



Return to work service
provider information session
May 2014

Pre-injury employer
services



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RTW Services

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Pre-injury employer service

PURPOSE: To provide you an overview of the pre-injury employer services “in practice” from 1 July 2014

Agenda

1. Pre-injury employer services – a shift in practice and thinking
2. The return to work pathway for the worker and the employer
3. Understanding the business process – Referral to Closure
4. Performance Management

Return to work services

1.
Pre-injury
employer

2.
Fit for work

2.
Restoration
to the
community

3.
Return to
work
assessment

Job
placement

Mediation

First
Implementation
Oct 2013

1 new service –
implemented 14th
April 2014

Changes July
2014

Full
Implementation
1st July 2014

Full
Implementation
1st July 2014

1 new service –
implemented 14th
April 2014

Full
Implementation
1st July 2014

Scaled
implementation Oct
2013

Full
Implementation
1st July 2014

Implemented
December 2013

Pre-injury employer service

Where we are going.....

Return to work services in context

Scheme Improvement and Regulation

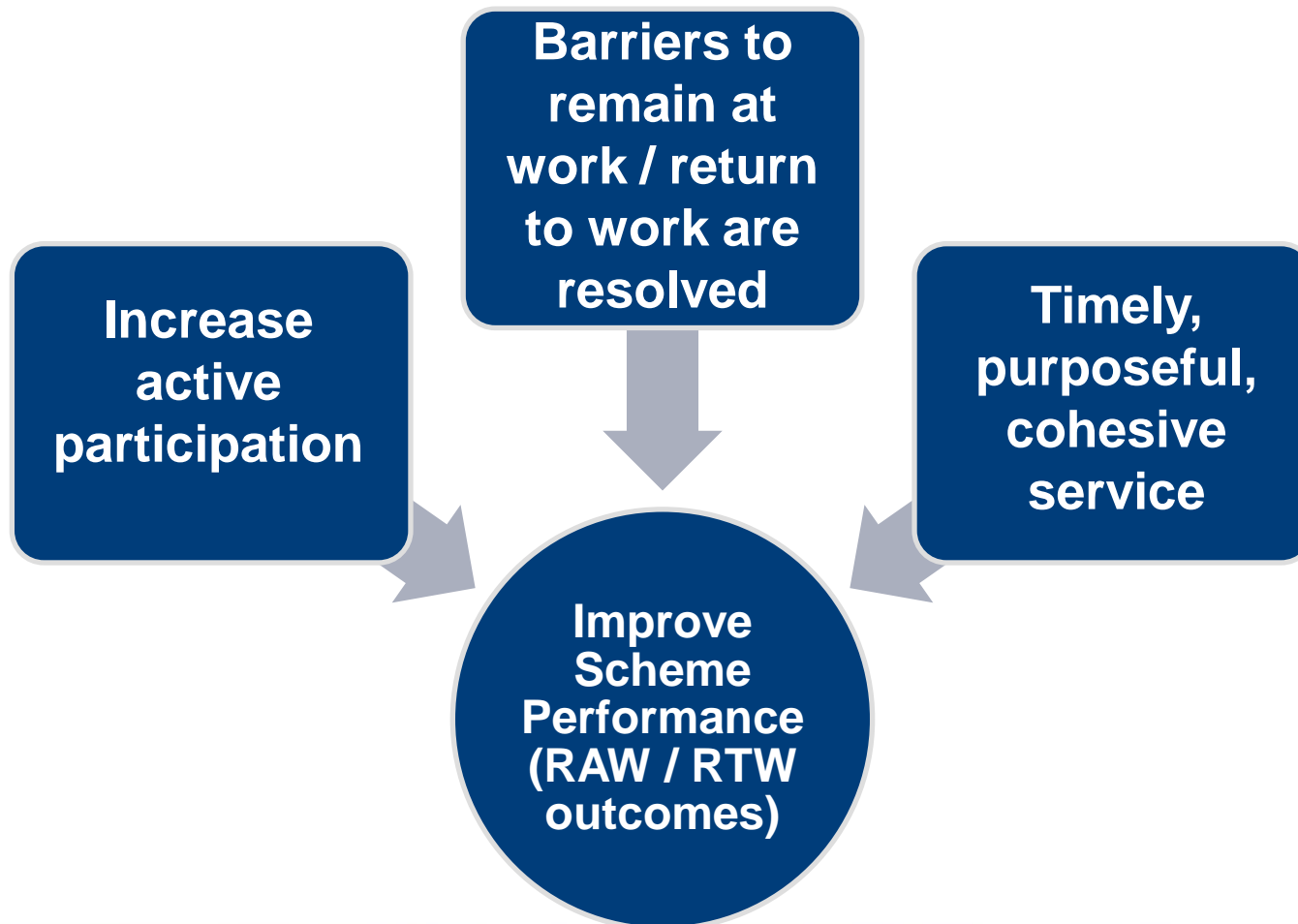
Health and
Return to
Work Services

Employer
Services

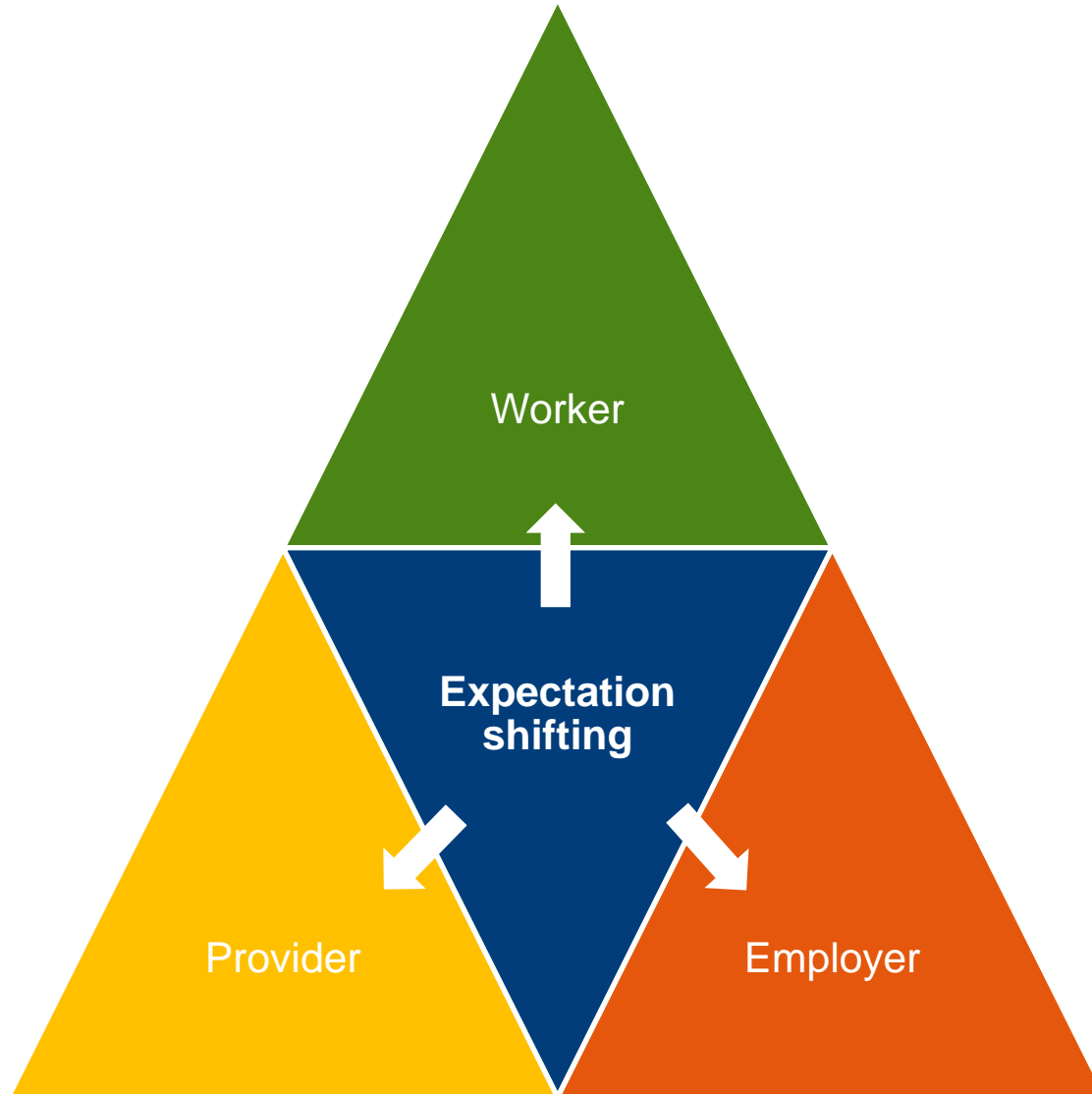
Early
intervention
consultants

“To achieve the best outcomes for injured workers, employers and the South Australian community”

How do we improve scheme performance in the PRE-INJURY EMPLOYER context?



