



# MANAGING YOUR RECOVERY

A Self-Advocacy Guide | Ontario

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# Introduction

A sudden injury or illness of a family member or a close friend can be overwhelming. Added to the stress is the uncertainty related to health care options. Whether injured in a motor vehicle accident, a work place incident or by the negligence of someone else's action, the health care decisions that you make may have a long-term effect.

With accident benefits claims following a motor vehicle accident or disability insurance claims, some decisions will involve your immediate needs and others will involve your continuing and future care needs.

It is important to understand who is responsible for paying for health care so that you can make the appropriate applications and ask questions of health professions, insurance adjusters, and lawyers. With the correct information, an understanding of the funding system and with appropriate supports you will be able to achieve optimal recovery.

## **Basic health care is funded by provincial and federal taxes by way of:**

- Ontario Health Insurance Plan (OHIP); and
- Ministry Programs.

## **The funding that is available will depend on:**

- how and when the injury occurred;
- whether additional health care coverage has been purchased; and
- socio-economic status.

## **Insurance companies provide additional health care programs that are privately funded.**

## **These services can include:**

- Workplace Safety and Insurance Board (WSIB);
- Private Supplementary Health Plans;
- Motor Vehicle Accident Insurance; and/or
- other private funded insurance packages.

The goal of this self-advocacy guide is to educate the reader, foster an understanding of one's legal rights and identify the obligations of public, private and workplace insurance programs. By being knowledgeable, the reader will be able to make informed decisions about health care options and funding, be able to advocate for the best outcome and/or be compensated accordingly.

With kind regards,



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## Ontario Health Insurance Plan (OHIP)

Canada's Health Care is a publicly funded system that provides preventative care and medical treatments including access to primary physicians, hospitals, dental surgery, etc. With few exceptions, this coverage is available to every Canadian citizen.

Ontario Health Insurance Plan (OHIP) is a government-run insurance plan for Ontarians. Accessing the Public Health Care system involves applying for a provincial health care card. If you are new to Ontario, there is a three-month waiting period before OHIP will cover your medical costs. To cover the waiting period one should consider buying private insurance.

If you live in Ontario, many of the health care services that you need are publicly funded. This means that the government pays all or part of the cost.

OHIP does cover:	OHIP does NOT cover:
<ul style="list-style-type: none"> <li>• Most basic medical and emergency services you receive in Canada – as long as they are required for medical reasons.</li> <li>• Some emergency services received while outside Canada. (Certain rules apply about the length of time you may be away.)</li> </ul>	<ul style="list-style-type: none"> <li>• Unnecessary services such as cosmetic surgery.</li> <li>• Prescription drugs, dental care and most eye exams.</li> <li>• Home care services, ambulance service and long-term care outside Ontario.</li> </ul>

### Emergency Care

If you have a life-threatening medical emergency, go to a hospital emergency room or call 9-1-1 immediately. The 911 operators can provide an interpreter if needed.

### Medical Care

A hospital is the only place to get emergency care. If unsure, call **Telehealth Ontario at 1-866-797-0000**. This is a free, confidential phone service that is available 24 hours a day and can provide customer representatives in 20 languages.

### The customer representative will assist with a decision about:

- taking care of yourself at home;
- making an appointment with your doctor;
- going to a clinic; or
- going to a hospital emergency room.

### Ambulance Service:

Ontario provides air and land ambulance services for the most urgent health emergencies. If one needs to take an ambulance to a hospital, OHIP will cover all but \$45.00. However, if the doctor who attends to you believes that your ambulance ride was not medically necessary; the fee will be \$240.00.

### OHIP Fact Sheet

The adjacent Fact Sheet is for general reference only. It provides a guideline of the services provided by OHIP. Every effort has been made to ensure the accuracy of the information, however, coverage details are subject to changes, corrections or updates. For more information, please contact the Ministry of Health and Long-Term Care for Ontario.

# OHIP: Fact Sheet

Type of Benefit	Description
<b>Prescription Drugs</b>	<ul style="list-style-type: none"> <li>Coverage under the Ontario Drug Benefit Plan Program is for seniors and Social Assistance recipients only and covers drugs listed on the Ontario Drug Formulary.</li> <li>Once this has been satisfied, seniors are responsible for \$6.11 for each prescription thereafter.</li> <li>The Trillium Drug Program is for people who spend 3% - 4% or more of their after-tax household income on prescription-drug costs. Once approved, you are advised of an annual deductible that will need to be paid to obtain coverage. Once the deductible is satisfied, households must pay up to \$2.00 per prescription.</li> <li>As of January 1, 2018, the Ontario Government announced more than 4,400 prescriptions for Ontarians 24 years old and younger will be covered under OHIP.</li> </ul>
<b>Ambulance</b>	<ul style="list-style-type: none"> <li>Coverage for in-province land and air ambulance when deemed medically necessary. Patient is responsible for a \$45 co-payment. Some exemptions apply.</li> </ul>
<b>Dental Benefits</b>	<ul style="list-style-type: none"> <li>No coverage for routine dental care. Children 17 and under may be eligible for regular dental care under the Healthy Smiles Ontario Program, if from a low-income family and have no access to dental coverage (orthotics and cosmetic dentistry are not covered).</li> <li>Coverage for some dental surgery when it is done in hospital.</li> </ul>
<b>Eye Care Services</b>	<ul style="list-style-type: none"> <li>Coverage for regular eye exam every 12 months for those aged 19 and under &amp; seniors' aged 65 and over.</li> <li>Coverage for regular eye exam every 12 months for those aged 20 to 64 with medical conditions affecting the eye.</li> </ul>
<b>Hospitals</b>	<ul style="list-style-type: none"> <li>Coverage for standard ward rooms only.</li> </ul>
<b>Paramedicals</b>	<ul style="list-style-type: none"> <li>Coverage for podiatrist services up to an annual maximum of \$135. An additional \$30 per plan year is available for x-rays.</li> <li>Coverage for speech therapy when performed in hospital only.</li> <li>Coverage for physiotherapy for individuals age 19 and under and individuals of any age needing physiotherapy after being hospitalized (non-hospital physiotherapy services for seniors are no longer covered as of August 1, 2013).</li> </ul>
<b>Hearing Aids</b>	<ul style="list-style-type: none"> <li>The Assistive Devices Program covers 75% up to a maximum of \$500 for the cost of one hearing aide, if eligible.</li> </ul>
<b>Nursing and Home Care Benefits</b>	<ul style="list-style-type: none"> <li>Some coverage based on need.</li> </ul>
<b>Medical Supplies</b>	<ul style="list-style-type: none"> <li>The Assistive Devices Program covers a portion of the cost of medical equipment or supplies for individuals who are eligible.</li> <li>Funding for insulin pumps to eligible adults and children with type 1 diabetes that meet the clinical criteria for the funding under the Assistive Devices Program. An annual grant of \$2,400 is paid directly to the recipient.</li> </ul>
<b>Out of Country</b>	<ul style="list-style-type: none"> <li>Coverage for emergencies only. For in-patient services, OHIP will pay up to \$200 per day. If in-patient services are rendered in an operating room, coronary care unit, intensive care unit, neonatal or pediatric special care unit, then OHIP will pay a higher rate of \$400 per day for hospital services.</li> <li>Emergency outpatient services are covered up to \$50 per day</li> <li>Residents may be temporarily outside of Canada for a total of 212 days in any 12-month period and still maintain OHIP coverage.</li> </ul>

