

**DISABILITY**  
**DESIGNATED ASSESSMENT CENTRE**  
**ASSESSMENT GUIDE**

*A guide to conducting Disability DAC assessments*

**Minister's Committee on the Designated Assessment Centre System**

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## PART 1 Introduction

This assessment guide instructs Designated Assessment Centres (DACs) conducting disability assessments. It is intended for use by Disability DACs designated under the Statutory Accident Benefits Schedule (SABS), a regulation under the Insurance Act.<sup>1</sup> In the event of a discrepancy between this assessment guide and the SABS, the SABS shall prevail.

It should be noted that, although the assessment process outlined in this guide applies to all Disability DAC assessments, only Bill 59 definitions and terms are used in this document.

It is the responsibility of each clinician involved in DAC assessments to use his/her own clinical judgment in: screening each referral to ensure the DAC has the appropriate authorization and capability to conduct the assessment; planning the assessment; and interpreting the assessment outcomes. This assessment guide has been developed with consultation and consensus reached by practice experts. **Where the DAC deviates from the assessment guide, it should be noted in the report and an explanation given.**

This assessment guide presents a structured approach to performing disability assessments. It is designed to achieve the following objectives:

- ! To be consistent with the SABS.
- ! To assist DACs in producing reports that are useful to the parties in assisting them to resolve their dispute.
- ! To ensure DACs follow a common assessment approach and standards.
- ! To develop a structured reporting format that is comprehensive and includes well-supported conclusions.

### 1.1 Purpose of Disability DAC Assessment

The assessment of disability will determine if the claimant continues to meet the requirements set out in the SABS regarding the claimant's eligibility to receive an *Income Replacement Benefit, Non-Earner Benefit or Caregiver Benefit*. When a claimant is referred to a Disability DAC, the *existence* of the disability has already been accepted by the insurer, and the claimant has been receiving the benefit. It is the *continuance* of the disability that the DAC addresses. The insurer has challenged the continuance of the disability, and the claimant believes the disability continues. The purpose of the DAC assessment is to offer an independent opinion that will assist these two disputing parties to resolve their dispute.

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<sup>1</sup> **Note:** The "disability test" varies with the specific bill. For example, the test under Bill 59 is different from the Bill 164 test. Disability DACs must consult Appendix A to ensure they are applying the correct test.

To be eligible to receive any of the benefits noted above, a “disability test” described in the SABS must be met. The disability test is specific to the benefit being claimed: i.e., *Income Replacement Benefit, Non-Earner Benefit or Caregiver Benefit*. In the case of Income Replacement Benefits and Caregiver Benefits, the definition of disability in the SABS changes 104 weeks after the disability commences.

Table 1 provides a comparison of definition of disability for Income Replacement Benefit (earners), Caregiver Benefit (caregivers) and Non-Earner Benefit under Bill 59. Note how the definition changes for earners and caregivers at the 104-week mark. Also note that the definition for non-earners does not change.

**Table 1: Comparison of Definition of Disability (Bill 59)**

<b>Benefit</b>	<b>During first 104 weeks of disability</b>	<b>After 104 weeks of disability</b>
<b>Income Replacement Benefit</b>	As a result of and within 104 weeks after the accident <sup>2</sup> , the insured person suffers a substantial inability to perform the essential tasks of his or her employment. <sup>3</sup>	As a result of the accident, the insured person is suffering a complete inability to engage in any employment for which he or she is reasonably suited by education, training or experience. <sup>4</sup>
<b>Caregiver Benefit</b>	As a result of and within 104 weeks after the accident, the insured person suffers a substantial inability to engage in the caregiving activities in which he or she engaged at the time of the accident. <sup>5</sup>	As a result of the accident, the insured person is suffering a complete inability to carry on a normal life <sup>6</sup> .
<b>Non-Earner Benefit</b>	As a result of the accident, the insured person is suffering a complete inability to carry on a normal life <sup>6</sup> .	As a result of the accident, the insured person is suffering a complete inability to carry on a normal life <sup>6</sup> .

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<sup>2</sup> “Accident” as defined by Bill 59 SABS Part I, 2: “accident” means an incident in which the use or operation of an automobile *directly* causes an impairment or *directly* causes damage to any prescription eyewear, denture, hearing aid, prosthesis or other medical or dental device. [*emphasis added*]

<sup>3</sup> For complete text, see Bill 59 SABS, Part II, 4.

<sup>4</sup> For complete text, see Bill 59 SABS, Part II, 5, (2), (b).

<sup>5</sup> For complete text, see Bill 59 SABS, Part IV, 13, (1), 2.

<sup>6</sup> “Complete inability to carry on a normal life” as defined by Bill 59 SABS, Part I, 2, (4).

## 1.2 Directly Related to the Accident

Regardless of the benefit applied for, or the duration of disability, a direct cause must be established between the claimant's inability to perform his/her essential tasks/normal life/caregiving activities, and the impairment(s) sustained in the accident.

## 1.3 General Disability DAC Authorization

General Disability DACs are authorized to see the majority of claimants, with the exception of 3 groups of claimants:

- ! Claimants with identified brain impairments.
- ! Claimants with identified spinal cord impairments.
- ! Claimants who are claiming an Income Replacement Benefit 104 weeks after the onset of the disability.

Claimants from any of these 3 groups must be seen by a Disability DAC with specified designation to assess these groups.

## 1.4 SABS Terms

There are a number of terms and phrases used in the SABS which are not defined in the regulation. In the sections dealing with disability determination these include:

- ! essential task(s)
- ! substantial inability
- ! caregiving activities
- ! ability to carry on a normal life
- ! complete inability
- ! reasonably suited by education, training or experience

However, some terms are elaborated on in the SABS. For example, complete inability to carry on a normal life is described as "*an impairment that continuously prevents the person from engaging in substantially all the activities in which the person ordinarily engaged before the accident.*"<sup>7</sup> In the case of caregivers, the SABS defines a "*person in need of care*" as a "*person who is less than 16 years of age or who requires care because of physical or mental incapacity*"<sup>8</sup>

The SABS do **not** provide any further elaboration or definition of "essential task", "substantial inability",

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<sup>7</sup> For complete text, see Bill 59 SABS, Part I, Section 2 (4).

<sup>8</sup> For complete text, see Bill 59 SABS, Part 1, Section 2 (1).

“caregiving activities”, “complete inability” or “reasonably suited by education, training or experience”.  
DAC assessors must rely on their informed judgment in arriving at an

understanding of these terms for each claimant they assess. It is also the responsibility of Disability DAC assessors to support these conclusions in a well-documented, evidence-based report which provides the reader with a clear understanding of the DAC's opinion and the basis for it.

## **1.5 Disability Assessment Model**

Figures I, II, III and IV graphically represent the models of disability assessment used in Disability DACs according to the benefit claimed. It is important that DACs only assess the claimant against one of these "disability tests"; e.g., DACs should not assess a claimant for both Caregiver and Income Replacement Benefits simultaneously.

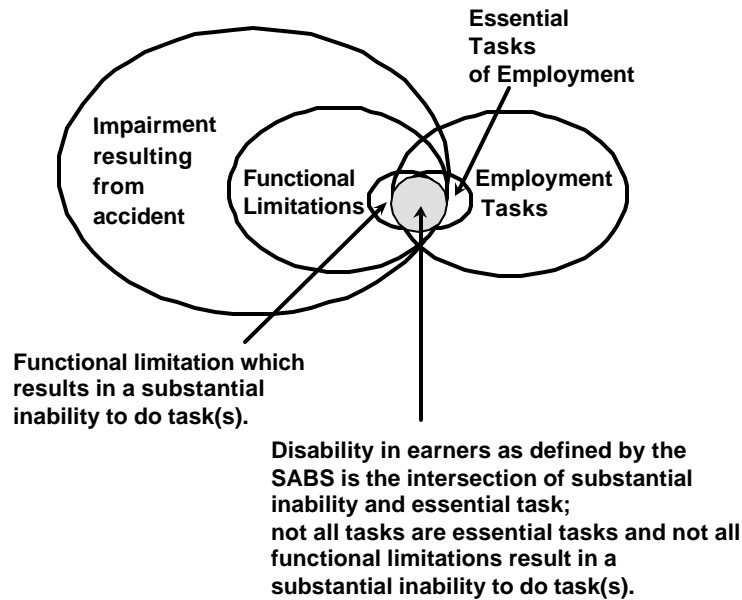
The first 3 models demonstrate that in order for the claimant to meet the test of disability, he/she must have an impairment (resulting from the accident), which results in functional limitations, which in turn create a substantial (earners and caregivers) or complete (non-earners) inability to perform the essential tasks of employment or the caregiving/normal life activities.



