Karen Vigmond

Oatley Vigmond
151 Ferris Lane
Suite 200
Barrie, ON
L4M 6C1

T: 1-888-662-2481
E: kvigmond@oatleyvigmond.com

A born-and-raised Barrie resident, Karen knows and loves her community. She is proud to be a partner in one of Canada's most successful personal injury law firms—right in her own backyard. Karen joined Oatley Vigmond in 2013 as an associate lawyer. She holds a BA from Queen's University and her Juris Doctor from Bond University in Australia. Prior to being called to the Bar in January 2013, Karen articled at a well-known personal injury law firm in Toronto.

Karen practices personal injury law with a focus on medical malpractice. She also has extensive experience with product liability cases, occupiers' liability cases, motor vehicle accidents, and accident benefits. Karen works to gain her client's trust and ensure their comfort from the very first visit, and past clients have appreciated how her warm nature and sense of humour shed some light in a dark time in their lives.

With a deep interest in community involvement, Karen joined Spinal Cord Injury Ontario in 2013, and in June of 2021 was appointed to their Board of Directors. She has also volunteered with the Alzheimer's Society in both Kingston and Barrie, and with Lawyers Feed the Hungry.

Karen shares her two young children with her husband, a firefighter in Hamilton. When not practicing law, she tries to find moments of calm in her busy household by going for a run, spending time at the lake, or hitting the slopes.

Colleen MacDonald

Oatley Vigmond
151 Ferris Lane
Suite 200
Barrie, ON
L4M 6C1

T: 1-888-662-2481
E: cmacdonald@oatleyvigmond.com

Prior to joining Oatley Vigmond, Colleen worked as an analyst in the major claims unit of a large casualty insurer in the area of Statutory Accident Benefits. She's a member of the Insurance Institute of Ontario, the Ontario Insurance Adjuster's Association, as well as a board member of the Brain Injury Association of York Region. She has her Chartered Insurance Professional designation. Colleen has presented at various seminars and conferences relating to statutory accident benefits, catastrophic impairment, traumatic brain injury and spinal cord injury.

Dana Parsons

Wright Rehab
10 Metcalfe St. W
Suite B10
Strathroy, ON
N7G 3Z1

E: dana_parsons@wrightrehab.ca

Helen Leimonis

Innovative Occupational Therapy Services

E: helen@innovativeot.com

Helen Leimonis is a Registered Occupational Therapist and Ontario Certified Teacher who has been providing Occupational Therapy services since 2007. Helen graduated from the University of Toronto with an Honours Bachelor of Science degree in Neuroscience and Biological Sciences. She graduated from the University of Western Ontario with a Master of Science in Occupational Therapy. She is a member in good standing with the College of Occupational Therapists of Ontario (COTO), the Canadian Association of Occupational Therapy (CAOT), and the Ontario College of Teachers.

Helen places a strong emphasis on evidenced-based practice and continuing education. She has completed courses as per the Brock University Certificate Training Program, through the Ontario Brain Injury Association. Helen's passion has always been researching and developing cognitive remedial and compensatory treatment modalities and establishing assessment tools to assist clients, physicians, and team members with understanding traumatic brain injury and its impact on function. Her main focus has been on understanding the long-standing effects of concussion and the impact on daily function and social relationships (particularly with familial relationships and friendships).

Arising from her concern for individuals with traumatic brain injury (TBI), Helen has spent the past several years of her career educating clinicians on approaching TBI with a holistic lens. Having completed the AMA Guides to the Evaluation of Permanent Impairment Certification Course, the Certification in Catastrophic Impairment Evaluation (C-CAT) Course, and the Canadian Certified Life Care Planner courses offered through University of Florida, Helen is knowledgeable in thoroughly assessing severity of dysfunction and establishing the long-term care needs.

By utilizing this extensive training and commitment to client care, as a Case Manager, Helen supports clients through a collaborative approach involving establishing client goals, valuing client feedback, and assisting with implementing a strong and effective treatment team. She is experienced in working with clients who have sustained traumatic brain injury, amputation,

spinal cord injury, psychological impairment, and serious orthopaedic injuries. She implements a creative approach to care to support recovery and strongly advocates for clients and families.

