

Draft Regulations

Draft Regulation

Act to assist persons who are victims of criminal offences and to facilitate their recovery (chapter 13)

Application of the Act

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), that the Regulation respecting the application of the Act to assist persons who are victims of criminal offences and to facilitate their recovery (2021, chapter 13), appearing below, may be made by the Government on the expiry of 45 days following this publication.

The draft Regulation sets the conditions that must be met by a government department or body offering a service to provide assistance or support for persons who are victims of criminal offences in order to obtain a subsidy, and the contents of the service statement that a government department or body working with these persons must produce. The draft Regulation also specifies the conditions, the standards, the amounts and the terms of conditions applying to the financial assistance plan for persons who are victims provided for in the Act to assist persons who are victims of criminal offences and to facilitate their recovery (2021, chapter 13).

The draft Regulation will have a positive impact on vulnerable persons, and in particular on persons who are victims of spousal violence, persons without employment and students.

Further information on the draft Regulation may be obtained by contacting Catherine Geoffroy, Direction de l'aide aux victimes et des mesures d'accessibilité, Ministère de la Justice, 1, rue Notre-Dame Est, 3^e étage, Montréal (Québec) H2Y 1B6; telephone: 514 393-2721, extension 52682; fax: 418 643-9749; email: catherine.geoffroy@justice.gouv.qc.ca.

Any person wishing to comment on the draft Regulation is requested to submit written comments within the 45-day period to the Minister of Justice, 1200, route de l'Église, 9^e étage, Québec (Québec) G1V 4M1.

SIMON JOLIN-BARRETTE
Minister of Justice

Regulation respecting the application of the Act to assist persons who are victims of criminal offences and to facilitate their recovery

Act to assist persons who are victims of criminal offences and to facilitate their recovery (2021, chapter 13, ss. 9, 9.1, 14, 19, 26, 28, 30, 31, 32, 33, 34, 36, 38, 38.1, 40, 41, 46, 47, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 61, 63, 71, 75, 80.1 and 186).

CHAPTER I

SUPPORT FOR PERSONS WHO ARE VICTIMS

1. An application for a subsidy to maintain and develop services and programs for persons who are victims of criminal offences under the first paragraph of section 9 of the Act to assist persons who are victims of criminal offences and to facilitate their recovery (2021, chapter 13) must be filed in writing at the office dedicated to assisting persons who are victims of criminal offences. The application must contain, in particular, the following information and documents:

- (1) if the applicant is a natural person,
 - (a) the applicant's name, contact information and profession or occupation;
 - (b) the applicant's curriculum vitae;
 - (c) the name and contact information of the organization sponsoring the application;
 - (d) a letter from the organization sponsoring the application, confirming its sponsorship;
- (2) if the applicant is an organization,
 - (a) its name and the address of its head office;
 - (b) the name, contact information and profession of the natural person authorized to file the application;
 - (c) the names of the members of the board of directors, their functions and, if applicable, the group or association they represent within the organization;

(d) the number of meetings of the board of directors held in the twelve months preceding the application, the date of the last annual general meeting and the number of members present at that meeting;

(e) a short history of the organization, its objectives, its relations with bodies and resources in the community, its clientele and the area it serves;

(f) the administrative structure for the project, including an indication of the number of people receiving remuneration and the number of volunteers, and their respective functions in the completion of the project;

(g) at the Minister's request, a copy of the constituting act and general by-laws of the organization;

(h) a certified true copy of the resolution of the board of directors authorizing the filing of the application;

(i) a copy of the financial report for the last fiscal year, adopted at the last annual general meeting, and the name of the auditor;

(j) a copy of the last annual report adopted at the last annual general meeting.

2. An application for a subsidy to develop and maintain services and programs for persons who are victims of criminal offences, filed pursuant to the first paragraph of section 9 of the Act, must contain, in particular, the following information:

(1) the nature of the services that will be dispensed, depending on the needs of the persons who are victims of criminal offences, the target clientele, the area served and the activities that will be implemented using the subsidy;

(2) the budget forecast for the dispensation of services, including an estimate of future expenditure and revenue;

(3) the other applications for subsidies or financial assistance that the organization has filed, the amounts requested and, where applicable, the amounts received;

(4) the other sources of funding of the person or organization;

(5) in the case of new services, a plan for their implementation, including a description of the activities and timeframes for each activity;

(6) the administrative structure for the dispensation of services, including an indication of the number of people receiving remuneration and the number of volunteers, and their respective functions.

3. An application for a subsidy filed by any person or organization that promotes research on any matter pertaining to assistance, support or the defence of the rights of persons who are victims, or that promotes support for such persons, as well as the development and implementation of informational, awareness and training programs under the second paragraph of section 9 of the Act, must contain, in particular, the following information and documents:

(1) a description of the project;

(2) the target clientele for the project;

(3) a statement of the objectives of the project in terms of assistance for persons who are victims of criminal offences;

(4) the implementation plan for the project, including a description of the activities and timeframes for each activity, depending on its objectives;

(5) the budget for the project, including an estimate of future expenditure and revenue;

(6) the administrative structure for the project, including an indication of the number of people receiving remuneration and the number of volunteers, and their respective functions in the completion of the project;

(7) the other applications for subsidies or financial assistance that the person or organization has filed for the project, the amounts requested and, where applicable, the amounts received;

(8) the other sources of funding of the person or organization;

(9) the document expressing support for the project, where applicable.

4. The granting of the subsidy and the terms and conditions of payment must be recorded in a written agreement between the Minister and the applicant person or organization.

The applicant person or organization must undertake to use the subsidy only in pursuit of the objectives for which it is granted.

The applicant person or organization must also undertake to provide, not later than 30 June of the year following the year for which the subsidy is granted, or at any other time agreed with the Minister, the following documents:

(1) a report on the activities completed using the subsidy, including a breakdown showing how the amounts received were used;

(2) a financial report containing a balance sheet, a statement of income and expenditure, and a detailed statement of the use made of the subsidy;

(3) a copy of a document or materials resulting from the project, if any.

5. Any government department or body or any non-profit organization subsidized by the Government to the extent that because of one of its missions and usually it provides services for persons who are victims or whose activities cause it to intervene with such persons, must adopt the service statement provided for in section 9.1 of the Act.

6. A government department or organization referred to in section 5 must, in particular, indicate in its service statement

(1) its name and the address of its head office;

(2) a description of its mission;

(3) a description of the services it provides for persons who are victims;

(4) a list of its commitment towards persons who are victims;

(5) a description of its complaint mechanism, presenting

(a) the person responsible for receiving complaints;

(b) the procedure for filing a complaint;

(c) the right of a person who is a victim to be informed of the outcome of the complaint;

(d) the time needed to process a complaint.

7. Every government department or body referred to in section 9.1 of the Act must file with the Minister, not later than 30 June each year,

(1) its up-to-date service statement;

(2) a report containing, in particular,

(a) the number of complaints filed by persons who are victims concerning its services or activities;

(b) the nature of such complaints, divided into categories according to the rights set out in sections 3 to 6 of the Act;

(c) the outcome of the complaints, divided into categories of corrective measures, such as: provision of a new service, referral to another government department or body, and disciplinary measures;

(d) the changes made by the government department or the organization following such complaints, such as new training or a new structure.

CHAPTER II QUALIFICATION APPLICATIONS, APPLICATIONS FOR FINANCIAL ASSISTANCE, OTHER APPLICATIONS AND NOTICES

8. Every qualification application, every application for financial assistance, every other application and every notice to the Minister must be filed, unless otherwise indicated by the Minister or in this Regulation, using the form prescribed by the Minister, signed by the person who is a victim.

The application or notice is deemed to have been filed with the Minister on the date it is received.

9. A qualification application must contain, in particular, the following information and, where applicable, be accompanied by the following documents:

(1) the name, contact information, social insurance number and health insurance number of the applicant, if such numbers have been assigned;

(2) if the criminal offence was not committed against the applicant, the name of the person who was the victim and who suffered interference with their integrity, and the victim's connection with the applicant;

(3) in the case of a child who is a victim under 14 years of age or 14 years of age or over who does not file an application alone, the name and contact information of the parent, person having parental authority, tutor, director of youth protection having responsibility, or other person of full age who filed the application for the child;

(4) in the case of an incapable person, the name and contact information of the tutor, curator, or other person of full age who filed the application for the incapable person;

(5) the date and time or period and place of the commission of the criminal offence, and a description of the circumstances;

- (6) the names and addresses of witnesses, if any;
- (7) where applicable, the name of the institution where the person who is a victim was hospitalized or treated, and the name and address of the health professional who provided treatment;
- (8) the nature of the interference suffered;
- (9) the health assessment required by the Act;
- (10) the police force that drew up a report on the incident and the incident number, if known;
- (11) whether an application for compensation, benefits or another monetary advantage has been filed by the applicant in connection with the commission of the criminal offence under another public plan, even outside Québec and, where applicable, the amount received and the grounds on which it was awarded;
- (12) if the criminal offence was committed outside Québec, the documents showing the person who is a victim's Canadian citizenship or permanent resident status, registered Indian status under the Indian Act (Revised Statutes of Canada, 1985, chapter I-5), or refugee status within the meaning of the Geneva Convention as granted in Canada by the competent authority, and the fact that they were domiciled in Québec for at least 6 months when the offence was committed, along with a list of trips and states outside Québec, with their duration, made by them in the year preceding the commission of the offence;
- (13) a declaration and a document showing the income of the person who is a victim for the 12 months preceding the start of their incapacity to carry on their employment as observed by a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17;
- (14) the amount of any amount awarded or determined by agreement or compromise, received by the person who is a victim in a court action or right to such action for the same objects, same sequelae or same injuries as those targeted by the application, and a copy of the judgment, transaction or act terminating the litigation;
- (15) the amount of damages paid to the person who is a victim pursuant to section 738 of the Criminal Code (Revised Statutes of Canada, 1985, c. C-46);
- (16) if the application is filed after the expiry of the time prescribed for doing so, the reason for the delay;
- (17) a copy of the act of death or death certificate, where applicable.

10. An application for the re-assessment of the lump sum filed following a worsening of the sequelae of a person who is a victim must contain, in particular, the following information:

- (1) the name and contact information of the person who is a victim and of their representative, if any;
- (2) the file number of person who is a victim, as assigned by the Minister for the initial application;
- (3) a description of the worsening of the sequelae and the health assessment supporting the description.

11. An application for financial assistance aimed at contributing to the support needs of a child whose conception results from a sexual aggression must, in particular, contain the following information:

- (1) the name, contact information and social insurance number of the person filing the application;
- (2) the name of each child covered by the application;
- (3) a declaration that the person filing the application provides for the needs of the child or children concerned;
- (4) a description of the facts that justify the payment of the financial assistance.

12. A notice to the Minister concerning a change in situation that affects the qualification or entitlement to financial assistance of a person who is a victim or that may affect the amount of that assistance must contain

- (1) the name and contact information of the person who is a victim and their representative, if any;
- (2) the file number of the person who is a victim, as assigned by the Minister;
- (3) a description of the change in situation and, where applicable, any document attesting to that change.

13. A person who is a victim who has collected, following a court action or right to such action, an amount that is less than the amount that they could have obtained under the Act, may notify the Minister and request payment of the difference, providing a copy of the judgment, the transaction or the act terminating the litigation, and the documents showing the amount awarded and any amount incurred to obtain it.

14. An application for reimbursement under section 58 of the Act must be made using the form prescribed by the Minister. The application must contain, in particular, the following information and documents:

- (1) the name and contact information of the applicant and of their representative, if any;
- (2) the amount incurred by the applicant;
- (3) the name of the supplier;
- (4) a copy of the invoice;
- (5) the name and file number of the person who is a victim, as assigned by the Minister, or a description of the criminal offence and the date or period in which it was committed;
- (6) the amount reimbursed to the applicant after paying funeral expenses pursuant to the Act respecting the Québec Pension Plan (chapter R-9), if any;
- (7) a copy of the act of death or death certificate, if any.

15. A notice to the Minister concerning the choice made by a person who is a victim between the financial assistance provided for in the Act or the benefits provided for in the Automobile Insurance Act (chapter A-25) must, in particular, contain the following information:

- (1) the name and contact information of the person who is a victim and of their representative, if any;
- (2) the date of the event;
- (3) the file number of the person who is a victim, as assigned by the Minister, if any;
- (4) the plan chosen.

16. An application for the review of a decision of the Minister must be filed in writing and contain, in particular, the following information and documents:

- (1) the name and contact information of the person who is a victim and, where applicable, of their representative;
- (2) the date of the contested decision;
- (3) the object of the contested decision;
- (4) the detailed grounds for the contestation;
- (5) the documents or other elements that will be presented;

(6) if the application is filed after the time prescribed for doing so, the reasons for the delay.

17. Unless otherwise provided, a health assessment in support of an application for financial assistance filed under the Act must be performed by a health professional belonging to one of the following professional orders:

- (1) the Collège des médecins du Québec;
- (2) the Ordre des dentistes du Québec;
- (3) the Ordre des optométristes du Québec;
- (4) the Ordre des pharmaciens du Québec;
- (5) the Ordre des infirmières et infirmiers du Québec;
- (6) the Ordre des technologues en imagerie médicale, en radio-oncologie et en électrophysiologie médicale du Québec;
- (7) the Ordre des denturologistes du Québec;
- (8) the Ordre des opticiens d'ordonnance du Québec;
- (9) the Ordre des chiropraticiens du Québec;
- (10) the Ordre des audioprothésistes du Québec;
- (11) the Ordre des podiatres du Québec;
- (12) the Ordre des acupuncteurs du Québec;
- (13) the Ordre professionnel des diététistes du Québec;
- (14) the Ordre des travailleurs sociaux et des thérapistes conjugaux et familiaux du Québec;
- (15) the Ordre des psychologues du Québec;
- (16) the Ordre conseillers et conseillères d'orientation du Québec;
- (17) the Ordre des hygiénistes dentaires du Québec;
- (18) the Ordre des technologues en prothèses et appareils dentaires du Québec;
- (19) the Ordre des orthophonistes et audiologistes du Québec;
- (20) the Ordre professionnel de la physiothérapie du Québec;
- (21) the Ordre des ergothérapeutes du Québec;

(22) the Ordre des infirmières et infirmiers auxiliaires du Québec;

(23) the Ordre professionnel des technologistes médicaux du Québec;

(24) the Ordre professionnel des inhalothérapeutes du Québec;

(25) the Ordre des sages-femmes du Québec;

(26) the Ordre professionnel des sexologues du Québec.

A person legally exercising, outside Québec, the same profession as the members of one of the professional orders listed in the first paragraph may also provide such an assessment.

In this Regulation, a reference to a health professional is a reference to such a professional, to the extent that that professional is authorized to provide the service mentioned in the provision concerned.

CHAPTER III ESTABLISHMENT AND PAYMENT OF THE LUMP SUM

DIVISION I GENERAL

18. The lump sum is established

(1) in accordance with Division II, when the severity of the permanent functional or esthetic impairments affecting a person corresponds or is comparable to a situation described in one of the categories of severity set out in the Schedule of Permanent Functional and Esthetic Impairments in Schedule I;

(2) in accordance with Division III, when a person who is a victim has no permanent functional or esthetic impairment or when the severity of the sequelae is insufficient to entitle the victim to the lump sum determined in accordance with Division II;

(3) in accordance with Division IV when the person who is a victim dies.

19. A health assessment in support of an application for a lump sum must be submitted using the form prescribed for that purpose by the Minister, where applicable.

20. The health assessment in support of an application for a lump sum must, in particular, contain the following information:

(1) the name and contact information of the person who is a victim;

(2) the file number assigned by the Minister, if any;

(3) the date or period in which the criminal offence was committed;

(4) the contact information for the health professional who carries out the assessment;

(5) the supplier number assigned to the health professional by the Minister, if any;

(6) the diagnosis, the diagnostic impression or a description of the injury;

(7) the state of health of the person who is a victim at the end of the assessment;

(8) the degree to which the therapeutic objectives have been achieved and the progress made by the person who is a victim;

(9) any relevant antecedent concerning the impairment;

(10) any medication prescribed or any other therapeutic measure prescribed or required;

(11) any examination conducted;

(12) any functional limitation resulting from the injury;

(13) any esthetic change resulting from the injury;

(14) any permanent sequela resulting from the injury, including the nature and intensity of the injury.

21. A person who is a victim who wishes to receive the lump sum in 12 or 24 monthly instalments must notify the Minister in writing. This choice is final.

22. When a person who is a victim chooses to receive a lump sum in several instalments, the Minister pays interest on the amount from the day on which the Minister is notified of the choice. The interest rate applicable is the rate set pursuant to the second paragraph of section 28 of the Tax Administration Act (chapter A-6.002). The interest is capitalized daily and added to the lump sum.

DIVISION II**LUMP SUM IN THE EVENT OF PERMANENT SEQUELAE**

23. A functional or esthetic sequela is considered permanent when examinations and accepted medical knowledge do not point to any significant foreseeable improvement or deterioration in the condition of the person who is a victim in the short or medium term.

24. A health assessment in support of an application to obtain a lump sum in the event of permanent sequelae must establish the functional limitations, functional restrictions, and esthetic changes affecting the person who is a victim as well as the importance of these sequelae in relation to the situations described in the categories of severity provided in Schedule I. Deterioration that may occur in the long term must not be taken into consideration. In the event of such deterioration, a new evaluation will determine any increase in the impairment.

The evaluation of permanent sequelae must be performed in accordance with the guidelines provided in Schedule I and the result must be explainable by accepted medical knowledge supported by the objective findings found on clinical examination.

25. The category of severity of an esthetic or functional unit impairment is determined by the situation having the maximum impact among the situations that correspond to the result of the evaluation of the permanent sequelae.

When the evaluation of permanent sequelae reveals situations that are not described in any of the categories of severity, they are compared to similar situations listed therein whose severity is equivalent in terms of the after-effects experienced in daily life such as loss of enjoyment of life, mental suffering, pain, and other consequences.

Only one category of severity may be assigned for each unit impairment and the percentage corresponding to that category may only be awarded once.

26. Sequelae are assessed as follows:

(1) in the case of functional sequelae:

(a) Identify the functional units listed in Schedule I that are permanently impaired;

(b) Determine for each functional unit identified the category of severity that best represents the situation of the person who is a victim and the corresponding percent-

age. Any injury or illness that occurs subsequent to the commission of the criminal offence and that is unrelated thereto is not taken into consideration;

(c) If the case arises, determine a percentage for a bilateral impairment of the upper limbs:

i. Identify the right and left functional units that are permanently impaired. Only the functional units “Ability to Move and Maintain the Position of Upper Limbs” and “Manual Dexterity” are taken into consideration. There must be at least one permanent sequela that is related to the commission of the criminal offence and that is sufficiently serious to correspond to a category of severity;

ii. Determine for each functional unit identified the category of severity that best represents the situation of the person who is a victim and the corresponding percentage. Any functional unit impairments related to the commission of the criminal offence or present prior to it and sufficiently serious to correspond to a category of severity are taken into consideration. Any injury or illness that occurs subsequent to the commission of the criminal offence and that is unrelated thereto is not taken into consideration;

iii. Apply the following calculation method:

$$\begin{array}{rcccl} \text{Sum of the \% of the} & + & \text{Sum of the \% of the} & = & \text{Retained percentage} \\ \text{2 functional units} & & \text{2 functional units} & & \text{for a bilateral} \\ \text{on the left side} & & \text{on the right side} & & \text{impairment} \\ & & 8 & & \end{array}$$

The minimum is 0.5% and the maximum is the sum of the percentages of the 2 functional units on the least-impaired side. When the retained percentage includes decimals, only the first is kept.

When the decimal is between 1 and 4, it is increased to 5; when it is between 6 and 9, the result is rounded up to the next full percentage.

(d) In cases where the person who is a victim was impaired prior to the commission of the criminal offence:

i. Determine for each functional unit identified the category of severity that best represents the situation prior to the commission of the criminal offence and the corresponding percentage;

ii. Determine the percentage for the bilateral impairment to the upper limbs prior to the commission of the criminal offence.

In each case, the retained percentage in relation to the commission of the criminal offence is the difference between the percentage corresponding to the situation of

the person who is a victim as determined by the evaluation and the percentage corresponding to the situation prior to the commission of the criminal offence.

(2) In the event of esthetic impairments:

(a) Identify the esthetic units listed in Schedule I that are permanently impaired;

(b) Determine for each esthetic unit identified the category of severity that best represents the situation of the person who is a victim in relation to the commission of the criminal offence and the corresponding percentage.

In cases where several percentages have been calculated pursuant to this section, an overall percentage is determined using the following method:

(1) The highest percentage is applied to 100%:

$$[100\%] \times [\text{the highest } \%] = A\%;$$

(2) The second highest percentage is applied to the remainder, which is the difference between 100% and the highest:

$$[100\% - A\%] \times [\text{the second highest } \%] = B\%.$$

If the percentage obtained has more than two decimals, only the first two are retained and the second decimal is rounded up one unit when the third is greater than 4;

(3) The other percentages are applied in the same way to the successive remainders:

$$[100\% - (A\% + B\%)] \times [\text{the third highest } \%] = C\%$$

If the percentage obtained has more than two decimals, only the first two are retained and the second decimal is rounded up one unit when the third is greater than 4;

(4) The resulting percentages are then added up:

Overall % = A% + B% + C% + (...) When the result includes decimals, it is rounded up to the next full percentage.

27. The amount of the lump sum granted to a person who is a victim for all the sequelae resulting from their injuries is the amount obtained by multiplying the percentage determined pursuant to section 26 by \$258,947.

DIVISION III

LUMP SUM IN THE EVENT OF TEMPORARY INTERFERENCE WITH PHYSICAL OR MENTAL INTEGRITY

28. When a person who is a victim does not suffer any permanent functional or esthetic sequela or when the severity of the sequelae is insufficient to entitle the victim to a lump sum under Division II, the loss of enjoyment of life, pain, mental suffering or other unfavourable consequences that are temporary are assessed as follows:

(1) Identify the interferences with physical or mental integrity listed in Schedule II suffered by a person who is a victim because of the commission of a criminal offence, and determine their corresponding severity rating. For any interference not listed, assign the severity rating corresponding to a similar interference of equivalent severity;

(2) Determine the interference with the highest severity rating for each of the titles indicated in Schedule II;

(3) Add the square of the highest severity ratings among those previously identified up to a maximum of three ratings;

(4) Determine the category of severity using Table I.

The amount of the lump sum granted to a person who is a victim in the event of a temporary interference with physical or mental integrity is the amount indicated in Table I for the corresponding category of severity determined. Category of severity b is the minimum required for entitlement to financial assistance.

Table I

Result of addition	Category of severity	Amount of financial assistance
1 to 8	<i>a</i>	\$0
9 to 15	<i>b</i>	\$444
16 to 24	<i>c</i>	\$739
25 to 35	<i>d</i>	\$1,185
36 and over	<i>e</i>	\$1,480

DIVISION IV

LUMP SUM IN THE EVENT OF DEATH

29. The lump sum awarded in the event of the death of a person who is a victim comprises, where applicable, a lump sum awarded to the spouse, parents, children and dependants of that person, and a lump sum based on the foreseeable sequelae that the person would have suffered were it not for their death.

§§1. Lump sum for the spouse, parents, children and dependants

30. The lump sum awarded to the spouse, parents, children or dependants of a person who is a victim and who has died is calculated in accordance with this subdivision.

31. For the purposes of this subdivision, a person suffering from severe and prolonged physical or mental disability is considered to be disabled.

A disability is severe if the person is incapable regularly of holding an employment, performing work or assuming the functions of an occupation from which they derive an income; a disability is prolonged if it is likely to result in death or to be of indefinite duration.

32. The spouse of a person who is a victim on the date of the victim's death is entitled to a lump sum equal to the greater of

(1) the amount obtained by multiplying the gross income that would have been used in calculating financial assistance to compensate for the victim's loss of income by the factor in Schedule III opposite the age of the person who is a victim on the date of death; and

(2) \$73,846.

If the spouse was disabled on the date of death of the person who is a victim, the amount referred to in subparagraph 1 of the first paragraph is calculated using the factors in Schedule IV.

33. A child or dependant of a person who is a victim on the date of the victim's death, other than the spouse, is entitled to a lump sum in the amount listed in Schedule V opposite the age of the child or dependant on that date.

34. If the child or dependant referred to in section 33 is disabled on the date of the death of the person who is a victim, they are entitled to an additional lump sum of \$30,461.

35. If the person who is a victim has no spouse on the date of their death or a spouse who cannot obtain financial assistance under the Act, but the person who is a victim has a dependant who is a minor or a person of full age who is their child or a person for whom they acted as parent or a dependant within the meaning of the Act, they are entitled, in addition to the amount referred to in section 33 and, where applicable, the amount referred to in section 34, to an amount equal to the difference between the amount provided for in section 32 and the amount received under

section 33. If there is more than one person who is entitled to those amounts, the sum of the differences is divided equally among them.

36. If, on the date of death, the person who is a victim is a minor and has no children or dependants, the victim's parents are entitled to equal shares of a lump sum of \$59,189. If one of the two parents is deceased, has been deprived of parental authority, has abandoned the person who is a victim or otherwise cannot obtain financial assistance under the Act, the share of that parent accrues to the other parent. If both parents are deceased, the amount is paid to the succession of the person who is a victim, except where the property of the succession is to be taken by the State.

37. If, on the date of death, the person who is a victim is of full age and has no children or dependants and no spouse or if, even if the victim has a spouse or a child, the victim's parents provide for over 50% of the victim's needs, the victim's parents are entitled to equal shares of a lump sum of \$59,189. If one of the two parents is deceased, has been deprived of parental authority or has abandoned the person who is a victim while the person was a minor or otherwise cannot obtain financial assistance under the Act, the share of that parent accrues to the other parent. If both parents are deceased, the amount is paid to the succession of the person who is a victim, except where the property of the succession is to be taken by the State.

§§2. Lump sum established on the basis of the foreseeable sequelae that the person who is a victim would have suffered

38. In the event of the death of a person who is a victim by reason of the commission of a criminal offence, the lump sum established on the basis of the foreseeable sequelae that the victim would have suffered is determined

(1) in accordance with Division II when the victim dies more than 12 months after the commission of the criminal offence and permanent functional and esthetic sequelae sufficiently serious to correspond to a category of severity were medically foreseeable. Compensation is calculated on the basis of the impairments that the victim would have suffered on a permanent basis

(2) in accordance with Division III

(a) when the person who is a victim dies more than 24 hours after the commission of the criminal offence but within 12 months thereof;

(b) when the person who is a victim dies more than 12 months after the commission of the criminal offence and it was medically foreseeable that no permanent functional

or esthetic sequelae would have been suffered or that the severity of the sequelae would have been insufficient to give entitlement to a lump sum under Division II.

The lump sum is paid to the succession. However, it is not paid if the person who is a victim dies within 24 hours after the commission of the criminal offence.

CHAPTER IV

FINANCIAL ASSISTANCE COMPENSATING A LOSS OF INCOME AND FINANCIAL ASSISTANCE TO COMPENSATE FOR CERTAIN DISABILITIES

DIVISION I

FINANCIAL ASSISTANCE COMPENSATING A LOSS OF INCOME

39. A health assessment in connection with an application for financial assistance compensating a loss of income can be carried out only by a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17.

40. A health assessment in connection with an application for financial assistance compensating a loss of income must be made using the form prescribed by the Minister. It must, in particular, indicate

- (1) the name and contact information of the person who is a victim;
- (2) the file number assigned by the Minister, if any;
- (3) the date or period in which the criminal offence was committed;
- (4) the contact information of the professional who carries out the health assessment;
- (5) the supplier number assigned to the health professional by the Minister, if any;
- (6) the date of the meeting with the health professional;
- (7) an observation that the person who is a victim is unable to hold an employment, perform work or assume the functions of an occupation from which they derive an income, if applicable;
- (8) the interference that justifies the disability;
- (9) the symptoms that justify the disability;
- (10) the foreseeable duration of the disability;
- (11) any treatment prescribed.

41. An application for financial assistance compensating a loss of income must contain, in particular, a statement of the income of the person who is a victim for the 12 months preceding the start of the victim's incapacity to carry on their employment as observed by a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17.

42. The income referred to in subparagraph 4 of the first paragraph of section 38 of the Act is equal to the annual gross income determined on the basis of the minimum wage referred to in section 3 of the Regulation respecting labour standards (chapter N-1.1, r. 3) and the normal work week prescribed in section 52 of the Act respecting labour standards (chapter N-1.1), from which is subtracted an amount equivalent to the income tax established under the Taxation Act (chapter I-3) and the Income Tax Act (Revised Statutes of Canada, 1985, c. 1 (5th Suppl.)), the employee's premium payable under the Employment Insurance Act (Statutes of Canada, 1985, c. 23), the worker's premium established under the Act respecting parental insurance (chapter A-29.011) and the worker's contribution established under the Act respecting the Québec Pension Plan, calculated using the method determined in section 63 of the Act respecting industrial accidents and occupational diseases (chapter A-3.001), with the necessary modifications.

For the purposes of the deductions referred to in the first paragraph, consideration is given to whether or not the person, on the date of the application, has a spouse or dependants and of the number of such dependants, where applicable.

43. The maximum amount of the gross income established for the purposes of the calculation provided for in the second paragraph of section 40 of the Act is, from 1 January each year, the Maximum Yearly Insurable Earnings applied by the Commission des normes, de l'équité, de la santé et de la sécurité du travail for the year concerned, established pursuant to section 66 of the Act respecting industrial accidents and occupational diseases.

44. The amount of the gross annual income used to establish financial assistance compensating a loss of income is indexed each year on the anniversary date of the start of the incapacity of the person who is a victim to carry on their employment.

45. In the case referred to in the second paragraph of section 44 of the Act, the person who is a victim may continue to receive the financial assistance compensating a loss of income, which is then reduced by an amount equal to the net income the person receives for that employment or occupation.

The period during which the person receives the assistance is included in the period provided for in section 42 of the Act.

DIVISION II FINANCIAL ASSISTANCE TO COMPENSATE FOR CERTAIN DISABILITIES

46. A health assessment in connection with an application for financial assistance to compensate for certain disabilities can be carried out only by a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17.

47. A health assessment in connection with an application for financial assistance to compensate for certain disabilities must be made using the form prescribed by the Minister. It must, in particular, indicate

- (1) the name and contact information of the person who is a victim;
- (2) the file number assigned by the Minister, if any;
- (3) the date or the period in which the criminal offence was committed;
- (4) the contact information of the health professional who carries out the assessment;
- (5) the supplier number assigned to the health professional by the Minister, if any;
- (6) the date of the meeting with the health professional;
- (7) an observation of the incapacity of the person who is a victim to carry on most of the person's usual activities;
- (8) the interference that justifies the disability;
- (9) the symptoms that justify the disability;
- (10) the foreseeable duration of the disability;
- (11) any treatment prescribed.

48. For the purposes of this Division, usual activities are the activities that allow a person who is a victim to see to their own feeding, personal hygiene, dressing and travel. They include any activity other than holding an employment, performing work or assuming the functions of an occupation from which they derive an income that the person accomplished before the commission of the criminal offence.

49. Unless otherwise indicated, the amount of the gross income used to establish financial assistance to compensate for certain disabilities is equal to the annual gross income determined on the basis of the minimum wage referred to in section 3 of the Regulation respecting labour standards (chapter N-1.1, r. 3) and the normal work week prescribed in section 52 of the Act respecting labour standards, from which is subtracted an amount equivalent to the income tax established under the Taxation Act and the Income Tax Act (Revised Statutes of Canada, 1985, c. 1 (5th Suppl.)), the employee's premium payable under the Employment Insurance Act (Statutes of Canada, 1985, c. 23), the worker's premium established under the Act respecting parental insurance and the worker's contribution established under the Act respecting the Québec Pension Plan, calculated using the method determined in section 63 of the Act respecting industrial accidents and occupational diseases, with the necessary modifications.

For the purposes of the deductions referred to in the first paragraph, consideration is given to whether or not the person, on the date of the application, has a spouse or dependants and of the number of such dependants, where applicable.

The person who is a victim may however demonstrate earning a gross income higher than the earning established under the first paragraph during the 12 months preceding the disability. Employment insurance benefits, salary insurance benefits, parental insurance benefits or income replacement indemnities from the Commission des normes, de l'équité, de la santé et de la sécurité du travail or the Société de l'assurance automobile du Québec or any other benefit or indemnity compensating a loss of income during that period may be taken into consideration to establish that income.

50. The amount of the gross annual income used to establish financial assistance to compensate for certain disabilities income is indexed each year on the anniversary date of the start of the incapacity of the person who is a victim to carry on most of the person's usual activities.