# Ontario Public Drug Programs

## Ontario Drug Benefit Program

Ontario residents qualify for the Ontario Drug Benefit (ODB) program when they turn **65 years old\***. Some residents will qualify before they reach age 65 if they are:

- living in a long-term care home or a home for special care; or
- enrolled in one of the following programs:
  - Home Care
  - Ontario Works
  - Ontario Disability Support Program
  - Trillium Drug Program
  - OHIP+: Children And Youth Pharmacare

\*For seniors, the ministry will send you a letter three months before your 65th birthday.

## Exceptional Access Program (EAP)

The Exceptional Access Program (EAP) provides patients access to drugs not listed on the ODB Formulary, or where no listed alternative is available. For a drug to be considered for funding, the EAP reimbursement criteria must always be met and the request approved prior to the initiation of treatment, unless otherwise specified within the criteria.

### This specific criteria includes funding for:

- continued treatment that was previously supplied through a clinical trial, or paid for by other means (such as a third party payer);
- a renewal beyond the previously approved initial period, unless otherwise specified.

## OHIP+: Children and Youth Pharmacare

As of **January 1, 2018**, all babies, children and youth aged 24 and under who have OHIP coverage will be covered by OHIP+. Enrollment in OHIP+ will be automatic and eligible medications will be covered at no cost. This means, eligible parties **do not have to pay** deductibles or co-payments. OHIP+ coverage stops on the patient's 25th birthday.

### OHIP+ will cover:

- all drugs currently available through the Ontario Drug Benefit (ODB) program; and
- children and youth with an approved EAP request.

If a drug is not currently funded through the ODB program, it will not be funded through OHIP+. Speak to your health team about alternative treatments or other funding sources (funding may be available through third party (private) insurance).

For more information: Call **1-866-811-9893**

Email: [PublicDrugPrgrms.moh@ontario.ca](mailto:PublicDrugPrgrms.moh@ontario.ca)

Website: [www.health.gov.on.ca](http://www.health.gov.on.ca)

## Trillium Drug Program (TDP)

The Trillium Drug Program (TDP) is for people who spend approximately 3% to 4% or more of their after-tax household income on prescription-drug costs. Once approved, you are advised of an annual deductible that will need to be paid to obtain coverage. Once the deductible is satisfied, households must pay up to \$2.00 per prescription. For drug products that are not on the list of approved ODB products, your doctor may apply for special approval through the Exceptional Access Program (EAP).

### To qualify for the TDP, you must:

- not already qualify for Ontario Drug Benefit (e.g., you're under 65 years old and not enrolled in a program such as Ontario Works); and
- have a valid Ontario health card.

If applying for the first time to the TDP, the deadline, in any given year, is September 30th.

**Applications are available by calling 1-800-575-5386 or at your pharmacy.**

When an application is approved, the letter received will confirm the amount of the annual deductible\* one will need to pay. The letter will also list all the household members included in the coverage.

- A **deductible** is a set amount that must be paid towards the cost of your drugs. After payment of the deductible, a payment for each prescription filled or refilled will require a payment of \$2.00.

### NOTES:

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## Local Health Integration Networks (LHIN)

On May 10, 2017, home and community care services were transferred from Community Care Access Centres (CCAC) to Ontario's 14 Local Health Integration Networks (LHIN). The LHIN are now responsible for the delivery and coordination of all government funded home and community care.

### How a Care Coordinator can help you arrange:

- **Care at Home**
  - Home care services and specialized nursing care
- **Care at School**
  - School health support services and mental health and addition nursing
- **Care in the Community**
  - Meal delivery and community dining programs
  - Homemaking and home help
  - Transportation services and volunteer friendly visits
- **Other services that may be available in your community**
  - Nursing Care Centre(NCCs); and
  - Specialized services such as: acquired brain injury, mental health and addictions, convalescent care, Alzheimer's disease and related dementia and Stroke recovery.

LHIN	LHIN Telephone	LHIN email address
Central	1-866-392-5446	central@lhins.on.ca
Central East	1-866-804-5446	centraleast@lhins.on.ca
Central West	1-866-370-5446	centralwest@lhins.on.ca
Champlain	1-866-902-5446	champlain@lhins.on.ca
Erie St. Clair	1-866-231-5446	eriestclairlhins@lhins.on.ca
Hamilton Niagara Haldimand Brant	1-866-363-5446	hamiltonniagarahaldimandbrant@lhins.on.ca
Mississauga Halton	1-866-371-5446	mississaugahalton@lhins.on.ca
North Simcoe Muskoka	1-866-903-5446	northsimcoemuskoka@lhins.on.ca
North East	1-866-906-5446	northeast@lhins.on.ca
North West	1-866-907-5446	northwest@lhins.on.ca
South East	1-866-831-5446	southeast@lhins.on.ca
South West	1-866-294-5446	southwest@lhins.on.ca
Toronto Central	1-866-383-5446	torontocentral@lhins.on.ca
Waterloo Wellington	1-866-306-5446	waterloowellington@lhins.on.ca

# Ontario Disability Support Program (ODSP)

If you have a disability and need help with your living expenses, you may be eligible for the ODSP. If you are in jeopardy of being evicted or do not have enough money to pay for food while waiting for your application to be approved, you can seek relief from Ontario Works (which provides immediate financial support).