Helen has been actively providing services to clients of Innovative Occupational Therapy Services for approximately seven years. In her role at Innovative Occupational Therapy Services, she develops training and mentorship programs for fellow clinicians. Helen has co-founded Critical Trauma Therapy which has a specialized focus in providing Psychotherapy and Social Work Services to individuals who seek to improve their quality of life and learn effective strategies to manage any health issue, inclusive of brain injury. Critical Trauma Therapy additionally has a focus on supporting nutritional needs from an ABI perspective. Helen has co-founded The MomMe Clinic in 2023, to better support the paediatric population, supporting complex conditions/impairments inclusive of acquired brain injury and cognitive dysfunction. The MomMe Clinic is multi-disciplinary medical centre for children and families.

HOW TO IMPROVE CHANCES FOR TREATMENT PLAN APPROVALS

BY:
HELEN LEIMONIS

INNOVATIVE OCCUPATIONAL THERAPY SERVICES

TOPIC #1: DENIAL OF TRAVEL TIME

- Travel = GAP code
  - Developed by Insurance Bureau of Canada in conjunction with insurers to cover those items billed to insurers by providers that are not covered by the Canadian Classification of Health Interventions
  - As per HCAI AXXTT (Travel Time) = PROVIDER TO TREATMENT

But we are seeing insurers deny travel which in turn results in promoting virtual care.

TOPIC #1: DENIAL OF TRAVEL TIME

1) **Clinicians need to be proactive when submitting treatment plans**
   - Highlight why in-home assessment and treatment is of benefit to client
   - Travel is NOT solely for in-home visits - community re-engagement
   - Travel time needs to be reasonable

2) **Adjusters benefit from education**
   - Barriers to virtual service provision
   - Risks of indirect/ virtual care
   - Expectation for direct assessment (IEs)

TOPIC #1: DENIAL OF TRAVEL TIME

TOPIC #1: DENIAL OF TRAVEL TIME

TOPIC #1: DENIAL OF TRAVEL TIME

3) Explain cost-effectiveness

When travel time is denied, it makes it difficult for a clinician to:

- Appropriately assess an environment (measurements, devices)
- Teach strategies and support client in practicing the strategies safely (ex./ transfers)
- Assist the client to return to pre-MVA function (resumption of ADLs, IADLs -best to practice in home and community environments)
- Monitor social dynamics and interactions and provide support
- Build rapport, poor tolerances– require MORE sessions when virtual
- Client engagement, in part reliant on access to technology (laptop, internet)

TOPIC #1: DENIAL OF TRAVEL TIME

4) **Offer a compromise**

- If the insurer continues to deny travel time DISCUSS offering a hybrid model of care of virtual and direct
- Clinician to document client's engagement, performance, and effectiveness of treatment in progress report.

VIRTUAL VS. IN-PERSON DELIVERY OF SW & PSYCHOTHERAPY

Main Shortfalls of Virtual Services:

- Zoom can be deceiving
- Cannot observe or assess behaviour and family/ social dynamics
- Privacy
- Risk assessments/ suicidal ideation (also a MAJOR issue when treatment time is restricted)
- Internet failure or lack of access (homelessness, shelter)
- Exposure based therapy??
- Community re-integration hindered

Other consideration: Clinic vs in-home intervention (mask issues, cannot see BIG picture, most clinics setup to be accessible)

TOPIC #2: INDIRECT CLINICAL TIME DENIED

Recent LAT!

H.R. v. Intact Insurance Company (June 13, 2023)

- I agree with the applicant that brokerage fees encompass not simply communications between the OT and the case manager, but also with other team members.
- I find that the remaining amount of $419.72 for documentation support activity, is reasonable and necessary. The applicant relies on a letter from the OT's service coordinator, noting that such documentation expenses relate to a detailed progress report, that is completed after six sessions and is based on industry standards and regulatory guidelines for OT's.

- Ulana Pahuta

TOPIC #2: INDIRECT CLINICAL TIME DENIED

HCAI TREATMENT CODES

7SF15: Brokerage, Includes telephone advice, health advice, delegation of clinical support activities on client's behalf, determination of service needs, case management, monitoring of third party administered therapy, client referral. May involve initiating or maintaining a collaborative process to assess, plan, implement, coordinate, monitor and/or evaluate the options and services required to meet a client's health care needs. May involve initiating or maintaining a collaborative process to assess, plan, implement, coordinate, monitor and/or evaluate the options and services required to meet a client's health care needs. Includes advice, telephone, advisory, health, delegation of clinical support activities on client's behalf, determination of service needs, follow up, case management, monitoring third party administered therapy.

