



# **SERVICE DELIVERY USER MANUAL FOR APPROVED VOCATIONAL REHABILITATION PROVIDERS**

**WorkCover Western Australia  
2 Bedbrook Place  
Shenton Park WA 6008**

**Ph: (08) 9388 5555  
Fax: (08) 9388 5550**

**[www.workcover.wa.gov.au](http://www.workcover.wa.gov.au)**

**Updated November 2005**



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## SECTION 1

### INTRODUCTION

In line with the recommendations of the Rehabilitation Review, the WorkCover Western Australia Authority has endorsed procedures for the provision of vocational rehabilitation services.

The following information has been compiled to assist approved vocational rehabilitation providers in the delivery of vocational rehabilitation services within the workers' compensation system in Western Australia.

These guidelines are an advisory document for approved vocational rehabilitation providers. They are produced and distributed by WorkCover WA in the interests of providing useful information, to enable the rehabilitation process to occur efficiently and effectively.

Services should be implemented commensurate with the aims and principles of injury management.

It is intended this document will:

- provide an overview of the vocational rehabilitation process;
- provide practical guidance;
- encourage efficient and cost effective vocational rehabilitation services to assist injured worker's restore function and return to work;
- enhance communication between all parties involved; and
- provide an educational resource.

## INJURY MANAGEMENT

Injury management means the management of the workers' injuries in a manner that is directed at enabling injured workers to return to work. It is a workplace managed process incorporating employer and medical management from time of injury to facilitate where practicable, efficient and cost effective maintenance in or return to suitable employment.

Early appropriate workplace based intervention and a willingness by all parties to communicate and co-operate in the injury management process, is essential to reduce the human and economic costs of work related injuries.

Principles underpinning the injury management process include:

- recognition that employers and injured workers are the primary stakeholders within the workers' compensation system;
- maintenance in or a safe return to work is the expected outcome;
- medical practitioners and employers play a central decision making role in the return to work of injured workers;

- the focus of all services should be workplace based;
- the injury management process should be transparent, cost efficient and effective process;
- early intervention and proactive injury management is critical in achieving return to work goals; and
- when vocational rehabilitation is required all parties are involved in a process that is transparent and requires joint decision making.

## **VOCATIONAL REHABILITATION**

Where factors are identified that may interfere with an employer's ability to develop a return to work program for an injured worker, the assistance of an approved vocational rehabilitation provider may be sought. Vocational rehabilitation includes a range of prescribed services, directed toward the injured worker's maintenance in, or return to work. For a list of prescribed services which can be reimbursed from the injured worker's Vocational Rehabilitation Entitlement see Pages 27-28.

Vocational rehabilitation complements medical and paramedical intervention through the provision of prescribed services which assist workers who have suffered a work related disability, remain at or return to productive employment. An injured worker has an entitlement for payment of those services necessary to achieve this goal.

WorkCover WA, through liaison with interested parties, has developed quality assurance standards and performance indicators to ensure the provision of high quality vocational rehabilitation services. An approved vocational rehabilitation provider is required to comply with certain standards in order to ensure re-accreditation following the review process.

## SECTION 2

# VOCATIONAL REHABILITATION SERVICES

## REFERRAL FOR REHABILITATION SERVICES

### *Description*

In the majority of workers' compensation cases injury management activities undertaken by the medical practitioner, injured worker and employer (hereinafter the 'key parties') to ensure maintenance in or return to work, is all that is required.

However, these parties may determine specialist intervention is required, either for a specific service or for a vocational rehabilitation assessment, and a referral to an approved vocational rehabilitation provider (the 'provider') may be initiated.

The injured worker has the right of choice in selecting an approved vocational rehabilitation provider.

### *Referral for Specific Services*

In the case of a referral made for a specific service only, an employer or medical practitioner may make a request for that service in consultation with the worker. The provider would be required to submit online the referral details from the VR1 form, to WorkCover within 28 days of the referral being completed and undertake the service<sup>1</sup>. A Service Delivery Plan would not be required in this instance.

On completion of the delivery of the specific service, the provider is required to submit Case Closure details online to WorkCover within 28 days of case closure.

### *When required*

When the injury management co-ordination is to be managed by the employer and treating medical practitioner and only a one off intervention or specialist service is required to assist the key parties.

### *Responsibilities*

The **medical practitioner** or **employer** consults with the **worker** to select a provider.

The **key parties** maintain the co-ordination of the injury management process.

The **provider** is to maintain usual practices within Quality Assurance Standards in the provision of specific services.

The **provider** should ensure liability for the claim has been accepted prior to commencement of services.

