

VETERANS AFFAIRS CANADA

Ad HOC

SPECIAL NEEDS ADVISORY GROUP (SNAG)

On the implementation of

The Canadian Forces Members and Veterans  
Re-establishment and Compensation Act – Bill C-45  
*“The New Veterans Charter”*

INITIAL REPORT

JANUARY 26 2006

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**1. INTRODUCTION**

- a The Canadian Forces Members and Veterans Re-establishment and Compensation (CFMVRC) Act, Bill C-45 was passed into legislation on May 13, 2005. This Act is also known as the New Veterans Charter (NVC). The terms Bill C-45 and the NVC are used interchangeably throughout this report and in all instances imply the Act itself.
- b The VAC Ad Hoc Advisory Group on Special Needs was established to serve as an appropriate portal that will allow access for “Special Needs Veterans” to be heard. In addition, it will provide comprehensive, balanced and ongoing recommendations to the Department. This Group has become better known as the Special Needs Advisory Group or SNAG for short.
- c There are two principle objectives of the SNAG. First, in the short term, obtain input on the development of regulations from those persons (Special Needs Veterans) who may have the greatest apparent re-establishment challenge with a view to determining if the “client’s needs” are being met and provide recommendations to VAC on improvements, as required. Secondly, over the long-term, post April 1, 2006 implementation, the SNAG will provide ongoing advice to VAC on the responsiveness of its policies, programs and services in fully meeting the needs of Special Needs Veterans, identifying enhancements that would better respond to those clients’ needs as well as determining if there are any significant gaps or omissions in benefit and service delivery.
- d This report is the first of what is expected to be a series of ongoing reports. It is a snapshot in time and the information presented and commented upon is based upon the information that was provided to the SNAG up to 26 January 2006. The NVC is dynamic in its policies and regulations, and consequently there are changes that have taken place since this report was put together which may render certain sections and recommendations out-dated.

**2. DISCLAIMER**

- a SNAG has not been around for a long time and therefore has not benefited from an in-depth knowledge of Bill C-45. Consequently, the information presented in this report represents the SNAG's analysis of the material that has been provided to the advisory group by VAC. Consequently, the SNAG acknowledges that the material contained in this report may not be complete or based upon all facts that may be available (if VAC has chosen not to present details to the SNAG).
- b The SNAG has also been made aware of the efforts by other independent veterans groups that are concurrently examining the NVC, and that VAC has not provided the SNAG with a synopsis of those efforts.

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- c The members of SNAG are not experts in the Pension Act regulations or the NVC regulations. The Advisory Group has not had the opportunity to compare Pension Act programs, eligibility, criteria, and coverage to the NVC. VAC to date has not provided a detailed comparison of the changes between the Pension Act and the NVC.

### 3. **ASSUMPTIONS**

- a It is assumed by the efforts of the SNAG team that benefits and services will continue to evolve so as to better meet the ongoing and changing needs of Special Needs Veterans.
- b The SNAG was assembled to examine how the Charter meets the needs of Special Needs Veterans, however in the course of this Group's efforts it has become apparent that this review could not be done in isolation of the entire Charter or the previous Pension Act provisions. Therefore all aspects of the Charter will be reviewed, if not in this report, subsequent reports and compared when applicable to the existing Pension Act.
- c In conversations with VAC it is assumed that the main effort of the SNAG commences with the implementation of the NVC on 1 April 2006 and that the SNAG will monitor the effectiveness of VACs ability to implement the Charter and provide observations and recommendations for improvement.
- d It is assumed that while the SNAG may provide observations and recommendations, VAC does not have to implement them. It is assumed that VAC will provide feedback to the SNAG as to the status of the observations and recommendations that were provided by SNAG, specifically those recommendations that were adopted and for those that were not – why not.
- e It is assumed that the activities of SNAG will become a matter for public record, accordingly this report, and subsequent reports are being written with that assumption.
- f It is also assumed that the SNAG is not required to render an endorsement or rejection of the New Veterans Charter, rather the SNAG is to provide unbiased assessment of success or lack thereof of the NVC and its implementation.

### 4. **SNAG COMPOSITION**

- a SNAG is national in scope and all members are willing to participate and collectively represent their particular area of expertise and/or experience. Membership in the SNAG consists of Canadian Forces (CF) veterans (all of whom are Special Needs Veterans of VAC), CF representation, members of the health, medical and family services professions, and Consultants to the SNAG from VAC.
- b The current and former members of the SNAG are listed at Annex A.