### 1.5.1 Figure I

## DAC Disability Model

Earners Pre-104 Weeks



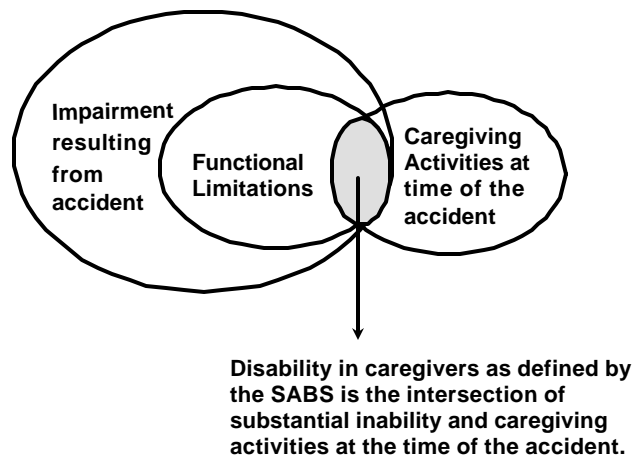
The following “4-step” process must be followed in all cases to meet the SABS criteria.

1. Identify claimant’s set of essential employment tasks.
2. Determine if the claimant’s impairment(s) could result directly from the accident.
3. Determine if the impairment(s) results in functional limitations.
4. Determine if the functional limitation(s) presents a substantial inability to complete essential (employment) tasks.

## 1.5.2 Figure II

# DAC Disability Model

Caregiver Benefit  
Pre-104 Weeks



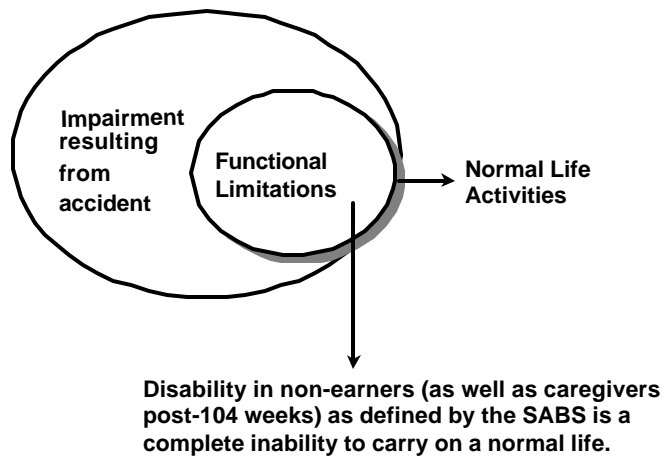
The following “4-step” process must be followed in all cases to meet the SABS criteria.

1. Identify claimant’s unique set of caregiving activities engaged in at the time of the accident.
2. Determine if the claimant’s impairment(s) could result directly from the accident.
3. Determine if the impairment(s) results in functional limitations.
4. Determine if the functional limitation(s) presents a substantial inability to complete the caregiving activities.

### 1.5.3 Figure III

## DAC Disability Model

Non-Earner and Post-104 Week Caregiver Benefit



The following “4-step” process must be followed in all cases to meet the SABS criteria.

1. Identify claimant’s unique set of normal life activities.
2. Determine if the claimant’s impairment(s) could result directly from the accident.
3. Determine if the impairment(s) results in functional limitations.
4. Determine if the functional limitation(s) presents a complete inability to carry on a normal life.

## 1.5.4 Figure IV

# DAC Disability Model (Earners After 104 Weeks)

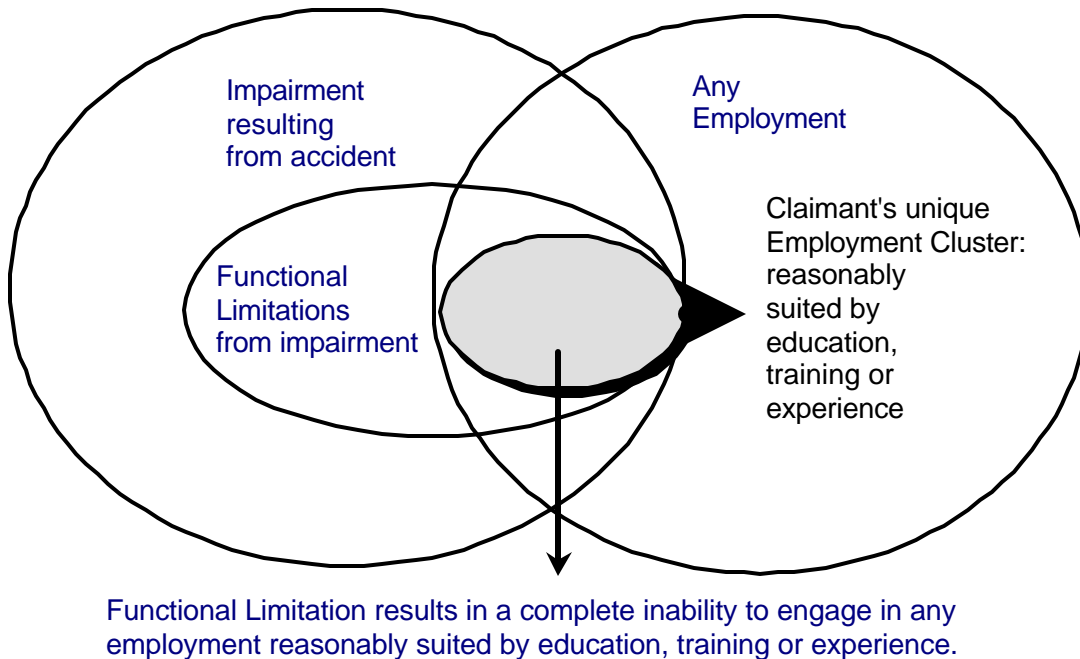


Figure IV graphically represents the model of disability assessment used in assessment of earners claiming an Income Replacement Benefit 104 weeks after the disability began.

This model demonstrates that in order for the claimant to meet the test of disability, he/she must, as a result of the accident, suffer a complete inability to engage in any employment for which he/she is reasonably suited by education, training or experience.

The following “4-step” process must be followed in all cases to meet the SABS criteria.

1. Identify claimant’s unique employment cluster.
2. Determine if the claimant’s impairment(s) could result directly from the accident.
3. Determine if the impairment(s) results in functional limitations.
4. Determine if the functional limitation(s) presents a complete inability to engage in any employment

for which he/she is reasonably suited by education, training or experience.

## **PART 2    DAC Resources**

This section details the *physical* and *human* resources that Disability DACs must have.

### **2.1    Physical Resources**

The inventory listed here represents the *range of resources* which all Disability DACs must have available to conduct disability DAC assessments. It is understood however, that the DAC team will select from this range the appropriate resources needed on a case by case basis.

#### **2.1.1    General Requirements**

All DAC sites and facilities must be accessible to mobility impaired: i.e., wheelchair accessible.

There are numerous tools and methodologies used to assess physical, cognitive and interpersonal abilities. Disability DACs must have available sufficient resources to conduct a comprehensive assessment of each of these areas, and select the appropriate measure for the claimant considering:

- the requirements of the individual claimant, -- his/her unique characteristics, impairment, disability, essential tasks of employment, caregiving tasks, activities of normal life;
- familiarity with the measure;
- awareness of the instruments' limitations and psychometric properties.