DIVISION III SPECIFIC CASES

51. The amount of financial assistance to compensate for certain disabilities paid to a minor without employment is \$35 per week.

52. Notwithstanding section 43, the amount of financial assistance compensating a loss of income paid to a minor holding an employment at the time of the health assessment is the greater of

(1) \$35 per week;

(2) 90% of the minor's net weekly income, calculated on the basis of the net income earned in the 12 months preceding the health assessment.

53. The amount of financial assistance to compensate for certain disabilities paid to a minor who is not a dependant of another person is 90% of the minimum income determined pursuant to section 49.

54. Notwithstanding section 43, the amount of financial assistance compensating a loss of income paid to a person who is held in custody, in detention or imprisoned at the time of the health assessment provided for in section 37 of the Act is 90% of the net income the person receives from holding an employment, performing work or assuming the functions of an occupation from which they derive an income in the facility concerned.

55. No financial assistance to compensate for certain disabilities is paid to a person who is a victim who, during the disability observed at a health assessment provided for in section 37.1 of the Act, is held in custody or in detention and has no employment, work or occupation providing an income in the facility where the person is held.

56. The payment of financial assistance under this Chapter is suspended when a person who is a victim benefitting from financial assistance is held in custody, in detention or imprisoned. The payment begins again on the day following the end of the detention or custody provided the person who is a victim is still entitled to it.

CHAPTER V FINANCIAL ASSISTANCE FOR PSYCHOTHERAPEUTIC OR PSYCHOSOCIAL REHABILITATION

57. Expenses incurred for psychotherapeutic or psychosocial rehabilitation services, dispensed by a health professional qualified to do so, other than a health professional referred to in paragraph 1 of section 17 covered by an agreement entered into under section 19 of the Health Insurance Act, aimed at eliminating or alleviating the mental difficulties resulting from the commission of a criminal offence experienced by a person who is a victim, are reimbursable.

The health professional must provide the Minister with a follow-up report on request.

58. The Minister reimburses the expenses incurred for psychotherapeutic or psychosocial rehabilitation services received following the commission of a criminal offence

on the conditions and for the amounts provided for in this Regulation, if justified by a health professional. Unless otherwise provided, the amounts include supplies and incidental costs related to such services.

In addition, any claim made to the Minister for such services must be accompanied by the justification of a health professional, if applicable. The health professional must keep the justification document in the file for the person who is a victim and provide it to the Minister on request.

59. Notwithstanding section 58, when the person is the victim of a criminal offence committed outside Québec, the Minister reimburses the cost of the psychotherapeutic or psychosocial rehabilitation services mentioned in Schedule VI that are received outside Québec, including supplies and incidental costs related to such services, on presentation of an attestation of their necessity by a health professional.

60. A health professional dispensing psychotherapeutic or psychosocial rehabilitation services must, at the Minister's request and using the form prescribed by the Minister, provide

(1) an initial report to determine the difficulties experienced by the person who is a victim due to the criminal offence;

(2) a progress report describing the progress of the person who is a victim;

(3) a final report assessing the state of the symptoms of the person who is a victim at the end of the assessment.

The reports must be filed within 15 days of the request.

61. The following persons are entitled to the reimbursement of an unlimited number of psychotherapy and psychosocial monitoring sessions, for as long as the assistance is required and justified:

(1) a person who has suffered interference with their integrity due to the commission of a criminal offence against them;

(2) the parent of, or the person having parental authority over, a child who dies following the commission of a criminal offence against the child;

(3) a witness to the commission of a criminal offence or to the intact scene of an offence after it is committed;

(4) an intervening person who suffers interference with their integrity while arresting or attempting to arrest an offender or suspected offender or while assisting a peace officer making or attempting to make an arrest, where the circumstances of the arrest involve a criminal offence;

(5) an intervening person who suffers interference with their integrity while preventing or attempting to prevent the commission of a criminal offence or what the person believes to be such an offence or while lending assistance to a peace officer preventing or attempting to prevent the commission of such an offence or what the peace officer believes to be such an offence;

(6) the parent of, or the person having parental authority over, a child who dies in a case where the child is an intervening person referred to in subparagraph 1 or 2 of the first paragraph of section 11 of the Act.

The Minister may require health assessment reports before reimbursing costs for such sessions.

62. The following persons are entitled to the reimbursement of a maximum of 30 psychotherapy or psychosocial sessions, including sessions granted for an immediate need pursuant to section 190:

(1) a parent of, or holder of parental authority over, a child who suffers interference with their integrity due to the commission of a criminal offence against that child;

(2) a child whose parent, or a person having parental authority, dies or suffers interference with their integrity due to the commission of a criminal offence against that parent or person;

(3) the spouse of a person who dies or suffers interference with their integrity due to the commission of a criminal offence against that person;

(4) the dependant of a person who dies or suffers interference with their integrity due to the commission of a criminal offence against that person;

(5) a close relation of a person who is a victim and who dies due to the commission of a criminal offence; however, in the case of a significant person, a maximum of seven sessions applies; seven further sessions may be granted by the Minister on presentation of supporting documents;

(6) a close relation of a person who is a victim and suffers interference with their integrity due to the commission of a criminal offence; however, if the person who is a victim has designated more than one significant person, a maximum of 30 sessions is shared between them;

(7) the parent of, or the person having parental authority over, a child who suffers interference with their integrity where the child is an intervening person referred to in subparagraph 1 or 2 of the first paragraph of section 11 of the Act;

(8) the child of a parent or a person having parental authority who dies or suffers interference with their integrity where the parent or the person having parental authority is an intervening person referred to in subparagraph 1 or 2 of the first paragraph of section 11 of the Act;

(9) the spouse of a person who dies or suffers interference with their integrity while acting as an intervening person referred to in subparagraph 1 or 2 of the first paragraph of section 11 of the Act;

(10) the dependant of a person who dies or suffers interference with their integrity while acting as an intervening person referred to in subparagraph 1 or 2 of the first paragraph of section 11 of the Act;

(11) a close relation of a person who dies or suffers interference with their integrity while acting as an intervening person referred to in subparagraph 1 or 2 of the first paragraph of section 11 of the Act; however, in the case of a significant person, a maximum of seven sessions applies; seven further sessions may be granted by the Minister on presentation of supporting documents.

63. A person who is a victim ceases to be entitled to the reimbursement of sessions

(1) when a health assessment by a health professional shows that the interference with physical or mental integrity that led to the psychotherapeutic or psychosocial monitoring has no link with the criminal offence;

(2) when a health assessment confirms the rehabilitation of the person who is a victim;

(3) when a health assessment shows that no further improvement in the condition of the person who is a victim is possible, or that the sessions are no longer the most appropriate treatment;

(4) when a health assessment confirms the sequelae of all injuries for which there is no possibility of significant improvement pursuant to section 33 of the Act or when the person who is a victim refuses or neglects to provide the assessment;

(5) when the person who is a victim refuses or neglects to cooperate in obtaining the recommended psychotherapeutic or psychosocial care;

(6) when the person who is a victim dies.

64. When a health assessment confirms that a person who is a victim who has ceased to be entitled to the reimbursement of sessions pursuant to section 63 is once again entitled to reimbursement, the person who is a victim is entitled, where applicable, to reimbursement up to the maximum number of sessions prescribed by section 62, when the person is subject to that section.

65. The costs of psychotherapeutic or psychosocial rehabilitation services are reimbursed on the basis of the rate provided for in Schedule VI.

66. Every report referred to in section 60 must be signed by the health professional and contain

(1) the name, telephone number and file number of the person who is the victim, as assigned by the Minister;

(2) the health professional's name and permit number, the telephone number and supplier number assigned to the health professional by the Minister;

(3) the date or period of the criminal offence;

(4) the interference with the integrity of the person who is a victim for which care is provided.

An initial assessment report must contain, in addition to the information provided for in the first paragraph,

(1) the date of the assessment meetings;

(2) the history of the case and relevant antecedents;

(3) the perception of the person who is a victim of the person's situation, in particular the capacity to return to work or resume usual activities, where applicable;

(4) the objectives sought;

(5) the findings of the assessment and the recommendations of the health professional; and

(6) the number and frequency of the meetings scheduled.

A progress report must contain, in addition to the information provided for in the first paragraph,

(1) the dates of the meetings held since the last report;

(2) any information relevant to the granting or maintenance of financial assistance;

(3) any relevant information allowing to assess the progress of the person who is a victim or any new element related to the person's situation and the recommendations for continuing treatment, if any; and

(4) the number and frequency of the meetings scheduled.

A final report must contain, in addition to the information provided for in the first paragraph,

(1) the dates of the meetings held since the last report;

(2) based on the objectives sought, the perception of the person who is a victim of the person's situation, in particular the capacity to return to work or resume usual activities, where applicable;

(3) the analysis and evaluation of the results in relation to the objectives sought; and

(4) the grounds justifying the end of the health professional's intervention.

Where the final report supports an application for a lump sum, it must comply with the rules provided for in Chapter III in addition to the rules provided for in this section.

CHAPTER VI FINANCIAL ASSISTANCE FOR PHYSICAL REHABILITATION

DIVISION I GENERAL

67. When a health assessment recommends physical rehabilitation, it must indicate the type of physical rehabilitation proposed and the physical or mental impairment for which rehabilitation is required.

68. Physical rehabilitation services dispensed by a health professional authorized to dispense such services are reimbursable with the Minister's prior approval.

69. For the selection of rehabilitation measures, the Minister reimburses the cost of the most economical appropriate solution from among those that allow the achievement of the target objective.

DIVISION II CARE, TREATMENT AND PROFESSIONAL SERVICES

§I. General

70. The care, treatment and professional services provided for in this Chapter are part of the physical rehabilitation measures to which a person who is a victim may be entitled when required due to the commission of a criminal offence.

In this Chapter,

“professional service” means an act performed by a health professional, other than care or treatment; (service professionnel)

“session” means a visit, with or without an appointment, to a health professional by a person who is a victim to receive care or treatment or to obtain an initial assessment, including home care and professional services according to the rate per session provided for in Schedule VI. (séance).

71. The Minister reimburses the cost of care, treatment and professional services received due to the commission of a criminal offence, in accordance with the conditions and amounts prescribed by this Regulation, if they are justified by a health professional. Unless otherwise provided, the reimbursement includes supplies and incidental costs related to the care, treatment and professional services.

In addition, every claim submitted to the Minister concerning such care, treatment and professional services must be accompanied by justification from a health professional, where applicable. The health professional must keep the document providing justification in the record of the person who is a victim and provide it to the Minister on request.

72. The account related to the costs provided for in this Chapter must be sent to the Minister within 180 days from the date of provision of the care, treatment or professional service, or from the performance of the act related to another cost. In the case of a report, the 180-day period begins to run from the date on which the report becomes exigible.

In this Regulation, “account” means an invoice, a bill of fees or a payment transaction by electronic link or other technological support.

73. When the person who is a victim is domiciled in Québec on in a border region, the Minister reimburses the following costs, provided that the Minister has first given authorization to the person who is a victim:

(1) the cost of the care, treatment and professional services received or costs incurred outside Québec that are mentioned in this Regulation, including related supplies and incidental costs, where applicable, up to the amounts provided for in this Regulation;

(2) the cost of the care, treatment and professional services received in a hospital centre and the services of a health professional received outside Québec, including related supplies and incidental costs, where applicable, on the basis of what similar care, treatment and services would cost under a public hospital insurance or health insurance plan in force in Québec.

In this Chapter, “border region” means a part of the territory of Québec comprised within 80 km of any point along the border with Ontario, New Brunswick or Newfoundland and Labrador.

74. Notwithstanding section 71, when a person is a victim of a criminal offence committed outside Québec, the Minister reimburses the cost of the care, treatment or professional services mentioned in Schedule VI that are received outside Québec, including any related supplies and incidental costs, on presentation of a physician’s attestation as to necessity.

75. The Minister reimburses the cost of the care or professional services determined in Schedule VI, up to the amounts provided for therein, if provided by a health professional who is a member of the professional order corresponding to the care, treatment or services prescribed. The health professional must also be duly authorized to practice and to perform the act billed and, where applicable, must hold a valid permit for that purpose.

76. The Minister reimburses the cost of sessions for nursing care and chiropractic and physiotherapy treatment provided in the home by a health professional at the rates provided for in Schedule VI, where the health professional referred to in subparagraphs 1 to 4 of the first paragraph of section 17 observes that it is impossible for the person who is a victim to travel because of the interference with integrity suffered and has previously prescribed such home care.

77. An amount indicated for a type of care or for a treatment includes the cost of the health worker’s travel costs, x-rays, the supplies used by the health worker, and incidental costs.

78. The first session with a health professional, even for an initial assessment, is reimbursed up to the amounts provided for in Schedule VI, or the amounts for a care or treatment session if no specific rate is provided for, except in the case of professional services in speech therapy.

No other amount is payable by the Minister for an initial assessment where the assessment goes beyond the first session with a health professional.

79. Where health professionals practise their profession as a group on the same premises, they must indicate on their accounts the same group number as that assigned to them by the Minister.

Those health professionals must send to the Minister, in writing, the name of each person in the group, the address to which payment must be sent, the name of the person designated to receive payment from the Minister, as well as any change in such information.

80. A health professional who practises alone must indicate on the accounts the services supplier number assigned by the Minister, if any.

§2. Special rules for physiotherapy and occupational therapy

81. For physiotherapy or occupational therapy care and treatment, the Minister reimburses the cost thereof up to a maximum of one care or treatment session per day and up to 3 care or treatment sessions per week, subject to a prescription to the contrary from a health professional.

82. Where an initial evaluation goes beyond the first session, and care or treatment is also provided at the same time, the initial evaluation must neither hinder the care or treatment, nor reduce the quality or duration thereof.

83. A physiotherapist, a physiotherapy technologist or an occupational therapist must keep a register indicating, for each session, the date, the professional act performed, either the initial evaluation or care or treatment, and the name of the health professional who met the person who is a victim.

The person who is a victim must sign the register at each session.

The register must be kept in the record kept by the health professional for as long as the health worker is required to keep the record. The register must be placed at the disposal of the Minister, on request.

A register kept on a medium based on information technology must comply with the Act to establish a legal framework for information technology (chapter C-1.1).

84. A physiotherapist, a physiotherapy technologist or an occupational therapist must send a first account to the Minister, using the form prescribed by the Minister, within 7 days of the first session. They must also use the authorized account form to claim an amount for care or treatment.

85. At the request of the Minister, a physiotherapist, a physiotherapy technologist or an occupational therapist must provide a report using the form prescribed by the Minister.

The report must be sent to the Minister within 15 days following the date of the Minister's request.

86. The Minister reimburses the cost of a session for care or treatment on the basis of the specific needs of the person who is a victim, even if the person who is a victim receives the care or treatment simultaneously with other persons.

87. Subject to an evaluation to the contrary from a health professional concerning the date on which treatment begins, the Minister reimburses only the cost of the occupational therapy sessions held from the sixth week following the date on which the criminal offence was committed and if the sessions are still justified on that date. The same applies to the reimbursement of the cost of an initial evaluation.

Notwithstanding the first paragraph, the Minister reimburses the cost of sessions held before that date at the rate provided for by the public plan if the prescription of the health profession pertains to one or more of the following impairments:

- (1) a hand or wrist injury;
- (2) a complex regional pain syndrome;
- (3) nerve damage to the upper limbs;
- (4) a burn.

§3. Special rules for audiology

88. Subject to a prescription to the contrary from a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17, the Minister reimburses, once every 30 months, the cost of an audiological

evaluation provided for in Schedule VII, at the rate prescribed in the Schedule and only if the evaluation is prescribed by a health professional.

The Minister also assumes the cost of an evaluation for audio prosthetics purposes, at the rate and on the conditions set out in Schedule VII, when no audiological evaluation has been performed on the person who is a victim in the 12 months preceding the application and if more than 12 months have elapsed since the purchase date of the hearing device indicated in the form prescribed by the Minister.

89. The cost of an audiological evaluation may be reimbursed by the Minister only if the audiologist has completed the form prescribed by the Minister.

The form must be sent to the Minister and to the health professional of the person who is a victim.

§4. Cost of surgery in a private clinic

90. The cost of surgery in a private clinic is reimbursable when the surgery

(1) must be performed in a private clinic rather than a public institution for medical reasons;

(2) is prescribed by a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17;

(3) has received prior authorization from the Minister.

The cost is reimbursed at the same rate as if paid under the Health Insurance Act (chapter A-29), Act respecting the Régie de l'assurance maladie du Québec (chapter R-5) or a regulation made under those Acts.

DIVISION III **PERSONAL HOME ASSISTANCE**

91. Personal home assistance may be reimbursed to persons who are victims who, due to the interference suffered to their dignity, are unable to care for themselves and to perform, without assistance, the household tasks that they would normally perform themselves, if such assistance is necessary for them to remain in or return to their home.

92. Personal home assistance includes payment of the cost of hiring a person to provide for the assistance and supervision needs of a person who is a victim.

That person may be the spouse of the person who is a victim.

93. Personal home assistance costs are not reimbursed when personal assistance services are provided by an institution referred to in the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5).

94. Assistance measures are intended to help persons who are victims to care for themselves and perform the household tasks they would normally perform had they not suffered interference with their integrity.

95. Supervision measures are intended to help persons who are victims to care for themselves during periods between the performance of their personal activities and household tasks, as defined in section 2.1 of Schedule VIII, when they have or are likely to have permanent neurological or mental sequelae and need assistance in accordance with the standards established in the form for evaluating the personal home assistance needs provided for in that Schedule.

96. Personal home assistance needs are evaluated taking into account the situation of the person who is a victim before the interference with their dignity, the changes resulting therefrom and its impact on the autonomy of the person who is a victim.

Those needs may be evaluated through consultations with the immediate family of the person who is a victim, the person's health professional and other resource persons.

That evaluation must be made in accordance with the standards provided for in this Regulation and by completing the evaluation form provided for in Schedule VIII and, in the case of a person who is a victim under 16 years of age, the evaluation grid provided for in Schedule IX.

97. The amount paid for personal home assistance is established on a monthly basis according to the evaluation grid provided for in Schedule VIII or Schedule IX and paid to the person who is a victim once every 2 weeks.

The monthly amount granted is the sum of the amount determined according to the table in section 2.3 of Schedule VIII for personal assistance needs and, where applicable, of the amount determined according to the table in section 3.3 of that Schedule for supervision needs to the extent that the amount established for assistance needs does not reach the maximum of \$1,823, including a maximum of \$713 for supervision.

98. Personal home assistance is re-assessed periodically to take into account changes in the state of health of the person who is a victim and the needs arising therefrom.

99. The re-assessment is carried out in accordance with the standards provided for in this Regulation and by completing the assessment grid provided for in Schedule VIII and, in the case of a person who is a victim under 16 years of age, the assessment grid provided for in Schedule IX.

100. The amount of personal home assistance is adjusted, following the re-assessment, from the first due date following the event giving rise to the adjustment.

101. Personal home assistance ceases when

(1) the person who is a victim is again able to care of themselves or to perform, without assistance, the household tasks they were unable to perform themselves by reason of the interference with integrity they suffered;

(2) the person who is a victim is lodged or hospitalized in a facility maintained by an institution governed by the Act respecting health services and social services (chapter S-4.2) or by the Act respecting health services and social services for Cree Native persons (chapter S-5); or

(3) the person who is a victim dies.

The amount of assistance ceases on the first due date following the event giving rise to the cessation.

DIVISION IV HOME ADAPTATION

102. A person who is a victim is eligible for financial assistance for home adaptations when

(1) they have suffered serious and permanent interference with their physical integrity as established by a health assessment;

(2) home adaptations constitute an appropriate solution to allow them to enter and leave freely and to use the goods and commodities in the home;

(3) they have provided to the Minister, at the person's expense, two estimates for the cost of the adaptations; and

(4) the adaptations have received prior authorization from the Minister.

103. Only adaptations made to the principal domicile of the person who is a victim are eligible.

104. The cost of the labour and materials needed for the home adaptations is reimbursable.

105. Financial assistance for home adaptations can only be granted to a person who is a victim at three-year intervals.

106. When home adaptations do not constitute an appropriate solution, the Minister may reimburse up to \$6,831 in relocation costs for

(1) the transportation of goods;

(2) the packing of goods that are necessary because of the interference with physical or mental integrity suffered by the person who is a victim;

(3) the sale or purchase of a residence.

Notwithstanding the first paragraph, the following relocation costs may also be reimbursed:

(1) the cost of storing goods for up to three months;

(2) the cost of transferring a telephone line or obtaining a private telephone number, with no maximum;

(3) installation costs, up to a maximum of \$300;

(4) the cost of connecting to the Hydro-Québec network;

(5) the rent paid to release a dwelling occupied by the person who is a victim, if another rental cost must be paid at the same time, for a maximum period of three months.

DIVISION V HOUSEKEEPING

107. A person who is a victim is eligible for financial assistance for housekeeping services when they are unable to perform routine maintenance work on the home that they would normally perform were it not for the interference with their integrity suffered, when

(1) their disability is established by a health assessment;

(2) they have provided to the Minister, at their expense, two estimates for the cost of the maintenance; and

(3) the financial assistance has received prior authorization from the Minister.

108. The costs that may be reimbursed are the labour costs for routine indoor and outdoor maintenance work on the building, up to an annual maximum of \$3,413.

DIVISION VI VEHICLE ADAPTATION

109. A person who is a victim is eligible for financial assistance to adapt a single vehicle when

(1) they have suffered serious and permanent interference with their physical integrity, as established by a health assessment;

(2) the adaptation of the vehicle constitutes an appropriate solution to allow them to get in and out of and to drive the vehicle independently;

(3) they have provided two estimates of the cost of the adaptation to the Minister;

(4) the adaptation has received prior authorization from the Minister.

110. The costs that may be reimbursed are

(1) the costs incurred for a professional assessment of the modifications needed and a mechanical check;

(2) the transportation and accommodation costs incurred in adapting the vehicle;

(3) the labour and equipment costs;

(4) the cost of transferring equipment to a replacement vehicle, except if it exceeds the cost of purchasing and installing new equipment;

(5) the extra annual insurance costs resulting from the adaptation of the vehicle;

(6) the cost of maintaining, repairing and replacing adapted and optional equipment authorized by the Minister after it deteriorates in normal use;

(7) the costs incurred for a driving course when recommended by the professional who conducted the functional assessment of the physical and mental ability of the person who is a victim to drive a road vehicle;

(8) the cost of acquiring a parking permit issued by the Société de l'assurance automobile du Québec.

The costs incurred in returning the previous vehicle to its initial state are not reimbursable.

111. Financial assistance for vehicle adaptations can only be granted at five-year intervals. At each new adaptation, the existing equipment must be recovered,

except if the cost of reinstalling it on the replacement vehicle exceeds the cost of purchasing and installing new equipment.

CHAPTER VII FINANCIAL ASSISTANCE FOR VOCATIONAL REINTEGRATION

DIVISION I GENERAL

112. A person who is a victim is eligible for financial assistance for vocational reintegration in any of the following situations:

(1) they held an employment, performed work or assumed the functions of an occupation from which they derived an income at the time of the health assessment attesting their disability or demonstrate the existence of an employment relationship in the 12 months preceding the assessment and are unable to resume the same type of employment because of the interference suffered;

(2) they are receiving employment insurance benefits and, because of the interference suffered, are unable to resume the same type of employment, work or occupation that made them eligible for the payment of employment insurance benefits;

(3) they must change their employment, work or occupation due to the consequences arising from the criminal offence that entitled them to the financial assistance provided for by the Act;

(4) their resumption of secondary-level or post-secondary-level education or reintegration in their employment, work or occupation is compromised due to the commission of the criminal offence;

(5) they must abandon their employment, work or occupation following a worsening of their condition due to the commission of the criminal offence.

DIVISION II EVALUATION OF VOCATIONAL POTENTIAL SERVICES

113. The amounts and expenses incurred to obtain evaluation of vocational potential services with the prior approval of the Minister may be reimbursed according to the rate provided for in Schedule VI.

DIVISION III**RESUMPTION OR BEGINNING OF NEW
SECONDARY-LEVEL OR POST- SECONDARY-
LEVEL EDUCATION OR VOCATIONAL TRAINING**

114. Tuition fees, including registration fees and program admission fees, and the costs incurred for the purchase of textbooks and compulsory supplies, for a resumption or the beginning of new secondary-level or post-secondary-level education or vocational training, may be reimbursed with the prior approval of the Minister for the most economical solution.

DIVISION IV**ADDITIONAL FINANCIAL ASSISTANCE
COMPENSATING A LOSS OF INCOME**

115. A person who is a victim who has received financial assistance compensating a loss of income and who receives financial assistance for vocational reintegration may benefit from additional financial assistance compensating a loss of income for a maximum period of two years. The person who is a victim is entitled to the additional financial assistance if

(1) a health assessment establishes that they have functional limitations preventing them from holding the employment, performing the work or assuming the functions of an occupation from which they derive an income that they had on the day on which their disability giving entitlement to financial assistance compensating a loss of income began, or that they have sequelae from the criminal offence they suffered that prevent them from resuming certain tasks of a professional nature;

(2) they are participating in a vocational reintegration activity.

The parent of, or the person having parental authority over, a child who has suffered interference with their integrity due to the commission of a criminal offence against that child cannot benefit from such additional financial assistance.

116. Additional financial assistance compensating a loss of income is paid in accordance with the rules in Division I of Chapter IV.

DIVISION V**ADAPTATION OF A WORK STATION OR OTHER
EQUIPMENT USED FOR WORK**

117. A person who is a victim who has a permanent sequela from the interference suffered with their physical or mental integrity is eligible for financial assistance to

adapt their work station if the adaptation allows them to hold an employment, perform work or assume the functions of an occupation from which they derive an income.

118. The cost of purchasing and installing the equipment needed to adapt the work station of the person who is a victim and the cost of assessing the necessary measures may be reimbursed.

119. The reimbursement must have prior approval from the Minister.

DIVISION VI**RELOCATION NEAR A NEW PLACE
OF EMPLOYMENT**

120. The costs incurred by a person who is a victim who recovers the ability to hold an employment, perform work or assume the functions of an occupation from which they derive an income may be reimbursed if they are necessary to allow them to

(1) explore a job market more than 50 kilometres from their domicile, if similar employment is not available within the same radius;

(2) relocate to a new domicile, if they obtain an employment or participate full-time in a vocational rehabilitation program more than 50 kilometres from their current domicile, if the distance between the two domiciles is at least 50 kilometres and if the new domicile is located less than 50 kilometres from their new place of employment or vocational rehabilitation.

121. The costs incurred by a person who is a victim who was a full-time student at the time of the commission of the criminal offence and who relocates to attend an institution adapted to their condition to continue their education may be reimbursed.

122. The costs incurred for a relocation, up to a maximum of \$6,831, are reimbursable if they relate to

(1) the transportation of goods;

(2) the packing of goods that are necessary because of the interference with physical or mental integrity suffered by the person who is a victim;

(3) the sale or purchase of a residence.

Notwithstanding the first paragraph, the following relocation costs may also be reimbursed:

(1) the cost of storing goods for up to three months;

(2) the cost of transferring a telephone line or obtaining a private telephone number, with no maximum;

(3) installation costs, up to a maximum of \$300;

(4) the cost of connecting to the Hydro-Québec network;

(5) the rent paid to release a dwelling occupied by the person who is a victim, if another rental cost must be paid at the same time, for a maximum period of three months.

With prior authorization from the Minister, the costs of a new relocation may be reimbursed when they are necessary to contribute to the vocational reintegration of the person who is a victim, on the same conditions.

CHAPTER VIII FINANCIAL ASSISTANCE FOR SOCIAL REINTEGRATION

DIVISION I GENERAL

123. The cost of services provided in connection with social reintegration, with the prior approval of the Minister, may be reimbursed.

124. A health assessment in support of a social reintegration measure must indicate the interference with physical or mental integrity or the sequela for which the measure is required.

DIVISION II RELOCATION

125. A person who is a victim is eligible for financial assistance for a relocation made necessary by the commission of a criminal offence in particular in the following cases:

(1) they fear for their safety;

(2) they must, because of the limitations resulting from the interference suffered with their physical or mental integrity, leave their principal residence to live in a place better adapted to their condition.

126. The costs involved in a relocation may be reimbursed up to a maximum of

\$6,831 where they relate to

(1) the transportation of goods;

(2) the packing of goods that are necessary because of the interference with physical or mental integrity suffered by the person who is a victim;

(3) the sale or purchase of a residence.

Notwithstanding the first paragraph, the following relocation costs may also be reimbursed:

(1) the cost of storing goods for up to three months;

(2) the cost of transferring a telephone line or obtaining a private telephone number, with no maximum;

(3) installation costs, up to a maximum of \$300;

(4) the cost of connecting to the Hydro-Québec network;

(5) the rent paid to release a dwelling occupied by the person who is a victim, if another rental cost must be paid at the same time, for a maximum period of three months.

With prior authorization from the Minister, the costs of a new relocation may be reimbursed when they are necessary to contribute to the social reintegration of the person who is a victim.

127. The costs incurred pursuant to article 1974.1 of the Civil Code of Québec to resiliate a residential lease are paid by the Minister up to a maximum of two months' rent, without exceeding \$1,127 per month.

DIVISION III PROTECTION OF A PERSON WHO IS A VICTIM

128. The costs incurred to ensure the protection of a person who is a victim may be reimbursed where they relate to the following measures:

(1) the purchase and installation of an alarm system, up to a maximum of \$1,000;

(2) the changing of locks;

(3) the purchase and installation of security bars and grilles, up to a maximum of \$150 per window or window-door;

(4) self-defence classes;

(5) a change of name;

(6) any other measure that is necessary to ensure protection.

DIVISION IV PROFESSIONAL PSYCHOSOCIAL INTERVENTION SERVICES

129. The costs incurred for professional psychosocial intervention services as part of social reintegration measures are reimbursed in accordance with the rules in Chapter V.

DIVISION V AT-HOME ASSISTANCE OR ASSISTANCE IN PERFORMING THE TASKS REQUIRED TO PROVIDE FOR THE NEEDS OF A PERSON WHO IS A VICTIM

130. The costs of services for at-home assistance or for assistance in performing the tasks required to provide for the needs of a person who is a victim, when incurred as part of social reintegration measures, are reimbursed in accordance with the rules in Chapter VI.

DIVISION VI HOUSEKEEPING

131. The costs of housekeeping services incurred as part of social reintegration measures are reimbursed in accordance with the rules in Chapter VI.

CHAPTER IX FINANCIAL ASSISTANCE FOR MEDICAL ASSISTANCE

DIVISION I GENERAL

132. The medications, other pharmaceutical products and technical aids provided for in this Chapter constitute the medical assistance to which a person who is a victim may be entitled where their condition requires such assistance due to the commission of a criminal offence.

In this Chapter,

“professional service” means an act performed by a health professional, other than care or treatment; (service professionnel)

“technical aid” means a visual aid, a communication device or another device or piece of equipment that compensates for a physical deficiency, and includes the repair or replacement of such an aid, device or piece of equipment.

133. The Minister reimburses the cost of medications, other pharmaceutical products and technical aids received in Québec in accordance with the conditions and amounts

prescribed by this Regulation, if they were prescribed by a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17 before they were received or before the cost was disbursed. Unless otherwise provided, the reimbursement includes supplies and incidental costs connected with the medications, pharmaceutical products and technical aids.

In addition, every claim submitted to the Minister concerning such medications, pharmaceutical products and technical aids must be accompanied by the prescription from a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17, if applicable. The health professional must keep the prescription in the record of the person who is a victim and provide it to the Minister on request.

134. The account relating to costs provided for in this Chapter must be sent to the Minister within 180 days from the date of supply of the medication, pharmaceutical product or technical aid or the date of the action connected with another cost.

135. Where the commission of a criminal offence occurs in Québec in a border region, the Minister reimburses the following costs, provided that the Minister has first given authorization to the person who is a victim:

(1) the cost of medications, pharmaceutical products and technical aids received or costs incurred outside Québec that are mentioned in this Regulation, including related supplies and incidental costs, where applicable, up to the amounts provided for in this Regulation;

(2) the cost of medications, pharmaceutical products and technical aids received in a hospital centre inside or outside Québec, including, where applicable, related supplies and incidental costs, on the basis of what similar medications, pharmaceutical products and technical aids would cost under a public hospital insurance or health insurance plan in force in Québec.

136. Notwithstanding section 133, when a person is a victim of a criminal offence committed outside Québec, the Minister reimburses the cost of the medications, pharmaceutical products and technical aids mentioned in Schedule VI that are received outside Québec, including any related supplies and incidental costs, on presentation of a physician’s attestation as to necessity.

Costs incurred to purchase medications outside Québec are reimbursed in accordance with the terms and conditions of Division II.