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<sup>1</sup> When the injury management referral process is finalised, ie when the referrer has liaised with the relevant parties and indicated this on the form, the referral is completed and it is from that date the provider has 28 days to submit the referral details.

## ***Referral for Assessment***

In the case of a referral being made for a vocational rehabilitation assessment, the referral requires consultation between **all key parties**, that is, the injured worker, employer and treating medical practitioner. Consultation means verbal or written communication between those key parties obtaining support for the referral.

The referral for assessment may be made via two methods:

- 1) The standard WorkCover ‘Vocational Rehabilitation Referral’ form (Refer to Section 3 for more detail)<sup>2</sup>. The referring party signs off on the referral form, and indicates consultation has occurred with the key parties. The referral form is forwarded to the provider to commence the assessment.
- 2) The Progress Medical Certificate. The medical practitioner, following consultation with the employer and injured worker, indicates a referral is to be made to the provider nominated by the worker. This referral is actioned by the approved insurer, on the Vocational Rehabilitation Referral Form, to the provider nominated on the Progress Medical Certificate. Record of this referral will be maintained on the approved insurer’s file.

If the employer wishes the approved insurer to act on their behalf the employer is required to make this request in writing on a case by case basis. This is to be recorded on the Referral Form and is to occur prior to the referral being made (Insurers have been asked to send a copy of the employer’s authorisation to the provider with the referral form).

Once the key parties have agreed, the provider should proceed with the assessment. The provider is required to advise the approved insurer of receipt of the referral and the fact an assessment is to be undertaken.

## ***When required***

Where factors are identified that may interfere with an employer’s ability to develop a return to work program for an injured worker, the assistance of an approved vocational rehabilitation provider may be sought. Referral for a rehabilitation assessment is appropriate when liaison between key parties determines assistance is required in the injury management process.

Examples of when a referral for rehabilitation assessment may be completed include:

- If the injury, or resulting disability, prevents the worker carrying out pre-injury duties;
- If the injury is a recurrence or aggravation of a previous injury, or it seems likely that carrying out pre-injury duties may aggravate an existing injury;
- If modifications are required in the workplace, or aids and equipment required to help the worker return to work;
- If there is a need to assess the suitability for a return to work program with a new employer; and
- To determine the need for retraining;

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<sup>2</sup> The completed referral form must remain on the injured workers case file, as it may be subject to a service provision review.

The benefits of early intervention are recognised and where the involvement of a provider is indicated, all parties should work towards the earliest intervention possible.

### **Responsibilities**

The **treating medical practitioner** will:

- provide the worker with the *Injury Management & the Injured Worker* brochure at the first consultation;
- inform the worker of their right of choice of approved vocational rehabilitation provider; and
- complete the ‘Vocational Rehabilitation Referral’ form, following discussion with key parties, and forward to the provider; **OR**
- indicate on the Progress Medical Certificate, following discussion with key parties, that the approved insurer is required to complete the Vocational Rehabilitation Referral form and forward to the provider indicated on the certificate.

The **approved vocational rehabilitation provider** will:

- notify the approved insurer that a referral for assessment has been received, if they did not complete the referral form; and
- submit the referral form details online to WorkCover within 28 days and retain a copy of the referral form (VR1) on the worker’s file<sup>3</sup>.

The **employer** may:

- complete the ‘Vocational Rehabilitation Referral’ form, following discussion with key parties, and forward to the provider; and
- may request, in writing, the approved insurer act on their behalf in the vocational rehabilitation process prior to referral for assessment.

The **approved insurer** will:

- complete the ‘Vocational Rehabilitation Referral’ form, as identified on the Progress Medical Certificate, to the provider indicated, if required;
- ensure it is indicated on the referral form they have been nominated to act on behalf of the employer and attach a copy of the employer’s authorisation to the VR1;
- ensure injury management activities on the claim have commenced and contact if necessary the employer and/or treating medical practitioner to confirm or initiate injury management processes; and

The **injured worker** will be actively involved throughout the vocational rehabilitation process.

**WorkCover WA** will invite the injured worker to attend an information seminar on vocational rehabilitation on receipt of the referral details from the provider.

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<sup>3</sup> When the injury management referral process is finalised, i.e. when the referrer has liaised with the relevant parties and indicated this on the form, the referral is completed and it is from that date the provider has 28 days to submit the referral details.

## ASSESSMENT

### *Description*

The object of the assessment is to gather relevant information to determine if specialised vocational rehabilitation services will be of benefit.

Designed to identify various factors that are, or have the potential to become barriers to an early and safe return to work, an assessment should involve contact with all key parties. The assessment should provide sufficient information for the development of an appropriate Service Delivery Plan.

