

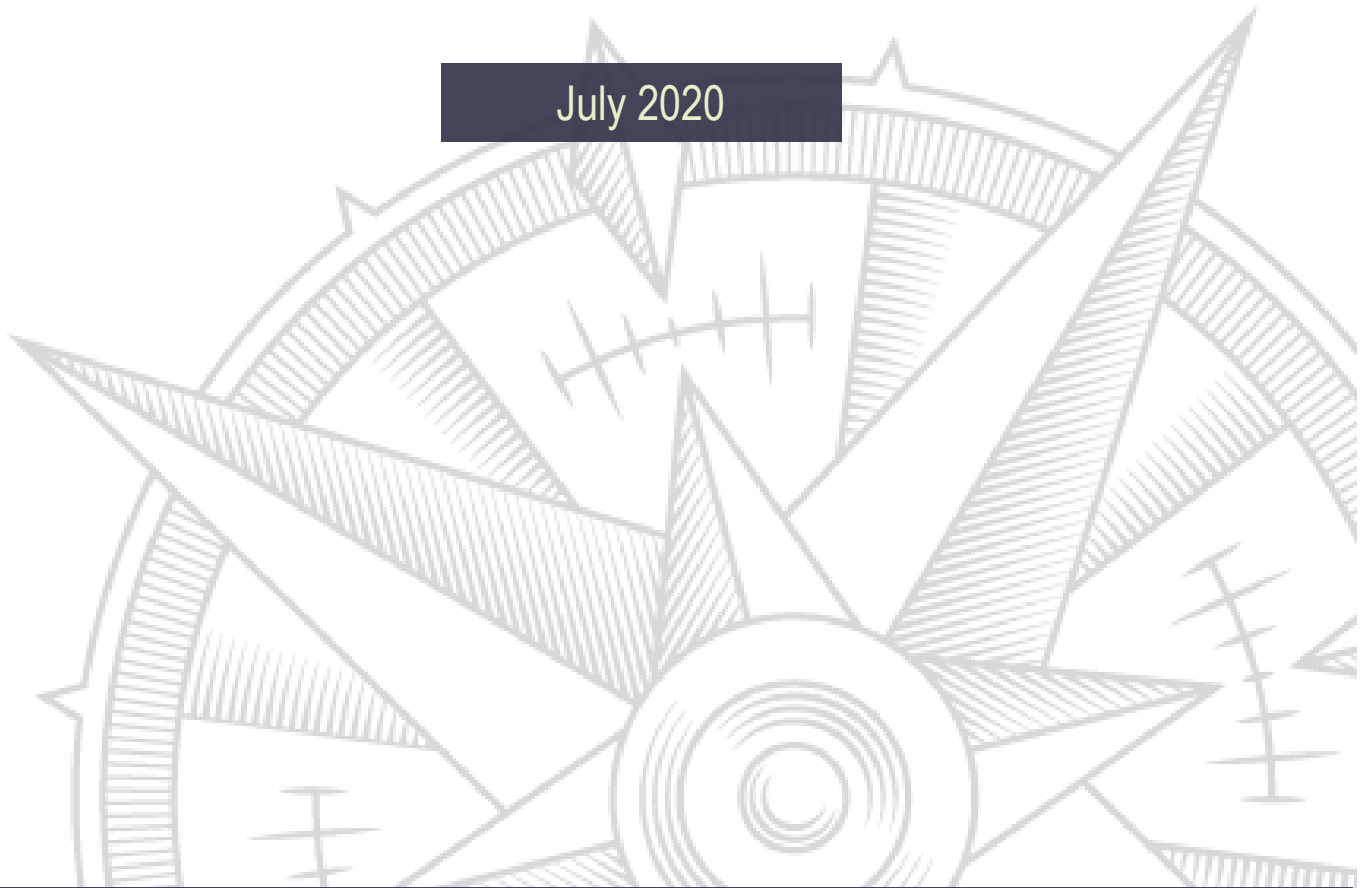


VETERANS AFFAIRS CANADA

Evaluation of the Caregiver Recognition Benefit

Final

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Executive Summary

The Evaluation of the Caregiver Recognition Benefit (CRB) was conducted in accordance with Treasury Board of Canada's *Policy on Results*. In addition, as part of the development of Veterans Affairs Canada's Departmental Evaluation Plan 2019-24 considering risk and need, it was determined that the CRB would benefit from an evaluation.

The evaluation sought to assess the relevance, performance, effectiveness, economy and efficiency of the CRB. More specifically, the evaluation assessed:

- the extent to which the program continues to address a demonstrable need, now and in the future,
- the extent to which the program aligns with Government of Canada priorities and with federal roles and responsibilities,
- the extent to which the Program is responsive to the needs of its intended recipients,
- whether processes are currently in place to ensure the program is being administered as indicated in departmental guidance,
- the extent to which the program is achieving its outcomes,
- whether there are opportunities to improve the efficiency and economy of the program,
- whether there are any unintended positive or negative impacts of the program.

The evaluation findings and conclusions are based on the analysis of multiple lines of evidence including quantitative and qualitative evidence.

Overall, the evaluation finds that there is a continued need for the program now, and in the future to recognize the important contribution that informal caregivers play in supporting Canada's Veterans. There are, however, opportunities to improve program policy and guidance and to ensure the program reaches its intended recipients. With this in mind, the evaluation has resulted in the following recommendations:

Recommendation 1:

It is recommended that:

- a) The Director General, Service Delivery and Program Management use existing program information/data to identify the Department's seriously disabled Veterans who have not applied for the CRB and could be eligible for the program.
- b) Subsequent to identification of the additional potential recipients, the Director General, Service Delivery and Program Management work in collaboration with the Director General, Centralized Operations Division to determine who may be eligible, and reach them by using application waivers, where possible.

- c) Subsequent to identification and eligibility confirmation of the additional intended recipients and program policy revisions, the Director General, Service Delivery and Program Management work to develop guidance and a resulting process, including the necessary tool and system changes, to ensure the program continues reaching the most seriously disabled Veterans, and where appropriate, to utilize application waivers.

Recommendation 2:

It is recommended that:

- a) The Senior Director, Program Policy undertake immediate efforts to update the CRB Policy to include evidence based medical direction and definitions with respect to each individual eligibility criteria, including details on:
 - i. The health needs/impairments that should be considered when determining a Veteran has a “level of care and supervision consistent with admission to an institution (eligibility criteria i);”
 - ii. Details on the difference between “daily physical assistance (criteria ii)” and “ongoing direction and supervision (criteria iii)” and how should these differences be approached when assessing the Veteran for needs associated with the activities of daily living;
 - iii. The health needs/impairments (including those relating to mental health) that should be considered when determining that a Veteran requires “daily supervision and is not considered safe to be left alone (eligibility criteria iv).”
- b) Subsequent to program policy revisions, the Director General, Service Delivery and Program Management Division update the CRB Business Process to provide specific guidance to decision makers on what recent/new evidence sources are to be used to assess eligibility criteria. If evidence sources/methods currently available to the Department are not sufficient to assess the CRB criteria, a revised and/or new application/assessments/ sources may need to be created.
- c) Subsequent to program policy revisions, the Director General, Service Delivery and Program Management promote/raise awareness of the revised program policy to Veterans and their caregivers.

Recommendation 3:

It is recommended that:

- a) The Senior Director, Program Policy update the CRB policy to provide specific guidance on the acceptable age of source documents, particularly for potentially unfavourable decisions, to ensure the Veteran’s current health situation is reflected in the decision making process.
- b) Subsequent to program policy revisions, the Director General, Service Delivery and Program Management work in collaboration with the Director General, Centralized

Operations Division to complete process, tool and/or system updates to ensure age appropriate source documents are used in the CRB decision making process.

1.0 Introduction

Established April 1, 2018, The Caregiver Recognition Benefit (CRB) is a monthly, tax-free benefit (indexed annually) that formally recognizes the contribution that informal caregivers¹ make to the health and well-being of seriously disabled Veterans with service-related physical and/or mental health condition(s) who require continuous provision of care. The benefit is paid directly to an eligible Veterans' informal caregiver.

1.1 Program Overview

Veterans in receipt of Pain and Suffering Compensation or the Disability Award who need caregiving due to their awarded service-related disability(ies) are eligible for the CRB. These are seriously disabled Veterans who require support and caregiving to maintain their health and well-being; remain safe; and/or accomplish activities of daily living² (ADLs).

The CRB replaced the former Family Caregiver Relief Benefit (FCRB). This change resulted from concerns raised by Veteran caregivers and stakeholders that the benefit did not recognize, in a tangible way, the contributions of caregivers, as the benefit was provided to Veterans and not the caregivers themselves. In addition, the 2015 mandate letter of the Minister of Veterans Affairs and Associate Minister of National Defence provided overarching direction to do more to support the families of Canadian Veterans. As a result, in April 2018, the CRB was implemented with an increase³ to \$1,000⁴ monthly paid directly to caregivers.

1.2 Program Eligibility

A Veteran is eligible for the CRB under section 65.1 of the [Veterans Well-being Act](#) if:

- a. the Veteran has had an application for a disability award or pain and suffering compensation approved under section 45 of the [Veterans Well-being Act](#) ;
- b. the Veteran requires ongoing care as a result of the health condition(s) for which the disability award or pain and suffering compensation application was approved;
- c. the Veteran has not been awarded a pension or compensation under the [Pension Act](#);

¹ An “informal caregiver” (identified as a “designated person” in the legislation) is a person 18 years of age or older who plays an essential role in the provision or coordination of ongoing care to the Veteran in the Veteran’s home, for which the person receives no remuneration.

² Basic Activities of Daily Living (ADL) are activities necessary for self-care. The following are used for the Caregiver Recognition Benefit: Mobility – Transfers/Ambulation (1 ADL) and Self Care – Feeding, Washing, Dressing, Grooming/Foot Care/Personal Care, Toileting and Taking Medication (6 ADLs).

³ The FCRB was an annual grant of \$7,238 or the equivalent of approximately \$603 per month.

⁴ The \$1,000 a month payment is tax-free and is indexed to inflation and is payable to one caregiver per eligible Veteran. The current monthly rate for 2020 is \$1,043.46.

- d. an informal caregiver who is 18 years of age or older plays an essential role in the provision or coordination of the ongoing care to the Veteran in the Veteran's home for which the informal caregiver receives no remuneration; and
- e. the Veteran requires at least one of the following⁵:
 - i. a level of care and supervision consistent with admission to an institution such as a long-term care facility ;
 - ii. daily physical assistance of another person for most activities of daily living;
 - iii. ongoing direction and supervision during the performance of most activities of daily living; or
 - iv. daily supervision and is not considered to be safe when left alone (i.e. Veteran poses a risk to him/herself or others if not supervised on a daily basis).

A Veteran is considered to need ongoing care, if his/her health condition(s):

- a. are continuous, and unlikely to substantially improve; or
- b. the duration cannot be determined, but are not expected to substantially improve for at least 12 months.

A caregiver plays an essential role in the provision or coordination of ongoing care in the Veteran's home when, in the absence of the caregiver:

- a. the provision or coordination of the ongoing care would be compromised; and
- b. the health and well-being of the Veteran would be placed at risk.

Groups not eligible for the CRB include:

- A. Veterans whose caregivers are under 18 or who are being paid for the provision of services or support.
- B. Still-serving Canadian Armed Forces (CAF) Members. However, they may be provided CRB information and application pre-release to ensure a seamless transition.
- C. Veterans awarded for a disability pension or prisoner of war compensation of 1% or greater under the *Pension Act*.
- D. Veterans who reside in a health care facility where the level of care provided eliminates the need for an informal caregiver (for example, an acute care or long-term care facility or a nursing home).

1.3 Program Delivery

Applications for the CRB are made by the Veteran either through My VAC Account or via paper form. CRB decisions are made by the Centralized Operations Divisions at Head Office, Veterans Affairs Canada. In an effort to avoid requesting additional information and/or assessments for the Veteran, decision makers attempt to use information already on file to support their decisions.

⁵ The four criteria in e. are prescribed eligibility criteria outlined in section 65.2 of the *Veterans Well-being Regulations*.

2.0 Scope and Methodology

This evaluation has been conducted due to departmental risk and need. During the preparation of VAC's Departmental Evaluation Plan 2019-24, the CRB was identified (through interviews and a documentation review) as a program that would benefit from an evaluation, primarily to assess program performance and effectiveness. In addition, this evaluation was conducted in accordance with Treasury Board of Canada's Policy on Results.

2.1 Evaluation Scope and Questions

The evaluation focussed primarily on the time period of April 1, 2018 to September 30, 2019 (post implementation for the CRB).

The objective of this evaluation was to assess the relevance, performance, effectiveness, economy and efficiency of the CRB. Specific questions assessed during the evaluation are identified in Table 1.