The Minister also reimburses the cost of technical aids and other costs up to the amounts and according to the terms and condition set out in Division III.

DIVISION II MEDICATIONS AND PHARMACEUTICAL PRODUCTS

§1. *General rules*

137. The Minister reimburses the costs incurred to purchase medications when they are prescribed by a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17.

Reimbursable medications are

(1) medications listed in the list of medications in Schedule 1 of the Regulation respecting the list of medications covered by the basic prescription drug insurance plan (chapter A-29.01, r. 3);

(2) the medications to which points 6.2 and 6.3 of that list apply.

138. The Minister reimburses the actual costs incurred for the purchase of pharmaceutical products.

139. The Minister reimburses the cost of medications and pharmaceutical products relating to sessions for nursing care and chiropractic and physiotherapy treatment provided in the home by a health professional at the rates listed in Schedule VI, where the health professional referred to in subparagraphs 1 to 4 of the first paragraph of section 17 observes that it is impossible for the person who is a victim to travel because of the interference with integrity suffered and has previously prescribed such home care.

In this Chapter, “session” means a visit, with or without an appointment, to a health professional by a person who is a victim to receive care or treatment or to obtain an initial evaluation, including home care and professional services according to the rate per session provided for in Schedule VI.

DIVISION III TECHNICAL AIDS AND OTHER COSTS

§1. *General rules*

140. The Minister reimburses the cost of leasing, purchasing or renewing a technical aid provided for in Schedule X, under the conditions and in accordance with the amounts set out in this Division and in that Schedule, where the technical aid is used in treating interference

with the physical or mental integrity of the person who is a victim or is necessary to palliate the temporary functional limitations resulting from the interference.

The Minister also reimburses the costs set out in Schedule X, under the conditions and in accordance with the amounts indicated in that Schedule.

141. Notwithstanding section 140, where the Health Insurance Act, the Act respecting the Régie de l'assurance maladie du Québec or a regulation made under those Acts provides for a cost for purchasing or renewing a technical aid having the same characteristics as a technical aid provided for in this Regulation, the Minister reimburses only the cost provided for in those Acts or regulations.

142. Where a technical aid estimated to cost \$300 or more is purchased or renewed, the person who is a victim must also provide the Minister with 2 estimates, except in the cases referred to in section 141 or 149.

143. Every adjustment, purchase or renewal of a technical aid estimated to cost \$150 or more must be previously authorized by the Minister, except in the case of the adjustment, purchase or renewal of an aid referred to in section 141 or 149.

144. The Minister reimburses only the cost of leasing a technical aid where Schedule X provides only for the leasing thereof.

145. In the case of canes, crutches, walkers and accessories therefor listed in Schedule X, the Minister reimburses the estimated leasing cost for the foreseeable consolidation period or the purchase cost if such cost is lower.

146. The Minister reimburses the cost of adjusting, repairing or renewing a technical aid except during the guarantee period, insofar as the aid is used in accordance with the manufacturer's instructions.

147. Where the estimated cost of repairing a technical aid exceeds 80% of the renewal cost, the Minister reimburses only the renewal cost.

§2. *Special rules for daily life aids*

148. The Minister reimburses the cost of purchasing or leasing, according to the case provided for in Schedule X, of a daily life aid where

(a) it has been prescribed by the health professional of the person who is a victim in accordance with section 133; or

(b) its use is recommended by an occupational therapist or a physiotherapist to whom the health professional referred the person who is a victim.

§3. *Special rules for certain therapeutic aids*

149. The Minister reimburses the cost of a transcutaneous nerve stimulator having the following characteristics:

- (1) 2 channels;
- (2) direct current;
- (3) biphasic square waves;
- (4) variable frequencies adjustable from 2 to 80 cycles per second;
- (5) impulses adjustable between 50 and 250 micro-seconds;
- (6) frequency modulator.

150. The Minister reimburses the cost of leasing a transcutaneous nerve stimulator only for the first 3 months of its use.

At the end of that period, the Minister reimburses the cost of purchasing such device, less the initial leasing cost where the medical prescription for the use of the device is renewed.

The cost of leasing, purchasing or renewing a transcutaneous nerve stimulator includes the accessories required for its use.

The accessories are wires, batteries, battery charger and either electrodes, gel and hypoallergenic adhesive tape, or self-adhesive rigid or flexible electrodes, where the health professional of the person who is a victim prescribes the use for such electrodes.

The cost of purchasing and renewing a transcutaneous nerve stimulator may not exceed \$590 plus, where applicable, the cost of self-adhesive rigid or flexible electrodes, up to \$400 for the first year.

151. The cost of renewing accessories of a transcutaneous nerve stimulator is assumed by the Minister up to the amounts provided for in paragraphs 1 and 2 or, where the health professional of the person who is a victim prescribes the use of self-adhesive rigid or flexible electrodes, paragraphs 2 and 3:

(1) \$180 per year for all of the following accessories:

- (a) 4 electrodes;
- (b) gel;
- (c) hypoallergenic adhesive tape;

(2) \$120 per year for all of the following accessories:

- (a) 2 pairs of wires;
- (b) batteries and battery charger;

(3) \$400 per year for self-adhesive rigid or flexible electrodes.

152. The Minister reimburses the cost of purchasing, adjusting, repairing and replacing a prosthesis or orthosis within the meaning of the Act respecting medical laboratories and organ and tissue conservation (chapter L-0.2), prescribed by a health professional and available from a supplier approved by the Régie de l'assurance maladie du Québec or, in the case of a supplier not established in Québec, recognized by the Minister.

In the case of a prosthesis or orthosis with characteristics identical to those of a prosthesis or orthosis covered by a program administered by the Régie de l'assurance maladie du Québec pursuant to the Health Insurance Act or the Act respecting the Régie de l'assurance maladie du Québec, the amount payable by the Minister is the amount determined under that program.

§4. *Hearing devices, accessories and other costs*

§§1. *General rules*

153. The Minister reimburses the purchase cost of a communication device referred to in Schedule VII where

(1) the person who is a victim has a prescription from a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17 recommending a speech therapy consultation; and

(2) the use of such a device is recommended by a speech therapist.

154. For the purposes of this subdivision, the conditions and payment limits are established on the basis of the date of purchase of the hearing device indicated on the form prescribed by the Minister.

155. The Minister reimburses, at the frequency determined in subdivision 2 of this subdivision, the cost of a hearing device that is not a continuous-wear hearing device, up to a maximum amount of \$700, if the hearing device is warranted for a minimum period of 2 years.

For the purposes of this Regulation, a hearing device covered by a program administered by the Régie de l'assurance maladie du Québec is deemed to be under warranty for that period.

156. The Minister reimburses the cost of a continuous-wear hearing device or a hearing device for an amount exceeding \$700 only when prior authorization for the purchase is given by the Minister.

The Minister authorizes the purchase of such a hearing device when it is demonstrated to the Minister that the condition of the person who is a victim prevents them from operating another type of hearing device or from having it suitably fitted.

To meet this condition, the person who is a victim must provide an attestation from a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17 who holds a specialist's certificate that is relevant to the condition of the person who is a victim.

The Minister reimburses a maximum amount of \$1,800 per year, but reimburses no other amount for goods and services relating to a continuous-wear hearing device.

The Minister reimburses a maximum amount equal to the manufacturer's cost for a hearing device other than a continuous-wear hearing device referred to in the first paragraph, at the frequency determined in subdivision 2 of this Division.

157. The Minister reimburses, at the frequency determined in subdivision 2 of this subdivision and up to the amount of \$150, the cost of purchasing a single remote control provided it is covered by a warranty with a minimum term of 30 months.

For the purposes of this Regulation, a remote control covered by a program administered by the Régie de l'assurance maladie du Québec is deemed to be warranted for the term indicated.

158. The Minister reimburses, up to a maximum amount of \$500, the cost of purchasing a CROS or BiCROS system if the Minister has previously authorized the purchase and if the system is covered by a warranty with a minimum term of 2 years.

The Minister authorizes the purchase of such a system when it is demonstrated to the Minister that the person who is a victim is affected by one of the following conditions:

(1) the specific anatomy of their ear does not allow the fitting of a hearing device;

(2) they are subject to recurrent infections that make fitting impossible;

(3) they suffer from significant discrimination loss in one ear because of a personal condition that makes fitting impossible;

(4) they suffer from total hearing loss in one ear.

To meet this condition, the person who is a victim provide an attestation from a health professional indicating that fitting is impossible in their case and that specifies the condition involved. In the case of the condition specified in subparagraph 3 or 4, the person who is a victim may provide an audiological evaluation to that effect instead of an attestation.

For the purposes of this Regulation, a CROS or BiCROS system covered by a program administered by the Régie de l'assurance maladie du Québec is deemed to be under warranty for the 2-year period.

159. When the Minister authorizes the purchase of a CROS or BiCROS system, the Minister reimburses the purchase cost of one hearing device only.

§§2. Replacement and repair of hearing devices and accessories

160. A person who is a victim may request that the Minister replace a hearing device whose cost has been reimbursed by the Minister if at least five years have elapsed from the date of purchase of the hearing device as indicated in the form prescribed by the Minister and if all warranties on the hearing device have expired.

The person must provide the following documents with their request:

(1) a prescription from a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17;

(2) an audiogram less than one year old, performed by an audiologist or a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17.

A person who is a victim who has a CROS or BiCROS system when their hearing device is replaced is entitled to the replacement of the system.

161. The Minister does not reimburse the cost of replacing a hearing device that is lost, destroyed or stolen or that was used in contravention of the manufacturer's instructions.

However, the Minister reimburses, on the conditions set out in this Regulation, the cost of adjusting, maintaining or repairing a hearing device acquired by a person who is a victim to replace a hearing device referred to in the first paragraph if the hearing device is compatible with the other hearing device for which the Minister assumed the cost, where applicable. In such a case, the person who is a victim must provide the Minister with a supporting document containing the following information:

- (1) proof of purchase of the prosthesis;
- (2) the date of purchase;
- (3) information about the brand and model of the device.

A hearing device purchased by a person who is a victim is deemed to be warranted for a period of two years following its date of purchase.

162. The Minister reimburses the cost of replacing a hearing device before the time indicated in section 160 has elapsed if the Minister has previously authorized the purchase and if

(1) the hearing condition of the person who is a victim shows a new neurosensory hearing loss of at least 20 dB HL at at least two frequencies between 500 Hz and 4 000 Hz in the same ear since the audiogram provided for in section 160 was made and if the adjustment of the hearing device cannot compensate for the hearing loss;

(2) the person who is a victim is affected by a new medical condition that prevents them from using their hearing device, even with the assistance of a remote control;

(3) the hearing device has deteriorated to the point where it can no longer be used, repaired or cleaned, in particular because of the acidic perspiration of the

person who is a victim or the excessive toxic vapours or pollution, such as dust, to which the hearing device is exposed; or

(4) the prosthesis was damaged due to the commission of the criminal offence.

In the case provided for in subparagraph 1 of the first paragraph, a written document from a hearing aid practitioner explaining why the prosthesis cannot be adjusted to compensate for the hearing condition of the person who is a victim and an attestation from a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17 or an audiological evaluation showing the hearing loss of the person who is a victim must be provided to the Minister.

In the case provided for in subparagraph 2 of the first paragraph, an attestation from a health professional referred to in one of subparagraphs 1 to 4 of the first paragraph of section 17 that specifies the condition that prevents the person who is a victim from using their hearing device must be provided to the Minister.

In the case provided for in subparagraph 3 of the first paragraph, a written document from a hearing aid practitioner explaining the deterioration of the prosthesis and the reason for the deterioration must be provided to the Minister. The hearing aid practitioner must keep the results of the electroacoustic examination and provide it to the Minister on request.

In the case provided for in subparagraph 4 of the first paragraph, the person who is a victim must explain, in writing, the circumstances in which the prosthesis was damaged, and the hearing aid practitioner must provide a written document showing that the manufacturer cannot repair the prosthesis.

When two hearing devices must be replaced in a case referred to in subparagraph 1, 3 or 4 of the first paragraph, a written document from a hearing aid practitioner or a hearing aid manufacturer explaining why both hearings aids need to be replaced must be provided to the Minister.

The application must be submitted using the form prescribed by the Minister.

163. The Minister reimburses the cost of replacing a remote control for a hearing device if it is used in accordance with the manufacturer's instructions and if the Minister has given prior authorization.

The Minister gives prior authorization if the warranty on the remote control has expired and if a written document from a hearing aid practitioner shows that it cannot be repaired.

The Minister also gives prior authorization if the hearing device of the person who is a victim has been replaced in accordance with section 160.

164. The Minister reimburses the cost of a hearing device or a CROS or BiCROS system repaired by the manufacturer, up to a maximum amount of

\$125, when the warranty has expired or when the breakage concerned is not covered by the warranty and provided that the repair, once completed, is warranted for a minimum period of one year.

165. The Minister reimburses the cost of having a remote control for a hearing device repaired by the manufacturer when

(1) the remote control is used in accordance with the manufacturer's instructions;

(2) the cost of the repair does not exceed 80% of the replacement cost;

(3) the warranty on the remote control has expired;

(4) the breakage is not covered by the warranty; and

(5) the repair is warranted for a minimum period of 30 months.

§§3. *Other costs*

166. The Minister reimburses the cost of maintenance and the cost of other accessories listed in Schedule VII up to the amounts and on the conditions set out in the Schedule.

167. The Minister reimburses the cost of services to have a hearing device remodelled by the manufacturer up to a maximum amount of \$175, when the warranty has expired and provided the remodelling is warranted for a minimum term of one year.

168. In the case of a temporary bilateral hearing loss, the Minister reimburses the cost of hiring the following auditive devices:

(1) telephone amplifiers;

(2) environmental sound control systems.

169. In the case of a temporary bilateral hearing loss, the Minister reimburses the cost of purchasing a tinnitus masker up to a maximum amount of \$80.

For the purposes of this section, a hearing device equipped with a tinnitus masking function or program is not a tinnitus masker.

The costs provided for in the first paragraph may not be reimbursed by the Minister for the adjustment of such a function or program when a hearing device is adjusted or fitted.

CHAPTER X

FINANCIAL ASSISTANCE AIMED AT CONTRIBUTING TO THE SUPPORT NEEDS OF A CHILD WHOSE CONCEPTION RESULTS FROM A SEXUAL AGGRESSION

170. A person who provides for the needs of a child whose conception results from a sexual aggression is entitled to the monthly payment of the following amounts:

(1) for one child, \$716.66;

(2) for two children, \$1,027.70;

(3) for three children, \$1,315.83;

(4) for four or more children, \$1,604.66.

171. The financial assistance provided for in this Chapter is granted if, when the application for assistance is filed, the child concerned is a minor or, if a full-time student, 25 years of age or under.

172. When several persons provide for the needs of a child whose conception results from a sexual aggression, the financial assistance provided for in this Chapter is divided between them.

173. The amount of assistance is paid on the first day of each month following the child's birth. It is paid retroactively if an application for financial assistance is filed after the child's first month of life.

174. The assistance ceases to be paid

(1) when the person providing for the child's needs ceases to do so;

(2) on the child's 18th birthday, if they are not a full-time student;

(3) on the child's 25th birthday, if they are a full-time student;

(4) when a child over the age of 18 ceases to be a full-time student;

(5) when the child dies.

However, when a person who has ceased to be entitled to a monthly payment under subparagraph 1 of the first paragraph begins once again to provide for the child's needs, the payment of assistance to that person resumes on the first day of the following months.

CHAPTER XI

FINANCIAL ASSISTANCE IN THE FORM OF A REIMBURSEMENT OF CERTAIN MISCELLANEOUS EXPENSES

DIVISION I

MISCELLANEOUS EXPENSES

175. Costs incurred for the cleaning, repair or replacement of clothing worn at the time of the commission of an offence and which was damaged as a result of that offence may be reimbursed to a person who is a victim, up to a maximum amount of \$300.

176. Costs incurred for the repair or replacement of a prosthesis or orthosis that is damaged due to the commission of a criminal offence may be reimbursed.

When the cost of the repair exceeds 80% of the replacement cost of the prosthesis or orthosis, the Minister reimburses only the replacement cost.

177. Costs incurred for an interpreter needed by a person who is a victim to communicate with the Minister, when the interpreter is a member of the Ordre professionnel des traducteurs, terminologues et interprètes agréés du Québec, may be reimbursed.

When such an interpreter is not available, the costs incurred for the services of another person able to provide the same service may be reimbursed, at the same rate.

178. A person who is a victim who, due to the commission of a criminal offence, has had to end their elementary, secondary or post-secondary education or vocational training is entitled to the reimbursement of the tuition fees paid for the missed session or year.

The tuition fees referred to in the first paragraph include registration fees and program admission fees, and the costs incurred for the purchase of compulsory educational supplies.

179. The funeral expenses provided for in section 58 of the Act may be reimbursed up to a maximum amount of \$5,633.

180. A person who is a victim whose application for review or contestation before the Administrative Tribunal of Québec is allowed and who has submitted

medical expert's written report in support of the application or contestation is entitled to the reimbursement of the cost of the report, in the following cases and up to the following amounts:

(1) for the fees and expenses of a physician, \$425;

(2) for the fees and expenses of an internist, neurologist or neurosurgeon, an additional \$115;

(3) for the fees and expenses of a psychiatrist, an additional \$325.

181. Notwithstanding section 153, an intervening person who has sustained material injury within the meaning of section 58 of the Act is entitled to a maximum reimbursement of \$1,000.

182. The eligible costs for cleaning the place in a private residence where criminal offence was committed are limited to a maximum of \$3,606.

DIVISION II

COSTS FOR THE TRANSPORTATION OF THE VICTIM'S REMAINS

183. The costs incurred for the transportation of the victim's remains that have not been reimbursed under another public plan may be reimbursed, for the most economic means of transport.

184. The costs eligible for reimbursement are the costs incurred to transport the remains from the place where the person who is a victim died, whether inside or outside Québec, to the embalming laboratory or funeral home nearest to the usual residence of the person who is a victim if they resided in Québec, or nearest any other place approved by the Minister.

185. A person who claims a reimbursement of costs for the transportation of the victim's remains must indicate the amount paid and declare if, to the best of their knowledge, they are the only person to have paid the costs. They must also indicate if they have received a reimbursement under another plan for the transportation.

186. Where more than one person has paid costs for the transportation of the victim's remains, the reimbursement is divided in proportion to the amount paid by each person.

The person who claims the reimbursement must indicate to the Minister the names of the other persons and the amount paid by each.

CHAPTER XII CRIMINAL OFFENCES COMMITTED OUTSIDE QUÉBEC

187. Subparagraph 1 of the first paragraph of section 63 of the Act also applies to

(1) a person with registered Indian status under the Indian Act (Revised Statutes of Canada, 1985, chapter I-5);

(2) a person with refugee status within the meaning of the Geneva Convention as granted in Canada by the competent authority.

188. The qualification application of a person who is a victim of a criminal offence committed outside Québec, and an application for financial assistance for such an offence, must mention the dates on which the person who is a victim arrived in and

departed from Québec in the year preceding the commission of the criminal offence.

189. For the purpose of calculating the 183-day period provided for in subparagraph 3 of the first paragraph of section 63 of the Act, the days that are not counted are the days during which the person who is a victim

(1) is registered as a student at an educational institution in or outside Québec while pursuing a program of studies outside Québec, for not more than 4 consecutive calendar years;

(2) is a full-time non-remunerated trainee at a university, at an institution affiliated with a university, at a research institute or with a government or international body or at an enterprise or agency affiliated with such an institute or body, for not more than 2 consecutive calendar years;

(3) is a public servant employed by the Québec government and is posted outside Québec;

(4) is residing temporarily in another province to hold temporary employment or carry out a contract in that province, for no more than 2 consecutive calendar years;

(5) holds employment or is performing a contract outside Québec on behalf of a partnership or legal person having its head office or a business establishment in Québec to whom they are directly accountable, or is a public servant employed by the Government of Canada and is posted outside Québec, while their family remains in Québec or where they maintain a dwelling in Québec;

(6) works abroad as an employee of a non-profit organization;

(7) in the cases provided for in paragraphs 2 to 7, is the spouse or a dependant accompanying a person during a stay outside Québec;

(8) stays outside Québec for 12 months or less during a calendar year, provided that such a stay occurs only once every 7 years;

(9) is carrying out a contract outside Québec as a self-employed worker and the person's business establishment is located in Québec;

(10) stays outside Québec to receive the care required by their physical or mental condition, on the written recommendation of a physician entered on the roll of the Ordre des médecins du Québec, for the duration indicated by the physician;

(11) is an adult providing constant care to a person whose autonomy is significantly reduced by reason of their physical or mental condition and must accompany that person outside Québec for the reason stated in paragraph 10;

(12) stays outside Québec for a period of not more than 6 months to accompany a person providing them with the constant care required by their physical or mental condition;

(13) stays outside Québec to participate in an employment-assistance measure or program;

(14) is retained outside Québec in a case of superior force for a period of not more than 6 months.

CHAPTER XIII POWERS AND DECISIONS OF THE MINISTER

190. When the Minister is of the opinion that a person who is a victim, and who has filed a qualification application or an application for financial assistance, needs financial assistance immediately the Minister may, before a decision is made on the application but where it is likely that assistance will be granted, pay part of the following financial assistance on the conditions stated:

(1) the lump sum provided for in Chapter II of the Act;

(2) financial assistance compensating a loss of income, for a period of five weeks, renewable up to a total of 10 weeks, calculated on the basis of the income declared by the person who is a victim;

(3) financial assistance to compensate for certain disabilities, for a period of five weeks, renewable up to a total of 10 weeks, calculated on the basis of the rules set out in section 40.1 of the Act;

(4) financial assistance for five psychotherapeutic or psychosocial rehabilitation sessions, the maximum of five sessions being increased on presentation of supporting documents;

(5) financial assistance for physical rehabilitation, on the conditions set out in Chapter VI;

(6) financial assistance for vocational reintegration, on the conditions set out in Chapter VII;

(7) financial assistance for social reintegration, on the conditions set out in Chapter VIII;

(8) financial assistance for medical assistance, on the conditions set out in Chapter IX;

(9) financial assistance in the form of the reimbursement of certain miscellaneous expenses, on the conditions set out in Chapter XI, with the Minister's prior authorization.

191. The payment of assistance pursuant to section 190 may, in addition, be delayed or cancelled, or assistance may not be paid, in the following cases:

(1) a health assessment indicates that the person who is a victim is likely to die in the year following the application, whether or not the death is connected with the criminal offence;

(2) the person who is a victim has significant relevant antecedents at the site of the interference with integrity;

(3) the person who is a victim is under 14 years of age.

CHAPTER XIV TRAVEL AND LIVING EXPENSES AND OTHER EXPENSES

DIVISION I TRAVEL AND LIVING EXPENSES

§I. General

192. A person who is a victim is entitled to the reimbursement, in accordance with the standards set out in this Regulation and the amounts listed in Schedule XI, of the travel and living expenses incurred to receive care, undergo medical examinations or complete an activity as part of their rehabilitation or reintegration process.

If required by the physical or mental condition of the person who is a victim, the person who accompanies them is entitled to the reimbursement of the travel and living expenses incurred in accordance with the same standards and amounts. The presence of the accompanying person must be required during the travel of the person who is a victim or be attested by a health professional.

193. A person who is a victim may be reimbursed for the travel and living expenses incurred for the nurse, nursing assistant or beneficiary care attendant who provides them with home care, in accordance with the standards set out in this Regulation and the amounts listed in Schedule XI.

194. If the interference with the integrity of the person who is a victim occurred in Québec, if they choose to receive care or undergo medical examinations outside Québec, and if the Minister does not reimburse the costs pursuant to this Regulation, the person who is a victim is not entitled to the reimbursement of the travel and living expenses incurred for that purpose.

195. The Minister reimburses travel and living expenses on the basis of the most economical appropriate solution.

§II. Travel expenses

§§I. Transportation expenses

196. Expenses incurred for public transportation may be reimbursed.

197. The Minister may authorize a person who is a victim to use a personal vehicle or a service offering remunerated passenger transportation by automobile when the health professional of the person who is a victim recommends it because they are unable to use a means of transport referred to in section 196 because of their state of health and the health professional considers that this incapacity is connected with the interference with their integrity suffered by the person who is a victim due to the commission of a criminal offence.

The health professional must indicate how long the incapacity to use public transportation is likely to last.

198. Only transportation expenses incurred in travelling by the shortest route between a person's place of residence and the place where care is to be received, medical examinations undergone and rehabilitation or reintegration activities completed, may be reimbursed in accordance with the rate provided for in Schedule XI.

A person using a personal vehicle, with or without the Minister's authorization, is also entitled to the reimbursement of parking and toll costs.

199. When a person who is a victim chooses, without prior authorization from the Minister, to receive care or undergo medical examinations more than 100 km from their place of residence when such care or examinations could be obtained within a shorter distance, only the expenses corresponding to a trip of 200 km with an authorized personal vehicle in the case provided for in section 197 or with an unauthorized personal vehicle in every other case may be reimbursed.

Such authorization may be granted where those expenses are more economical taking into account all the amounts of financial assistance to which the person who is a victim would be entitled if they received care or underwent a medical examination 100 km or less from their place of residence.

200. Transportation expenses incurred in going home to eat a meal and coming back are not reimbursable.

§§2. Meal expenses

201. Only expenses for meals taken during a trip where the destination is more than 16 km from the place of residence of the person who is a victim, by the shortest route, are reimbursable in the following cases:

(1) where the departure occurs before 7:30 a.m., breakfast expenses;

(2) where the departure occurs before 11:30 a.m. and the return after 1:30 p.m., lunch expenses; or

(3) where the departure occurs before 5:30 p.m. and the return after 6:30 p.m., dinner expenses.

However, breakfast or lunch expenses are also reimbursable where the person who is a victim has to travel 16 km or less from their place of residence to receive care or undergo medical examinations and where they have to stay at the destination between 8:30 a.m. and 11:30 a.m. or between 11:30 a.m. and 1:30 p.m.

202. The meal expenses provided for in the first paragraph of section 201 may be reimbursed to a person who is a victim for a nurse, a nursing assistant or a beneficiary care attendant who travels by the shortest route more than 16 km from the establishment of their employer, in accordance with the amounts listed in Schedule XI.

§III. Living expenses

203. Living expenses incurred in staying in a hotel or at the home of a relative or friend may be reimbursed where the Minister has given prior authorization for the stay.

DIVISION II EXPENSES FOR TRANSPORTATION BY AMBULANCE, BY AIR OR BY ANOTHER MEANS OF TRANSPORT

§I. General

204. The Minister reimburses the expenses incurred in transporting by ambulance, by air or by another means of transport a person who is a victim and, where their physical condition so requires, the person accompanying them other than a person responsible for the transport, in order to receive the care or undergo the medical examinations required by their injury, in the cases for in accordance with the amounts provided for in this Chapter.

§II. Transportation by ambulance

205. The expenses for transportation by ambulance may be reimbursed in one of the following circumstances:

(1) the condition of the person who is a victim necessitates transportation by ambulance to an institution referred to in the Act respecting health services and social services or the Act respecting health services and social services for Cree Native persons;

(2) a prescription drawn up by the attending physician of the person who is a victim attests that they must be transported by ambulance between 2 institutions referred to in those Acts or between their place of residence and such an institution.

206. Expenses incurred for transportation by ambulance are reimbursable in accordance with the amounts prescribed in the Ministerial Order concerning the determining of ambulance service zones and the maximum number of ambulances per area and per zone, the standards for ambulance service subsidies, the standards of transport by ambulance between establishments and rates of transport by ambulance (chapter L-0.2, r. 2).

The amounts shall be revalued in accordance with the amendments that the Minister may make to the Order but, for the purposes of this Regulation, such amendments will take effect only from the date of their making.

§III. Transportation by air

207. Expenses incurred for the transportation by air of the person who is a victim are reimbursable in one of the following circumstances:

- (1) there is no other means of transport;
- (2) the use of another means of transport would be inadequate or dangerous for the person who is a victim because of their state of health, as observed by a health professional, and the length of the journey or poor road conditions;
- (3) using transportation by air is more economical, taking into account all the reimbursable transportation expenses to which the person who is a victim would be entitled if that means of transport was not used.

§IV. Other means of transport

208. Expenses incurred for emergency transportation by a means of transport other than transportation by ambulance or air are reimbursable where such means of transport is required in the circumstances.

DIVISION III MISCELLANEOUS

209. The expenses provided for in this Chapter are reimbursed only where the application for reimbursement is sent to the Minister within 6 months following the date on which the qualification application is accepted or the expenses are incurred.

However, the Minister may extend that period where a person demonstrates reasonable grounds to explain a late application.

210. The amounts listed in Schedule XI are revalued in accordance with any amendments that the Conseil du trésor may make to the Règles sur les frais de déplacement des fonctionnaires.

However, for the purposes of this Regulation, such amendments will have effect only from the 1 January following their making by the Conseil du trésor and will apply only in respect of expenses incurred on or after that date.

CHAPTER XVI CHILDCARE

211. A person who is a victim is eligible for the reimbursement of the costs of childcare for a minor child or a child of full age, if incapable, in one of the following situations:

(1) the person who is a victim is participating in a psychotherapeutic rehabilitation, psychosocial rehabilitation, physical rehabilitation, medical assistance, social reintegration or vocational reintegration treatment or activity;

(2) the person who is a victim assumes alone custody of a child;

(3) the spouse of the person who is a victim is unable to care for a child living with the person who is a victim where the person who is a victim is unable to care themselves for the child;

(4) the person who is a victim is hospitalized and their spouse must accompany them to the hospital;

(5) the spouse of the person who is a victim must accompany them to a treatment or activity referred to in subparagraph 1;

(6) the person who is a victim is unable, physically or mentally, of caring for a child.

Any person who accompanies, when necessary, a child who is a victim of the commission of a criminal offence to receive treatment as a result of the offence is also eligible for the reimbursement of the cost of caring for another child.

212. Childcare costs are reimbursable to the extent that they constitute an extra cost due to the commission of the criminal offence, up to the following amounts:

(1) for a child receiving subsidized childcare services within the meaning of the Educational Childcare Act (chapter S-4.1.1) in a childcare centre or with a recognized home childcare provider, the amount of the reduced contribution set in accordance with the Reduced Contribution Regulation (chapter S-4.1.1, r. 1);

(2) for a child receiving non-subsidized childcare services in a day care centre or with a recognized home childcare provider, up to a maximum of \$29.56 per day per child;

(3) for a child receiving childcare in the home of the child or a natural person other than a recognized home childcare provider,

(a) for one child, \$3.39 per hour up to a maximum of \$45.51 per day;

(b) for two children, \$3.94 per hour up to a maximum of \$50.12 per day;

(c) for three or more children, \$4.55 per hour up to a maximum of \$56.90 per day.

CHAPTER XV FINAL

213. To be granted pursuant to this Regulation, financial assistance must be necessary to compensate for interference with physical or mental integrity caused to a person who is a victim due to the commission of a criminal offence.

214. Every application for reimbursement, payment or financial assistance filed pursuant to this Regulation must be accompanied by supporting documents, unless otherwise indicated by the Minister.

215. When a form prescribed by the Minister is required for the filing a report, the costs relating to the report can only be paid if the report is made using the form.

216. Unless otherwise provided for, all amounts specified in this Regulation, except those specified in Schedules I to IV and VI to XII, and the amount provided for in paragraph 1 of section 212, are indexed on 1 January of each year by multiplying the amount to be indexed by the ratio between the consumer price index for the current year and consumer price index for the preceding year.

The Consumer Price Index for a year is the yearly average computed on the basis of the monthly Consumer Price Indexes for Canada established by Statistics Canada for the 12 months preceding 1 November of the year preceding the year for which the Index is calculated.

If, on 1 December of a year, the data furnished by Statistics Canada are incomplete, the Minister may use the data then available to establish the Consumer Price Index.

If Statistics Canada uses a new method to compute the monthly Consumer Price Index by modifying the time basis or the content basis in question and if that modification entails a variation of more than 1% in the yearly average, the monthly indexes used to establish the yearly average for each of the years affected by the change of method shall be adjusted by the Minister in such a way as to take into account the data according to the method used by Statistics Canada on 19 August 1985.

If the yearly average computed on the basis of the monthly Consumer Price Indexes contains more than one decimal, only the first is retained and it is increased by one numeral if the second is greater than the figure 4.

If the ratio of the Consumer Price Index for the current year to that for the preceding year contains more than 3 decimals, only the first 3 decimals are retained and the third is increased by one numeral if the fourth is greater than the figure 4.

The amount obtained by indexation is rounded off to the nearest dollar.

217. Financial assistance granted but not yet paid on the date of death of the person entitled to receive it is paid to the person's succession.

