

# ASSESSMENT AND TREATMENT

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## In the Post DAC World...

More than ever before, there is serious:

- Potential for disputes during the assessment and treatment plan phase
- Consequences to clients and families

Therefore, more than ever before:

- All parties involved have an obligation try to avoid disputes

## Key Obstacles and Critical Strategies

OBSTACLES	STRATEGIES
Insufficient Communication and Information ■ e.g. Tx plan submitted without medicals	Pro-active, open communication-pick up the phone!
Unclear Roles and Responsibilities/ Systems Issues ■ e.g. No one actually directs family to qualified lawyer, therapists	Keep working to improve the system- look for innovative solutions

# Collaborative Approach

- Even more essential since the DACs were abolished
- Consent extends not only to client but to:
  - Insurer
  - Lawyer
  - Case manager
  - Hospital and others involved
- Potential problems can be avoided if hospitals, CMs and providers initiate and maintain communications with insurers and lawyers
  - Pick up the phone- don't rely on reports
- Understand and respect the roles of others
- Be willing to negotiate

# Getting the Team in Place

## CREDENTIALS

- Registered by their College
  - Standards of Practice re: assessment and development of treatment plans
  - Self regulated- protects public- ensures continuing competency of members
  - Only psychologists and medical doctors can diagnose
- Experience in community brain injury rehab with special focus on either:
  - Pediatrics
  - Adolescents
  - Adults

# Getting the Team in Place

- Experience in the auto insurance system
- Client and family centered
- Excellent written and verbal communication skills
- Team player
  - Attend meetings
  - Flexible in terms of role etc.
- Negotiation skills

# Getting the team in place

## CHALLENGES

Acute care to home (usually no lawyer):

- When Discharge Plan lists services, but family not directed to qualified providers
- When pre-claim examiner does not have brain injury experience

Rehab to home (usually lawyer in place):

- When Hospital, Insurer, CM and/or Lawyer recommend different providers

# Getting the team in place

## IMPACT

- Can be adversarial and stressful for client
- Physical needs may be addressed, but not cognitive
- Often no services in place until client is seen in follow-up clinic months later
- When an experienced provider does an assessment: after a pre-claim:
  - More needs may be identified, costlier treatment
  - Sets up for a dispute

# Getting the Team in Place

## STRATEGIES

- Hospital takes an active role in directing client (by way of lists/binders of information etc.) to:
  - Qualified lawyer
  - Qualified provider
- Insurer and lawyer preferred provider lists
- Collaboration occurs regarding the choice of providers:
  - Right from the start
  - Involves all parties
  - All are open minded (no closed lists)

# Getting the Team in Place

## GETTING ONTO INSURER BRAIN INJURY REHABILITATION PROVIDER LISTS

- Currently happening for CM and all rehab providers at major auto insurance companies
- Formal Request for Proposal Process (RFP)-tendering process
- To get involved- ask for person who is responsible for setting up the preferred supplier network
- Candidates are evaluated based upon such things as:
  - Best practices for profession
  - Solvency of company
  - Staffing
  - Geographic area serviced
  - Policies (e.g. Privacy Policy)

# Getting the Team in Place

## WORKING TOGETHER FOR EVA.

- Hospital and insurer collaborate and agree that OT who did pre-claim is not specialized in peds TBI
- Hospital and insurer review the providers they feel are qualified, and develop a shared list which is presented to the family
- The family (with the support of the hospital) consult with the providers listed and choose based on:
  - Ability to provide full range of services
  - Availability
  - Travel
  - Review resumes, interview candidates

## Getting the OCF-22 Completed and Approved

### WHAT AN INSURER NEEDS TO CONSIDER AN OCF-22

- All parts need to be properly completed:
  - Refer to the OCF-22 User Manual published on the Health Claims for Auto Insurance web-site (Google HCAI)
- Clearly referenced/coded:
  - Diagnosis (ICD-10-CA)
  - Intervention (CCI)
- Costs and quantities are completely and clearly listed

## Getting the OCF-22 Completed and Approved

- Provide as much information as possible regarding present complaints, why assessment is required and detail the content of the assessment (Part 5)
- If the service provider(s) is a regulated health professional, ensure that college registration number is listed in required parts of the form
- Communication –a telephone call to the adjuster prior to sending the form can be very useful in facilitating the whole process