Table 1: Evaluation Questions

➤ To what extent does the program continue to address a demonstrable need, now and in the future? (Relevance)
➤ To what extent does the program align with Government of Canada priorities and with federal roles and responsibilities? (Relevance)
➤ To what extent is the Program responsive to the needs of its intended recipients? (Relevance)
➤ Are processes currently in place to ensure the program is being administered as indicated in departmental guidance? (Performance)
➤ To what extent is the program achieving its outcomes? (Performance) <ul style="list-style-type: none">• Immediate• Intermediate• Ultimate
➤ Are there opportunities to improve the efficiency and economy of the program? (Efficiency/economy)
➤ Are there any unintended impacts (positive or negative)? (Efficiency/economy)

2.2 Multiple Lines of Evidence

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

Table 2: List of Methodologies

Methodology	Source
Departmental Documentation and Secondary Research Review	<ul style="list-style-type: none"> Departmental documentation/information has been reviewed to understand the program objectives/intent, authorities and requirements, complexity, context and any key issue areas. Documents included departmental planning documents, policies, mandate letters, business processes, records of decisions, strategic documents, performance reports, research papers, survey results, and correspondence.
Non-Departmental Document Review	<ul style="list-style-type: none"> Various non-departmental documents were reviewed, including, Parliamentary reports, Budget Speeches/Plans, and Speeches from the Throne.
Interviews	<ul style="list-style-type: none"> Interviews were conducted with VAC staff in the following areas: program policy, stakeholder engagement, strategic policy, field operations, program management (service delivery), benefits processing, as well as other subject matter experts within the Department including Senior Management.
Statistical Analysis	<ul style="list-style-type: none"> Statistical analysis included: <ul style="list-style-type: none"> - VAC Facts and Figures - financial and operational data collected by VAC. - financial and operational data for other VAC programs that may relate to the CRB.
File Review	<ul style="list-style-type: none"> A file review was completed to assist in evaluating the performance and efficiency of the CRB. A random sample of 180 decisions were reviewed (of 1,806 total decisions), providing a confidence level of 95% +/- 7%.
Survey	<ul style="list-style-type: none"> A survey was disseminated to all current CRB recipients. Recipient feedback has been used as a data source. The survey was completed by 166 caregivers (of 705 contacted), providing a confidence level of 95% +/- 7%.

2.3 Considerations, Strengths and Limitations

- The CRB is a relatively new program, replacing the previous FCRB: neither have been previously evaluated.
- The evaluation team conducted the CRB Survey to better understand the experiences and perspectives of caregivers. The 705 caregivers in receipt of the benefit as of September 30th, 2019 were contacted. This was the first time contacting and requesting feedback from the caregivers limiting ability to complete trend analysis.
- The evaluation team did not assess other interventions that may be available for supporting caregivers.

3.0 Relevance/Reach

3.1 To what extent does the program continue to address a demonstrable need, now and in the future?

The evaluation finds that there is a continued need now and in the future, for the program to recognize caregivers for the informal support they provide seriously disabled Veterans.

In support of assessing the ongoing need for the CRB, the evaluation team reviewed published research, analysed operational and published program data, and obtained direct feedback from caregivers through a program recipient survey.

3.1.1 Published Research

The research reviewed provided evidence that caregivers are playing a significant role providing informal care for Veterans. It also highlighted the impacts and burden that results from caregiving responsibilities. Specific research studies and associated findings are noted below:

1. *“Research on Military/Veteran Families”* Veterans Affairs Canada, Research Directorate 2015
 - Family relationships were found to be important to the well-being and life satisfaction of CAF members. With respect to Veterans, families were found to be particularly important for those suffering from service-related conditions.
2. *“Qualitative Study on the Well-being of Families of Canadian Armed Forces Veterans with Mental Health Problems”* Veterans Affairs Canada, Research Directorate 2015
 - The study found that the imperative to care for the Veteran becomes the central, organizing facet of family experience.
 - Family members are very involved with the unpredictable daily life of Veterans with moderate to severe mental health problems.
 - Family caregivers are devoted but stressed psychologically and financially, in some cases making life and death decisions.
 - Families of Veterans with mental health problems can feel socially, geographically and administratively isolated, and have difficulty learning about resources that could be available to them.
3. *“Continuing Care Research Project”* Hollander Analytic Services Ltd, 2008
 - The project documented the substantial role played by spouses, family members and other informal caregivers in allowing Veterans to continue to be cared for in their homes.

4. “Wounded Veterans, Wounded Families”, Fast, Yacyshyn and Keating, 2008
 - Caregiving supporters of Veterans with high levels of disability were more likely than the general population of caregivers to have reported almost every one of the major categories of economic and non-economic consequences of care.
 - High proportions of caregiver supporters reported financial insecurity, stressful lives, and low levels of life satisfaction. They worried about their ability to sustain care.

5. “*The Impact of Operational Stress Injuries on Veterans’ Families*”, Fikretoglu, 2008
 - Existing literature on the impact of Veterans’ PTSD has found: increased mental health problems in spouses, increased caregiver burden for spouses, problems in marital adjustment, increased divorce rates, increased physical and verbal aggression against partners, adverse impacts on children’s behavioral and psychological adjustment.

3.1.2 Operational and Published Program Data

The evaluation team analyzed operational data, and reviewed program forecasts to confirm that there is an ongoing need for the program, now and into the future. As identified in Table 3, although decision volumes have been reducing since the program started, there is a continued demand for program decisions/new intake to the program.

Table 3: CRB First Application Decisions- April 2018- September 2019

CRB First Applications	# of Favourable Decisions	# of Unfavourable Decisions	Total Decisions	Favourable Rate %
2018-19: Quarter 1 ⁶	303	51	354	85.6%
2018-19: Quarter 2	178	350	528	33.7%
2018-19: Quarter 3	103	213	316	32.6%
2018-19: Quarter 4	99	159	258	38.4%
2019-20: Quarter 1	66	137	203	32.5%
2019-20: Quarter 2	27	120	147	18.4%
Totals	776	1,030	1,806	43.0%

⁶ 2018-19: Quarter 1 included decisions for Veterans previously in receipt of the Family Caregiver Relief Benefit, whom upon application for the Caregiver Recognition Benefit were provided favourable decisions without needing to submit new evidence leading to a much higher approval rate in that quarter.

The results show that less than 50% of First Applications are approved for program eligibility. In conducting gender and demographical analysis of program favorable rates, it was found that female Veterans were approved (46%) at a slightly higher rate than male Veterans (42%) and that married/common-law Veterans received favorable decisions in 48% of applications, compared to 34% for single/divorced/widowed Veterans.

The difference in favorable rates based on a Veterans marital status creates an opportunity for the Department to further review evidence sources used for decision making, and should be considered in response to Recommendation #2- Page 25. Additional information pertaining to program eligibility for seriously disabled Veterans can be found in **Section 4.1 (Are processes currently in place to ensure the program is being administered as indicated in departmental guidance?)**.

Published program forecasts are available at [Veterans Affairs Canada Statistics – Facts and Figures](#). Official departmental forecasts show a continued, and increasing demand based on program recipients and program expenditures, as displayed in Table 4.

Table 4: CRB Forecasted Recipients and Expenditures

CRB	2019-20	2020-21	2021-22	2022-23	2023-24	Forecasted Increase % (2019-20 to 2023-24)
Forecasted Recipients	640	780	840	890	950	+48.4%
Forecasted Expenditures (in \$ millions)	\$7.1	\$8.9	\$10.3	\$11.3	\$12.2	+71.8%

It should be noted that as of September 2019, the program had 723 recipients, already exceeding the 640 forecast for the end of the fiscal year (March 2020). Therefore, it can be expected that program forecasts will need to be adjusted in the future to account for this higher than anticipated intake.

3.1.3 Feedback from caregivers through a program recipient survey

In February 2020, a letter was mailed to recipients of the CRB (caregivers). The letter contained a web site link and recipients were asked to use the link to complete the survey online. Recipients also had the option to contact VAC’s Audit and Evaluation Division if they preferred to complete the survey in an alternate format (telephone, paper copy). Hereinafter, the survey will be referred to as the Caregiver Survey.

In total, 166 Caregiver Surveys were completed. The survey results demonstrated the critical role caregivers have in providing informal support to the Veteran, and

highlighted the physical, mental, and level of effort (time) impacts this role has on caregivers. These results are displayed in further detail later in this section.

As identified in VAC's [CRB Policy](#), an informal caregiver plays an essential role in the provision or coordination of the ongoing care to a Veteran in the Veteran's home if there is evidence that:

- a. the Veteran relies on the informal caregiver to provide or coordinate:
 - i. daily supervision;
 - ii. direction and/or physical assistance with most activities of daily living (a set of activities necessary for self-care); or
 - iii. assistance with completion of instrumental activities of daily living (daily activities that individuals normally do, unassisted, to live independently); and
- b. the Veteran's health and well-being would be placed at risk and the provision or coordination of the Veteran's ongoing care would be compromised without the informal caregiver.

The Caregiver Survey provided results regarding the role caregivers are playing in providing/coordinating care for Veterans. Detailed results can be found in Appendix A (Basic Activities of Daily Living) and Appendix B (Instrumental Activities of Daily Living).

Overall, for the Basic ADLs, 70%-80% of caregivers report that they are providing care across those items. In terms of the frequency of care, caregivers were more likely to report providing care "sometimes" and "often" than to be providing care "always" for the Activities of Daily Living.

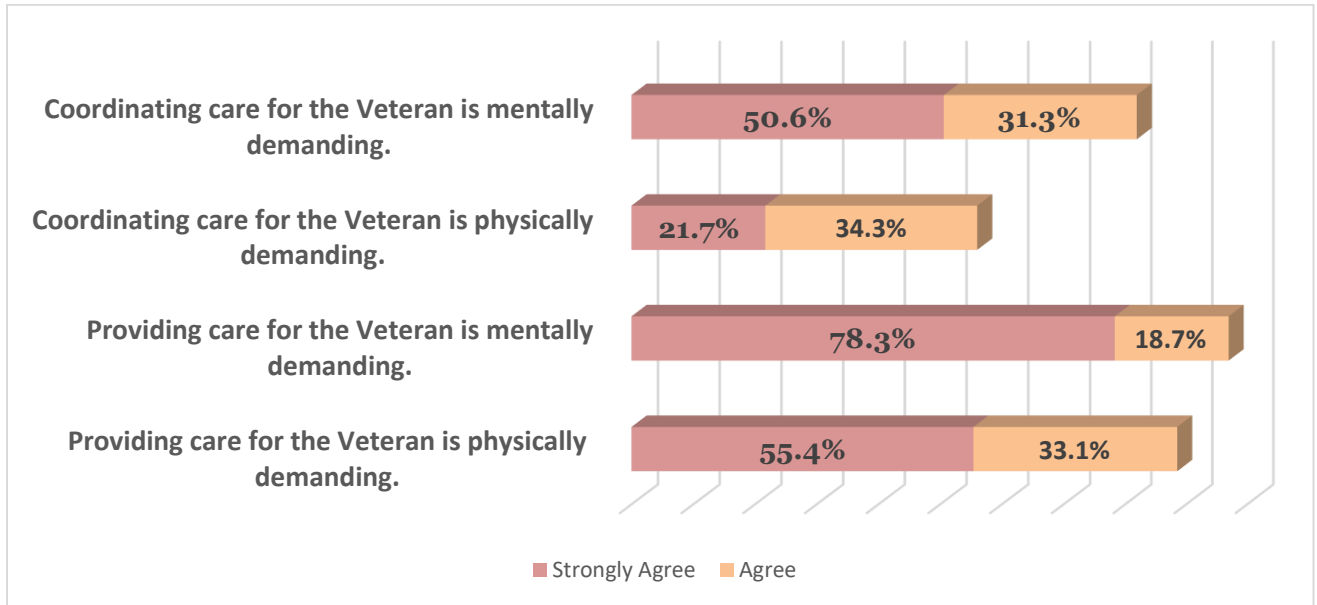
Overall, for the Instrumental Activities of Daily Living⁷, over 90% of caregivers report they are providing care across those items. In terms of the frequency of care, caregivers were more likely to report providing care "always" than to be providing care "often" or "sometimes" for the Instrumental Activities of Daily Living.

The Caregiver Survey highlights that the informal caregiver role is mentally and physically demanding. As displayed in **Graph 1**:

- 97% of caregiver respondents strongly agreed/agreed that "Providing care for the Veteran is mentally demanding." (78% strongly agreed)
- 88.5% of caregiver respondents strongly agreed/agreed that "Providing care for the Veteran is physically demanding." (55% strongly agreed)

⁷ Instrumental Activities of Daily Living (IADL) are activities that individuals normally do, unassisted, to live independently. The IADLs are: Preparing food, managing money, driving or accessing public transportation, using the telephone, running errands, shopping, housekeeping and grounds maintenance.

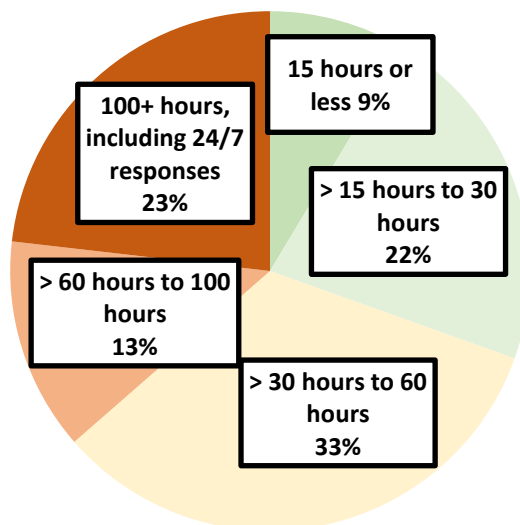
Graph 1: Physical and Mental Demands on Caregivers



The Caregiver Survey also showed informal caregivers are expending a significant amount of their time supporting the Veteran as displayed in **Graph 2:**

- Approximately 70% of caregivers report they are providing and/or coordinating care for more than 30 hours per week.
- More than one third of caregivers report they are providing and/or coordinating care for more than 60 hours per week.
- Close to one quarter of caregivers report they are providing and/or coordinating care for more than 100 hours per week

Graph 2: Physical and Mental Demands on Caregivers



3.2 To what extent does the program align with Government of Canada priorities and with federal roles and responsibilities?

The CRB aligns with Government of Canada priorities as well as federal roles and responsibilities.

The Government of Canada’s 2015 speech from the throne highlighted the alignment of this benefit with Government of Canada priorities, stating “In gratitude for the service of Canada’s Veterans, the Government will do more to support them and their families”.