218. When, following an application for review or a contestation before the Administrative Tribunal of Québec or a court of justice, the Minister, the Tribunal or the court recognized that a person is entitled to financial assistance that was initially refused or increase the amount of assistance granted, the Minister, the Tribunal or the court must order, in all cases, that interest be paid to the person. The interest is calculated from the date of the decision refusing to recognize the entitlement to financial assistance or to increase the amount of assistance, as the case may be. The interest rate applicable is the rate set pursuant to the second paragraph of section 28 of the Tax Administration Act (chapter A-6.002).

SCHEDULE I

(ss. 18, 24 and 26)

SCHEDULE OF PERMANENT FUNCTIONAL AND ESTHETIC IMPAIRMENTS**FUNCTIONAL UNITS**

1. Mental function
2. State of consciousness
3. Cognitive aspect of language
4. The functions of the visual system are composed of 2 units:
 - 4.1. Vision
 - 4.2. Ancillary functions of the visual system
5. The functions of the auditory system are composed of 2 units:
 - 5.1. Hearing
 - 5.2. Ancillary functions of the auditory system
6. Taste and smell
7. Skin sensitivity is composed of 7 units:
 - 7.1. Skin sensitivity of the skull and face
 - 7.2. Skin sensitivity of the neck
 - 7.3. Skin sensitivity of the trunk and genital organs
 - 7.4. Skin sensitivity of the right upper limb
 - 7.5. Skin sensitivity of the left upper limb
 - 7.6. Skin sensitivity of the right lower limb
 - 7.7. Skin sensitivity of the left lower limb
8. Clinical pictures of balance disorders

9. Phonation
10. Mimic
11. Ability to move and maintain the position of head
12. Ability to move and maintain the position of trunk
13. Ability to move and maintain the position of upper limbs is composed of 2 units:
 - 13.1. Ability to move and maintain the position of right upper limb
 - 13.2. Ability to move and maintain the position of left upper limb
14. Manual dexterity (prehension and manipulation) is composed of 2 units:
 - 14.1. Right manual dexterity
 - 14.2. Left manual dexterity
15. Locomotion
16. Protection provided by the skull
17. Protection provided by the rib cage and abdominal wall
18. Nasopharyngeal respiration
19. The digestive functions are composed of 4 units:
 - 19.1. Ingestion (chewing and swallowing including prehension and salivation)
 - 19.2. Digestion and absorption
 - 19.3. Excretion
 - 19.4. Hepatic and biliary functions
20. Cardio-respiratory function
21. The urinary functions are composed of 2 units:
 - 21.1. The renal function
 - 21.2. Micturition

22. The genito-sexual functions are composed of 3 units:

22.1. Genital Sexual Activity

22.2. Procreation

22.3. Termination of Pregnancy

23. Endocrine, hematological, immune, and metabolic functions

24. Clinical pictures of paraplegia and quadriplegia

ESTHETIC UNITS

25. There are eight esthetic units:

25.1. Esthetic of the skull and scalp

25.2. Esthetic of the face

25.3. Esthetic of the neck

25.4. Esthetic of the trunk and genital organs

25.5. Esthetic of the right upper limb

25.6. Esthetic of the left upper limb

25.7. Esthetic of the right lower limb

25.8. Esthetic of the left lower limb

1. THE MENTAL FUNCTION

The various dimensions of the mental function have an impact on all activities of daily living.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.

2. Evaluation must take into account the following criteria for determining the overall impact of an impairment of the mental function on daily life:

— The degree of independence and social functioning evaluated on the basis of the need to turn to compensating strategies, technical aids, or human surveillance and/or assistance

— The importance of the impact of a cognitive disorder on the performance of activities of daily living

— The importance of the impact of affective or mental disorders on the performance of activities of daily living evaluated using the “Global Assessment of Functioning Scale” proposed by the American Psychiatric Association in American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV), 4th Edition, Washington, DC, 1994, p. 32.

GLOBAL ASSESSMENT OF FUNCTIONING (GAF)

100 |

| Superior functioning in a wide range of activities, life’s problems never
| seem to get out of hand, is sought out by others because of his or her many
| positive qualities. No symptoms.

91 |

90 |

| Absent or minimal symptoms (e.g., mild anxiety before an exam), good
| functioning in all areas, interested and involved in a wide range of
| activities, socially effective, generally satisfied with life, no more than
| everyday problems or concerns (e.g., an occasional argument with family
| members).

81 |

80 |

| If symptoms are present, they are transient and expectable reactions to
| psychosocial stressors (e.g., difficulty concentrating after family
| argument), no more than slight impairment in social, occupational, or school
| functioning (e.g., temporarily falling behind in schoolwork).

71 |

70 |

| Some mild symptoms (e.g., depressed mood and mild insomnia) OR some
| difficulty in social, occupational, or school functioning (e.g., occasional
| truancy, or theft within the household), but generally functioning pretty
| well, has some meaningful interpersonal relationships.

- 61 |
- 60 |
| Moderate symptoms (e.g., flat affect and circumstantial speech, occasional
| panic attacks) OR moderate difficulty in social, occupational, or school
| functioning (e.g., few friends, conflicts with peers or co-workers).
- 51 |
- 50 |
| Serious symptoms (e.g., suicidal ideation, several obsessional rituals,
| frequent shoplifting) OR any serious impairment to social, occupational, or
| school functioning (e.g., no friends, unable to keep a job).
- 41 |
- 40 |
| Some impairment in reality testing or communication (e.g., speech is
| sometimes illogical, obscure, or irrelevant) OR major impairment in several
| areas, such as work or school, family relations, judgment, thinking, or mood
| (e.g., depressed man avoids friends, neglects family, and is unable to work;
| child frequently beats up younger children, is defiant at home, and is
| failing at school).
- 31 |
- 30 |
| Behaviour is considerably influenced by delusions or hallucinations OR
serious
| impairment in communication or judgment (e.g., sometimes incoherent, acts
| grossly inappropriately, suicidal preoccupation) OR inability to function in
| almost all areas (e.g., stays in bed all day; no job, home, or friends).
- 21 |
- 20 |
| Some danger of hurting self or others (e.g., suicide attempts without clear
| expectation of death; frequently violent; manic excitement) OR occasionally
| fails to maintain minimal personal hygiene (e.g., smears feces) OR gross
| impairment in communication (e.g., largely incoherent or mute).
- 11 |

- 10 |
 | Persistent danger of severely hurting self or others (e.g., recurrent
 | violence) OR persistent inability to maintain minimal personal hygiene OR
 | serious suicidal act with clear expectation of death.
- 1 |
-

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
 MINIMUM
 THRESHOLD** permanent

If symptoms are present, they have no significant impact on personal and social functioning. The after-effects of the impairment are less than those that would result from the situations described for category of severity 1.

SEVERITY 1

2%

Affective or mental disorders that affect personal and social functioning and that are between 71 and 80 on the Global Assessment of Functioning Scale”;

or Regular and permanent need to take prescription medication that may cause side effects.

Affective or mental disorders that affect personal and social functioning and that are between 61 and 70 on the Global Assessment of Functioning Scale”;

SEVERITY 2

- 5%** **or** Minor cognitive impairment such as shorter attention span while performing complex tasks, occasionally combined with fatigability. The difficulties experienced require slight changes in the organization of activities.
-

Affective or mental disorders that affect personal and social functioning and that are between 51 and 60 on the Global Assessment of Functioning Scale”;

- SEVERITY 3**
15% **or** Slight cognitive impairment such as attention, memory, or learning difficulties, occasionally combined with fatigability. The impairment is severe enough to affect the organization and performance of complex tasks such as making important decisions.

The difficulties experienced require significant changes in the organization of activities and may necessitate human surveillance or assistance.

Affective or mental disorders that affect personal and social functioning and that are between 41 and 50 on the Global Assessment of Functioning Scale”;

- SEVERITY 4**
35% **or** Moderate cognitive impairment such as attention, memory or learning difficulties, or reduced judgment, often combined with fatigability. The impairment is severe enough to affect the performance of routine tasks such as the planning of daily domestic activities (meals, housework, purchases).

The difficulties experienced require a reorganization in the organization of activities and necessitate human surveillance or assistance.

Affective or mental disorders with major disruption of personal and social functioning, altered sense of reality;

SEVERITY 5

70% or Cognitive impairment severe enough to prevent the performance of simple routine tasks. The person can only be left alone for short periods.

The person is totally or almost totally dependent on human assistance for the performance of most activities of daily living.

SEVERITY 6

100% Protective measures may be necessary such as a protected environment, confinement, restraint.

2. STATE OF CONSCIOUSNESS

Consciousness is the faculty that makes a person aware and able to judge his or her own reality. Permanent impairments to the state of consciousness can show up as episodic disorders such as epilepsy, lipothymia, or fainting, or as ongoing disorders such as stupor, coma, or a chronic vegetative state.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Impacts on other functional units, such as incontinence during an epileptic seizure, are taken into account in this unit.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE After-effects of the permanent impairment are less than those

MINIMUM THRESHOLD resulting from the situation described in Severity 1.

SEVERITY 1
5% Disturbances to the state of consciousness that slightly interfere with daily activities medication, which may have possible side effects, is necessary to keep conditions such as epilepsy under control. Response to medical treatment is adequate and sufficient to allow the patient to drive a car.

SEVERITY 2
15% Disturbances to the state of consciousness that moderately interfere with daily activities. Response to medical treatment is sufficient to allow the patient to remain independent but not to perform tasks that could endanger his or her safety or that of others, such as driving a car.

SEVERITY 3
30% Disturbances to the state of consciousness that significantly interfere with daily activities. The severity of the seizures in terms of their intensity (type), frequency despite medication, and circumstances (trigger, timing) justifies the regular intervention of another person (surveillance or assistance).
However, the patient remains sufficiently independent to retain a certain level of social interaction.

SEVERITY 4
60% Impairments to the state of consciousness that severely interfere with daily activities.
Autonomy and social interactions are reduced to a minimum.

SEVERITY 5
100% Total absence of interpersonal relationships, such as in a chronic vegetative state, making the person completely dependent on another person and on medical support.

3. COGNITIVE ASPECT OF LANGUAGE

The cognitive aspect of language refers to the mental ability to understand and produce oral and written language. Examples of impairments include dysphasia, aphasia, alexia, agraphia and acalculia.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. The evaluation must take into account the following abilities in order to determine the overall impact on daily life:
 - Expressing oneself in speech
 - Expressing oneself in writing
 - Expressing oneself with gestures or expressions
 - Naming or describing objects
 - Spelling
 - Understanding verbal and nonverbal language
 - Reading with understanding
 - Understanding spoken or written directions
 - Repeating

Depending on the circumstances, the evaluation of functional impairments may be documented using any other relevant examination.

3° Peripheral sensory or motor impairments that may interfere with understanding and/or the mechanical expression of language must not be evaluated using the rules provided under this unit but using the rules provided in the functional units that specifically deal with the observed impacts.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
MINIMUM
THRESHOLD** After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.

SEVERITY 1 Occasional trouble with word recall in written or spoken language.
5%

SEVERITY 2 Frequent word substitutions or deformations (paraphasia),
20% **or** Difficulty in understanding long, complex sentences or abstract or figurative language.

SEVERITY 3 Serious difficulty with writing (dysgraphia);
40% **or** Difficulty in understanding simple sentences.

SEVERITY 4 Major problems in understanding combined with difficulties with
70% expression that make conversation very arduous.

SEVERITY 5 Understanding is virtually or totally nonexistent and the person
is
100% completely incapable of expressing thoughts in language.

4. FUNCTIONS OF THE VISUAL SYSTEM

The function of the visual system is to put people in contact with the outside world by means of light.

The functions of the visual system are composed of 2 functional units.

4.1. Vision

4.2. Ancillary Functions of the Visual System

— Protection

— Eye lubrication

— Light sensitivity, photophobia, accommodation, convergence, colour perception, etc

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Reading difficulties related to a cognitive impairment must not be evaluated using the rules provided in this unit but using the rules provided in the functional unit “Cognitive Aspect of Language”.
3. Specific guidelines are given at the beginning of each functional unit.

4.1. VISION

Specific Guidelines

The evaluation is conducted in 4 steps.

STEP 1: Evaluation of the 3 components required for optimal vision

A) Procedure to determine the retained percentages of central visual acuity for distance and close-up vision

· Central visual acuity is measured for each eye using the best optical correction that can be comfortably tolerated and that is acceptable for distance and close-up vision.

· The retained percentage of visual acuity for each eye, which is entered on the form for calculating the efficiency percentage for each eye in Step 2, is obtained using the following table:

RETAINED PERCENTAGE OF CENTRAL VISUAL ACUITY

Distance

Vision Close-up

(meters) Vision 0.4M 0.5M 0.6M 0.8M 1M 1.25M 1.6M 2M 2.5M 3.2M 4M

6/4.5	100*	100	97	95	75	70	60	57	55	52	51
	50**	50	48	47	37	35	30	28	27	26	25
6/6	100	100	97	95	75	70	60	57	54	52	51
	50	50	48	47	37	35	30	28	27	26	25
6/7.5	97	97	95	92	72	67	57	55	52	50	48
	48	48	47	46	36	33	28	27	26	25	24
6/9	95	95	92	90	70	65	55	52	50	47	46
	47	47	46	45	35	32	27	26	25	24	23
6/12	92	92	90	87	67	62	52	50	47	45	43
	46	46	45	43	33	31	26	25	23	22	21
6/15	87	87	85	82	62	57	47	45	42	40	38
	43	43	42	41	31	28	23	22	21	20	19
6/18	84	84	82	78	59	54	44	41	39	36	35
	42	42	41	39	30	27	22	21	19	18	17

6/21	82	82	79	77	57	52	42	39	37	35	33
	41	41	39	38	28	26	21	21	18	17	16
6/24	80	80	77	75	55	50	40	37	35	32	31
	40	40	38	37	27	25	20	18	17	16	15
6/30	75	75	72	70	50	45	35	32	30	27	26
	37	37	36	35	25	22	17	16	15	13	13
6/36	70	70	67	65	45	40	30	27	25	22	21
	35	35	33	32	22	20	15	13	12	11	10
6/45	66	66	63	61	41	36	26	23	21	18	17
	33	33	32	30	20	18	13	12	10	9	8
6/60	60	60	57	55	35	30	20	17	15	12	11
	30	30	28	27	17	15	10	9	7	6	5
6/90	57	57	55	52	32	27	17	15	12	10	8
	38	38	27	26	16	13	9	7	6	5	4
6/120	55	55	52	50	30	25	15	12	10	7	6
	27	27	26	25	15	12	7	6	5	3	3
6/240	52	52	50	47	27	22	12	10	7	5	3
	26	26	25	23	13	11	6	5	3	2	2

* UPPER VALUE: RETAINED PERCENTAGE OF CENTRAL VISUAL ACUITY IN THE ABSENCE OF MONOCULAR APHAKIA

** LOWER VALUE: RETAINED PERCENTAGE OF CENTRAL VISUAL ACUITY WITH ALLOWANCE FOR MONOCULAR APHAKIA

B) Procedure to determine the retained percentage of the visual field for each eye

· The extent of the visual field is determined using the usual perimetric methods. The conventional standard is the III-4e kinetic stimulus of the Goldman perimeter. The IV-4e stimulus should be used with a person with an aphakic eye corrected with prescription glasses and not contact lenses.

· The index finger or target is brought from the periphery to the visual field, i.e., from the unseen to the seen. The peripheral field is measured for each meridian. If the measurement differs from the clinical result, a second measurement that agrees with the first within 15° should be obtained. The result is recorded on an ordinary visual field chart for each of the eight principal meridians separated from one another by 45°. The meridians and the normal extent of the visual field from the point of fixation are recorded on the visual field chart shown in Diagram 1.

Where there is a deficit in a quadrant or a half field, or any other anomaly, the measurement will be the average of the values for the two adjacent meridians.

· The retained percentage of the visual field, which is entered on the form for calculating the percentage of visual efficiency of each eye in Step 2, is obtained using the following formula:

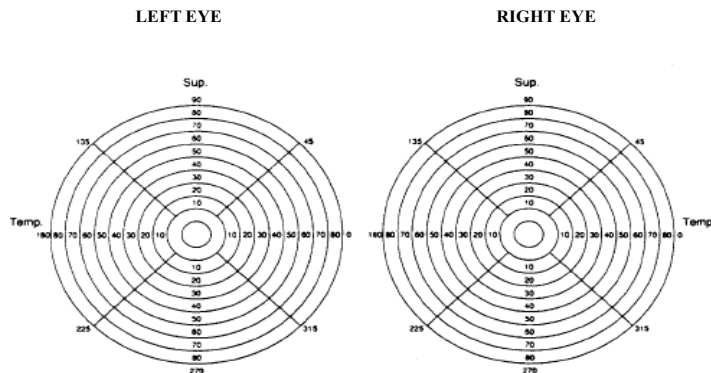
Total retained degrees *

Number of degrees prior to the criminal offence** × 100 = retained % of visual field

* SUM OF RETAINED DEGREES FOR THE EIGHT PRINCIPAL MERIDIANS SHOWN IN DIAGRAM 1 (FOR THE III-4E ISOPTER)

** THE EXTENT OF THE VISUAL FIELD PRIOR TO THE CRIMINAL OFFENCE CAN VARY DEPENDING ON THE PERSON AND ON AGE. FOR THE IMPAIRED EYE, THE EXTENT OF THE VISUAL FIELD PRIOR TO THE CRIMINAL OFFENCE IS DETERMINED BY COMPARISON WITH THE OTHER EYE, IF IT IS HEALTHY. WHERE THE CONTRA LATERAL EYE IS NOT HEALTHY, THE NORMAL VALUE IS PRESUMED TO BE 500.

DIAGRAM 1
VISUAL FIELDS

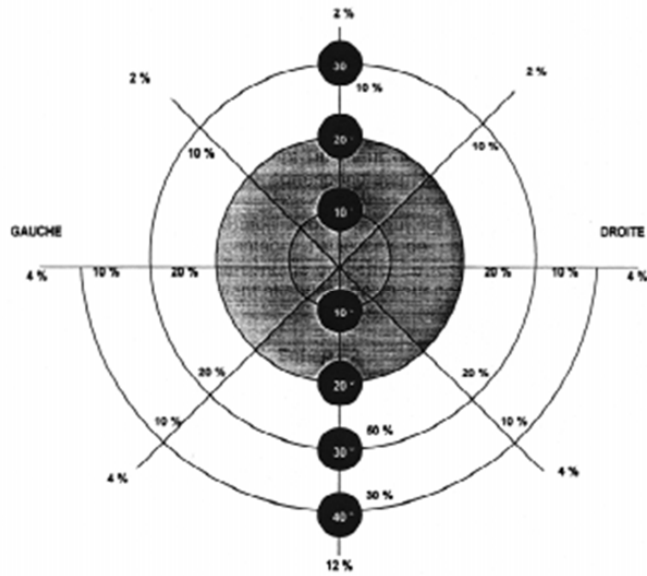


C) Procedure to determine the retained percentage of ocular motility

- The extent of the diplopia when the person looks in various directions is determined using the best correction possible (prism) comfortably tolerated and that is acceptable, but without coloured lenses.
 - The evaluation is conducted using a small test light or Goldman perimeter III-4e stimulus at 330 mm or any campimeter at 1 m from the eye of the person.
 - Results for image separation when the person looks in various directions are recorded on a visual field chart (Diagram 2) for each of the eight principal meridians.
 - In the case of an impairment outside the central 20°, total percentage loss of ocular motility is calculated by adding the percentages of loss indicated in Diagram 2 corresponding to the separation of the 2 images as evaluated by the examination, up to a maximum of 92%.
 - In the case of an impairment inside the central 20°, total percentage loss of ocular motility corresponds to the maximum of 92%.
 - The retained percentage of ocular motility entered on the form to calculate the efficiency percentage of each eye in Step 2 is obtained by subtracting the percentage of loss from 100%.
- The result is applied to the eye with the greatest impairment. The other eye is attributed a normal value, i.e., 100%.

DIAGRAM 2

PERCENTAGE LOSS OF OCULAR MOBILITY



- Loss of ocular motility
- Inside the central 20° equals 92%
- Outside the central 20° equals the sum of the percentages up to a maximum of 92% for the meridians where a separation of images has been noted

STEP 2: Determination of the Percentage of Efficiency of Each Eye

	Retained %* of Visual Acuity	X	Retained %* of Visual Field	X	Retained %* of Ocular Mobility**	=	% of Efficiency of Eye
Right Eye	_____	X	_____	X	_____	=	
<hr/>							
Left Eye	_____	X	_____	X	_____	=	
<hr/>							

* THE RETAINED PERCENTAGES ARE THOSE NOTED IN THE EXAMINATION OF THE 3 COMPONENTS AND CALCULATED IN STEP 1.

** FOR CALCULATION PURPOSES, THE RETAINED PERCENTAGE OF OCULAR MOTILITY CALCULATED IN STEP 1 IS ONLY APPLIED TO THE MOST SERIOUSLY IMPAIRED EYE. THE OTHER EYE IS ASSIGNED AN OCULAR MOTILITY VALUE OF 100%.

STEP 3: Determination of the Percentage of Visual Efficiency

% of Efficiency* of Better Eye	+	% of Efficiency* of Other Eye	=	
(X 3)				_____
<hr/>				
4				

* THE EFFICIENCY PERCENTAGES FOR EACH EYE ARE THOSE OBTAINED IN STEP 2.

STEP 4: Determination of the Percentage of Functional Loss of Vision

Normal Vision	% of Efficiency of Vision*	% of Functional Loss of Vision	=
	100%	-	

* THE VISION EFFICIENCY PERCENTAGE IS THAT OBTAINED IN STEP 3.

For financial assistance purposes, the category of severity corresponds to the percentage of functional loss of vision. The result is rounded up to the nearest 0.5% or higher unit, with a maximum of 85%.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 0.5.
--	---

Inconvenience due to wearing a corrective device to provide normal vision. Financial aid in this category of severity is only awarded if

0.5% the person was not wearing a corrective device prior to the criminal offence.

Inconvenience due to a permanent impairment to vision that cannot be fully corrected with a corrective device (glasses, prisms, contact lenses).

SEVERITY

1 TO 85

The category of severity corresponds to the extent of functional loss of vision as determined by an ophthalmologic evaluation. It varies from 1 to a maximum of 85.

4.2. ANCILLARY FUNCTIONS OF THE VISUAL SYSTEM

Specific Guidelines

1. Loss of accommodation and photophobia experienced by a person with an aphakic eye are already included in the visual acuity calculation in Step 1A of 4.1. (see Retained Percentage of Central Visual Acuity) and are not eligible for a category of severity in this section.
2. Fusion anomalies and convergence insufficiencies experienced by a person diagnosed with ocular motility impairments are already included in the ocular motility calculation in Step 1C of 4.1. and are not eligible for a category of severity in this section.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
MINIMUM
THRESHOLD**

After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.

Slight photosensitivity or photophobia requiring, among other things, the wearing of sunglasses, such as with maculopathy, or corneal, pupillary or ocular media impairment,

or Slight loss of accommodation;

or colour vision disorder;

SEVERITY 1 **or** Slight fusion anomaly or slight paralysis of convergence, such as
1% with decompensated, nonreducible, and occasionally symptomatic anterior heterophoria;

or Slight unilateral or bilateral intermittent lacrimation;

or Slight palpebral ptosis;

or Justification for therapeutic measures resulting in minor inconvenience such as having to take regular medication.

Moderate photophobia that requires, among other things, the wearing of sunglasses, such as with maculopathy, or corneal, pupillary, or ocular media impairment;

or Moderate or significant loss of unilateral or bilateral accommodation;

or Moderate fusion anomaly or moderate paralysis of convergence, such as with decompensated, nonreducible, and daily symptomatic anterior
SEVERITY 2 heterophoria;

3%

or Paralysis of conjugate upward gaze;

or Frequent unilateral or bilateral lacrimation;

or Marked palpebral ptosis;

or Superficial punctate keratitis.

Significant photophobia, such as with nonreactive mydriasis;

or Complete paralysis of accommodation in one eye, such as with pseudophakia;

SEVERITY 3

5% **or** Lacrimation caused by complete stenosis of one inferior caniculus;

or Moderate keratitis requiring frequent lubrication.

Maximum photophobia, such as with the loss of the iris;

or Complete paralysis of accommodation in both eyes;

or Complete paralysis of convergence;

SEVERITY 4 **or** Paralysis of conjugate downward or lateral gaze;

10%

or Severe and persistent unilateral or bilateral keratitis despite treatment;

or Lacrimation caused by complete stenosis of the inferior caniculi of both eyes.

5. FUNCTIONS OF THE AUDITORY SYSTEM

The function of the auditory system is to put people in contact with the outside world by means of sound (words, music, background noise, etc.).

The functions of the auditory system are composed of 2 functional units.

5.1. Hearing

5.2. Ancillary Functions of the Auditory System

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Balance disorders and understanding difficulties related to a cognitive disorder must not be evaluated using the rules provided in this unit but using the rules provided in the functional units “Clinical Pictures of Balance Disorders” and “Cognitive Aspect of Language”.
3. Specific guidelines for evaluating auditory impairments are given at the beginning of 5.1.

5.1. HEARING

Specific Guidelines

The evaluation is conducted in 3 steps:

STEP 1: Determination of the average hearing threshold for each ear (tonal audiometry) and of the factor of severity of the binaural impairment

A) Determination of the average hearing threshold for each ear (tonal audiometry)

The hearing threshold for each ear is evaluated by tonal audiometry without a hearing aid. The frequencies used are 500, 1,000, 2,000, and 4,000 hertz (Hz).

For calculation purposes, the maximum hearing threshold for a given frequency is set at 100 dB.

The average hearing threshold for each ear is obtained using the calculation method given below. For results above 25 dB, the average hearing threshold is rounded up or down to the nearest multiple of 5.

CALCULATION OF AVERAGE HEARING THRESHOLDS

	500 Hz	1,000 Hz	2,000 Hz	4,000 Hz		Average Hearing Threshold		Rounded Average (dB)
Right Ear	_____	+ _____	+ _____	+ _____	=	_____ ÷ 4 = _____		→ _____

40 16.5	1.5	2.5	4	6.5	9	10	12	14	15.5	16
45 21.5	2.5	3.5	5	7.5	10	15	17	19	20.5	21
50 31.5	4.5	5.5	7	9.5	12	17	27	29	30.5	31
55 41.5	6.5	7.5	9	11.5	14	19	29	39	40.5	41
60 49	8	9	10.5	13	15.5	20.5	30.5	40.5	48	48.5
65 51.5	8.5	9.5	11	13.5	16	21	31	41	48.5	51
≥70 54	9	10	11.5	14	16.5	21.5	31.5	41.5	49	51.5

STEP 2: Determination of auditory discrimination for each ear (vocal audiometry) and of the adjustment factor

The percentages of auditory discrimination for each ear are obtained by vocal audiometry and entered in the table below to obtain the adjustment factor.

ADJUSTMENT FACTOR

% of Auditory Discrimination for Each Ear	90 to 100	70 to 89	50 to 69	
<50				
90 to 100	0	1	2	
70 to 89	1	2	3	4
50 to 69	2	3	4	5
<50	3	4	5	6

STEP 3: Determination of the category of severity

The category of severity for auditory impairment is the sum of the factor of severity from Step 1 and the adjustment factor from Step 2.

Factor of Severity (Step 1)	Adjustment Factor (Step 2)	Category of Severity
_____	+	_____ =
_____		_____

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 0.5.
--	---

SEVERITY 0.5 TO 60	Inconvenience due to a permanent hearing loss.
-------------------------------	--

0.5 TO 60%	The category of severity corresponds to the extent of functional hearing loss determined by an audiological evaluation. It varies from 0.5 to a maximum of 60.
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5.2. ANCILLARY FUNCTIONS OF THE AUDITORY SYSTEM

CATEGORIES OF SEVERITY

Inconveniences experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.
--	--

Frequent or intense tinnitus* but with no significant effect on sleep;

SEVERITY 1

2% **or** Medical necessity for preventive, palliative, or therapeutic measures that cause inconvenience, such as swimming forbidden because of a tympanic perforation.

Recurring otorrhea due to tympanic perforation;

SEVERITY 2 or Frequent irritation and infections, such as with external auditory canal stenosis;

3%

or Frequent, episodic exacerbations, such as with cholesteatoma.

SEVERITY 3 Tinnitus* sufficiently frequent and intense to compromise sleep on a

5% regular basis.

* TINNITUS BEING A SUBJECTIVE PHENOMENA, IT IS CONSIDERED FOR FINANCIAL ASSISTANCE PURPOSES ONLY IF ITS OCCURRENCE, INTENSITY AND CONSEQUENCES HAVE REGULARLY BEEN DOCUMENTED SINCE THE CRIMINAL OFFENCE.

6. TASTE AND SMELL

Taste is the sensory function that provides people with information on the physical and chemical characteristics of food. It allows them to determine what is sweet, salty, bitter, or sour.

Smell is the sensory function that lets people distinguish odours. It determines whether odours are pleasant or unpleasant and helps people appreciate the flavour of food. In conjunction with the trigeminal system, it also provides a protection function by detecting potentially dangerous chemical substances.

Since they are closely related, taste and smell are considered as a single functional unit.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Evaluating taste includes semi-objective chemical testing of the 4 basic sensations: sweet, salty, bitter, and sour.
3. Evaluating smell includes subjective sniff tests complemented by the following semi-objective methods:
 - Verification of the olfacto-respiratory reflex by testing the reaction to strong odours that normally cause reflex blockage of inhalation
 - Verification of trigeminal sensitivity by testing the reaction to irritating substances (vinegar, ammonia)

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following situations:

**UNDER THE
MINIMUM
THRESHOLD**

After-effects of the permanent impairment, such as partial loss of taste or smell, are less than those resulting from the situation described in Severity 1.

**SEVERITY 1
3%**

Perception of unpleasant or inappropriate taste or odours (dysgueusia, cacosmia, parosmia) that may interfere with daily activities.

**SEVERITY 2
5%**

Total loss of one of both functions with partial or total retention of the other.

SEVERITY 3

10% Total loss of both functions: taste **and** smell.

7. SKIN SENSITIVITY

Skin sensitivity is the sensory function that puts people in contact with the outside world through skin contact. It allows them to explore the outside world and react to changes in the environment (warning and protection function).

Skin sensitivity is composed of 7 functional units, each representing a separate region of the body:

7.1. Skin Sensitivity of Skull and Face**7.2. Skin Sensitivity of Neck****7.3. Skin Sensitivity of Trunk and Genital Organs****7.4. Skin Sensitivity of Right Upper Limb****7.5. Skin Sensitivity of Left Upper Limb****7.6. Skin Sensitivity of Right Lower Limb****7.7. Skin Sensitivity of Left Lower Limb****EVALUATION RULES**

1. See the provisions of Chapter III of the Regulation.
2. Skin sensitivity impairment resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this chapter but using to the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia".
- 3° The anatomical boundaries used to separate contiguous parts of the body are the following:

» » Skull

Region inside the normal, usual hairline. In the presence of baldness, the anatomical boundary corresponds to what would have been the normal hairline.

►► **Face**

Region defined by the anatomical boundaries of the skull and neck.

Lips area: Upper boundary is the base of the nose defined by the alae of the nose and the columella.

Lateral boundaries are the nasolabial creases

Lower boundary is the labiomental crease

►► **Neck**

Upper boundary: line following the lower part of the body of the mandible, continuing along the vertical rami to the temporomandibular joints and then along the normal usual hairline

Lower boundary: line beginning at the jugular notch, continuing along the upper edge of the clavicle to the mid-point and then to the C7 spinous process

►► **Trunk and Genital Organs**

Region defined by the anatomical boundaries of the neck, upper limbs, and lower limbs

►► **Upper Limb** (upper boundary)

Circular line beginning at the apex of the armpit, extending backwards and forwards, and ending at the mid-point of the clavicle

►► **Lower Limb** (upper boundary)

Line beginning at the median upper edge of the pubic symphysis, continuing obliquely to the antero-superior iliac spine, then along the upper edge of the iliac crest, and ending at the upper vertical boundary of the gluteal fold

7.1. SKIN SENSITIVITY OF SKULL AND FACE

(Including the buccal cavity, the gums, and the teeth)

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD After-effects of the permanent impairment, such as a sensitivity impairment affecting an area of skin under 1 cm² on the skull or the face (not including lips area), are less than those resulting from the situation described in Severity 1.