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- c Members of SNAG, not representing or contracted by the federal government, are reimbursed for services at the prescribed VAC rates. All members of SNAG are reimbursed for travel, meals and lodging expenses to attend scheduled meetings.
- d All members of SNAG have agreed to and signed the Terms of Reference, including Conflict of Interest, Ethics and Confidentiality agreements, as presented by VAC. A copy of each is held with VAC.
- e The SNAG is a collaborative advisory group; each member brings their own individual experiences and expertise.
- f The SNAG is supported administratively by the Secretariat, Consultation Directorate of VAC which is responsible for all administrative support and for maintaining the records management function for the SNAG and its operations.

## 5. **SNAG TERMS OF REFERENCE**

- a VAC has provided Terms of Reference for the SNAG generally concerning the objective of the advisory group, membership criteria, operations of the SNAG and conflict of interest, ethics and confidentiality guidelines. A copy of the SNAG Terms of Reference is held by VAC.
- b It is felt however that a reiteration of the Terms of Reference Objective for the SNAG would be useful in establishing the basis for this and subsequent reports.

### Objective

The immediate objective of the *VAC Ad Hoc Advisory Group on Special Needs* is to obtain input on the development of regulations from those person who may have the greatest apparent re-establishment challenge. In examining the proposed regulatory content with actual clients, the goals would be to determine if proposals meet clients' needs; if there are variations on the proposals that would better respond to those needs; and, to determine there are any significant gaps in the proposed Government response from a benefits and services perspective. Attention to family needs will be a consideration of the Advisor Groups as well.

The Department recognizes that this regulatory process may not be able to fully address all the challenges facing its special needs clients. The longer-term objective of the *VAC Ad Hoc Advisory Group on Special Needs* is to provide ongoing advice to the Department on the responsiveness of its policies, programs and services in fully meeting the needs of clients with special needs, identifying enhancements that would better respond to these clients' needs as well as determining if there are any significant

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gaps or omissions in benefit and service delivery. In this way, benefits and service will continue to evolve so as to meet the ongoing and changing needs of special needs Veterans.

## 6. **SYNOPSIS OF SNAG ACTIVITIES**

- a **Formation.** The SNAG was formed in August 2005 with an invitation from VAC to voluntarily participate. Packages of read-in material are provided by VAC to SNAG members on an on-going basis.
- b **Conduct of Meetings**
- i. All meeting administrative arrangements are coordinated by the Secretariat, Consultation Directorate of VAC.
  - ii. The Chair of SNAG in consultation with VAC establishes the Agenda for upcoming meetings and these are then distributed to members of the SNAG via e-mail or by courier.
  - iii. At each meeting the Agenda is reviewed and approved by the participants.
  - iv. A Record of Discussion (ROD) is kept by the Secretariat, Consultation Directorate of VAC. The ROD is distributed to all members of the SNAG for comments and approval of the ROD is confirmed at the subsequent meeting.
- c **SNAG Meetings**
- i. The SNAG has met formally three times in the fall of 2005.
    - 1) 21 September 2005 in Ottawa,
    - 2) 26 October 2005 in Ottawa, and
    - 3) 30 November/1 December 2005 in Ottawa
  - ii. An ad hoc SNAG meeting was convened on 26 January 2006 in Ottawa to work on elements of this Report.
- d **Conference Calls**
- i. In addition to formal meetings, there have been two Conference Calls.
    - 1) 13 December 2005 – Mr. W.D. Mogan, Executive Director Service and Program Modernization Task Force and the 5 CF Special Needs Veterans of the SNAG.
    - 2) 19 January 2006 – Mr. W.D. Mogan, Executive Director Service and Program Modernization Task Force and all available members of the SNAG.

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e **Interviews**

- i. A series of interviews were conducted by SNAG members and CF veterans in order for members of the SNAG to have a broader insight and understanding of the needs of Special Needs Veterans and their families.
- ii. A list of Special Needs Veterans who were interviewed is attached at Annex B.

f **Town Hall Meetings**

- i. SNAG members had the opportunity to attend various Town Hall Meetings hosted by VAC officials with members of the CF, Veterans and Veteran Associations.
- ii. A list of Town Hall Meetings attended is attached at Annex B.

g **Presentations**

- i. At each meeting there have been formal presentations made to the SNAG by specific individuals related to the issues in the NVC.
- ii. A list of all presentations made to the SNAG is attached at Annex B.

h **Documents**

- i. A list of documents pertaining to Presentations made to the SNAG or provided by VAC to the SNAG is attached at Annex B.
- ii. A list of documents submitted to VAC by SNAG members is attached at Annex B.

i **Agendas and Records of Discussion**

- i. A copy of all Agendas and Records of Discussion are attached at Annex C.

7. **OBSERVATIONS AND RECOMMENDATIONS**

a **General.**

- i. The pivotal document that is of absolute necessity in understanding the NVC is the Benefit Access Matrix (Annex E). In addition, the change in the VAC process involves a steep learning curve for both old and new veterans, and the associations and agencies that support them.