Raising accountability



Driving active participation

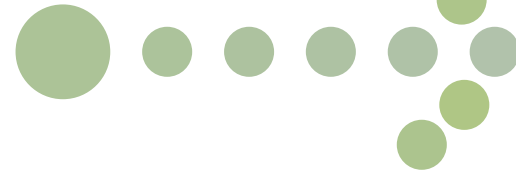
Return to work services provider



Early intervention consultant (Agent)



Case manager



**Remain
at work /
Return
to work**

Driving outcomes....



First step.....

**Return to
work
services**





Barrier resolution is an expectation of PIE services

Re-cap and continuous improvement....

Referral criteria

- ✓ Evidence indicates that a remain at work or return to work outcome is achievable
- ✓ Barriers to progressing or achieving pre-injury duties, pre-injury hours
- ✓ Specialist intervention is required to resolve the barriers to return to work, and progress the worker towards pre-injury duties and hours within 4 weeks

Pre-injury employer service

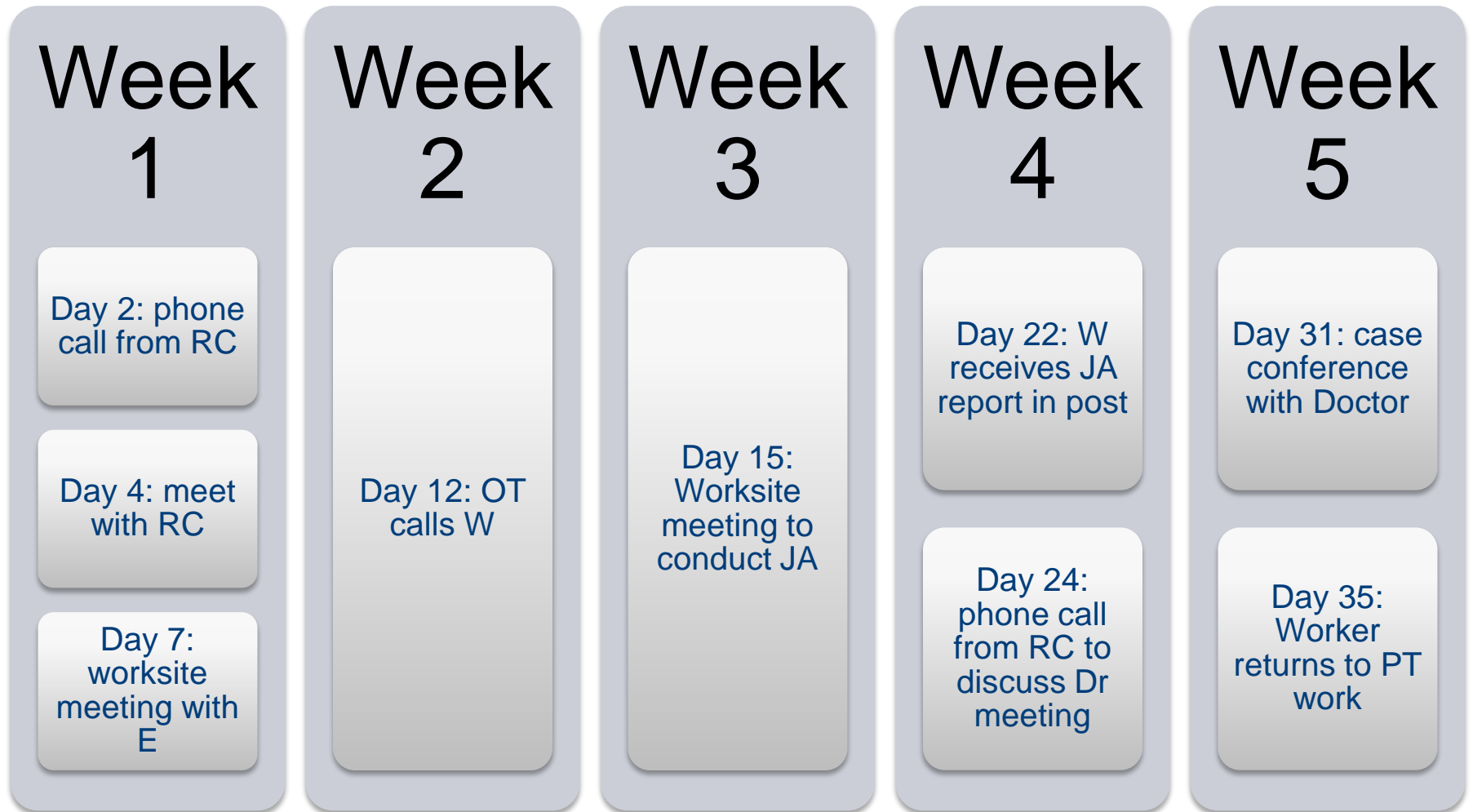
DRIVE early resumption of workplace activity,

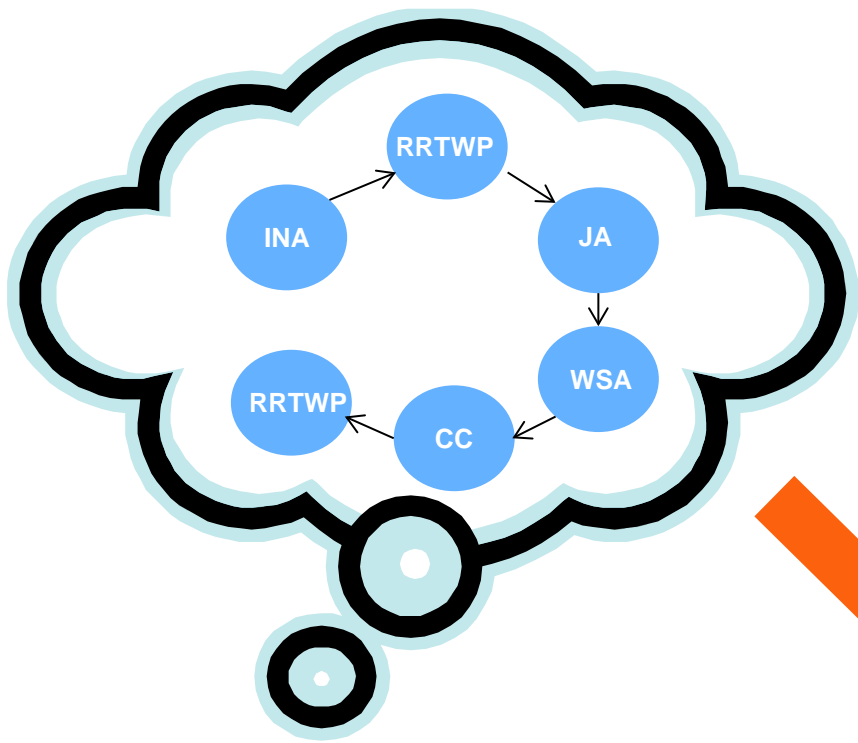
by **assisting an employer to identify suitable duties,**

and facilitate a **worker's return to pre-injury duties and hours**

**Early return to work requires
increased cohesion in service delivery**

PIE as we currently see it.....