Sensitivity impairment affecting an area:

for the entire skull and face: between 1 and 25 cm²;

SEVERITY 1 or for the face: between 1 and 5 cm²;

1%

or for the lips area between: less than 1 cm²;

or corresponding to one subdivision of the principal branches* of a trigeminal nerve

Sensitivity impairment affecting an area:

for the entire skull and face: more than 25 cm²;

SEVERITY 2 or for the face: greater than 5 cm² up to 15 cm²;

3%

or for the lips area: between 1 and 5 cm²;

or corresponding to 2 subdivisions of the principal branches* of a trigeminal nerve

Sensitivity impairment affecting an area:

for the face: greater than 15 cm² up to 25% of the entire surface;

SEVERITY 3

6% or for the lips area: greater than 5 cm² up to 10 cm²;

or corresponding to more than 2 subdivisions of the principal branches* of a trigeminal nerve

Sensitivity impairment affecting an area:

SEVERITY 4 for the face: between 25% and 50% of the entire surface;

10%

or for the lips area: greater than 10 cm²;

or corresponding to a unilateral impairment of an entire trigeminal nerve

SEVERITY 4=5 Sensitivity impairment affecting an area greater than 50% of the

20% entire surface of the face.

* THE 3 PRINCIPAL BRANCHES OF THE TRIGEMINAL NERVE ARE THE OPHTHALMIC, MAXILLARY, AND MANDIBULAR DIVISIONS.

7.2. SKIN SENSITIVITY OF NECK

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment

can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as a sensitivity impairment affecting an area of skin under 2 cm ² , are less than those resulting from the situation described in Severity 1.
--	---

SEVERITY 1 1%	Sensitivity impairment affecting an area of skin equal to approximately 2 cm ² to 10 cm ² .
--------------------------	---

SEVERITY 2 2%	Sensitivity impairment affecting an area of skin equal to approximately 10 cm ² to 25 cm ² .
--------------------------	--

SEVERITY 3 3%	Sensitivity impairment affecting an area of skin equal to approximately 25 cm ² or more up to 50% of the entire neck surface.
--------------------------	--

SEVERITY 4 5%	Sensitivity impairment affecting an area of skin greater than 50% of the entire neck surface.
--------------------------	---

7.3. SKIN SENSITIVITY OF TRUNK AND GENITAL ORGANS

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be

compared
with those that would result from the situation with maximum impact among the
following:

UNDER THE After-effects of the permanent impairment, such as a sensitivity
MINIMUM impairment affecting an area of skin under 5 cm² on the trunk or
THRESHOLD under 2 cm² on the breasts (only applies to women) or genital
organs, are less than those resulting from the situations described
in Severity 1.

Sensitivity impairment affecting an area of skin approximately equal
to

SEVERITY 1

- 1%** 5 cm² to 25 cm² on the trunk, not including the breasts (only
applies to women) and genital organs;
- or** 2 cm² to 5 cm² on the breasts (only applies to women) or genital
organs.
-

Sensitivity impairment affecting an area of skin approximately equal
to

SEVERITY 2

- 2%** 25 cm² to 100 cm² on the trunk, not including the breasts (only
applies to women) and genital organs;
- or** 5 cm² to 25 cm² on the breasts (only applies to women) or genital
organs.
-

Sensitivity impairment affecting an area of skin

SEVERITY 3

- 4%** approximately equal to 100 cm² or more up to 25% of the entire
surface of the trunk, not including the breasts (only applies to
women) and genital organs;

or greater than 25 cm² on the breasts (only applies to women) or genital organs.

SEVERITY 4 Sensitivity impairment affecting an area of skin approximately equal
7% to 25% to 50% of the entire surface of the trunk.

SEVERITY 5 Sensitivity impairment affecting an area of skin greater than 50%
of
10% the entire surface of the trunk.

7.4. SKIN SENSITIVITY OF RIGHT UPPER LIMB

7.5. SKIN SENSITIVITY OF LEFT UPPER LIMB

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE After-effects of the permanent impairment, such as a sensitivity
MINIMUM impairment affecting an area of skin under 5 cm² on the upper limb
THRESHOLD or under 1 cm² on the hand, are less than those resulting from the
situations described in Severity 1.

Sensitivity impairment affecting an area of skin approximately equal

to

SEVERITY 1

1% 5 cm² to 25 cm² on the upper limb, not including the hand;

or 1 cm² to 5 cm² on the hand.

Sensitivity impairment affecting an area of skin approximately equal to

SEVERITY 2

3% 25 cm² or more up to 25% of the entire surface of the upper limb, not including the hand;

or 5 cm² or more up to 25% of the entire surface of the hand.

Sensitivity impairment affecting an area of skin approximately equal to

SEVERITY 3

5% 25% to 50% of the entire surface of the upper limb, not including the hand;

or 25% to 50% of the entire surface of the hand.

Sensitivity impairment affecting an area of skin

SEVERITY 4

8% greater than 50% of the entire surface of the upper limb, not including the hand;

or greater than 50% of the entire surface of the hand.

SEVERITY 5 Sensitivity impairment affecting an area of skin greater than 50% of

10% the entire surface of the palm.

7.6. SKIN SENSITIVITY OF RIGHT LOWER LIMB**7.7. SKIN SENSITIVITY OF LEFT LOWER LIMB****CATEGORIES OF SEVERITY**

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
MINIMUM
THRESHOLD** After-effects of the permanent impairment, such as a sensitivity impairment affecting an area of skin under 5 cm² on the lower limb or under 2 cm² on the sole of the foot, are less than those resulting from the situations described in Severity 1.

Sensitivity impairment affecting an area of skin approximately equal to

SEVERITY 1

1% 5 cm² to 25 cm² on the lower limb, not including the sole of the foot;

or 2 cm² to 5 cm² on the sole of the foot.

Sensitivity impairment affecting an area of skin approximately equal to

SEVERITY 2

2% 25 cm² to 100 cm² on the lower limb, not including the sole of the foot;

or 5 cm² to 10 cm² on the sole of the foot.

Sensitivity impairment affecting an area of skin

SEVERITY 3 greater than 100 cm² but less than 25% of the entire surface of the
4% lower limb, not including the sole of the foot;

or greater than 10 cm² but less than 50% of the entire surface of the
sole of the foot.

Sensitivity impairment affecting an area of skin approximately equal
to

SEVERITY 4

6% 25% to 50% of the entire surface of the lower limb, not including
the sole of the foot;

or 50% or more of the entire surface of the sole of the foot.

SEVERITY 5 Sensitivity impairment affecting an area of skin greater than 50%
of

8% the entire surface of a lower limb.

8. CLINICAL PICTURES OF BALANCE DISORDERS

Balance is the sensory function that enables a person to keep his or her body in a stable position when in motion or at rest and to maintain a steady gaze with respect to head movements. It is controlled by the central nervous system, which combines and processes the visual, vestibular, and proprioceptive information required for appropriate motor responses.

For financial assistance purposes, all impacts related to balance disorders are presented under this single functional unit.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Impacts on other functional units, such as locomotion impairments due to a balance disorder, are included in the categories of severity of this unit.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.
SEVERITY 1 2%	Regular but brief bouts of unsteadiness, dizziness, or vertigo that occur mainly during abrupt movements or changes of position but do not affect the ability to perform tasks of daily living. Regular therapeutic measures that may cause side effects are justified.
SEVERITY 2 5%	Regular bouts of unsteadiness, dizziness, or vertigo that occur despite therapeutic measures, such as difficulty walking (sensation of drunkenness), feeling of insecurity on uneven ground, in a crowd, or in the dark. The person can perform tasks of daily living but cannot take part in activities that could endanger his or her safety or that of others such as activities involving heights or ladders.

SEVERITY 3 Regular bouts of unsteadiness, dizziness, or vertigo that occur
15% despite therapeutic measures and whose severity makes it impossible
 to drive a car safely.

 Regular bouts of unsteadiness, dizziness, or vertigo that occur
 despite therapeutic measures and whose severity makes the
 surveillance or assistance of another person necessary to perform

SEVERITY 4 many tasks of daily living.
30%

The person is still capable of independently performing simple tasks
of daily living such as doing household chores or taking care of
personal hygiene.

 Regular bouts of unsteadiness, dizziness, or vertigo that occur
 despite therapeutic measures and whose severity makes the
 surveillance or assistance of another person necessary to perform

SEVERITY 5 most tasks of daily living.
60%

The person is still capable of taking care of personal hygiene.

 Regular bouts of unsteadiness, dizziness, or vertigo that occur
 despite therapeutic measures and whose severity makes it impossible

SEVERITY 6 to stay upright.
100%

The person is confined to bed or a wheelchair, either at home or in
an institution.

9. PHONATION

Phonation refers to the ability of mechanically producing vocal sounds that can be heard and understood and whose rate and flow can be maintained.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. The evaluation must take into account audibility, intelligibility, and flow quality.
 - Audibility: Intensity of the voice
 - Intelligibility: Quality of articulation and phonetic links
 - Flow: Maintenance of rate and rhythm
3. Language disorders related to a cognitive impairment must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit “Cognitive Aspect of Language”.

CATEGORIES OF SEVERITY

Inconveniences experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.
--	--

SEVERITY 1	Minor but perceptible impairment to audibility, intelligibility, or flow;
1%	or Change in speech timbre.

Audibility: Voice intensity is diminished but is sufficient to allow normal conversation;

SEVERITY 2 or Intelligibility: Some difficulties and inaccuracies but articulation

5% is adequate for understanding;

or Fluidity: Verbal flow is slow, hesitant, or interrupted but is adequate for normal conversation.

Audibility: Voice intensity quickly weakens. Close-up conversations are possible but difficult in noisy settings;

SEVERITY 3 or Intelligibility: Family and friends understand, but strangers find it difficult to understand and often ask the person to repeat;

10%

or Fluidity: Verbal flow is slow and hesitant enough to limit continuous speech to short periods.

Audibility: Voice intensity is very weak, like whispering. Telephone conversations are impossible;

SEVERITY 4 or Intelligibility: Articulation is limited to pronouncing short, familiar words;

20%

or Fluidity: Verbal flow is very slow and arduous. Isolated words and short sentences can be spoken but continuous speech cannot be maintained.

SEVERITY 5 Absence or almost total absence of vocal function.

30%

Speech is inaudible or incomprehensible.

10. MIMIC

Mimic refers to the ability to produce facial expressions using neuromusculoskeletal structures.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.
SEVERITY 1	Ability to produce facial expressions is slightly impaired such as with a partial and minor impairment to a branch of the facial nerve, or an equivalent impairment resulting from the loss of mimic muscle tissue;
1%	or Occasional involuntary movements, such as facial synkinesia.

SEVERITY 2	Ability to produce facial expressions is impaired over an area equal to approximately one-quarter of the face such with a total impairment to a frontal or mandibular branch of the facial nerve, or with an equivalent impairment resulting from the loss of mimic muscle tissue;
3%	or Frequent involuntary movements, such as facial synkinesia;

or Facial spasms.

SEVERITY 3
7% Ability to produce facial expressions is impaired over an area equal to approximately one-half of the face such as with a total unilateral impairment to a facial nerve or a partial bilateral impairment of the facial nerves, or an equivalent impairment resulting from the loss of mimic muscle tissue.

SEVERITY 4
12% Ability to produce facial expressions is impaired over an area equal to approximately three-quarters of the face such with a complete unilateral impairment to the facial nerve combined to a partial contra lateral impairment, or an equivalent impairment resulting from the loss of mimic muscle tissue.

SEVERITY 5
15% The ability to produce facial expressions is nonexistent or virtually nonexistent.

11. ABILITY TO MOVE AND MAINTAIN POSITION OF HEAD

The synergistic actions of anterior flexion, extension, lateral flexion and rotation of the neck make it possible to move and maintain the head in a stable position while performing numerous daily activities.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. The category of severity is determined by the situation with maximal impact, either the result of the overall weighted evaluation or any other situation described, including functional restrictions.
3. The overall weighted evaluation is performed in the event of a decrease of active mobilization.

a) The decrease in active mobilization is evaluated by measuring the maximum amplitudes of active movements obtained with optimal effort from the person being evaluated. The result must be consistent with the overall clinical evaluation. In the event of a discrepancy that cannot be explained with medically accepted knowledge, the passive movement measurement is used.

b) The normal limit of the amplitude of the movement is obtained by comparison with the equivalent contralateral movement, as required. When this cannot be done or when the contralateral movement is faulty, use conventional values generally accepted as normal for the age of the person.

c) For each movement, the importance of the loss is entered in the table. When, for a given movement, a result falls between 2 values, the closest value is used.

OVERALL WEIGHTED EVALUATION

Active Mobilization of the Cervical Region						
	Anterior Flexion	Extension	Flexion to Left	Flexion to Right	Rotation to Left	Rotation to Right
Normal Limits (Normal \pm a few degrees)	0	0	0	0	0	0
Loss of approximately 25%	2	2	1	1	4	4
Loss of approximately 50%	6	6	3	3	8	8

Loss of approximately 75%		10	10	5	5	20	20	
Loss of 90% or more		15	15	10	10	25	25	

Total Overall Weighted Evaluation = _____ Points

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD After-effects of the permanent impairment, such as the loss of a few degrees in the amplitude of movements without significant functional impact, are less than those resulting from the situation described in Severity 1.

SEVERITY 1 The result of the overall evaluation of active mobilization capacity is between 1 and 10, indicating a slight difficulty with activities requiring moving and maintaining the position of the head.

The result of the overall evaluation of active mobilization capacity is between 11 and 20, indicating a moderate difficulty with activities requiring moving and maintaining the position of the head;

SEVERITY 2 **or** Regular and permanent inconveniences due to a medical necessity to avoid activities requiring
4%

- Extended periods of immobilization of the head and neck;

or

- Repetitive or frequent efforts that place significant strain on the neck.

SEVERITY 3 The result of the overall evaluation of active mobilization capacity is between 21 and 40, indicating a significant difficulty with activities requiring moving and maintaining the position of the head;
8%

or Regular and permanent inconveniences due to a medical necessity

- To avoid activities requiring repetitive or frequent efforts equivalent to handling loads of 5 to 10 kg.

SEVERITY 4 The result of the overall evaluation of active mobilization capacity is between 41 and 60, indicating a severe difficulty with activities requiring moving and maintaining the position of the head.
15%

SEVERITY 5 The result of the overall evaluation of active mobilization capacity is greater than 60.

30% Capacity to move or maintain the position of the head is nonexistent or virtually nonexistent.

12. ABILITY TO MOVE AND MAINTAIN POSITION OF TRUNK

The synergistic actions of anterior flexion, extension, lateral flexion, and rotation of the dorsal, lumbar, and sacral regions make it possible to move and maintain the trunk in a stable position while performing numerous daily activities.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Impacts on the ability to move and maintain the position of the trunk resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this unit but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."
3. The category of severity is determined by the situation with maximal impact, either the result of the overall weighted evaluation or any other situation described, including functional restrictions.
4. The overall weighted evaluation is performed in the event of a decrease of active mobilization.
 - a) The decrease in active mobilization is evaluated by measuring the maximum amplitudes of active movements obtained with optimal effort from the person being evaluated. The result must be consistent with the overall clinical evaluation. In the event of a discrepancy that cannot be explained with medically accepted knowledge, the passive movement measurement is used.
 - b) The normal limit of the amplitude of the movement is obtained by comparison with the equivalent contralateral movement, as required. When this cannot be done or when the contralateral movement is faulty, use conventional values generally accepted as normal for the age of the person.
 - c) For each movement, the importance of the loss is entered in the table. When, for a given movement, a result falls between 2 values, the closest value is used.

OVERALL WEIGHTED EVALUATION

Active Mobilization of the Trunk						
	Anterior Flexion	Extension	Flexion to Left	Flexion to Right	Rotation to Left	Rotation to Right
Normal Limits* (Normal \pm a few degrees)	0	0	0	0	0	0
Loss of approximately 25%	5	2	2	2	2	2
Loss of approximately 50%	10	5	5	5	5	5
Loss of approximately 75%	15	8	8	8	8	8
Loss of 90% or more	25	12	12	12	12	12
Total Overall Weighted Evaluation = _____ Points						

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE	After-effects of the permanent impairment, such as the loss of a few
MINIMUM	degrees in the amplitude of movements without significant functional
THRESHOLD	impact, are less than those resulting from the situation described in Severity 1.

SEVERITY 1	The result of the overall evaluation of active mobilization capacity
2%	is between 1 and 10, indicating a slight difficulty with activities requiring moving and maintaining the position of the trunk.

The result of the overall evaluation of active mobilization capacity is between 11 and 20, indicating a moderate difficulty with activities requiring moving and maintaining the position of the trunk;

or Regular and permanent inconveniences due to a medical necessity to avoid activities requiring

SEVERITY 2

4%	- Extended periods of immobilization of the trunk. Functional restrictions are sufficient to limit periods of uninterrupted driving to 1 or 2 hours;
-----------	--

or

- Repetitive or frequent efforts that place significant strain on the trunk.
-

The result of the overall evaluation of active mobilization capacity is between 21 and 40, indicating a significant difficulty with activities requiring moving and maintaining the position of the trunk;

- or** Regular and permanent inconveniences due to a medical necessity to avoid activities requiring

SEVERITY 3

- 8%** - Extended periods of immobilization of the trunk. Functional restrictions are sufficient to limit periods of uninterrupted driving to less than one hour;

or

- Repetitive or frequent efforts equivalent to handling loads of 5 to 10 kg.
-

The result of the overall evaluation of active mobilization capacity is between 41 and 60, indicating a severe difficulty with activities requiring moving and maintaining the 15% position of the trunk;

- SEVERITY 4** **or** Regular and permanent inconveniences due to a medical necessity to avoid activities requiring

15%

- Extended periods of immobilization of the trunk. Functional restrictions are sufficient to prevent or limit periods of uninterrupted driving to a few minutes.
-

The result of the overall evaluation of active mobilization capacity is greater than 60.

SEVERITY 5

30%

Capacity to move or maintain the position of the trunk is nonexistent or virtually nonexistent.

13. ABILITY TO MOVE AND MAINTAIN POSITION OF UPPER LIMB

The function of moving and maintaining the position of an upper limb, especially an hand*, makes it possible to reach and move objects in the pericorporeal space. It also makes it possible to reach various parts of the body, notably for personal care and hygiene.

* In the event of amputations, the distal extremity of the limb

This function is composed of two functional units.

13.1. Ability to Move and Maintain Position of Right Upper Limb

13.2. Ability to Move and Maintain Position of Left Upper Limb

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Impacts on the ability to move and maintain the position of an upper limb resulting from quadriplegia must not be evaluated using the rules provided in this unit but using the rules provided in the functional unit “Clinical Pictures of Paraplegia and Quadriplegia.”
3. In the case of an amputation, “Manual Dexterity” must also be evaluated.
4. The dominant limb shall be the limb most frequently used for daily activities, notably for writing.
5. The category of severity is determined by the situation with maximal impact, either the result of the overall weighted evaluation or any other situation described, including functional restrictions.
6. The overall weighted evaluation is performed in the event of a decrease of active mobilization.
 - a) The decrease in active mobilization is evaluated by measuring the maximum amplitudes of active movements obtained with optimal effort from the person being evaluated. The result must be consistent with the overall clinical evaluation. In the event of a discrepancy that cannot

be explained with medically accepted knowledge, the passive movement measurement is used.

b) The normal limit of the amplitude of the movement is obtained by comparison with the equivalent contralateral movement. When this cannot be done or when the contralateral movement is faulty, use conventional values generally accepted as normal for the age of the person.

c) For each movement, the importance of the loss is entered in the table.

— When the measure of the loss of amplitude of movement falls between 2 values, the closest value is used.

— When an examination indicates a decrease in both amplitude of the movement and muscle strength, the highest score is used.

OVERALL WEIGHTED EVALUATION

		Active Mobilization							
		Shoulder						Elbow	
		Anterior Elevation	Extension	Abduction	Adduction	Internal Rotation	External Rotation	Flexion	Extention
Muscle strength within normal limits (5/5)	Normal limits (Normal \pm a few degrees)	0	0	0	0	0	0	0	0
	Loss of approximately 10%	1	0.5	1	0.5	1	0.5	1	1
	Loss of approximately 25%	4	1	4	1	2	0.5	9	5
	Loss of approximately 50%	10	2	10	2	4	2	20	10
	Loss of approximately 75%	15	3	15	3	5	3	30	26
	Loss of 90% or more	21	5	21	5	8	5	35	35
	Total ankylosis in normal position of function	44						30	
	Total ankylosis in faulty position	65						35	
Muscle Weakness	Complete active movement against moderate resistance (4/5)	4	1	4	1	2	0.5	9	5
	Complete active movement against gravity (3/5)	10	2	10	2	4	2	20	10
	Complete active movement with gravity eliminated (2/5)	15	3	15	3	5	3	30	26
	Nonexistent active movement or limited to palpable contractions	21	5	21	5	8	5	35	35
Total of Overall Weighted Evaluation = _____ Points									

13.1. ABILITY TO MOVE AND MAINTAIN POSITION OF RIGHT UPPER LIMB**13.2. ABILITY TO MOVE AND MAINTAIN POSITION OF LEFT UPPER LIMB**

Non-dominant Limb: (ND)

Dominant Limb: (D)

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE After-effects of the permanent impairment, such as the loss of a few
MINIMUM degrees in the amplitude of movements without significant functional
THRESHOLD impact, are less than those resulting from the situation described in Severity 1.

SEVERITY 1 The result of the overall evaluation of active mobilization capacity
ND 1% is between 0.5 and 3, indicating a very slight difficulty with
D 1% activities requiring moving and maintaining the position of the upper limb.

The result of the overall evaluation of active mobilization capacity is between 3.5 and 6, indicating a slight difficulty with activities requiring moving and maintaining the position of the upper limb;

SEVERITY 2 or Regular and permanent inconveniences due to a medical necessity to
ND 2% avoid activities requiring repetitive or frequent efforts
D 2.5%

- That place significant strain on the upper limb;

or

- Requiring the moving of heavy objects.

The result of the overall evaluation of active mobilization capacity is between 6.5 and 16, indicating a moderate difficulty with activities requiring moving and maintaining the position of the upper limb;

SEVERITY 3

ND 4%

D 5%

or Regular and permanent inconveniences due to a medical necessity to avoid activities requiring repetitive or frequent efforts

- Equivalent to moving loads of approximately 5 to 10 kg.

SEVERITY 4
capacity

The result of the overall evaluation of active mobilization

ND 8%

is between 16.5 and 36, indicating a significant difficulty with activities requiring moving and maintaining the position of the upper limb.

D 10%

SEVERITY 5
capacity

The result of the overall evaluation of active mobilization

ND 15%

is between 36.5 and 59, indicating a very significant difficulty with activities requiring moving and maintaining the position of

the

upper limb.

D 18%

SEVERITY 6
capacity

The result of the overall evaluation of active mobilization

ND 20%

is between 60 and 89, indicating a severe difficulty with

activities

D 24%

requiring moving and maintaining the position of the upper limb.

SEVERITY 7	Active mobilization capacity of the upper limb is nonexistent or virtually nonexistent.
ND 24%	
D 30%	The result of the overall evaluation of active mobilization capacity is 90 or more.

14. MANUAL DEXTERITY (prehension and manipulation)

The manual dexterity function refers to the prehension, manipulation, and release of objects. Fine dexterity allows for the quick or precise manipulation of small objects with the fingers while gross dexterity allows for the manipulation of larger objects with the whole hand.

Manual dexterity is composed of 2 functional units:

14.1. Right Manual Dexterity

14.2. Left Manual Dexterity

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Impacts on manual dexterity resulting from quadriplegia must not be evaluated using to the rules provided in this unit but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."
3. Impacts resulting from an impairment to skin sensitivity of a hand must also be evaluated using the rules provided in the functional unit "Skin Sensitivity of Upper Limb."
4. The dominant limb shall be the limb most frequently used for daily activities, notably for writing.
5. The category of severity is determined by the situation with maximal impact, either the result of the overall weighted evaluation or any other situation described, including functional restrictions.

6. The overall weighted evaluation is performed in the event of a decrease of active mobilization.

1° The decrease in active mobilization is evaluated by measuring the maximum amplitudes of active movements obtained with optimal effort from the person being evaluated. The result must be consistent with the overall clinical evaluation. In the event of a discrepancy that cannot be explained with medically accepted knowledge, the passive movement measurement is used.

2° The normal limit of the amplitude of the movement is obtained by comparison with the equivalent contra lateral movement. When this cannot be done or when the contra lateral movement is faulty, use conventional values generally accepted as normal for the age of the person.

3° For each movement, the importance of the loss is entered in the tables provided.

4° The result of the overall weighted evaluation is the sum of the scores obtained in Tables A, B and C.

Table A: Fine and Power Grasp

Table B: Manipulation: Contribution of the Fingers

Table C: Manipulation: Contribution of the Wrist and Elbow/Forearm

— In Table C, when the result falls between 2 values, the closest value is used.

— In Tables B and C, when the examination indicates a decrease in both amplitude of the movement and muscle strength, the highest score is used.

TABLE A
FINE AND POWER GRASP

The quality of the grasp is evaluated on the basis of precision, strength, and speed of execution in grasping, holding, and releasing objects.

→ → Slight difficulty	The quality of the grasp is slightly diminished but grasping remains possible and efficient without compensation by other parts of the hand.
→ → Difficult, but remains efficient	The quality of the grasp is diminished but grasping remains possible and efficient with synergistic compensation by other parts of the hand.
→ → Difficult, not very efficient	Despite synergistic compensation by other parts of the hand, the quality of the grasp is significantly diminished. However, the grasp retains a certain usefulness.
→ → Inefficient or impossible	Despite synergistic compensation by other parts of the hand, grasping is inefficient or impossible with this hand.

		Within Normal Limits	Slight Difficulty	Difficult		Inefficient or Impossible
				Remains Efficient	Not Very Efficient	
Fine Grasp	Bipulpar / Ungual (sheet of paper / paper clip)	0	1	3	12	20
	Tridigital (pen)	0	1	3	12	20
	Pollici-latérodigitale (key)	0	1	3	12	20
Power Grasp	Hook (pail, briefcase)	0	1	3	12	20
	Cylindrical / Spherical (hammer / ball, bottle)	0	1	3	12	20
	Directional (screwdriver)	0	1	3	12	20

Total of Table A = _____ Points

TABLE B
MANIPULATION: CONTRIBUTION OF FINGERS

		Active Mobilization															
		Thumb*			Index Finger*			Middle Finger*			Ring Finger*			Little Finger*			
Loss of Amplitude of Movements	Muscle Strength (4 or 5/5)	IP	MP	CM	DIP	PIP	MP	DIP	PIP	MP	DIP	PIP	MP	DIP	PIP	MP	
		Normal limits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Decrease in amplitude of movement, functional position maintained	6	6	6	1.5	1.5	0.75	2	2	1	1	1	0.5	1.5	1.5	0.75	
	Total ankylosis in functional position	12	10	10	4	4	2	6	6	3	3	3	1.5	4	4	2	
	Total ankylosis in incomplete or faulty position	20	12	12	8	4	3	10	6	4	5	3	2	8	4	3	
	Amputation	20	12	12										8	4	3	
					8	4	3	10	6	4	5	3	2				
<p>When the amputation of a phalanx is partial, the score used is the one indicated for the joint closest to the site of the amputation. In the case of the distal phalanx, no score is given if more than 50% of the normal length of the phalanx is preserved.</p>																	
	Muscle Weakness (3/5 or less)	20	12	12	8	4	3	10	6	4	5	3	2	8	4	3	
															Total of Table B = _____ Points		

* IP: Interphalagial
PIP: Proximal Interphalagial
DIP: Distal Interphalagial
MP: Metacarpo-phalagial
CM: Carpo-metacarpal

TABLE C

MANIPULATION: CONTRIBUTION OF WRIST AND ELBOW/FOREARM

		Active Mobilization					
		Wrist				Elbow / Forearm	
		Flexion	Extension	Radial Deviation	Ulnar Deviation	Pronation	Supination
Loss of Amplitude of Movements	Muscle strength within normal limits (5/5)						
	Normal limits (Normal \pm a few degrees)	0	0	0	0	0	0
	Loss of approximately 10%	2	2	0.5	0.5	2	2
	Loss of approximately 25%	5	5	1	2	3	3
	Loss of approximately 50%	10	10	3	4	8	8
	Loss of approximately 75%	15	18	5	5	15	15
	Loss of 90% or more	18	20	6	6	18	18
	Total ankylosis in functional position	50				36	
Total ankylosis in faulty position	60				40		
Muscle Weakness	Complete active movement against moderate resistance (4/5)	5	5	1	2	3	3
	Complete active movement against gravity (3/5)	10	10	3	4	8	8
	Complete active movement with gravity removed (2/5)	15	18	5	5	15	15
	Nonexistent active movement or movement limited to palpable contractions	18	20	6	6	18	18
		Total of Table C = _____ Points					

14.1. RIGHT MANUAL DEXTERITY**14.2. LEFT MANUAL DEXTERITY**

Non-dominant Limb: (ND)

Dominant Limb: (D)

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE	After-effects of the permanent impairment, such as the loss of a few
MINIMUM	degrees in the amplitude of movements without significant functional
THRESHOLD	impact, are less than those resulting from the situation described in Severity 1.

SEVERITY 1	The result of the overall evaluation of active mobilization capacity is between 0.5 and 6.5, indicating a very slight difficulty for activities requiring manual dexterity;
ND 1%	or Regular and permanent inconveniences due to the medical necessity to avoid exposure to cold such as with a vascular impairment like a Raynaud's phenomenon.
D 1%	

SEVERITY 2	The result of the overall evaluation of active mobilization capacity is between 7 and 14.5, indicating a slight difficulty for
ND 2%	

activities

D 2.5% requiring manual dexterity.

SEVERITY 3 The result of the overall evaluation of active mobilization capacity is between 15 and 29.5, indicating a moderate difficulty for activities requiring manual dexterity;

ND 4%

D 6%

or Clumsiness such as trembling or dysmetria that nevertheless allows the person to use the hand for personal care.

SEVERITY 4 The result of the overall evaluation of active mobilization capacity

ND 6% is between 30 and 49.5, indicating a significant difficulty for activities requiring manual dexterity.

D 8%

SEVERITY 5 The result of the overall evaluation of active mobilization capacity

ND 12% is between 50 and 79.5, indicating a very significant difficulty for

D 15% activities requiring manual dexterity.

SEVERITY 6 The result of the overall evaluation of active mobilization capacity

ND 18% is between 80 and 129.5, indicating a severe difficulty for activities requiring manual dexterity.

D 22%

SEVERITY 7 The result of the overall evaluation of active mobilization capacity

ND 28% is between 130 and 199.5, indicating a very severe difficulty for activities requiring manual dexterity. Manual dexterity is limited to a minimum of useful activities.

N 35%

SEVERITY 8	The result of the overall evaluation of active mobilization capacity
ND 40%	is 200 or more. Manual dexterity is nonexistent or virtually
D 50%	nonexistent. No useful or effective action possible.

15. LOCOMOTION

Locomotion is the capacity to move from place to place. It also allows people to adopt and change body positions. Locomotion is the result of the functional synergy between the two lower limbs, the pelvis, and the trunk.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Impacts on locomotion resulting from paraplegia, quadriplegia, or balance disorders must not be evaluated using the rules provided in this unit but using the rules provided in the functional units "Clinical Pictures of Paraplegia and Quadriplegia" or "Clinical Pictures of Balance Disorders."
3. The term "efficiency" used in the categories of severity refers to the time it takes to perform the activity and the quality of the result.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM	After-effects of the permanent impairment, such as less than 1 cm difference in leg length or the loss of a few degrees of active
--------------------------	---

THRESHOLD mobilization with no significant functional impact, are less than those resulting from the situations described in Severity 1.

Locomotion capacity is slightly reduced.

Limitations: Walking at an ordinary pace, walking at a brisk pace, running, and performing complex movements are affected but remain efficient⁽¹⁾, notably by changing certain normal movements.

decrease
For example, slight functional impact resulting from joint instability, patello-femoral syndrome, or a decrease in the amplitude of one or more hip, knee, or ankle movements.

SEVERITY 1
2%

⁽¹⁾ **Efficient:** The time it takes to perform the activity and the quality of the result remain within normal limits.

Restrictions: The extent compares to such restrictions as those imposed by the need to wear

- A lift or corrective shoe insert to compensate for differences in leg lengths of 1 cm to 3.5 cm;
- A custom-fitted shoe to compensate for a disfigurement of the foot;
- Support stockings to satisfactorily control of circulatory disorders.

Locomotion capacity is moderately reduced.

Limitations: Walking occurs with a limp, despite the use of a technical aid like a corrective shoe insert,

or Walking at a brisk pace or running is less efficient but remains possible;

or Negotiating changes in ground level, stairs, and uneven ground is less efficient⁽¹⁾, but remains possible,

or Uninterrupted walking is limited to approximately 300 m to 500 m due to intermittent claudication;

or Complex movements like kneeling and crouching are less efficient but remain possible, notably by performing them more slowly and making changes to normal movements.