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- ii. SNAG did not have access to financial data, cost projections, cost of program services or any means to ascertain whether or not the veteran/client is better served financially under the NVC when compared to the Pension Act.
  - iii. VAC must take responsibility to ensure adequate and thorough follow-up for all clients is maintained and if necessary enshrined in legislation. VAC cannot simply out-source or rely on other provincial and federal programs to provide programs and services that benefit Special Needs Veterans or their families.
- b **Format for Observations and Recommendations.** The format for this portion of the report will follow the 5 Module format on the NVC as presented to the SNAG by VAC. These Modules are:
- i. Module 1 – Rehabilitation Services and Vocational Assistance Program,
  - ii. Module 2 – Job Placement,
  - iii. Module 3 – Economic Loss,
  - iv. Module 4 – Disability Awards, and
  - v. Module 5 – Health Benefits.
- c **MODULE 1 – REHABILITATION SERVICES AND VOCATIONAL ASSISTANCE PROGRAM**
- i. **General.** Rehabilitation Services and Vocational Assistance Program were considered in three very specific but overlapping and interacting areas; Case Management, Transition Interview and Rehabilitation Benefits. Case Management was determined to be the pivotal portion pertaining to all Rehabilitation Services and Vocational Assistance Programs. In order to better determine Rehabilitation Services and Vocational Assistance Program services the Case Management Model needs to be analysed to reflect how the services and programs are established, administered and brought to a successful conclusion. The New Program Access Flow Chart provided by VAC, attached as Appendix 1 to Annex D, was used as a guideline.
  - ii. **Transition Interview**
    - 1) **Needs Assessment.** The concern at this level begins with the concept of the Transition Interview, which all CF members will have to undergo, is really an intake assessment. Based on the information provided, the transition interview screening is set up as a Needs Assessment with no standardized tool, and as such, it is a “Best Guess” assessment. VAC has not stipulated what the credentials/education requirements are for the VAC staff doing the interview?

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Recommendations

- a) Appropriate standardized assessment tool should be utilized at all Centres to ensure continuity of service. Attached at Annex D, Appendix 2 is a Transition Assessment Tool Proposal.
  - b) VAC needs to review the Transition Interview/Needs Assessment using current accepted processes from accredited institutions.
  - c) Case management rests on a body of established social work/clinical knowledge, technical expertise, and humanistic values that allows for the provision of a specialized and unique service to designated CF client groups. VAC needs to establish Case Management Standards that specify minimum educational standards and career experience of all Area Counsellors, beginning with Transition Area Counsellors.
- 2) **Gap Analysis.** The NVC's system of programs focuses on a paradigm shift at the area counsellor/case manager level, where the VAC staff will initially assess CF member's needs at the transition interview. Case planning and case management will begin from that jump point. At the transition interview stage there appears to be a gap in regards to the lack of a standardized assessment tools being used and the assessor's ability to adequately assess the needs of CF members about to be released. Failure of a sound assessment at this level could jeopardize the CF member's likelihood of meeting eligibility for much needed programs down the road.

Recommendations

- a) VAC and DND need to develop case transfer protocols that outline preliminary Goals, Tasks and Functions, incorporating strategies for VAC to assume the Case Management role with the CF client and specify a date of "hand off".
- b) VAC and DND need to develop a communications plan with the CF member and with all service providers currently in place to assist the CF member and his/her immediate family.
- c) CF and DND, along with the medically releasing CF Member, have a minimum number of "wrap around" sessions with CF medical and rehabilitative staff to ensure all relevant documentations is provided to VAC to incorporate into the Case Plan.

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iii. **Case Management Services**

- 1) **Service Delivery**. The primary observation noted by SNAG with the proposed Case Management of programs within the NVC is that there needs to be clear front-line service delivery staff role clarification.

**Recommendations**

- a) VAC needs to develop an effective communications plan for all veterans, explaining the role of VAC staff, including Area Counsellors/Case Managers, Client Service Agents (CSA) and the Call Centre.
  - b) VAC needs to outline a clear Case Management Model that it will be using.
  - c) VAC needs to develop Case Management Standards as part of a Quality Assurance plan that allows for operational transparency and accountability.
  - d) All Case Management Services should follow a code of ethics to ensure Veterans Rights are not violated.
  - e) As part of Case Management Standards, VAC needs to communicate to all veterans the minimum educational levels and experience for Case Managers, CSA's and other VAC front line service providers.
  - f) To ensure continuity of front line services, VAC needs to develop a system for the District Offices that allows for a Duty Area Counsellor who will be available to all CF Veterans currently in rehabilitative programs. The Duty Area Counsellors will have the authority to instantaneously approve treatment request related to the CF veterans' pensioned condition. It is recommended that the Duty Area Counsellor is a permanent position whose job is to act as a back-up worker while Area Counsellors are meeting with their respected veteran clients and are not readily available.
- 2) **Caseload**. Area Counsellors' caseloads are currently extremely large and are not manageable.