## ODSP offers two types of support:

1. **Income support** – Monthly financial assistance to help with the costs of basic needs, like food, clothing and shelter. Income support also includes benefits, like drug coverage and vision care, for clients and their eligible family members.
2. **Employment supports** - Services and supports to help clients with disabilities find and keep a job, and advance their careers.

## To qualify for ODSP income support, you must:

- be at least 18 years old;
- be an Ontario resident;
- be in financial need; and
- meet the program's definition of a person with a disability, or be a member of a Prescribed Class.

**Note:** If you are under 18, you can start the application process up to six months before your 18th birthday.

## To qualify for employment supports, you must:

- be at least 16 years old;
- be an Ontario resident;
- be legally allowed to work in Canada; and
- have a substantial physical or mental disability that is expected to last a year or more, and makes it hard for you to find or keep a job.

You don't have to be receiving income support from ODSP to be eligible for employment supports. If you have been denied ODSP benefits you should speak to a legal representative for assistance in filing an appeal.

## Extended Health Benefits

If you are no longer eligible for ODSP income support because your income is too high, and you and your family have high health care costs, you may be eligible for the Extended Health Benefit.

Depending on your health needs, the Extended Health Benefit may assist you with the costs for:

- Prescription drugs
- Dental care\*
- Vision care
- Medical supplies, such as diabetic and incontinence supplies
- Transportation to and from medical appointments
- Assistive

\*If an ODSP recipient is eligible for Extended Health Benefit, a child or spouse who is 17 years of age or younger will continue to receive dental coverage through Healthy Smiles Ontario.

## Eligibility

- your health care costs are greater than your excess Income; and
- you are otherwise eligible for ODSP.



## Canada Pension Plan (CPP)

Canada Pension Plan (CPP) provides disability benefits to people who have made enough contributions to the CPP and who are disabled and cannot work at any job on a regular basis. Benefits may also be available to their dependent children. The amount of your CPP benefits is based on how much you have contributed and how long you have been making contributions to the CPP at the time you become eligible.

### To qualify for a Canada Pension Plan (CPP) Disability Benefit, you must:

- have a severe and prolonged disability;
- be under the age of 65; and
- meet the CPP contribution requirements.

A CPP Disability Benefit is not necessarily permanent. It is intended to partially replace your employment income for as long as your disability prevents you from working at any job on a regular basis.

### The provisions of the CPP include:

- **Retirement pension:** You can apply for and receive a full CPP retirement pension at age 65 or receive it as early as age 60 with a reduction, or as late as age 70 with an increase.
- **Post-retirement benefit:** If you continue to work while receiving your CPP retirement pension, and are under age 70, you can continue to participate in the CPP. Your CPP contributions will go toward post-retirement benefits, which will increase your retirement income.
- **Disability benefits:** If you become severely disabled to the extent that you cannot work at any job on a regular basis, you and your children may receive a monthly benefit.
- **Survivor's pension:** When you die, a pension may be paid to your surviving spouse.
- **Death benefit:** Provides a one-time payment to (or on behalf of) the estate of a deceased CPP contributor.
- **Children's benefits:** Provide monthly payments to the dependent children of disabled or deceased CPP contributors.
- **Pension sharing:** Married or common-law couples in an ongoing relationship may voluntarily share their CPP retirement pensions.
- **Credit splitting for divorced or separated couples:** The CPP contributions you and your spouse or common-law partner made during the time you lived together can be equally divided after a divorce or separation.
- **Child rearing provision:** If you stopped working or received lower earnings to raise your children, you may be able to use the "child-rearing provision" to increase your CPP benefits.

If you are receiving a CPP Disability Benefit when you turn 65, your disability benefit will automatically be converted to a retirement pension. You will not need to apply. Your retirement pension will be less than your disability benefit. However, you may also apply for a pension and benefits under the Old Age Security program. When a CPP Disability Benefit is cancelled, any related children's benefits are also cancelled.

## Assistive Devices Program (ADP)

If you have a long-term physical disability, you can receive help paying for equipment and supplies when you qualify for the Assistive Devices Program (ADP). ADP covers 75% of the cost of equipment and supplies. You are responsible for the remaining 25%.

### To qualify, you must:

- be an Ontario Resident;
- have a valid Ontario health card; and
- have a disability requiring the equipment or supplies for six months or longer.

### Types of equipment and supplies funded by ADP:

- Mobility aids
- Hearing aids and other devices
- Communication aids
- Visual aids
- Diabetic equipment and supplies
- Respiratory equipment and supplies
- Artificial eyes and facial prosthetics
- Custom orthotic braces, compression garments and lymphedema pumps
- Prosthetic breasts or limbs
- Enteral-feeding pumps and ostomy supplies

### The ADP covers 100% of the cost, if you receive financial support from one of these programs:

- Ontario Works
- Ontario Disability Support Program
- Assistance For Children With Severe Disabilities

If you can't afford to pay your 25% share, contact one of the following volunteer and charity organizations in your community about financial support:

Organization	Telephone Number	Email Address
<b>Easter Seals Ontario</b>	1.866.630.3336	assistance@easterseals.org
<b>March of Dimes Canada</b>	1-800-263-3463	www.marchofdimes.ca
<b>The War Amps</b>	<b>Child Amputee (CHAMP) Program</b> (17 years of age and younger) • 1 800 267-4023 <b>Adult Amputee Program</b> (18 years of age and older) • 1 877 622-2472	champ@waramps.ca  info@waramps.ca
<b>Kiwanis Foundation of Canada</b>	519.304.3038	office@kfcdn.org
<b>Lions Club</b>	705-457-1354	secretary@mdalions.org

*You do not qualify for ADP if you already qualify for financial support for the same equipment or supplies from Workplace Safety and Insurance Board or Veterans Affairs Canada.*

## Community Support Services

If you are a senior or someone living with a disability, there are many community support services available to help you live comfortably in your own home or in a community setting.