(1) **Less efficient:** Activity remains possible but takes more time to be performed OR the quality of the result is diminished.

SEVERITY 2

6%

Restrictions: The extent compares to such restrictions as those imposed by the need

- To wear a lift or corrective shoe insert to compensate for differences in leg lengths exceeding 3.5 cm;
- To wear a prosthesis or custom-fitted shoe because of the amputation of the 1st toe;
- To wear hinged knee brace, which is medically justified by symptomatic instability of the knee and necessary for performing demanding activities such as certain sports;
- To undergo medical or surgical treatments due to frequent, episodic exacerbations such as osteomyelitis relapses;

- To reduce locomotion activities due to circulatory problems that are poorly controlled despite therapeutic measures like with some cases of post-phlebitis syndrome.
-

Locomotion capacity is significantly reduced.

Limitations: Walking at brisk pace or running is only possible over very short distances such as with an arthrodesis of one ankle;

or Negotiating changes in ground level, stairs, and uneven ground is only possible over very short distances;

or Uninterrupted walking is limited to approximately 120 m to 300 m due to intermittent claudication;

SEVERITY 3
12%

or Complex movements like kneeling and crouching are inefficient or impossible.

Restrictions: The extent compares to such restrictions as those imposed by the need to wear

- A tibial-pedal prosthesis in the case of a neurological impairment with drop foot for example;
 - A hinged knee brace, which is medically justified by symptomatic instability of the knee and permanently necessary for performing all activities;
 - A prosthesis or custom-fitted shoe because of an amputation at the median point of a foot.
-

Locomotion capacity is very significantly reduced.

SEVERITY 6 45%	Restrictions: The extent compares to such restrictions as those imposed by the need to wear - A prosthesis due to a disarticulation of a knee, an amputation of a limb at the thigh level, or an amputation below the knee not permitting the wearing of a prosthesis with patellar support; - Prosthesis with patellar support due to amputation below the knee of both limbs.
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Locomotion capacity is nonexistent or almost nonexistent.

SEVERITY 7 60%	Limitations: Moving about requires the use of a wheelchair. Restrictions: The extent compares to such restrictions as those imposed by the need to wear - Prosthesis due to amputation at the thigh of both limbs.
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16. PROTECTION PROVIDED BY THE SKULL

The protection provided by the skull helps maintain the integrity of the brain.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. The evaluation must take into consideration the extent of any inconvenience resulting from preventive restrictions made necessary by a permanent, unreparable loss of continuity of the skull.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE After-effects of the permanent impairment, such as burr holes, are **MINIMUM** less than those resulting from the situation described in Severity **THRESHOLD** 1.

SEVERITY 1 Preventive restrictions made necessary by a permanent loss of
2% continuity of the skull such as an unrepaired section affecting an
area equal to or greater than 3 cm².

17. PROTECTION PROVIDED BY THE RIB CAGE AND ABDOMINAL WALL

The protection provided by the rib cage and abdominal wall helps maintain the integrity of the contents of the thorax and abdomen.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. When the presence of hernia is noted, it may be incisional, inguinal, femoral, umbilical or epigastric.
3. Impacts on digestive or respiratory functions must not be evaluated using the rules provided in this chapter but using the rules provided in the functional units that specifically deal with the observed impacts.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain,
and other consequences - resulting from a permanent impairment can be compared with those that
would result from the situation with maximum impact among the following:

**UNDER THE
MINIMUM
THRESHOLD** After-effects of the permanent impairment, such as a faulty consolidation of a rib or ribs with no functional impact or a repaired nonrecurrent hernia, are less than those resulting from the
the
situations described in Severity 1.

Inconveniences resulting from the medical necessity of functional restrictions or treatments required by

SEVERITY 1
1%

- Defects in the abdominal wall such as a recurrent or surgically unrepairable readily reducible single hernia;

or

- A limited but surgically unrepairable defect in the rib cage such as exeresis, pseudoarthrosis, or abnormal consolidation of one rib.

Inconveniences resulting from the medical necessity of functional restrictions or treatments required by

SEVERITY 2
2%

- Defects in the abdominal wall such as recurrent or surgically unrepairable readily reducible hernias;

or

- A significant, surgically unrepairable defect in the rib cage such

as exeresis, pseudoarthrosis, or abnormal consolidation of several ribs.

SEVERITY 3
5%

Inconveniences resulting from the medical necessity of functional restrictions or treatments required by

- Defects in the abdominal wall such as recurrent or surgically unrepairable hard to reduce hernia(s).
-

SEVERITY 4
7%

Inconveniences resulting from the medical necessity of functional restrictions or treatments required by

- Defects in the abdominal wall such as recurrent or surgically unrepairable non reducible hernias.
-

18. NASOPHARYNGEAL RESPIRATION

Nasopharyngeal respiration, which is provided by the nose, sinuses, and pharynx, allows the passage, filtration, moistening, and heating of air.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
MINIMUM
THRESHOLD** After-effects of the permanent impairment are less than those
resulting from the situations described in Severity 1.

Partial unilateral decrease in nasal air flow;
SEVERITY 1
1% or Local, unilateral irritant phenomena that may result, for example,
from a perforation of the nasal septum or damage to the mucosa.

Total unilateral or partial bilateral decrease in nasal air flow;
SEVERITY 2 or Local, bilateral irritant phenomena that may result, for example,
2% from a perforation of the nasal septum or damage to the mucosa;
or Need for medical treatments or follow-ups due to chronic,
persistent
sinus infections.

SEVERITY 3 Total bilateral nasal obstruction permanently requiring breathing
5% through the mouth.

19. DIGESTIVE FUNCTIONS

Digestive functions enable people to use food to produce energy, to grow, and to keep their bodies functioning.

Digestive functions are composed of 4 functional units.

19.1. Ingestion (chewing and swallowing including prehension and salivation)

19.2. Digestion and Absorption

19.3. Excretion

19.4. Hepatic and Biliary Functions

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Impacts on digestive functions resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."
3. The table below specifies the relative degree of the terms used in the descriptions of the categories of severity describing the impairments of the hepatic and biliary functions as "slight", "moderate", or "severe". Depending on the circumstances, the evaluation of the functional impairment may be documented by any other appropriate specific examination.

Specific Evaluation Impairment Criteria	"Slight" Impairment	"Moderate" Impairment	"Severe"
Bilirubin	0 - 35	> 35 - 100	> 100
Albumin	> 35	25 - 35	< 25
Ascites	-	Medically controlled	Uncontrolled
Neurological Signs	-	Controlled or intermittent	Poorly controlled, severe

Nutritional Status	Excellent	Good	Poor
INR*	Normal	> 1.5 - 2.5	> 2.5

* INTERNATIONAL NORMALIZED RATIO

19.1. INGESTION: Chewing and Swallowing Including Prehension and Salivation

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD After-effects of the permanent impairment, such as dental impairment or slight malocclusion with no impact on chewing, are less than those resulting from the situations described in Severity 1.

Loss of one or more teeth with the possibility of correction using a fixed prosthesis or implants;

or Unrepairable dental impairment sufficient to affect chewing;

SEVERITY 1 or Area(s) of altered sensitivity sufficient to affect chewing;

1%

or Hyposalivation or hypersalivation sufficient to affect chewing or

swallowing;

or Limitations to mouth opening, which nonetheless remains equal to or greater than 35 mm.

Loss of teeth with the possibility of correction using a removable prosthesis (including any related inconveniences), but not technically correctable with a fixed prosthesis or implants;

or Slight temporo-mandibular dysfunction sufficient to affect chewing;

SEVERITY 2

2% **or** Malocclusion sufficient to affect chewing;

or Limitations to mouth opening, which nonetheless remains equal to or greater than 30 mm;

or Mild salivary incontinence.

Total edentation of one maxilla with the possibility of correction using a removable prosthesis (including any related inconveniences), but not technically correctable with implants;

or Moderate to severe temporo-mandibular dysfunction;

SEVERITY 3

5% **or** Limitations to mouth opening, which nonetheless remains equal to or greater than 20 mm;

or Moderate to severe salivary incontinence;

or Medical necessity on a regular and permanent basis to follow a restrictive diet combined with medical treatments.

Total edentation of both maxillae with the possibility of correction using removable prostheses (including any related inconveniences),

but not technically correctable with implants;

SEVERITY 4 or Limitations to mouth opening, which nonetheless remains equal to
or

10% greater than 10 mm;

or Salivary and alimentary incontinence;

or Sufficient discomfort when chewing or swallowing to justify a soft diet (purees) on a permanent basis.

Total edentation of both maxillae, technically not correctable;

or Limitations to mouth opening, which is less than 10 mm;

SEVERITY 5 or Sufficient discomfort on chewing or swallowing to justify a liquid
diet on a permanent basis;

25%

or Necessity for artificial feeding on an intermittent basis combined with ongoing medical treatments or occasional surgical treatments;

or Medical necessity to perform serial dilations on a regular basis, which may cause severe functional discomfort.

SEVERITY 6 The function is nonexistent or virtually nonexistent, making
40% artificial feeding necessary on a permanent basis.

19.2. DIGESTION AND ABSORPTION

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental

suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.

SEVERITY 1 Medical necessity on a regular and permanent basis to take
2% medication to facilitate digestion or absorption, including possible side effects.

SEVERITY 2 Medical necessity on a regular and permanent basis to follow a
5% restrictive diet combined with medical treatments.

SEVERITY 3 Sufficient functional discomfort to affect nutritional status. The
10% impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of approximately 10% in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;

or Medical necessity to undergo treatments due to episodic exacerbations such as one or 2 episodes a year of recurrent chronic pancreatitis.

Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of 15 20% to in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;

SEVERITY 4

- 25%** **or** Medical necessity to undergo treatments due to frequent exacerbations such as 3 episodes or more a year of recurrent chronic pancreatitis;
- or** Medical necessity for intermittent artificial feeding combined with ongoing medical treatments and/or occasional surgical treatments.
-

- SEVERITY 5** Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of 25% or more in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;
- 40%**
- or** Medical necessity on a permanent basis for artificial feeding combined with ongoing medical treatments and/or occasional surgical treatments.
-

- SEVERITY 6** The function is nonexistent or virtually nonexistent, making intravenous feeding necessary on a permanent basis.
- 50%**
-

19.3. EXCRETION

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
MINIMUM
THRESHOLD** After-effects of the permanent impairment, such as the presence of non urgent diarrhea, are less than those resulting from the situation described in Severity 1.

SEVERITY 1 Urgent diarrhea on a regular and permanent basis with an average frequency of approximately 1 to 2 times a day;
2%
or Medical necessity on a regular and permanent basis to take medication to facilitate excretion, including possible side effects.

SEVERITY 2 Urgent diarrhea on a regular and permanent basis with an average frequency of approximately 3 to 5 times a day;
5%
or Manifestations of fecal incontinence (soiling) that justify the constant wearing of protection.

SEVERITY 3 Urgent diarrhea on a regular and permanent basis with an average frequency over 5 times a day;
10%
or Fecal incontinence of formed stools with an average frequency of 5 times or less a week.

SEVERITY 4 Total fecal incontinence;
35%
or Need for a permanent colostomy.

SEVERITY 5 Need for a permanent ileostomy.
40%

19.4. HEPATIC AND BILIARY FUNCTIONS

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment, such as the presence of biochemical anomalies that have no clinical impact and require no special medical follow-up, are less than those resulting from the situation described in Severity 1.
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SEVERITY 1 2%	Medical necessity on a regular and permanent basis to take medication to facilitate hepatic and biliary functions, including possible side effects.
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SEVERITY 2 5%	"Slight" functional impairment according to specific evaluation criteria.
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SEVERITY 3 10%	<p>Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory evaluations and is associated with permanent weight loss of approximately 10% in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;</p> <p>or Medical necessity to undergo treatments due to episodic exacerbations like recurrent cholangitis;</p> <p>or Medical necessity on a permanent basis for serial dilations due to an impairment to the biliary tree.</p>
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“Moderate” functional impairment according to specific evaluation criteria;

SEVERITY 4 **or** Sufficient functional discomfort to affect nutritional status. The impairment is confirmed 4 by clinical and laboratory testing and is

25% associated with permanent weight loss of 15 to 20% in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;

or Medical necessity to install an endoprosthesis with regular changes due to an impairment of the biliary tree.

“Severe” functional impairment according to specific evaluation criteria;

SEVERITY 5 **or** Sufficient functional discomfort to affect nutritional status. The impairment is confirmed by clinical and laboratory testing and is associated with permanent weight loss of 25% or more in comparison with prior weight or, according to circumstances, with the recommended weight for the age, sex, and body type;

40%

or Medical necessity for long-term percutaneous drainage.

20. CARDIO-RESPIRATORY FUNCTION

The cardiac and respiratory functions act together to oxygenate the blood and eliminate carbon dioxide so that people can produce energy and keep their bodies functioning.

The cardiac and respiratory functions are grouped under one functional unit.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.

2. Impacts on cardio-respiratory function resulting from quadriplegia must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit “Clinical Pictures of Paraplegia and Quadriplegia.”

3. Impacts on other functional units resulting from an impairment of the cardio-respiratory function must not be evaluated using the rules provided in this chapter but using the rules provided in the functional units that specifically deal with the observed impacts.

4. Endurance is the specific preferred criterion for overall evaluation of the cardio-respiratory function. Evaluations must be performed under optimal conditions, i.e., with maximum therapy. Depending on the circumstances, the impairment must be confirmed using one or more of the following tests:

A) Evaluation of the cardiac function

- Electrocardiogram with Holter if necessary
- Stress test
- Echocardiogram
- Any other specific examination appropriate to the circumstances

B) Evaluation of the respiratory function

The table below specifies the relative degree of the terms used in the descriptions of the categories of severity describing the impairments of the respiratory function as “moderate” “significant” or “severe.” Depending on the circumstances, the evaluation of the functional impairment may be documented by any other appropriate specific examination.

The VO₂MAX measurement is the predominant criterion for evaluating the extent of functional loss. When the actual loss is clinically greater, the evaluation may be documented using the other parameters indicated in the table as well as any other specific examination such as radiological examinations or measurements of other pulmonary volumes by plethysmography.

Parameter	Normal Limits	Moderate Impairment	Signifiant Impairment	Severe Impairment
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VO₂MAX	> 25 ml / (kg x min)	20 to 25 ml / (kg x min)	15 to 19 ml / (kg x min)	< 15 ml / (kg x min)
FVC / predicted	≥ 80%	60% to 79%	51% to 59%	≤ 50%
DLC / predicted	≥ 70%	60% to 69%	41% to 59%	≤ 40%

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE MINIMUM THRESHOLD	After-effects of the permanent impairment are less than those resulting from the situations described in Severity 1.
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Slight functional discomfort. However, endurance remains normal or almost normal.

Respiratory: Difficulty breathing due to partial pulmonary exeresis,
or a parietal, diaphragm, or pleural impairment.

SEVERITY 1
2%

Note: For a more significant functional impact, the category of severity is determined by respiratory function tests.

Cardiac: Functional impairment documented by a positive maximum stress test at over 7 mets;

or Documented arrhythmia satisfactorily controlled by medication.

Respiratory: Abnormal and permanent dyspnea with significant physical effort;

SEVERITY 2 **or** Difficulty breathing clinically manifested by a
5% permanent stridor.

Cardiac: Functional impairment documented by a positive maximum stress test at 7 mets.

Limited endurance capacity. Unaccustomed physical activity or significant physical effort causes excessive fatigue, palpitations, dyspnea, or angina. The person remains comfortable at rest and while performing normal daily physical activities.

Respiratory: Abnormal and permanent dyspnea when walking uphill at a normal pace;

SEVERITY 3 **or** "Moderate" impairment of the respiratory function
10% documented by respiratory function tests.

Cardiac: Functional impairment documented by a positive maximum stress test at 6 mets;

or Documented arrhythmia satisfactorily controlled by a pacemaker;

or Functional impairment documented by an ejection fraction of 40% to 50%.

Respiratory: Inconveniences related to the presence of a permanent tracheotomy.

SEVERITY 4
20%

Cardiac: Functional impairment documented by a positive maximum stress test at 5 met;

or Functional impairment documented by an ejection fraction of 30% to 39%.

Limited endurance capacity. Performing normal daily physical activities causes excessive fatigue, palpitations, dyspnea, or angina. The person remains comfortable at rest.

Respiratory: Abnormal and permanent dyspnea requiring stopping (after approximately 100 m) when walking at a normal pace on flat ground;

SEVERITY 5

30%

or "Significant" impairment of the respiratory function documented by respiratory function tests.

Cardiac: Functional impairment documented by a positive maximum stress test at 4 mets;

or Functional impairment documented by an ejection fraction of 25% to 29%.

Respiratory: Abnormal and permanent dyspnea that occurs while performing daily activities that require little effort such as walking at a slow pace on flat ground;

SEVERITY 6
60%

or "Severe" impairment of the respiratory function documented by respiratory function tests.

Cardiac: Functional impairment documented by a positive maximum stress test at 2 or 3 mets;

or Functional impairment documented by an ejection fraction of 20% to 24%.

Very limited endurance capacity. All physical activity causes an increase in clinical signs. The person is uncomfortable performing the least physical activity and is uncomfortable even at rest.

SEVERITY 7 **Respiratory:** Abnormal and permanent dyspnea with the least effort;
85%

or Need for permanent oxygen therapy (15-18 hours/day).

Cardiac: Functional impairment documented by a positive maximum stress test at less than 2 mets;

or Functional impairment documented by an ejection fraction of less than 20%.

SEVERITY 8 Absence of spontaneous respiration and dependence on a respirator.
100%

21. URINARY FUNCTIONS

The functions of the urinary tract is to eliminate metabolic waste from the body and control the concentrations of the various components of the blood and other body fluids.

Urinary functions are composed of 2 functional units.

21.1. Renal Function

21.2. Micturition

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.

2. Impacts on urinary functions resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit “Clinical Pictures of Paraplegia and Quadriplegia.”

3. Impacts on other functional units resulting from complications due to high blood pressure must not be evaluated using the rules provided in this chapter but using the rules provided in the functional units that specifically deal with the observed impacts.

4. The measurement of creatinine clearance is the main criterion for documenting an impairment to the renal function. Depending on the circumstances, the evaluation of the functional impairment may be documented by any other appropriate specific examination such as renal scanning.

21.1. RENAL FUNCTION

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE After-effects of the permanent impairment, such as biochemical or **MINIMUM** hematological anomalies with no significant clinical impacts, are **THRESHOLD** less than those resulting from the situation described in
Severity 1.

SEVERITY 1
2% Inconveniences related to the need on a regular and permanent basis to take medication due to high blood pressure, including possible side effects. Blood pressure is maintained at 160/90 or less with the treatment.

Persistent high blood pressure, minima between 90 and 120, despite taking medication on a regular and permanent basis;

or Renal function diminished but remaining greater than 75% of normal;

SEVERITY 2

5% or Occasional exacerbations caused by high urinary tract infections (2 to 3 per year) despite treatments and medical follow-up;

or Preventive restrictions due to the relative risk represented by the shutdown or the loss of a kidney.

Persistent high blood pressure, minima greater than 120, despite taking medication on a regular and permanent basis;

or Renal function diminished but remaining between 50% and 75% of normal;

SEVERITY 3

15% or Frequent exacerbations caused by high urinary tract infections (6 to 12 per year) despite treatments and medical follow-up (such as with chronic pyelonephritis);

or Need for immunosuppressive treatments, including side effects, in the case of a kidney transplant.

SEVERITY 4 Renal function diminished with clinical manifestations and a change

30% in general health. Retained renal function is less than 50% of normal.

SEVERITY 5 Renal function diminished with clinical manifestations and a change in general health. Retained renal function is less than 25% of

50% normal;

or Need for dialysis on a permanent basis.

Renal function diminished with a severe change in general health

SEVERITY 6 that is sufficient to confine the person to his or her room. The
90% person is entirely or almost entirely dependent on others for
performing most daily activities.

21.2. MICTURITION

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

UNDER THE After-effects of the permanent impairment, such as slight increase
MINIMUM in frequency or duration of micturition with no significant
clinical
THRESHOLD impacts, are less than those resulting from the situation
described
in Severity 1.

SEVERITY 1 Recurrent urinary tract infections despite medical treatments and
2% follow-up.

Trouble with micturition severe enough to justify regular treatments or quarterly urethral dilations;

SEVERITY 2

5% **or** Urgent micturition or incontinence during coughing or exertion sufficient to require protection to be worn on a regular basis but insufficient to require regular use of diapers.

Trouble with micturition severe enough to justify monthly urethral dilations, intermittent catheterization, or percussion micturition;

SEVERITY 3
10% **or** Urinary incontinence in the form of significant daily leaking between micturitions sufficient to require the regular use of diapers;

or Inconveniences related to the need of an artificial continence sphincter;

or Inconveniences related to the need to implant a sacral stimulator.

Total urinary incontinence at the least effort or change in position, and even at rest;

SEVERITY 4
20% **or** Inconveniences related to the need to leave a urethral catheter in place;

or Inconveniences related to the need for an external urinary derivation such as a subpubic cystostomy or an ileal bladder.

22. GENITO-SEXUAL FUNCTIONS

The genito-sexual functions are used to accomplish sex acts for pleasure and/or procreation.

Genital sexual activity and procreation are occasionally complementary, but remain distinct in terms of their purpose. An impairment of one of these functions does not necessarily involve an impairment of the other. Termination of pregnancy is also taken into consideration when evaluating non-pecuniary damage, even when the procreation function is not permanently affected.

The genito-sexual functions are composed of three functional units.

22.1. Genital Sexual Activity**22.2. Procreation (this also refers to the ability to give birth)****22.3. Termination of Pregnancy****EVALUATION RULES**

1. See the provisions of Chapter III of the Regulation.
2. Impacts on genito-sexual functions resulting from paraplegia or quadriplegia must not be evaluated using the rules provided in this chapter but using the rules provided in the functional unit "Clinical Pictures of Paraplegia and Quadriplegia."

22.1. GENITAL SEXUAL ACTIVITY**CATEGORIES OF SEVERITY**

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
MINIMUM
THRESHOLD**

After-effects of the permanent impairment are less than those resulting from the situation described in Severity 1.

SEVERITY 1
attenuated

1%

Trouble performing genital sexual activities that may be attenuated by minor palliative measures such as the use of a lubricant.

SEVERITY 2
5%

Clinical manifestations such as pain in women during sexual intercourse (dyspareunia) that make genital sexual activities more difficult;

with **or** Erectile dysfunction. Genital sexual activities remain possible
 oral medication or measures such as intracavernous injections,
 intraurethral suppositories, or vacuum pumps.

SEVERITY 3 Need for a genital prosthesis in order to perform genital sexual
10% activities.

SEVERITY 4 Genital sexual activities are impossible despite all treatment
25% measures.

22.2. PROCREATION

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
 MINIMUM
 THRESHOLD** After-effects of the permanent impairment are less than those
 resulting from the situation described in Severity 1.

SEVERITY 1 Inconveniences related to the relative risk represented by the loss
2% of a testicle or an ovary.

Note: financial assistance is only awarded if procreation was

possible at
the time of the criminal offence.

Ovulation difficult but possible with a specific medication such as a fertility drug;

or Woman's procreation function affected, but fertilization is still possible with a specialized medical procedure such as artificial insemination or in vitro fertilization;

SEVERITY 2 **or** Man's procreation function affected (e.g., retrograde ejaculation)

5% but fertilization is still possible with a specialized medical procedure;

or Inconveniences related to the need for a cesarean section to give birth.

Note: This situation can only be accepted once, i.e., following the first birth.

SEVERITY 3 Procreation is impossible despite all treatment measures.
25%

22.3. TERMINATION OF PREGNANCY

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

SEVERITY 1 Loss of one embryo or fetus.

8%

SEVERITY 2 Loss of more than one embryo or fetus.

12%

23. ENDOCRINE, HEMATOLOGICAL, IMMUNE, AND METABOLIC FUNCTIONS

The endocrine, hematological, immune, and metabolic functions play a role that has an impact on the functioning of the entire body.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

**UNDER THE
MINIMUM
THRESHOLD** After-effects of the permanent impairment, such as biochemical or hematological anomalies with no significant clinical impact, are less than those resulting from the situations described in Severity 1.

Regular and permanent need

for medication, which may cause side effects;

SEVERITY 1

2%

or

to take preventive measures and action due to a risk of transmission of a viral infection or a risk of infection such as following splenectomy.

Slight impairment to general health with frequent exacerbations, fatigability, and a slight reduction of endurance;

SEVERITY 2

5%

or The regular and permanent need to receive one or several injections once or twice a day;

or The regular and permanent need to follow a restrictive diet combined with medical treatments.

Moderate impairment to general health with asthenia. The problem limits the ability to perform unaccustomed physical activities or physical activities requiring significant effort such as running or rapidly climbing a number of stairs. However, the person remains able to perform relatively demanding activities such as walking long distances or climbing 2 floors at a normal pace;

SEVERITY 3

15%

or Regular and permanent need to receive one or several injections more than twice a day.

Significant impairment to general health with asthenia. The problem limits the ability to perform many normal daily activities but the person remains able to perform moderate activities such as walking

SEVERITY 4

30% at a normal pace or doing regular household chores, with the exception of heavy work.

SEVERITY 5
60% Severe impairment to general health with asthenia. Endurance is limited to light activities such as certain essential daily activities like getting dressed, managing self care, and moving around the home.

SEVERITY 6
90% Very severe impairment to general health with asthenia. The person is totally or almost totally dependent on another person to perform most daily activities and is practically confined to his or her room.

24. CLINICAL PICTURES OF PARAPLEGIA AND QUADRIPLEGIA

Paraplegia or quadriplegia resulting from a spinal cord injury has an impact on a number of bodily functions as well as a severe esthetic impact.

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. This chapter deals exclusively with the conditions of paraplegia or quadriplegia (neurological levels C1 to L5). All the impacts on any other functional unit resulting from paraplegia or quadriplegia are included in the categories of severity of this unit.
3. Esthetic impairment that results from changes to form and contours (e.g., atrophy, contractures) or from the use of technical devices or aids (e.g., orthosis, urethral catheter, wheelchair) are included in the categories of severity of this unit.
4. The preferred criterion for evaluating the impacts of paraplegia or quadriplegia on the performance of activities of daily living is residual functional potential. Motor level and functional potential are evaluated based on the criteria of the American Spinal Injury Association (ASIA) in "International Standards for Neurological and Functional Classification of Spinal Cord Injury, revised 1996."

5. For other medullary or radicular impairments, the impacts must be evaluated using the rules provided in the functional or esthetic units that specifically deal with the observed impacts, for example

- Medullary impairment at a neurological level under L5,
- Brown-Séquard syndrome, central medullary syndrome, anterior medullary syndrome,
- Cerebral impairment (hemiplegia),
- Peripheral nervous system impairment (compression of nerve roots, lumbar plexus impairment)

CATEGORIES OF SEVERITY

After-effects experienced in daily life - loss of enjoyment of life, mental suffering, pain, and other consequences - resulting from a permanent impairment can

be compared with those that would result from the situation with maximum impact among the following:

SEVERITY 1 75%	Functional potential is equivalent to a motor level between D8 and L5.
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SEVERITY 2 80%	Functional potential is equivalent to a motor level between D2 and D7.
--------------------------	--

SEVERITY 3 85%	Functional potential is equivalent to a motor level of C8 or D1.
--------------------------	--

SEVERITY 4 90%	Functional potential is equivalent to a motor level of C7.
--------------------------	--

SEVERITY 5 Functional potential is equivalent to a motor level of C6.
95%

SEVERITY 6 Functional potential is equivalent to a motor level between C1 and
100% C5.

25. ESTHETIC

Esthetic prejudice results from a deterioration in general appearance due to an impairment to the skin or to the form or contours of the body.

Esthetic is composed of eight units:

25.1. Esthetic of the Skull and Scalp

25.2. Esthetic of the Face

25.3. Esthetic of the Neck

25.4. Esthetic of the Trunk and Genital Organs

25.5. Esthetic of the Right Upper Limb

25.6. Esthetic of the Left Upper Limb

25.7. Esthetic of the Right Lower Limb

25.8. Esthetic of the Left Lower Limb

EVALUATION RULES

1. See the provisions of Chapter III of the Regulation.
2. Esthetic prejudice that becomes apparent when performing a function (such as limping, salivary incontinence), or that results from the use of technical devices or aids (such as orthosis, prosthesis) must not be evaluated using the rules provided in this chapter. This dynamic component is already taken into consideration in the percentages awarded for the

categories of severity in each of the functional units that specifically deal with the observed impacts.

3. In paraplegia or quadriplegia, esthetic prejudice resulting from changes to form and contours (such as atrophy, contractures) or from the use of technical devices or aids (such as orthosis, urethral catheter, wheelchair) must not be evaluated using the rules provided in this chapter. This component is already taken into consideration in the percentages awarded in the categories of severity of the functional unit “Clinical Pictures of Paraplegia and Quadriplegia.”

4. Permanent esthetic impairment must not only be visible, it must be apparent, that is, it must be clearly visible at 50 cm. Any “apparent” impairment is taken into consideration despite the fact that it is normally hidden by clothing or hair.

5. The following 4 categories of impairment are the retained criteria for the evaluation:

▶▶ **Change in skin colour:** hypopigmentation or hyperpigmentation due to damage to the superficial dermis. The deep dermis is not damaged. Suppleness, elasticity, hydration, and pilosity are retained.

▶▶ **Flat scars:** linear or almost linear, well oriented in the same direction as natural skin creases, at the same level as the adjoining tissue and almost the same colour. They do not cause contractures or distortion of neighboring structures.

▶▶ **Faulty scars:** linear or plaques, misaligned or cross over a natural skin crease. They may be irregular, depressed, deeply adhering, retractile, keloidal, hypertrophic, or pigmented.

▶▶ **Change in shape and contours:** disfigurement, tissue loss, atrophy, or amputation.

6. The anatomical boundaries retained to separate contiguous parts of the body are the following:

▶▶ **Skull and Scalp:**

Region inside the normal, usual hairline. In the presence of baldness, the anatomical boundary corresponds to what would have been the normal hairline.

▶▶ **Face:**

Region defined by the anatomical boundaries of the skull and neck.

Fifteen (15) anatomical elements are used for the purposes of evaluating form and contours:

· Right half of forehead

- Left half of forehead
- Right orbit/eyelid
- Left orbit/eyelid
- Nose
- Right eye (visible part of the ocular globe)
- Left eye (visible part of the ocular globe)
- Right cheek
- Left cheek
- Mouth (visible part when open)
- Upper lip
- Lower lip
- Chin
- Right ear
- Left ear

» **Neck:**

Upper boundary: line following the lower part of the body of the mandible, continuing along the vertical rami to the temporomandibular joints and then along the normal usual hairline.

Lower boundary: line beginning at the jugular notch, continuing along the upper edge of the clavicle to the mid-point and then to the C7 spinous process.

» **Trunk and Genital Organs:**

Region defined by the anatomical boundaries of the neck , the upper limbs and the lower limbs

» **Upper Limb (upper boundary):**

Circular line beginning at the apex of the armpit, extending backwards and forwards, and ending at the mid-point of the clavicle.

►► **Lower Limb (upper boundary):**

Line beginning at the median upper edge of the pubic symphysis, continuing obliquely to the antero-superior iliac spine, then along the upper edge of the iliac crest, and ending at the upper vertical boundary of the gluteal fold.

For each esthetic unit, the category of severity is determined by the result of the overall weighted evaluation. The evaluation is conducted in 4 steps:

Step 1: Describe all esthetic impairments found during the clinical evaluation.

Step 2: For each category of impairment (permanent changes to skin colour, flat scars, faulty scars, and changes to form and contours), determine the description corresponding to the result of the clinical evaluation. Only one score may be assigned per category of impairment.

Step 3: Add the scores.

Step 4: Determine the category of severity based on the appropriate correlation table.