# Getting the OCF-22 Completed and Approved

## CHALLENGES

- Lack of information to insurer re:
  - Nature of injury, diagnosis etc.
  - What is being recommended and why
- Lack of CM to coordinate services
- Lack of medical reports to provider to complete form
- Potential disputes about hours/cost of assessment
- Delays arising from time to complete paperwork and get approval

# Getting the OCF-22 Completed and Approved

## STRATEGIES

- Hospital provides critical medical information in writing to community provider or family before discharge
- Provider communicates with the CM, insurer and lawyer before the OCF-22 is submitted
- A multi-disciplinary provider is retained- and one team member acts as coordinator for the short term  
OR funding is approved for short term CM (task assignment)



## Getting the OCF-22 Completed and Approved

- Provider contacts hospital (lawyer, CM) to:
  - Obtain verbal information to complete OCF-22s
  - Brain storm how to get signatures
- Follow professional guidelines regarding completing Assessments and Reports
- Follow professional guidelines regarding number of hours for Assessments and Reports
- Provider requests urgent approval as indicated

## Getting the OCF-22 Completed and Approved

SLP <i>CASLPO Preferred Practice Guidelines for Cognitive-Communication Disorders.</i> September 2002 Includes guidelines for TBI assessments	Up to 28 hours (plus travel)
OT <i>OSOT Guidelines for Occupational Therapy Assessment Timeframes for Use in Ontario's Auto Insurance Sector - Assessment of Persons with Brain Injury, Spinal Cord Injury and/or Multiple Complex Trauma.</i> June 2006 (Combination General and Specific) No guidelines for TBI Assessments have been developed to date	18.5 to 34.5 hours (plus travel)
PSYCHOLOGY <i>The Ontario Psychology Associations Guidelines for Assessment and Treatment in Auto Insurance Claims.</i> 2005 General Psychology Neuropsychology/Psycho-Voc/Psycho-Ed Includes guidelines for assessments	10 to 25 hours 20 to 39 hours

# Getting the OCF-22 Completed and Approved

PT

CPA *Essential Competency Profile for Physiotherapists in Canada*. July 2004.

- No specific guidelines for TBI Assessment have been developed to date
- Nor are there guidelines related to hours required to complete testing

SW

*Ontario College of Social Workers:*

- No guidelines for General SW Assessments or Specific SW Assessments (TBI) have been developed to date
- Nor are there guidelines related to hours required to complete testing
- The College Code of Ethics includes minimum content for records

# Getting the OCF-22 Completed and Approved

WORKING TOGETHER FOR EVA

- HSC called intake at SuperNeuroServices Inc:
  - Requested OT and PT and SW
  - Provided copy of ambulance report and discharge summary to family (to share with provider)
- Intake at SNS Inc. liaised with insurer and lawyer to explain what was recommended and why
  - The insurer noted no application for benefits was completed- the provider agreed to follow up with HSC and family

## Getting the OCF-22 Completed and Approved

- The provider noted they could forward the ambulance records and discharge summary from the hospital
  - The insurer noted this was adequate
- The insurer noted a Neuropsychology Assessment was needed to confirm what difficulties are due to TBI versus the pre-existing LD
  - The provider explained that all assessments would compare pre and post injury status
  - And if the client goes to BloorviewKids, neuropsychology would likely be completed there

## Getting the OCF-22 Completed and Approved

- The provider mentioned that the OT OCF-22 would have a copy of the OSOT Guidelines attached, and the hours requested were well within this range
- The insurer noted she would likely approve the OCF-22 for the OT assessment, with the understanding that if the client does not go into inpt rehab- additional time will be requested to complete full cognitive testing
- The insurer noted she would also likely agree to additional time for the OT to act as case coordinator (as not eligible for CM)
- The insurer noted that she would likely agree to waive the OCF-22 for the Social Work and PT, and approve (based upon the hospital recommendations):
  - Four weeks of weekly counseling
  - Four weeks of three times weekly PT

## Getting the OCF-22 Completed and Approved

- The community OT, PT and SW liaised directly with the hospital therapists to discuss Eva's needs
- The OT OCF-22 was completed
- The OT contacted the parents, explained what was recommended and why, obtained consent and arranged for the OT OCF-22 to be faxed to Eva's mother for signature
- Final approvals were obtained within 24 hours of discharge
- Family later decided not to go to Bloorview, the OT discussed this with the insurer who agreed to additional hours needed for OT testing (and direct intervention as indicated)

