance unit is responsible for monitoring and overseeing PIPs, while VAC program officials are responsible for establishing, implementing and maintaining performance measures in support of their respective programs.

The APSC is included within the broader Disability Benefits Program. The objective for the overarching Disability Benefits Program is to compensate Veterans/members and other clients in recognition of the effects of service-related disabilities, loss associated with the barriers to re-establishment in civilian life caused by their service-related permanent and severe impairment, immediate consequences of a severe and traumatic injury or disease resulting from a sudden, single, service-related incident, death, or incarceration/evasion/escape. All programs are non-economic in nature.

Other programs that fall under the Disability Benefits Program include Disability Pension, Pain and Suffering Compensation, Clothing Allowance, Attendance Allowance, Exceptional Incapacity Allowance, Critical Injury Benefit, Detention Benefit, Prisoner of War, and Death Benefit. The Disability Benefits Program PIP (established March 2021) is large, with 45 performance indicators.

4.1 Achievement of expected outcomes

The APSC has very limited performance indicators included in the Disability Benefits Program Performance Information Profile specific to its unique performance. Given the continued and expected program growth, additional performance measures would be warranted to appropriately measure program success.

The intent of APSC is to recognize and compensate Veterans experiencing barriers to re-establishment in post-service life due to a severe and permanent impairment. The evaluation measured progress towards achieving the established outcomes related to the APSC. Immediate, intermediate and ultimate outcomes associated with APSC as well as related performance indicators, targets and reported results are laid out in

Appendix B, Reported APSC outcome measurement results. An overview of the performance findings by outcome are highlighted below.

Immediate outcome #1 – “on line application process is user-friendly”

This outcome and the three associated indicators are not specific to the APSC, therefore the methodology applied and reporting in the PIP is not specific to APSC. The performance indicators used to inform this outcome include:

- (1) percentage of CAF members and Veterans who complete their application online;
- (2) percentage of applicants that are satisfied with the online application process; and
- (3) percentage of end-users who report that they are confident they understand the information provided to them.

As of May 2023, the Department has ceased reporting on the two indicators related to user feedback/satisfaction with the application process. Results collected from 2019 to 2022 indicated an increasing trend in PFL applications being submitted online through my VAC Account, and satisfaction/understanding of information ranging from 63% to 80% agreement. It is difficult to interpret how much impact the APSC application process informed user/applicant feedback, as information was collected in support of short-term usability outcomes to measure the implementation of PFL (including PSC, APSC and IRB), and was not specific to APSC.

The percentage of Disability Benefit applications received online via My VAC Account continues to be measured in the PIP. At the time of the evaluation, there was no formal reporting of APSC applications received via My VAC Account. The evaluation team reviewed application source data from GCcase, which shows that approximately 90% of APSC first applications are submitted online.

The 2022 Veteran National Client Survey asked some questions around the use of My VAC Account; results show 92% of respondents who were in receipt of APSC said they've used My VAC Account (though use is not specifically linked to APSC).

The evaluation team did not collect direct user feedback, however, was able to walk-through the APSC application process through My VAC Account. The observation included a review of application instructions, web-guided cues and required information fields. The APSC first application was found to be straightforward and user-friendly with minimal effort required from the applicant. The evaluation team does note a few potential areas for improvement in terms of applicant cues and searchability of APSC application types on the website. This will be further discussed in section 4.2.1, System functionality and efficiency.

The form to request an APSC grade reassessment is a PDF fillable form, versus a web-guided form, meaning there is slightly more effort to ensure all fields are filled in, and the nature of the form requires additional input of information (changes in impairment) by the applicant.

Despite the relative ease of the APSC application process, an analysis of departmental application data found that there were frequent duplicate applications submitted and first applications submitted in error (i.e., a request for grade reassessment application should have been submitted). Between April 2019 and September 2023 there were a total of 2,588 duplicate first applications removed from GCcase. In addition, a review of unique CSDN IDs showed that almost 40% of those submitting duplicate applications did so on multiple occasions.

In lieu of direct applicant feedback the evaluation is unable to make statements on the user friendliness of the APSC application; however, based on observation, and a review of operational data combined with interview results from departmental employees indicates that application forms themselves are user-friendly, but there may be confusion on when/how to apply for APSC following a first application submission. Details regarding the efficiency of the APSC application process are discussed further in section 4.2.2, Application process.

If the opportunity to seek applicant feedback arises again, it would be beneficial to collect input directly from APSC applicants. Additionally, an indicator related to tracking online APSC application submissions would be beneficial measure to add to the PIP, and track on an annual basis.

Immediate outcome #2 – “Veterans receive benefit decisions in a timely manner”

The departmental service standard from APSC application to decision rendered is 16 weeks (the same as the PSC). The performance target is that 80% of decisions are made within 16 weeks.