In addition, Budget 2017 reiterated the Government’s commitment to Veterans, stating “The Government is committed to ensuring that it delivers the programs and services our Veterans—and their families—need for a seamless and successful transition from military to civilian life”. It continued by stating that measures would be implemented to “... better support the families of ill and injured Veterans, including caregivers”.

Building on that theme, VAC’s 2017 ministerial mandate letter stressed the need to continue implementation of the “... Caregiver Recognition Benefit, paid directly to Veterans’ caregivers”.

In addition, VAC’s mandate to deliver the Program is derived from s. 4 (a) (1) of the *Department of Veterans Affairs Act* which assigns the Minister of Veterans Affairs the powers, duties, and functions to provide for:

“...the care, treatment or re-establishment in civil life of any person who served in the Canadian Forces or merchant navy or in the naval, army or air forces or merchant navies of Her Majesty, of any person who has otherwise engaged in pursuits relating to war, and of any other person designated by the Governor in Council...”

VAC’s responsibility to deliver the CRB is further outlined in Part 3.1, Section 65.1 of the [Veterans Well-being Act](#).

Finally the 2019-20 Departmental Plan highlighted the core responsibilities of the Department as well as “... ensuring the well-being of Veterans and their families is placed at the centre of everything we do”.

3.3 To what extent is the Program responsive to the needs of its intended recipients?

The program has evolved to better meet the needs of caregivers, and to address concerns from stakeholders, however, further opportunities exist to reach intended recipients.

To respond to the needs of caregivers and concerns raised by stakeholders, the CRB was established in 2018 to replace the previous FCRB. The following details regarding this change were taken from the [Regulatory Impact Analysis Statement](#) prepared for the regulation amendments:

“In 2015, the FCRB was introduced under the New Veterans Charter suite of benefits. The benefit provides an annual grant to seriously disabled Veterans so that they are able to make alternative care arrangements and receive the necessary supports, normally provided by their informal (i.e. unpaid) caregivers, while these caregivers are unavailable. However, there have been issues raised with the FCRB’s design since it was introduced. Veteran caregivers and stakeholders feel the benefit does not recognize, in a direct tangible way, the contributions of caregivers, as the benefit is provided to Veterans and not the caregivers themselves. Further to this, the 2015 mandate letter of the Minister of Veterans Affairs and Associate Minister of National Defence provided overarching direction to do more to support the families of Canadian Veterans.

To address these issues, the FCRB has been replaced by the CRB. The CRB will recognize the contribution caregivers make to the health and well-being of Veterans with service-related physical and/or mental health disabilities who require continuous provision of care. The indexed benefit will be paid directly to the informal caregiver, in the amount of \$1,000 per month. The CRB will not replace lost income or create an employment-like relationship; rather, it will recognize the contributions of those who care for seriously disabled Veterans with service-related disabilities. Eligibility criteria for the CRB will remain the same as that for the FCRB, and like the current benefit, will be paid until the Veteran permanently enters a long-term care facility or dies.”

To better understand if the program is responsive to the needs of its intended recipients, the evaluation team consulted with VAC’s Program Policy Directorate and the Senior Director responsible for the development of the program (responsible for establishing the program intent, and associated eligibility criteria). Based on documentation provided, and through interviews with program policy and its Senior Director, the intended recipients of the program are the most critically ill and seriously disabled Veterans. Although this has been informally communicated as the intent, clear written policy direction has not been developed or communicated for three of the four eligibility criteria for the program (criteria developed 5 years ago for the FCRB).

It is also important to note, concerns have been raised by stakeholders, through interviews with front-line VAC employees, and through feedback received in the Caregiver Survey, that Veterans requiring ongoing care resulting from mental health

conditions are being missed within program eligibility. These concerns, along with further examining the impacts of limited policy direction are further explored in **Section 4.1 (Are processes currently in place to ensure the program is being administered as indicated in departmental guidance?)**.

Additionally, through consultation with program policy and the Senior Director responsible for CRB program development, the evaluation team was informed that the Veterans targeted by this program are those that have significant needs, and should essentially already be known to the Department based on information from other programs being accessed. Considering this, the evaluation team finds there is an opportunity for VAC to establish a pro-active approach of reaching those most in need through an Application Waiver process. Section 78.1 of the *Veterans Well-being Act* authorizes the Minister to waive the requirement for an application. The [Waiver of Requirement for Application Policy](#) states the following:

- Applications for benefits made under the [Veterans Well-being Act](#) and the [Pension Act](#) should be made “in writing”. However, VAC may waive the requirement for an application if VAC believes, based upon information that has been collected or obtained by VAC as part of its ongoing administration of programs and services and daily operations, that the person may be eligible for the benefit (compensation, service or assistance) if the person applied for it.
- The overall intent of waiving the requirement for an application is to decrease administrative burden on Veterans, their families and VAC staff.
- VAC may choose to waive the requirement for an application in circumstances such as:
 - a. VAC is in possession of all of the information necessary to complete an eligibility decision; or
 - b. VAC is in possession of almost all of the information necessary to complete an eligibility decision and the person to whom the waiver applies agrees to submit any information or documentation necessary to complete the eligibility decision.

As the CRB is intended to reach the most critically ill and seriously disabled, many of whom are already known to the Department based on information collected or obtained for the ongoing administration of programs and services and daily operations, this presents an opportunity for the Department to better reach these Veterans. This would help to reduce burden on these Veterans and their families, and would help to ensure the program is appropriately reaching its intended audience. During the course of the program evaluation, the evaluation team was not informed of any situations in which the application waiver was utilized for the CRB, nor were there any specific guidelines or practices developed to use the application waiver for the program.

To further examine whether the program is reaching intended recipients, the evaluation team completed an analysis of seriously disabled Veterans. In alignment with the

original proxy group⁸ that was used to forecast expenditures/clients for the program, the evaluation team analyzed “Veterans in receipt of Disability Awards, with a disability assessment of 98% or greater and who are not in a long-term care facility.” This group of seriously disabled Veterans is based on the cumulative disability assessment percentages for all entitled disability award conditions. In total, 1,161 living Veterans meet this criteria⁹, and as of September 2019, 225 (19%) were in receipt of the CRB, 130 (11%) were declined eligibility to the CRB, and 806 (70%) have either not applied or not yet received an eligibility decision for the program.

Through interviews, the evaluation team was informed that an indicator of 98% or higher is not always suitable, as this could result from numerous smaller disability amounts accumulating to 98%, which may not result in the Veteran being seriously disabled. Therefore, the evaluation team used an additional target group of Veterans for further analysis. It was found that 137 Veterans had at least 1 Disability Award (DA) condition that was individually assessed at 80% or higher. Of these 137 Veterans, as of September 2019, 40 (29%) were in receipt of the CRB, 9 (7%) were declined eligibility to the CRB, and 88 (63%) have either not applied or have not yet received an eligibility decision for the program. It is also important to note that of these 88 yet to apply/receive a decision, 8 are in receipt of a DA for Amyotrophic lateral sclerosis (ALS), 7 are in receipt of a DA for Chronic Obstructive Pulmonary Disease (C.O.P.D.), 24 are in receipt of a DA for Post Traumatic Stress Disorder (PTSD), with the remainder spread across various conditions such as cancers, paraplegia/ quadriplegia, Parkinsons, other psychiatric conditions, other lung conditions, etc.

Overall, the evaluation finds that there are opportunities for VAC to use existing program and operational data to help ensure it appropriately reaches targeted recipients (caregivers of seriously disability Veterans) for the program.

Recommendation #1:

It is recommended that:

- a) The Director General, Service Delivery and Program Management use existing program information/data to identify the Department’s seriously disabled Veterans who have not applied for the CRB and could be eligible for the program.
- b) Subsequent to identification of the additional potential recipients, the Director General, Service Delivery and Program Management work in collaboration with the Director General, Centralized Operations Division to determine who may be eligible, and reach them by using application waivers, where possible.

⁸ Based on the original program costing for the FCRB: The number of Veterans expected to benefit annually was determined by using a proxy population which was deemed to have similar levels of incapacity leading to the requirement for caregiver support. The proxy population was the number of Veterans in receipt of the Disability Award with a disability assessment of 98% or greater as of March 31, 2014. The program costs were determined by multiplying the annual benefit amount by 99% of the annual number of clients expected to benefit, as it was assumed that most clients with this level of disability would not be living independently.

⁹ Have cumulative disability awards at 98% or higher, are not in long-term care, are not still-serving.

- c) Subsequent to identification and eligibility confirmation of the additional intended recipients and program policy revisions, the Director General, Service Delivery and Program Management work to develop guidance and a resulting process, including the necessary tool and system changes, to ensure the program continues reaching the most seriously disabled Veterans, and where appropriate, to utilize application waivers.

Management Response:

Management agrees with this recommendation.

Management Action Plan:

Corrective Actions to be taken

With respect to Recommendation 1, the Director General, Service Delivery and Program Management will:

- a. Work in collaboration with Centralized Operations Division, Field Operations, and Policy to:
 - i. Conduct analysis and identify criteria for locating, based on the existing policy direction, the most seriously disabled Veterans who are already VAC clients and who have not applied for CRB.
Action Completion Date: 30 November 2020
 - ii. Develop reporting mechanisms to collect this information.
Action Completion Date: 30 November 2020
 - iii. Analyze and, if necessary, update criteria and reporting based on the clarified policy direction from Recommendations 2 and 3 to enable identification of any further client cases to be reviewed.
Action Completion Date: 31 January 2021
- b. Work with Centralized Operations Division, Field Operations, and IT to:
 - i. Establish and implement a process to determine who may be eligible and, where applicable, pursue options to waive CRB applications.
Action Completion Date: 31 March 2021
 - ii. Pursue options to waive CRB applications for clients identified through a) i and ii.
Action Completion Date: 30 June 2021
- c. Work in collaboration with Centralized Operations Division, Field Operations, and Policy to develop ongoing guidance and develop tools and system changes to allow VAC to proactively identify potential CRB clients and where applicable, implement application waivers, based on the clarified policy direction resulting from Recommendations 2 and 3.
Action Completion Date: 30 September 2021

4.0 Performance and Efficiency/Economy

4.1 Are processes currently in place to ensure the program is being administered as indicated in departmental guidance?

Improvements to the program policy and subsequent business processes are required to better explain and define eligibility criteria and to provide direction on how the policy requirements are to be assessed.

To assess the extent to which the program is being administered as indicated in departmental guidance, the evaluation team completed; a review of current departmental guidance, key informant interviews, a review of stakeholder feedback associated with the program, a review of literature, a comparison of program guidance to that of a similar program through the United States Department of Veterans Affairs, and completed a file review of previous program decisions.

4.1.1 Review of current departmental guidance:

As identified in VAC's [CRB Policy](#), to gain eligibility to the program, the Veteran requires Disability Award/Pain and Suffering Compensation for a medical condition which is determined to result in an ongoing care need at a level that meets at least one of the following:

- i. a level of care and supervision consistent with admission to an institution such as a long-term care facility;
- ii. daily physical assistance of another person for most activities of daily living;
- iii. ongoing direction and supervision during the performance of most activities of daily living; or
- iv. daily supervision and is not considered to be safe when left alone (i.e. Veteran poses a risk to him/herself or others if not supervised on a daily basis).

The eligibility criteria listed in the policy uses the same language as already provided in the [CRB Regulations](#). The policy provides information to define what is meant by “most activities of daily living,” however does not provide any further criteria or definitions to explain:

1. What functional, physical and/or mental health needs/criteria should be considered when determining a Veteran has a level of care and supervision consistent with admission to an institution? (eligibility criteria i)
2. What is the difference between “daily physical assistance (criteria ii)” and “ongoing direction and supervision (criteria iii)” and how should these differences be approached when assessing the Veteran?
3. What functional, physical and/or mental health needs/criteria should be considered when determining that a Veteran requires daily supervision and is not considered safe to be left alone (eligibility criteria iv.)?

At the time of the evaluation, the evaluation team requested any further direction that Program Policy provided to decision makers relating to these questions, and was informed that it was being reviewed and that direction had not yet been provided.

4.1.2 Key informant interviews and program recipient data:

Through interviews with Field Operations (front-line) employees, the evaluation team was informed that there is a lack of information to be able to understand and/or provide Veterans with respect to eligibility to the program. Field staff are concerned that assessments they complete on Veterans are used to support decision making, and that since they do not understand which elements of the assessment are used, opportunities to highlight health needs in support of a Veterans eligibility consideration may be missed.

Interviews with Field Operations employees also indicated that there are concerns with which Veterans may be gaining eligibility versus those that are not, and that the decisions do not always align with who they would expect to receive the benefit. One key concern noted across the majority of field interviews was that Veterans with ongoing supervision requirements resulting from a serious mental health condition are often not gaining eligibility to the program. They feel that the focus on the basic “activities of daily living” is a limitation of the program eligibility criteria, in that it may not reach Veterans that have ongoing supervision needs resulting from their mental health condition.

The evaluation team was informed through interviews with program decision makers in the Centralized Operations Division (COD), that in the absence of clear direction within the policy and resulting business process, they established their own criteria to be considered in certain situations. As the decision makers for this program do not require a medical/health background, there is a risk that internal criteria may not align with and/or provide access in a way which considers all functional, physical and mental health needs. For example, for the eligibility criteria of “ iv. daily supervision and is not considered to be safe when left alone,” in the absence of policy direction/definitions, the evaluation team was informed that the program decision makers have been interpreting a “documented suicide attempt” as one form of evidence to support favourable decisions for this criteria. Another example includes episodes of wandering/disappearing from the home.