The assessment should identify the medical condition, work potential, social and psychological issues that may impact on the injured worker's return to work.

During the assessment phase the provider:

- is required to advise the injured worker of their right of choice of provider at the initial interview to ensure this has been exercised. Confirmation this has occurred should be kept on file in accordance with Quality Assurance Standards. Please refer to Appendix 1 for an example of a confirmation form;
- is required to advise the injured worker of the availability of invoices, upon request. Each file must contain written confirmation that employers and injured workers have been notified of this at the commencement of a vocational rehabilitation programme; and
- is encouraged to maintain regular contact with all key parties and upon completion, confirmation from the key parties is required concerning the providers recommendation to proceed to a Service Delivery Plan.

A provider must exercise professional judgement in selecting the most appropriate activities and evaluation methods in completing the assessment. All activities in the assessment should reflect solutions to problems/issues identified as part of the initial interview and contact with key parties.

If further vocational rehabilitation is determined to be appropriate, a Service Delivery Plan will be developed to facilitate either maintenance in, or return to work. The development of the Service Delivery Plan should reflect the activities completed and information collated as a result of the assessment.

The potential to return to pre-injury employment, modified duties or alternative work with the original employer should be given priority and considered fully prior to exploring other vocational options. If this is not possible appropriate assistance should be provided to identify suitable vocational options.

### *Major components*

- Case Management
  - Initial interview with worker;
  - Contact with relevant parties; and
  - Service Delivery Plan development.
- Vocational Counselling
  - Establish a vocational rehabilitation goal.
- Travel, only if necessary
- Medical Consultation

- Contact with treating medical practitioner and specialist (if appropriate).
- Report – Assessment

In addition to those activities listed, the following services **may** be required for a more detailed assessment:

- Medical consultation at practice or worksite
- Worksite Assessment
- Functional Capacity Evaluation
- Job Analysis
- Manual Handling/Work Technique Advice
- Vocational Assessment

### ***Reporting Standards***

Information contained in assessment reports should provide justification for the services and costs outlined in the Service Delivery Plan. All reports should be succinct and concise, containing only relevant information otherwise unavailable to other parties.

### ***Responsibilities***

The **approved vocational rehabilitation provider** will:

- ensure the worker is aware of their right of choice, and inform the worker of WorkCover's requirements in relation to change of providers;
- provide recommendation on the suitability of ongoing vocational rehabilitation; and
- liaise and consult with key parties in order to complete the assessment.
- provide the **injured worker, employer/insurer** and **treating medical practitioner** with feedback on the assessment findings.

### ***Occasions when vocational rehabilitation is not appropriate***

On completion of the assessment, a provider may determine vocational rehabilitation is not appropriate.

If it is apparent to a provider on receipt of the referral or after initial contact with key parties, that vocational rehabilitation is not going to be appropriate, they should inform all parties of their opinion and discuss the suitability of proceeding with the assessment.

If it is determined that vocational rehabilitation assistance is not appropriate the provider will provide documentation to key parties outlining why rehabilitation is not appropriate and what would need to change for further intervention to be initiated. Case Closure details, indicating vocational rehabilitation is not appropriate, should also be submitted online to WorkCover within 28 days.

## **SERVICE DELIVERY PLAN**

The “Rehabilitation Online” application makes available a draft SDP.

Providers are able to draft their SDP’s on screen and then fax or email for approval to the key parties once completed. Alterations can be made up until the final version is agreed to. The final version should be printed and placed on the injured worker’s file, with the injured workers signature and relevant approval dates. The Assessment and Service Delivery Plan details are then submitted to WorkCover online. Once submitted no changes can be made to the plan, unless a ‘Modification’ is required.

### ***Description***

The Service Delivery Plan is a vocational rehabilitation plan developed through consultation with key parties, specifying strategies to achieve the identified goals. The purpose of the plan is to describe the direction of vocational rehabilitation intervention and to provide a summary of all the steps required to enable an injured worker to return to work.

The Service Delivery Plan will:

- outline the proposed rehabilitation goal, prescribed services, costs and timeframes of the vocational rehabilitation program;
- be transparent with information made available to all parties; and,
- reflect the information obtained through the assessment process.

The key parties are required to agree to the Service Delivery Plan prior to commencement of services.

If the employer has instructed the approved insurer to act on their behalf for the purposes of vocational rehabilitation, the insurer should participate with the other key parties in the rehabilitation process, in place of the employer.