In addition to initial program and system implementation impacts, the APSC encountered challenges meeting the service standard turnaround time within the evaluation scope period due to system limitations, particularly in 2022-23. At that time, the APSC unit had issues viewing pending applications as well as service release notifications. System functionality and reporting enhancements, and process changes in 2023 have enabled the APSC operations team to improve achievement of the service standard significantly. Program efficiency and system functionality will be discussed more in depth in section 4.2.1.

Table 7 provides an overview of APSC service standard results from 2019-20 through 2022-23. At the time of report writing (January 2024) the majority of APSC first application decisions were being made within the service standard, with over 85% of decisions made within 16 weeks.

Table 7, APSC Published service standard results - When you apply for APSC, your decision will be made within 16 weeks

Target	2019-20	2020-21	2021-22	2022-23	2023-24
80%	38%	37%	70%	45%	92%

In 2022-23, the Department began tracking the percentage of APSC payments made within a week from the date of decision. Based on performance reporting, this goal has been achieved between 99% and 100% in 2022-23 and is on track for the same result for 2023-24. Interviews with VAC employees did not indicate any issues with timeliness of APSC payments.

Additionally, at the time of report writing, a homelessness indicator (linked to CSDN client profile information) was incorporated into GCcase, further enabling the APSC operations team to provide timely decisions and payments to the most vulnerable Veterans.

Based on the information available, the evaluation finds that great majority of Veterans are expected to receive an APSC decision and any related payment in a timely manner.

Intermediate outcome – “Eligible Veterans are recognized and compensated for the effects of service-related disabilities”

The Department’s Veteran National Client Survey (VNCS) is used as the main source to measure the intermediate outcome, however as seen in Table 8, the survey questions used as the data source target the broader Disability Benefits program and are not specific to the APSC.

Table 8, Veteran National Client Survey results for recognition and compensation

Survey Question	Percentage of APSC recipient respondents (weighted average) ²¹	Percentage of Veteran Disability Benefit recipients
	<i>Those that agree or strongly agree with the statements</i>	
"The disability benefits I receive from VAC recognize my service-related disability".	66%	69%
"The disability benefits I receive from VAC compensate me for the effects of my service-related disability".	59%	61%

Source: Veteran National Client Survey. 2022.

Using the APSC in-pay indicator, the evaluation team is able to make comments on how APSC recipients responded to survey questions, compared to all Disability Benefit clients. In general, compared to all Disability Benefit respondents, APSC recipients were slightly less likely (less than 5% difference) to report agreement that the Disability Benefits that they receive recognize and compensate them for their service-related disability. Therefore, limited statements can be made regarding the impact APSC has on Veterans satisfaction with recognition and compensation.

Of note, whether in receipt of APSC or not, all Disability Benefit recipients were more likely to agree that the disability benefits that they received recognized them for their disability, compared to their agreement that the benefits compensated them for the effects of their disability. Additionally, the level of agreement for this question by Disability Benefit recipients and APSC recipients has trended down somewhat (4%-6%) since the previous survey in 2020.

In total, there were 426 APSC recipients who participated in the Veteran National Client Survey (13% of all survey respondents), which is slightly lower than the overall estimated APSC client base (18% of Veteran clients) but within an acceptable variance. Of note, analysis of responses for APSC recipients is possible based on survey respondents' agreement to use survey responses for secondary analysis.

The evaluation team notes several limitations to using the stated survey questions as the sole performance measurement data source:

²¹ In order to achieve satisfactory demographic parameters, the survey methodology oversampled some sub-population groups. Weighted averages were therefore used to ensure sample sizes were appropriately represented in average calculations.

- It is difficult to attribute Veteran feedback on disability benefits directly to APSC;
- 426 APSC recipients equates to approximately 2% of the total APSC recipient population at the time; and
- The survey questions are asked on a scale of agree to disagree, with no context or qualitative information provided in support of responses.

Veteran National Client Survey objectives

A document review shows that the Veteran National Client Survey has multiple objectives. The objectives of the most recent survey (2022) included:

- assess satisfaction with Service Delivery;
- determine preferred communication channels;
- measure client health and well-being;
- assess extent to which programs are effective in meeting client needs; and,
- support improvements to Service Delivery.

The evaluation team notes that two objectives are related directly to measuring the success of VAC programs (measure client health and well-being and assess extent to which program are effective in meeting client needs). The evaluation finds that there is an opportunity to maximize achievement of the survey’s objectives and collection of APSC performance information by incorporating a survey question targeted at APSC in 2026 (the next survey is scheduled in 2024 and additional time is required to determine the appropriate approach to measure the related APSC indicators).

Based on the information reviewed, the evaluation team is unable to determine the degree to which Veterans feel APSC recognizes and compensates them for the effects of their service-related disabilities.

Ultimate outcome #1 – “Veterans are physically and mentally well”

The ultimate outcome is measured by the percentage of Veterans who report that their health is very good or excellent. The established target is that 50% of Veterans agree with this statement. The associated data source is the Canadian Veteran Health Survey (CVHS). Results from the 2022 survey show that 40% of Veterans reported that their health was very good or excellent.