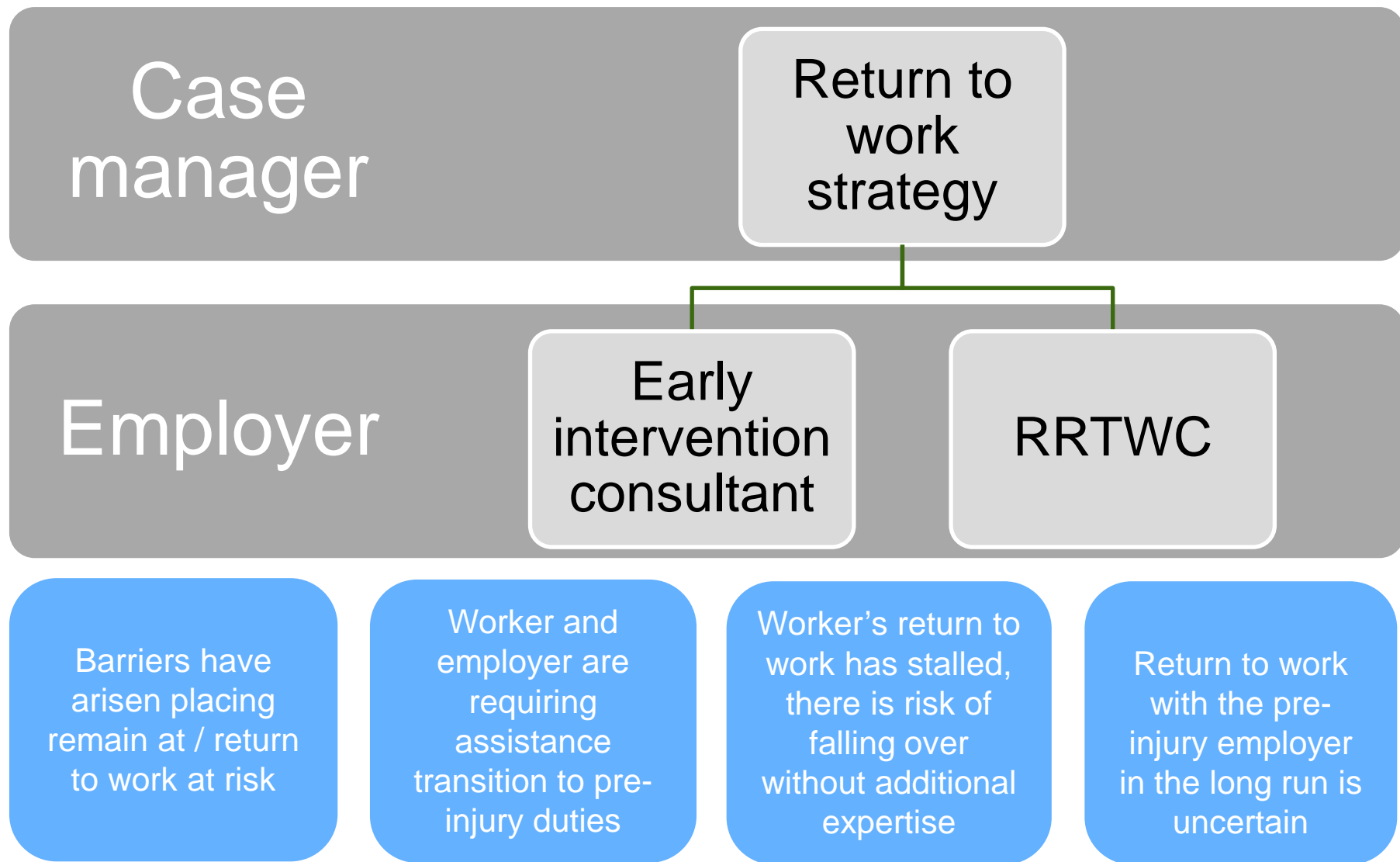




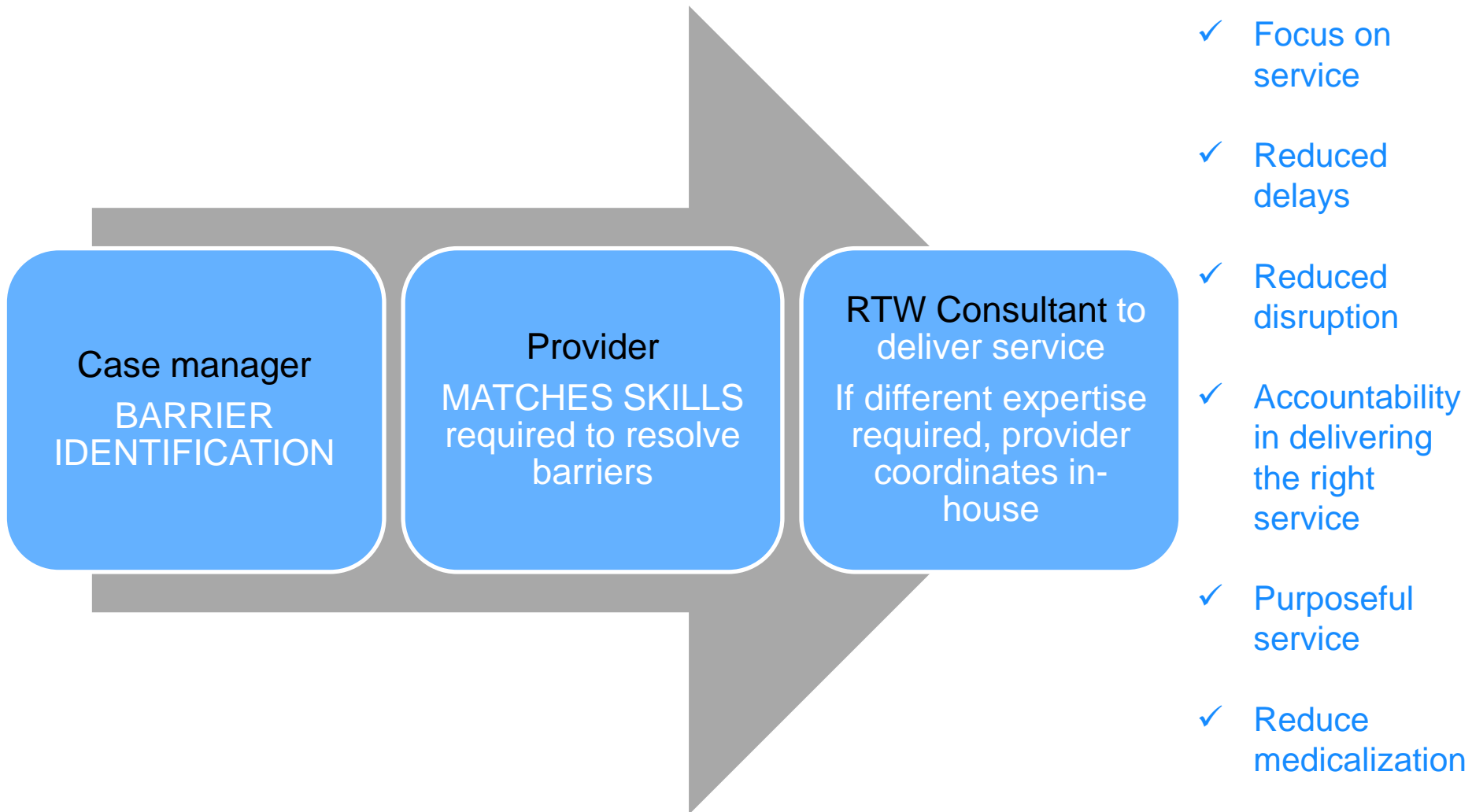


Where PIE fits in within the case manager's tool kit?

Pre-injury employer service – CM's tool kit



Pre-injury employer service - 1 July 2014



Remain at work /
Return to work

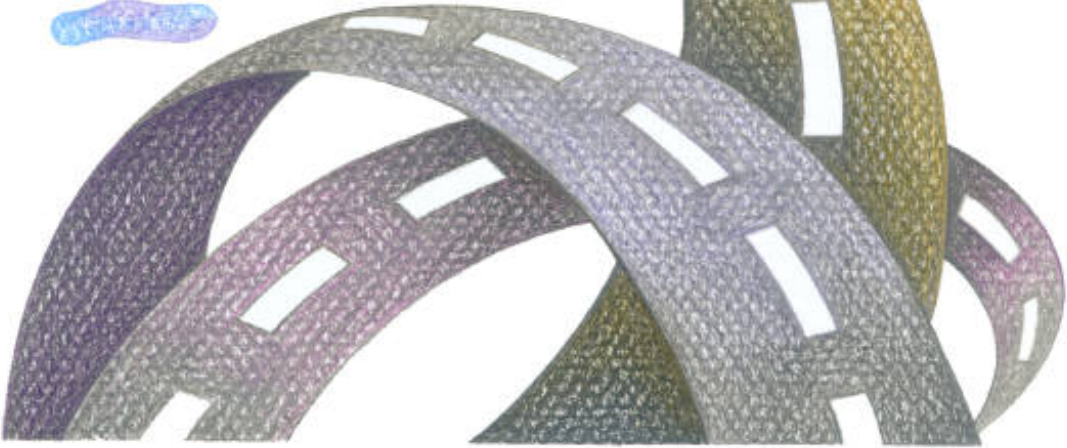


Worker



Employer

RTW
Consultant



Service overview

Who are return to work consultants?

