

Via email: consultation_secretariat@wsib.on.ca

April 26, 2024

WSIB's Consultation Secretariat
Workplace Safety & Insurance Board
200 Front Street West
Toronto ON M5V 3J1

**Re: Phase two - Independent living policy consultation
(Serious Injury Program value-for-money audit consultation)**

I am responding to the Board's **Phase Two - Independent Living Policy Consultation** (Serious Injury Program value-for-money audit consultation) on the Board's [website](#). I provided submissions for Phase 1 of this consultation on October 14, 2022 (attached at **Appendix A**). My input below is in keeping with my initial response to the Phase 1 consultation questions.

Criterion for Entitlement for the Independent Living Policies

I suggest that the Board continue to use the specific non-economic loss or permanent disability rating (60%-100% NEL) as a default criterion for **automatic consideration** to the benefits and services in the independent living policies. I agree that the Board can and should review any case below that threshold on its own merit as per the consultation paper as circumstances warrant. The threshold continues to be a suitable inclusionary criterion, but never excludes discretionary consideration.

Proposed revisions to 17-06-02, Independent Living Allowance

With respect to Board's bullet point (at **page 6**):

Pending technological feasibility, separate the single, annual lump sum into four monthly allowances, each with a specific purpose: 1) home maintenance, 2) transportation, 3) additional expenses for WSIB-approved modifications or devices, and 4) quality of life.

I question if this action would be the best way to meet the needs of the injured workers requiring the funds. This proposed change seems to add more layers of "red tape" to the provision of benefits to injured workers and may make it more difficult for a worker to access, track, anticipate and/or plan for their needs. It may provide better service to the injured worker to provide the funds on the injured worker's timeline. I do note that it would likely be beneficial for the Board to gather and track how the funds are used in all claims of this type so that over time the Board can better understand what type of services/items are needed to those in receipt of this benefit.

Proposed revisions to 17-06-05, Personal Care Allowance

With respect to Board's bullet point (at page 8):

Pending technological feasibility, people who qualify for the allowance will be assigned to one of five levels of care based on their ability to complete their activities of daily living. Each level of care will have its own flat monthly rate which will be indexed annually. Monthly amounts currently being paid will not be reduced.

If this proposed revision is meant to address the Board's noted concern that current "*three categories of attendant care, each with its own hourly rate, require complex calculations that may delay payments of the allowance*" (at **page 7**), I encourage the Board to consider ways to simplify and expedite the provision of these services when an injured worker is deemed entitled.

Thank you for the opportunity to provide these comments. Should you have any questions, please feel free to reach out at any time.

Sincerely,

A handwritten signature in blue ink, appearing to be 'L.A. Liversidge', written over a light blue circular stamp or watermark.

L.A. Liversidge

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Via email: consultation_secretariat@wsib.on.ca

October 14, 2022

WSIB's Consultation Secretariat
Workplace Safety & Insurance Board
200 Front Street West
Toronto ON M5V 3J1

Re: WSIB Serious Injury Program VFMA Consultation

We are responding to the Board's Serious Injury Program Value-for-Money Audit Consultation as outlined on the Board's [website](#). Please find below comment on each of the questions posed.

Questions for Stakeholders:

1. Does the severely impaired threshold continue to be a suitable criterion for considering entitlement to the benefits and services in the independent living policy suite?
 - A. *The severely impaired threshold removes much of the subjectivity from the decision-making process, which can be good. However, the Board does have the discretion to review a case on its own merit and make exceptions to the criterion, as per the consultation paper. Consequently, the threshold continues to be a suitable criterion.*
 2. Is someone's permanent impairment rating or expected permanent impairment rating a reliable indicator of the scope and duration of the benefits and services they are likely to need as a result of the work-related injury or illness?
 - A. *Yes, and it was likely meant to be that. In the event that it is not, the worker has the opportunity to provide the objective evidence to establish that it is not.*
 3. Does the severely impaired threshold result in people with serious injuries receiving the benefits and services they need as a result of the work-related injury or illness?
 - A. *Yes, it likely does in most cases. However, where the worker feels it does not, the decision maker has the discretion to review the case on its own merit and make exceptions to the criterion.*
 4. Identifying entitlement criteria for benefits and services supports consistent and predictable decision-making. Aside from the NEL and PD rating, are there other criteria or measures that would better indicate whether someone might need a particular benefit or service? For example, lack of independence with activities of daily living (ADLs), independence with instrumental activities of daily living (I-ADLs), combination of diagnosis and function, standardized tests or assessments.
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- A. *If more criteria are included, such as these, the decision making can be more precise and less subjective.*
5. Many of the benefits and services in the independent living policy suite contemplate long-term, permanent needs. Are there circumstances in which it would be beneficial to provide any of these benefits or services on a short-term or temporary basis?
- A. *Absolutely. Someone with a catastrophic injury may need significant assistance in the early stages of injury but no longer require it by maximum medical recovery (MMR). For instance, a stair lift or ramp may be required initially for a significant leg or hip injury but may no longer be required once MMR has been achieved.*
6. Immediately following a work-related injury or illness, treatment and recovery are the primary focus.
- a. At what point in a person's recovery should benefits and services to facilitate independent living be considered? Are there specific factors or indicators that should be considered?
- A. *Benefits and services to facilitate independent living should be considered at any point where the worker cannot manage independent living and does not have sufficient support and assistance at their own disposal. For instance, someone recovering from an injury that limits their mobility and they have no other person living in their household that can assist. Temporary benefits and assistance to facilitate independent living should always be considered.*
- b. At what point in a person's recovery should benefits and services to improve quality of life be considered? Are there specific factors or indicators that should be considered?
- A. *Permanent entitlement to such benefits and services should only be considered once MMR has been determined and the evidence supports that such benefits and services continue to be necessary.*
7. Are there benefits and services that should be provided immediately and reviewed as the injured person's needs change?
- A. *All benefits and services should be provided as required and not provided immediately without assessment.*
8. Are there benefits and services that should be provided only once it is clear what the injured person's long-term needs are/likely are?
- A. *If the Board provides what the injured worker needs to maximize recovery on a temporary basis, then their long-term needs should already be met. For instance, stair lift provided temporarily on the basis that it will be uninstalled and returned when no longer needed (this is done with motor vehicle insurance companies). If it is then determined that a service/benefit is required on a long-term basis then it's already there.*
9. Do universal benefit amounts (e.g., flat rate for the independent living allowance) continue to be appropriate for meeting the needs of people with serious injuries?
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A. *Likely no. Everyone's needs will not be the same. People who have no personal support likely will require more than those with personal support. Right now, the allowance is paid out in a lump sum and workers are not required to provide receipts to show how it is spent. If the WSIB had such receipts, it could see how the money is spent and whether it meets the individual's needs.*

10. Aside from the severely impaired threshold, do the other entitlement criteria in each of the individual policies in the independent living policy suite allow for the provision of benefits and services that align to the needs of those with severe/significant injuries?

A. *They likely allow for individualized review of the individual worker's need.*

Thank you for the opportunity to provide these comments. Should you have any questions, please feel free to reach out at any time.

Sincerely,



L.A. Liversidge