The Department’s Veteran National Client Survey also includes self-reported health and well-being questions which can help inform the ultimate outcome of health and well-being of Veteran clients and may be more appropriately linked as a performance indicator in the PIP, as APSC recipients can be identified with more potential to attribute feedback to the program. The CVHS targets the larger Veteran population (not just

clients of VAC) so the results/Veteran feedback on Veteran health is more difficult to attribute to specific VAC programs.

Given APSC is targeted to Veterans with severe or permanent impairments, a goal of 'very good or excellent' health may not be appropriate, and consideration should be given to changing the performance target for self-reported health to 'good, very good or excellent'. Responses from the 2022 Veteran National Client Survey show:

- Only 7% of APSC respondents self-rated their health as 'very good or excellent', while 40% self-rated their health as 'good, very good or excellent'.
- In comparison, 21% of all Disability Benefit respondents self-rated their health as 'very good or excellent', and 57% self-rated their health as 'good, very good or excellent'.

Ultimately, the goal of the APSC is to recognize and compensate Veterans for the barriers to re-establishment in civilian life caused by their service-related, permanent and severe impairment. The link between the program activities and the ultimate outcome of physically and mentally well is less obvious. In theory, the intended logic is that recognition and compensation contribute to recipients' physical and mental health.

Ultimate outcome #2 – "Veterans are able to adapt, manage, and cope within post-service life"

Similar to the ultimate outcome of physical and mental well-being, the Life After Service Survey (LASS)/Canadian Veteran Health Survey (CVHS) continues to be listed as an information source for the ultimate outcome that Veterans are able to adapt, manage, and cope within post-service life.

According to the PIP, the performance indicator for this outcome is the percentage of VAC Veteran clients who report an easy adjustment to post-service life. The latest result in the PIP indicates 59% of VAC Veteran clients reported an easy adjustment to post-service life, which is up from feedback collected in 2019 (45%).

The reported survey information is at the overall VAC client level, and the evaluation team is unable to make findings about the degree to which APSC contributes to survey respondents' input.

Ultimate outcome #3 – "Veterans are satisfied with the services they receive"

Veteran satisfaction of services received is measured via the Veteran National Client Survey, through two survey questions, both which are targeted at the overall services that Veteran clients receive. Though not specific to APSC, a review of survey responses

for 2020 and 2022 indicates a declining trend in satisfaction. APSC recipients reported slightly less satisfaction with the quality of VAC’s programs and services offered and quality of service delivery received by VAC, compared to overall Disability Benefit recipients who responded to the survey. The evaluation team is unable to speak to whether this satisfaction is with APSC, Disability Benefits or another VAC program. Of note, overall favourable client feedback has been declining, decreasing from 81% in 2017 to 76% in 2022.

Table 9, Veteran National Client Survey results for satisfaction with services

Survey Question	Percentage of APSC recipient respondents (weighted average)	Percentage of Veteran Disability Benefit recipients
	<i>Those that agree or strongly agree with the statements</i>	
" How satisfied are you with the quality of service delivery?"	71%	78%
" How satisfied are you with the quality of VAC’s programs and services offered?"	73%	76%

Source: Veteran National Client Survey. 2022.

4.1.1 Performance data

Limited performance data was available to assess the APSC, restricting the evaluation’s ability to make statements on program success. There are APSC specific performance indicators noted in the PIP, however many measures used to inform the indicators are not specific to the APSC, but rather the larger Disability Benefits Program. The result is a lack of program specific information available to measure program success.

Considering the recipient and expenditure growth of APSC to date, as well as the anticipated continued growth of the program (see Table 12, section 4.3, Program economy), it would be timely to implement appropriate performance measures and reporting practices now to best inform relevant program decision making. There is no exact comparison, but other VAC programs with smaller program expenditures and/or smaller recipient base have specific performance indicators or individual outcomes identified in their relevant PIPs (e.g. Caregiver Recognition Benefit, Funeral and Burial Program, and Veteran and Family Well-being Fund).

RECOMMENDATION #2: It is recommended the Director General, Centralized Operations review and enhance performance indicators and targets specific to APSC to enable the collection of more valuable information in support of measuring program success and program decision making.

Management Response: Veterans Affairs Canada agrees with the recommendation.

Action and Rationale	Expected Completion /Implementation Date	ADM Accountable for Action
The Director General, Centralized Operations Division will work in collaboration with the Director General, Strategic Planning, Results and Cabinet Business to review and update the Disability Benefits Performance Information Profile (PIP), to further develop performance indicators and targets specific to APSC in support of measuring program success.	March 31, 2025	Assistant Deputy Minister, Service Delivery

4.1.2 Gender Based Analysis Plus considerations

As of 2020, TBS requires GBA Plus indicators be incorporated into PIPs. The Disability Benefits PIP includes a variety of GBA Plus indicators, linked to an overall outcome that Veterans have equitable access to VAC programs and services. At the time of the evaluation, these indicators were inactive as the Department continued to confirm its approach and methodology linked to collecting private information. As discussed in section 3.1.2, VAC is continuing to work to establish more robust GBA Plus data as part of larger departmental Data Strategy and Data Action Plan (Recommendation 2 from the *Horizontal Evaluation of Program Alignments*).