In analyzing program recipient data, the evaluation found that as of September 2019, 608 (83.5%) of the 728 CRB eligible Veterans had a mental health condition, and 633 Veterans with a mental health condition were denied CRB eligibility. In instances that Veterans with mental health conditions received eligibility for CRB, close to 95% of these Veterans also had other health conditions not relating to mental health. In these situations, although the mental health conditions may have led and/or contributed to the Veteran receiving eligibility, the evaluation cannot determine which specific condition(s) linked to the CRB Decision. In total, as of September 2019, there were 97 Veterans that applied for CRB who had only mental health related conditions, 33 (34%) were favorable, and 64 (66%) were unfavorable.

4.1.3 Stakeholder feedback

The evaluation team reviewed minutes from various ministerial stakeholder advisory committees and found feedback which noted concerns with current program eligibility.

At the [Advisory Group on Families- Tuesday, April 30, 2019](#) and the [Mental Health Advisory Group, April 30, 2019](#) meetings, minutes indicate that “there was extensive discussion on the eligibility criteria and that it is too restrictive given that fundamentally the Veteran would need to be institutionalized if the caregiver was not in place.”

In addition, minutes from the [Policy Advisory Group, June 22, 2018](#) meeting revealed:

“The member co-chair of the Mental Health Advisory Group sent a letter to the Minister with concerns about access to the CRB for those with mental health issues. The letter outlined that the application questions focus on physical ability, whereas the most basic understanding of mental health issues would show that we understand that the person may be physically able to perform an activity, but due to mental limitations, he or she cannot. The concern is that the benefit, as structured, will not be granted to those who care for mentally injured Veterans...”

The minutes also noted:

“While a Veteran with a physical health condition may be more likely to qualify for the benefit based on the criteria of needing daily physical assistance with and/or direction and supervision during the performance of most activities of daily living, a mental health condition may be eligible in circumstances where the Veteran requires daily supervision and is not considered safe when left alone.”

The meeting minutes from the Policy Advisory Group did highlight that “a mental health condition may be eligible in circumstances where the Veteran requires daily supervision and is not considered safe when left alone,” however, the program policy does not provide guidance as to what the intended mental health needs are that could lead to this criteria being used, as such, the evaluation team finds there is a risk that decision makers could be missing key information that could better support them ensuring the program reaches Veterans with this level of needs.

4.1.4 Research relating to the assessment of Activities of Daily Living for physical vs. cognitive impairment

To further explore concerns raised by stakeholder advisory committees and Field Operations employees relating to the assessment of activities of daily living for Veterans with needs resulting from mental health conditions, the evaluation searched for available literature that studied this relationship. The literature noted below is consistent with concerns raised, and specifically notes that:

- ADLs “are mastered early in life and are relatively more preserved in light of declined cognitive functioning when compared to higher level tasks...¹⁰”
- “IADL performance is sensitive to early cognitive decline, whereas physical functioning is often a significant driver of basic ADL ability (Boyle, Cohen, Paul, Moser, & Gordon, 2002; Cahn-Weiner et al., 2007).”

4.1.5 Program Comparison with United States of America (USA), Department of Veterans Affairs (DVA) Caregiver Support Program

In support of the evaluation, a review of caregiver programs offered by other countries was undertaken. It was found that a Caregiver Support Program offered by the USA DVA was the most similar to VAC’s CRB. A full comparison of eligibility criteria can be found in Appendix C.

Specific eligibility criteria and defining information for the program was found in the USA DVA Caregiver Support Program policy ([VHA Directive 1152\(1\)](#)). The key eligibility criteria and supporting definitions follow:

(a) An inability to perform one or more activities of daily living;

For purposes of this directive, activities of daily living means:

- (1) Eating. Ability to feed oneself both meals and snacks.
- (2) Grooming. Ability to safely tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving, applying makeup, teeth and denture care, nail care of fingers and/or toes).
- (3) Bathing. Ability to wash entire body safely.
- (4) Dressing and Undressing. Ability to dress and/or undress upper and lower body with or without dressing aids.
- (5) Toileting. Ability to maintain perineal hygiene and adjust clothing before and/or after using the toilet or bedpan; ability to manage an ostomy, including cleaning the area around stoma but not managing equipment; or ability to manage urinary catheter or urinal.
- (6) Prosthetic Adjustment (Use of Assistive Devices). Ability to adjust special prosthetic or orthopedic appliances without assistance. The adjustment of appliances that any person (with or without a disability) would need assistance with should not be scored (for example, supports, belts, lacing at back, etc.).

¹⁰ [Assessment of Activities of Daily Living, Self-Care, and Independence, Michelle E. Mlinac, Michelle C. Feng, \(Archives of Clinical Neuropsychology, Volume 31, Issue 6, September 2016, Pages 506–516\)](#)

(7) Mobility. Ability to transfer safely from bed to chair and/or chair to toilet, ability to turn and position self in bed, ability to walk safely on a variety of surfaces, or ability to go upstairs.

(b) A need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury;

The need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury means requiring supervision or assistance due to one or more of the following:

- (1) Seizures. Unable to manage seizures independently (i.e., seizures are not well controlled with medication or Veteran is not able to independently manage the medications, blackouts, or lapses in mental awareness).
- (2) Planning and Organizing. Difficult to plan and organize (i.e., complete daily tasks, make and keep appointments, adhere to medication regimen).
- (3) Safety. Unable to maintain safety with self and others (i.e., Veteran is a risk to self or others and/or is at risk of falling or wandering, cannot safely use electrical appliances, stove top or oven).
- (4) Sleep. Difficult to regulate sleep without intervention of caregiver.
- (5) Delusions/Hallucinations. Unable to maintain safe behavior in response to delusions (irrational beliefs) or hallucinations (serious disturbances in perception).
- (6) Impairment of Recent Memory. Difficult to remember recent events and learn new information.
- (7) Affective/Behavioral Dysregulation (Self-Regulation). Unable to regulate behavior without exhibiting any of the following behaviors: aggressive or combative with self or others, verbally disruptive including yelling, threatening and excessive profanity, impaired decision making, inability to appropriately stop activities, disruptive, infantile or socially inappropriate behavior.

(c) The individual is a Veteran who is service connected for a serious injury that was incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001, and has been rated 100 percent disabled for that serious injury, and has been awarded special monthly compensation that includes an aid and attendance allowance.

Similar to the VAC CRB program, the USA Caregiver Support Program includes an eligibility criteria specific to the activities of daily living. In addition, the USA Caregiver Support Program has a separate criteria not relating to activities of daily living, criteria (b) which states “A need for supervision or protection based on symptoms or residuals

of neurological or other impairment or injury” and provides specific definitions that result from symptoms or residuals of neurological or other impairment, relating to; seizures, planning and organizing, safety, sleep, delusions/hallucinations and impairment of recent memory. This indicates that the policy for the USA DVA Caregiver Support Program recognizes that symptoms or residuals of neurological or other impairment or injury need to be assessed separately from the basic “activities of daily living.”

The evaluation team finds the details defining “A need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury” in the USA Caregiver Support Program policy could be approached in a similar manner/definition for the VAC CRB program criteria “iv. daily supervision and is not considered to be safe when left alone.” Such an approach could help to mitigate concerns raised by both field employees and stakeholders regarding mental health needs not being adequately reflected in the eligibility criteria.

It is also important to note, that the eligibility criteria in the USA Caregiver Support Program for “A need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury,” aligns with how mental health medical impairments are assessed for VAC Disability Awards/Pain and Suffering Compensation within the Table of Disabilities¹¹ [Chapter 21 - Psychiatric Impairment](#). Medical impairment ratings within the Table of Disabilities and opportunities that may exist to align these decisions to eligibilities for other VAC Programs is being further examined through a 2020-21 Horizontal Evaluation of Program Eligibility Requirements.

4.1.6 File Review of Program Eligibility Decisions

The evaluation team, in collaboration with Program Analysts from VAC’s Service Delivery and Program Management Division (SDPM) completed a file review on a random sample of program eligibility decisions for the CRB. In total, 180 CRB decisions from the time period of April 1, 2018 to September 30, 2019.

Summary results shows that:

For the 75 favourable decisions reviewed:

- 43 decisions were for Veterans previously eligible for the FCRB, and were subsequently provided eligibility for CRB. In these instances, Veterans were able to gain eligibility without needing to submit new evidence. Considering this, the file review team was still able to find information to confirm the appropriateness of decisions for 20 (47%) of these decisions, however, 23 (53%) of these decisions found that there was insufficient evidence to support how the favourable decision was arrived at other than the previous approval for FCRB.

¹¹ The Table of Disabilities (TOD) is a legislated /statutory instrument used to assess the extent of a disability for the purposes of determining disability benefits. The Table considers the relative importance of a certain body part/system to assess the level of impairment and the impact that impairment has on the individual's quality of life.

- Of the remaining 32 favourable decisions (not previously in receipt of FCRB), the file review team found that based on the information/evidence available, 29 (91%) of decisions were reasonable, 3 (9%) were either found not to be reasonable or there was insufficient evidence to support how the favourable decision was arrived at.

Of the 105 unfavourable decisions reviewed, the file review team found that:

- Based on the information/evidence available, 93 (89%) of decisions were reasonable;
- 12 (11%) of the unfavourable decisions did not fully align with the evidence available for the decision.

The results of the file review indicate that there is a need to reduce the risk that the evidence sources for CRB eligibility criteria are interpreted inconsistently.

Overall, the evaluation finds that for section 4.1, there is a significant need for VAC to improve the CRB program policy and subsequent business processes to better explain/define eligibility criteria and to provide direction on how the policy requirements are to be assessed.

Recommendation #2:

It is recommended that:

- a) The Senior Director, Program Policy undertake immediate efforts to update the CRB Policy to include evidence based medical direction and definitions with respect to each individual eligibility criteria, including details on:
 - i. The health needs/impairments that should be considered when determining a Veteran has a “level of care and supervision consistent with admission to an institution (eligibility criteria i);”
 - ii. Details on the difference between “daily physical assistance (criteria ii)” and “ongoing direction and supervision (criteria iii)” and how should these differences be approached when assessing the Veteran for needs associated with the activities of daily living;
 - iii. The health needs/impairments (including those relating to mental health) that should be considered when determining that a Veteran requires “daily supervision and is not considered safe to be left alone (eligibility criteria iv).”
- b) Subsequent to program policy revisions, the Director General, Service Delivery and Program Management Division update the CRB Business Process to provide specific guidance to decision makers on what recent/new evidence sources are to be used to assess eligibility criteria. If evidence sources/methods currently available to the Department are not sufficient to assess the CRB criteria, a revised and/or new application/assessments/sources may need to be created.
- c) Subsequent to program policy revisions, the Director General, Service Delivery and Program Management promote/raise awareness of the revised program policy to Veterans and their caregivers.

Management Response:

Management agrees with this recommendation.

Management Action Plan:

Corrective Actions to be taken

With respect to Recommendation 2 a), i), ii), and iii) the Senior Director, Program Policy will:

- a) Conduct research, including medical research and consultations, and environmental scans and draft recommendations for amendments to the Caregiver Recognition Policy to more clearly provide direction as to when the eligibility criteria i) to iv) are met as outlined in the Recommendation.

Update the Caregiver Recognition Policy to provide clear policy direction to staff as well as Veterans and their caregivers as to what is required in order to determine when eligibility criteria i) to iv) are met.

Action Completion Date: 30 November 2020

With respect to Recommendation 2 b) and c), the Director General, Service Delivery Program Management will:

- b) Work in collaboration with Centralized Operations Division, Health Professionals, Field Operations, and Policy to update functional direction, including business processes, based on program policy revisions to support the assessment of eligibility criteria and decision making. Where necessary and following analysis of required changes, tools used throughout the process will be updated, or new tools created.

Action Completion Date: 30 September 2021

- c) Subsequent to program policy revisions, work in collaboration with the Communications Division to promote/raise awareness of the revised program policy to Veterans and their caregivers.

Action Completion Date: 30 June 2021

4.2 Achievement of Expected Outcomes

The CRB Performance Information Profile (PIP) and logic model, which displays the outcomes for the CRB can be viewed in Appendix D.

Immediate Outcome: Seriously injured Veterans and their caregivers are aware of the CRB

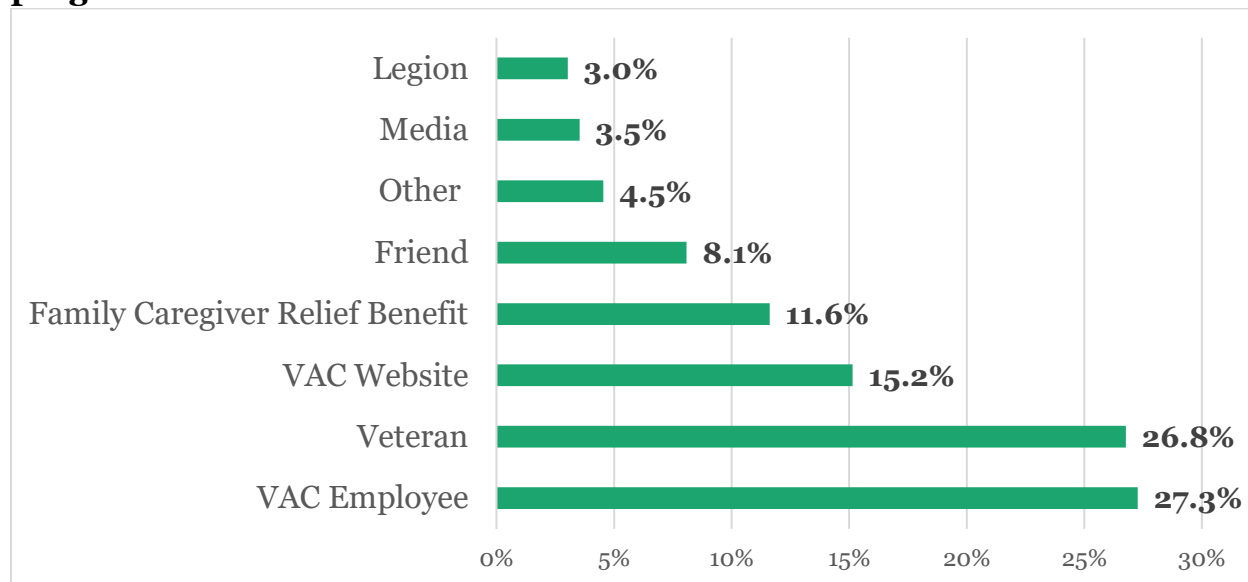
As findings indicated in section 3.3, opportunities exist to ensure the most seriously disabled Veterans are reached for program eligibility consideration.