**Recommendations**

- a) Increase the number of Area Counsellors at the District Office level and decrease individual caseloads.
- b) Standardized case plans indicating goals, tasks, objectives and timelines.

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- c) Area Counsellors will need to have regular contact with the CF veterans who are actively engaged in the rehabilitative programs.

iv. **Rehabilitation Benefits**

- 1) **General**. VAC continues to state that its goal is to provide exemplary, client-centred benefits and services that respond to the needs of Veterans, other eligible clients and their families (DPR 2004-2005 VAC).
- 2) **Client (veteran)-office communications**. Currently, there appears to be no communication plan that addresses telephone and mail protocols that are explained to the client.

Recommendations

- a) VAC needs to develop a plan outlining departmental communications standards and communicate this plan to all Veterans.
- b) Standards need to put into place such as a 48 hours minimum return time for voice messages to be returned and 10 days for mailed correspondence.
- 3) **Case Management**. In regards to Case Management, there is no communication plan provided to veterans as to what VAC can realistically offer under the NVC, including any proposed timeframes.

Recommendations

- a) As part of the Case Management and Communication Standards, VAC needs to clearly outline realistic expectations as to what is available to veterans and the timeframes on how long access/approval for said programs would take.
- 4) **Crisis Intervention**. Currently, during a crisis situation, there is no point of contact for veterans, particularly for those who may be actively engaged in rehabilitative programs. Moreover, there is nothing in place that allows for veterans to have direct contact with their District Office and their personal Area Counsellor/Case Manager. This could be viewed as a barrier and a deterrent for success if veterans must go through the call centre in order to have contact with a District Office.

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Recommendations

- a) VAC Area Counsellors need to provide their clients with their direct contact number. Veterans actively engaged in any rehabilitative programs should not have to contact their Area Counsellors/Case Managers via NFCC.
  - b) As per paragraph 7 iii (1)(f) of this report, VAC should consider a position at all District Offices that allows for a Duty Area Counsellor/Case Manager to be available 24/7.
- 5) **Family Physician**. There is no plan to address who is going to be available as a primary care physician to CF veterans upon release. Having a Primary Care Physician is a keystone to specialized medical care in Canada. Moreover, veterans will need a General Practitioner to make referrals to specialists. Surveys report that more than 4 million Canadians can't find a family physician to care for them.

Recommendations

- a) VAC must focus directly at the physician level and devise a plan that ensures that veterans identified as having special medical/psychiatric needs have a family physician at the time of release.
- 6) **District Officer Environment**. Current physical changes of many District Offices may act as an emotional trigger to veterans.

Recommendations

- a) VAC staff be trained in non-physical crisis intervention.
  - b) VAC must ensure the physical environments at all District Offices are conducive to individual respect rather than confrontational approach.
  - c) All “welfare wicket windows” be removed.
- 7) **Application for Benefits**. The 120-day application period after release needs to be monitored by VAC and support/advice provided to the veteran especially if s/he or their family is not aware of this condition.

Recommendations

- a) VAC staff monitor releases, especially high level of disability releases and ensure the veteran/client or their family/care giver makes the requisite application for benefits within the prescribed timeframe.

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d **MODULE 2 – JOB PLACEMENT PROGRAM**

- i. **General.** The Job Placement Program focuses on three key areas: job-search training, career counselling and job-finding assistance. VAC will be working in cooperation with current DND programs and services and other Federal programs and initiatives (i.e. Human Resources and Skills Development Canada (HHRSDC)) and private sector contracting.
- ii. **Job Placement.** There is little or no specific mention of priority hiring within the Public Service Sector.

Recommendations

- 1) VAC to lead by example and hire veterans from all levels of disability.
  - 2) VAC must take an active role, through the case manager in assisting the client in the job placement program and following up if successful, VAC should not simply hand it off to a 3<sup>rd</sup> party contractor.
  - 3) VAC should maintain an employment search database at the District Office for client and case manager use.
- iii. **Programs and Services.** There are no details mentioned in the NVC on specific programs and services. There also appears to be the potential for overlap or duplication of programs and services currently in place within DND (through SISIP).

Recommendations

- 1) VAC needs to monitor the success of the Job Placement Program especially for Special Needs Veterans or their families accessing this program through VAC and provide an annual report on its performance.
- iv. **Comparative Salary.** The Job Placement Program will not be considered as success if the jobs are dead-end for career advancement, menial minimum wage or simply “take whatever is available”. Soldiers benefiting from this program will be highly skilled and relatively well compensated from their service in the military, any new job must be commensurate with what the soldier was earning in the service and could be expected to earn/grow over his/her military career. There has been an example where the job placement program within DND failed a member due to the fact that the job found was deemed to be a higher wage than what the soldier was earning prior to injury – no account was considered for potential, and the job offer was rescinded.