4.1.3 Unintended impacts

The Exceptional Incapacity Allowance (EIA) is a tax-free monthly benefit that recognizes Veteran’s with serious illnesses or injuries that have a significant effect on their quality of life. The EIA, though similar in nature to APSC, has different eligibility and assessment criteria. Primarily, the EIA is a benefit under the Pension Act. In order to be eligible for EIA, a Veteran must have a disability pension or combination of pensions/awards of 98% or more, and have an exceptional incapacity related to the condition or conditions for which they have received a VAC disability benefit.

Individuals in receipt of the EIA are not eligible to receive APSC. According to the *APSC Policy*, if a Veteran is not receiving APSC and applies for EIA, the Department must first

determine whether the Veteran is eligible for the APSC. In other words, in some cases an EIA application becomes an APSC application.

In the planning phase of the evaluation, several interviewees noted overlap in duties and inconsistencies between the EIA and APSC, as both areas were rendering APSC decisions. Primarily, it was identified that the process for EIA adjudications supported the decision maker in seeking additional information if deemed necessary (e.g., contacting the client for additional information or requesting a nursing assessment through a VAC Field Office) whereas APSC unit decision makers were to base decisions on the information on hand.

During the analysis phase of the evaluation, efforts were underway to streamline the APSC assessment process and reconcile inconsistencies. Though changes were not implemented at the time of the evaluation, it is expected that the planned changes will bring more consistency to the APSC assessment process. Additional details are highlighted in section 4.2, Program efficiency.

The evaluation did not identify any additional positive or negative impacts related to APSC.

4.2 Program efficiency

While the evaluation process was underway, there were several initiatives and process changes introduced with the intention of improving efficiency and effectiveness for processing APSC applications and managing the program.

One key initiative is the development of a business process to provide additional guidance and support to delivering the APSC. At the time of report writing, the business process was in the final approval stages and a new process roadmap was being developed to support staff in the assessment process.

4.2.1 System functionality and efficiency

A number of initiatives have been introduced in 2023 which are enabling the APSC unit to enhance program operations. As the program evolves, there are additional areas that could help enhance operational efficiencies.

The APSC is a new program using a new system (GCcase). The first year of operations was impacted as the system was under development, and other programs took priority (i.e., PSC and Rehabilitation Services). The COVID-19 pandemic in 2020 presented temporary challenges as the Department adjusted to work from home mandates while the APSC was in the early phases of training and processing applications in GCcase.

As the APSC processing and GCcase gained some stability, COD introduced a number of initiatives in 2023 aimed at enhancing the efficiency of program operations. Some initiatives are recently completed or still in progress, therefore there is limited information to measure impact; however, initial feedback from the APSC unit, as well as a demonstration of system enhancements indicate positive impacts. Table 9 highlights a summary and status for the various initiatives.

Table 10, List and description of initiatives introduced/underway

Initiative	Overview of work underway and/or completed
<p>System functionality meetings</p>	<p>Bi-weekly meetings on system functionality were initiated during the evaluation review period²². The focus of these meetings is to discuss outstanding issues and priority setting with multiple key departmental employees. According to interviews, these meetings have enabled a number of quick fixes in 2023 to be implemented, for example:</p> <ul style="list-style-type: none"> • automated functionality to update and trigger action on APSC applications for serving-members once a release date is entered in CSDN (further details in the next row); • addition of new views to provide APSC decision makers with additional supporting information to aid in prioritizing assessment workload (e.g., date of death, homeless, previous APSC decision indicators); and • ability to add a note to the client notes component in CSDN from within GCcase (without the user having to leave GCcase).
<p>Service verification automation & tracking applications</p>	<p>The APSC application assessment process for serving CAF members has seen number of enhancements, which APSC decision makers indicate has streamlined workload significantly:</p> <ul style="list-style-type: none"> • Service verification was automated in summer 2023 with functionality embedded to automatically initiate a verification process in GCcase for a serving CAF member APSC application if a new CAF release date is entered in CSDN. • Additional automated functionality incorporated into GCcase includes tasks generated to the APSC unit once service is verified as released, and the application automatically moves into the “available for work” view. • Serving CAF member/Unable to Proceed letter was created in the summer of 2022 and the Desktop Procedures were disseminated to the APSC unit in November 2022.
<p>Application error reporting</p>	<p>The APSC GCcase system was experiencing a number of application error situations which required additional investigation. In the 4th quarter of 2022-23, a team resource was assigned to monitor the queue daily, to better determine necessary action. For example, a first application was received</p>