Wherever possible, vocational rehabilitation should occur at the workplace with service delivery focused on maintenance in, or restoration of the worker to appropriate employment, in a timely and cost effective manner. This should be taken into account when developing the Service Delivery Plan.

### ***When required***

A Service Delivery Plan must be developed for injured workers if it is identified further vocational rehabilitation assistance is required.

The development of a Service Delivery Plan is not required when the assessment determines vocational rehabilitation is not appropriate or where a specific service only has been provided.

### ***Approval process for plans***<sup>4</sup>

On completion of the development of a Service Delivery Plan the provider is required to forward copies to the key parties for approval. It is necessary for the provider to ensure written agreement to the Service Delivery Plan is obtained from the worker.

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<sup>4</sup> Refer to introduction section under Service Delivery Plan

Providers have a choice to use the VR2 form for the approval process, or, access the Rehabilitation Online application, which provides a 'draft' Service Delivery Plan to be completed and sent electronically to the parties (see Rehabilitation Online User Manual).

Verbal approval can be obtained from the medical practitioner and employer (or insurer on the employer's behalf), and noted on the file copy of the plan by the provider. A copy of the final Service Delivery Plan should be sent to the employer and treating medical practitioner via post, facsimile or electronic transmission. Service Delivery Plan details are to be submitted online to WorkCover within 28 days of injured worker signature on the SDP.

The key parties are required to make a decision on the Service Delivery Plan within 5 working days of receiving it.

A copy of the completed and signed form is to be kept on the worker's rehabilitation file and a copy forwarded to the approved insurer.

The approved insurer will meet the costs of the services that have been proposed, if agreed to by the key parties. If there are concerns raised regarding payment, this should be referred to the Injury Management Review Unit.

Once agreed to by the key parties, the Service Delivery Plan will be implemented without amendment, while the proposed outcomes and objectives remain appropriate.

If concerns arise in relation to a course of action proposed or taken by a provider, every effort to discuss these concerns with the parties involved should occur before taking action. If the issues are not able to be resolved the case should be referred to the Injury Management Review Unit for advice.

### ***Service Delivery Plan Modification***

Service Delivery Plans can only be varied if there is a change in the medical or employment status of the injured worker, or in unusual circumstances requiring a modification in the employment outcome. Reason for the modification is to be recorded on the Service Delivery Plan. The provider is required to complete a new service delivery plan (or indicate on the Online application a modification is required), and tick section 6 indicating a Service Delivery Plan modification is required and complete the remaining sections of the form (or enter the remaining data on the draft). The modification service delivery plan is maintained on file with the original service delivery plan.

Prior to the development of a modification to the Service Delivery Plan it is necessary for the provider to schedule a file/progress review, via telephone or meeting, with parties to review progress to date in achieving stated outcomes and outline proposed actions for the Service Delivery Plan modification.

Service Delivery Plan modifications must reflect medical recommendations from the treating medical practitioner and/or changes in the employment status.

Modifications to the Service Delivery Plan require approval from key parties if there is a change in content. Principles regarding authorisation apply as per Service Delivery Plan instructions.

Details regarding modifications to the Service Delivery Plan are to be forwarded to the key parties and submitted to WorkCover online. A copy of the Plan Modification is sent to the approved insurer.

If additional expenditure, is required that does not alter content of the Service Delivery Plan, the provider notifies the key parties and the approved insurer of additional costs, prior to exceeding the original estimated costs. A Service Delivery Plan modification is not required, and Providers should file note this course of action<sup>5</sup>.

The provider will not be able to recoup any monies incurred over the amounts initially estimated without prior notification to the approved insurer.

If timeframes require extension, the provider notifies the key parties of the anticipated completion date. A Service Delivery Plan modification is not required, as extended timeframes will be evident when the Case Closure details are submitted to WorkCover. Providers should file note this course of action.

If agreement cannot be reached regarding the continuation of the provision of vocational rehabilitation services, the matter should be referred to the Injury Management Review Unit for advice and ultimately may be forwarded to the Conciliation & Review Directorate for resolution.

### ***Responsibilities***

The **treating medical practitioner** and **employer** will provide timely verbal approval on the Service Delivery Plan prior to commencement of services.

The **injured worker** will sign off on the Service Delivery Plan prior to commencement of services in a timely manner.

The **approved vocational rehabilitation provider** will:

- ensure approval is obtained in a timely manner;
- forward a copy of the Service Delivery Plan to the employer, even when the approved insurer is acting on the employer's behalf;
- on obtaining approval from the key parties, record this on the original Service Delivery Plan and the date it was obtained;
- submit online the Service Delivery Plan to WorkCover within 28 days of injured worker signature on the SDP and retain a copy on the worker's file;
- monitor the costs of providing vocational rehabilitation services and notify the parties and approved insurer prior to exceeding those estimated on the Service Delivery Plan; and
- provide a copy of the Service Delivery Plan to all parties.