25.1. ESTHETIC OF THE SKULL AND SCALP

OVERALL WEIGHTED EVALUATION

Changes of Skin Color	Flat Scars	Faulty Scars	Changes to Form and Contours, Non-Cicatricial Alopecia
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is $< 15 \text{ cm}^2$ and/or area of color very different from neighboring skin, apparent at 3 m, total area is $< 2 \text{ cm}^2$	Total length is $< 10 \text{ cm}$	Linear, total length is $< 3 \text{ cm}$ and/or plaques, total area is $< 2 \text{ cm}^2$	Area of non-cicatricial alopecia, total area is $< 2 \text{ cm}^2$
0.5	0.5	0.5	0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is $\geq 15 \text{ cm}^2$ and/or area of color very different from neighboring skin, apparent at 3 m, total area is $\geq 2 \text{ cm}^2$ but $< 5 \text{ cm}^2$	Total length is $\geq 10 \text{ cm}$	Linear, total length is $\geq 3 \text{ cm}$ but $< 10 \text{ cm}$ and/or plaques, total area is $\geq 2 \text{ cm}^2$ but $< 5 \text{ cm}^2$	Area of non-cicatricial alopecia, total area is $\geq 2 \text{ cm}^2$ but $< 2 \text{ cm}^2$ and/or slight disfigurement of the skull
2	2	2	2
Area of color very differente from neighboring skin, apparent at 3 m, total area is $\geq 5 \text{ cm}^2$ but $< 25\%$ of the entire skull and scalp		Linear, total length is $\geq 10 \text{ cm}$ but $< 25 \text{ cm}$ and/or plaques, total area is $\geq 5 \text{ cm}^2$ but $< 15 \text{ cm}^2$	Area of non-cicatricial alopecia, total area is $\geq 5 \text{ cm}^2$ and/or moderate disfigurement of the skull
7		7	7
Area of color very differente from neighboring skin, apparent at 3 m, total area is $\geq 25\%$ of the entire skull and scalp		Linear, total length is $\geq 25 \text{ cm}$ and/or plaques, total area is $\geq 15 \text{ cm}^2$ but $< 25\%$ of the entire skull and scalp	Significant disfigurement of the skull
		20	20
		Extensive and unsightly scars, total area is $\geq 25\%$ of the entire skull and scalp	Severe and unsightly disfigurement affecting almost the entire skull
		40	40
Total Weighted Evaluation: _____ Points			

25.2. ESTHETIC OF THE FACE

OVERALL WEIGHTED EVALUATION

Changes of Skin Color	Flat Scars	Faulty Scars	Changes to Form and Contours, Non-Cicatricial Alopecia
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 10 cm ² and/or area of color very different from neighboring skin, apparent at 3 m, total area is < 2 cm ²	Total length is < 5 cm	Linear scars, total length is < 2 cm and/or plaques, total area is < 1 cm ²	Slight disfigurement of 1 anatomical element*
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is and/or area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 2 cm ² but < 5 cm ²	Total length is ≥ 5 cm but < 20 cm	Linear scars, total length is ≥ 2 cm but < 5 cm and/or plaques, total area is ≥ 1 cm ² but < 3 cm ²	Slight disfigurement of 2 or more anatomical and/or moderate disfigurement of 1 anatomical element*
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm ² but < 10 cm ²	Total length is ≥ 20 cm	Linear scars, total length is ≥ 5 cm but < 15 cm and/or plaques, total area is ≥ 3 cm ² but < 10 cm ²	Moderate disfigurement of 2 or more anatomical elements* and/or significant disfigurement of 1 anatomical element*
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 10 cm ²		Linear scars, total length is ≥ 15 cm and/or plaques, total area is ≥ 10 cm ² but < 25% of the entire face	Significant disfigurement of 2 or more anatomical elements*
		Extensive and conspicuous scars, total area is ≥ 25% but < 50% of the entire face	Severe and unsightly disfigurement affecting approximately 50% of the face
		Extensive and unsightly scars corresponding to disfiguration	Deformation of almost the entire face corresponding to disfiguration
<p>Note: See point / of evaluation rules in this chapter for the list of anatomical elements to be evaluated.</p>			
Total Weighted Evaluation: _____ Points			

25.3. ESTHETIC OF THE NECK

OVERALL WEIGHTED EVALUATION

Changes of Skin Color	Flat Scars	Faulty Scars	Changes to Form and Contours, Non-Cicatricial Alopecia
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 10 cm ² and/or area of color very different from neighboring skin, apparent at 3 m, total area is < 2 cm ²	Total length is < 5 cm	Linear scars, total length is < 2 cm and/or plaques, total area is < 1 cm ²	Very slight disfigurement of the neck, apparent at 50 cm but not very apparent at 3 m
0.5	0.5	0.5	0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 10 cm ² and/or area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 2 cm ² but < 5 cm ²	Total length is ≥ 5 cm but < 20 cm	Linear scars, total length is ≥ 2 cm but < 5 cm and/or plaques, total area is ≥ 1 cm ² but < 3 cm ²	Slight disfigurement of the neck
2	2	2	2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm ² but < 25% of the entire neck	Total length is ≥ 20 cm	Linear scars, total length is ≥ 5 cm but < 15 cm and/or plaques, total area is ≥ 3 cm ² but < 10 cm ²	Moderation disfigurement of the neck
7	7	7	7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25% of the entire neck		Linear scars, total length is ≥ 15 cm and/or plaques, total area is ≥ 10 cm ² but < 25% of the entire neck	Significant disfigurement of the neck
20		20	20
		Extensive and unsightly scars, total area is ≥ 25% of the entire neck	Severe and unsightly disfigurement affecting almost the entire neck
		40	40
Total Weighted Evaluation: ____ Points			

OVERALL WEIGHTED EVALUATION

Changes of Skin Color Flat Scars Faulty Scars Changes
to Form and Contours, Non-Cicatricial Alopecia

Area of color slightly different from neighboring skin, apparent at 50 cm but not
very apparent at 3 m, total area is

< 10 cm² }

Total length is

< 5 cm }

Linear scars, total length is < 2 cm }

Very slight disfigurement of the neck, apparent at
50 cm but not very apparent at 3 m }

and/or 0.5 0.5 and/or 0.5 0.5
area of color very different from neighboring skin, apparent at 3 m, total area is
< 2 cm² plaques, total area is
< 1 cm²

Area of color slightly different from neighboring skin, apparent at 50 cm but not
very apparent at 3 m, total area is

Š 10 cm² }

Total length is

Š 5 cm but < 20 cm }

Linear scars, total length is Š 2 cm but

< 5 cm }

Slight disfigurement of the neck }

and/or 2 2 and/or 2 2
 area of color very different from neighboring skin, apparent at 3 m, total area is
 Š 2 cm² but < 5 cm² plaques, total area is
 Š 1 cm² but < 3 cm²
 Area of color very different from neighboring skin, apparent at 3 m, total area is
 Š 5 cm² but < 25% of the entire neck } Total length is
 Š 20 cm } Linear scars, total length is Š 5 cm but
 < 15 cm } Moderation disfigurement of the neck }

7
 7 and/or
 7
 7
 plaques, total area is
 Š 3 cm² but < 10 cm²

Area of color very differente from neighboring skin, apparent at 3 m, total area
 is
 Š 25% of the entire neck }
 Linear scars, total length is Š 15 cm } Significant disfigurement of
 the neck }

20 and/or
 20
 20
 plaques, total area is
 Š 10 cm² but < 25% of the entire neck
 Extensive and unsightly scars, total area is Š 25% of the
 entire neck } 40 Severe and unsightly disfigurement affecting almost the entire
 neck } 40

Total Weighted Evaluation:

____Points

25.4. ESTHETIC OF THE TRUNK AND GENITAL ORGANS

OVERALL WEIGHTED EVALUATION

Changes of Skin Color	Flat Scars	Faulty Scars	Changes to Form and Contours, Non-Cicatricial Alopecia
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 25 cm ² and/or area of color very different from neighboring skin, apparent at 3 m, total area is < 5 cm ² } 0.5	Total length is < 10 cm } 0.5	Linear scars, total length is < 5 cm and/or plaques, total area is < 5 cm ² } 0.5	Very slight disfigurement of the trunk, apparent at 50 cm but not very apparent at 3 m } 0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 25 cm ² and/or area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm ² but < 25 cm ² } 2	Total length is ≥ 10 cm but < 25 cm } 2	Linear scars, total length is ≥ 5 cm but < 10 cm and/or plaques, total area is ≥ 5 cm ² but < 10 cm ² } 2	Slight disfigurement of the trunk } 2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 cm ² but < 25% of the entire trunk } 7	Total length is ≥ 25 cm } 7	Linear scars, total length is ≥ 10 cm but < 25 cm and/or plaques, total area is ≥ 10 cm ² but < 50 cm ² } 7	Moderate disfigurement of the trunk and/or of the genital organs and/or of the breasts (woman only) } 7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25% of the entire trunk } 20		Linear scars, total length is ≥ 25 cm and/or plaques, total area is ≥ 50 cm ² but < 25% of the entire trunk } 20	Significant disfigurement of the trunk and/or of the genital organs and/or of the breasts (woman only) } 20
		Extensive and unsightly scars, total area is ≥ 25% but < 50% of the entire trunk } 40	Severe disfigurement of the trunk and/or of the genital organs and/or of the breasts (woman only) } 40
		Extensive and unsightly scars, total area is ≥ 50% of the entire trunk } 80	Severe and unsightly disfigurement affecting almost the entire trunk } 80
Total Weighted Evaluation: _____ Points			

25.5. ESTHETIC OF THE RIGHT UPPER LIMB**25.6. ESTHETIC OF THE LEFT UPPER LIMB**

OVERALL WEIGHTED EVALUATION

Changes of Skin Color	Flat Scars	Faulty Scars	Changes to Form and Contours, Non-Cicatricial Alopecia
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is $< 25 \text{ cm}^2$ and/or area of color very different from neighboring skin, apparent at 3 m, total area is $< 5 \text{ cm}^2$ } 0.5	Total length is $< 10 \text{ cm}$ } 0.5	Linear scars, total length is $< 3 \text{ cm}$ and/or plaques, total area is $< 2 \text{ cm}^2$ } 0.5	Very slight disfigurement of the trunk, apparent at 50 cm but not very apparent at 3 m } 0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is $\geq 25 \text{ cm}^2$ and/or area of color very different from neighboring skin, apparent at 3 m, total area is $\geq 5 \text{ cm}^2$ but $< 25 \text{ cm}^2$ } 2	Total length is $\geq 10 \text{ cm}$ but $< 25 \text{ cm}$ } 2	Linear scars, total length is $\geq 3 \text{ cm}$ but $< 5 \text{ cm}$ and/or plaques, total area is $\geq 2 \text{ cm}^2$ but $< 5 \text{ cm}^2$ } 2	Slight disfigurement of the limb, such as an amputation of 1 or 2 phalanges } 2
Area of color very different from neighboring skin, apparent at 3 m, total area is $\geq 25 \text{ cm}^2$ but $< 25\%$ of the entire limb } 7	Total length is $\geq 25 \text{ cm}$ } 7	Linear scars, total length is $\geq 5 \text{ cm}$ but $< 15 \text{ cm}$ and/or plaques, total area is $\geq 5 \text{ cm}^2$ but $< 25 \text{ cm}^2$ } 7	Moderate disfigurement of the limb such as an amputation of 1 or 2 fingers, or 1 or 2 metacarpals } 7
Area of color very different from neighboring skin, apparent at 3 m, total area is $\geq 25\%$ of the entire limb } 20		Linear scars, total length is $\geq 15 \text{ cm}$ and/or plaques, total area is $\geq 25 \text{ cm}^2$ but $< 25\%$ of the entire limb } 20	Significant disfigurement of the limb such as an amputation of more than 2 fingers or 2 metacarpals } 20
		Extensive and unsightly scars, total area is $\geq 25\%$ but $< 50\%$ of the entire limb } 40	Severe and unsightly disfigurement of the limb as amputation at the wrist or forearm } 40
		Extensive and unsightly scars, total area is $\geq 50\%$ of the entire limb } 80	Severe and unsightly disfigurement of almost the entire limb such as the amputation at the arm } 80
Total Weighted Evaluation: _____ Points			

25.7. ESTHETIC OF THE RIGHT LOWER LIMB

25.8. ESTHETIC OF THE LEFT LOWER LIMB

OVERALL WEIGHTED EVALUATION

Changes of Skin Color	Flat Scars	Faulty Scars	Changes to Form and Contours, Non-Cicatricial Alopecia
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 25 cm ² and/or area of color very different from neighboring skin, apparent at 3 m, total area is < 5 cm ²	Total length is < 10 cm	Linear scars, total length is < 5 cm and/or plaques, total area is < 5 cm ²	Very slight disfigurement of the limb, apparent at 50 cm but not very apparent at 3 m
} 0.5	} 0.5	} 0.5	} 0.5
Area of color slightly different from neighboring skin, apparent at 50 cm but not very apparent at 3 m, total area is < 25 cm ² and/or area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 5 cm ² but < 25 cm ²	Total length is ≥ 10 cm but < 25 cm	Linear scars, total length is ≥ 5 cm but < 10 cm and/or plaques, total area is ≥ 5 cm ² but < 10 cm ²	Slight disfigurement of the limb, such as an amputation of 1 or 2 toes
} 2	} 2	} 2	} 2
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25 cm ² but < 25% of the entire limb	Total length is ≥ 25 cm	Linear scars, total length is ≥ 10 cm but < 25 cm and/or plaques, total area is ≥ 10 cm ² but < 50 cm ²	Moderate disfigurement of the limb such as an amputation of more than 2 toes
} 7	} 7	} 7	} 7
Area of color very different from neighboring skin, apparent at 3 m, total area is ≥ 25% of the entire limb		Linear scars, total length is ≥ 25 cm and/or plaques, total area is ≥ 50 cm ² but < 25% of the entire limb	Significant disfigurement of the limb such as an amputation of a foot
} 20		} 20	} 20
		Extensive and unsightly scars, total area is ≥ 25% but < 50% of the entire limb	Severe and unsightly disfigurement of almost the entire limb such as an amputation at ankle or lower leg
		} 40	} 40
		Extensive and unsightly scars, total area is ≥ 50% of the entire limb	Severe and unsightly disfigurement of almost the entire limb such as the amputation at thigh
		} 80	} 80
Total Weighted Evaluation:: _____ Points			

CATEGORIES OF SEVERITY

Under the Minimum Threshold

After-effects of the permanent impairment, such as a scar that is barely visible and not apparent at 50 cm, are less than those resulting from the situation described in Severity 1.

CATEGORIES OF SEVERITY ACCORDING TO THE RESULT OF THE OVERALL WEIGHTED EVALUATION

	Under the Minimum Threshold	0.5 to 1	1.5 to 5	6 to 19	20 to 39	40 to 79	80 and over
	N/A*	SEVERITY 1	SEVERITY 2	SEVERITY 3	SEVERITY 4	SEVERITY 5	SEVERITY 6
25.1. Skull and Scalp	N/A	0.5%	1%	3%	5%		8%
25.2. Face	N/A	1%	3%	7%	15%	30%	50%
25.3. Neck	N/A	0.5%	1%	3%	5%		8%

25.4.								
Trunk								
and								
Genital								
Organs	N/A	0.5%	1%	3%	6%	9%	12%	
<hr/>								
25.5.								
Right								
Upper								
Limb	N/A	0.5%	1%	3%	6%	9%	12%	
<hr/>								
25.6.								
Left								
Upper								
Limb	N/A	0.5%	1%	3%	6%	9%	12%	
<hr/>								
25.7.								
Right								
Lower								
Limb	N/A	0.5%	1%	3%	6%	9%	12%	
<hr/>								
25.8.								
Left								
Lower								
Limb	N/A	0.5%	1%	3%	6%	9%	12%	

(*) Not applicable

SCHEDULE II

(s. 28)

SCHEDULE OF INTERFERENCES WITH THE INTEGRITY

Title I: Head and Neck

Title II: Face

Title III: Thorax

Title IV: Abdomen and Pelvic Contents

Title V: Spinal Column

Title VI: Right Upper Limb

Title VII: Left Upper Limb

Title VIII: Right Lower Limb

Title IX: Left Lower Limb

Title X: Psychic System

Title XI: Total Body Surface

Title XII: Complications

Title I: Head and Neck**Severity Rating**

· Burns	see Title XI: Surface
· Contusions where skin is not broken	see Title XI: Surface
· Sprains	
Cervical sprain	see Title V: Spinal Column
· Fractures	

Skull

Fracture of calvarium without intracranial trauma	3
Fracture of calvarium with intracranial trauma	6
Fracture of base without intracranial trauma	4
Fracture of base with intracranial trauma	6

Neck

Cervical spine fracture	see Title V: Spinal Column	
Fracture of larynx and/or trachea		6

· **Dislocations without fracture**

Dislocation of cervical vertebrae	see Title V: Spinal Column	
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· **Wounds**

Trauma to the tympanum and/or eustachian tube		
	see Title II: Face	
Laryngeal and/or tracheal wound		3
Thyroid gland wound		3
Pharyngeal wound		3
Other head and neck wounds	see Title XI: Surface	

· **Intracranial trauma not associated with a skull fracture**

Concussion		
Mild craniocerebral trauma		
(loss of consciousness for less than 30 minutes with Glasgow		
Coma score of 13 or more and/or post-traumatic amnesia for less		
than 24 hours)		2
Moderate or severe craniocerebral trauma		4
Cerebral contusion or laceration		6
Intracranial hemorrhage		6
Subarachnoid hemorrhage, extradural or subdural hematoma		6
Trauma to the labyrinth		4

· **Cranial nerve damage**

Damage to the olfactory nerve (I)		4
Damage to the optic nerve (II) and/or visual pathways		4
Damage to the common motor ocular nerves (III)		4
Damage to the trochlear (pathetic) nerve (IV)		4

Damage to the trigeminal nerve (V)	4
Damage to the abducens nerve (VI)	4
Damage to the facial nerve (VII)	4
Damage to the auditory nerve (VIII)	4
Damage to the glossopharyngeal nerve (IX)	4
Damage to the vagal nerve (X)	4
Damage to the spinal nerve (XI)	4
Damage to the hypoglossal nerve (XII)	4

· **Blood vessel injuries**

Carotid artery injury	5
Injury of the internal jugular vein	5
Other injuries to vessels of the head and/or neck	4

· **Superficial trauma**

	see Title XI: Surface
Cutaneous foreign body	see Title XI: Surface

· **Mental disorders**

see Title X: Psychic System

Title II: Face

Severity Rating

· **Impairment of the eye and of its adjacent structures**

Burn to the eye and its adjacent structures	
	see Title XI: Surface
Burn to the cornea and/or conjunctival sac	2
Contusion of orbital tissue	1
Eyeball contusion	1
Foreign body in the cornea	1
Foreign body in the conjunctival sac	1
Eyelid tear with impairment of the lacrimal ducts	3
Eyelid tear without impairment of the lacrimal ducts	
	see Title XI: Surface
Choroidal and/or retinal detachment	5
Traumatic enucleation	6
Hemorrhage of the iris or ciliary body	4
Vitreous hemorrhage	4

Hemorrhage and rupture of the choroid	4
Retinal or preretinal hemorrhage	2
Subconjunctival hemorrhage	1
Perforation of the eyeball	6
Trauma to the eyeball	5
Orbital wound	4
Superficial trauma of the cornea	1
Superficial trauma of the conjunctiva	1
· Burns	
Burn to the mucous membrane of the mouth and/or pharynx	4
Burn to the eye	
see Impairment of the eye and of its adjacent structures	
Other burns	see Title XI: Surface
· Contusions where skin is not broken	
Eyeball contusion	
see Impairment of the eye and of its adjacent structures	
Other contusions	see Title XI: Surface
· Foreign bodies	
Foreign body in the ear	1
Foreign body in the mouth	1
Foreign body in the eye	
see Impairment of the eye and of its adjacent structures	
Cutaneous foreign bodies (superficial injury)	
	see Title XI: Surface
· Sprains	
Sprain (displacement) of the nasal septum cartilage	2
Maxillary sprain	2
· Fractures	
One or more broken teeth	2
Fracture of bones of the nose	3
Mandibule fracture	4
Fracture of the malar bone and/or maxilla	4
LeFort I-type fracture	4

LeFort II-type fracture	4
LeFort III-type fracture	5
Fracture of the orbital floor or lower orbital wall	4
Fracture of the palate and/or tooth sockets	3
Fracture of the orbit (excluding fractures of the upper wall or orbital floor)	3
· Dislocation without fracture	
Temporo-maxillary dislocation	3
· Wounds	
Trauma of the tympanum and/or the eustachian tube	3
Injury of the internal parts of the mouth, including the tongue	2
Eyelid wound with impairment of the lacrimal ducts see Impairment of the eye and of its adjacent structures	
Eyelid wound without impairment of the lacrimal ducts see Title XI: Surface	
Eyeball wound see Impairment of the eye and of its adjacent structures	
Penetrating orbital wound see Impairment of the eye and of its adjacent structures	
Other facial wounds	see Title XI: Surface
· Nerve damage	
Damage to superficial nerves of head and/or neck	2
Cranial nerve damage	see Title I: Head and Neck
· Superficial injuries	
Cutaneous foreign bodies	see Title XI: Surface

Title III: Thorax

Severity Rating

· Burns	
Internal burn of the larynx, trachea or lung	4
Other burns	see Title XI: Surface

· Contusions where skin is not broken	
	see Title XI: Surface
· Foreign bodies	
Foreign body in the respiratory apparatus, excluding the lung	4
Foreign body in the lung	6
Cutaneous foreign bodies (superficial injury)	
	see Title XI: Surface
· Sprains	
Sprain of the chondrocostal articulation	3
Sprain of the chondrosternal articulation	3
Thoracic sprain	see Title V: Spinal Column
· Fractures	
Rib fracture	
Fracture of 1 or 2 ribs	3
Fracture of three or more ribs	4
Flail chest-type fracture	6
Sternum fracture	4
· Dislocations without fracture	
Sternoclavicular dislocation	4
· Wounds	see Title XI: Surface
· Internal chest injuries	
Hemothorax	4
Pneumohemothorax	4
Pneumothorax	4
Acute myocardial infarction	6
Trauma of the heart	6
Pulmonary contusion with or without pleural effusion	3
Trauma of the lung with penetrating chest wound	6
Trauma of the diaphragm	6
Trauma of another intrathoracic organ (bronchi, oesophagus, pleura or thymus)	6

· Nerve damage		
Trauma of one or more nerves of the trunk		4
· Blood vessel damage		
Damage to the thoracic aorta		6
Damage to the brachiocephalic artery and/or subclavian artery		6
Damage to the superior vena cava		6
Damage to the brachiocephalic vein and/or subclavian vein		6
Damage to pulmonary vessels (artery and/or vein)		6
Damage to other thoracic blood vessels (intercostal or thoracic)		4
· Superficial injuries	see Title XI: Surface	
Cutaneous foreign bodies	see Title XI: Surface	

Title IV: Abdomen and Pelvic Contents

	Severity Rating
· Burns	see Title XI: Surface
· Contusions where skin is not broken	see Title XI: Surface
· Foreign bodies	
Foreign body in the digestive apparatus	4
Cutaneous foreign body (superficial injury)	see Title XI: Surface
· Sprains	
Back and/or lumbar sprain	see Title V: Spinal Column
· Pregnancy and childbirth	
Premature delivery or miscarriage	6
Pregnancy complication	5
· Dislocations	
Dislocation in the pelvic region	

see Titles VIII and IX: Lower Limbs

· **Wounds**

see Title XI: Surface

· **Injury to internal organs of the abdomen and pelvis**

Damage to the stomach	4
Damage to the small intestine	4
Damage to the large intestine and/or rectum	4
Damage to the pancreas	4
Damage to the liver	4
Damage to the spleen	4
Damage to the kidney	4
Damage to the bladder and/or to the urethra	4
Damage to the ureter	4
Damage to internal genital organs	4
Damage to other intra-abdominal organs (gall bladder, cystic ducts, peritoneum, adrenal gland)	4

· **Damage to external genital organs**

Amputation of the penis	6
Amputation of the testicle(s)	6
Vaginal injury	3
Other wounds of the external genital organs	

see Title XI: Surface

· **Abdominal wall, inguinal or femoral trauma**

Inguinal or femoral hernia	4
Epigastric or umbilical hernia	4

· **Blood vessel damage**

Damage to the abdominal aorta	6
Damage to the inferior vena cava	6
Damage to the celiac trunk and/or mesenteric arteries	6
Damage to the portal vein and/or splenic vein	6
Damage to renal blood vessels	6
Damage to iliac blood vessels	6

· **Superficial injuries**

see Title XI: Surface

Cutaneous foreign bodies

see Title XI: Surface

Title V: Spinal Column

	Severity Rating
· Sprains	
Cervical or cervicothoracic sprain	
Cervical sprain without objective clinical sign (cervicalgia, WAD I)	1
Cervical sprain with musculoskeletal signs (WAD II)	2
Cervical sprain with neurological signs (WAD III)	4
Thoracic or thoracolumbar sprain	
Thoracic or thoracolumbar sprain without objective clinical sign (dorsalgia)	1
Thoracic or thoracolumbar sprain with musculoskeletal signs	2
Thoracic or thoracolumbar sprain with neurological signs	4
Lumbar or lumbosacral sprain	
Lumbar or lumbosacral sprain without objective clinical sign (lumbago)	1
Lumbar or lumbosacral sprain with musculoskeletal signs	2
Lumbar or lumbosacral sprain with neurological signs	4
Sacral sprain	2
Coccygeal sprain	2
· Fractures	
Cervical spine	
Fracture of one or more cervical vertebrae without neurological lesion	5
Fracture of one or more cervical vertebrae with neurological lesion	6
Thoracic spine	
Fracture of one or more thoracic vertebrae without neurological lesion	4
Fracture of one or more thoracic vertebrae with neurological lesion	6
Lumbar and sacral spine	
Fracture of one or more lumbar vertebrae without neurological lesion	5
Fracture of one or more lumbar vertebrae with neurological lesion	6
Fracture of the sacrum and/or coccyx without neurological lesion	4
Fracture of the sacrum and/or coccyx with neurological lesion	6

· Dislocations without fracture	
Dislocation of one cervical vertebra	5
Dislocation of one thoracic and/or lumbar vertebra	5
· Isolated injury to the spinal cord	
Spinal cord injury of the cervical spine without vertebral lesion	6
Spinal cord injury of the thoracic spine without vertebral lesion	6
Spinal cord injury of the lumbar spine without vertebral lesion	6
Spinal cord injury of the sacral spine without vertebral lesion	6
· Damage to the roots and rachidian plexus	
Damage to one or more cervical roots	4
Damage to one or more thoracic roots	4
Damage to one or more lumbar roots	4
Damage to one or more sacral roots	4
Damage to the brachial plexus	6
Damage to the lumbosacral plexus	6
· Other impairments of the spine	
Herniated cervical disc	5
Herniated thoracic, lumbar or lumbosacral disc	5
Acquired spondylolisthesis	4

Title VI: Right Upper Limb

Title VII: Left Upper Limb

	Severity Rating
· Amputations	
Amputation of a thumb	5
Amputation of finger(s) other than the thumb	5
Amputation of the arm or hand (excluding the isolated amputation of finger(s) or thumb)	6
· Musculotendinous impairment	
Rotator cuff syndrome	3
Rupture of the rotator cuff	4
Tendinitis of the elbow	3
Tendinitis of the wrist	3

· Burns	see Title XI: Surface	
· Contusions where skin is not broken	see Title XI: Surface	
· Sprains		
Acromioclavicular sprain		3
Shoulder sprain		3
Elbow sprain		3
Wrist sprain		3
Hand sprain		2
· Fractures		
Clavicle fracture		4
Scapula fracture		4
Fracture of the upper epiphysis of the humerus		5
Diaphyseal fracture of the humerus		4
Inferior epiphyseal fracture of the humerus		5
Superior epiphyseal fracture of the radius and/or ulna		5
Diaphyseal fracture of the radius and/or ulna		4
Inferior epiphyseal fracture of the radius and/or ulna		5
Fracture of the carpus		4
Fracture of one or more metacarpals		4
Fracture of one or more phalanges of the fingers		3
· Dislocations without fracture		
Shoulder dislocation		4
Elbow dislocation		4
Dislocation of the wrist		4
Finger dislocation (one or more)		3
· Wounds		
Traumatic arthrotomy of the elbow		4
Wound(s) without damage to tendons	see Title XI: Surface	
Wound(s) to arm, excluding wrist and hand, with damage to tendons		4
Wound(s) to wrist, hand and/or fingers with damage to tendons		5
· Nerve damage		

Damage to the circumflex nerve	4
Damage to the median nerve	4
Damage to the ulnar nerve	4
Damage to the radial nerve	4
Damage to the musculocutaneous nerve of the arm	3
Damage to the cutaneous nerves of the arm	3
Damage to the collateral palmar nerves (digital nerves)	3

· **Blood vessel damage**

Damage to the blood vessels in the arm (axillary, brachial, radial, cubital)	4
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· **Superficial injuries**

see Title XI: Surface	
Cutaneous foreign bodies	see Title XI: Surface

Title VIII: Right Lower Limb

Title IX: Left Lower Limb

Severity Rating

· **Amputations**

Amputation of toes	4
Amputation of the leg, excluding the isolated amputation of toe(s)	6

· **Musculotendinous impairment**

Tendinitis of the hip	3
Tendinitis of the knee	3
Tendinitis of the ankle and/or foot	3

· **Impairment of menisci**

Tear of one or more menisci of the knee	3
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· **Burns**

see Title XI: Surface

· **Contusions where skin is not broken**

see Title XI: Surface

· **Sprains**

Hip sprain	3
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Knee sprain	3
Ankle sprain	3
Foot sprain	2
Sacroiliac sprain	3
Pelvic sprain (pubic symphysis)	3
· Fractures	
Fracture of the acetabulum	5
Fracture of the pubis	4
Fracture of the ilium and/or ischium	4
Multiple fractures of the pelvis	5
Fracture of femoral neck	5
Diaphyseal fracture of the femur	5
Inferior epiphyseal fracture of the femur	5
Fracture of the patella	4
Superior epiphyseal fracture of the tibia and/or fibula	5
Diaphyseal fracture of the tibia and/or fibula	4
Ankle fracture	4
Calcaneal fracture	4
Fracture of the talus	4
Fractures of other bones of the tarsus and/or metatarsus	4
Fracture of one or more phalanges of the toes	3
· Dislocations without fracture	
Dislocation in the pelvis	4
Dislocation of the hip	5
Dislocation of the patella	3
Dislocation of the knee	6
Dislocation of the ankle	4
Dislocation of the foot	3
· Wounds	
Traumatic arthrotomy of the knee	4
Traumatic arthrotomy of the ankle	4
Leg wound, without damage to tendons	see Title XI: Surface
Leg wound, with damage to tendons	4
· Nerve damage	

Damage to the sciatic nerve	5
Damage to the crural nerve	4
Damage to the posterior tibial nerve	4
Damage to the common fibular nerve	4
Damage to the cutaneous nerves of the leg	3
· Blood vessel damage	
Damage to the common and/or superficial femoral artery	6
Damage to the femoral and/or saphenous veins	4
Damage to popliteal blood vessels	4
Damage to tibial blood vessels	4
· Superficial injuries	
	see Title XI: Surface
Cutaneous foreign bodies	see Title XI: Surface

Title X: Psychic System*

	Severity Rating
Anxiety	2
Reactive depression	4
Acute reactive state resulting from a difficult situation	4
Neurosis or psychoneurosis	4

* FOR PSYCHIC SYSTEM COMPLICATIONS RESULTING FROM AN INTERFERENCE WITH THE INTEGRITY, SEE TITLE 12: COMPLICATIONS

Title XI: Total Body Surface

	Severity Rating
· Burns	
Head, face and neck	
Burn to the cornea or conjunctival sac	see Title II: Face
Unspecified burn to the eye and its adjacent structures	2
Burn to the eyelid and/or periocular region	2
First-degree burn to the head and/or neck	2
Second-degree burn to the head and/or neck	3

Deep second-degree burn to the head and/or neck	4
Third-degree burn to the head and/or neck	5
Internal burn to the larynx, trachea and/or lung	

see Title III: Thorax

Trunk

First-degree burn to the trunk	2
Second-degree burn to the trunk	3
Deep second-degree burn to the trunk	4
Third-degree burn to the trunk	5

Arm

First-degree burn to an arm	2
Second-degree burn to an arm	3
Deep second-degree burn to an arm	4
Third-degree burn to an arm	5

Leg

First-degree burn to a leg	2
Second-degree burn to a leg	3
Deep second-degree burn to a leg	4
Third-degree burn to a leg	5

Multiple or extensive burns

Burn(s) covering less than 10% of the body	
see the specific region	
Burns covering 10% to 19% of the body	6
Burns covering 20% to 29% of the body	6
Burns covering 30% to 39% of the body	6
Burns covering 40% to 49% of the body	6
Burns covering 50% to 59% of the body	6
Burns covering 60% to 69% of the body	6
Burns covering 70% to 79% of the body	6
Burns covering 80% to 89% of the body	6
Burns covering 90% to 99% of the body	6

· Contusions where skin is not broken

Multiple-site contusions	1
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Head - face and neck

Contusion of the face, scalp and/or neck	1
Contusion of the eyelid and/or the periocular region	1
Contusion of orbital tissue	see Title II: Face
Contusion of the eyeball	see Title II: Face