²² Note: During the implementation of PFL, there were regular system functionality meetings. Once implementation was completed, and the PFL team disbanded, the meetings ceased. Noting a need, similar meetings were initiated to discuss system functionality.

and monitoring	from an individual who previously had an APSC decision, therefore the application must be adjudicated as a subsequent first application or departmental review in CSDN (and withdrawn from GCcase). Initial feedback from employees as well as demonstration of the system indicate positive impacts of reduced application error reports and ability to redistribute work more efficiently.
APSC business process	At the time of the evaluation, there continued to be efforts to finalize an APSC business process. Interviews and documentation show that beyond the policy, the staff had informal functional guidance including desktop procedures and a draft business process, which has been under development since 2020. A review of processes in 2023 led to proposed process changes, which were being finalized and incorporated into the business process while the evaluation was underway.
Table of Disabilities chapter on APSC	A new APSC chapter was finalized in support of the updated VAC Table of Disabilities. The Table of Disabilities is expected to be released as a complete package in 2024-25. The APSC chapter will support the decision process by capturing the evidence used to assess eligibility and document the APSC decision.

4.2.2 Application process

The web guided APSC application in My VAC Account is clear and straightforward. There is a potential opportunity for early qualifiers to enhance the application assessment process.

At the time of the evaluation, there were two client-facing forms available related to APSC: *Additional Pain and Suffering Compensation* application and *Request for Additional Pain and Suffering Compensation Grade Reassessment*.

The great majority of first applications for APSC are submitted through My VAC Account. Observation of the self-guided application process found the application easy to navigate, within minimal manual entry of information required by the applicant. Approved service-related medical conditions (conditions for which the Veteran applicant has an approved VAC disability) are auto-populated into the application, therefore applicants do not need to indicate which medical conditions they are applying for.

The evaluation team notes that the APSC first application is at the top of the My VAC Account benefit application list, however the *Request for an APSC Reassessment form* is towards the end of the list and could potentially be missed by Veterans. Additionally, there is no form to submit a departmental review (Veteran has additional information that could impact a previous APSC decision). These factors could be contributing to the high number of first applications that should have been APSC reassessments or a departmental review.

Based on reporting from GCcase as of September 2023 there were almost 7,800 applications withdrawn from the system. An application withdrawn from the system can occur for many reasons, primarily being the result of application error, and few are a true withdrawal initiated by the Veteran applicant. Approximately 40% (3,127/7,745) of the withdrawn applications were removed from GCcase to be processed in CSDN. Another common need to withdraw an application is a duplicate application. There were a total of 2,588 duplicate applications over approximately three years of processing, which accounted for 33% applications withdrawn from GCcase.

There is potential to reduce workload burden from duplicate applications or applications made in error by adding system confirmation/pop-up for APSC applicants, or a potential hard stop (e.g., confirm applicants want to apply despite ineligible service or applicant already has an APSC application awaiting decision). Similar functionality changes have been discussed to some extent in the regular system functionality meetings and are being considered for upcoming updates.

Internal process changes and system enhancements in 2023 have improved the ability to track and manage serving CAF APSC applications and reduce impact on APSC decision makers' workload. Error reporting enhancements in 2023 have also helped manage application tracking, however this is managing the issue versus potentially addressing the reason for the issue. There is an opportunity to incorporate additional up-front cues to further enhance the efficiency of the application assessment process.

RECOMMENDATION #3: It is recommended that the Director General, Centralized Operations review the online application process for APSC from a client-centered approach, and with Director General, Service Delivery and Program Management, complete any updates determined to enhance the Veteran clients experience and the efficiency and effectiveness of the application assessment process.

Management Response: Veterans Affairs Canada agrees with the recommendation.

Action and Rationale	Expected Completion /Implementation Date	ADM Accountable for Action
Based on recommended improvements from COD, SDPM and IT impacted teams will add the work to their backlogs for prioritization. Focus will be on revising the online application process for the Additional Pain and Suffering Compensation (APSC) Program to better reflect a client-centered approach by ensuring the application forms are easy to find and complete.	January 30, 2026	Assistant Deputy Minister, Service Delivery

<p>Based on recommended improvements from COD, SDPM and IT impacted teams will add the work to their backlogs for prioritization. Work will aim to improve the online application functionalities to reduce workload burden from duplicate applications or applications made in error by adding system confirmation/pop-up for APSC applicants (e.g., confirm applicants want to apply despite ineligible service or applicant already has an APSC application awaiting decision).</p> <p>New resources will be required if this work is to have immediate prioritization. If not urgent or high priority, the work will be absorbed by impacted teams (including My VAC Account, GcCase, Letters/Forms, and Integration) within their capacity over the course of the next two years.</p>		
--	--	--

4.2.3 Innovation

There is an opportunity to consider how APSC could gain further program enhancements by trialing more innovation processes in determining program eligibility.