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<sup>5</sup> This is aimed to accommodate the needs of limited additional costs against services already approved. For example 2-4 hours. Providers should be aware that should they note greatly increased hours, these additional costs, not required by a change of circumstance and a plan modification, will influence any performance comparison between proposed and actual costs for the vocational rehabilitation programme.

## SERVICE DELIVERY

### *Description*

Once approval of the Service Delivery Plan has been obtained, it is necessary to convert this into action. The objective of service delivery is to attain the outcomes identified on the Service Delivery Plan ensuring maintenance in, or an early return to, work.

Vocational rehabilitation will be undertaken in consultation with key parties. As approved insurers may act on the employers' behalf through out this process, it is essential they are kept informed of all activities occurring.

Service delivery will:

- support the aims and principles of vocational rehabilitation;
- address the individual needs of the worker;
- be implemented in the shortest possible time;
- ensure key parties are informed of the purpose of the service, who's involved, actions to be undertaken, roles and responsibilities, estimated completion date, and method and date of review (where applicable); and
- actively involve key parties in the implementation of services.

### *Definition of Placement Activities*

If placement in new employment is required, the provider needs to consider the following timelines when developing the Service Delivery Plan.

1. An injured worker may have existing transferable skills and only require placement activities. This will be clearly identified and a period of time (approximately six weeks) will be allocated to assisting the worker find a job through placement assistance. The worker may as a result return to work. If there is no return to work a review by key parties regarding the need for further intervention will be undertaken. If an agreement cannot be reached by the key parties regarding the need for further intervention, any party may refer the matter to the Dispute Resolution Directorate for resolution.
2. If an injured worker has limited transferable skills and requires a period of training to enhance job potential, appropriate employment, based on labour market analysis will be identified. The worker then undertakes a period of training either on or off the job and is provided with an intensive placement program for up to six weeks. (The timeframe for the total process being approximately six months). The worker will either obtain employment with a new employer or, if there is no return to work, a review by the key parties regarding the need for further intervention must be undertaken. If an agreement cannot be reached by the key parties regarding the need for further intervention, any party may refer the matter to the Dispute Resolution Directorate for resolution.

Placement timelines refer to the provision of specific job search skills ie job club program, and does not include timeframes for vocational counselling or other activities which may occur prior to job placement.

Any placement activity directed to new employment should be:

- Transparent;
- Objective;
- Fair; and
- With realistic job opportunities at the end of the process.

### ***Reporting Standard***

- The provider is required to provide regular progress reports to all key parties. Frequency of reporting will depend on the circumstances of the programme, however the maximum period between reports should be 6 weeks. Should there be nothing to report a brief fax to that effect will suffice.
- Progress reports should be a brief summary of the services completed during the relevant period and proposed services to be completed. Contact with key parties should not be limited to written reports. Close liaison is encouraged, when required, by phone and/or case conferences.
- A provider should ensure the injured worker has access to all relevant material to the vocational rehabilitation process, including copies of reports.

### ***Responsibilities***

The **approved vocational rehabilitation provider** will:

- co-ordinate development and implementation of the Service Delivery Plan with input from key parties;
- ensure information is supplied to key parties on an ongoing basis in relation to the vocational rehabilitation process and outcomes achieved;
- co-ordinate file/progress reviews with the key parties which are planned, if extensions are required in timeframes and costs, or the vocational rehabilitation goal alters.

The **employer, injured worker** and **treating medical practitioner** must be actively involved and participate in the decision making process for vocational rehabilitation.

## CASE CLOSURE

### *Description*

Examples of when vocational rehabilitation programs should cease include:

- When optimum recovery has been achieved and the worker has returned to work.
- If the vocational rehabilitation program can no longer produce a full or partial return to work.
- If the injured worker, treating medical practitioner, employer and provider agree the plan should be ceased/terminated.
- If on review, the Service Delivery Plan shows there has been no progress toward the set outcome.
- Where a worker is still incapacitated due to an unrelated condition, and it is deemed that there is no longer a compensable disability, or if there were it would not cause incapacity for available work.

### *Reporting Standards*

Case closure reports must include a brief summary of:

- worker/claim details;
- vocational rehabilitation outcome;
- employment details; and
- barriers to the vocational rehabilitation process preventing a returning to work being achieved (if applicable).

Case closure reports should be succinct and provided to all parties.