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Recommendations

- 1) VAC must monitor the Job Placement Program and ensure that clients are well placed in their new job/career.
- 2) VAC must ensure there is some Quality Assurance Plan put in place to measure success rates, suitable job quality placements, some form of follow-up to assess if the client is successful in keeping the job over the long term, and if not – why not. This should be considered part of the case management process – goals of employment and if they are being met.

e **MODULE 3 – ECONOMIC LOSS PROGRAM**

- i. **General.** This is one of the two financial programs (the other being the Disability Award Program) that have come under the most scrutiny and criticism. The SNAG has not been fully briefed or provided with a comparison between the old Pension Act and NVC programs in order to render a full assessment of the merits or drawbacks of this program.
- ii. **Earnings Loss Benefit.**
  - 1) **General.** The premise behind this program is attending a rehabilitation or vocational assistance plan. For Special Needs Veterans this could be an insurmountable obstacle.
  - 2) **SISIP Relationship.** The Earnings Loss Benefit is inextricably intertwined with SISIP.

Recommendations

- a) The role or relationship between SISIP and VAC, with SISIP being a DND sponsored program and VAC with its own programs need to be better defined to ensure the Veteran is not compromised through internal differences of SISIP and VAC responsibilities.
- 3) **Minimum Salary.** The earnings loss benefit is based upon 75% of the pre-injury/release salary, with little apparent consideration for betterment of the individual or self-improvement.

Recommendations

- a) It is recommended that the minimum starting salary for any earnings loss benefit be Corporal basic rather than Private trained or some other

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mechanism that provides tangible income if the member must revert back to 75% of pre-release salary.

- 4) **Cost of living standard.** The cost of living needs to be taken into consideration recognizing the disparity between regions within Canada.

Recommendations

- a) VAC should consider some form of cost of living allowance or adjustment similar to the Accommodation Assistance Allowance (AAA) that is in place with DND and other federal departments.
- 5) **Income Offsets.** This is a portion of the Earnings Loss Benefit that could be the most mis-interpreted. The Case Scenarios prepared by VAC to demonstrate the advantages of the NVC when compared to the existing programs under the Pension Act and SISIP may not be entirely correct and VAC has not provided information to refute this concern.

Recommendations

- a) The phrase Income Offsets need to be better detailed as most members are not necessarily aware of the full implications of this term. Presently Case Scenarios do not specify any income offsets and their effects on total income.
- b) There should be a clear and definitive statement as to which sources of income are not considered for Income Offsets in the calculation of both VAC and SISIP coverage.
- c) SISIP needs to validate calculations used in the Case Scenarios prepared by VAC.

iii. **Permanent Impairment Allowance**

- 1) **General.** This appears to be replacing the Exceptional Incapacity Allowance (EIA) under the old Pension Act with a few modifications and a more restrictive eligibility criterion.
- 2) **Program Objective.** The stated program objective is “To recognize that a permanent and severe impairment leads to economic loss with respect to employment potential and career progression opportunities, and to compensate CF Veterans for these losses”. However the Legislation does not specify “economic loss”.



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Recommendations

- a) The Legislation needs to specify and define the term “economic loss”.
- 3) **Eligibility.** Permanent and Severe Impairment has a far too narrow interpretation to the extent that most veterans with special needs may not even be entitled to this allowance.

Recommendations

- a) The definition of permanent and severe impairment needs to be made broader in context. Attached at Annex D, Appendix 3 are those physical, psychological/mental and functionality conditions that need to be considered and taken into account during the assessment for this allowance.
- b) The definition of Permanent and Severe could be construed as too restrictive, it is recommended that the wording be changed or amended to include Chronic and/or Persistent with the following criteria:
  - 1. Chronic – condition has lasted a minimum of two years
  - 2. Persistent (unremitting) – condition is expected to last more than two years
- 4) **PIA Grading.** Under EIA (Pension Act benefit) there were 5 grade levels for which the allowance was a non-taxable benefit, under PIA this has been reduced to just 3 grade levels and the allowance has been made a taxable benefit.

Recommendations

- a) Reconsider the PIA program in its entirety and for sake of administration continue to use the existing EIA program.
- b) Change PIA to make it a non-taxable indexed benefit.
- c) Change PIA from 3 to 5 grade levels thus permitting more flexibility in its administration. It is recommended that Grade 5 allowance be \$500, increasing in \$250 increments to Grade 1 allowance of \$1500.

iv. **Supplementary Retirement Benefit**

- 1) **General.** This is a new benefit within the NVC to compensate for loss of retirement pension contributions. The full tax implications do not appear to be fully mature in the documentation.

