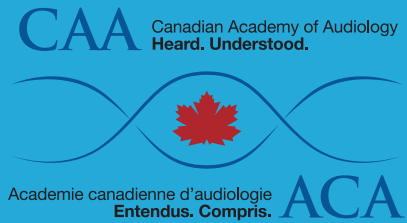




Speech-Language &
Audiology Canada
Communicating care



The Disability Tax Credit Certificate

Tip Sheet for Audiologists

Developed by:

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&
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Purpose of This Document

The Canada Revenue Agency's (CRA) [Disability Tax Credit Certificate \(DTC\) and Related Information](#) documents contains information for individual consumers as well as medical practitioners, which includes, but is not limited to eligibility, definitions and a self-assessment questionnaire. CAA and SAC developed the DTC Tip Sheet for Audiologists to provide more clarity, helpful tips, points of consideration and reference materials for audiologists as they complete the DTC certificate as medical practitioners to certify for "hearing".

This Tip Sheet should serve as a support document, but the concepts have not necessarily been adopted by the Canada Revenue Agency (CRA). Audiologists should use the information contained in this document at their own discretion. For more information, medical practitioners can visit [CRA's website – Information for Medical Practitioners](#).

Advocacy

CAA and SAC continue to advocate for changes to the DTC certificate at a federal level and to work with the CRA to improve the process and the guiding information on the DTC certificate.

What is the Disability Tax Credit (DTC)?

The details:

- The DTC is a non-refundable tax credit used to reduce income tax payable on an individual's tax and benefit return. Credits can be applied as far as 10 years back.
- The credit amount includes a supplement for individuals who are younger than 18 at the end of the tax year.
- To apply for the DTC, an individual must fill out and submit an application – [the DTC certificate Form T2201](#).

What do audiologists need to know?

- Audiologists are medical practitioners who may certify hearing impairments on the DTC certificate Form T2201.
- Audiologists have a responsibility to complete Part B of the form including the effects of the impairment if a patient requests it. Audiologists must use their best judgment when certifying the effects of the impairment, but audiologists do not make the decision regarding eligibility, the CRA does.

Frequently Asked Questions

Question #1: If I'm not sure whether or not my client meets the criteria for the DTC, should I sign the form?

Tip: The CRA has stated that they want audiologists to complete the form. Complete the form to the best of your ability; the CRA will make the final decision on whether someone is eligible for the DTC – not the audiologist.

Question #2: What are the criteria to receive the DTC for hearing loss?

It is commonly thought that only those with profound hearing loss who use manual communication such as ASL or deafened individuals who rely on lip reading qualify for the DTC, however this is not accurate.

From Form T2201 - page 2:

Your patient is considered markedly restricted in hearing if, even with the use of appropriate devices, he or she is unable or takes an inordinate amount of time to hear so as to understand another person familiar with the patient, in a quiet setting, and this is the case all or substantially all of the time (at least 90% of the time).

Notes:

Devices for hearing include hearing aids, cochlear implants and other such devices.

Inordinate amount of time – This is a clinical judgment made by a medical practitioner who observes a recognizable difference in the time it takes a person to do an activity.

Usually, this equals **three** times the average time needed to complete the activity by a person who does not have the impairment.

Examples of markedly restricted in hearing (examples are not exhaustive):

- Your patient must rely completely on lip reading or sign language, despite using a hearing aid, to understand a spoken conversation, all or substantially all of the time (at least 90% of the time).
- In your office, you must raise your voice and repeat words and sentences several times, and it takes an inordinate amount of time for your patient to understand you, despite the use of a hearing aid.

Tip: Eligibility for the DTC is based on the functional impairment of the patient, not the medical diagnosis.

Although the DTC document states that “*Your patient must rely completely on lip reading or sign language, despite using a hearing aid, to understand a spoken conversation, all or substantially all of the time (at least 90% of the time).*” This is only an example of what markedly restricted might look like, not the actual criteria for receiving the DTC.

It is up to the audiologist to look at their client as a whole to determine if there are other examples that might fit the actual criteria – which is:

Your patient is considered markedly restricted in hearing if, all or substantially all of the time (at least 90% of the time), he or she is unable or takes an inordinate amount of time to hear so as to understand another person familiar with the patient, in a quiet setting, even with the use of appropriate devices.

It is important to remember that eligibility for the DTC is based on the effects of the impairment and not the diagnosis.

