Chapter 25

ADDITIONAL PAIN AND SUFFERING COMPENSATION

Introduction

Chapter 25 provides criteria for assessing Additional Pain and Suffering Compensation (APSC).

APSC is payable at three different grade levels, depending on the severity of the permanent and severe impairment. The grade levels range from Grade 3 (least severe) to Grade 1 (most severe). If assessment criteria are not met for Grade 2 or 1, all Veterans who receive APSC entitlement are eligible for at least Grade 3.

Medical and non-medical evidence is considered when determining APSC grade levels.

The assessment of the extent of the Veteran's permanent and severe impairment is based on any relevant factor, including the need for institutional care; need for supervision and assistance; degree of the loss of use of a limb; frequency of the symptoms; and degree of psychiatric or neurocognitive impairment creating a barrier to re-establishment in civilian life.

The assessment only considers the effects of the disability for which the Veteran has received a <u>disability benefit</u> and that is creating the permanent and severe impairment. However, in some situations, it may be difficult to medically separate overlapping medical conditions resulting from the effect of an entitled disability and a non-entitled disability. In circumstances where this occurs, the uncertainty may be resolved in the Veteran's favour.

When assessing an individual's impairment resulting from the entitled condition(s) the following must be considered:

- level of difficulty completing activities of daily living (ADLs)
- need for supervision to safely perform ADLs
- cumulative effects of an individual's limitations in most ADLs
- inordinate/excessive amount of time it takes the individual to complete an ADL in comparison to an individual of the same age in the absence of the impairment
- inordinate/excessive frequency to complete an ADL in comparison to an individual of the same age in the absence of the impairment

• existence of an amputation, loss of use of a limb, or the loss of hearing, speech, or vision, and/or degree of impairment related to a psychiatric conditions, or neurocognitive disorder.

<u>Table 3.1 – Partially contributing table (PCT)</u> from <u>Chapter 3 – Partially contributing</u> <u>impairment</u> is not applied to APSC grade determinations.

<u>Table 2.1 - Quality of life (QOL) level determination table</u> from <u>Chapter 2 – QOL</u> <u>rating chapter</u> is also not applied to APSC grade determinations.

This chapter contains seven ADLs to be considered for APSC assessment determination purposes. These are: mobility, feeding, washing, dressing, grooming/ foot care /personal care, toileting, and taking medications.

ADLs are broken into two categories: **mobility and self-care**. Mobility is looked at as a separate ADL from self-care to ensure that it is adequately evaluated.

Mobility includes:

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)

Maneuvering - moving the body from one point in space to another (e.g., climbing stairs, walking, using a manual or powered wheelchair, or scooter for medical reasons).

Self-care includes:

Feeding - eating and drinking of prepared foods (e.g., cutting up food, buttering bread)

Washing - washing of face, trunk, extremities, and hair

Dressing - putting on and taking off all pieces of indoor and outdoor clothing

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

Toileting - continence of bowel and bladder; using toilet facilities

Taking medication - preparing and self-administering medication.

Use of the Table

Each bullet (•) represents one criterion. Each grade identifies more than one criterion.

If the word 'or' is present between the criteria, only one of the criterion must be met for that grade to be selected.

Rating Table

This chapter contains one table (**Table 25.1** - Additional Pain and Suffering Grade Determination) which is used to determine the grade for the Veteran's extent of permanent and severe impairment.

Table 25.1 – Additional Pain and Suffering Grade Determination

The extent of functional, physical and/or mental impairment is represented by three different grades:

- Grade 3 represents the least severe impairment.
- Grade 2 represents an impairment more severe than grade 3.
- Grade 1 represents the most severe impairment.

All Veterans who meet the APSC eligibility criteria will receive at least a Grade 3.

At least one criterion from either the functional, physical, or mental criteria must be met. Only one criterion may be selected. If more than one criterion is applicable, the criteria are **compared** and the **most severe** selected.

Grade	Functional criteria	Physical criteria	Mental criteria
3 (least severe)	 requires the physical assistance of another person with 50% or more of the tasks associated with transferring or maneuvering; or two self-care activities or takes an inordinate/excessive amount of time to complete 	• total and permanent loss of hearing with a Decibel Sum Hearing Loss (DSHL) of at least 300 decibels in both ears at the 500, 1000, 2000, and 3000, frequencies or	 psychiatric conditions or neurocognitive disorder for which the Veteran requires ongoing regular treatment, has severe and frequent symptoms (at least once per week) which significantly

Table 25.1 – Additional Pain and Suffering Grade Determination

	 transferring or maneuvering; or two self-care activities or inordinate/excessive frequency in how often two self-care activities are completed daily or has cumulative effects of limitations in most ADLs, which when taken together have an equivalent impact on the person as either of the 3 previous bullets above or requires supervision at least 3 times per week for at least one hour per visit to ensure safety in performing ADLs, and are considered safe when left alone for longer period of 	 total and permanent loss of speech where audible communication is insufficient to meet needs of everyday speech and conversation or single upper extremity amputation at or above the elbow or single lower amputation at or above the knee or permanent loss of use of one limb 	interfere with functioning in the areas of thought and cognition; emotion, behaviour, and coping; and/or ADLs
2 (more severe than grade 3)	 time than a Grade 2 requires the physical assistance of another person with the tasks associated with both transferring and maneuvering; or four self-care activities or takes an inordinate/excessive time to complete both transferring and maneuvering; or four self-care activities or has cumulative effects of limitations 	 complete and permanent loss of vision of both eyes worse than or equal to 20/200 or 6/60 with best correction in the better eye or a visual field extent of less than 20 degrees in diameter or single upper or lower limb amputation at 	 psychiatric condition or neurocognitive disorder with persistent symptoms (daily or almost daily) of extreme impairment of one's ability to think clearly, respond in an emotionally appropriate manner, communicate effectively, understand

	 in most ADLs, which when taken together have an equivalent impact on the person as either of the two bullets above or requires daily supervision and is considered safe when left alone for very short periods of time (e.g., 2-3 hours during the day, 5-6 hours overnight) 	the hip or shoulder (no viable stump) or • double limb amputations, i.e., at or above the ankle for the lower extremity and at or above the wrist for the involved upper extremity (viable stump)	 reality, and/or behave appropriately or psychiatric condition or neurocognitive disorder which requires long periods of inpatient hospital care or a combination of inpatient hospital care and outpatient care (greater than 8 weeks, cumulative, within a 6 month period); e.g., a full time day program or recurrent hospitalization, i.e., greater than 3 times per year, without recovery
1 (most severe)	 requires long-term hospitalizations or institutionalized, or approaching the need for institutionalization or requires complete physical assistance of another person with 6 of 7 ADLs or requires daily supervision and is not considered safe when left alone 	 quadriplegia or paraplegia or bilateral upper extremity amputation (at or above wrist) or bilateral lower extremity amputation (at or above the ankle) or amyotrophic lateral sclerosis (ALS) 	 obvious signs and behaviour that are influenced by delusions or hallucinations not controlled with treatment and demonstrates gross impairment in communication or judgement or requires total care and supervision in the home or an institutionalized setting

Steps to Determine the Additional Pain and Suffering Compensation (APSC) Assessment

- **Note:** The QOL and PCT are not applied to APSC grade assessments.
- **Step 1:** Determine the grade from **Table 25.1** Additional Pain and Suffering Grade Determination.
- **Step 2:** Does more than one grade apply in Table 25.1? If **yes**, then choose the most severe rating at Step 1.

This is the assessment grade for the APSC.