7SF12: Planning, Includes team conference, care planning, discharge planning, activity programming

7SF13: Preparation, Includes health intervention preparation

7SJ30: Documentation, Documentation, support activity

These are NOT administrative codes

OSOT position statement

TOPIC #2: INDIRECT CLINICAL TIME DENIED

1) **Clinicians need to be proactive when submitting treatment plans**
   - College requirement (Standards of Practice)
   - Ineffective treatment – need to be prepared
   - Collaboration with other team members
   - "Behind the scenes" file management - referrals, med brief review, coordination, etc.
   - RSW supervision/ supervision of unregulated professionals (PSW – Form 1)
2) **Adjusters benefit from education**
   - Appropriate medical reasoning for denial of codes

TOPIC #2: INDIRECT CLINICAL TIME DENIED

3) Cost-effectiveness

- Need for more treatment sessions in absence of planning and prep time
- "Behind the scenes work" now done during treatment session (inefficient treatment sessions)
- With denial of these codes = delay in recovery as treatment time now used for preparation and planning and documentation

TOPIC #2: INDIRECT CLINICAL TIME DENIED

3) Case Example

- Insurer denied planning code = "Not reasonable or necessary"
- MD called OT out of concern re: client mismanagement of medication
- Outcome:

No Planning Time	**IF Planning Time Was Approved**
OT scheduled client visit to call MD - Utilized treatment session - Utilized travel time - Follow up with pharmacist during treatment session - = 3.5 hours of OT time, $349.13	OT call MD and sort issue, subsequently call pharmacy = 1.0 hours of OT time, $99.75

TOPIC #2: INDIRECT CLINICAL TIME DENIED

- In absence of planning time, OT cannot supervise RSW or PSW
- In absence of preparation time, clinicians do not have the ability to prepare for a session – results in inefficiencies and ineffectiveness
- In absence of brokerage time, clinicians cannot communicate with other team members OR clients between sessions – results in inefficiencies and ineffectiveness

TOPIC #2: INDIRECT CLINICAL TIME DENIED

Working with partial approval is not ideal. We demonstrate to the insurer we can support the client within the limitations of code denials.

As an industry, we need to be consistent in fighting back for clients and all taking the same approaches. This doesn't mean abandon the clients, it means supporting them in a limited capacity and outlining outlining in continual updates the shortfalls with concrete examples the impact to the client.

TOPIC #2: INDIRECT CLINICAL TIME DENIED

Strategies:

If educating the insurer fails, then try the following:

- Request longer duration treatment sessions
  - Explain on Tab 6 of HCAI that treatment session is inclusive of prep, planning, and documentation
- Denial response templates
- List RSW Supervision separately
- Explain in progress reports the impact of the code denials has had on client progress and treatment goal achievement
- Protected account (work with legal team – last resort)

TOPIC #3: SERVICE DENIAL (RSW, PSW)

1) **Clinicians need to be proactive when submitting treatment plans**
   - The supervising clinician should prepare a letter to the insurer outlining the risks of service absence
   - The supervising clinician should prepare a document outlining the SMART goals the RSW is going to work on with the client. Also indicate any barriers to recovery in the absence of support. Explain how the SMART goals will mitigate that.
   - Explain the cost-effectiveness of RSW services to compliment regulated professional in assisting with treatment goals
   - Explain risks of PSW/ Attendant Care denial (Fire)
   - Compromise? In Good Faith!

S.M.A.R.T.	Comments
Specific	Does your goal clearly and specifically state what you are trying to achieve? If your gal is particularly large or lofty, try breaking it down into smaller, specific SMART goals. What exactly will you accomplish?
Measurable	How will you (and others) know if progress is being made on achieving your goal? Can you quantify or put numbers to your outcome? How will you know when you have reached your goal?
Attainable	Is achieving your goal dependent on anyone else? Is it possible to reframe your goal so it only depends on you and not others? What factors may prevent you from accomplishing your goal? Is attaining this goal realistic with effort and commitment? Do you have the resources to achieve this goal/ If not., how will you get them?
Relevant	Why is achieving this goal important to you? What values in your life does this goal reflect? What effect will achieving your goal have on your life or on others? Why is goal attainment important to you? Hone in on why it matters?
Time-bound	When will you reach your/this goal? Again, if your goal is particularly large, try breaking it down into smaller goals with appropriate incremental deadlines.