Class A RTW Consultant

\$170.20 per hour

Physiotherapist

Occupational therapist

Psychologist

Exercise physiologist

Rehabilitation counsellor with full membership with ASORC or RCAA

2 years FT
clinical
experience

OR

1 year FT as
a class B
consultant
supervised
by a Class A
consultant

Class B RTW Consultant

\$138.50 per hour

Meet the HWCA minimum qualification requirements

Do not meet the criteria for class A return to work consultants

2 years FT
membership and
experience

Service overview



Level 1 (Class A)

- RAW (up to 9 hours)
- RTW (up to 9 hours)
- CRTW (up to 9 hours)



Level 2 (Class A / B)

- RAW (up to 12 hours – 13 weeks)
- RTW (up to 20 hours – 26 weeks)
- CRTW (up to 28 hours – 26 weeks)
- PIDT (up to 5 hours – 4 weeks)

Level 2 extension (Class A / B)

- RAW (up to 5 hours – 4 weeks)
- RTW (up to 5 hours – 4 weeks)
- CRTW (up to 5 hours – 4 weeks)

Referral category

Worker is working

Remain at work
(RAW)

AND
receiving
income
maintenance

Pre-injury duties
transition (PIDT)

(N.B. Level 2 intervention only)

AND
not receiving
income
maintenance

Worker is not working

Return to work
(RTW)

AND
CRD < 50
days,
not primary
psych claim

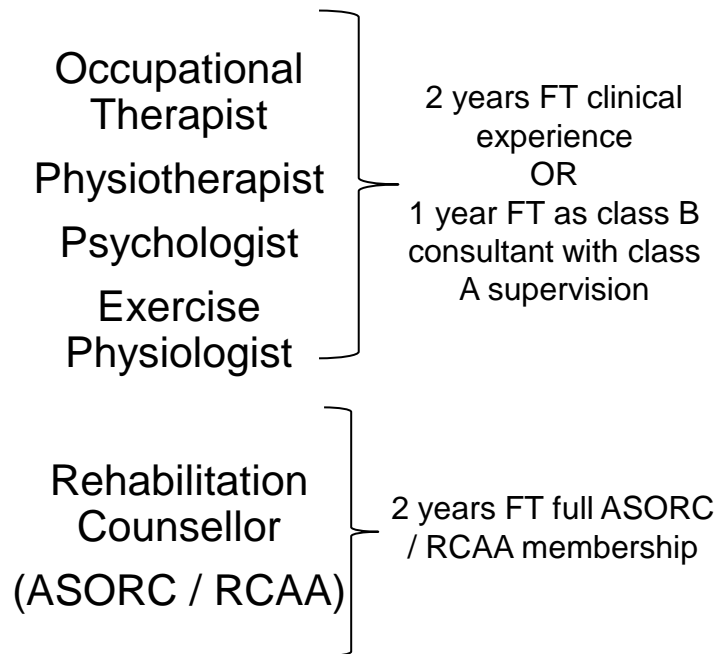
Complex return to
work (CRTW)

AND
CRD >51 days
OR
primary psych
claim

Pre-injury employer service Service expectation

Level 1 Intervention

CLASS A RTW Consultant ONLY



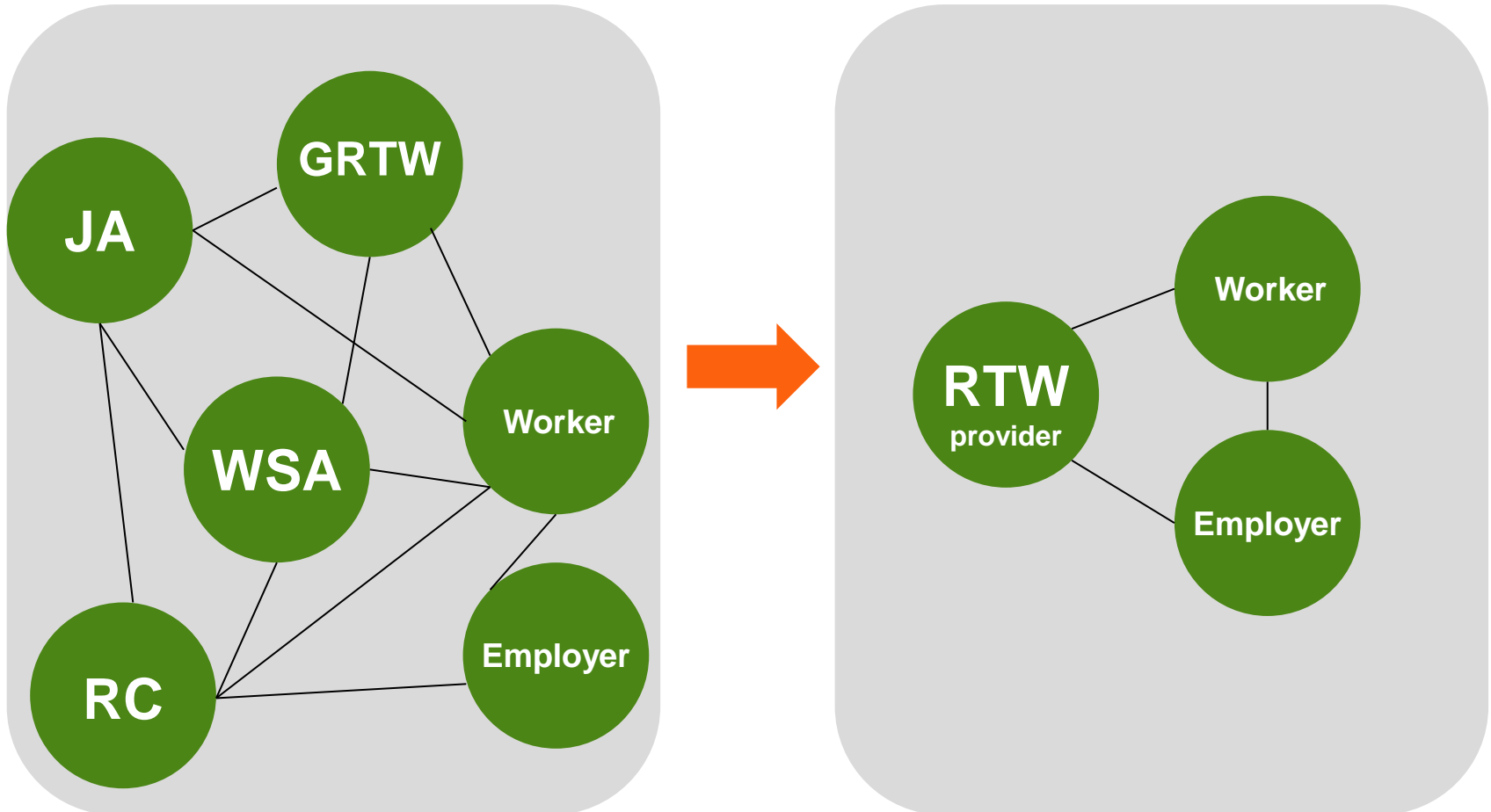
Completion within 10 days from referral date.

The Level 1 intervention service will drive early resumption of workplace activity

- assist employer to identify suitable duties
- facilitate the worker's return to performing suitable employment

Level 1 Intervention report
RRTWP where requested

Where we are heading...



Level 2 Intervention

CLASS A and B
RTW Consultant

This service is to be completed within
13 weeks (RAW),
26 weeks (RTW, and CRTW)

A Level 2 intervention service is to facilitate a worker's full return to work by supporting the parties to implement the return to work arrangements.

RTW consultant will continue to identify and resolve barriers to achieving the return to work goal.