Question #3: Should I attach a letter of support to the DTC form with more examples of how my client is markedly restricted in order to help them qualify? If yes, what are some other examples I could include?

Tip: Yes! In addition to completing Part B as well as the section on the effects of impairment on page 5, the CRA has said that they welcome additional supportive information as part of the review process. Always add a copy of the audiogram and any other audiological assessment data to assist with this process. It is also critical to the determination process to provide sufficient practical detail to demonstrate how the patient’s hearing loss functionally impacts his/her basic activities of daily living.

Here are some examples that could be used to demonstrate that your client is markedly restricted when communicating with people that are familiar to them, in a quiet setting, even with the use of an appropriate device like a hearing aid or cochlear implant:

- **Whenever visual cues are compromised.** Examples could be in environments where the speaker is not facing the client or when lighting is not optimal.
- **Whenever distance to the speaker is a factor.** An example could be when the client is not positioned close to the sound source, such as in a meeting or large group interactive discussion, where the client is unable to strategically position his or herself to hear multiple people speaking at various points of distance (even if everyone is speaking one at a time).
- **In any environment where the speakers, even if familiar to the client, are not using effective communication strategies.**
- **During situations where members of the family need to communicate with the client while sleeping.** The sleeping state is a quiet environment where others may attempt to communicate with the client. He/she would be markedly restricted in this scenario as compared to people who do not experience hearing loss. Although an emergency situation would not likely meet the criterion of 90% of the time, it may still be a valid addition to the information you provide to demonstrate the effects of the impairment.

Question #4: Can I charge patients or clients for my time when completing the DTC form/certificate?

Tip: Yes, this is allowed and some practitioners do charge for it. If the patient or client is on social assistance, they may take the bill to their case worker for possible reimbursement. Also, on the DTC form it states: *"You [the patient] are responsible for any fees that the medical practitioner charges to complete this form or to give us [CRA] more information. However, you may be able to claim these fees as medical expenses on line 330 or 331 of Schedule 1 of your tax return."*

Note: The Disability Tax Credit Promoters Restrictions Act (DTCpra) received Royal Assent on May 29, 2014. The Act will limit excessive fees that can be charged for helping to complete a disability tax credit request, and ensure that more money stays in the pockets of people with disabilities and their caregivers who need it most. For more information, please visit the CRA website at <http://www.cra-arc.gc.ca/disability/>. The CRA is currently finalizing the draft regulations to the DTCpra. The proposed regulations will be published in the Canada Gazette for public comments once they are approved by the Committee of Cabinet mandated to deal with Governor in Council business.

Question #5: What is a “quiet setting”?

Tip: The “quiet setting” criterion is frustrating to address as the real world is not quiet. In the 2001 legal decision from case law, Barber vs. the Queen, the court found that a

“quiet setting must be the normal setting that a person encounters during the day when they are performing the functions of daily living.”

The court went on to say that

“it must refer to a normal situation in which a normal person would find themselves during the context of conducting their life during a normal day.”

While the CRA does not clearly and consistently implement this ruling of its own accord, we suggest that, if you feel it is relevant, you may want to consider invoking the definition.

More information on Barber vs. the Queen can be found at:

<http://www.canlii.org/en/ca/tcc/doc/2001/2001canlii863/2001canlii863.html>.

It is important to include information about the “normal setting” for your client. A real life example of eligibility for the DTC should take notice of the person’s personal life as well as their profession, career, studies, etc.

For example: A hard of hearing parent at home with young children must contend with multiple competing noises and, even with the use of hearing aids, may not properly be able to hear their children, ensuring a safe environment.

These are real challenges that can be very stressful and require resilience (and accommodations) for a person wearing hearing aids (or a cochlear implant).

Question #6: What if I am asked to sign the DTC application for a young child or infant, who I cannot fully assess? Should I sign the form?

Tip: In situations where a full assessment or determination of “markedly restricted” is not possible, many audiologists sign the form with the position that they would rather err on the side of caution for the child’s family until there is proof that the child is not markedly restricted. Again, the CRA will make the final determination based on the certificate and supporting documentation.

Question #7: Should I sign the DTC for my clients who have single-sided deafness?

Tip: Single-sided deafness (SSD) can be very debilitating and affects people in different ways. Providing additional supportive information about how SSD affects your client's communication ability in "quiet" (normal) settings with familiar speakers may be helpful to the CRA in assessing eligibility for the DTC. You may want to consider providing examples where communication related to directionality could take an inordinate amount of time for your client. Note: Anecdotally, SAC and CAA have heard that cases of SSD have not often been approved.