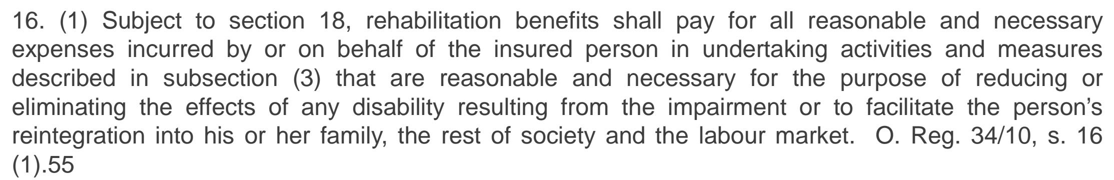
This is another means to educate the adjuster!

TOPIC #3: SERVICE DENIAL (RSW, PSW)

TOPIC #4: RATES

- Not updated since 2014!!!!!
  - Market rate is now significantly higher than FSRA rates
  - Clinical exodus
- The unregulated ARE regulated (psychotherapists, SW, dietitians, naturopaths)
  - Not with the times of interdisciplinary care to holistically assist client
- LAT decisions

Regarding psychotherapy services as per the License Appeal Tribunal decisions released on June 24, 2019 *(18-007991, J.V. and Intact Insurance Company)*, and January 30, 2020 *(18-012238, A. S. and Aviva Insurance Company)*, it was concluded that registered psychotherapists, acting within their scope and expertise, ought to be entitled to the same rate as otherwise afforded to a psychologist or a psychological associate. As such the rate for psychotherapy services, in accordance with the FSCO Fee Guidelines is $149.61 for non-catastrophic designation and $179.29 for catastrophic designation



16. (1) Subject to section 18, rehabilitation benefits shall pay for all reasonable and necessary expenses incurred by or on behalf of the insured person in undertaking activities and measures described in subsection (3) that are reasonable and necessary for the purpose of reducing or eliminating the effects of any disability resulting from the impairment or to facilitate the person's reintegration into his or her family, the rest of society and the labour market. O. Reg. 34/10, s. 16 (1).55

HOW TO IMPROVE CHANCES FOR TREATMENT PLAN APPROVALS

BY:
HELEN LEIMONIS

INNOVATIVE OCCUPATIONAL THERAPY SERVICES

TOPIC #1: DENIAL OF TRAVEL TIME

- Travel = GAP code
  - Developed by Insurance Bureau of Canada in conjunction with insurers to cover those items billed to insurers by providers that are not covered by the Canadian Classification of Health Interventions
  - As per HCAI AXXTT (Travel Time) = PROVIDER TO TREATMENT

But we are seeing insurers deny travel which in turn results in promoting virtual care.

TOPIC #1: DENIAL OF TRAVEL TIME

1) **Clinicians need to be proactive when submitting treatment plans**
   - Highlight why in-home assessment and treatment is of benefit to client
   - Travel is NOT solely for in-home visits - community re-engagement
   - Travel time needs to be reasonable

2) **Adjusters benefit from education**
   - Barriers to virtual service provision
   - Risks of indirect/ virtual care
   - Expectation for direct assessment (IEs)

TOPIC #1: DENIAL OF TRAVEL TIME

TOPIC #1: DENIAL OF TRAVEL TIME

TOPIC #1: DENIAL OF TRAVEL TIME

3) Explain cost-effectiveness

When travel time is denied, it makes it difficult for a clinician to:

- Appropriately assess an environment (measurements, devices)
- Teach strategies and support client in practicing the strategies safely (ex./ transfers)
- Assist the client to return to pre-MVA function (resumption of ADLs, IADLs -best to practice in home and community environments)
- Monitor social dynamics and interactions and provide support
- Build rapport, poor tolerances– require MORE sessions when virtual
- Client engagement, in part reliant on access to technology (laptop, internet)

TOPIC #1: DENIAL OF TRAVEL TIME

4) **Offer a compromise**

- If the insurer continues to deny travel time DISCUSS offering a hybrid model of care of virtual and direct
- Clinician to document client's engagement, performance, and effectiveness of treatment in progress report.

