



Financial Services
Commission
of Ontario

Commission des
services financiers
de l'Ontario

May 2004

**Guideline on Designated Assessment Centre
Selection Process**

Superintendent's Guideline No. 07/04

Guideline on Designated Assessment Centre Selection Process

Introduction

Regulation 313/03, which came into effect on October 1, 2003, changed the process under section 53 of the Statutory Accident Benefits Schedule (SABS) for selecting a Designated Assessment Centre (DAC) to conduct a designated assessment. Effective October 1, 2003, the SABS no longer require a claimant to be assessed at the DAC closest to his or her residence.

Section 53 of the SABS, as amended effective October 1, 2003, is attached to this Guideline for reference.

This revised Guideline defines the process by which the Superintendent will select a DAC under section 53 of the SABS on and after May 10, 2004, using an on-line system. This revised Guideline replaces Superintendent Guideline No. 04/03 issued in September 2003. Any requests submitted via email on or after May 10, 2004, will not be processed.

Notification/Termination

In the event that a benefit is disputed by an insurance company, the insurance company is required to give the claimant an explanation of benefits payable, and notice of assessment, denial, reduction or termination of benefits through the provision of the following forms as appropriate:

- OCF-9 Explanation of Benefits Payable by Insurance Company
- OCF-17 Notice of Stoppage of Weekly Benefits and Request for Assessment
- OCF-20 Catastrophic Impairment Determination and Request for Assessment

These forms are also to be used by a claimant who wishes to dispute the insurance company's assessment, denial, reduction or termination of benefits and be assessed at a DAC.

Both the OCF-9 and the OCF-17 provide a general overview of the claimant's right to dispute.

Selection of a DAC by Agreement of Insurer and Claimant

As amended, section 53 of the SABS requires that if an insurer receives a notice of a claimant's request for a DAC assessment, or determines that a DAC assessment is required under the SABS, the insurer and the claimant should attempt to jointly select the DAC.

The selection is to be made no later than the second business day after the insurer or the claimant, as the case may be, receives notice from the other that a DAC assessment is required under the SABS.

If the insurer and the claimant do jointly select a DAC, the insurer will initiate the referral to the DAC and indicate on a DAC Referral, Plan, and Summary Form (OCF-11) that the DAC referral is being made jointly by the insurer and the claimant.

If the DAC is unable to begin the assessment within 14 days from the date of receiving the request for assessment, the parties will attempt to jointly select another DAC, subject to the provisions of the SABS.

Superintendent Selection of a DAC

The Superintendent will select a DAC if:

- the insurer and the claimant do not jointly select a DAC within two business days; or
- the DAC jointly selected by the parties is unable to begin an assessment within 14 days of the request for an assessment, and the parties ask the Superintendent to select another DAC.

Superintendent's Protocol for DAC Selection Process

1. In the event that the insurer and the claimant are not able to jointly select a DAC, the insurer must request that the Superintendent select a DAC on behalf of the parties.
2. The insurer representative is required to initiate the process via the on-line DAC Selection Request System which can be accessed through the *Insurance* section on FSCO's website at www.fSCO.gov.on.ca under *Designated Assessment Centres*.
3. The insurer representative is required to complete the on-line request form and certify that the information is accurate. The insurer will then submit the request for processing.
4. An email notification will be sent to the insurer representative with a confirmation certificate specifying the DAC selected. Each certificate will have a FSCO file number that can be used for verification.
5. The insurer must initiate a referral to the specified DAC by completing an OCF-11, printing a copy of the confirmation certificate, and attaching the copy of the certificate to the OCF-11. The insurer is also required to ensure the claimant or the claimant's legal representative receives a copy of the certificate.
6. Insurers and claimants are prohibited from using this process to make more than one request for selection of a DAC unless one of the following conditions applies:
 - (a) The DAC previously selected by the Superintendent has declared a conflict of interest that is not being waived by the parties; or

- (b) The DAC previously selected by the Superintendent is unable to conduct the assessment within the required time frame; or
- (c) The claimant is being sent for an additional assessment as required by the SABS (e.g., subsequent disability assessment or multiple treatment plans), and the parties do not jointly select a DAC in the manner required by the SABS.