Some challenging quiet environments could include:

- Driving a car (deaf side facing passengers)
- Interacting in circular group meetings (can be difficult even if participants are speaking one at a time and even worse if distance is a factor for large circular discussions)
- Whispered communication into the deaf ear in quiet environments such as at church, lectures or training

Question #8: Are there any audiological references I can use to support clients in their application process, which would help define the severity of hearing loss?

Tip: Although the DTC application does not specifically outline audiological criteria related to eligibility, there are a few definitions (VAC, ASHA, WHO) that audiologists may reference in support of a client's application.

Veterans Affairs Canada (VAC) Definition

For VAC purposes, a hearing loss disability exists when there is a Decibel Sum Hearing Loss (DSHL) 100 dB or greater at frequencies of 500, 1000, 2000 and 3000 Hz in either ear or 50 dB or more in both ears at 4000 Hz.

For VAC purposes, a non-disabling hearing loss exists when there is decibel loss greater than 25 dB at frequencies between 250 and 8000 hertz (inclusively), and this loss is not sufficient to meet VAC's definition of a hearing loss disability.

The VAC definition is interesting since it is a federal interpretation as to what constitutes a hearing loss disability.

The complete VAC definition and audiological criteria can be found at:

http://www.veterans.gc.ca/eng/services/after-injury/disability-benefits/benefits-determined/entitlement-eligibility-guidelines/hearing_loss

ASHA Definition of Severely Hearing Handicapped

A severely hearing handicapped person is one who demonstrates:

1. An unaided speech reception threshold in the better ear of 55 dB HL or more, or
2. An unaided speech reception threshold in the better ear of less than 55 dB HL with any of the following:
 - a. aided performance on a recognized measure of speech discrimination ability of 60% or less at a sound field test presentation level of 75 dB SPL (loud conversational speech);
 - b. evidence of rapidly progressive hearing loss;
 - c. an inability to tolerate amplification and unaided performance on a recognized measure of speech discrimination ability of 60% or less at a sound field test presentation level of 75 dB SPL (loud conversational speech), or
3. In the event that recognized measures of speech reception or speech discrimination are inapplicable—for example, because of a foreign language barrier, receptive or expressive language disorder, etc.—an unaided pure tone average in the better ear of 55 dB HL or more.

Link to ASHA's Severely Hearing Handicapped definition: <http://www.asha.org/policy/RP1979-00213/>

The World Health Organization (WHO) Definition

The WHO has defined “grades of hearing impairment” as below – with grades 2, 3 and 4 being classified as a disabling hearing impairment:

Grades of Hearing Impairment

Grade of impairment	Corresponding audiometric ISO value	Performance	Recommendations
0 - No impairment	25 dB or better (better ear)	No or very slight hearing problems. Able to hear whispers.	
1 - Slight impairment	26-40 dB (better ear)	Able to hear and repeat words spoken in normal voice at 1 metre.	Counselling. Hearing aids may be needed.
2 - Moderate impairment	41-60 dB (better ear)	Able to hear and repeat words spoken in raised voice at 1 metre.	Hearing aids usually recommended.
3 - Severe impairment	61-80 dB (better ear)	Able to hear some words when shouted into better ear.	Hearing aids needed. If no hearing aids available, lip-reading and signing should be taught.
4 - Profound impairment including deafness	81 dB or greater (better ear)	Unable to hear and understand even a shouted voice.	Hearing aids may help understanding words. Additional rehabilitation needed. Lip-reading and sometimes signing essential.



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Grades 2, 3 and 4 are classified as **disabling hearing impairment**.

The audiometric ISO values are averages of values at 500, 1000, 2000, 4000 Hz.

Link to the WHO definition: http://www.who.int/pbd/deafness/hearing_impairment_grades/en/index.html

Additional Information and Tips:

- All claims are considered by the CRA on a case-by-case basis.
- The Form T2201, Disability Tax Credit Certificate, is considered incomplete without the Effects of the Impairment section. The form can only be completed by a medical practitioner able to support the restrictions.
- If the CRA needs more information or clarification for the claim, they will issue a letter directly to the medical practitioner.

Questions or comments?

If you have any suggested questions and tips that would be helpful to add to this document, please contact Rex Banks on behalf of CAA at rbanks@chs.ca or Chantal Kealey on behalf of SAC at chantal@sac-oac.ca.

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