### *Responsibilities*

The **approved vocational rehabilitation provider** will submit the Case Closure details online to WorkCover within 28 days.

## **GUIDELINES FOR REFERRALS**

The intent of the injury management process is for the key parties in the system to communicate about the necessity for the referral to be initiated. It is not considered within the spirit of the process if the provider is contacting the parties to authorise the referral.

If providers are receiving referrals from treating medical practitioners and employers who are having difficulty in contacting the other referring party, it is WorkCover's expectation that the provider attempt to facilitate this communication by encouraging the two parties to discuss the referral or refer the issue to the Injury Management Review Unit.

## **PROTOCOLS FOR CHANGE OF PROVIDER**

Under the Workers' Compensation and Injury Management Act (1981), injured workers have the right to choose their service providers. If at any point, the worker wishes to change the vocational rehabilitation provider, the treating medical practitioner and employer must agree to the change.

If a change of provider is agreed to by the key parties, the original provider is required to submit Vocational Rehabilitation Case Closure details online to WorkCover. A new referral form needs to be completed by the treating medical practitioner or employer and this is to be forwarded to the provider nominated by the injured worker.

The original provider should forward any relevant information e.g. reports, service delivery plans to the new provider in a timely manner.

If there is any disagreement to the worker changing providers by the medical practitioner or employer, Work Cover WA Injury Management Review Unit can offer advice as required. The Dispute Resolution Directorate may become involved if the situation cannot be resolved via usual process.

## **INJURY MANAGEMENT REVIEW UNIT**

If disagreement arises on any aspect of the vocational rehabilitation process, WorkCover may be contacted by any one of the parties, to provide advice on the issue through the Injury Management Review Unit. If this is unable to be resolved a dispute may be lodged by notifying the Dispute Resolution Directorate.

If a concern arises in relation to a course of action proposed or taken by a provider, including issues pertaining to obtaining approval of the Service Delivery Plan, every effort to discuss these concerns with the parties involved will occur before taking any action. If the issues are not able to be resolved this should be referred to the Injury Management Review Unit.

Where a modification is required in the estimated costs to the Service Delivery Plan and the key parties or the approved insurer do not support this, this should be referred to the Injury Management Review Unit.

## SECTION 3

### DATA SUBMISSION FORMS AND INSTRUCTIONS

#### **Data Submission**

“Rehabilitation Online” is the application developed for the electronic submission of vocational rehabilitation data to WorkCover WA. The capacity to enter data online is a condition of accreditation. Providers are trained by WorkCover in the use of the online application and a Local Security Officer, nominated by each agency/practice/organisation, also receives training regarding their role and responsibilities.

WorkCover has appointed an “Online Support Officer” who can be contacted on 9388 5511. A user manual for “Rehabilitation Online” is available through the application.

In March 2000, vocational rehabilitation providers commenced submission of vocational rehabilitation data to WorkCover WA ‘online’. The principles of injury management remain the same, with the online application enabling improved exchange of information and data between WorkCover and vocational rehabilitation providers. While the data is submitted to WorkCover, providers are still required to keep a file copy of all vocational rehabilitation forms to demonstrate compliance with the injury management process.

**For further information on the online data submission, please refer to the “Rehabilitation Online” User Manual.**

## **INSTRUCTIONS FOR VOCATIONAL REHABILITATION REFERRAL DETAILS (VR1 FORM)**

The following information is required on the form that the referrer and the provider must complete. All fields should be completed unless otherwise stated.

- Provider Name:
  - The trading or business name of the approved vocational rehabilitation provider selected by the worker.
- Provider No.
  - The identification number allocated to the provider by WorkCover.

### **INJURED WORKER CONTACT DETAILS *PLEASE COMPLETE ALL DETAILS CURRENTLY AVAILABLE.***

#### **1. WORKER**

- Worker's Name
  - The worker's surname and at least their first name in full.
- Date of Birth
  - The date of birth of the worker.
- Telephone No.
  - The current home telephone number on which the worker can be contacted.
- Claim Number
  - The number allocated to the claim by the insurer.
- Insurer
  - The name of the insurer liable for the workers' compensation claim.
- Date of Injury
  - The date of original injury/disability which led to the claim.
- Injury Type
  - Indicate briefly the type and extent of disability the worker has incurred.
- Worker's Address
  - The current home address of the worker.

### **REFERRAL DETAILS *ALL SECTIONS TO BE COMPLETED PRIOR TO REFERRAL BEING FORWARDED TO APPROVED VOCATIONAL REHABILITATION PROVIDER***

#### **2. REFERRING SOURCE**

- Referral Initiated by:
  - Indicate the primary referral source by ticking the relevant box.
  - The primary referral source is required to print name and sign to indicate commitment to supporting the referral for vocational rehabilitation services.