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- 2) **Tax Implications.** As this is a taxable benefit payable at 65 consideration should be made for tax exemption if rolled over into an RRSP or other investment instruments.

Recommendations

- a) Canada Customs and Revenue Agency (CCRA) needs to be consulted to allow for a roll over of this benefit into a RRSP without incurring taxes.
- b) Payment to an estate in the event of death should also be considered eligible for roll over into a RRSP.
- c) The calculation of 2% of the 75% pre-injury income is seen as disadvantageous to the Veteran, the 2% should be based upon 100% of the pre-injury income.

v. **Canadian Forces Income Support Benefit**

- 1) **General.** This is a new benefit within the NVC to provide income for those who have completed a rehabilitation program and are capable of working but have not found employment or have reached age 65 and have a low income. It is similar to the existing War Veterans Allowance Program under the Pension Act. Qualifying criteria appears to be restrictive in nature. Its applicability for Special Needs Veterans is questionable considering the requirement to complete a rehabilitation program.

Recommendations

- a) The income-test must take into account regional disparity.
- b) Definition of “work” needs to be stated, work in this instance should be commensurate with the level of responsibility and training the veteran had in the military. Work should not be seen as demeaning to the individual, rather it should be viewed as a boost to self-esteem.

f **MODULE 4 – DISABILITY AWARD PROGRAM**

- i. **General.** This program was developed to compensate veterans and their survivors for the non-economic impacts of service related disability or death.

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ii. **Disability Award**

- 1) **General.** This award, while best intentioned, is viewed negatively by the advisory group due to a perceived or real financial delta between the existing Pension Act and the NVC. Not enough actuarial information has been provided to make an honest assessment as to the merits of this award when grouped with all the other programs and services under the NVC and then compared to the existing Pension Act allowances and benefits.

Recommendations

- a) The SNAG be provided with actuarial information to determine for itself if this Disability Award is in the best interests of the Veteran or is it merely a long term cost savings measure.
- b) The Table of Disabilities used in awarding disability pensions under the Pension Act, must be the same Table of Disabilities used in awarding the Disability Award under the NVC unless changes are warranted and the Veteran is not disadvantaged.
- 2) **Financial Concerns.** There appears to be no mechanism in place to protect the veteran from abusing the lump sum disability award as it is currently structured. Those veterans with diminished mental capacity or challenged with occupational stress injuries may not be in the best position to properly manage a large sum of money.

Recommendations.

- a) VAC provide ongoing financial counselling, not one time only counselling.
- b) The Case Manager or some legal entity (guardian or power of attorney) be empowered to monitor and assist the Veteran if there is a possibility of abuse of the award. VAC has to take some responsibility for putting the Veteran in this position.
- c) The Veteran should be given a choice of the lump sum award or an annuity over a specified period of time. The annuity should also include tax-exempt interest.
- d) The Case Manager, regardless of the size of the award, must be made aware of the percentage of disability and award itself.
- 3) **Eligibility Time Frame.** There are restrictions as to when a Veteran must apply for this award. It is possible, especially in special needs instances, that the

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upheaval in the Veteran's life may preclude the opportunity for application for this award.

Recommendations

- a) VAC Case Managers must ensure that the Veteran files an application within the prescribed time limits and assist the Veteran and/or his/her family in the application, if necessary.
  - b) The 120 day application criteria needs to be reviewed and extended, particularly for those injuries that may present themselves years after release, such as mental health issues.
- 4) **Standardization.** There is a concern that assessments of levels of disability may not be applied equally across the country.

Recommendations.

- a) There should be some form of audit of District Offices to ensure standardization of the disability award application and approval processes.
- 5) **Application for Disability Award.** The application for the disability award must benefit the Veteran especially when documentation cannot be found or does not exist. The benefit of the doubt must go in favour of the Veteran, unless it can be proved otherwise.

Recommendations.

- a) There should be a provision for making an affidavit or a statutory declaration attesting to the truth of the information being presented.
- b) VAC, in cooperation with the CF Releasing authorities, must make every attempt to ensure that the veteran's file is complete, especially medical and dental files at the time of release. If there is any doubt as to injury during service that has not been properly documented it would be noted at the time of release rather than at the time of the Veteran making an application.

iii. **Death Benefit**

- 1) **General.** The Death Benefit and the Survivors Benefit are linked in the event the Veteran dies, however the literature does not appear to clearly link them, which could lead to confusion at a stressful period of time.

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Recommendations.