Trunk

Breast contusion	1
Contusion of the front chest wall	1
Contusion of the abdominal wall	1
Contusion of the posterior wall of trunk	1
Contusion of genital organs	2
Multiple contusions to the trunk	1

Arm

Arm contusion(s)	1
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Leg

Leg contusion(s)	1
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· **Foreign bodies**

Cutaneous foreign bodies	see Superficial injuries
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· **Wounds**

Multiple-site wounds	2
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Head, face and neck

Tear of the eyelid and/or periocular region, without impairment of the lacrimal ducts	2
Tear of the eyelid with impairment of the lacrimal ducts	see Title II: Face
Head wound, excluding face	2
Facial wound	2
Outer ear injury	2
Wound of the tympanum and/or eustachian tube	see Title II: Face
Eyeball wound	see Title II: Face

Penetrating orbital wound	see Title II: Face	
Neck wound		2

Trunk

Wound of the front chest wall		2
Wound of the posterior wall of the trunk		2
Wound of external genital organs		3
Wound of the front and/or side abdominal wall		2
Wound of the perineum		2
Vaginal wound	see Title IV: Abdomen and Pelvic Contents	

Arm

Arm wound(s) with tendon impairment		
	see Titles VI - VII: Upper Limbs	
Arm wound(s)		2

Leg

Leg wound(s) with tendon impairment		
	see Titles VIII - IX: Lower Limbs	
Leg wound(s)		2

· Superficial injuries

**(abrasions, scratches, friction burns, foreign body (splinter)
without major wound)**

Superficial injury to the face, neck and/or scalp		1
Superficial injury to the trunk		1
Superficial injury to an arm		1
Superficial injury to a leg		1
Superficial injuries at multiple sites		1

Title XII: Complications**Severity Rating**

Interference with integrity resulting in death (more than 24 hours after the criminal offence)		6
Stroke		6
Cardiopulmonary arrest		6

Traumatic shock (hypovolemic shock)	6
Post-operative shock	6
Coagulopathy	4
Peripheral vascular complications	4
Volkman's ischemic contracture	5
Reflex sympathetic dystrophy	6
Cerebral embolism	6
Pulmonary embolism	6
Traumatic subcutaneous emphysema	3
Psychotic state	4
Myocardial infarction	6
Infection of a wound	3
Post-operative infection	5
Lung failure	6
Kidney failure	5
Carbon monoxide poisoning	2
Pulmonary edema	5
Acute pericarditis	6
Compartmental syndrome	5
Paroxysmal tachycardia	6
Peptic ulcer	4

SCHEDULE III*(Section 32, first paragraph)***LUMP SUM INDEMNITY TO SPOUSE OF DECEASED PERSON WHO IS A VICTIM**

Age of person who is a victim (years)	Factor
25 or less	1.0
26	1.2
27	1.4
28	1.6
29	1.8
30	2.0
31	2.2
32	2.4
33	2.6
34	2.8
35	3.0
36	3.2
37	3.4
38	3.6
39	3.8
40	4.0
41	4.2
42	4.4
43	4.6
44	4.8
45	5.0
46	4.8
47	4.6
48	4.4
49	4.2
50	4.0
51	3.8
52	3.6
53	3.4
54	3.2
55	3.0

56	2.8
57	2.6
58	2.4
59	2.2
60	2.0
61	1.8
62	1.6
63	1.4
64	1.2
65 or over	1.0

SCHEDULE IV*(Section 32, second paragraph)***LUMP SUM INDEMNITY TO DISABLED SPOUSE OF DECEASED PERSON WHO IS A VICTIM**

Age of person who is a victim (years)	Factor
45 or less	5.0
46	4.8
47	4.6
48	4.4
49	4.2
50	4.0
51	3.8
52	3.6
53	3.4
54	3.2
55	3.0
56	2.8
57	2.6
58	2.4
59	2.2
60	2.0
61	1.8
62	1.6
63	1.4
64	1.2
65 or over	1.0

SCHEDULE V*(Section 33)***LUMP SUM INDEMNITY TO CHILD OR TO DEPENDANT OF DECEASED PERSON WHO IS A VICTIM**

Age of dependant (years)	Amount (\$)
Less than 1	64 618 \$
1	62 772 \$
2	60 925 \$
3	59 078 \$
4	57 230 \$
5	55 385 \$
6	53 542 \$
7	51 693 \$
8	49 848 \$
9	48 006 \$
10	46 155 \$
11	44 311 \$
12	42 463 \$
13	40 618 \$
14	38 772 \$
15	36 927 \$
16 or over	35 075 \$

SCHEDULE VI*(Section 135 and 139)***CARE, TREATMENT AND PROFESSIONAL SERVICES PROVIDED BY PROFESSIONALS**

1. Care and treatment:	Rate
Acupuncture	
Acupuncture care administered by an acupuncturist, per session	\$54.00
Chiropractic	
Chiropractic treatment, per session, including cost of x-rays	\$40.50
Occupational therapy	
Treatment, per session	\$46.00
Physiotherapy	
Treatment, per session	\$47.00
Podiatry	
Per session	\$54.00
Psychology	
Psychological, psychotherapeutic and neuropsychological care, hourly rate	\$94.50
Drafting of report, hourly rate	\$94.50
Home care	
Chiropractic treatment, per session	\$63.00
Physiotherapy treatment, per session	\$50.00
Nursing care, per session	\$64.62
2. Professional services:	
Occupational therapy	
Initial evaluation	\$85.00
Reports	\$25.00
Speech therapy	

Speech therapy (interview, record consultation), per session	\$32.00
Tests for speech reading due to deafness	\$32.00
Voice parameter tests	\$48.00
Expressive language tests	\$32.00
Receptive language tests	\$32.00
Phonetic inventory tests	\$16.00
Written language tests	\$64.00
Prosody tests	\$47.50
Complementary tests (such as praxia, math), per test	\$16.00
Issue of a speech therapy evaluation report	\$30.50
Physiotherapy	
Reports	\$25.00
Psychosocial follow-up	
Health professional, hourly rate	\$94.50
Drafting of report, hourly rate	\$94.50

SCHEDULE VII*(s. 153)***AUDIO PROSTHETICS AND AUDIOLOGY SERVICES****Professional Services****Audiology**

Audiological evaluation	\$100.00
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Audio prosthetics

Audio prosthetics evaluation, on prior authorization from the minister	
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Maximum of 2 evaluations per 5-year period, per person who is a victim	\$62.36
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Professional services provided in the first year after purchase of a hearing device, per device	\$749.11
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CROS-BiCROS programming on purchase	\$200.00
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Reprogramming by a hearing aid acoustician following repair of a CROS-BiCROS system	\$85.58
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Remake, payable once per year if more than one year has elapsed since purchase of the device	\$88.69
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Repair, payable once per year per device if more than one year has elapsed since purchase of the device	\$88.69
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Professional services provided in the first year after purchase of a hearing device, if provided by a hearing aid acoustician other than the acoustician having supplied the device, owing to the person who is a victim's change of place of residence	\$56.73
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Professional services provided for fitting if the person who is a victim dies before the device is supplied	\$121.95
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The costs for the adjustment of a hearing device are reimbursable up to an amount of \$165.00 per year per device per person who is a victim. The costs cover the following, payable up to the following amounts:

Cleaning of a hearing device, payable if more than 12 months have elapsed since purchase of the device and not payable if the cleaning is done at the time of a remake or repair or within 30 days thereafter

The cleaning may be done by a person under the supervision of the hearing aid acoustician \$22.17

Electroacoustic analysis, payable if more than 12 months have elapsed since purchase of the device and not payable if the analysis is done at the time of a remake or repair or within 30 days thereafter \$36.59

Reprogramming, payable if more than 12 months have elapsed since purchase of the device and not payable if done at the time of a remake or repair or within 30 days thereafter \$27.71

Insertion gain, payable only if more than 12 months have elapsed since purchase of the device and not payable if the service is provided at the time of a remake or repair or within 30 days thereafter \$33.25

Impression taking

— On purchase of a device \$26.01

— As of the second year following purchase of a device \$13.26

The costs for the repair or replacement of a hearing device accessory are reimbursable up to a total annual amount of \$195.00

The repairs may be done by a person under the supervision of the hearing aid acoustician.

The repair costs consist of the following, including the related products and professional services, and are payable up to the following amounts:

Conduction tube without speaker (slim tube) for open-fit hearing aids \$5.00

Earmolds for conduction tube without speaker (dome receiver) for open-fit hearing aids \$5.00

Earmolds for conduction tube with speaker (rite dome) for open-fit hearing aids

Microphone protection covers \$5.00

Cerumen guard (pack) \$10.00

Conduction tube with speaker (rite receiver) for open-fit hearing aids \$75.00

Other replacement parts such as battery holders, covers, etc.	\$5.00
Custom earmold for behind-the-ear hearing aid, maximum price	\$45.00

Hearing device maintenance costs:

The costs for the maintenance of a hearing device are reimbursable up to a total annual amount of \$110.00 per person who is a victim.

The maintenance costs consist of the following, and are payable up to the following amounts:

	Unit rate
Telephone ear pad, per pad	\$10.00
Insertion cream, for a minimum 15 ml format	\$10.00
Cleansing tablets, pack of 20 tablets	\$10.00
Dehumidifier	\$15.00
Intranet/cleaner, for a minimum 60 ml format	\$15.00
Soothing anti-itch cream, for a minimum 15 ml format	\$15.00

Other accessories for hearing device maintenance:**Earmold blower:**

	Tarif unité
Earmold blower, once per 5 years per person who is a victim	\$15.00

Batteries:

	Tarif unité
Zinc air batteries, per hearing device, maximum of 100 batteries per year	

Remote control battery, maximum of one battery per year	\$5.00
Zinc air batteries for a CROS-BiCROS system, maximum of 100 batteries per year	\$1.00

SCHEDULE VIII*(ss 95, 96, 97 and 99)***EVALUATION GRID OF THE NEED FOR PERSONAL HOME ASSISTANCE****1. GENERAL INFORMATION**

1.1 Person who is a victim's identity:

Surname: _____ Given Name: _____

Date of birth: _____

No: _____ year | month | day S.I.N.: _____

Address: _____

(No) (Street)

(Municipality) (Postal Code)

Telephone _____ area code Date of occurrence _____ year | month | day

1.2 Type of evaluation:

Initial Periodical reevaluation Change in

since _____ situation

year | month | day

Where the situation has changed, state any new developments:

1.3 Person who is a victim's medical check-up:

Diagnosis: _____

Date of consolidation: Expected Yes _____ Known _____

No _____ year | month | day

Permanent physical or mental impairment: Expected

Confirmed _____%

Description of permanent functional disability: _____

1.4 Person who is a victim's home situation:

Resides alone Lives with spouse, relative or friend

Dependants No Adaptation of home Yes
 Yes No

Number and ages: _____ in progress or yet to come

2. EVALUATION OF PERSONAL CARE AND HOME ASSISTANCE NEEDS

2.1 Table of evaluation of assistance needs:

	A- Complete assistance required		
	B- Partial assistance required		
	C- No assistance required		
	D- No points Enter D-1, D-2 or D-3		
Getting out of bed	3	1.5	0
Going to bed	3	1.5	0
Washing	5	2.5	0
Dressing	3	1.5	0
Undressing	3	1.5	0
Bladder relief	3	1.5	0
Bowel movements	3	1.5	0
Eating	5	2.5	0
use of home facilities	4	2	0
Preparation of breakfast	2	1	0
Preparation of lunch	4	2	0
Preparation of dinner	4	2	0
Light housekeeping	1	0.5	0
House cleaning	1	0.5	0
Laundry	1	0.5	0
Shopping	3	1.5	0
Total	/48 points		

Circle the points corresponding to the assistance needs for performing each of the following activities or tasks

2.3 Table for determining the monthly amount of personal home assistance for personal care and home assistance

The total points obtained after the evaluation of each item in Table 2.1 correspond to a percentage, shown below, that applies to the maximum monthly amount of assistance prescribed by this Regulation. The Minister determines the amount of assistance for personal care and home assistance by multiplying the maximum monthly amount by that percentage.

On 1 January of each year, the Minister revalorizes the amount of assistance, adjusted where applicable under this Regulation, by multiplying the maximum amount of assistance, as revalorized at that date in accordance with the obtained is rounded off to the nearest dollar.

Total points	Percentage	Total points	Percentage
0 - 2	0.0%	24.5 - 28	56.5%
2.5 - 4	4.3%	28.5 - 32	65.2%
4.5 - 8	13.0%	32.5 - 36	73.9%
8.5 - 12	21.7%	36.5 - 40	82.6%
12.5 - 16	30.4%	40.5 - 44	91.3%
16.5 - 20	39.1%	44.5 - 48	100%
20.5 - 24	47.8%		

Results to be carried over to section 4 entitled "Summary".

2.4 Description of items evaluated:

- Getting out of bed: the ability to get out of bed unassisted, taking into consideration, where applicable, the use of an orthosis, a prosthesis or a technical aid or adaptation of the residence.
- Going to bed: the ability to get into bed unassisted, taking into consideration, where applicable, the use of an orthosis, a prosthesis or a technical aid or adaptation of the residence.
- Washing: the ability to wash oneself unassisted, without taking into consideration the ability to use a bathtub or a shower. This includes basic selfcare such as hair grooming, shaving and applying make-up.
- Dressing: the ability to dress oneself unassisted, including outdoor clothing.
- Undressing: the ability to undress oneself unassisted, including outdoor clothing.
- Bladder relief: the ability to relieve one's bladder by the unassisted use, where applicable, of special equipment for that purpose.
- Bowel movements: the ability to relieve one's bowels by the unassisted use, where applicable, of special equipment for that purpose.
- Eating: the ability to lift properly prepared food from the plate to one's mouth unassisted, by using, where applicable, special equipment for that activity.
- Use of home facilities: the ability to use, unassisted, common household appliances and devices such as bathroom facilities, the telephone and television, taking into consideration, where applicable, the use of a technical aid or adaptation of the residence.
- Preparation of breakfast, lunch and dinner: the ability to prepare meals and to wash dishes. Preparation of each meal is evaluated separately.
- Light housekeeping: the ability to perform, unassisted, regular housekeeping activities such as dusting, sweeping, carrying out garbage cans and making beds.
- Housecleaning: the ability to perform, unassisted, housecleaning activities such as cleaning the refrigerator and the oven, washing floors and windows, spring cleaning.
- Laundry: the ability to use, unassisted, appliances for washing and drying clothes, including activities related thereto such as folding, ironing and putting away clothes.
- Shopping: the ability to use, unassisted, the facilities required to make the necessary purchases of groceries, hardware, pharmaceuticals, or to use public services such as banking and postal services, taking into consideration, where applicable, the use of a technical aid or adaptation of the residence.

3. EVALUATION OF SUPERVISION NEEDS

3.1 Table OF EVALUATION OF SUPERVISION NEEDS:				
Higher cerebral functions	A- Clause supervision required			
	B- Moderate supervision required			D- No points Enter D-1, D-2 or D-3
	C- No supervision required			
	Circle the points corresponding to the supervision need pertaining to each of the following functions			
Memory	2	1	0	
Temporal orientation	2	1	0	
Spatial orientation	2	1	0	
Communication	2	1	0	
Self-control	2	1	0	
Contact with reality	2	1	0	

Supervision needs
A: Close supervision required:
 The occurrence has altered this higher cerebral function and the person who is a victim must usually be kept under constant supervision except in certain daily situations where he may be left alone.
B: Moderate supervision required:
 The occurrence has altered this higher cerebral function and the person who is a victim must be supervised in certain daily situations. He or she may be left alone outside of those daily situations. Those situations are foreseeable and probable on a daily basis.
C: No supervision required:
 The occurrence has not significantly altered the person who is a victim's abilities with respect to this higher cerebral function and he requires no supervisions or only in occasional or unforeseeable circumstances.
D: No points: (enter D-1, D-2 or D-3)
 Even though the person who is a victim is incapable of performing the activity or task and even though he or she may be eligible for personal care assistance, no points are granted for one of the following reasons:
 D-1: The person who is a victim already had significant difficulties before the occurrence.
 D-2: The need is already covered by a specialized resource or other rehabilitation measure.
 D-3: Another reason explained in section 3.2 "Explanations or comments".

3.2 Explanations or comments:

(specify the activities affected, the ability to stay by oneself for a few hours or a day and the degree of supervision required)

3.3 Table for determining the monthly amount of personal home assistance for supervision needs

A single score is assigned. The highest score (2, 1 or 0) is kept and corresponds to a percentage, shown below, that applies to the maximum monthly amount of assistance prescribed by this Regulation. By multiplying the maximum monthly amount by that percentage, the Minister determines the amount of personal home assistance for supervision needs, which is added to the amount determined in Table 2.3 (subject to the maximum amount prescribed by this Regulation).

On 1 January of each year, the Minister revalorizes the amount of assistance, adjusted where applicable under this Regulation, by multiplying the maximum monthly amount of assistance, as revalorized on that date in accordance with the Act, by the percentage corresponding to the total of points. The product thus obtained is rounded off to the nearest dollar.

Score	Percentage
0	0.0%
1	13.0%
2	39.1%

Results to be carried over to section 4 entitled "Summary".

3.4 Description of items evaluated**Higher cerebral functions:**

- Memory: the ability to recall very recent events such as a running bath or something cooking on the stove, recent events such as an activity that took place a few hours earlier or more distant events such as paying one's rent, and the ability to act accordingly.
- Temporal orientation: the ability to situate oneself in the context of passing hours and days such that one can follow a schedule and keep appointments, and the ability to act accordingly.
- Spatial orientation: the ability to situate oneself in a known or familiar environment such that one can find the rooms in a house, recognize one's address and find one's way around the neighbourhood, and the ability to act accordingly.
- Communication: the ability to express one's needs in a comprehensible manner, verbally, in writing, with gestures and with sounds and to understand simple orders and instructions in everyday life, and the ability to act accordingly.
- Self-control: the ability to behave appropriately in terms of the surroundings or the people present and to control one's impulses or inhibitions so as to avoid placing oneself or others in a dangerous or socially unacceptable situation.
- Contact with reality: the ability to analyze and solve problems of everyday life and to make reasonable, safe and opportune decisions on the social, financial and personal level.

4. SUMMARY**Scores and amounts determined:**

Assistance needs: _____/48 points \$ _____

Supervision needs (0, 1 or 2): _____ points + \$ _____

Total monthly amount of assistance granted:

\$ _____

*(may not exceed the maximum amount provided for by this Regulation)***Evaluation covering the period:**

From _____ **To** _____
year month day year month day

Personal assistance services given by: _____

Evaluation made by (name of rehabilitation counsellor):

_____ **Date** _____
year month day

Resource persons consulted: _____

SCHEDULE IX

(ss 95, 96, 97 and 99)

EVALUATION GRID OF THE NEED FOR PERSONAL HOME ASSISTANCE FOR A PERSON UNDER THE AGE OF 16**SCHEDULE IX**

(sections 94, 95, 96 and 98)

EVALUATION GRID OF THE NEED FOR PERSONAL HOME ASSISTANCE FOR A PERSON UNDER THE AGE OF 16**Weighting of personal assistance needs by chronological age****Preamble**

Children, like all other persons who are victims, are assessed on the basis of the actual loss of autonomy resulting from the injuries or sequelae caused by a criminal offence.

However, the ability to complete an activity autonomously, like the need for supervision, depends on a child's learning and maturity at a given chronological age.

In general, a child is assessed by comparing their abilities with those of a child of the same age. This comparison takes into account the responsibilities generally assumed by parents during the periods when the child is still dependent on their parents and continuing to learn.

Weighting of personal activities by age

For each activity, two (2) criteria are selected: the age when learning begins, and the age at which functional autonomy is achieved. The age when learning begins is when the child still needs partial assistance from their parents, but is becoming autonomous. The age at which functional autonomy is achieved is when the child no longer needs sustained assistance from their parents and must be assessed as an adult.

These distinctions are important for weighting purposes. A child who is in a learning period (age) needs partial assistance from their parents, and the Minister does not need to take on a responsibility that is generally assumed by the parents.

**Using the weighting table for a child's personal assistance needs
Weighting of assistance needs by chronological age (Grid A)**

Table of personal assistance needs by chronological age														
Activity	Age													
	0:0	0:6	1:0	1:6	2:0	2:6	3:0	3:6	4:0	4:6	5:0	5:6	6:0	6:6
Weighting														
Getting out of bed														
Dressing														
Bodily hygiene														
Excretory hygiene	Totally dependent on parents									Person who is a victim assessed as an adult				
Undressing														
Getting into bed														
Eating														
Using commodities in the home and surroundings														

If a child's age is to the left of the shaded fields, the child is not entitled to assistance, since they are still totally dependent on their parents.

If a child's age is to the right of the shaded fields, the child is assessed as an adult, since they have acquired the skills needed to be independent.

If a child's age is in the shaded fields, the child is assessed on the basis that they are still dependent and a normal degree of assistance is expected from the parents. As a result, the child cannot be given a score corresponding to full assistance.

No need for assistance

Despite the injuries sustained, the child is able to perform the activity or has a need for assistance that is a responsibility of the parents or an adult.

Partial need for assistance

The child is not able to perform the part of the activity they could previously perform and therefore needs partial assistance to perform the activity that is no longer a responsibility of the parents or an adult.

Interpretation of the activity assessed, by age group

- ◆ **Getting out of bed and getting into bed (criterion selected: go up / down stairs)**

2 years, 6 months and older: the child is able to go up or down stairs alone, without supervision.

18 months to 2 years, 6 months: the child is learning to go up or down stairs.

0 to 18 months: the child needs constant supervision to go up or down stairs and is dependent on the parents.

◆ **Dressing and undressing**

6 years and older: the child is able to put on and take off most indoor and outdoor clothing, and to tie laces.

2 years to 6 years: from around the age of 2, the child participates actively in dressing and undressing. This is more than just cooperation.

0 to 2 years: the child is generally dressed and undressed by an adult. Undressing as a game is not considered.

◆ **Washing**

6 years, 6 months and older: the child washes suitably and completely without much supervision, but may need help with their hair, ears and back.

4 years, 6 months to 6 years, 6 months: at the start of this period, the child can wash their hands in an acceptable way without splashing the surroundings.

0 to 4 years, 6 months: the child relies on their parents and must generally be washed or supervised continuously.

◆ **Excretory hygiene**

4 years, 6 months and older: the child does to the toilet, uses toilet paper, washes their hands and flushes.

2 years, 6 months to 4 years, 6 months: the child asks to go to the toilet and is able to foresee the need to use the toilet. Accidents occur during the day and night. The child may forget to wipe or wash their hands.

0 to 2 years, 6 months: the child needs help from the parents.

◆ **Eating unaided**

2 years and older: the child is generally able to eat unaided.

1 year to 2 years: the child is learning to eat unaided, and is able to lift a spoon from the plate to their mouth with the clear intention of eating.

0 to 1 year: the child depends on an adult for eating.

◆ **Using commodities in the surroundings**

7 years and older: the child walks around the neighbourhood, and is able to cross a **busy** street without supervision at a crosswalk or traffic light.

2 years to 7 years: the child moves around the house, goes up and down stairs, and is aware of the use and layout of each room and its contents.

0 to 2 years: the child depends on continuous help from an adult to use the commodities in the surroundings.

Weighting of household tasks

For household tasks, 2 categories of persons who are victims have been determined who are minors, depending on whether or not they live with their family or in a similar setting.

a) Person who is a victim aged under 16 living with their family or in a similar setting

A "similar setting" is a setting that, for the person who is a victim, has the responsibilities generally assigned to parents.

A person who is a victim aged under 16 living with their family or in a similar setting does not have to take charge, regularly and continuously, of household tasks. As a result, household tasks are excluded from the assessment of the need for personal assistance.

b) Person who is a victim aged under 16 years not living with their family or in a similar setting

A person who is a victim aged under 16 years who does not generally live with their family is considered to have become independent at the time of the event, as is a person who is a victim who is not living with their family in order to pursue their studies. The person generally lives in a place that is not the family home.

The person must perform habitual household tasks because they are independent of their family.

It is important to note that for a person who is a victim aged under 16 years who attends an educational institution, assistance with household tasks is granted only during periods of school attendance.

Weighting of the need for supervision by age

A person's need for supervision varies depending on their chronological age. A child aged 2 needs permanent supervision from the parents to ensure their health and safety and promote their social integration.

On the other hand, a teenager does not generally need constant supervision from an adult.

As for the need for assistance, a distinction is made between the ages of dependency, learning and autonomy.

Using the weighting table for a child's supervision needs

Weighting of supervision needs by chronological age (Grid B)

Table of supervision needs due to neurological and mental sequelae by chronological age													
	Age												
Higher cerebral function	0:0	1.0	2.0	2.6	3.0	4.0	5.0	6.0	7.0	8.0	9.10	11.0	12.0
	Weighting												
Memory	Totally dependent on an adult						Person who is a victim assessed as an adult						
Temporal orientation													
Spatial orientation													
Communication													
Self-control													

If a child's age is to the left of the shaded fields, the child cannot be assessed, given that at that age the child is totally dependent on the parents or an adult.

If a child's age is to the right of the shaded fields, the child is assessed as an adult, since they have acquired the skills needed to be independent of their parents or an adult.

If a child's age is in the shaded fields, they are assessed on the basis that they need supervision because of their age and a normal degree of assistance is expected from the parents or an adult. As a result, the child cannot be given a score corresponding to full supervision.

No need for supervision

Despite the injuries sustained, the child's need for supervision is no different from the supervision generally expected from the parents or an adult for a child of the same age.

Need for light supervision

The injuries sustained are such that more supervision is needed than the supervision generally expected from the parents or an adult for a child of the same age.

Need for moderate supervision

The injuries sustained are such that full supervision is needed for the part of an activity that is generally not supervised by the parents or an adult.

Interpretation of the functions assessed, by age group

- ◆ **Memory**

6 years and older: the child has developed the ability to use memory and their own memory methods.

2 years to 6 years: the child uses memory, but needs guidance because they have not yet developed their own memory methods.

0 to 2 years: the child discovers their environment, explores and returns to interesting objects.

◆ **Temporal orientation**

6 years and older: the child can tell the difference between a day, a week, an hour and a minute. They associate events in time.

5 to 6 years: the child differentiates between morning and afternoon, minutes and hours.

0 to 5 years: the child is acquiring an understanding of time, learning to tell the time, etc.

◆ **Spatial orientation**

7 years and older: the child walks around the neighbourhood, and is able to cross a busy street safely without supervision at a crosswalk or traffic light.

2 years to 7 years: the child moves around the house, knows the rooms in the house and their use, and can move around outside without crossing the road and while remaining in sight.

0 to 2 years: the child depends on an adult.

◆ **Communication**

6 years and older: the child has reached a level of expressive and receptive language comparable to that of an adult.

2 years to 6 years: the child understands simple orders and is learning to express needs.

0 to 2 years: the child needs to be understood or interpreted by an adult, and needs many reminders of simple instructions.

◆ **Self-control**

12 years and older: the child is aware of most social practices and moral values and has assimilated or is assimilating them.

2 years, 6 months to 12 years: the child may be reasoned with verbally and is acquiring social skills.

to 2 years, 6 months: the child is dependent, obeys adults and follows their wishes.

SCHEDULE X

(ss. 96, 140, 144 and 145)

TECHNICAL AIDS AND OTHER COSTS**TECHNICAL AIDS**

1. Locomotive apparatus:

1° the cost of acquiring, renewing or leasing canes, crutches, walkers and their accessories;

2° the cost of leasing a manually propelled wheelchair;

3° the cost of leasing a motorized wheelchair where the person who is a victim is unable to use his upper limbs to move the wheelchair or where the health professional of the person who is a victim attests that it is contraindicated for them to use a manually propelled wheelchair.

2. Daily life aids:

1° **Adapted objects:**

The cost of purchasing aids for eating, dressing, personal hygiene care or household activities, made or modified for use by a person who is a victim having sustained an interference with his or her integrity; such aids include jar openers, stocking-pullers, long-handled combs or brushes, buttoners or other similar objects;

2° **Transfer aids:**

The cost of leasing the following transfer aids:

a) hydraulic, electrical or mechanical patient lifters;

b) seat lifters for the bathtub;

c) armchairs for the bath and shower;

3° **Bathroom apparatus:**

a) The cost of purchasing the following bathroom apparatus:

i. bedpans;

ii. urinals;

iii. elevated toilet seats;

iv. safety handles and grabs;

b) The cost of leasing the following apparatus:

i. commodes and their accessories;

ii. shower chairs;

4° Hospital beds and accessories:

The cost of leasing a hospital bed and its accessories, namely, bedboards, a bed table, a bed cradle, a trapeze and a footstool.

The cost of leasing an electrical hospital bed is assumed only where the person who is a victim has no-one to position his bed for them and they are capable of positioning an electric bed by themselves.

3. Therapeutic aids:

1° Transcutaneous nerve stimulators (T.E.N.S.);

2° The cost of purchasing epidural and intra-thalamic nerve stimulators;

The cost of purchasing those apparatus;

3° Other therapeutic aids:

The cost of purchasing the following therapeutic aids:

a) accessories for the prevention and treatment of bed sores such as a sheepskin, a mattress and a cushion, an elbow pad, a foot-drop splint, a heel pad and a donut;

b) corsets, collars and splints;

c) exercise equipment such as the following, used in the home as part of an active occupational therapy or physiotherapy program: exercise balls, a balloon, an elastic band, plasticine, a system of pulleys for shoulder ankylosis, weights for the wrist or ankle, a sandbag with a velcro fastener, a fixed resistance exercise apparatus, and a set of light weights under 5 kg;

d) compressive clothing;

- e) lumbar belts and hernia bandages;
- f) cervical traction devices with dead weights;
- g) intrathecal pumps;

The cost of leasing the following aids:

- a) muscular nerve stimulators;
- b) osteosynthesis apparatus;
- c) continuous passive motion machines (C.P.M.).

4. Communication aids:

1° the cost of purchasing:

- a) imagers;
- b) communication boards;

2° Any other technical communication aid on prior authorization by the Minister.

OTHER COSTS

5. Extricating equipment:

The cost of using extricating equipment where the person who is a victim's condition so requires because of an interference with his or her integrity following a criminal offence.

The costs incurred for the use of extricating equipment are refundable, up a maximum of \$360. Where the distance to be travelled is more than 50 km, the refund is increased by a maximum of \$1,75 per kilometre travelled to transport the extricating equipment to the site of the perpetration of the criminal offence.

6. Long distance calls:

The long distance calls made by a person who is a victim admitted to and sheltered in an institution within the meaning of the Act respecting health services and social services (chapter S-4.2) or the Act respecting health services and social services for Cree Native persons (chapter S-5), because of an interference with his or her integrity up to a maximum of \$10 per week insofar as the person who is a victim is sheltered.

SCHEDULE XI

(ss. 193, 198, and 210)

TRAVEL AND LIVING EXPENSES AND AMOUNTS PAYABLE**Nature of expenses: amount payable**

- Public transport: actual cost;
- Authorized remunerated passenger transportation by automobile: actual cost;
- Authorized personal vehicle: \$0.490 per km;
- Unauthorized personal vehicle and remunerated passenger transportation by automobile: \$0.145 per km;
- Parking and toll costs: actual cost;
- Meals: up to:
breakfast: \$10.40, lunch: \$14.30, dinner: \$21.55;
- Hotel accommodation: up to:
Island of Montréal: \$126 to \$138 per night, Communauté métropolitaine de Québec: \$106 per night, Cities of Laval, Gatineau and Longueuil: \$102 to \$110 per night, Elsewhere in Québec: \$83 to \$87 per night; Plus an allowance of \$5.85 for each day of travel with hotel accommodation;
- Lodging at the home of a relative or friend: \$22.25 per night;
- Allowance for travel and living expenses incurred for purposes of training or retraining: up to a maximum weekly allowance of \$450.

105114

Draft Regulation

Act to promote the protection of persons by establishing a framework with regard to dogs (chapter P-38.002)

Information that must be provided by a local municipality pursuant to section 8 of the Act to promote the protection of persons by establishing a framework with regard to dogs

Notice is hereby given, in accordance with sections 10 and 11 of the Regulations Act (chapter R-18.1), that the Regulation respecting the information that must be

provided by a local municipality pursuant to section 8 of the Act to promote the protection of persons by establishing a framework with regard to dogs, appearing below, may be made by the Minister of Agriculture, Fisheries and Food on the expiry of 45 days following this publication.

The draft Regulation specifies the information that a local municipality referred to in the Act to promote the protection of persons by establishing a framework with regard to dogs (chapter P-38.002) must provide to the Minister of Agriculture, Fisheries and Food and sets out the procedure for sending that information.