The following table represents a summary of the physical resources inventory that all Disability DACs must have available. The DAC must complete this inventory for their site and have it available as part of the DAC monitoring and evaluation process.

## Disability DAC - Assessment Resources

DACs must have available sufficient resources to assess *actual work activities* to ensure the “ecological (in a real task situation) validity” of the outcomes from standard measures in all three domains.

<b>Assessment Domain</b>	<b>Details</b>	<b>DAC’s Specific Resources</b>
<p><b>1. Physical Domain</b> Including the use of the body and body parts in the performance of activities/tasks.</p>	<p><b>Body Position:</b> primary type of posture or body movement involved in performing the work, i.e. Sitting; Standing and/or walking; Sitting, standing, walking; Other body positions such as bending, stooping, kneeling and crouching</p> <p><b>Limb Co-ordination:</b> use of limbs in performing work i.e. Upper limb co-ordination; Multiple limb co-ordination (work activities are carried out by co-ordinating the movements of upper limb(s) simultaneously with lower limb(s))</p> <p><b>Strength:</b> use of strength in the handling of loads such as pulling, pushing, lifting and/or moving objects during the work performed.</p>	<p>The DAC will describe the resources they have available to assess the physical domain.</p>
<p><b>2. Cognitive Domain</b> Including the use of intellectual abilities in the performance of activities/tasks.</p>	<p>Although cognitive abilities such as thinking, reasoning, remembering, problem-solving, computing, synthesizing, reading, writing, attending, remembering and concentrating may be assessed using standard psychometric evaluations, DACs must have available sufficient resources to assess <i>actual work activities</i> to ensure the “ecological (in a real task situation) validity” of the outcomes from standard measures in this domain.</p>	<p>The DAC will describe the resources they have available to assess the cognitive domain</p>
<p><b>3. Interpersonal Domain</b> Including dealing with others.</p>	<p>Mentoring, negotiating, instructing/consulting, supervising, taking direction, diverting, persuading, speaking/signaling, serving/assisting.</p>	<p>The DAC will describe the resources they have available to assess the interpersonal domain</p>

## 2.1.2 Additional Physical Resources for Disability DACs Authorized to Assess Earners Post-104 Weeks

Besides the physical resources inventoried in the charts, post-104 week disability assessments will require additional resources. In order to assess the range of employment demands represented by “*any employment*”, these DACs must have some combination of:

- structured and standardized assessment tools
- simulated work tasks
- actual work tasks.

Although the use of simulated and actual work tasks may only be required in a limited number of cases, the DAC should have available, or access to, appropriate facilities, equipment and materials to simulate job components or tasks, as well as the ability to monitor the claimant’s work performance.

## 2.2 Human Resources

### 2.2.1 Core Assessment Team for All Disability DACs

The Disability DAC core assessment team is one that is immediately available to the DAC: i.e., can be mobilized to meet the 2-week time window required. The term “core team” is not meant to imply that these 4 assessors will see every claimant, but rather it is from this group of assessors that the “case-specific assessment team” will most often be drawn. Although the Disability DAC may elect to have other professionals and experts work with the core team, it is the core team that directs and is responsible for the assessment outcome. The **core team** must consist of:

- ! MSK Practitioner
- ! Psychologist
- ! O.T. or P.T.
- ! Physician

Details of the qualifications for the core team:

#### **MSK Practitioner**

The MSK practitioner can be a physician, or chiropractor, or physiotherapist. Regardless of the discipline, the practitioner must demonstrate:

- A **balanced** practice history which includes both assessing and provision of treatment for patients with musculoskeletal impairments.
- A minimum of 3 years of current practice assessing disability arising from acute and chronic musculoskeletal impairments.





### **Occupational Therapist or Physiotherapist (O.T. or P.T.)**

The O.T. or P.T. is experienced in the analysis of task/activity and the assessment of function (work ability, caregiving or activities of daily living) in a disabled population. Regardless of the discipline, the health professional must demonstrate:

- Knowledge, skills and ability to analyze tasks/activities.
- Experience in conducting *in situ* assessment: i.e., in the home, workplace or community.
- Fundamental knowledge of trauma-induced impairment and disability, and the impact of such impairment/disability on function in all domains (physical, interpersonal, cognitive).
- Awareness of current practice in the field of modification/adaptation of environment, task/activity or individual where the goal is to enable function.
- Knowledge, skills and ability in evaluating functional performance in all life roles, including the application of principles of measurement in selecting the appropriate assessment methodology.
- A minimum of 3 years of current practice, focused on assessing and treating patients with functional limitations.

### **Psychologist**

The psychologist must demonstrate:

- A ***balanced*** practice history which includes both assessing and provision of treatment for patients with trauma-related psychological and cognitive impairments.
- Minimum of 3 years of current practice assessing patients with trauma-related psychological and cognitive impairments and disability, particularly patients with chronic pain arising from musculoskeletal impairment(s).

### **Physician**

The physician must demonstrate:

- A ***balanced*** practice history which includes both assessing and provision of treatment for patients with trauma-related impairments.
- Minimum of 3 years of current practice assessing disability arising from trauma-related impairments, particularly patients with chronic pain arising from musculoskeletal impairment(s).

### **2.2.2 On-Call Team**

The “On-Call team” represents a group of specialists who will only be called upon in selected cases. These cases will be those where the claimant’s impairment or group of impairments are such that the core team’s expertise is not sufficient to render an opinion. On-Call team members may participate in an assessment by providing consultation to the core team or in conducting specific assessments with the claimant. The DAC must ensure reasonable access to these specialists so that neither assessments nor reports are

unreasonably delayed.

The On-Call Team should include (but not be limited to) the following health professionals:

- neuropsychologist
- physician specialists (including but not limited to, physical medicine, psychiatry, neurology, orthopaedics, rheumatology)
- speech-language pathologist
- dentist or dental specialist (with expertise in assessing and treating trauma-related dental disorders)
- etc.

### 2.2.3 Additional Human Resources for Disability DACs with an Extended Authorization

The Extended Authorization Disability DAC may be authorized to see claimants from any or all of the following groups:

- claimants with identified brain injury;
- claimants with identified spinal cord injury;
- claimants receiving an Income Replacement Benefit (earners) who have exceeded 104 weeks after the commencement of the disability.

The team for each of these groups *includes the Disability DAC core team*, plus:

<b>For Brain Impairment</b>	<ul style="list-style-type: none"> <li>• Neurologist/neurosurgeon</li> <li>• Neuropsychologist</li> <li>• Occupational therapist with a focus of practice<sup>9</sup> in Acquired Brain Injury (ABI)</li> <li>• Speech language pathologist with a focus of practice in ABI</li> </ul>
<b>For Spinal Cord Impairment</b>	<ul style="list-style-type: none"> <li>• Physician/surgeon/physiatrist with a focus of practice in spinal cord injuries</li> <li>• Physiotherapist or chiropractor with a focus of practice in spinal cord injuries</li> </ul>
<b>For Post-104 Earners</b>	<ul style="list-style-type: none"> <li>• O.T. or P.T. with a minimum of 3 years of current practice focused on vocational assessments and vocational interventions</li> <li>• Psychologist with focus of practice in vocational assessments</li> <li>• The team must incorporate sufficient vocational expertise, such that it is well aware of the current demands of the workplace. The DAC may find this expertise within the core team or by including a “<i>vocational expert</i>”. This assessment guide does not attempt to define “vocational expert” as this field of practice is unregulated and widely dispersed across many disciplines.</li> </ul>

## 2.3 Working as a Multidisciplinary Team

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<sup>9</sup> “Focus of practice” means the health professional has a minimum of 3 years experience assessing and treating the population

Although the primary evaluator takes responsibility for facilitating the assessment, the assessment decision generated will often be the result of a multidisciplinary team collaboration. To the extent possible, this team should be a “constant” team who, over time, refines and perfects this joint decision-making process. Although each member of the team contributes assessment outcomes from his/her unique clinical perspective, disability determination requires the integration of assessment outcomes so that the combined impact of the claimant’s disability can be considered.