#### **3. REFERRAL TYPE**

- Referral Details
  - Please indicate the purpose of referral. Referral may be made for assessment or specific service only. Descriptions of specific vocational rehabilitation services can be found on the reverse side of the form for reference.
- Referral for Vocational Rehabilitation Assessment
  - The referring party indicates services by ticking relevant box the other key party whether Medical Practitioner or Employer who has committed to supporting the referral for vocational rehabilitation;
  - Ticks the box, to confirm consultation regarding the referral has occurred with the injured worker and chosen provider been nominated; and,
  - Referrer signs to confirm the above has been done.
- Referral for Specific Service
  - Ticks the box to indicate the referral is for a Specific Service
  - Ticks the box to indicate which specific service is required;
  - Ticks the box, to confirm consultation regarding the referral has

occurred with the injured worker and chosen provider been nominated; and,

- Signs to confirm the above has been done.

## **EMPLOYER DETAILS**

- Company name
- The name of the employer. (not the legal entity name unless the legal entity and trading name are the same) Note: the name should be included regardless of the worker's current employment status.
- Contact Name :
- The surname and given name of the person at the workplace who is overseeing the injury management process (e.g. supervisor, rehabilitation co-ordinator).
- Telephone No.
- The current business telephone number of the employer liable for this claim.
- Address
- The address and postcode of the employer

## **MEDICAL PRACTITIONER DETAILS**

- Doctor's name
- The treating medical practitioner's surname and at least the initial of their first name.
- Address
- The current practice address of the treating medical practitioner.
- Telephone No.
- The current practice telephone number on which the treating medical practitioner can be contacted.
- Practice Name
- The name of the practice (If applicable)

## **TO BE COMPLETED BY THE PROVIDER**

- Has the injured worker previously undertaken rehabilitation?
- Indicate with a tick in the box provided whether the worker has previously undertaken rehabilitation with your agency/practice/organisation or another provider.
- Interpreter required
- Does the worker require an interpreter to effectively participate in the development of this plan (Rehabilitation Online will offer a choice of language).
- Date of worker's last recurrence (if applicable)
- The most recent date symptoms of the injury/disability returned creating a need for vocational rehabilitation intervention.
- Date received referral
- The date on which the provider received the completed referral (ie Injury Management requirements met).
- Did the referral proceed to assessment/specific service?
- Indicate with a tick in the box provided whether the referral proceeded to assessment or specific service. Please delete assessment/specific service where appropriate.
  - If 'No' identify why the referral did not proceed to assessment/specific service by placing a tick in the box provided. If 'Other' selected, please provide further details in space provided.
  - Complete "costs incurred" section only if answer to above question is 'No' and charges were levied for work carried out.

# **INSERT VR1**

## Instructions for use of Service Delivery Plans and Modifications

Please read the following before completing the form and answer all questions unless otherwise stated.

### 1. Contact Details

*To be completed by the provider*

Worker's Name

- The worker's surname and at least their first name in full.

Date of Birth

- The date of birth of the worker.

Claim Number

- The number allocated to the claim by the insurer.

Worker's Status

- Please tick the appropriate box indicating the working status of the worker at the time of developing this plan. If 'At Work' please indicate the number of hours working per week.

Provider Number

- The identification number of the provider allocated by WorkCover.

### 2. Acknowledgement of Worker's Involvement

*To be completed by the worker.*

Worker's Signature and Date

- The signature of the worker is used to indicate participation in the development of, and support of this plan. Please note: The plan is not a legal document and signing is intended to indicate participation and personal commitment only.
- The date worker signed the service delivery plan.

### 3. Medical Details

*To be completed by the provider*

Treating Doctor

- The treating medical practitioner's name to whom the service delivery plan is forwarded. Please tick the appropriate box on obtaining approval and date this was received.

### 4. Employer Details

*To be completed by the provider*

Business Name

- The trading or business name of the employer/insurer liable for this claim to whom the service plan forwarded. Please tick the appropriate box on obtaining approval and date this was achieved. Please note: if the employer has nominated the insurer to act on their behalf, the business name listed should be that of the insurer.

Contact Name

- The contact name of the representative of the employer/insurer to whom the service plan forwarded for approval.

Insurer nominated to act on employer's behalf

- Required to be ticked if the employer has notified the insurer, in writing, to act on their behalf in the vocational rehabilitation process.

Copies

- Please tick appropriate boxes to ensure copies are forwarded to all parties.