As previously noted in Section 3.3 of the report, approximately 70% of Veterans who have cumulative Disability Awards/Pain and Suffering Compensation of 98% or greater, and are not in long-term care, have either not applied or not yet received an eligibility decision for the program. In addition, it was found that for Veterans that have at least

one Disability Award/Pain and Suffering condition that is individually assessed at 80% or higher, and are not in long-term care, 63% have either not applied or have not yet received an eligibility decision for the program. Recommendation #1 on page 17 is in response to these results.

In instances Veterans were approved for the benefit, the Caregiver Survey requested feedback from caregivers on how they became aware of the program. The results indicate that the most common source for becoming aware of the program is a VAC employee. Further results are reflected in Graph 3.

Graph 3: Caregiver Survey- How did caregivers become aware of the program?



Intermediate Outcome: Caregivers have timely access to CRB payments

The evaluation finds that caregivers are receiving timely access to CRB payments.

The CRB PIP includes two performance measures associated with the processing of payments to caregivers. These measures and performance results follow.

Payment Processing- CRB

Table 5 - Performance Measure #1: Percentage of CRB payments issued within 1 week of a favourable decision (Target = 80%).

CRB First Applications	2018-19	2019-20 (as of September 2019)	Total
# of favourable decisions	683	93	776

CRB First Applications	2018-19	2019-20 (as of September 2019)	Total
# of payments processed within 1 week of decision ¹²	486	83	569
% of payments processed within 1 week.	71%	89%	73%
Average days to process payment	6.6	4.1	6.3

Results show that although payment processing times fell below the 80% target in 2018-19, these improved to 89% during 2019-20, with an average days to process of 4.1.

Table 6 - Performance Measure #2: Percentage of CRB applications approved with payments then released to caregivers within nine weeks (Target = 80%).

CRB First Applications	2018-19	2019-20 (as of September 2019)	Total
# of favourable decisions	683	93	776
# of payments processed within 9 weeks of receiving application and necessary information	431	48	479
% of payments processed within 9 weeks of receiving application and necessary information	63%	52%	62%
Average weeks between application and necessary information to the payment being processed	8.8	10.4	9.0

Results show the overall time between a Veteran applying for the CRB and the caregiver receiving a payment have been increasing in 2019-20 when compared to 2018-19. The primary reason for this increase is the time it takes to render a CRB decision, which is further reviewed in **Section 4.2.3 – Efficiency**.

To identify if caregivers have concerns with awaiting payments, the evaluation team reviewed the Caregiver Survey response comments from caregivers who reported not being satisfied with the program, the concerns raised did not relate to the timeliness of payment processing. Further information on concerns raised by caregivers is provided in the following section which assesses the program’s Ultimate Outcome.

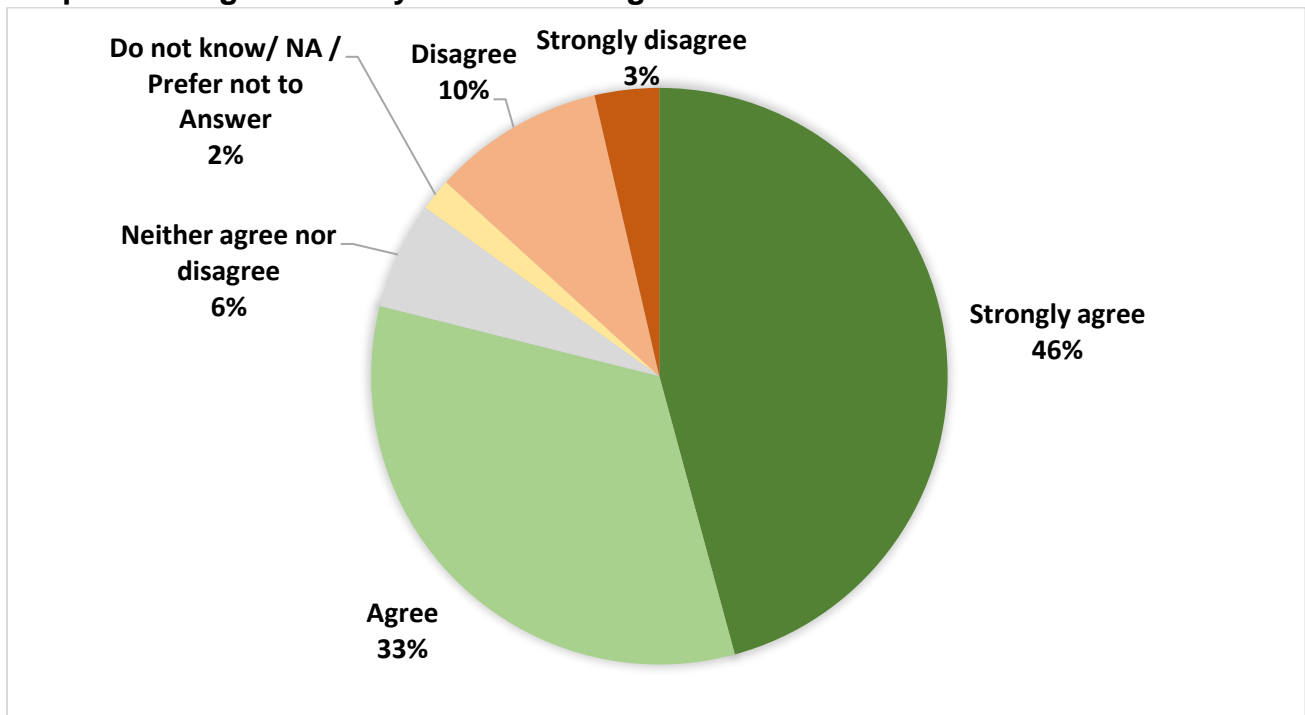
¹² Payment TATs were determined by using the days between a decision being rendered, and the overall docket being closed (payment/processing completed).

Ultimate Outcome: Caregivers feel recognized by the Government for the support they provide seriously disabled Veterans

The evaluation finds that the CRB meaningfully recognizes caregivers for their role in supporting the Veteran they care for.

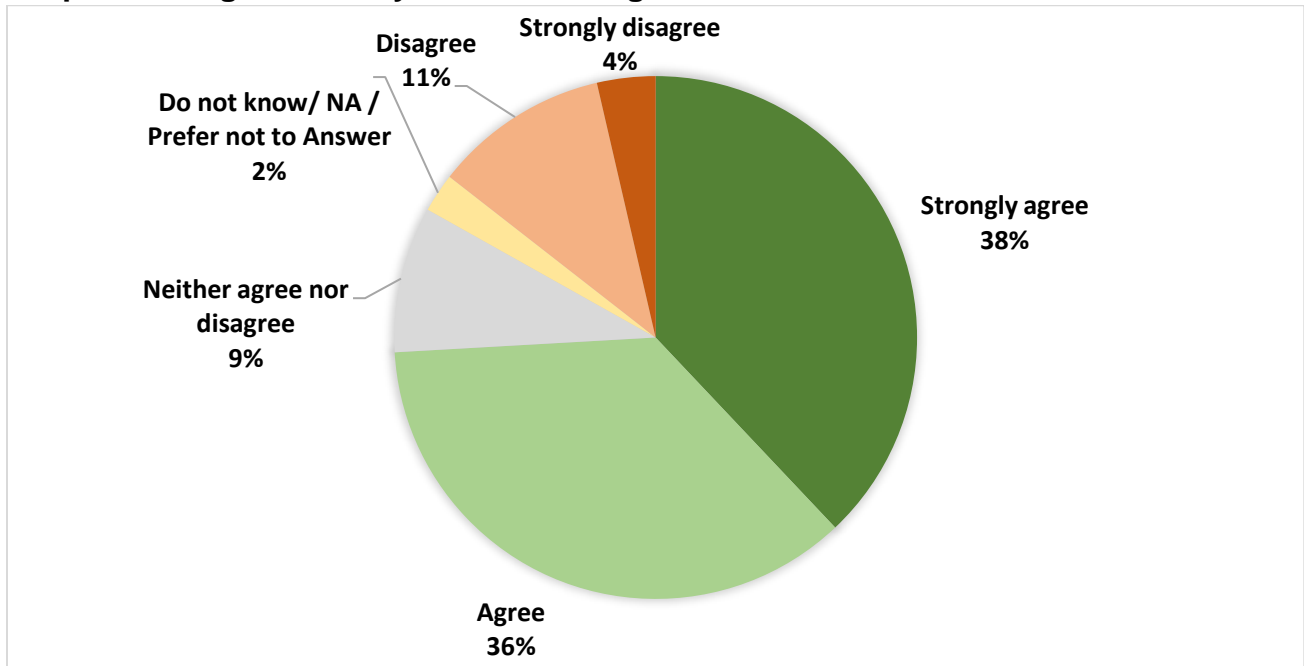
Caregiver Survey results show that 79% of caregivers Agree/Strongly Agree that the “CRB meaningfully recognizes my role in supporting the Veteran I care for.” Further breakdowns of caregiver satisfaction responses are included in Graph 4.

Graph 4: Caregiver Survey Results- Caregiver satisfaction with the CRB.



Through the Caregiver Survey, program satisfaction results show that 74% of caregivers Agree/Strongly Agree that “Overall, I have been satisfied with the CRB.” Further breakdowns of caregiver satisfaction responses are included in Graph 5.

Graph 5: Caregiver Survey Results- Caregiver satisfaction with the CRB.



In instances that caregivers were not satisfied with the program, comments were reviewed to determine what issues/concerns may be causing this. The key themes associated with these concerns were that:

- the amount of money is inadequate and does not represent amount of care needed;
- caregivers have a loss of income/work due to their caregiver role;
- the benefit is difficult to be approved for/it does not reflect mental health problems;

When reviewing these concerns, it important to highlight that the purpose of the CRB is to provide recognition for the role an informal caregiver plays, and that it is not meant to replace employment or to be an income support program. In terms of providing financial support and recognition to the most seriously disabled Veterans, VAC offers programs to recognize and compensate these Veterans. The evaluation found that when Veterans have been approved for CRB:

- 82% are also in receipt of [Additional Pain and Suffering Compensation](#) (APSC). The APSC is a tax-free, monthly benefit. It provides recognition and compensation for any severe and permanent disability, related to your service, which creates a barrier to your life after service. The APSC is paid monthly in 3 different grades: Grade 1 = \$1,528.50, Grade 2 = \$1,019.00 and Grade 3 = \$509.50.
- 73% have been deemed to have a Diminished Earnings Capacity (DEC) and are eligible to receive the the Income Replacement Benefit (IRB). The IRB is a taxable,

monthly benefit that ensures the Veteran’s income is at least 90 percent of gross pre-release military salary, and when a Veteran is deemed to have Diminished Earnings Capacity, it is payable until the age 65. After age 65, the benefit provides 70 percent of the IRB amount payable prior to age 65.

It’s important to note that the evaluation did not assess the quality or level of care provided to Veterans or the impact the care is having on the Veteran. The Department could, however, use the results of the 2020 VAC National Survey to analyze to what extent Veteran outcomes are being achieved based on the various programs Veterans are accessing.

A review of the potential alignment of eligibility between VAC programs to determine if further efficiencies could be made will be undertaken as part of an upcoming Horizontal Evaluation of Program Eligibility Requirements.

4.3 Are there opportunities to improve the efficiency and economy of the program?

The current processing standard of 80% of CRB decisions being completed within eight weeks is not being achieved.

4.3.1 Processing Times

The CRB PIP targets that 80% of CRB eligibility decisions are rendered within eight weeks of all necessary information being available.

Processing results for the past two years (displayed in Table 7), show that approximately 55% of claims are being processed within eight weeks, with almost 80% of claims being processed within twelve weeks.

Table 7: CRB First Application Processing Times

CRB First Applications	2018-19	2019-20 (as of September 2019)	Total
# of decisions overall	1,455	350	1,805¹³
#/% of decisions processed within 8 weeks	752 (52%)	192 (55%)	944 (52%)
#/% of decisions processed within 10 weeks	910 (63%)	241 (69%)	1,151 (64%)
#/% of decisions processed within 12 weeks	1,142 (79%)	277 (79%)	1,419 (79%)

¹³ During this time period, there were actually 1,806 decisions, however there was insufficient data to capture an accurate TAT for one of these decisions.

Although the processing times for the program currently exceed the eight week target, the evaluation team did not receive negative feedback from field staff and/or from caregivers within the Caregiver Survey relating to the length of time awaiting a decision. As identified in section 4.2, 74% of caregivers reported overall satisfaction with the program.

The evaluation team finds that this creates an opportunity, in that upon implementing actions in response to the recommendations in this evaluation, that VAC’s Service Delivery and Program Management Division should review the service standard to determine if it is appropriate/realistic, and if possible, adjust the target to reflect a standard which better reflects the decision making requirements for this program.

4.3.2 Operating Costs

On an annual basis, VAC’s Finance Division allocates the estimated operating costs to each VAC programs. The total program costs and estimated operating costs for the CRB are included in Table 8.