Government may pay for some services, and some services are provided privately for a fee.

Depending on your location, these services may be available to you and your family:

### Attendant Care Services for:

- Acquired brain injury services
- Adult day programs
- Alzheimer disease and related dementias
- Blindness and impaired vision
- Foot care
- Home help and homemaking
- Hospice care

### Support Care Services:

- Deafness and impaired hearing programs such as: accessibility, counseling, educational programs
- Friendly visiting and companionship for seniors and persons isolated in the community
- Palliative care education and consultation programs
- Personal emergency response systems
- Personal support and independence training
- Respite for caregivers
- Seniors intervention and assistance services
- Service arrangement and coordination
- Social and recreational programs for seniors
- Telephone reassurance and security checks

### Meals on Wheels:

- Congregate dining to provide opportunities for seniors in the community to join one another for a meal and companionship
- Meal delivery services

### Supportive Housing:

- Is available in designated residential buildings (apartments or group homes) to people who require daily personal support and essential homemaking to live independently.

### Transportation:

- Transportation for seniors and people with disabilities.

You do not need a referral to use most Community Support Services. However, Community Services that are eligible for government funding support may require a referral from a Local Health Integration Network (LHIN).

# Passport Program

## Guidelines for Adults with a Developmental Disability and their Caregivers

The program is funded by the Ministry of Community and Social Services. In Ontario, the fund is managed through the Developmental Services Ontario (DSO). The Passport program is designed to complement and work together with other government programs, resources and sources of funding to provide a wide range of supports.

**Funding amounts are based on a provincial application and a needs assessment process and funding formula.**

### There are two payment options with which to choose:

1. manage their own funds to develop a support service team; or
2. hire an agency to arrange support services and the payments.

If the family chooses to manage the funds on their own, they can pay up to 10% of the total Passport funding for administration support or to cover applicable employer costs, such as: Canada Pension Plan, Employment Insurance and Workers Safety and Insurance Board premiums, and vacation pay.

### Eligibility:

- Any adult who is eligible for developmental services and supports funded by the Ministry of Community and Social Services
- Adults under the age of 18 who are still in school

### Passport funding can be used for the following services and supports:

- Community participation
- Activities of daily living
- Caregiver respite
- Person-directed planning (up to \$2,500)
- Administration of Passport funding (up to 10%)

### Services and supports may be purchased from the following types of service providers:

- Community service providers
- Developmental service agencies
- Private service and support providers
- Personal support workers
- Neighbours, family members, friends

### Passport funding cannot be used to compensate:

- Primary caregiver(s) regardless of residence
- The spouse of a person with developmental disabilities regardless of residence
- A child under the age of 18

**The maximum annual funding an individual can receive through the Passport program is \$35,000.**

## Workplace Safety Insurance Board (WSIB)

If a person has been injured or become ill because of their job, WSIB will give them the care and support they are entitled to under Ontario's workplace safety and insurance system.

### To be eligible for WSIB insurance benefits, the injured person must:

- have a worker-employer relationship with an employer covered by the WSIB;
- have an injury or illness directly related to their work; and
- have promptly filed a claim with the WSIB.

If you have been injured in a motor vehicle collision at work, the injured worker cannot claim benefits from both WSIB and auto insurance. The injured person will need to decide from which source they wish to make the claim. It is always best to consult with a personal injury lawyer before making this decision.

### WSIB entitles the injured worker, range of benefits that include:

#### Health Care Benefits

WSIB will pay for all approved health care costs related to the claim, even if the injured worker has extended health insurance coverage. The type of benefits you may receive depends on the nature and severity of your condition.

Health care benefits include:

- Treatment from your health care professional (e.g., doctor, dentist)
- Hospitalization, including emergency care and surgery
- Prescription drugs
- Prosthetics, or orthotics
- Reasonable travel and accommodation expenses
- Attendants, or other measures, to help severely- impaired workers live independently

Most health care treatments, and related travel, require pre-approval from the WSIB.

The WSIB may pay your health care provider directly for services. A health care provider cannot require the injured worker to pay for any services because of their work-related injury or illness.

If the claim has not been approved, the injured worker may need to pay for health care and then request reimbursement from the WSIB. Not all health care is covered and only approved claims are eligible for reimbursement.

#### Health Care Equipment and Supplies

The WSIB pays for health care equipment that has been approved. This may include:

- Assistive devices (e.g., walkers)
- Braces and supports
- Other medical supplies (e.g., wound care supplies)
- Adjustable bed frames and mattresses

The WSIB will provide a list of the approved suppliers for health care equipment.

#### Return-to-work (RTW)

WSIB will help the injured worker and the employer find solutions to support the injured person's return to work. Examples of RTW services include:

- RTW staff will meet with the injured worker and the employer to talk about returning to suitable and available work, including any accommodations needed
- The injured worker may also be referred for a vocational assessment to help determine the type of work that may be suitable
- In some cases, WSIB may recommend a re-training program to develop skills that will help the injured worker return to work with the current employer or a new employer (if applicable)

### Loss of Earnings (LOE)

If your work-related injury or illness causes the injured person to lose earnings for any period of time, the WSIB will provide income replacement benefits.

- If it is determined the injured worker cannot work due to a work-related injury or illness, or they can only safely return to work for less pay, WSIB may pay up to 85 per cent of the pre-injury take-home pay.
- There is a limit on the maximum amount of LOE benefits the injured worker can receive in a year. The Case Manager assigned to the file can give these details.

### Loss of Retirement Income (LRI)

To be eligible for the LRI benefit an injured worker must:

- be under 64 years of age at the time of the injury or illness; and
- have received LOE benefits for at least 12 continuous months.

If eligible, the WSIB may compensate the injured worker for lost retirement income. The WSIB may also choose to allocate up to 5% of funds from the LOE to the LRI. When the injured worker turns 65, LRI benefits will be paid to them. The injured worker may match another 5% of the LOE fund, if they choose.