## **2.4 Case Coordination**

It is important that each “case” be coordinated to provide a smooth process. As well, someone within the DAC must assume ultimate responsibility for ensuring that the SABS and DAC General Guidelines, Operational Guidelines and this assessment guide have been followed.

The nature of these responsibilities can be viewed as either “administrative” or “clinical”. This section details these responsibilities. The DAC can decide who will be responsible for the administrative role and the clinical role (an appropriate clinician may assume both roles; however, certain functions **must** be fulfilled by a clinician). Accordingly, the roles are broken into these 2 realms and described as ***Case Coordinator*** (administrative) and ***Primary Evaluator*** (clinical). The report should clearly identify which individual(s) fulfilled these separate but complementary roles in each case.

### **2.4.1 Case Coordinator**

The case coordinator ensures efficient handling of the assessment. Specific functions include:

- Ensure the referral is complete and identify any missing information.
- Screen the file for conflict of interest and respond to any conflicts as outlined in the DAC General Guidelines, and in Section 53 of the SABS, screen for any claimant special needs and respond as appropriate.
- Review and organize all documentation on the file and compile a document list (this list is used for reference by other team members and is included in the “Appointment Confirmation Letter “ and the final report).
- Ensure that time-lines are adhered to and that all assessors have completed their draft report within a week of assessing the claimant.
- Ensure the OCF-11A form is completed.
- Serve as contact person regarding any ongoing activity relative to that assessment.
- Respond to any complaints.

## **2.4.2 Primary Evaluator**

The primary evaluator is the clinical coordinator for that case and is in charge of the assessment process. His/her role is to ensure smooth, efficient and appropriate handling of the assessment, from intake to the end of the reporting phase. The primary evaluator must be a health professional. Specific functions include:

- Review file, note and respond as appropriate to any particular concerns which might put the claimant at risk in proceeding with the assessment.
- Ensure the referral is complete and determine if any additional information is required (see DAC General Guideline 4).
- Prepare the assessment plan.
- Review all draft reports and determine there are no inconsistencies and that consensus has been reached. Where necessary, coordinate a conference between all pertinent assessors.
- Create the Executive Summary.
- Complete OCF-11B.

## **PART 3    Intake Process**

The overall goal of the intake process is to decide on the appropriateness of proceeding to an assessment and, where required, select the relevant assessment team. The intake process is structured to ensure that comprehensive information is obtained and delays are minimized. The intake process of the assessment guide has been designed to focus the assessment appropriately and, where possible, to “stage” assessments so that only necessary investigations are undertaken.

### **3.1            Objectives**

The standard intake process employed by Disability DACs is designed to ensure that:

- The claimant has been referred to the appropriate DAC type ( i.e., Disability DAC), and the DAC is authorized to assess the claimant ( i.e., if the claimant falls into an impairment group Brain Injury or Spinal Cord Injury, or is an earner past 104 weeks of disability, the DAC must have an extended authorization to assess that group).
- The claimant understands the reason for the DAC Assessment and the assessment process.
- All necessary forms are collected.
- The appropriate “test “ is being applied: i.e., the correct SABS and correct claimant entitlement category.
- All required information is collected for the assessment team.
- No conflict of interest is present or, if any is noted, it is appropriately responded to.
- Information is organized to maximize access for the assessment team.
- The appropriate assessment team and assessment process are selected.
- The claimant and insurer have agreed to cooperate with the assessment.
- The claimant's special needs are noted, and a plan is in place to accommodate these needs.
- Both the claimant and the insurer have had an opportunity to contribute to the assessment information.

- If video surveillance material has been received from the insurance company, the claimant is advised of the existence of the surveillance video<sup>10</sup>.
- An assessment plan is sent to the insurer and claimant.
- Necessary appointment times are scheduled to begin the assessment after insurer and claimant agree to proceed.

### 3.2 Intake Steps

The intake process is described as a logical series of steps with appropriate “decision points”.

The first column of this chart names the intake step, the second column elaborates on the procedures involved in that step, and the third column indicates *who* must complete the step.

Intake Step	Procedure and Explanation	Who
1. Date referral received	Record this date on the DAC Activity Tracking Form (this form must be completed even if the referral is declined). This establishes the point in time when the DAC begins to handle the file. The time lapse between this date and the date when the referral is complete allows for a tracking of the average time spent in completing referral information.	DAC may decide who completes this step.
2. Claimant is referred to the appropriate DAC	Occasionally referrals are received that are intended for another DAC type: i.e., not requesting a Disability DAC. In other instances the DAC may not be authorized to assess the claimant’s impairment type (identified brain injury or spinal cord injury), or the claimant is an earner who is past 104 weeks since the disability commenced and the DAC does not have an extended authorization to assess the group. Such referrals should be returned to the insurer with an explanation.	DAC may decide who completes this step.

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<sup>10</sup> For complete text, see **General Guideline 1 “Use of Surveillance in DAC Assessments”**.



3. Nearest DAC	The SABS requires that claimants be assessed at the DAC that is nearest to their home and is <i>authorized to assess their impairment</i> . If the insurer has not selected the nearest DAC, the insurer must note this on the referral form (OCF-11A) and provide an explanation. If the insurer has indicated that your DAC is not the nearest, and no explanation is provided, the form must be returned to the insurer for completion before any further work is commenced. <u>The DAC report must also note why the nearest DAC was not selected.</u>	DAC may decide who completes this step.
4. Verify forms are completed	Forms that must be completed, and appropriately signed, include: <ul style="list-style-type: none"> <li>• OCF-14 Permission to Disclose Health Information to the Designated Assessment Centre (a signed, faxed copy is acceptable-see DAC General Guideline #3).</li> <li>• OCF-11A Designated Assessment Referral and Summary Report (this should indicate the claimant is being assessed according to one benefit category only).</li> <li>• Ensure the appropriate “test” and “Bill” are noted.</li> <li>• OCF-12<sup>11</sup>.</li> </ul> <p><b>Note: Disability DACs can only address the questions outlined in the SABS in Part I, II, III, &amp; IV.</b></p>	DAC may decide who completes this step.
5. Initiate conflict of interest screen	Each DAC should maintain its own roster of assessors who provide service to the DAC. This should include, for each assessor, his/her affiliations (where he/she works, what relevant ownerships/partnerships he/she and related persons have). As referral material is assembled and reviewed, the screening for conflict continues. The DAC General Guidelines should be consulted for detailed instructions regarding conflict screening and the DAC’s responsibilities when a conflict is discovered.	DAC may decide who completes this step.

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<sup>11</sup> The Minister’s Committee on the Designated Assessment Centre System has proposed recommendations to modify the existing OCF-12 in order to provide more comprehensive information on employment tasks and caregiving activities. It is also being recommended that this form accompany the application for disability and provide information that will serve the multiple processes in disability determination.