With system functionality issues being rectified, the unit operating well within the established service standard, and guidance documents in final development phases, it would be timely to consider how the APSC may be able to enhance processes to align with the needs of Veterans and contribute to the Department’s goal of a streamlined and client-centered approach.

Departmental priorities

The evaluation identifies that, though not exclusive to APSC, there is also alignment towards improving benefit access and efficiency of decision making in departmental planning documents. Priorities identified in VAC’s departmental plans consistently focus on service excellence and enhancements using technology:

- 2023-24 – Top priorities continue to be in the areas of service excellence (benefits in a timely manner) and modernization (increased use of automation/digitization).
- 2022-23 - Improve our services to strategically use data and new technologies such as Artificial Intelligence to improve processes and shorten processing times; modernize Table of Disabilities.

- 2021-22 - Reducing wait times continues to be a priority. We will challenge internal processes, learn from our partners, modernize tools, and look for the best way to implement a system of automatic approval for the most common disability applications.

Additionally, the 2019 mandate letter highlights priorities around streamlining benefits and reducing overlap and administrative burden as well as improving communications to Veterans of available benefits. The 2023-28 VAC Strategic Plan includes a priority around providing equitable and accessible programs and services. Under this priority, two initiatives are identified, which support the finding of employing innovative approaches for the APSC:

1. establish a unified application process and streamlining eligibility criteria so that Veterans are informed about the benefits and services they qualify for; and
2. ensure programs are meeting the needs of vulnerable Veteran groups.

Process enhancement opportunity

The *Application Waiver Policy* from 2018 was identified in past departmental evaluations as an opportunity to enhance reach and efficiency (e.g., could one program decision be aligned to other program eligibility decisions for seriously disabled Veterans or for certain medical conditions/assessment levels).

To date, the Department has been cautious when exploring the option of operationalizing application waivers. The evaluation team notes that proceeding with innovative processing options could help build an evidence base to support (or not support) application waivers in certain situations.

Based on a review of previous evaluation findings, as well as a review of operational data, the evaluation finds that there is potential to integrate a 'trigger' for specific medical conditions and/or range of disability assessment rates. For example, a trigger could be in the form of a system generated or manual work item to the APSC Unit following the approval of a disability benefit. This process could cue the APSC unit to review a Veteran client file for potential APSC eligibility and/or reach out to the client with an application.

The 2020 VAC Horizontal Evaluation noted an informal best practice of work items sent from Disability Benefit adjudicators to the APSC unit for Veterans approved for hearing loss over 300 decibels in each ear (an APSC grade three eligibility criteria) for the APSC unit to proactively contact the Veteran. A similar concept could be applied for Veterans with serious mental health/psychiatric conditions (e.g. PTSD currently has 97% favourable rate for APSC decisions) and/or other service-related medical conditions with high APSC favourable rates. Additionally, as technology continues to evolve, there may be opportunities to incorporate supporting automated algorithms into the systems.

Of note, as part of the ongoing process roadmap updates, a similar process is being implemented after an APSC decision is complete, where a work item will be shared with the relevant VAC Field Office for potential follow-up with the Veteran for additional benefits and services.

RECOMMENDATION #4: It is recommended that the Director General, Centralized Operations explore and analyze options to improve screening and program awareness for APSC among Veteran clients.

Management Response: Veterans Affairs Canada agrees with the recommendation.

Action and Rationale	Expected Completion /Implementation Date	ADM Accountable for Action
COD will explore and analyze options to incorporate innovation within the APSC program for clients. COD will further enhance program awareness through a client-centered approach that will screen for clients with the most potential to meet eligibility criteria and link them to APSC program resources.	March 31, 2026	Assistant Deputy Minister, Service Delivery

4.3 Program economy

Program expenditures are expected to continue to grow as the APSC recipient base increases and grade payments are indexed annually.

The APSC is a non-taxable monthly benefit and payments are indexed annually in accordance with the Consumer Price Index²³. The monthly benefit payment is based on the determined grade level of the recipient’s permanent and severe impairment. Table 10 outlines the 2023 payment rates by APSC grade.

²³ The Consumer Price Index (CPI) is one of the most widely used measures of inflation. CPI represents changes in prices as experienced by Canadian consumers. It measures price change by comparing, through time, the cost of a fixed basket of goods and services. A twelve-month change is the most common approach. https://www.statcan.gc.ca/en/subjects-start/prices_and_price_indexes/consumer_price_indexes/faq.

Table 11, 2023 APSC payments by grade level

ASPC grade level	Monthly payment amount	Annual benefit amount
1	\$1,691.76	\$20,301
2	\$1,127.84	\$13,534
3	\$563.92	\$6,767

Source: VAC Rates. Effective 1 January 2023.