### Non-Economic Loss (NEL)

If your work-related injury or illness causes a permanent impairment, you may be compensated for the physical, functional or psychological loss.

- Your compensation amount will be based on your level of impairment, and age.
- You may be examined by a WSIB-approved health care provider to determine level of impairment.
- You may be reimbursed for any travel expenses or lost wages that you experience from attending your examination.

### Survivor Benefits

Spouses or dependents of workers who die due to a work-related injury or illness may be entitled to:

- Survivor payments (lump sum and monthly)
- Funeral and transportation costs
- Bereavement counseling
- Support for spouses looking to re-enter the workforce.

**Decision making process:** Throughout the claim, WSIB will make decisions to support your recovery and a safe return to work. The WSIB employee(s) assigned to the claim is mandated by the WSIB to involve the injured worker in the process. During the decision making process, the injured worker has the following options available:

- **Receive decisions in writing:** WSIB will explain the decisions in writing and give reasons for why they made the decision(s);
- **Access to the claim filed:** the injured person has the right to all personal information collected by the WSIB;
- **Select a representative:** the injured person may choose to have someone represent them during the claim process. This may include an informal representative or an authorized representative, like a lawyer;
- **Appeal decisions:** the injured person can ask the Workplace Safety and Insurance Appeals Tribunal (WSIAT) to review the decision.

## Private Supplementary Health Plans

The Private Supplementary Health Plans provide reimbursement of necessary medical expenses incurred by plan members and their eligible dependents. The benefits are designed to supplement the hospital and medical care available through provincial plans.

**Private Supplementary Health Plans includes (but is not limited to) coverage of the following (subject to policy limitations as determined by the plan sponsor):**

- Diagnostic procedures;
- Drugs;
- Hospital services; semi-private room, private room; and chronic care facility;
- Paramedical services;
- Professional Health Services; such as: Chiropractor, physiotherapist, psychologist, massage therapist; osteopaths; podiatrists; naturopaths; speech therapists; dieticians, social workers, kinesiologists, and sports therapists (must be licensed);
- Medical services, supplies and equipment; such as: equipment rental; non-dental prostheses, supports and hearing aids;
- Private duty nursing;
- Out-of-province/out-of-Canada benefits and after hours assistance; and/or
- Vision care.

**Other supplies that may be covered:**

- Artificial eyes, limbs and breast prostheses;
- Braces, trusses, collars, leg orthoses, casts, splints;
- Stock-item orthopedic shoes, including modifications or adjustments to stock-item orthopedic shoes or regular footwear;
- Charges for casted custom-made orthotics;
- Custom-made shoes required because of a medical abnormality;
- Hearing aids (including charges for batteries);
- Surgical stockings;
- Surgical brassieres; and
- Wigs and hairpieces.

**Other standard medical supplies that may be covered include:**

- Ileostomy, colostomy and incontinence supplies;
- Medicated dressings, burn garments, and oxygen.

Call your benefit provider or your Human Resource's department for detailed information on the health care coverage available under your work place policy.

**The following information may be required when calling the benefit provider:**

- Name of person and date of birth filing the claim;
- Name of the workplace or personal benefit plan;
- Policy & ID number;
- Diagnoses; and
- Level of care or medical equipment or supplies needed.

# Ontario Motor Vehicle Insurance

**All owners of vehicles in Ontario must purchase a standard auto insurance policy. All insurance policies include the following coverage:**

- Third party liability;
- Uninsured automobile;
- Direct compensation-property damage; and
- Accident benefits (basic).

In the province of Ontario, there is a special system for obtaining compensation related to motor vehicle accidents. Although quite complicated, an experienced Personal Injury Lawyer can inform you of your rights, can assist you to navigate your claim, and assist you to obtain full and just compensation.

**There are two sources of compensation available:**

- **An Accident Benefit Claim**
  - A claim made against your own insurance company or the car insurance company of another vehicle involved in the accident for medical and rehabilitation, attendant care and other benefits.
- **A Tort Claim**
  - A lawsuit made against the at-fault driver.

**What are Accident Benefits?**

- Every automobile insurance policy contains statutory (mandatory) Accident Benefits which cover a wide range of medical and rehabilitation expenses over and above what is paid for by OHIP, private supplementary health plans and disability insurance.
- Regardless of who is at fault for the accident, or the seriousness of your injuries, you are entitled to Accident Benefits from your own car insurance company or from the car insurance company of another vehicle involved in the accident.

**If you are buying a new policy or renewing an existing one, you may wish to purchase additional coverage to protect your family.**

Options: Medical, Rehabilitation and Attendant Care	Maximum for Non- Catastrophic Injuries	Maximum for Catastrophic Injuries
Standard: No options purchased	\$65,000**	\$1 million
\$130,000 combined (non catastrophic injuries)*	\$130,000**	\$1 million
\$1 million (all injuries)*	\$1 million	\$2 million
\$1 million (catastrophic injuries)	\$65,000**	\$2 million
<b>Combinations:</b>		
\$130,000 combined (non catastrophic injuries) + \$1 million (catastrophic injuries)	\$130,000**	\$2 million
\$1 million (all injuries) + \$1 million (catastrophic injuries)	\$1 million	\$3 million

\*\$130,000 optional combined (non-catastrophic injuries) and \$1 million optional (all injuries) cannot be purchased together.

\*\*Duration of benefit is five (5) years for adults.



## Protecting Your Rights

The term “no-fault insurance” can be a misleading term for many people. However, no-fault insurance does not mean those drivers involved in accidents are never at fault. Someone is always at fault in an accident. A driver can be anywhere between 100% and 0% at fault. Who is at fault will be part of a deciding fact on how you proceed through the insurance claim. Be aware that anything you say to your insurer could be used against you in determining your entitlement to benefits.