6. Organize referral material	<ul style="list-style-type: none"> <li>• Create a claimant file with information organized in tabbed sections to facilitate the assessment team's access.</li> <li>• Compile a document list (this list is used for reference by other team members, is included in the “Appointment Confirmation Letter” and the final report).</li> </ul>	DAC may decide who completes this step.
7. Claimant special needs	Where claimant special needs (physical accessibility, language, sensory impairments) are noted, this should be flagged for the team, and a plan for accommodating these needs made.	DAC may decide who completes this step.
<p><b>Decision Point</b></p> <p>The assessment may be stopped at this point if:</p> <ul style="list-style-type: none"> <li>• The insurer fails to provide the necessary forms/records to allow an informed assessment to proceed.</li> <li>• The claimant has been referred to the wrong DAC; i.e., not a Disability DAC referral, or the DAC is not authorized to assess the claimant’s impairment type.</li> <li>• A conflict of interest cannot be resolved.</li> <li>• The insurer indicates that it does not want to proceed with the assessment.</li> </ul> <p>The assessment may be terminated at this point if:</p> <ul style="list-style-type: none"> <li>• The claimant fails to provide the necessary forms/records to allow an informed assessment to proceed.</li> <li>• The claimant indicates that he/she is unable or unwilling to proceed with the assessment.</li> </ul> <p><b>If the referral is not to proceed for these, or any other reason(s), this must be documented and sent to the insurer and claimant.</b></p>		
8. Clinical record is reviewed	<ul style="list-style-type: none"> <li>• Second screen of file for conflict of interest--respond to any conflicts as outlined in the DAC General Guidelines.</li> <li>• Second screen for claimant special needs--respond as appropriate.</li> <li>• Note and respond to any particular concerns that might put the claimant at risk in proceeding with the assessment.</li> <li>• Ensure the referral is complete and determine if any additional information is required.</li> <li>• Formulate documentation highlights.</li> </ul>	Primary Evaluator

9. Identification and pursuing other/pending material and the release of information to the parties	Missing necessary material is identified and pursued as appropriate (see <b>General Guidelines 2</b> and <b>4</b> and the SABS Section 43[2] [a]). All information provided to the DAC must be made available to both parties. Please refer to <b>General Guideline 2</b> .	Primary Evaluator
<p><b>Decision Point</b></p> <p>The assessment may be stopped at this point if:</p> <ul style="list-style-type: none"> <li>• The insurer fails to provide the necessary forms/records to allow an informed assessment to proceed.</li> <li>• The claimant's impairment/disability does not fall within the authorization of the DAC.</li> <li>• A conflict of interest cannot be resolved.</li> <li>• The record raises concerns about the safety of proceeding to an assessment.</li> </ul> <p>The assessment may be terminated at this point if:</p> <ul style="list-style-type: none"> <li>• The claimant fails to provide the necessary forms/records to allow an informed assessment to proceed.</li> </ul> <p><b>If the referral is not to proceed for these, or any other reason(s), this must be documented and sent to the insurer and claimant.</b></p>		
10. Assessment plan generated and sent to insurer and claimant	<p>The plan includes:</p> <ul style="list-style-type: none"> <li>• A description of the proposed assessment (includes purpose of the assessment).</li> <li>• A projection of the length of time required to complete each stage of the assessment (should include how many and what appointments or assessments the claimant will be required to participate in).</li> <li>• A list of the registered DAC assessors who will be participating in the assessment along with signed off copies of each assessors Practice Summary.</li> <li>• An estimate of cost.</li> </ul>	Primary Evaluator

**Decision Point**

The assessment may be stopped at this point if :

- The insurer declines to proceed with the assessment.

The assessment may be terminated at this point if:

- The claimant declines to proceed.

*(It is essential for DACs to note that insurers and claimants must either accept or reject the entire proposed assessment plan. They **may not** “negotiate” to have the plan altered in any way, nor may they alter the assessment team proposed.)*

**If the referral is not to proceed for these, or any other reason(s), this must be documented and sent to the insurer and claimant.**

11. Telephone claimant	The claimant is contacted by telephone to confirm his/her appointment date(s). <i>(Note: The assessment must commence within 14 days after the referral information is complete.)</i> <sup>12</sup>	
12. Correspondence	The “Standard Appointment Confirmation Letter” (copied to the insurer)-- see Appendix C is sent. This letter includes the approved assessment plan. Copying this to the insurance company ensures that the claimant and insurer receive the same information. A list of documents sent by the insurance company is included, and the claimant is invited to provide any additional documents he/she believes are necessary for the DAC to review. A “DAC Assessor Practice Summary” for each assessor on the team should be included.	
13. Communications with the claimant and insurer	DACs must not only be neutral, they must also be perceived to be neutral. Therefore, all DAC personnel are required to follow the procedures set out in <b>General Guideline 4 “Ensuring Neutrality of the Designated Assessment Centre System”</b> when communicating with the parties.	

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<sup>12</sup> For complete text, see Bill 59 SABS, Part XI, Section 53(7)

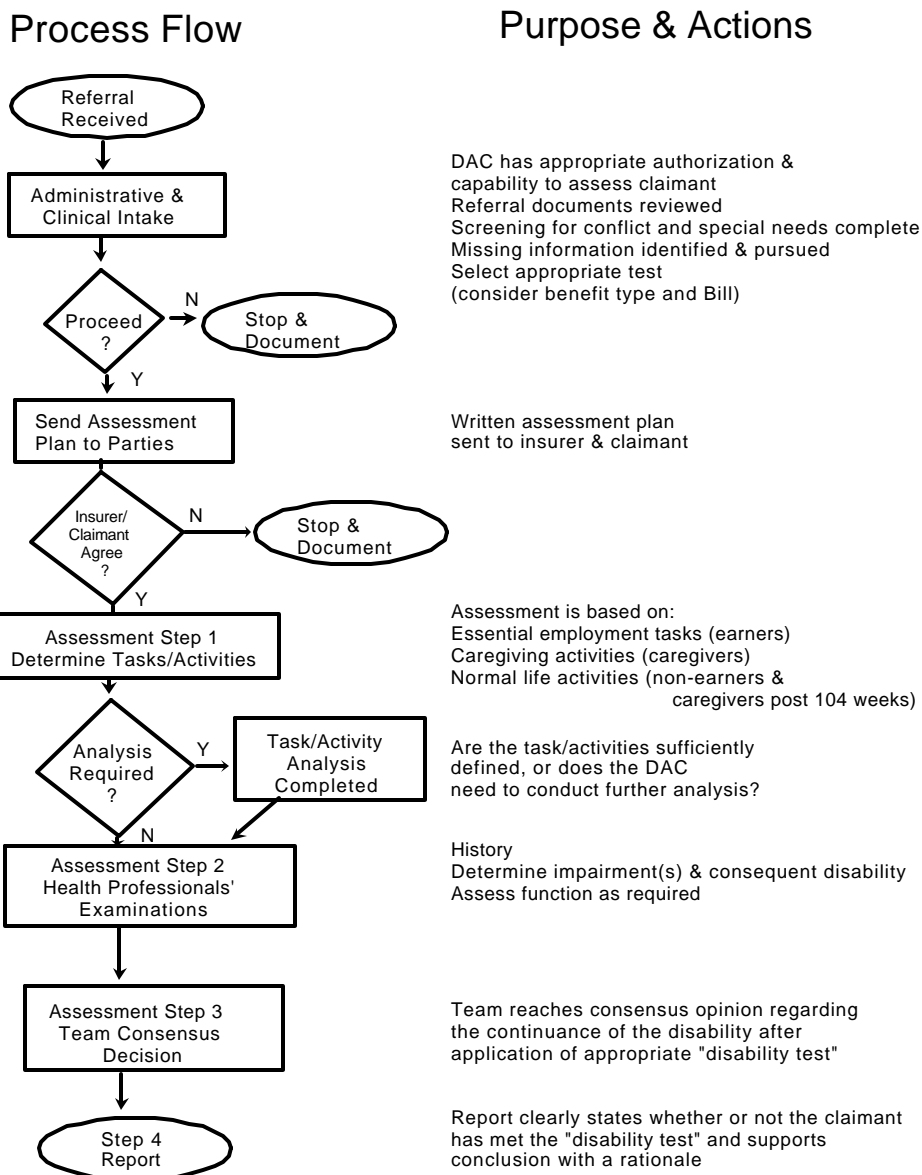
## PART 4 Disability Assessment Process (Earners Pre-104 Weeks, Caregivers and Non-Earners)

Figure V provides a graphic overview of the disability assessment process. The text of this assessment guideline provides a detailed description of each step in the process.

### 4.1 Figure V

# Disability DAC Process

(excluding post-104 week earners)



## 4.2 Purpose of Assessment for Earners Pre-104 Weeks, Caregivers and Non-Earners

The purpose of the assessment for earners pre-104 weeks, caregivers and non-earners is to enable the assessment team to offer an opinion if the claimant continues to meet the “disability test” in accordance with the SABS. Please refer to the chart on page 1-2 of this guide for the SABS definition of “disability”.