At the time of the evaluation, there was financial information for four fiscal years available for analysis. A comparison of budget to expenditures shows an acceptable variance rate (within 5%). The higher than normal variance in budget to expenditures in 2019-20 was largely due to a delay in adjudicating new APSC applications, owing to transitioning processing to GCcase. Processing of new applications began in January 2020. This caused forecasted intake to be overestimated due to a backlog of applications that formed from April 2019 to January 2020. Of note, there was a backlog of CIA applications from 2018-19, and these applications were processed in CSDN in the first part of 2019-20.

Table 12, APSC budget and expenditures

	Budget (authorities available for use at year end)	Expenditures (authorities used)	Budget to expenditure variance rate (percentage)	Expenditure growth (percentage)
2019-2020	\$131,980,000	\$119,054,567	9.8%	---
2020-2021	\$159,046,000	\$154,052,414	3.1%	29%
2021-2022	\$181,100,000	\$180,304,714	0.4%	17%
2022-2023	\$227,960,000	\$224,640,132	1.5%	25%

Source: VAC Finance Division.

Though still under 5% of VAC program expenditures, the amount committed to the APSC program is growing. The 2023-24 Main Estimates indicates the APSC could move to the third largest transfer payment program at VAC by 2024-25 (\$274.5 million and 6% of VAC's transfer payment dollars). In terms of overall departmental spending, APSC grew from 2.5% to 4.1% of all departmental expenditures during the evaluation scope period. Forecasted expenditures indicate continued increase in spending, with expenditures expected to double by 2026-27 (\$474.7 million).

Table 13, APSC forecasted expenditures

	2023-24	2024-25	2025-26	2026-27	2027-28
Transitioned APSC clients	13,030	12,900	12,760	12,630	12,500
New APSC clients	19,390	24,940	30,250	34,300	38,290
Total clients	32,420	37,840	43,010	46,930	50,790
Total expenditures (000s)	\$288,050	\$349,590	\$414,940	\$474,690	\$539,260

Source: VAC Finance Division.

The evaluation is unable to make statements on the cost-effectiveness of the APSC. VAC allocates administrative costs for reporting purposes to the program level in the Departmental Results Framework. Administrative costs are not allocated to the lower sub-program levels. APSC is a sub-program of the Disability Benefits program. Therefore, VAC does not track or report administrative costs specific to the APSC program.

There has been program expenditure growth year over year, and this growth is expected to continue as the APSC recipient base increases.

5.0 Conclusion

The evaluation finds that there is a continued need and ongoing demand for compensation through APSC. The number of annual applications received, and the generally high favourable decision rate indicate that program is recognizing many Veterans with permanent and severe impairments experiencing barriers to re-establishments. Specifically, there is a high demand for APSC for Veterans with psychiatric medical conditions, and Veterans with higher disability rates and/or multiple medical conditions are more likely to receive APSC.

The APSC aligns with government priorities and departmental roles and responsibilities.

As a non-economic recognition benefit, the APSC is linked to the Disability Benefits Performance Information Profile. While this linkage is appropriate, the evaluation found that there were very limited performance indicators for APSC identified, and the evaluation had limited measures specific to the program's unique performance. Given the continued and expected program growth, additional performance measures would be warranted to appropriately measure program success and information future program decision making.

A number of efficiency initiatives have been introduced in 2023 which are enabling the APSC unit to enhance program operations. As the program evolves, the evaluation identifies that there are additional process/system changes that could help enhance operational efficiencies.

The great majority of APSC applications are submitted through VAC My VAC Account. The web guided APSC application in My VAC Account was found to be clear and straightforward. The number of duplicate applications and inappropriate application form use suggests clarifications on My VAC Account may be required. The evaluation also identifies that there is an opportunity to incorporate additional up-front cues on My VAC Account to further enhance the efficiency of the application assessment process.

As the Department continues to prioritize information technology modernization and strives to incorporate innovative practices, the evaluation identifies that there is an opportunity to consider how APSC could gain further program enhancements by trialing more innovation processes in determining program eligibility.

Program expenditures are expected to continue to grow as the APSC recipient base increases and grade payments are indexed annually. APSC is a lifetime benefit, therefore the expenditures will rise for the foreseeable future and is expected to reach almost \$540 million in 2027-28.