**Make sure to ask questions and get legal advice before making any decisions that will affect your future health care needs.**

**Here are some of the most important steps to follow after a car accident:**

1. Contact the proper authorities, such as the police or call 911 if needed.
2. Record the names, addresses, and telephone numbers of passengers and witnesses.
3. If possible, take photos of any injuries, any damage to your vehicle (if applicable), the scene of the accident and any other pertinent details. (If you can't do this ask a friend or family member).
4. Record the names and dates of all doctors and health care professionals who participate in your care after the accident.
5. If you have been discharged from the hospital, it is advisable that you notify your family doctor about your injuries.
6. Report to your agent, broker, or insurance provider within seven days of the accident, regardless of who is at fault.
7. Contact a Personal Injury Lawyer to discuss your legal rights and support to fill out the insurance forms. You will have 30 days to send back the forms to the insurance company.
8. Collect the information for any and all insurance policies from which you are entitled to claim for benefits, examples include: auto insurer, short and long-term disability insurer.
9. Keep receipts of all expenses related to the accident, such as medication, replacement clothing and assistive device. If you suffered impairment as a result of the accident, your insurance company will pay for reasonable and necessary expenses incurred for a maximum of 104 weeks (keep all receipts).

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## Accident Benefits Claims

There are three levels of Accident Benefits available based on injury classification.

The three levels are:

1. **Minor Injury Guideline (MIG):** A minor injury is determined by the MIG to include a strain, or sprain of muscles, tendons, ligaments, including partial but not total tearing, whiplash (except if this includes spinal dislocations or signs of nerve damage), cuts, bruises, lacerations, and partial but not total joint dislocation.
2. **Non-Catastrophic Injury:** A Non-Catastrophic Injury is defined as falling neither under the MIG, nor under the “catastrophic” classification.
3. **Catastrophic (CAT) Injury:** A Catastrophic Impairment or Injury includes the following conditions:
  - Paraplegia or Tetraplegia;
  - Severe impairment of ambulatory mobility or use of an arm, or amputation;
  - Loss of vision of both eyes;
  - Traumatic brain injury;
  - Physical impairment or combination of physical impairment which results in 55% or more of whole person; and/or
  - Mental or behavioural impairment, excluding traumatic brain injury; combined with a physical impairment, which results in 55 percent or more impairment of the whole person.
  - A class 4 impairment (marked impairment) in three or more areas of function that precludes useful functioning or a class 5 impairment (extreme impairment) in one or ore areas of functioning, due to mental or behavioural disorder.

To be considered to have suffered a catastrophic injury as a result of a motor vehicle accident, an Application for Catastrophic Determination must be completed by a physician or specified health professional and received by your insurer. The insurer will determine if the application is accepted or denied on the basis of medical documentation.

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## CATASTROPHIC IMPAIRMENT TIMELINES

### WHEN CAN YOU APPLY POST-ACCIDENT?

ADULT CRITERIA	IMME- DIATELY	1 MONTH	3 MONTHS	6 MONTHS	12 MONTHS	104 WEEKS
SPINAL CORD INJURY	YES					
AMPUTATION/ LOSS OF USE	YES					
LOSS OF VISION (BOTH EYES)	YES					
TRAUMATIC BRAIN INJURY	NO	GOSE VEGETATIVE STATE  GOSE UPPER OR LOWER SEVERE GOSE LOWER MODERATE 				
WHOLE PERSON IMPAIRMENT > 55%	NO	NO	IF CONFIRMED UNLIKELY TO IMPROVE  YES			
3 + MARKED IMPAIRMENT (MENTAL AND BEHAVIOURAL DISORDERS)	NO	NO	IF CONFIRMED UNLIKELY TO IMPROVE  YES			

The onus falls on the injured person to prove the degree of their injuries. A Personal Injury Lawyer can help you understand the definition of catastrophic and non-catastrophic injuries and how these categories will determine your automobile benefits entitlement.

The following chart, known as the **Statutory Accident Benefits Schedule (SABS)**, will illustrate the benefits that are available following an accident after June 1st, 2016.

Type of Benefit	MVA on or After June 1, 2016
<b>Income Replacement Benefits</b>	<ul style="list-style-type: none"> <li>payable 1 week post-MVA if MVA related impairment prevents a return to work</li> <li>paid at 70% of gross pre-MVA income (reduced by collateral benefits available or received) to a maximum of \$400/week (reduced to 70% of post-MVA income earned)</li> <li>benefits post-104 weeks are subject to a more stringent "any occupation" test and payable at a minimum of \$185/week</li> <li>at age 65 benefits are to be reduced</li> </ul>
<b>NON-Earner Benefits</b>	<ul style="list-style-type: none"> <li>payable 4 weeks post-MVA if completely unable to carry on a normal life</li> <li>payable after age 18, for a maximum of 104 weeks</li> <li>paid at \$185/ week</li> </ul>
<b>Caregiver Benefits</b>	<b>MIG/NON-Cat:</b> Not Available <b>CAT:</b> No waiting period applies if substantially unable to continue caregiving activities <ul style="list-style-type: none"> <li>paid at \$250/week for first person, plus \$50/week for each additional person in need of care</li> <li>benefits post-104 weeks are subject to a more stringent "complete inability" test</li> <li>terminates when children reach age 16 or no longer a person in need of care</li> <li>no adjustments at age 65</li> </ul>
<b>Medical and Rehabilitation Benefits (MRB)</b>	<b>MIG:</b> \$3,500 <ul style="list-style-type: none"> <li>\$65,000 cap (combined with ACB limit)</li> <li>available for 5 years if over age 18 at time of MVA. If under 18 years old available to age 28</li> <li>\$1,000,000 cap (includes ACB limit)</li> <li>case management services available</li> </ul>
<b>Transportation Costs</b>	<b>MIG/Non-CAT:</b> only available for the distance traveled over 50km in a round trip <b>CAT:</b> available
<b>Attendant Care Benefits (ACB)</b>	<b>MIG:</b> not available <ul style="list-style-type: none"> <li>\$65,000 cap (combined with MRB limit) at \$3,000/month maximum</li> <li>available for 5 years post-MVA if over age 18 at time of MVA. If under 18 years old available to age 28</li> <li>\$1,000,000 cap (combined with MRB limit) at \$6,000/month maximum for life</li> </ul>
<b>Housekeeping and Home Maintenance Benefits</b>	<ul style="list-style-type: none"> <li><b>MIG/Non-CAT:</b> Not Available</li> <li><b>CAT:</b> \$100/week available for life</li> </ul>
<b>Death Benefits</b>	<ul style="list-style-type: none"> <li>\$25,000 to spouse: plus</li> <li>\$10,000 per dependent including a supported former spouse</li> </ul>

### Reimbursable Visitor's Expenses

The insurance company is responsible to pay for reasonable and necessary expenses incurred within 2-year post-MVA\*\* as a result of visiting the insured person during their treatment or recovery. Examples of reimbursable expenses include: mileage, parking receipts, and meals.

