



THIS INFORMATION SHEET IS INTENDED FOR USE BY CLAIMANTS

WHAT CLAIMANTS NEED TO KNOW ABOUT DESIGNATED ASSESSMENT CENTRES

What is the Designated Assessment Centre (DAC) System?

DACs were set up throughout Ontario in 1994 to provide unbiased opinions about the injuries of car accident victims and the care or treatment they may need.

Each DAC must be approved by the Minister's Committee on the DAC System (DAC Committee), which appointed by the Minister of Finance and includes consumers, health care professionals, insurance company representatives and lawyers. The DAC Committee issues Guidelines to assist DACs in writing reports that are fair and based on the most up-to-date information.

There are five types of DAC assessments:

- Disability
- Medical and Rehabilitation
- Attendant Care
- Catastrophic Impairment [For accidents on or After November 1, 1996]
- Residual Earning Capacity [For accidents between January 1, 1994 and October 31, 1996]

The health care professionals at each DAC are only authorized to perform the types of assessments for which the DAC has been approved. Some DACs perform more than one type of assessment. If you and your insurer are involved in a dispute over more than one issue, you may have to attend more than one assessment. Sometimes the separate

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assessments can be done by one DAC at the same time.

What determines which DACs may do the assessment?

Ontario insurance law outlines which DACs may do the assessment:

- The DAC must be authorized to conduct the type of assessment that is required in your case.
- If you live within the Greater Toronto Area (the City of Toronto and the regional municipalities of Durham, Halton, Peel and York), the assessment must be conducted by a DAC located within 30 kilometres of your home.
- In all other areas of Ontario, the assessment must be conducted by a DAC located within 50 kilometres of your home.

There may be any number of DACs in your area that are able to conduct the assessment. Your insurance company will provide you with a list of DACs that meet the selection criteria.

If you wish to review the list of DACs, the full roster of DACs can be found on FSCO's website at www.fSCO.gov.on.ca (Click on Insurance, then Designated Assessment Centres).

How do we jointly select a DAC?

Once the need for a DAC assessment has been identified, you and your insurer have two business days to try to agree on a DAC to conduct the assessment.

Those two business days begin to run on the day after either one of you receives notice from the other that a DAC assessment is needed.

There are no restrictions on which DAC you and your insurer agree on, other than those outlined above under *What determines which DAC may do the assessment?*.

If an agreement on a DAC is reached, it is the responsibility of your insurer to refer your file to the DAC to begin the assessment process.

What happens if we are unable to jointly select a DAC?

If you and your insurer are unable to jointly select a qualifying DAC within two business days, your insurance company must ask FSCO to select a DAC to conduct the assessment.

Under FSCO's selection process, a DAC will be selected from the roster of qualifying DACs.

The DAC selected by FSCO may not be the DAC closest to your home. Also, neither you nor your insurer will be able to ask for another selection unless the DAC selected by FSCO is not able to conduct the required assessment (ie. Conflict of interest or inability to meet required timelines).

Once FSCO has selected a DAC, you will be notified by the insurer and the insurer will then send the necessary information to the DAC to begin the assessment process.

What information should be sent to the DAC?

The **Designated Assessment Referral Plan and Summary Form (OCF-11)** is to be completed by the insurer. The OCF-11 requires the insurer to indicate the type of assessment to be conducted and specifics regarding the issues in dispute.

All of the information forwarded by the insurer to the DAC will form part of the assessment. The insurer is required to send copies of the OCF-11A to the DAC and to you.

When you receive your copy of the OCF-11, you should review the list of documents sent to the DAC. It is your responsibility to provide the DAC with any other documents, such as recent test results, which may be useful in completing the assessment.

With more complete information, the DAC will be able to conduct a better assessment and help resolve the issue in dispute.

What if the DAC requests more information?

There may be cases where, in the opinion of the DAC, important information is missing. The DAC may then ask you or your insurer to provide the missing information, and advise that the assessment could be delayed depending on what information is missing.

If the DAC can get this missing information more quickly on its own, the DAC may gather the information directly, provided that it does so with your permission.

What happens after you have been assessed at a DAC?

After the DAC has looked at the case, the DAC will write a report explaining *clearly* how the assessment was conducted, the results of the assessment, and what the DAC concludes about your case *and the reasons* for its opinion.

A final, written report will be produced at the end of an assessment. No final written report can be produced if parts of the assessment have yet to be completed. The DAC will provide you and your insurer with written reasons why the assessment was not completed, and confirm that no final

report will be produced until the entire assessment is completed.

Please note that the only time a DAC is permitted to issue an addition to a DAC report is to clarify the DAC findings, to correct an error in the original DAC report, or to deal with something missing in the DAC report.

If new information emerges and the parties agree that the review of the *new* material may change the DAC's opinion, then a new DAC assessment should be arranged. Neither party should request an "updated" report from the DAC.

Where the parties disagree with either the report of the DAC or the impact of any new information on the original DAC findings, either party may choose to apply for mediation with the Dispute Resolution Services Branch of the Financial Services Commission of Ontario.

What do you do if you have a complaint about a DAC?

The DAC Committee has established a process to deal with complaints regarding DACs which fail to conduct assessments as set out in the procedures and guidelines issued by the DAC Committee.

The DAC Committee cannot review complaints which fall outside its control, including complaints relating to the business practices of an insurer, the professional conduct of a health care provider or complaints concerning the conclusions in a DAC Report.

How can I get more information?

If you have any questions regarding the DAC System and the assessment process, you may direct your questions to:

The Automobile Insurance Policy Unit
Financial Services Commission of Ontario
5160 Yonge Street, Box 85
Toronto ON M2N 6L9

You may also call the DAC hotline at 416-590-7137 or 1-800-668-0128, extension 7137.

If you want copies of any published DAC material, including an up-to-date roster of DACs, please visit FSCO's website at www.fSCO.gov.on.ca (Click on Insurance, then Designated Assessment Centres).