Barrier resolution to achieve outcome

Return to work journey



Level 2 Extension

CLASS A and B
RTW Consultant

This service is to be completed within 4 weeks.

A Level 2 Extension is to facilitate a worker's full return to work by supporting the parties to implement the return to work arrangements.

RTW Consultant will continue to resolve barriers to achieving the return to work goal

Request is made where there is evidence return to PI employment is achievable in timeframe

Pre-injury duties transition

Pre-injury duties transition (14th April 2014 release)

- ✓ Worker is working **pre-injury hours, but performing alternate or modified duties**
- ✓ Worker is **not receiving any income maintenance**
- ✓ A plan is needed for the worker and employer to transition to **pre-injury duties, pre-injury hours**

This is a short term intervention service.

(No Level 2 extension applicable)

Who can deliver this service? (14/4/14)

Workplace rehabilitation consultant

Class A / B return to work consultants (1/7/14)

Time allocation: 5 hours incl travel

Service duration: 4 weeks

(Additional regional travel where applicable)

Pre-injury employer service

Pre-injury duties transition

Purpose

- Review of workplace duties
- Development of plan that worker and employer will implement to transition

Includes

- Required travel
- Up to 5 hours
- Completion of an Intervention outcome report
- Delivery within 4 weeks

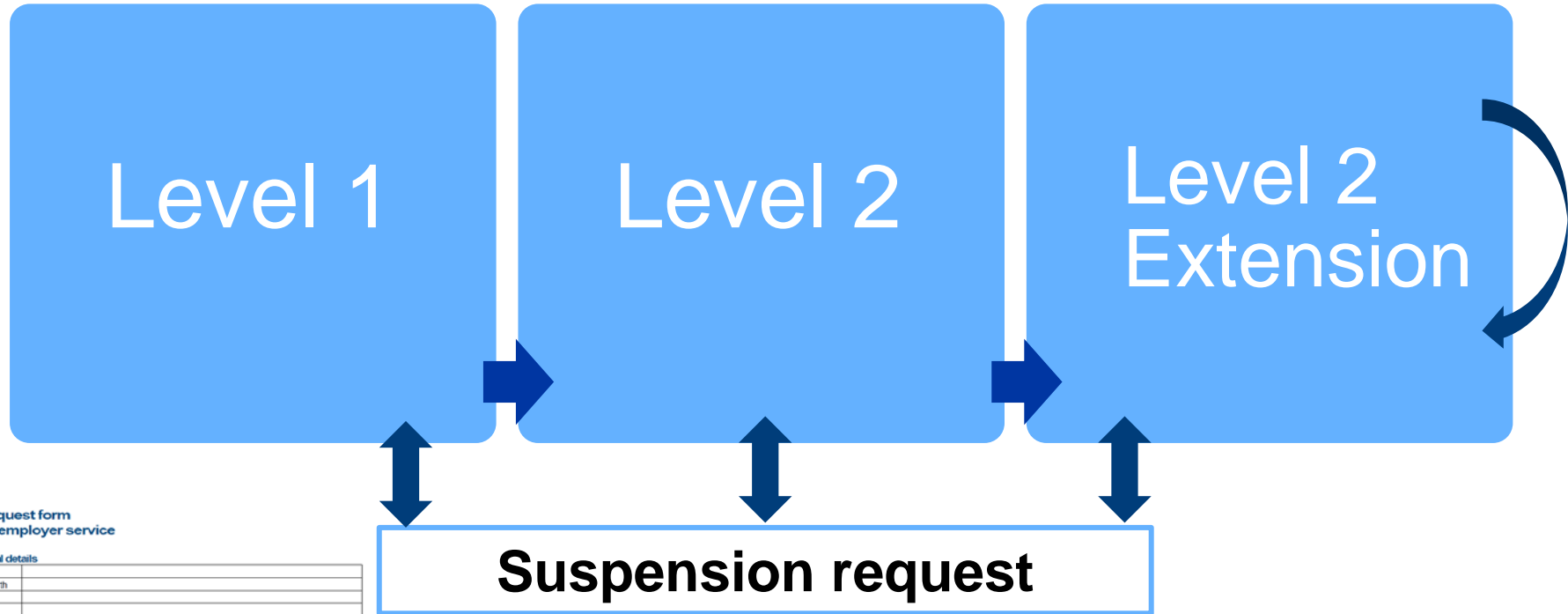
CM consideration

- NO concurrent PIE service
- A PIE Level 2 should include a plan that transitions a worker to pre-injury duties. Hence, Pre-injury duties transition should not follow a recent Level 2 closure (unless circumstances have changed).

Suspension and Closures

Service implementation

Suspension



Service request form Pre-injury employer service

Claim & referral details		
Worker name		
Worker date of birth		
Date of injury		
Claim number		
Employer		
Claims agent		
Case manager		
Current referral	<input type="checkbox"/> RAW level 1	<input type="checkbox"/> RAW level 2
	<input type="checkbox"/> RTW level 1	<input type="checkbox"/> RTW level 2
	<input type="checkbox"/> CRTW level 1	<input type="checkbox"/> CRTW level 2
	<input type="checkbox"/> PI duties transition	

Section 1

To be completed by provider.

1.1 Request

- Level 2 intervention
- Level 2 service and travel extension
- Additional regional travel
- Service suspension, period of suspension (start date) (end date)
- Service closure (proposed closure date)

1.2 Rationale for request

Provide detail of rationale for request (e.g., reason for request; and breakdown of activity):

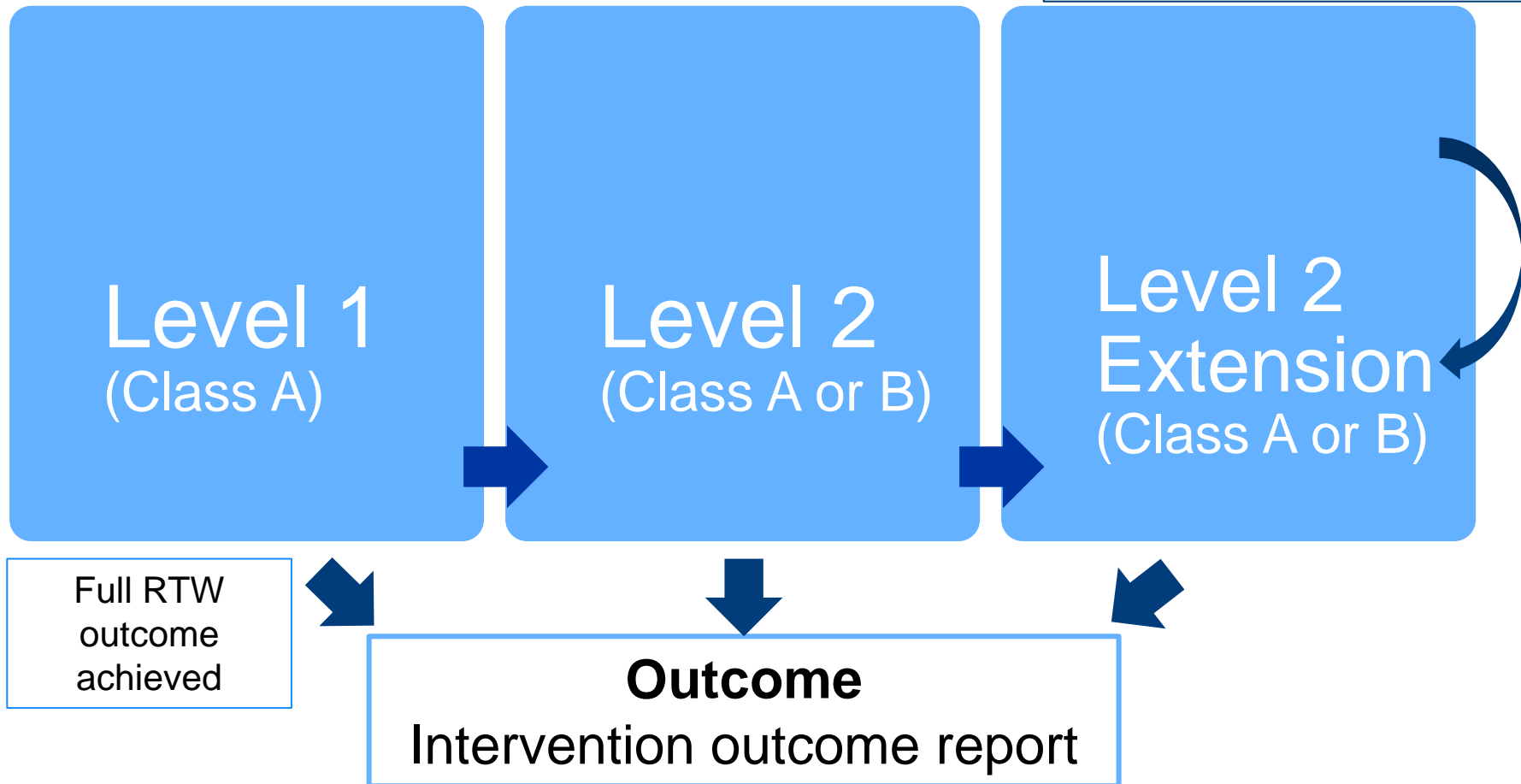
Suspension request

CM approves on same form
(2 business days)