#### As per the SABS people eligible to submit expenses include:

- the spouse, children, grandchildren, parents, grandparents, brothers and sisters;
- an individual who has demonstrated a settled intention to treat the insured person as a child of the individual's family; and
- an individual whom the insured person has demonstrated a settled intention to treat as a child of the insured's family.

Keep copies all receipts and create a journal of all appointments, mileage and travel dates.

The insurance company is responsible to pay for reasonable and necessary expenses incurred in repairing or replacing the following:

- clothing worn at time of the MVA that was lost or damaged
- prescription eye wear;
- dentures;
- hearing aids;
- prostheses; and/or
- other medical or dental devices lost or damaged.

## Tort Claims

A claim against the at-fault driver is called a tort claim. The auto insurance company of the at-fault driver is usually the payer of the tort claim. Tort law allows an injured person to obtain compensation from the person who caused the injury. More than 95% of these claims are settled before they go to trial.

### How do you make a tort claim?

1. Retain a Personal Injury Lawyer;
2. Give written notice of your intention to insurer within 120 days of the accident;
3. Apply for accident benefits;
4. Start a lawsuit within the prescribed time limit.

Compensation may be available for pain & suffering and financial losses incurred as a result of injuries arising from:

- accidents involving cars, motorcycles, planes, boats, trains, snowmobiles, ATVs and other motorized vehicles including public transportation;
- slip and fall on public or private property;
- injuries caused by defective products;
- medical negligence; and
- assaults.

### How do I make a claim?

- To determine if you have a claim, as well as to ensure proper financial compensation, consult with a Personal Injury Lawyer immediately. The law imposes strict time limits for bringing claims and a lawyer can ensure all deadlines are met. You will find the assistance of an experienced Personal Injury Lawyer helpful and insightful.

### How much will a lawyer cost?

- A personal injury lawyer can offer a complimentary consultation to help you determine the appropriate course of action to protect your rights. If you and your Personal Injury Lawyer choose to pursue a claim, your lawyer will likely charge a fee on a contingency basis. This means that you will not be required to pay anything up front. Instead, the Personal Injury Lawyer will receive a percentage of what you recover.

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## What are the types of claims I can make?

- **Loss of Income and Ability to Earn an Income**

You can claim 70% of the amount of gross income loss starting from the first week of your accident until the time your case settles or reaches a trial. You can claim 100% of your gross income loss if you continue to be disabled from work into the future.

- **Housekeeping and Maintenance**

Expenses you incur to maintain your home as you did before the accident. You must first seek reimbursement for housekeeping and home maintenance expenses from your accident benefits insurer.

- **Health Care Expenses**

If you have suffered a permanent serious injury, you may be able to claim for past, present and future health care expenses not covered by OHIP or by your accident benefits insurer.

- **Family**

If someone in your family suffers a permanent serious injury, disfigurement or, if there is a death of a family member, they may be entitled to make a claim for loss of care, guidance and companionship.

- **Pain and Suffering**

If you have suffered a permanent serious impairment of an important physical, mental or psychological function or permanent serious disfigurement, such as scarring you will be compensation.

### Do you have a claim?

- If you are injured in an accident, you may have the right to make a claim against the person(s) who caused or contributed to your injury.

### What if the accident is my own fault? Can I still make a claim?

- If you are at fault for an accident, and have sustained injuries, you may be entitled to certain benefits, usually paid by your own insurance company. Depending on the accident's circumstances, you may be entitled to benefits from other sources as well. Consult a Personal Injury Lawyer.

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## Self-Funded Care

This sample of services can be privately purchased by a variety of home care providers in your community for in the home, hospital or assisted/group home living.

Service	Goal	Basic Service
<b>Home Support</b>	To make living at home easier by helping with daily household activities	<ul style="list-style-type: none"> <li>• Light housekeeping</li> <li>• Meal preparation</li> <li>• Laundry</li> <li>• Shopping</li> </ul>
<b>Personal Care</b>	To enable people with chronic health or physical problems to continue to live in their own homes	<ul style="list-style-type: none"> <li>• Washing &amp; Bathing</li> <li>• Help with Dressing and Eating</li> <li>• Medication Assistance</li> <li>• Basic Hand &amp; Foot Care</li> </ul>
<b>Community Rehabilitation Support Worker</b>	Support of recreational activities	<ul style="list-style-type: none"> <li>• Behavioural Management</li> <li>• Life Skills Retraining</li> <li>• Educational &amp; Vocational Support</li> <li>• Fitness Training</li> <li>• Community Reintegration</li> </ul>
<b>Registered Practical Nurse</b>	To help people recover at home following a hospital stay	<ul style="list-style-type: none"> <li>• Medication Administration</li> <li>• Basic Wound Care</li> <li>• Chronic Disease Management</li> </ul>
<b>Registered Nurse</b>	To assist people with specialized nursing needs who are recovering at home after a hospital stay	<ul style="list-style-type: none"> <li>• Advanced Wound Care</li> <li>• Intravenous Therapy</li> <li>• Ventilator Care</li> <li>• Pain &amp; Symptom Management</li> <li>• Peritoneal Dialysis</li> </ul>
<b>Social Worker</b>	Work with individuals and their families to enhance their individual and collective well-being	<ul style="list-style-type: none"> <li>• Assist in Navigating the Complex Ontario Health Care System and Provide Mental Support and Guidance</li> <li>• Provides counseling and support</li> </ul>
<b>Occupational Therapist</b>	To restore vocational, homemaking, and daily living skills, as well as general independence, to persons with disabilities or developmental	<ul style="list-style-type: none"> <li>• Provides Assessments and intervention tools to support a return back to work and/or to daily meaningful activities.</li> </ul>
<b>Physiotherapist</b>	To assist with personalized exercise programs designed to improve strength, range of motion, and function	<ul style="list-style-type: none"> <li>• Joint Mobilization and Manipulation to reduce pain and stiffness</li> <li>• Hot &amp; Cold Packs and Modalities to relieve pain, reduce swelling, speed up the healing process, improve movement and function</li> </ul>
<b>Speech Language Pathologist</b>	Assess and treat persons with speech language, voice, and fluency disorders. May select alternative communication systems and teach their use	<ul style="list-style-type: none"> <li>• Articulation skills/Speech intelligibility</li> <li>• Swallowing/Feeding Issues</li> <li>• Cognitive-Communications Skills</li> <li>• Social Language Skills</li> <li>• Voice and Resonance</li> <li>• Expressive Language</li> </ul>