VIRTUAL VS. IN-PERSON DELIVERY OF SW & PSYCHOTHERAPY

Main Shortfalls of Virtual Services:

- Zoom can be deceiving
- Cannot observe or assess behaviour and family/ social dynamics
- Privacy
- Risk assessments/ suicidal ideation (also a MAJOR issue when treatment time is restricted)
- Internet failure or lack of access (homelessness, shelter)
- Exposure based therapy??
- Community re-integration hindered

Other consideration: Clinic vs in-home intervention (mask issues, cannot see BIG picture, most clinics setup to be accessible)

TOPIC #2: INDIRECT CLINICAL TIME DENIED

Recent LAT!

H.R. v. Intact Insurance Company (June 13, 2023)

- I agree with the applicant that brokerage fees encompass not simply communications between the OT and the case manager, but also with other team members.
- I find that the remaining amount of $419.72 for documentation support activity, is reasonable and necessary. The applicant relies on a letter from the OT's service coordinator, noting that such documentation expenses relate to a detailed progress report, that is completed after six sessions and is based on industry standards and regulatory guidelines for OT's.

- Ulana Pahuta

TOPIC #2: INDIRECT CLINICAL TIME DENIED

HCAI TREATMENT CODES

7SF15: Brokerage, Includes telephone advice, health advice, delegation of clinical support activities on client's behalf, determination of service needs, case management, monitoring of third party administered therapy, client referral. May involve initiating or maintaining a collaborative process to assess, plan, implement, coordinate, monitor and/or evaluate the options and services required to meet a client's health care needs. May involve initiating or maintaining a collaborative process to assess, plan, implement, coordinate, monitor and/or evaluate the options and services required to meet a client's health care needs. Includes advice, telephone, advisory, health, delegation of clinical support activities on client's behalf, determination of service needs, follow up, case management, monitoring third party administered therapy.

7SF12: Planning, Includes team conference, care planning, discharge planning, activity programming

7SF13: Preparation, Includes health intervention preparation

7SJ30: Documentation, Documentation, support activity

These are NOT administrative codes

OSOT position statement

TOPIC #2: INDIRECT CLINICAL TIME DENIED

1) **Clinicians need to be proactive when submitting treatment plans**
   - College requirement (Standards of Practice)
   - Ineffective treatment – need to be prepared
   - Collaboration with other team members
   - “Behind the scenes” file management - referrals, med brief review, coordination, etc.
   - RSW supervision/ supervision of unregulated professionals (PSW – Form 1)

2) **Adjusters benefit from education**
   - Appropriate medical reasoning for denial of codes

TOPIC #2: INDIRECT CLINICAL TIME DENIED

3) Cost-effectiveness

- Need for more treatment sessions in absence of planning and prep time
- "Behind the scenes work" now done during treatment session (inefficient treatment sessions)
- With denial of these codes = delay in recovery as treatment time now used for preparation and planning and documentation

TOPIC #2: INDIRECT CLINICAL TIME DENIED

3) Case Example

- Insurer denied planning code = "Not reasonable or necessary"
- MD called OT out of concern re: client mismanagement of medication
- Outcome:

No Planning Time	IF Planning Time Was Approved
OT scheduled client visit to call MD - Utilized treatment session - Utilized travel time - Follow up with pharmacist during treatment session - = 3.5 hours of OT time, $349.13	OT call MD and sort issue, subsequently call pharmacy = 1.0 hours of OT time, $99.75

TOPIC #2: INDIRECT CLINICAL TIME DENIED

- In absence of planning time, OT cannot supervise RSW or PSW
- In absence of preparation time, clinicians do not have the ability to prepare for a session – results in inefficiencies and ineffectiveness
- In absence of brokerage time, clinicians cannot communicate with other team members OR clients between sessions – results in inefficiencies and ineffectiveness

TOPIC #2: INDIRECT CLINICAL TIME DENIED

Working with partial approval is not ideal. We demonstrate to the insurer we can support the client within the limitations of code denials.