Service implementation

Closure / Outcome

- CLOSURE**
1. Is further intervention likely to progress return to pre-injury employment?
 2. Is the return to work goal still appropriate?
 3. RTW outcome achieved



Outcomes

Pre-injury hours, pre-injury duties

- Primary goal

Pre-injury hours, modified duties

- Plan to transition to pre-injury duties where appropriate must be developed for worker and employer to implement

Partial duties, hours

- Recommendations for return to work goal

No sustainable return to work

- Recommendations for return to work goal

Outcome fees – Level 1 (up to 9 hours)

Remain at
work
RAW

Max fee \$600

Return to
work
RTW

Max fee \$900

Complex
return to work
CRTW

Max fee \$1,200

Outcome fees – Level 2 Intervention

Remain at
work
RAW

≤ 6 hours \$600
≤ 9 hours \$400
≤ 12 hours \$200

Return to
work
RTW

≤ 10 hours \$900
≤ 15 hours \$600
≤ 20 hours \$300

Complex
return to work
CRTW

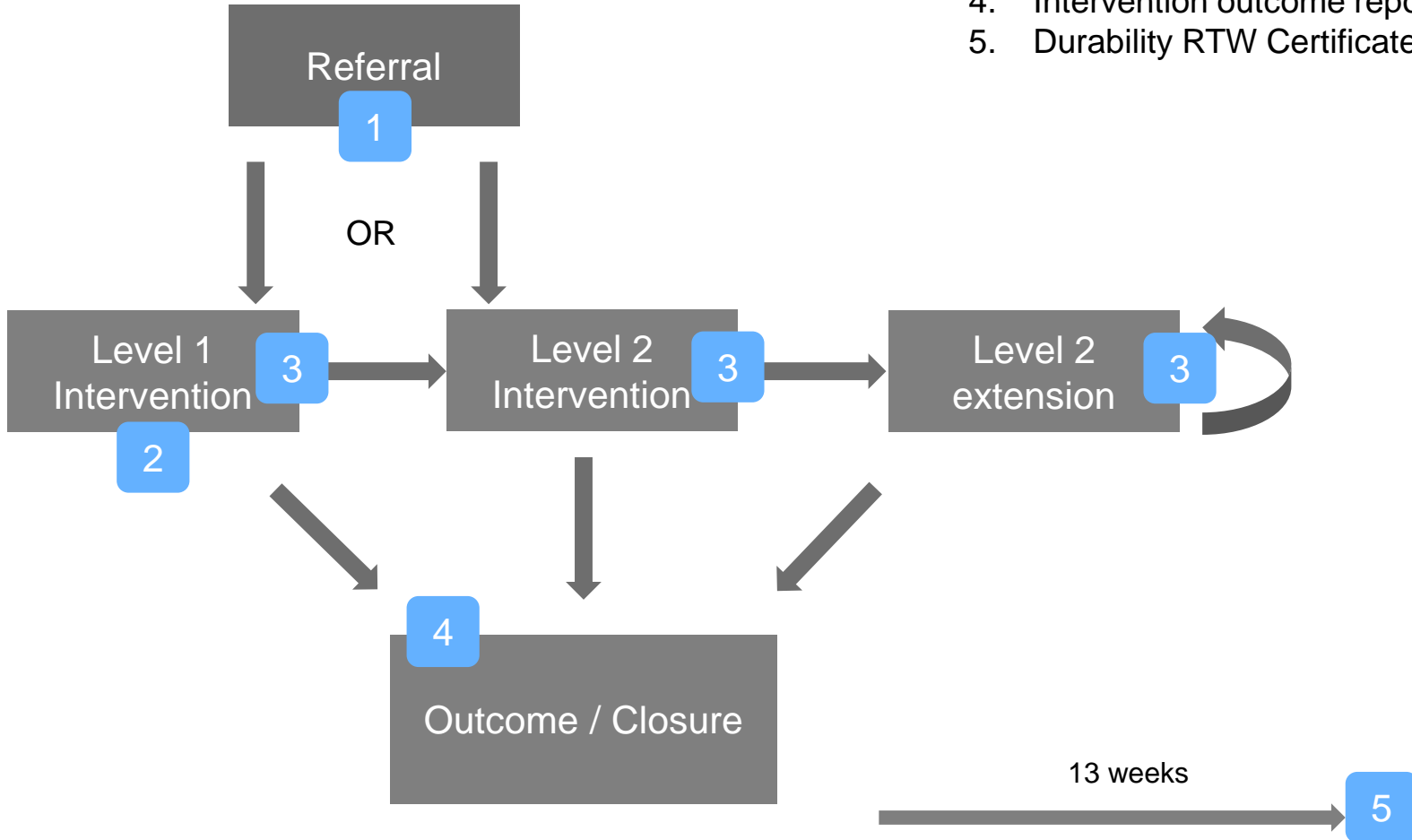
≤ 12 hours \$1,200
≤ 20 hours \$ 800
≤ 28 hours \$ 400

- Excludes hours delivered within Level 1 Intervention
- There is no success fee for partial outcomes or a return to work outcome after the level 2 intervention service

Provider reporting

Provider reporting

1. Accept / Reject Form
2. Level 1 Intervention report
3. Service request form
4. Intervention outcome report
5. Durability RTW Certificate



3 Suspension / Regional Travel / Closure request (at any stage of PIE referral)

Accept / reject form

Pre-injury employer service

SA
together



1. Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1	<input type="checkbox"/> RAW level 2	<input type="checkbox"/> PI duties transition
	<input type="checkbox"/> RTW level 1	<input type="checkbox"/> RTW level 2	
	<input type="checkbox"/> CRTW level 1	<input type="checkbox"/> CRTW level 2	

2. Referral status

Provider to complete the relevant section and submit to the case manager. If the referral is accepted, servicing and invoicing can only commence on or after date of submission.

Accept referral

Date service commenced
Name of provider delivering service
Email
Contact number

Reject referral

- Provider does not have capacity to provide the request services
- Provider is not appointed for the requested service
- Conflict of interest
- Worker is not available to participate in service requested
- Referral does not meet referral criteria defined in Fee schedule
- Referral includes services not included in Fee Schedule
- Other e.g. WHS risk factors

* If referral is rejected, please provide further details below:

3. Provider details

Referral assessed by (name)
Company
Address
Phone number
Signature:
Date:

Appointed RTW Consultant name Class
RTW Consultant profession
RTW Consultant email address

Level 1 Intervention report Pre-injury employer service

1. Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1 <input type="checkbox"/> RTW level 1 <input type="checkbox"/> CRTW level 1		

2. RTW goal review (pre-injury employer)

2.1 Is the current return to work goal appropriate? YES / NO

If no, provide further information:

3. Summary of suitable employment

3.1 Provide specific details of suitable employment identified:

3.2 Where suitable employment has been identified, has this been offered by the pre-injury employer?

YES / NO

Provide further information:

3.3 Where suitable employment has not been identified, what are the reasons for this?

3.4 Provide further information in support of the suitable employment direction

(this may include, but is not limited to medical, vocational, workplace information):

3.5 What is the anticipated timeframe to achieve suitable employment at pre-injury employer:

4. Remain at work/Return to work arrangements

This section should be completed in reference to the RRTWP (without duplication of information)

Strategy / Action to progress RAW / RTW outcome	Responsible person (e.g. worker, employer, RTW consultant, case manager)	Anticipated completion date

5. RRTWP attached

YES / NO

If no, provide further information:

6. Other considerations

6.1 Other factors that impact achieving the RAW / RTW outcome within timeframe stated in 3.5:

6.2 Other strategies that should be considered to facilitate RAW / RTW outcome:

7. Further services recommended

Are Level 2 Intervention services recommended?