# Decision Making Tree

## *Health Care Consent Act and Substitute Decision Act*

In Ontario, when a person is incapable of making their own decisions with respect to their care, the Health Care Consent Act (the “HCCA”) and the Substitute Decision Act (the “SDA”) allow others to make decisions for incapable person’s behalf.

### **What happens if a Power of Attorney for Personal Care is not completed?**

Ontario law does not ensure there will be a substitute decision-maker to make all your personal decisions for you unless you appoint a substitute decision-maker through a Power of Attorney for Personal Care. However the law does make sure that there will always be a substitute decision-maker to make some health decisions for you, but this include decision only about:

- your health care, (e.g. treatments),
- your admission to long-term care facility, and
- the personal assistance services you will receive in a long-term care facility.

If you have not designated a substitute decision-maker through a Power of Attorney for Personal Care, a health care provider must turn to the hierarchy of substitutes named in the law to make the above types of health decisions. The highest-ranking person on this list who is available, capable and willing to make these decisions will become your substitute decision-maker for treatment.

- **your spouse, common-law spouse or partner;**
- **your child** (if they are 16 years of age or older) **or parent;**
- **your parent with right of access only;** custodial parents rank ahead of non-custodial parents;
- **your brother or sister;** or
- **any other relative by blood, marriage or adoption.**

**The Office of the Public Guardian and Trustee:** The provincial Public Guardian and Trustee is the substitute decision-maker or last resort if there is no other appropriate person to act for you. If you do not have a substitute decision-maker, almost anyone, including family members and friends, can apply to the Superior Court of Ontario to be appointed as your “Guardian of the Person” with authority for treatment.

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# Glossary

## The Team

A number of individuals, each with a unique area of expertise and each representing an area of practice important to your recovery will become involved in your case throughout the process. These professionals, from the doctor to members of your legal team, work together to help you and your family through this process and achieve the very best possible outcome and quality of life after an accident. Be sure you collect names and contact numbers so you can follow up later if need be. Be aware that you do have a choice of providers.

This is a brief description of the various professionals who may be involved with you as you progress through the continuum of care.

## Case Managers/Client Care Advocate

A case manager is the day-to-day contact involved in your recovery. He or she will coordinate all of your clinical and rehabilitation needs.

## Clinical Leader/Managers

The clinical leader/manager oversees the coordination of your healthcare team and supervises the specifics of your medical treatments and procedures while in the hospital.

## Doctors

The doctor and medical team are responsible for your care while in the hospital. They will make decisions regarding medical treatments and recommendations for your ongoing recovery. Depending upon the severity of your injuries, you may be visited by several doctors and other specialists in various fields of medicine. Resident doctors or interns who work under the supervision of your doctor or specialist, may also visit you.

## Insurance Adjusters

The insurance adjuster represents the insurance company and will communicate with you and your personal injury law team. The adjuster may want to ask you questions regarding the accident and review the benefits to which you may be entitled. We encourage you not to sign any documents or answer any questions without first consulting a lawyer with expertise in personal injury.

## Occupational Therapists

An occupational therapist will help you return to your day-to-day life and resume your daily activities at home and at work, including any rehabilitation that may be required.

## Personal Injury Law Team

Your personal team of law experts addresses the individual legal needs associated with your specific case. This may include a lawyer, accident benefits specialist, medical advisors and a legal and administrative support team.

## Psychologists/Family Counselors

A psychologist or family counselor will treat any non-physical issue and will help you manage any emotional and psychological effects that may arise as a result of your accident.

## Physiotherapists/Chiropractors

A physiotherapist will test your physical abilities after an accident and provide post accident treatment and rehabilitation. He or she will prescribe therapy to help restore strength, flexibility and other basic physical abilities that may have been affected by the injury you sustained.

## Registered Nurses

Besides your doctor, the registered nurse is the healthcare provider and team member with whom you will have the most contact. He or she is responsible for providing daily care, as well as any other treatments or medications prescribed by the doctor.

## Social Workers

A social worker provides counseling and support and will help you and your family with the emotional and practical issues most commonly faced after an accident.

## Speech Language Pathologist

Assess and treat persons with speech, language, voice, and fluency disorders. May select alternative communication systems and teach their use. May perform research related to speech and language problems.

## Vocational Rehabilitation Professionals

Vocational rehabilitation is a set of professional services offered to individuals with mental, physical or psychological disabilities.

Their goal is to ensure that you receive effective education, treatment and therapies to help you with impaired work capacity and improve your quality of life.

## PARASPORT Ontario

With the launch of first edition of “The Power of PARASPORT”, our very own Bernard Gluckstein shares in the fierce support that PARASPORT Ontario offers persons with disability. By simply becoming a member, you will be changing lives and empowering everyone to become involved in the magic of sport. PARASPORT Ontario and Gluckstein Lawyers both strongly believe that:

**“there is a sport or an active living opportunity for everyBODY”.**

Read Bernard's blog post here:

<https://www.gluckstein.com/blog/2018/03/supporting-the-parasport-path.shtml>

We want to share this message with more people and to provide greater opportunities for the disabled community to get in or stay in the game; but we will need your help – become a member today. Membership is free but becoming a supporter is truly priceless. Join the team at Gluckstein Lawyers in supporting the excellent efforts of PARASPORT Ontario.

Visit: <https://www.parasportontario.ca/index.php/membership/benefits>



# MANAGING YOUR RECOVERY

A Self-Advocacy Guide | Ontario

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