Appendices

Appendix A – APSC assessment criteria by grade level

APSC Grade level	Functionally	Physically	Mentally
1	<ul style="list-style-type: none"> A. require long-term hospitalizations; B. are institutionalized, or are approaching the need for institutionalization; C. require continuous physical assistance of another person with 6 of 7 ADLs; D. or require daily supervision and are not considered safe when left alone. 	<ul style="list-style-type: none"> A. quadriplegia; B. paraplegia; C. bilateral upper extremity amputation (at or above wrist); or D. bilateral lower extremity amputation (at or above the ankle). 	<ul style="list-style-type: none"> A. show obvious signs and behaviour that are influenced by delusions or hallucinations not controlled with treatment and demonstrate gross impairment in communication or judgement i.e., grossly inappropriate, incoherent or mute; or B. require total care and supervision in the home or an institutionalized setting.
2	<ul style="list-style-type: none"> A. require the physical assistance of another person with 50% or more of the tasks associated with transferring and ambulation (Mobility); or 4 Self-care activities; B. take an inordinate amount of time to complete transferring and ambulation (Mobility); or 4 Self-care activities; 	<ul style="list-style-type: none"> A. a complete and permanent loss of vision; B. irrecoverable loss of use of an upper and lower limb; C. a single upper or lower limb amputation at the hip or shoulder (no viable stump); or D. double limb amputations, i.e., at or above the ankle for the lower extremity and at or above the wrist for the involved upper extremity (viable stump). 	<ul style="list-style-type: none"> A. suffer from a psychiatric condition or neurocognitive disorder with persistent symptoms of extreme impairment of one’s ability to think clearly, respond emotionally, communicate effectively, understand reality, and/or behave appropriately; B. suffer from a psychiatric condition or neurocognitive disorder which requires long periods of inpatient hospital

	<p>C. have cumulative effects of limitations in most ADLs, as defined in paragraph 32.e., which when taken together have an equivalent impact on the person as A or B above; or</p> <p>D. require daily supervision and are considered safe when left alone for very short periods of time, such as 2 to 3 hours during the day, or 5 to 6 hours overnight.</p>		<p>care or a combination of inpatient hospital care and outpatient care; e.g., a full time day program; or</p> <p>C. require recurrent hospitalization, i.e., greater than 3 times per year, without recovery.</p>
3	<p>A. require the physical assistance of another person with 50% or more of the tasks associated with transferring or ambulation (Mobility); or 2 Self-Care activities;</p> <p>B. take an inordinate amount of time to complete transferring or ambulation (Mobility); or 2 Self-care activities;</p> <p>C. have an inordinate frequency in how often 2 Self-care activities are completed daily;</p> <p>D. have cumulative effects of limitations in most ADLs, as defined in paragraph 32.e, which when taken together have an equivalent impact on the person as A, B, or C above; or</p>	<p>A. a total and permanent loss of hearing;</p> <p>B. a total and permanent loss of speech;</p> <p>C. a single upper extremity amputation at or above the elbow;</p> <p>D. a single lower amputation at or above the knee; or</p> <p>E. irrecoverable loss of use of a limb.</p>	<p>A. a psychiatric condition or neurocognitive disorder for which the Veteran requires ongoing regular treatment, and which results in the Veteran suffering from severe and frequent symptoms (presenting at least once per week) which significantly interfere with functioning in the areas of thought and cognition; emotion, behaviour and coping; and/or activities of daily living.</p>

	E. require supervision at least three to four times per week for at least one hour per visit to ensure safety in performing activities of daily living and are considered safe when left alone for longer periods of time.		
--	--	--	--

Appendix B – Reported APSC performance outcome measurement results

Outcome	Performance Indicator	Target	Results
Immediate Outcomes			
The Pension for Life (Pain and Suffering Compensation/Additional Pain and Suffering Compensation) on line application process is user-friendly.	% of CAF members and Veterans who complete their Pension for Life application on line.	60%	3/31/2020 – 66% 3/31/2021 – 82% 3/31/2022 – 81%
	% of users who are satisfied with the on line application process.	80%	3/31/2019 – 75% 3/31/2021 – 71% 3/31/2022 – 80%
	% of end-users who report that they are confident they understand the information provided to them.	80%	3/31/2020 – 63% 3/31/2021 – 86% 3/31/2022 – 71%
Veterans receive benefit decisions for Pain and Suffering Compensation and Additional Pain and Suffering Compensation in a timely manner.	% of Additional Pain and Suffering Compensation applications for which a decision is made within 16 weeks	80%	3/31/2019 – 38% 3/31/2021 – 37% 3/31/2022 – 70% 3/31/2023 – 45%
Intermediate Outcome			
Eligible Veterans and other individuals are recognized and compensated for the	% of Veterans who report the Additional Pain and Suffering Compensation recognizes their service-related disability.	85%	3/31/2021 – 73% 3/31/2023 – 66%

effects of service-related disabilities.	% of Veterans who report the Additional Pain and Suffering Compensation compensates for their service-related disability.	85%	3/31/2021 – 63% 3/31/2023 – 59%
Ultimate Outcomes			
Veterans are physically and mentally well.	% of Veterans who report that their health is very good or excellent	50%	N/A
Veterans are able to adapt, manage, and cope within post-service life.	% of Veteran clients of Veterans Affairs Canada who report an easy adjustment to post-service life	70%	3/31/2023 – 59%
Veterans are satisfied with the services they receive.	% of Veterans Affairs Canada clients who are satisfied with the quality-of-service delivery they receive from Veterans Affairs Canada	85%	3/31/2021 – 81% 3/31/2023 – 78%
	% of Veterans Affairs Canada clients who are satisfied with the quality of Veterans Affairs Canada's programs and services offered	85%	3/31/2021 – 80% 3/31/2023 – 76%