YES / NO

If yes, have you attached a Service Request Form?

YES / NO

8. Provider details

Name	
Title	
Company	
Address	
Phone number	
Email address	
Signature:	
Date:	

Service request form Pre-injury employer service

SA
together



Government
of South Australia

Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1	<input type="checkbox"/> RAW level 2	<input type="checkbox"/> PI duties transition
	<input type="checkbox"/> RTW level 1	<input type="checkbox"/> RTW level 2	
	<input type="checkbox"/> CRTW level 1	<input type="checkbox"/> CRTW level 2	

Section 1

To be completed by provider.

1.1 Request

- Level 2 intervention
- Level 2 service and travel extension hours (max. 5) weeks (max. 4)
- Additional regional travel hours (max. 5) postcode
- Service suspension, period of suspension (start date) (end date)
- Service closure (proposed closure date)

1.2 Rationale for request

Provide detail of rationale for request (e.g., reason for request and breakdown of activity):

1.3 Provider details

Print name:

Position:

Company name:

Address:

Phone number:

Email address:

Signature:

Date:

Section 2

To be completed by claims agent and returned to the provider by email within 2 business days.

Pre-injury employer service request approved: Yes No

Comments/Action required:

Case manager name:

Company:

Address:

Phone number:

Email address:

Signature:

Date:

Intervention outcome report

Pre-injury employer service

1. Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1	<input type="checkbox"/> RAW level 2	<input type="checkbox"/> PI duties transition
	<input type="checkbox"/> RTW level 1	<input type="checkbox"/> RTW level 2	
	<input type="checkbox"/> CRTW level 1	<input type="checkbox"/> CRTW level 2	

2. Suspensions approved by case manager (complete where applicable)

Date service suspended	Date service re-commenced	Days of suspension

3. Summary of outcome achieved

Closure/outcome date (as agreed with case manager):

Weekly income maintenance at date of closure: \$

* Where available, attach a payslip or updated WorkCover medical certificate.

- Full outcome
- safe and durable RAW/RTW outcome with no expected future income maintenance entitlement (complete Section 4)
- Partial outcome
- improvement from RAW or RTW status at time of initial referral (complete Section 5)
- Nil outcome
- no improvement from RAW or RTW status at time of initial referral (complete Section 5)

4. RAW/RTW Information

4.1 Summary of actions provided in support of the outcome:

4.2 Risks and barriers that may impact the durability of outcome:

4.3 Recommendations to address 4.2:

4.4 Has the worker resumed pre-injury duties, at pre-injury hours: YES / NO

If yes, what arrangements have been made for maintaining this status:

If no, what arrangements have been implemented for transitioning to pre-injury duties:

4.5 Further recommendations for the future management of worker's RAW / RTW:

5. RTW goal review (pre-injury employer)

5.1 Where nil or partial return to work is achieved,

- detail the barriers that may impact on worker's ability to return to work with pre-injury employer:
- detail the barriers that may impact on worker's ability to participate in other return to work services:
- detail suitable employment information including transferrable skills, qualifications, interests and abilities:

5.2 Is the current return to work goal with pre-injury employer appropriate? YES / NO

Provide further information:

5.3 Other relevant recommendations and actions required to support the worker's return to suitable employment:

Durable return to work certificate form Pre-injury employer service

Claim & referral details

Worker name		Worker date of birth	
Claim number		Date of injury	
Claims agent		Case manager	
Employer			
Weekly income maintenance at referral		Entitlement weeks at referral	
Current referral	<input type="checkbox"/> RAW level 1	<input type="checkbox"/> RAW level 2	
	<input type="checkbox"/> RTW level 1	<input type="checkbox"/> RTW level 2	
	<input type="checkbox"/> CRTW level 1	<input type="checkbox"/> CRTW level 2	

Section 1

1.1. Remain at work/Return to work

Closure date (as agreed with case manager):

Outcome achieved: Choose an outcome

End date of 13 week durability:

1.2. Income maintenance payment proportion (IMPP)

Worker's maximum weekly income maintenance entitlement at end of 13 week durability period (confirm notional weekly earnings with case manager):

Gross weekly earnings from employment at end of durability period (confirm with employer):

1.3. Provider success fee request:

Item number and description: Choose an item.

Max fee (ex GST)

Period of the 13 week durability:

N/A

1.4. Pre-injury employer and Provider certification:

I certify that the IMPP data is correct at time of this report.

Pre injury employer details

Print name:

Position:

Signature:

Date:

Provider details

Print name:

Position:

Company name:

Address:

Phone number:

Email address:

Signature:

Date:

OR

I certify that all reasonable effort has been made to obtain the IMPP data with no success.

Provider details

Print name:

Position:

Company name:

Address:

Phone number:

Email address:

Signature:

Date:

Section 2

To be completed by the claims agent and returned to the provider by email within 2 business days.

2.1. Early durable outcome payment

Early durable outcome payment is paid only when worker is receiving no more than 5% of weekly earnings as income maintenance at the end of the 13 week durability period.

Approved: Yes

No

Level:

Reason for not approving request:

Fee:

Other comments/action required:

Case manager name:

Company

Address

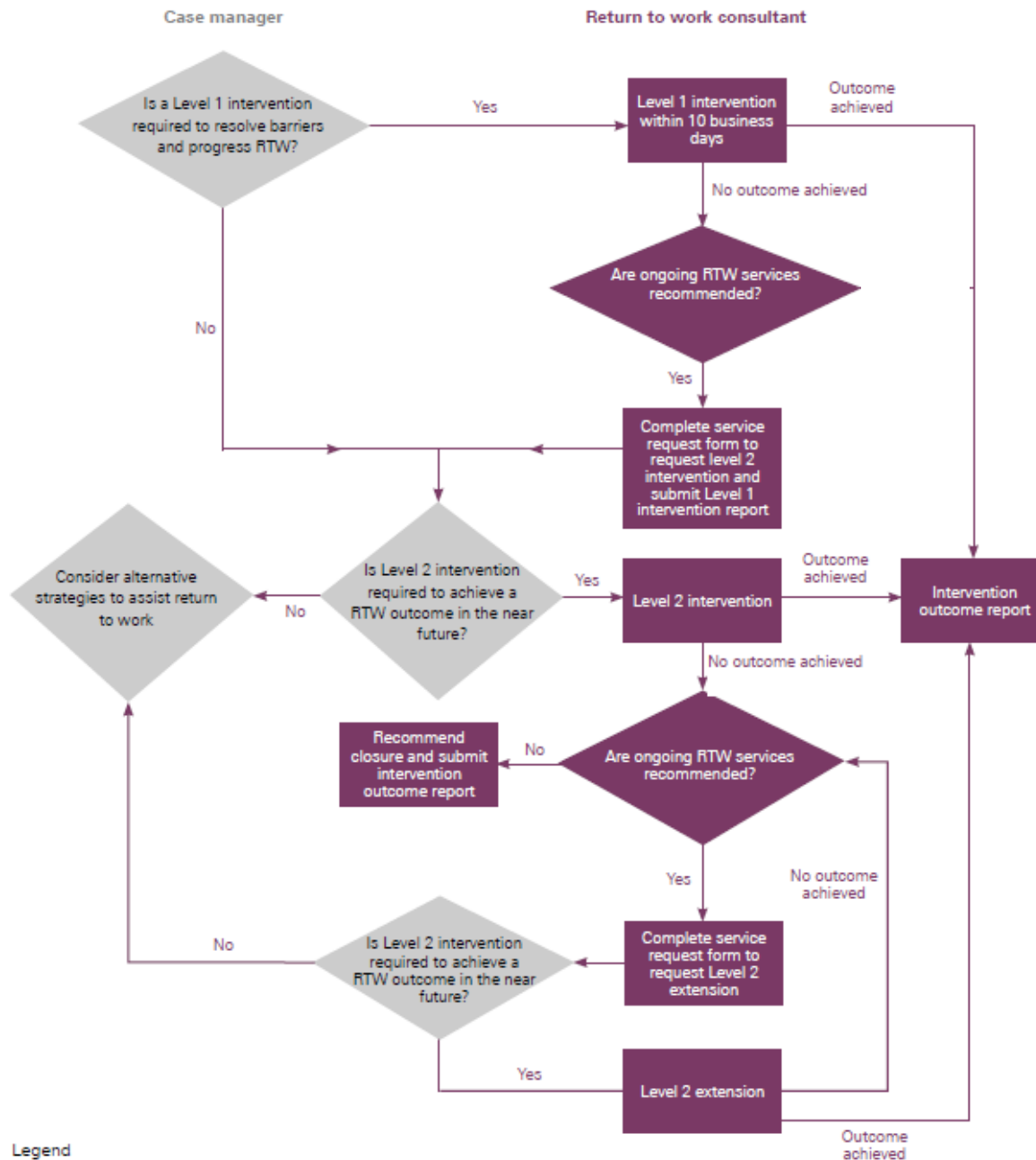
Phone number

Email address

Signature:

Date:

Process mapping



Legend

- Case manager
- Return to work consultant

Level 1 Intervention referral

Case manager

Is Level 1 Intervention required to develop the RRTWP?