Once a decision is made (following the intake procedure) to proceed to assessment, the assessment consists of 4 basic assessment steps (see Figure V, Process Flow diagram for a graphic overview of the assessment process).

1. Establish claimant’s “essential tasks/activities”.
2. Impairment and disability assessment.
3. Collaborative decision-making.
4. Report.

***Important Note:***

***It is expected that Disability DACs assessments will be completed within two (2) weeks of the first appointment. In the exceptional case where this is not possible, both the claimant and the insurer should be provided with an explanation.***

## 4.3 Step 1 Claimant’s “Essential Tasks/Activities”

To establish the claimant’s “essential tasks/activities,” the assessors are informed by:

- the OCF-12 and any additional relevant material
- information provided by the claimant
- Employer Confirmation Form
- work-site assessment reports
- in-home assessment reports
- other.

### 4.3.1 Task/Activity Analysis

If the referral package includes information regarding employment tasks/caregiving/normal life activities as defined on the OCF-12<sup>13</sup>, and the information is confirmed by both the insurer and claimant, there is no need for the DAC to complete any further task/activity analysis.

The DAC can gather further information from the claimant and rely on their professional and clinical expertise and experience when identifying the essential tasks or caregiving/normal life activities which it will base the assessment upon (such opinions must be clearly detailed and supported with their rationale in the report). In the unique case, the DAC may elect to conduct its own *in situ* task/activity analysis. If there is any change to the assessment plan, the insurer and claimant must be notified and confirmed in writing.

It is not the DAC's responsibility to establish the claimant's employment for which he/she is receiving an Income Replacement Benefit. If this issue is in dispute, it will be addressed in a forum other than the Disability DAC assessment. If the DAC is presented with more than one pre-accident employment type (e.g., two different jobs are included in the referral information), the file should be referred back to the insurer for clarification during Part 3 the Intake Process.

## 4.4 Step 2 Health Professionals' Examinations of Impairment(s) and Disability

In this step, the appropriate examinations, clinical investigations and assessments are conducted. The type and range of these are left to the judgment of the assessor(s) and will be determined by the claimant's potential impairment and consequent disability. The purpose of this (these) examination(s) is to:

- Collect relevant claimant history, pre-accident conditions, objective and subjective complaints.
- Confirm that the claimant has (or does not have) an impairment and consequent disability as defined by the SABS, determine the origin of the impairment and consequent disability; i.e., determine if there is a direct cause between the claimant's accident and their impairment.
- Evaluate function -- this is tailored to match the essential tasks/caregiving/normal life activities - this means that only those areas of function that are in question will be assessed.
- Determine the cumulative impact of the claimant's impairment(s) and consequent disabilities.

## 4.5 Step 3 Consensus Decision-Making

The final step in the disability determination is accomplished through a team consensus-building process where the appropriate "disability test" is applied to the assessment outcomes and a joint decision is reached (this is obviously not necessary if only one assessor was involved in the assessment). The team should share assessment

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<sup>13</sup>The Minister's Committee on the Designated Assessment Centre System has proposed recommendations to modify the existing OCF-12 in order to provide more comprehensive information on employment tasks and caregiving activities. It is also being recommended that this form accompany the application for disability and provide information that will serve the multiple processes in disability determination.

outcomes and formulate the discussion, rationale and conclusion of the report.

## **4.6 Step 4 Disability DAC Report**

The primary evaluator is responsible for ensuring the report is complete, reaches a well-supported conclusion and is consistent with both the DAC guidelines and the SABS. The primary evaluator is also responsible for completing the Executive Summary. The report must be sent within 2 weeks of completing the last assessment.

### **4.6.1 Primary Evaluator Reporting Checklist**

- Ensure that time-lines are adhered to and that all assessors have completed their draft report within a week of assessing the claimant.
- Review all draft reports and determine that consensus has been reached and coordinate a conference between all pertinent assessors if necessary.
- Create the Executive Summary of the report.
- Ensure that the individual assessor's reports follow the required format.

### **4.6.2 Standard Report Format**

Disability DACs **must** use the common report format detailed in this section. If the DAC deviates from this report format, an explanation must be provided.

#### **Standard Cover Sheet**

Following the completed OCF-11A and B, the report begins with the standard cover sheet (refer to Appendix B).

#### **Executive Summary**

Following the OCF-11A and B, the report begins with an Executive Summary that synthesizes the combined opinion of all assessors and clearly states the outcome of the "disability test". The executive summary also includes:

- Identification of all assessors and the date(s) each examined the claimant.
- List of documents reviewed (include any surveillance material reviewed).
- If the nearest DAC was not selected, the reason for this should be noted.



- The explicit tasks/activities that the assessment was based on, as well as how these were confirmed/determined.

The Executive Summary must be addressed to both parties to reflect the DAC's neutrality and unbiased assessment.

### **Individual Assessor Reports**

Individual reports from the assessors who examined/evaluated the claimant are to follow the standard cover sheet and Executive Summary. **These reports must not be addressed to either party.** In addition, these reports must not contain any information which may be construed as representing a bias; e.g., "Thank you for referring this claimant", or, "I hope this report is useful to you" etc.

It is not necessary for these individual reports to begin with statements about the writers' qualifications, as these are contained in the practice summaries which both parties have.

These individual reports should follow a consistent format as follows:

1. Header or Footer A header or footer must be included on **every page**, identifying the DAC name and 4-digit identification number. The header or footer must include the name of the claimant and the date of the claimant's motor vehicle accident.
2. Introduction States the purpose of the assessment and reiterates which essential task(s) the examiner is considering. Provides a description of the assessment.
3. Claimant's History and Presenting Complaints
4. Assessment Findings
5. Accident-Related Impairments
6. Analysis of Disability Examiner states opinion regarding disability continuance according to the definition in the SABS<sup>14</sup>.

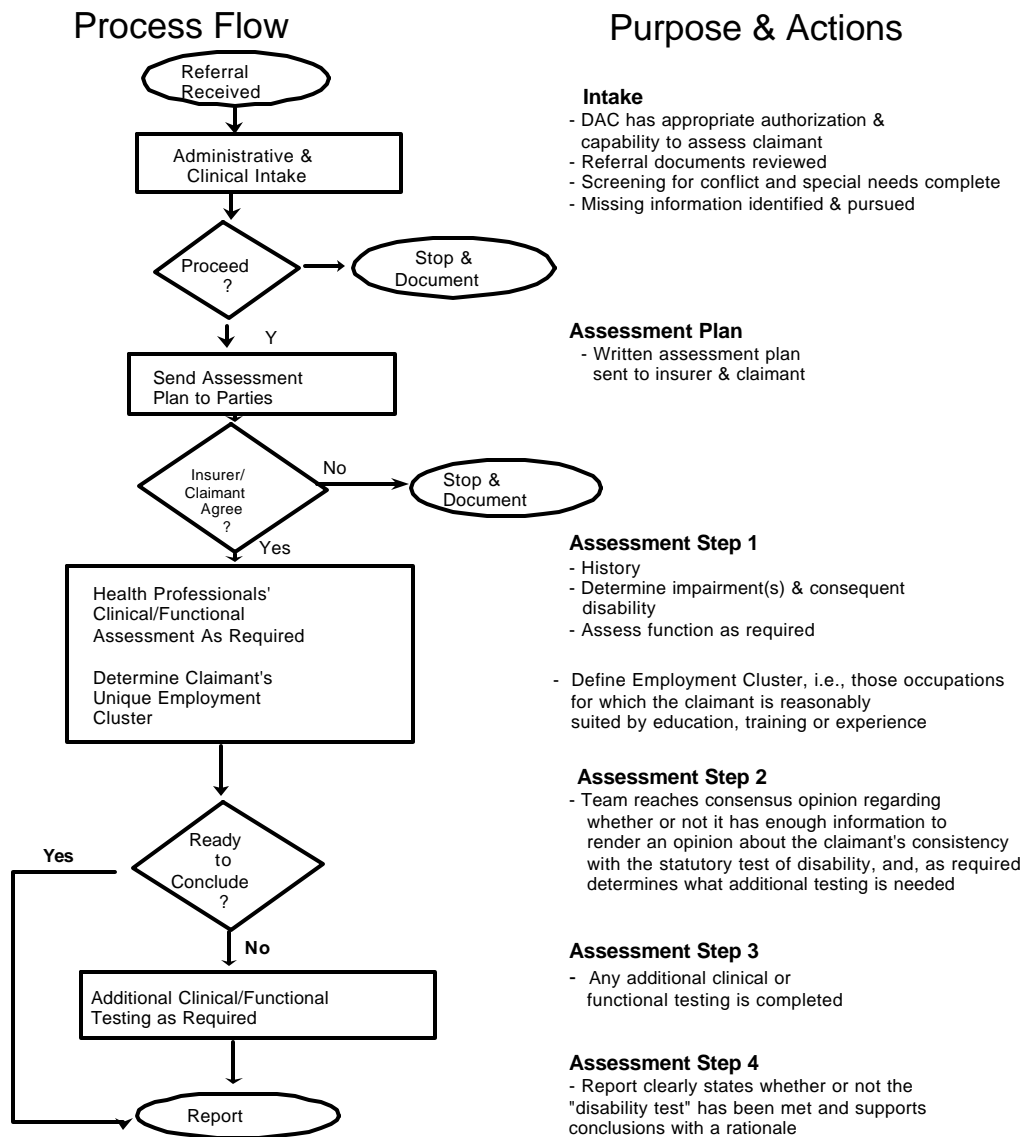
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<sup>14</sup>For complete text, see Bill 59 SABS, Part II, 4 and 5;  
Bill 59 SABS, Part III, 12;  
Bill 59 SABS, Part IV, 13.