- a) The Death and Survivors Benefits need to be better linked or related to each other in the NVC literature.

iv. **Clothing Allowance**

- 1) **General.** The Clothing Allowance appears to be unchanged from the Pension Act, therefore there is no comment on this allowance at this time.

v. **Detention Benefit**

- 1) **General.** The regulations appear to be based upon traditional periods of detention in a declared war with all rights of prisoners being respected (Geneva Conventions). However, in today's conflicts, the belligerents may be terrorists who may not even respect human life; consequently the pressures and stress placed on the CF member could be phenomenal. The qualification period starting after 89 days of incarceration or eluding capture is antiquated.

Recommendations.

- a) The number of days to qualify for the detention benefit needs to be amended, starting at Day 0 and working upwards incrementally in 10-day segments.

vi. **Veterans Burial Regulations**

- 1) **General.** The Veterans Burial Regulations appear to be little changed from the Pension Act.

g **MODULE 5 – HEALTH BENEFITS PROGRAM**

i. **Health Benefits**

- 1) **General.** This program provides for medical coverage for those not eligible for the Public Service Health Care Plan (PSHCP).

Recommendations.

- a) While it is not expressly stated in the literature it should be emphasized that this is health care coverage requires a monthly premium to be paid by the member. Will VAC adapt an identical program to PSHCP to ensure equity for rates? VAC should contract PSHCP to save on administrative and set-up costs. PSHCP is also well known by most serving members of the CF.

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- 2) **Dental Plan.** There is no mention of offering a dental plan similar in nature to the Pensioners' Dental Service Plan (PDSP)..

Recommendations.

- a) VAC offer PDSP or a similar plan in the same way as the medical plan is being offered. This would provide for a more comprehensive health benefits package for the Veteran.
- 3) **Family Physicians.** Access to a Family Physician is seen as a gateway to some of the programs through referrals, however it is well documented that in some areas of the country family doctors hard to get. It would be reasonable to expect that for unmarried Veteran leaving the comprehensive medical care offered by the military and try to find a civilian physician while coupled with being injured could be daunting.

Recommendations.

- a) VAC to utilize its own resources to provide "bridge coverage" until the Veteran has secured his/her own family physician.
- b) VAC should offer as a part of the case management service all medical referrals, rather than have the Veteran make appointments and then wait for a referral. VAC could establish minimum wait times for services and contract where necessary the required medical services.

h **MISCELLANEOUS CHARTER OBSERVATIONS**

- i. **General.** The following Observations and Recommendations while not specifically linked to one of the five modules discussed above pertain to overall observations of the NVC.
- ii. **Client Feedback.** In order to better assess the implementation of the NVC, feedback from impacted Veterans is critical.

Recommendations.

- 1) VAC should coordinate a series of client surveys using a similar approach to the survey conducted by Corporate Research Associates. Only new clients should be surveyed. The first survey should be completed within 90 days of implementation to understand the immediate effects. For the purpose of this advisory group – Special Needs Veterans need to be interviewed.

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- 2) The SNAG needs increased input from the special needs community, more interviews, surveys and presentations should be encouraged.
- iii. **Redress.** This issue is linked to all aspects of the NVC and indeed the existing Pension Act. Currently there is no comprehensive mechanism for redressing issues other than the much-maligned Bureau of Pension Advocates and the Veterans Review and Appeal Board. This existing process does not address issues for those who may have fallen through the cracks or indeed anyone who may wish to appeal any element of the NVC. Note: This report will not be discussing issues related to the Bureau of Pension Advocates and the Veterans Review and Appeal Board.

Recommendations.

- 1) VAC should respond to the numerous criticisms and recommendations from many focus groups and individuals and institute an Ombudsman, either alone or in cooperation with the existing Department of National Defence Ombudsman.
- iv. **Actuarial Review.** There is a general mistrust in the financial compensation/awards of the NVC when compared to the Pension Act. The feeling is that there is a cost savings measure being implemented at the expense of the Veteran. There has been no information presented to the SNAG that clearly outlines that the Veteran under the NVC is as financially secure as under the Pension Act.

Recommendations.

- 1) VAC contract a 3<sup>rd</sup> party independent agency to conduct an unbiased actuarial review comparing the benefits of the NVC to the Pension Act. In this observation an Actuary is considered to be a pre-eminent expert on financial risk. The findings of such a review would have to be made public.
- v. **Quality Assurance Plan (QAP).** There is no mention in the NVC of a quality assurance plan to ensure that all programs and services are being offered equally in all parts of the country and that the programs and services are monitored for success/failure over short medium and long terms.

Recommendations.

- 1) VAC should institute a QAP and utilize a 3<sup>rd</sup> party contractor for monitoring and reporting the various programs within the NVC. This report should be available to the public.