## Getting the Assessment Completed and Getting the OCF-18 Approved

### CHALLENGES

- Without DAC system, there is greater onus on insurers to evaluate whether recommendations are reasonable and necessary
- Complications make this more difficult (e.g. pre-injury social, medical or learning difficulties)

# Getting the Assessment Completed and Getting the OCF-18 Approved

## STRATEGIES FOR COMPLETING THE ASSESSMENT AND ASSOCIATED REPORT

- Be aware of (and follow) their respective Colleges/Associations Guidelines regarding Assessment and Reporting.
- Be competent to do the assessment (include your credentials in your report)
- Include objective (as well as subjective) information
- Be knowledgeable of, and use, standardized tests where appropriate
- Fully document pre-injury status

# Getting the Assessment Completed and Getting the OCF-18 Approved

- Clearly compare pre to post-injury status
- Include information on all areas of function (e.g. ocular motor, sleep, mood)
- Include:
  - Long Term Goals and Plan
  - Short Term Goals and Plan
- Clearly identify why the treatment is reasonable and necessary
  - e.g. What a rehab coach is and why it is recommended
- Communicate with the CM, insurer and lawyer before the report is submitted

# Getting the Assessment Completed and Getting the OCF-18 Approved

## STRATEGIES FOR COMPLETING THE OCF-18

- Always submit an assessment report with a treatment plan (except in urgent situations- where immediate intervention is needed)
- Treatment plans should be for a reasonable length of time (manageable bites to insurer)
- Page 4 Part 10 (e) Consistency:
  - QUESTION: Are there any utilization Guidelines applicable to the proposed treatment?
  - ANSWER: No- According to the Toronto ABI Network, there are no utilization guidelines for brain injury rehabilitation

# Getting the Assessment Completed and Getting the OCF-18 Approved

## WORKING TOGETHER FOR EVA

- The therapists:
  - Discussed their findings and recommendations at a family meeting- collaborated and set priorities regarding goals and plan
  - Liaised with all parties involved before reports and new tx plans were submitted
- The OT explained to the insurer why a rehab coach was recommended as the adjuster was unfamiliar with this role
- The Assessment Reports clearly documented changes in Eva's pre- injury versus post-injury status:
  - New problems (e.g. sleep pattern, pain, memory)
  - Exacerbation of pre-injury problems (e.g. anger management)
  - Changes in functional abilities (e.g. missing morning classes, distractible and difficulty taking notes in class)

## Getting the Assessment Completed and Getting the OCF-18 Approved

- All treatment plans were approved
- The OT assessment recommended the following which were also approved:
  - OT to continue to act as case coordinator until CAT Application submitted
  - SLP Assessment (OCF-22 was attached)
  - Neuropsychology Assessment (OT, insurer and lawyer collaborated regarding provider list to present to family)

## Ongoing Communication and Reporting

### CHALLENGES

- Limited information to insurer
- Unclear if progress achieved during reporting period
- No progress- yet ongoing treatment recommended
- Unclear why new services and supports are needed
- Inconsistency between approach/recommendations from team members

# Ongoing Communication and Reporting

## STRATEGIES

- Provide Update Reports with subsequent treatment plans
- Clearly identify what was achieved during the last treatment period:
  - Match short terms goals to the reporting period
  - Clearly explain goals for upcoming reporting period as *from xxx to xxx*
  - Clearly show if goals achieved or not
- If limited progress, explain why and what will be done to overcome the barriers identified
- If introducing new recommendations, clearly explain rationale
- Regular team/family/school/workplace conferences are critical

# Ongoing Communication and Reporting

## WORKING TOGETHER FOR EVA

- The team followed the strategies listed and:
  - Eva received the services she needed when she needed them
  - Eva benefited from a comprehensive and coordinated program
  - There was no dispute until she transitioned to College from High School
  - The insurer then questioned whether her residual functional difficulties were a result of her pre-injury LD or her TBI



# Assessment and Treatment Plans- Conclusion

ALL PARTIES HAVE AN OBLIGATION TO DO WHAT  
THEY CAN TO AVOID DISPUTES

## KEY CHALLENGES

- Insufficient Communication and Information
- Unclear Roles and Responsibilities/Systems Issues

## KEY STRATEGIES

- Pro-active, open communication-pick up the phone!
- Keep working to improve the system- look for innovative solutions