Table 8: CRB Program and Operating Costs

CRB Expenditures by Fiscal Year	Program Expenditures	Salary and Operation & Maintenance (O&M) Expenditures	Total
2019-20 (Forecast)	\$7,070,000	\$2,140,808	\$9,210,808
2018-19 (Actuals)	\$6,895,367	\$1,835,979	\$8,731,346

Overall, as a portion of total expenses, the operating costs (Salary and O&M) increased from 21% in 2018-19, to a forecast of 23% in 2019-20. As the program only has one full-year of actual data, further review of operating costs will be undertaken through future reviews. Future reviews will also be able to account for any process changes that results from the recommendations in this evaluation.

4.4 Are there any unintended impacts?

The practice of using assessments and reports currently on file is aimed at reducing the administrative burden on applicants and decision makers. However, when evidence is greater than three months old and leads to an unfavourable decision, up-to-date information should be obtained to ensure the Veteran’s current health needs are reflected.

4.4.1 Review of the age and types of source documents

In an effort to eliminate unnecessary administrative burden on the Veteran and given the relationship between the eligibility requirements for this benefit and the Veteran’s disability award or pain and suffering compensation, the [CRB Policy](#) indicates that VAC

may use existing medical, nursing and/or other assessments/records to confirm the Veteran's health condition. Additional information may be requested if required.

As part of the detailed file review, the file review team looked at the age of source documents used by decision makers:

- For favourable decisions, 39% of source documents were older than three months at the time of decision with 13% being greater than one year old.
- For unfavourable decisions, 53% of source documents were older than three months at the time of decision with 7% being greater than one year old.

Further analysis from the file review shows that 34% of the 105 files with unfavourable decisions contained evidence that the Veteran's situation had worsened after the decision was made. A similar program offered by VAC for Disability Pension Recipients, Attendance Allowance, requires a current assessment within three months of the date of application. Although the intention is to reduce the administrative burden on the Veteran by using existing reports and assessments, it's possible that unfavourable decisions are being made without a complete picture of the Veteran's current health needs.

Through interviews with Field Operations (front-line) staff, the evaluation team learned that Case Managers were not always aware that a CRB decision was being made and this lead to concerns that the information on file did not always reflect the Veteran's current health situation. There was also an acknowledgement that if they were aware of a Veteran applying, there would be a concerted effort to ensure that an up to date assessment was completed and on file to support the decision making process.

During the file review, the review team noted that more than fifteen different types of source documents could be considered as evidence. Some of these documents were completed by Health Professionals while others were self reported by the Veteran. There is an opportunity to refine the specific reports and/or assessments that are acceptable in supporting a CRB decision to ensure the best possible information is used to support decision making (relates to Recommendation #2)

Recommendation #3:

It is recommended that:

- a) The Senior Director, Program Policy update the CRB policy to provide specific guidance on the acceptable age of source documents, particularly for potentially unfavourable decisions, to ensure the Veteran's current health situation is reflected in the decision making process.
- b) Subsequent to program policy revisions, the Director General, Service Delivery and Program Management work in collaboration with the Director General, Centralized Operations Division to complete process, tool and/or system updates to ensure age appropriate source documents are used in the CRB decision making process.

Management Response:

Management agrees with this recommendation.

Management Action Plan:

Corrective Actions to be taken

With respect to Recommendation 3 a) the Senior Director, Program Policy will:

Conduct intra-departmental consultations and amend the Caregiver Recognition Policy to provide specific guidance on the acceptable age of source documents, particularly for potentially unfavourable decisions, to ensure the Veteran's current health situation is reflected in the decision making process.

Action Completion Date: 30 September 2020

With respect to Recommendation 3 b), the Director General Service Delivery Program Management will:

Work in collaboration with Centralized Operations Division, Field Operations, and IT to update processes, tools, and systems to support the use of age appropriate documents in decision making.

Action Completion Date: 31 March 2021

4.4.2 Letters resulting from program decisions

When a decision is made, a letter is sent directly to the Veteran advising them of the decision. The evaluation team reviewed the content of current decision letters and although the letter to the Veteran advises them to contact VAC if anything changes, it would provide additional clarity to explain to the Veteran that they must re-apply if their situation changes (rather than submit an appeal). This is particularly important given that one in three Veteran files reviewed as part of the file review with unfavourable decisions contained evidence of a worsening of health condition after the CRB decision had been made.

When a decision letter is sent to the Veteran, a separate letter is sent to the caregiver which thanks them for their service as a caregiver for both favourable or unfavourable decisions. The evaluation team feels, as part of these letters, there is an opportunity to highlight more specifically the resources currently available to all caregivers (approved for the program or not) on the Veterans Affairs Canada website including the [Caregiver Zone](#).

The need to provide information to caregivers regarding the services available to support them is further supported by the feedback received in the Caregiver Survey. Multiple caregivers indicated that they had a difficulty in accessing the CRB and caregiver services in general while other caregivers suggested that there are not enough resources available for caregivers.

4.4.3 Appealing a CRB decision

Table 9: CRB Appeals- April 2018- September 2019¹⁴

CRB Appeals	# of Favourable Decisions	# of Unfavourable Decisions	Total Decisions	Favourable Rate %
2018-19 – 1 st level Appeals	4	136	140	2.9%
2018-19 – 2 nd level Appeals	4	16	20	20%
2019-20 – 1 st level Appeals	9	64	73	12.3%
2019-20 – 2 nd level Appeals	1	28	29	3.4%
Totals	18	244	262	6.9%

Analysis of application data revealed that more than 50% of applications are declined for the CRB. Within the decision letter, Veterans are provided with appeal rights if they are dissatisfied with the decision. Appeals are handled by VAC's internal first and second level of appeal. As displayed in Table 9, less than seven percent of CRB decisions have been overturned at appeal since the implementation of the CRB.

The CRB is a recognition benefit and the evaluation team noted that other VAC recognition benefits such as: Pain and Suffering Compensation, Additional Pain and Suffering Compensation, Attendance Allowance, etc. have their appeals handled through the Veterans Review and Appeal Board (VRAB). Appealing through VRAB also entitles the Veteran to legal representation and guidance through the Bureau of Pension Advocates. There will be an opportunity to review this difference in approach in an upcoming Evaluation of VAC's review and appeal and complaint resolution streams and processes.

5.0 Conclusions

The evaluation team finds that the CRB is an important program for Veterans Affairs Canada now and in the future, to support the families of ill and injured Veterans. In addition, it is an opportunity to recognize informal caregivers for the work they do to care for their Veterans. Results of the Caregiver Survey show that caregivers do feel recognized by this benefit.

The CRB, previously known as the FCRB, has evolved to address concerns from stakeholders and to better meet the needs of informal caregivers by increasing the amount of the benefit and paying the benefit directly to caregivers. However, there are

¹⁴ For fiscal year 2019-20 shown in table, # of decisions are from April 1, 2019 – September 30, 2019.

further opportunities to improve and clarify the program to better achieve its goals and reach its intended recipients who are VAC's most seriously disabled Veterans.

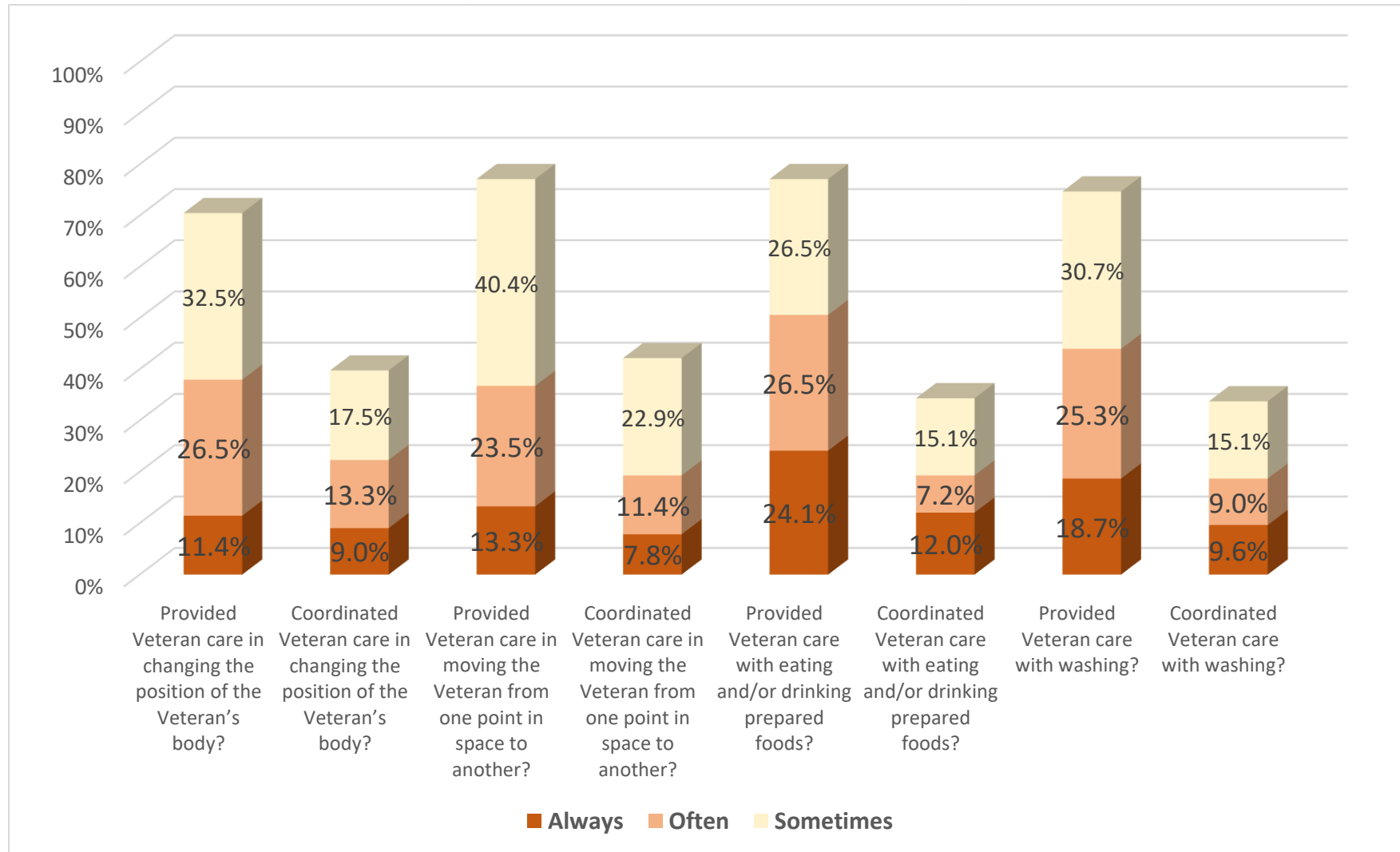
It is very important that the program policy be improved to expand on and clarify the eligibility criteria to ensure that the intended recipients are being approved for the benefit. Clarification of the policy accompanied by necessary updates to systems and tools will better support decision makers and the Veterans with informal caregivers who apply for the program. And, it will ensure that decisions are being made using updated assessments that accurately reflect the Veteran's current health needs.

Payments to caregivers for the CRB are being made in a timely manner but the current processing standard for rendering decisions is not being achieved. There is, however, an opportunity to look at that processing standard to assess whether it should be adjusted to better reflect the realities of the CRB decision making process. There is also an opportunity to improve program decision letters by providing additional clarity on when to submit a new application and when to appeal.

In the Caregiver Survey, informal caregivers reported the tremendous mental and physical toll that caregiving can take on the caregiver. With this in mind, there is an opportunity for VAC to better communicate with Veterans and caregivers through the program decision letters, both approved and decline, by making them aware of the resources currently available such as the Caregiver Zone.

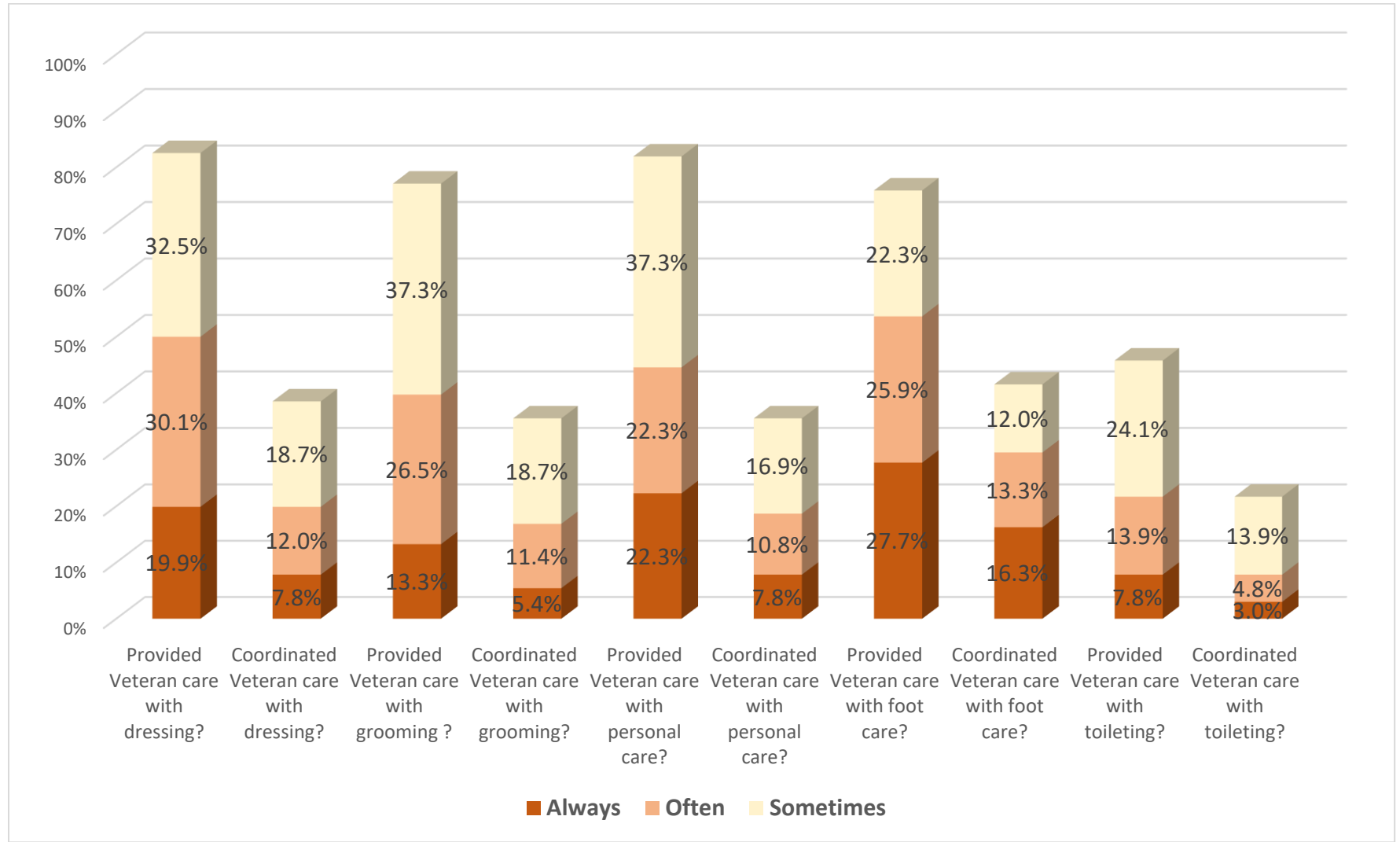
APPENDIX A: Survey Results- Basic Activities of Daily Living (ADLs)

During an average week, to what extent have you?