As an industry, we need to be consistent in fighting back for clients and all taking the same approaches. This doesn't mean abandon the clients, it means supporting them in a limited capacity and outlining outlining in continual updates the shortfalls with concrete examples the impact to the client.

TOPIC #2: INDIRECT CLINICAL TIME DENIED

Strategies:

If educating the insurer fails, then try the following:

- Request longer duration treatment sessions
  - Explain on Tab 6 of HCAI that treatment session is inclusive of prep, planning, and documentation
- Denial response templates
- List RSW Supervision separately
- Explain in progress reports the impact of the code denials has had on client progress and treatment goal achievement
- Protected account (work with legal team – last resort)

TOPIC #3: SERVICE DENIAL (RSW, PSW)

1) **Clinicians need to be proactive when submitting treatment plans**
   - The supervising clinician should prepare a letter to the insurer outlining the risks of service absence
   - The supervising clinician should prepare a document outlining the SMART goals the RSW is going to work on with the client. Also indicate any barriers to recovery in the absence of support. Explain how the SMART goals will mitigate that.
   - Explain the cost-effectiveness of RSW services to compliment regulated professional in assisting with treatment goals
   - Explain risks of PSW/ Attendant Care denial (Fire)
   - Compromise? In Good Faith!

S.M.A.R.T.	Comments
Specific	Does your goal clearly and specifically state what you are trying to achieve? If your gal is particularly large or lofty, try breaking it down into smaller, specific SMART goals. What exactly will you accomplish?
Measurable	How will you (and others) know if progress is being made on achieving your goal? Can you quantify or put numbers to your outcome? How will you know when you have reached your goal?
Attainable	Is achieving your goal dependent on anyone else? Is it possible to reframe your goal so it only depends on you and not others? What factors may prevent you from accomplishing your goal? Is attaining this goal realistic with effort and commitment? Do you have the resources to achieve this goal/ If not., how will you get them?
Relevant	Why is achieving this goal important to you? What values in your life does this goal reflect? What effect will achieving your goal have on your life or on others? Why is goal attainment important to you? Hone in on why it matters?
Time-bound	When will you reach your/this goal? Again, if your goal is particularly large, try breaking it down into smaller goals with appropriate incremental deadlines.

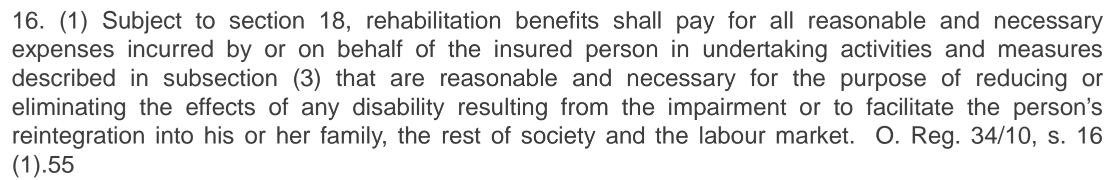
This is another means to educate the adjuster!

TOPIC #3: SERVICE DENIAL (RSW, PSW)

TOPIC #4: RATES

- Not updated since 2014!!!!!
  - Market rate is now significantly higher than FSRA rates
  - Clinical exodus
- The unregulated ARE regulated (psychotherapists, SW, dietitians, naturopaths)
  - Not with the times of interdisciplinary care to holistically assist client
- LAT decisions

Regarding psychotherapy services as per the License Appeal Tribunal decisions released on June 24, 2019 *(18-007991, J.V. and Intact Insurance Company)*, and January 30, 2020 *(18-012238, A. S. and Aviva Insurance Company)*, it was concluded that registered psychotherapists, acting within their scope and expertise, ought to be entitled to the same rate as otherwise afforded to a psychologist or a psychological associate. As such the rate for psychotherapy services, in accordance with the FSCO Fee Guidelines is $149.61 for non-catastrophic designation and $179.29 for catastrophic designation



16. (1) Subject to section 18, rehabilitation benefits shall pay for all reasonable and necessary expenses incurred by or on behalf of the insured person in undertaking activities and measures described in subsection (3) that are reasonable and necessary for the purpose of reducing or eliminating the effects of any disability resulting from the impairment or to facilitate the person's reintegration into his or her family, the rest of society and the labour market. O. Reg. 34/10, s. 16 (1).55