**Section 53 of the Statutory Accident Benefits Schedule
as amended effective October 1, 2003**

53. (1) A designated assessment shall be conducted by a designated assessment centre selected in accordance with this section.
- (1.1) A designated assessment must be conducted by a designated assessment centre that,
- (a) is authorized to assess impairments of the type sustained by the insured person; and
 - (b) is authorized to conduct the type of designated assessment that is required.
- (1.2) A designated assessment must be conducted by a designated assessment centre that is located within,
- (a) 30 kilometres of the insured person's residence, if,
 - (i) the insured person's residence is located in the City of Toronto or the regional municipality of Durham, Halton, Peel or York, and
 - (ii) a designated assessment centre that complies with subsection (1.1) is located within 30 kilometres of the insured person's residence; or
 - (b) 50 kilometres of the insured person's residence, if,
 - (i) the insured person's residence is not located in the City of Toronto or the regional municipality of Durham, Halton, Peel or York, and
 - (ii) a designated assessment centre that complies with subsection (1.1) is located within 50 kilometres of the insured person's residence.
- (1.3) Subject to subsections (1.1) and (1.2), the insurer and the insured person may jointly select the designated assessment centre if the selection is made not later than the second business day after the insurer or the insured person, as the case may be, receives notice from the other that a designated assessment is required under this Regulation.
- (1.4) If the insurer and the insured person do not jointly select the designated assessment centre in accordance with subsection (1.3), the Superintendent shall, subject to subsections (1.1) and (1.2), select the designated assessment centre.

- (2) If the designated assessment centre is selected by the Superintendent, the designated assessment centre shall, before conducting the designated assessment, give the insurer and the insured person notice disclosing any conflict of interest that the centre has relating to the designated assessment.
 - (3) The designated assessment centre shall give any notice required under subsection (2) in respect of a designated assessment described in subsection 43 (11) within three business days after receipt of the request for the designated assessment.
 - (4) If a conflict of interest is disclosed under subsection (2),
 - (a) the designated assessment centre shall conduct the designated assessment if the insurer and the insured person agree; or
 - (b) if the insurer and the insured person do not agree, the designated assessment shall be conducted, subject to subsections (1.1), (1.2) and (2), by another designated assessment centre selected by the Superintendent.
 - (5) For the purposes of clause (4) (b), the insurer and the insured person shall be deemed not to agree in the case of a designated assessment described in subsection 43 (11) unless they agree by the end of the third business day after the day the insurer receives the notice under subsection (2) or the insured person receives the notice under subsection (2), whichever day is later.
- [subsections (6), (7) & (8) are revoked]
- (9) Except as otherwise required under subsection 43 (11), a designated assessment centre must begin a designated assessment within 14 days after receiving a request for the designated assessment.
 - (10) If a designated assessment centre is unable to begin a designated assessment within 14 days after receiving the request for the assessment, the insured person or the insurer may require that, subject to subsections (1.1), (1.2) and (2), the designated assessment be conducted by another designated assessment centre selected by the Superintendent.
 - (10.1) The Superintendent may, with the consent of the Minister, delegate in writing to any person the Superintendent's authority to select designated assessment centres under this section.
 - (11) For the purpose of this section, a designated assessment centre has a conflict of interest relating to a designated assessment if,
 - (a) the insurer, the insured person or a lawyer or other representative acting on behalf of the insurer or the insured person has a financial interest in the

designated assessment centre; or

(b) the designated assessment centre, a related person, an assessor or consultant who will carry out all or part of the designated assessment or a facility owned or controlled, directly or indirectly, in whole or in part, by the centre or a related person,

- (i) has provided goods or services to the person to be assessed, other than a previous designated assessment,
- (ii) prepared or approved a treatment confirmation form under section 37.1, a treatment plan under section 38 or an application for approval of an assessment or examination under section 38.2 for the person to be assessed, or
- (iii) is identified by a treatment confirmation form, treatment plan or an application for approval of an assessment or examination as a person who will provide goods or services to the person to be assessed.

(12) In clause (11) (b),

"related person" means, in respect of a designated assessment centre, an owner, partner or another person who has a financial interest in the designated assessment centre, but does not include a person who has a financial interest in the designated assessment centre by reason only of being a creditor who deals at arm's length with the designated assessment centre.