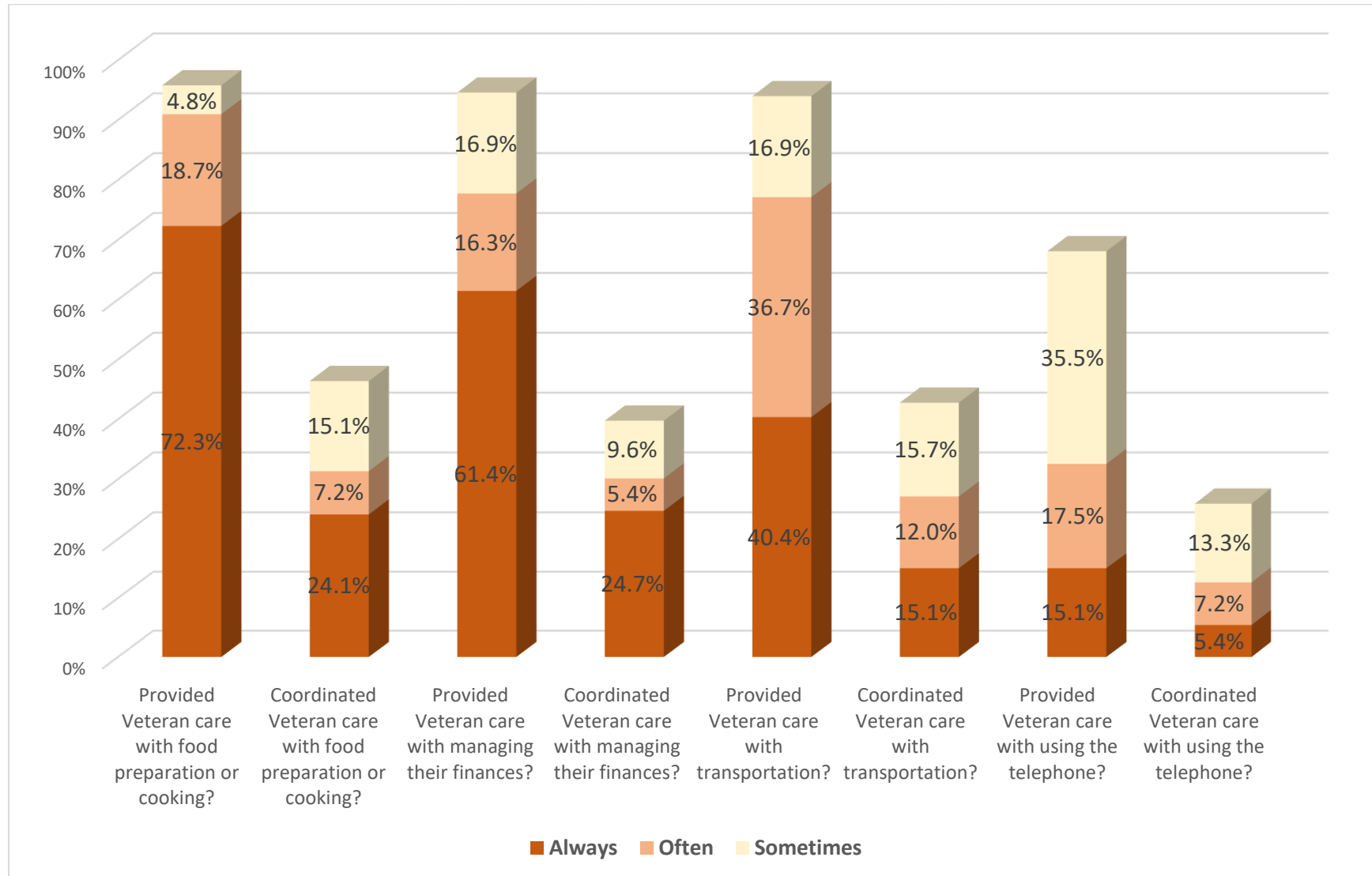
APPENDIX A (continued): Survey Results- Basic Activities of Daily Living (ADLs)

During an average week, to what extent have you?



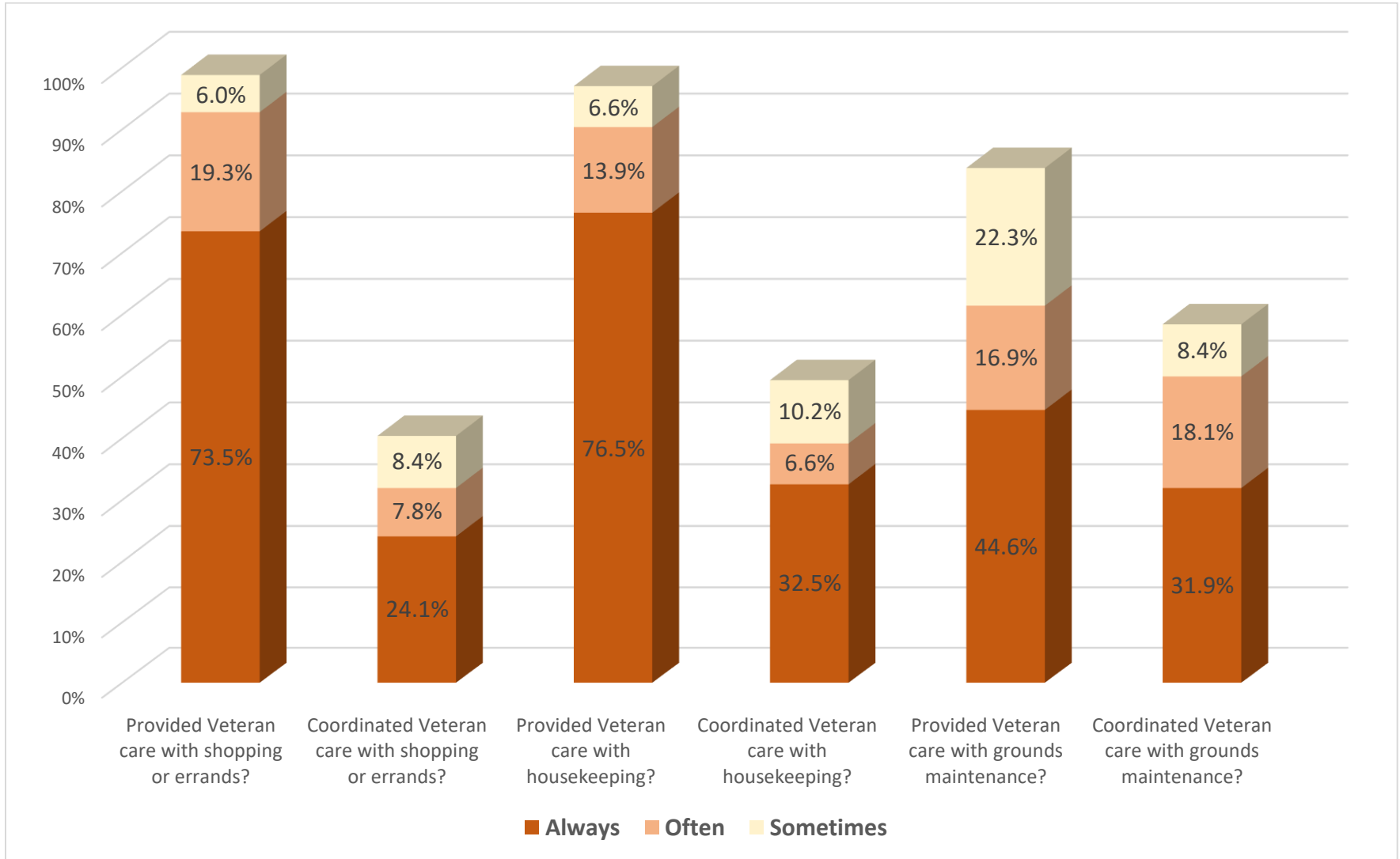
APPENDIX B: Survey Results- Instrumental Activities of Daily Living (IADLs)

During an average week, to what extent have you?



APPENDIX B (continued): Survey Results- Instrumental Activities of Daily Living (IADLs)

During an average week, to what extent have you?



APPENDIX C: VAC Caregiver Recognition Benefit comparison to DVA (USA) Caregiver Support Program

Veterans Affairs Canada Caregiver Recognition Benefit	Department of Veterans Affairs (USA) Caregiver Support Program
<p>Program Background Info:</p> <p>Having a disability sometimes means you need ongoing care to remain in your home. The Caregiver Recognition Benefit recognizes the important role a caregiver delivers on a day-to-day basis by providing them \$1000 per month, tax free.</p> <p>To receive this benefit your case manager will conduct or arrange an assessment to confirm that you require the assistance of a caregiver.</p> <p><i>Who may be eligible?</i></p> <p>You may qualify for the Caregiver Recognition Benefit if you have a Disability Award and</p> <ul style="list-style-type: none"> • as a result of the condition for which you have received the Disability Award you require ongoing care to the extent that: <ul style="list-style-type: none"> ○ you need a level of care and supervision that is consistent with admission to an institution or nursing home, ○ you need daily physical assistance of another person for at least four of your activities of daily living [See Q8: What are activities of daily living?], ○ you need ongoing direction and supervision during the performance of at least four of your activities of daily living, or ○ you need daily supervision and are only considered safe when you are left alone for short periods of time • you have an informal (unpaid) caregiver who provides or co-ordinates your care; • your need for care is ongoing (expected to last at least 12 months) • your informal caregiver is 18 years of age or older and is not paid for providing or coordinating your care; and • you are not a permanent resident of a nursing home or long-term care facility. <p>FAQs: https://www.Veterans.gc.ca/eng/housing-and-home-life/help-at-home/caregiver-recognition-benefit/crb-faq#q21</p>	<p>Program Background Info:</p> <p>If you're a family member caring for a Veteran with disabilities who was injured in the line of duty on or after September 11, 2001, you may qualify for health care benefits and other caregiver support through the Program of Comprehensive Assistance for Family Caregivers.</p> <p>If you're the primary caregiver, you may receive:</p> <ul style="list-style-type: none"> • Caregiver education and training • A monthly stipend (payment) • Travel, lodging, and financial assistance when traveling with the Veteran to receive care • Access to health care benefits through the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA)—if you don't already qualify for care or services under another health care plan. • Mental health services and counseling • Up to 30 days per year of respite care <p><i>Who may be eligible?</i></p> <p>Veterans eligible for this program must:</p> <ul style="list-style-type: none"> • have sustained or aggravated a serious injury — including traumatic brain injury, psychological trauma or other mental disorder — in the line of duty, on or after September 11, 2001; and • be in need of personal care services to perform one or more activities of daily living and/or need supervision or protection based on symptoms or residuals of neurological impairment or injury.