Level 1 Intervention referral

YES: Referral letter

Accept / Reject Form (Accept)

Level 1 Intervention Report

Provider

Allocate Class A RTW Consultant

Level 1 Intervention within 10 business days

Is Level 2 intervention recommended to implement RTW arrangements?

NO

Cease service
No further action

Level 2 Intervention referral

Case manager

Is Level 1 Intervention required to develop the RRTWP?

NO

Is Level 2 intervention required to achieve a RTW outcome?

Review and discuss recommendation for closure

Level 2 intervention referral

YES: Referral letter

Accept / Reject Form

No: Service Request Form

Service Request Form

Intervention Outcome Report (within 10 business days)

Provider

Allocate Class A / B RTW Consultant

Level 2 Intervention within allocated timeframe

Are ongoing RTW services recommended?

Cease service delivery by agreed closure date

Level 2 Extension

Case manager

Level 2 extension

Provider

Is Level 2 extension required to achieve a RTW outcome?

**YES: Service Request Form
(Level 2 Extension)**

NO: Service Request Form

**Intervention Outcome Report
(within 10 business days)**

Are ongoing RTW services recommended?

Cease service delivery by agreed closure date

FAQ - Extension

Question	Answer
I have used up my initially allocated hours in Level 2 Intervention, do I have to wait for my allocated time to lapse?	Level 2 Extension can be requested before the end of a Level 2 Intervention
I have not used up my allocated hours in Level 2 Intervention, but my allocated time has lapsed, what do I do if I believe further service is required?	Complete a <i>Service Request form</i> and request for a Level 2 Extension. (N.B. You cannot continue billing the Level 2 Intervention service codes once the time has lapsed.)

Closure

Case manager

Closure

Provider

Are ongoing RTW services recommended?

NO: Service Request Form (Closure)

Are ongoing RTW services recommended?

Service Request Form

Intervention Outcome Report (within 10 business days)

Cease service delivery by agreed closure date

Suspension

Case manager

Suspension

Provider

Are RTW services recommended for suspension?

Service Request Form (Suspension)

Are RTW services recommended for suspension?

Service Request Form

Suspend service delivery within agreed period

Durable RTW Certificate

Case manager

Durable RTW
certificate

Provider

Review request for claim
and respond

Durable RTW Certificate

Durable RTW Certificate

Has worker sustained their
return to work for the full 13
weeks, and
is entitled to less than 5%
of the income maintenance
they were entitled to at the
commencement of PIE
service?

Performance measurement framework

Framework Objectives

- Provide a fair and reliable system of performance measurement which informs RTW providers, claims agents and WorkCover of the relative performance of each provider.
- Provide performance information to claims agents to facilitate referral of workers to providers who achieve better outcomes.
- Provide performance information to assist RTW providers to improve their own performance.
- Facilitate a continuous improvement approach to the management of RTW services.

Guiding Principles

- Performance measurement calculations will be transparent. Providers and claims agents will be able to review their own data and check its accuracy.
- Appropriate confidentiality will be maintained regarding provider performance measurement and reporting.

Key Aspects of Performance Measurement

- The following aspects of performance are intended to be captured within this framework:
 - Service Outcomes (RTW or Improved Work Capacity)
 - Cost
 - Service duration
 - Timeliness of reporting
 - Referral rejections
- Other service quality measures (eg, worker complaints, provider management systems, etc) will be addressed through the provider appointment and audit processes.

Service Measurement Categories

- The performance of each provider will be separately measured and reported for:
 - Pre-Injury Employer Services
 - Fit For Work Employer Services
 - Job Placement Services
- Future referrals will be directed to providers in each category who achieve better results

Performance Rating

- For each reporting period, the provider with the median score will receive an overall score of zero
- Scores for other providers = provider unadjusted score less median provider unadjusted score

Performance	Pre-injury	Fit for work	Job placement
5 star	Greater than + 25	TBD	TBD
4 star	Greater than +15 to +25	TBD	TBD
3 star	-15 to +15	TBD	TBD
2 star	Less than -15 to -25	TBD	TBD
1 star	Less than -25	TBD	TBD

Measures & Weightings

- Individual measures will be weighted based on relative importance

MEASURE	PRE-INJURY	FIT FOR WORK	JOB PLACEMENT
Rejection ratio (for eligible referrals)	5%	5%	5%
Timeliness of assessment, closure and placement Reports	5%	N/A	N/A
Duration of service delivery (from referral to closure/placement)	20%	20%	20%
Service Cost (excl outcome fees, regional travel, reimbursements)	20%	20%	20%
Reduction in IM at 13 weeks post closure/placement (end of durability period)*	50%	N/A	55%
Increase in capacity at referral closure	N/A	55%	N/A
NOTE: *Any increase in return to work occurring in the durability period, beyond that achieved at referral closure, is not attributed to the workplace rehabilitation provider.			

Complexity Adjustment

- Results will be adjusted (using statistical regression) to account for case complexity

CHARACTERISTIC ADJUSTMENT	PRE-INJURY	FIT FOR WORK	JOB PLACEMENT
1. Worker age	X	TBD	TBD
2. Worker gender	X	TBD	TBD
3. Worker residential location (metro or country)	X	TBD	TBD
4. Claim duration	X	TBD	TBD
5. Occupation	X	TBD	TBD
6. Nature of injury	X	TBD	TBD
7. Body location	X	TBD	TBD
8. History of Inc. Maintenance Payment Proportion	X	TBD	TBD
9. Selected claim costs to-date	X	TBD	TBD
10. Prior income maintenance redemption	X	TBD	TBD
11. Previous workplace rehab services	X	TBD	TBD
12. Pre-injury employer size (renumeration)	X	TBD	TBD
13. Pre-injury employer industry	X	TBD	TBD

Complexity characteristics are indicative only. Final characteristics will be determined following detailed data analysis.

Measurement Intervals

- Results reported bi-annually (period end Jun & Dec)
- Each referral can be included in only one measurement period
- Minimum of 10 referrals for inclusion in published results
- Claims agent must ensure all referrals are closed within an appropriate timeframe

Publication of Results

- Results will be made available to WorkCover, Claims Agents and Providers
- Each provider will only be informed of their own results, the results for all other providers will be de-identified.
- Results will only be used for referral purposes once we are satisfied they are fair and reliable
- Claimant level information will only be made available to the claims agent and the provider who received the referral (for confidentiality reasons)
- Framework will be reviewed regularly

Example of Report Format

PROVIDER NAME	CURRENT RATING Jul-Dec 2015	PREVIOUS RATING Jan-Jun 2015	PREVIOUS RATING Jul-Dec 2014	PREVIOUS RATING Jan-Jun 2014
Provider 1	5	5	5	5
Provider 2	5	4	4	3
Provider 3	4	4	4	4
Provider 4	4	3	4	3
Provider 5	3	3	3	3
Provider 6	3	3	3	3
Provider 7	3	3	3	3
Provider 8	3	3	3	3
Provider 9	2	3	3	3
Provider 10	2	2	2	2
Provider 11	1	2	2	2
Provider 12	1	1	2	2