## PART 5 Disability Assessment Process (Earners Post-104 Weeks)

Figure VI provides a graphic overview of the disability assessment process for earners more than 104 weeks from the time the disability began. The text of this assessment guideline provides a detailed description of each step in the process.

### 5.1 Figure VI



## 5.2 Purpose of Assessment for Earners Post-104 Weeks

The purpose of the post-104 week disability assessment is to enable the assessment team to offer an opinion if the claimant meets the “disability test” in accordance with the SABS, i.e., *as a result of the accident, the insured person is suffering a complete inability to engage in any employment for which he or she is reasonably suited by education, training or experience.*<sup>15</sup>

Once a decision is made (following the intake procedure) to proceed to assessment, the process consists of 4 basic assessment steps (see Figure VI, Process Flow diagram for a graphic overview of the assessment process).

1. Health professionals’ examinations of impairment(s) and disability and claimant’s “employment cluster” defined.
2. Collaborative decision-making re: need for further evaluation.
3. Additional examination(s) and/or focused functional assessment as required.  
Repeat Step 2.
4. Report.

***Important Note:***

***It is expected that post-104 Week disability assessments will be completed within two (2) weeks of the first appointment. In the exceptional case where this is not possible, both the claimant and the insurer should be provided with an explanation.***

## 5.3 Step 1 Clinical/Functional Assessment & Employment Cluster

### 5.3.1 Clinical/Functional Assessment

In this step, the appropriate examinations, clinical investigations and assessments are conducted. The type and range of these are left to the judgment of the assessor(s) and will be determined by the claimant’s potential impairment and consequent disability. The purpose of this (these) examination(s) is to:

- Collect relevant claimant history, pre-accident conditions, objective and subjective complaints.
- Determine that the claimant has (or does not have) an impairment and consequent disability as defined by the SABS.
- Provide an opinion as to the origin of the impairment and consequent disability; i.e., determine if there

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<sup>15</sup> For complete text, see Bill 59 SABS, Part II, 5, 2 (b).

could be a direct cause between the claimant's accident and his/her impairment.

- Determine the cumulative impact of the claimant's accident related impairment(s) and consequent disabilities.

### 5.3.2 Determining the Claimant's Employment Cluster

In the post-104 week assessment, the claimant meets the "disability test" when he/she has a complete inability to perform any employment **for which he or she is reasonably suited by education, training or experience**. The term "employment cluster" was created for this assessment guideline and is used to represent the claimant's range of employment suitable to his/her education, training or experience.

Defining the employment cluster begins with an in-depth history solicited from the claimant to determine these 3 key variables (i.e., the claimant's education, training or experience). Given the importance of this information, claimants who are unable to express themselves in English should be interviewed with an appropriate interpreter. This information in conjunction with other information provided with the referral should enable the DAC to identify the claimant's employment cluster. Direct assessment to determine the currency of the claimant's abilities may be required--the nature and extent of such assessment is left to the DAC's discretion.

The National Occupational Classification (NOC) may be useful in this task: i.e., to identify which "Skill Level" and "Skill Type" reasonably represent employment for which the claimant is suited by education, training or experience.

The employment cluster established for the claimant must be stated in the report, and the basis for which it was established.

## **5.4 Step 2 Collaborative Decision-Making**

At this point in the assessment, information has been collected from the clinical examination(s) and the history generated by the claimant. An employment cluster has been identified, and the employment demands examined. The team must now confer, to determine if it has sufficient information to render an opinion or if it needs further assessment data. In some cases it may be necessary to assess the claimant's ability to perform specific tasks which are required for the employment in his/her "cluster".

## **5.5 Step 3 Additional Clinical/Functional Assessment (as required)**

In some cases, the team may determine that it does not have sufficient information to form an opinion. In these cases, additional investigation (e.g., evaluation of specific work performance) is completed. The final step in the disability determination is accomplished through a team consensus during which a joint decision is reached, i.e.:

- i) the claimant, as a result of the accident, is unable to engage in any employment for which he/she is reasonably suited by education, training or experience;  
or,
- ii) the claimant is able to perform employment for which he/she is reasonably suited by education, training or experience. In this case, the DAC should explain which employment in the claimant's cluster it found the claimant able to engage in.

## **5.6 Step 4 Report**

The primary evaluator is responsible for ensuring the report is complete, reaches a well-supported conclusion and is consistent with both the DAC guidelines and the SABS. The primary evaluator is also responsible for completing the Executive Summary. The report must be sent within 2 weeks of completing the last assessment. Refer to Section 4.6 in this guide.

# PART 6 Attachments

## 6.1 Appendix A: Disability Criteria

The *Statutory Accident Benefits Schedule* sets out criteria to use when assessing the applicant's disability. The chart below is a general guide to help you determine if the applicant's disability continues. Please provide complete details of your assessment.

### FOR ACCIDENTS THAT OCCUR ON OR AFTER NOVEMBER 1, 1996.

Benefit/Claimant Category	Disability Test during first 104 weeks of disability	Disability Test after 104 weeks of disability
<p><b>Income Replacement Benefits</b></p> <p><b>Employed:</b> working at the time of the accident.</p> <p><b>Unemployed,</b> but worked 26 weeks during the 52 weeks before the accident.</p> <p><b>Future Employment:</b> had accepted a job offer to start work within one year of the accident.</p>	<p>As a result of the accident, is the applicant substantially unable to perform the essential tasks of the employment they were engaged in at the time of the accident?</p> <p>As a result of the accident, is the applicant substantially unable to perform the essential tasks of the employment in which they spent the most time in during the 52 weeks before the accident?</p> <p>As a result of the accident, is the applicant substantially unable to perform the essential tasks of the employment they would have begun?</p>	<p>As a result of the accident, the insured person is suffering a complete inability to engage in any employment for which he or she is reasonably suited by education, training or experience.</p> <p>As a result of the accident, the insured person is suffering a complete inability to engage in any employment for which he or she is reasonably suited by education, training or experience.</p> <p>As a result of the accident, the insured person is suffering a complete inability to engage in any employment for which he or she is reasonably suited by education, training or experience.</p>
<b>Caregiver Benefit</b>	As a result of the accident, is the applicant substantially unable to carry out the caregiving activities they performed at the time of the accident?	As a result of the accident, is the applicant suffering a complete inability to carry on normal life?
<b>Non-Earner Benefit</b>	As a result of the accident, is the applicant suffering a complete inability to carry on normal life?	As a result of the accident, is the applicant suffering a complete inability to carry on normal life?