Veterans Affairs Canada Caregiver Recognition Benefit		Department of Veterans Affairs (USA) Caregiver Support Program	
<p>Q21. What if my Disability Award is for a mental health condition and not a physical condition? Can I still apply for the new benefit?</p> <p>Yes. If you have a mental health condition, you may still be approved for the benefit, as long as you meet the criteria of needing assistance with the activities of daily living, or if you require ongoing care or daily supervision.</p>			
<p>Veteran Eligibility: A Veteran is eligible for the Caregiver Recognition Benefit under section 65.1 of the <i>Veterans Well-being Act</i> :</p> <p>a. the Veteran has had an application for a disability award or pain and suffering compensation approved under section 45 of the <i>Veterans Well-being Act</i> :</p> <p>b. the Veteran requires ongoing care as a result of the health condition(s) for which the disability award application was approved;</p> <p>c. the Veteran has not been awarded a pension or compensation under the <i>Pension Act</i>;</p> <p>d. an informal caregiver who is 18 years of age or older plays an essential role in the provision or coordination of the ongoing care to the Veteran in the Veteran's home for which the informal caregiver receives no remuneration (see paragraph 4); and</p> <p>e. the Veteran requires at least one of the following:</p>		<p>Veteran Eligibility. Pursuant to 38 CFR 71.20, an individual is eligible for a primary or secondary family caregiver if all of the following requirements are met.</p> <p>(1) The individual is either:</p> <p>(a) A Veteran; or</p> <p>(b) A member of the Armed Forces who has been found unfit for duty due to a medical condition by their Service's Physical Evaluation Board, and has been issued a date for medical discharge from the Armed Forces.</p> <p>(2) The individual has a serious injury (including traumatic brain injury, psychological trauma, or other mental disorder) incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001.</p> <p>(3) Such serious injury renders the individual in need of personal care services from another individual (a caregiver) for a minimum of 6 continuous months based on any one of the following clinical criteria:</p>	
<p>i. level of care and supervision consistent with admission to an institution such as a long-term care facility;</p>	<p>Information in Policy on how this is to be interpreted/assessed:</p> <p>NIL</p>	<p>(a) An inability to perform one or more activities of daily living;</p>	<p>Information in Policy on how this is to be interpreted/assessed (VHA Directive 1152(1)):</p> <p>For purposes of this directive, activities of daily living means:</p> <p>(1) Eating. Ability to feed oneself both meals and snacks. NOTE: This refers only to the process of eating, chewing, and swallowing, not preparing the food to be eaten.</p>

Veterans Affairs Canada Caregiver Recognition Benefit	Department of Veterans Affairs (USA) Caregiver Support Program
<p>ii. daily physical assistance of another person for most activities of daily living;</p> <p>Information in Policy on how this is to be interpreted/assessed:</p> <p>The phrase “most activities of daily living” is interpreted to mean a minimum of four (4) activities out of seven (7). Mobility is considered to be one activity of daily living.</p> <p>Mobility (considered 1 ADL): Transfers – changing the position of the body independently (e.g. positioning the body from lying to sitting, sitting to standing, lying on the back to lying on the side, etc.); and Ambulation – moving the body from one point in space to another (e.g. climbing stairs, walking, etc.).</p> <p>Self-care (6 ADLs): Feeding – eating and drinking of prepared foods (e.g. cutting up food, buttering bread, etc.).</p> <p>Washing – washing of face, trunk, extremities and hair.</p> <p>Dressing – putting on and taking off all pieces of indoor and outdoor clothing.</p> <p>Grooming/Foot Care/Personal Care – brushing of hair and teeth, shaving and make-up application, skin and nail care, cleansing and personal care associated with toileting.</p> <p>Toileting – continence of bowel and bladder, using toilet facilities.</p> <p>Taking medication – preparing and self-administering medication.</p>	<p>(2) Grooming. Ability to safely tend to personal hygiene needs (i.e., washing face and hands, hair care, shaving, applying makeup, teeth and denture care, nail care of fingers and/or toes).</p> <p>(3) Bathing. Ability to wash entire body safely.</p> <p>(4) Dressing and Undressing. Ability to dress and/or undress upper and lower body with or without dressing aids.</p> <p>(5) Toileting. Ability to maintain perineal hygiene and adjust clothing before and/or after using the toilet or bedpan; ability to manage an ostomy, including cleaning the area around stoma but not managing equipment; or ability to manage urinary catheter or urinal.</p> <p>(6) Prosthetic Adjustment (Use of Assistive Devices). Ability to adjust special prosthetic or orthopedic appliances without assistance. The adjustment of appliances that any person (with or without a disability) would need assistance with should not be scored (for example, supports, belts, lacing at back, etc.).</p> <p>(7) Mobility. Ability to transfer safely from bed to chair and/or chair to toilet, ability to turn and position self in bed, ability to walk safely on a variety of surfaces, or ability to go upstairs.</p>

Veterans Affairs Canada Caregiver Recognition Benefit		Department of Veterans Affairs (USA) Caregiver Support Program	
iii. ongoing direction and supervision during the performance of most activities of daily living;	<p>Information in Policy on how this is to be interpreted/assessed:</p> <p><i>NIL</i></p>	(b) A need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury;	<p>Information in Policy on how this is to be interpreted/assessed (VHA Directive 1152(1)):</p> <p>Need for Supervision or Protection Based on Symptoms or Residuals of Neurological or Other Impairment or Injury. The need for supervision or protection based on symptoms or residuals of neurological or other impairment or injury means requiring supervision or assistance due to one or more of the following:</p> <p>(1) Seizures. Unable to manage seizures independently (i.e., seizures are not well controlled with medication or Veteran is not able to independently manage the medications, blackouts, or lapses in mental awareness).</p> <p>(2) Planning and Organizing. Difficult to plan and organize (i.e., complete daily tasks, make and keep appointments, adhere to medication regimen).</p> <p>(3) Safety. Unable to maintain safety with self and others (i.e., Veteran is a risk to self or others and/or is at risk of falling or wandering, cannot safely use electrical appliances, stove top or oven).</p> <p>(4) Sleep. Difficult to regulate sleep without intervention of caregiver.</p> <p>(5) Delusions/Hallucinations. Unable to maintain safe behavior in response to delusions (irrational beliefs) or hallucinations (serious disturbances in perception).</p> <p>(6) Impairment of Recent Memory. Difficult to remember recent events and learn new information.</p> <p>(7) Affective/Behavioral Dysregulation (Self-Regulation). Unable to regulate behavior without exhibiting any of the following behaviors: aggressive or combative with self or others, verbally disruptive including yelling, threatening and excessive profanity, impaired decision making,</p>

Veterans Affairs Canada Caregiver Recognition Benefit		Department of Veterans Affairs (USA) Caregiver Support Program	
			inability to appropriately stop activities, disruptive, infantile or socially inappropriate behavior.
iv. daily supervision and is not considered to be safe when left alone (i.e. Veteran poses a risk to him/herself or others if not supervised on a daily basis).	Information in Policy on how this is to be interpreted/assessed: <i>NIL</i>	(c) The individual is a Veteran who is service connected for a serious injury that was incurred or aggravated in the line of duty in the active military, naval, or air service on or after September 11, 2001, and has been rated 100 percent disabled for that serious injury, and has been awarded special monthly compensation that includes an aid and attendance allowance.	
A Veteran is considered to need ongoing care, if his/her health condition(s): a. are continuous, and unlikely to substantially improve; or b. the duration cannot be determined, but are not expected to substantially improve for at least 12 months.		(4) A clinical determination (authorized by the individual's primary care team) has been made that it is in the best interest of the individual to participate in the program.	Information in Policy on how this is to be interpreted/assessed (VHA Directive 1152(1)): In the Best Interest. In the best interest is defined as a clinical determination that participation in the Program of Comprehensive Assistance for Family Caregivers is likely to be beneficial to the Veteran. The determination includes consideration, by a clinician, of whether participation in the Program will: (1) Significantly enhance the Veteran's ability to live safely in a home setting; (2) Support the Veteran's potential progress in rehabilitation, if such potential exists; and (3) Create an environment that supports the health and well-being of the Veteran.
		(5) Personal care services that would be provided by the family caregiver will not be simultaneously and regularly provided by or through another individual or entity. (6) The individual agrees to receive care at home after VA designates a family caregiver. (7) The individual agrees to receive ongoing care from a primary care team after VA designates a family caregiver.	

PERFORMANCE INFORMATION PROFILE

- CAREGIVER RECOGNITION BENEFIT -

Basic Program Information

Program Name	Caregiver Recognition Benefit
Program Official	Director, Health Care and Rehabilitation Programs

Program Profile

Program Description	The Caregiver Recognition Benefit is recognition benefit in the form of a tax-free grant that is payable on a monthly basis directly to the informal caregiver to acknowledge their contribution to the health and well-being of seriously disabled Veterans with service related health conditions who require continuous provision of care.
Core Responsibility	Benefits, Services and Support
Supporting Program Design Tool	See Annex for logic model.
Program Tags (Metadata)	<p>Government of Canada Spending and Outcome Areas – Economic Affairs: Income security and employment for Canadians.</p> <p>Departmental Results –R1: Veterans are physically and mentally well; R2: Veterans and their families are financially secure.</p> <p>Mandate Letter Commitment – To ensure that Veterans receive the respect, support, care, and economic opportunities they deserve.</p> <p>Target Group – Tag #4 Families; Tag #13 Veterans</p> <p>Method of Intervention – Tag #1 Grant</p>

List of Transfer Payment Programs under the Program (as applicable)

Name of transfer payment	End Date	Type of transfer payment
Caregiver Recognition Benefit	Ongoing	Vote 5 – Grants and Contributions

Performance Indicators

Program Outputs and/or Outcomes (as appropriate)	Indicator (The measure used to assess the performance of an output and/or outcome)	Data Type (Is the indicator a number, a range, a percentage, a percentage increase, qualitative, etc.)	Data Source (The primary source of information for the indicator, e.g. survey, database, etc.)	Frequency (The frequency of data collection against the indicator, e.g. quarterly, annually, etc.)	Target (The level of performance the Program plans to achieve within a specified time, e.g. 100% of Canadians. Target must be reflective of the indicator)	Date to achieve target (The date the target is expected to be achieved by)	Thresholds (Ranges of values, often tied to a colour coding system, used to provide a visual assessment of performance – e.g. 100% - 75% [Green], 74%-60% [Yellow], etc.)	Data Owner (The organization and position responsible for data collection)	Methodology (Describe how the indicator will be measured, including calculations, baselines the definitions of variables and key terms used)
Effectiveness Indicators									
Outcome 1 (Ultimate): Caregivers feel recognized by the Government for the support they provide to seriously disabled Veterans	Indicator 1: % of Caregivers in receipt of the CRB who report the benefit is a meaningful recognition of their role in supporting Veterans	Percentage	Survey	Every 3 Years				Service Performance Monitoring Unit (SPMU)	
Outcome 2 (Intermediate): Caregivers have timely access to CRB payments	Indicator 2: # of CRB applications approved with payments then released to caregivers within nine weeks	Number	CSDN	Annually	80% by 2019/20	On-going		Service Performance Monitoring Unit (SPMU)	
Outcome 3 (immediate): Seriously injured Veterans and their caregivers are aware of the CRB	Indicator 3: # of eligible Veterans approved for the CRB	Number	CSDN	Annually	270 in 2018/19	Ongoing	-	Service Performance Monitoring Unit (SPMU)	

Program Outputs and/or Outcomes	Indicator	Data Type	Data Source	Frequency	Target	Date to achieve target	Thresholds	Data Owner	Methodology
Efficiency Indicators									
Output 1: Eligibility Decisions	Indicator 4: % of CRB eligibility decisions rendered within 8 weeks of all necessary information being available	Percentage	Database	Quarterly	80%	Ongoing	100% - 80% [Green] 79% - 60% [Yellow] 59% to 0% [Red]	Service Performance Monitoring Unit (SPMU)	
	Indicator 5: % of CRB program eligibility decisions which comply with departmental legislation, regulations, policies, directives and/or business processes	Percentage	Database	Quarterly			100% - 90% [Green] 89% - 75% [Yellow] 74% to 0% [Red]	Service Performance Monitoring Unit (SPMU)	Percentage based on total number approved and declined in comparison of total number received
Output 2: Payments	Indicator 6: % of CRB first time payments issued within 1 week of a favourable decision	Percentage	Database	Quarterly	80%	Ongoing	100% - 80% [Green] 79% - 60% [Yellow] 59% - 0% [Red]	Service Performance Monitoring Unit (SPMU)	Total percentage issued within 1 week of a favourable decision
	Indicator 7: % of CRB subsequent application payments issued within 1 week of a favourable decision	Percentage	Database	Quarterly	80%	Ongoing	100% - 80% [Green] 79% - 60% [Yellow] 59% - 0% [Red]	Service Performance Monitoring Unit (SPMU)	Total percentage issued within 1 week of a favourable decision
Transfer Payment Program Indicators (Where the Program includes one or more transfer payment programs. If the entire Program is one transfer payment program and the information is presented in the above rows, this section may not be required.)									
	N/A – Entire program is one transfer payment program.								

Evaluation Needs

The drivers and rationale for evaluation	Evaluation of the Caregiver Recognition Benefit <ul style="list-style-type: none"> The Caregiver Recognition Benefit is a new program (2018) and will need to be evaluated to meet the FAA requirements of evaluation coverage of all grant and contribution programs every five years.
Resources for Evaluation	<ul style="list-style-type: none"> Estimate 1 AED Manager and 2 AED Officers
Date of planned evaluation	<ul style="list-style-type: none"> 2023-24

Additional Information

List of Relevant Approved Evaluations Related to the Program

Completed Evaluations - Title of the evaluation(s)	Date evaluation(s) was/were completed
N/A	

List of Relevant External Studies Related to the Program

External Studies Related to the Program: Title of the Study	Citation Information
N/A	

List of Relevant Major Projects Related to the Program (as appropriate)

Project name	Description
Family Caregiver Recognition Benefit	Budget 2017 proposed amendments to legislation that would result in the current FCRB being replaced by the Caregiver Recognition Benefit.

List of Services Related to the Program (as appropriate)

Service name	Description

List of Horizontal Initiatives Related to the Program (as appropriate)

Name of horizontal initiative	Lead department(s)	Federal partner organization(s)	Start date of the horizontal initiative	End date of the horizontal initiative
Horizontal Initiative #1				

Government-Wide Policy Considerations

Considerations
<p>Identify key government-wide policy considerations that will be impacted by the Program, if any. Considerations include, but are not limited to: official languages, gender-based analysis, and the duty to consult Indigenous peoples.</p> <p>For additional guidance on Government-Wide policy considerations please see the 'Government Wide Policy Considerations' highlight box of the PIP section in Module 3 of the Guide on Results.</p>

Program Design Tool Annex

