

SUMMARY OF TOP 20 SABS PROCESS CHANGES[©]

(effective September 1, 2010)

#	ASSESSMENT PROCESS CHANGES	SABS SECTION	
1	Assessment Costs Paid out of Med/Rehab Limits	Elimination of Assessment Costs as a separate category of accident benefits, resulting in all fees and expenses for conducting assessments, examinations, and preparing reports, being paid out of the medical and rehabilitation limits	18(5)
2	Cap on Costs of Assessments/Examinations	Assessment or examination costs, including insurer examination costs are limited to \$2,000 (interestingly this cap in section 25(5)(a) does not mention the cost of 'preparing reports' when this term is expressly used in section 18(5))	25(5)(a)
3	Form 1 Completion	Only an OT or RN can now complete an Attendant Care assessment	42(1)(b)
4	Treatment and Assessment Plans	New process requires insurer to approve treatment and assessment plans, rather than approving request for assessments followed by treatment plans	25(1)3 & 38(8)
5	Treatment and Assessment Plans - Response Deadline	Deadline to respond to treatment and assessment plans increased to 10 business days (from 3 business days for assessment/examination applications)	38(8)
6	Elimination of Rebuttals	Rebuttal examinations have been completely eliminated	N/A
7	No Future Care Plans	Prohibition on insurers paying for future care plans, life care or similar plans	25(5)(b)
8	Timeline for Insurer Examinations	There is no longer a timeline for scheduling an Insurer Examination, nor is there a deadline by which an insurer examiner must send the report to the insurer (although the insurer must serve it within 10 business days of receipt)	44
OTHER IMPORTANT CHANGES			
9	Incurred Expenses	New definition of 'incurred' requires the claimant to pay or promise to pay the expense and requires that the service provider provide the service in the course of his/her regular occupation or profession, or that this person has suffered an economic loss in order to provide the service	3(7)(e)
10	Compound Interest Reduced	The interest rate chargeable to insurers on overdue accident benefit payments has been reduced to 1% per month compounded monthly (from 2% per month compounded monthly)	51(2)
11	Irreversible Election	If insured qualifies for more than one weekly benefit (income replacement, non-earner or caregiver), they must make an irreversible election as to which benefit to receive (can only be changed if a person later qualifies as catastrophic)	35(1)(2)
12	Discretion for Adjusters to Deny Benefits	Adjusters given discretion to deny benefits for "medical and any other reasons" without requiring an examination	38(8) & others
13	Benefit Statements	Insurer must deliver benefit statements—every 2 months in non-CAT cases (unless there has been no change) and every 12 months in CAT cases	50
14	Accounting Reports	Insurer must pay for an accounting report to help calculate income replacement benefit amounts subject to a \$2,500 maximum	7(4) & 7(5)
15	Transitional Issues	The new SABS process applies to all claims after September 1, 2010, but the availability of certain benefits may still be governed by old policies that have yet to be renewed, and while the cost of examination provisions (like the cap provision) apply to pre September 1, 2010 claims, we understand that a FSCO bulletin will soon clarify that certain provisions, like the definition of 'incurred' and the requirement that assessment/examination costs are paid out of med/rehab limits, will not apply to accidents before September 1, 2010	2 & 68
MINOR INJURY PROCESS CHANGES			
16	Minor Injury	"minor injury" defined as a sprain, strain, whiplash associated disorder, contusion, abrasion, laceration or subluxation and any clinically associated sequelae (many of these terms are defined)—this process replaces the PAF process	3(1)
17	Minor Injury Guideline	A "Minor Injury Guideline" will set out the treatment framework for minor injuries—the Guideline could clarify whether someone escaping the \$3,500 minor injury med/rehab maximum is no longer considered to have suffered a 'minor injury' and is therefore eligible for attendant care (the Guideline has not yet been released)	3(1)
CAT PROCESS CHANGES			
18	Catastrophic Impairment Definition	Now includes single limb amputees—includes an "impairment causing the total and permanent loss of use of an arm or a leg"	3(2)(b)
19	Timing of Whole Person and Marked/Extreme Impairment Test	Can only be considered 2 years post accident, unless the impairment includes a brain injury and is unlikely to cease	3(5)
20	Physician/Neuropsychologist to sign CAT application	Only a physician can sign a CAT application although a neuropsychologist can sign if the impairment is only a brain impairment	45(2)