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- vi. **SISIP**. The NVC places a lot of emphasis and interoperability with the Serviceman's Income Security Insurance Plan (SISIP). The SNAG has grave concerns as to how VAC and a privately run insurance plan (SISIP) will best meet the needs of the Veteran. There is extensive overlap and duplication of services. The NVC and SISIP programs need to be harmonized.

Recommendations

- 1) VAC, in conjunction with SISIP, produce a plan/timetable where elements of both SISIP and the NVC are streamlined in order to better serve the Veteran. The current arrangements are extremely confusing and have in some instances curtailed VAC from offering more comprehensive services.
  - 2) VAC requires greater input from SISIP on how certain elements of the NVC will work; simply relying upon SISIP literature is not acceptable.
- vii. **Definition of Work**. A lot of effort in the design of the NVC focuses on rehabilitation and reintegration into society. The key element in rehabilitation and vocational training is attaining employment. It is important that VAC define employment in more succinct terms.

Recommendations.

- 1) VAC needs to more clearly define what "work" means. Work, or employment, must be seen as meaningful, commensurate with the level of responsibility and training held in the military, a boost to self-esteem and not de-meaning.
- viii. **Programs and Services Applications**. In all instances it appears that the onus for application for various programs rests with the Veteran. The literature as it currently is written places the requirement to apply for any program on the Veteran often with specific time limitations. This may be unreasonable to expect especially for Special Needs Veterans.

Recommendations.

- 1) This standoffish approach by VAC should be discontinued immediately and VAC should provide assistance to make or initiate all applications on behalf of all Special Needs Veterans.
- ix. **Burden of Proof**. There should be some onus put on DND to ensure departing member's files are complete and if they are not complete put an attestation to the fact that the individual's files are incomplete.



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Recommendations.

- 1) VAC should insist that all files received from DND be documented as to their completeness, this will assist in the member making claims in the future and place a certain onus on the employer (DND) to ensure files are as complete as possible upon release.
- 2) All applications/claims made by veterans should be considered approved and not discounted out of hand. If it is found that false statements were made, then VAC can proceed with recovery of the over payment and legal action if necessary. All veterans whose files may be incomplete should be allowed to complete a Statutory Declaration declaring that the facts they are presenting are indeed factual.

i **COMMUNICATIONS PLAN**

- i. **General.** This portion of the report does not correspond to any specific element of the NVC. With any new program introducing changes to the way “things have been done” for more than 60 years needs to be well communicated to existing clients and more importantly to future clients/Veterans. From what the SNAG has observed to date, there has been a communications deficit that needs to be corrected. This will also go a long way towards the QAP monitoring aspect.

Recommendations.

- 1) The VAC website needs to be kept current and informative about all aspects of the NVC with a tie back or linkage to the existing Pension Act.
- 2) Case Scenarios need to be listed more clearly on the website and in the NVC literature, and they must include more applicable and relevant cases, including an emphasis on case scenarios at the private and corporal levels.
- 3) VAC should establish an on-line feedback link on the website so Veterans can express their concerns, successes and failures with the NVC, with the results being forwarded to a contracted agency such as Corporate Research Associates for analysis.
- 4) VAC needs to promote on its website and in its literature the existence of advisory groups such as the SNAG and solicit input via on-line feedback, e-mails, verbal and written issues. These would need to be distributed to the SNAG for consideration.
- 5) Similar to an on-line feedback but more structured and made available in print would be a post-implementation survey. Results should be gathered

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by a contracted agency such as Corporate Research Associates for follow-up questions and analysis of the returns.

j **SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS.**

i. **General.** SNAG has observed that there are five main areas that need to be addressed in regards to successful implementation of the NVC's programs. These issues have all been elaborated upon in this report in their respective modules. In general the SNAG assessed the most pressing critical issues to be:

- 1) The Transition Interview process.
- 2) Case Management process.
- 3) Rehabilitation Issues.
- 4) Permanent Incapacity Allowance criteria.
- 5) The Disability Award process.

8. **CONCLUSIONS**

- a. **General.** It is not in the mandate of the Special Needs Advisory Group to endorse or reject the NVC as presented. The SNAG, in this report, has provided observations and recommendations for VAC consideration with regards to improving the NVC.
- b. The SNAG has not had the opportunity to examine the NVC in detail or render, at this time, detailed observations and recommendations. The SNAG has not had the opportunity to review reports prepared by other organizations, committees and agencies; therefore the SNAG has not fully benefited from those examinations of the NVC. The SNAG members are not experts in legislation, Pension Act or NVC specifics.
- c. The SNAG will require, as part of its ongoing mandate to monitor the implementation of the NVC from a Special Needs Veterans perspective and from continual feedback from new clients. Only through continual monitoring, client feedback and surveys and the provision of information requested in this report will the SNAG be in a better position to assess the overall implementation of the NVC.