### FOR ACCIDENTS THAT OCCUR ON OR AFTER JANUARY 1, 1994 AND BEFORE NOVEMBER 1, 1996.

Benefit/Claimant Category	Disability Test
<p><b>Income Replacement Benefits</b></p> <p><b>Employed:</b> working at the time of the accident, or on pregnancy or parental leave, lockout, strike or layoff from employment</p> <p><b>Future employment:</b> had accepted a job offer to start work within one year of the accident</p> <p><b>Unemployed,</b> but worked during the three years before the accident</p>	<p>Is the applicant substantially unable to perform the essential tasks of his or her employment at the time of the accident?</p> <p>Is the applicant substantially unable to perform the essential tasks of the employment he or she would have begun?</p> <p>Is the applicant substantially unable to perform the essential tasks of the employment in which he or she spent the most time during the three years before the accident?</p>
<p><b>Education Benefits:</b> was enrolled in elementary, secondary or post-secondary school or had completed school less than one year before the accident, but was not employed at the time of the accident in a job that reflected his or her education or training</p>	<p>Is the applicant substantially unable to continue the education program he or she was enrolled in at the time of the accident? Or Is the applicant substantially unable to engage in employment that reflects his or her education or training? Or</p> <p>Is the applicant substantially unable to carry out his or her normal daily activities? (See description below)</p>
Caregiver Benefits	<p>Is the applicant substantially unable to carry out the caregiving activities that he or she performed at the time of the accident? or</p> <p>Is the applicant substantially unable to carry out his or her normal daily activities? (See description below)</p>
Disability Benefits	Is the applicant substantially unable to carry out his or her normal daily activities? (See description below)

#### **Normal Daily Activities**

A person is partially unable to perform his or her normal daily activities if he or she is substantially unable to do one or more of the following activities. A person is totally unable to do one or more of the following activities. A person is totally unable to perform his or her normal daily activities if he or she is substantially unable to do all of the following activities.

- # personal care activities that the person ordinarily did before the accident
- # mobility activities that the person ordinarily did before the accident
- # household activities that the person ordinarily did before the accident
- # activities that the person ordinarily did before the accident that require exercise of cognitive powers
- # activities that the person ordinarily did before the accident that require the ability to control emotions or behavior
- # activities that the person ordinarily did before the accident that require communication abilities





## 6.3 Appendix C: Standard Appointment Confirmation Letter

### ***From the Disability Guidelines (Intake Step 12):***

*The “Standard Appointment Confirmation Letter” (copied to the insurer) is sent. This letter includes the approved assessment plan. Copying this to the insurance company ensures that the claimant and insurer receive the same information. A list of documents sent by the insurance company is included, and the claimant is invited to provide any additional documents he/she believes are necessary for the DAC to review. A “DAC Assessor Practice Summary” for each assessor on the team must be included.*

The content of this document should be used by the DAC when creating a standard letter that it will send to claimants after the intake and assessment plan are complete and after the assessment date has been established.

Dear (claimant's name):

Re: Disability DAC Assessment

As we have already discussed by telephone, your assessment at (DAC name) will take place on (assessment date). This letter is intended to provide you with more information about the assessment and an explanation of the other materials you will find enclosed.

### **What is a Designated Assessment Centre?**

"Designated Assessment Centres" (DACs) are independent clinics with many kinds of medical and rehabilitation professionals on staff. These clinics are not run by insurance companies nor by the government. Like other doctors, nurses, physiotherapists, chiropractors and other healthcare professionals, most DAC staff are regulated by professional colleges. Each DAC must be approved by the Minister's Committee on the DAC system.

DACs conduct assessments for automobile accident claimants when claimants and their insurance company cannot agree and need an unbiased opinion. This means the assessment must be fair to both you and your insurance company and give an opinion that is based on an appropriate and thorough assessment.

Once we have completed our assessment, a copy of our report will be sent to you, your insurance company and (practitioner's name). If you disagree with the assessment, you may dispute the findings by applying for mediation with the Financial Services Commission of Ontario (FSCO).

You can get an application form from your insurance company. For further information or assistance, call FSCO at: (416) 250-7250, or toll free at 1-800-668-0128.

## What will the assessment involve?

We have already given you some idea of what to expect during our telephone conversation and in our written assessment plan. The assessment follows the legislation in the Insurance Act of Ontario, which defines a “disability” following an accident. The purpose of the assessment is to consider this definition and offer our opinion about whether or not, as a result of the accident, (*select the “test” that applies*)

Bill 59 Disability Test	
<i>Earners - 1<sup>st</sup> 104 wks:</i>	<i>you suffer a substantial inability to perform the essential tasks of your employment.</i>
or	
<i>Caregiver - 1<sup>st</sup> 104 wks:</i>	<i>you suffer a substantial inability to engage in the caregiving activities which you engaged in at the time of the accident.</i>
or	
<i>Earners - post 104 wks:</i>	<i>you suffer a complete inability to engage in any employment for which you are reasonably suited by education, training or experience.</i>
or	
<i>Caregiver - post 104 wks:</i>	<i>you suffer a complete inability to carry on a normal life.</i>
or	
<i>Non-Earner - (any time):</i>	<i>you suffer a complete inability to carry on a normal life.</i>

We have already reviewed documents sent to us by your insurance company. You will find a list of these documents enclosed with this letter. If you have other information you believe is relevant to our assessment, you should phone us to let us know (our number is at the top of this letter) and arrange for this information to be sent to us as soon as possible. The other document you will find enclosed is our “Assessment Plan” which both you and your insurer have agreed to. This is a written outline of how we intend to proceed with your assessment and an estimate of how much it will cost. Your insurance company is required by law to pay for the assessment, and you are expected to cooperate with the assessment process. The final items you will find enclosed are “Assessor Practice Summaries”. These documents provide you with a brief overview of the qualifications and experience of the health care professionals who will be part of the assessment team. If you note that you have been previously assessed by or treated by one of these individuals, you should call us with this information. Your assessment will involve coming to our centre for your appointment(s) on (*time and date(s) of appointment(s)*).

Each member of our assessment team will interview you and explain the part of the assessment he/she is completing and give you an opportunity for input or to ask any questions. Please note your appointment(s) on your calendar and let us know at once if you will have a problem keeping the appointment(s).

### **What do I need to bring?**

You should bring your X-Rays, prescription eyeglasses if you use them for reading and any aids or adaptations that you have been using since your accident that might make you more comfortable or assist you. You will be asked about any medications that you are taking, so it will be helpful to write these down and bring this list with you.

You should wear comfortable clothing and shoes, and bring shorts and a T-shirt. DACs do not provide child care. Please do not bring children requiring supervision with you to the assessment. *(Insert any pertinent details regarding interpreter or other accommodations for the claimant).*

### **What is expected of me?**

The Statutory Accident Benefits Schedule says that you must cooperate with this assessment and make any necessary information available to the assessment team. This means that you should make the assessment a priority, do not miss your appointment(s) and assist the assessment team by cooperating with the assessment. Cooperating with the assessment will mean giving the assessors information they need to understand your situation and abilities, and performing the assessment activities to the best of your ability. Since the assessment is based on your ability to perform activity, you will find that the assessment will require you to carry out activities which are like your usual activities at *(work/home)*. If you do not cooperate with the DAC or do not show up for your appointments, your benefits may be terminated.

### **Who can I contact if I have questions?**

If you have questions about the assessment or any problems that you think will interfere with your ability to attend the assessment, please contact: *(DAC should identify a contact person who is able to respond to a range of questions)* at *(DAC phone number)*. If you have questions for your insurance company, the person who referred you to us is *(insurer contact name as per referral form)* and can be contacted at: *(insurer contact phone number)*.

### **How do I find the assessment centre?**

*DAC completes necessary detail, including a map where appropriate.*