### 5. Assessment Services

*To be completed by the provider only for the purposes of the first service delivery plan.*

Commencement Date

- The date on which the first rehabilitation service was provided to commence the assessment.

Completion Date

- The date on which the last rehabilitation service was provided to complete the assessment.

### 6. Service Delivery Plan Modification

*To be completed by the provider only if modification required to existing service delivery plan.*

Modification required due

- Please tick in appropriate box provided why it has been necessary to

to change in: vary the original service delivery plan.

**7. Proposed Rehabilitation Goal**

*To be completed by the provider*

Employer/Duties/Hours

- Please select one from each category to indicate the rehabilitation goal being sought. Identify the proposed number of hours to be worked by the worker at the completion of the program.

**8. Proposed Service Delivery**

*To be completed by the provider*

Commencement/  
Completion Date  
Review Date(s)

- Indicate the estimated time frame for the delivery of the service delivery plan. That is, from plan development to case closure.
- Indicate the proposed dates for the key parties to review progress of the programme.
- Indicate both the estimated duration of service in hours and estimated date to be completed. Indicate the estimated cost of this service.

Estimate of No. Hours  
Required / Completion  
Date / Cost  
Plan Cost

- Indicate the estimated cost of current service delivery plan. Note: The reported costs must include services charges contracted out.
- Indicate the total of the cost of services provided in order to complete the assessment and the estimated cost of current service delivery plan. Note: The reported costs must include services charges contracted out.

Total Cost

**9. Provider Details**

*To be completed by the provider*

Status of Service Delivery  
Plan

- Please tick appropriate box indicating if approval was obtained on the original service delivery plan or if alterations were requested, incorporated and which key party requested the change.

Case Manager Name /  
Signed  
Date

- The name and signature of the vocational rehabilitation case manager who developed the service delivery plan.
- The date plan signed by the vocational rehabilitation case manager who developed the service delivery plan.

Provider

- The trading or business name of the approved vocational rehabilitation provider.

Provider Number

- The identification number allocated to the provider by WorkCover.

**Insert Service Delivery Plan**

## INSTRUCTIONS FOR VOCATIONAL REHABILITATION CASE CLOSURE FORMS

Please read the following before completing the form and answer all questions unless otherwise stated.

- |   |  |
|---|--|
| Worker  | <ul style="list-style-type: none"> <li>The worker's surname and at least their first name in full.</li> </ul>  |
| Date of Birth   | <ul style="list-style-type: none"> <li>The date of birth of the worker.</li> </ul>   |
| Insurer   | <ul style="list-style-type: none"> <li>The name of the insurer liable for the claim relevant to this referral for vocational rehabilitation.</li> </ul>  |
| Claim Number  | <ul style="list-style-type: none"> <li>The number allocated to this claim by the insurer.</li> </ul>   |
| <b>1. Vocational Rehabilitation Service</b>           | <ul style="list-style-type: none"> <li>Please tick in box provided type of vocational rehabilitation service supplied.</li> </ul>  |
| <b>2. Vocational Rehabilitation Goal</b>              | <ul style="list-style-type: none"> <li>Please tick the appropriate box indicating the working status of the worker at case closure.</li> </ul>   |
| Return to Work  | <ul style="list-style-type: none"> <li>Please tick the appropriate box indicating if worker returned OR maintained at work. <i>Returned to work means is employed in an "actual position". Does not mean at time of closure has completed a work trial and proved capacity.</i></li> </ul> |
| Duration of monitoring RTW                            | <ul style="list-style-type: none"> <li>The period of monitoring between RTW and case closure expressed in terms of weeks (<i>This is calculated from the time the worker reached maximum capacity. Monitoring is to confirm durability of the return to work.</i>).</li> </ul>             |
| Employer/Duties/Hours                                 | <ul style="list-style-type: none"> <li>Please select one from each category to indicate the rehabilitation outcome achieved. Identify the worker's occupation at case closure.</li> </ul>  |
| No Return to Work                                     | <ul style="list-style-type: none"> <li>Please select one option only indicating why no return to work was achieved. Provide further details as requested.</li> </ul>   |
| <b>3. Additional Information</b>                      | <ul style="list-style-type: none"> <li>Indicate if worker is proceeding with common law action.</li> </ul>   |
| <b>4. Services Delivered and Costs</b>                |  |
| Commencement/ Completion Date                         | <ul style="list-style-type: none"> <li>Indicate the actual time frame for the delivery of the service delivery plan. That is, from plan development to case closure.</li> </ul>  |
| Actual No. Hours Required / Completion Date / Cost    | <ul style="list-style-type: none"> <li>Indicate both the actual duration of service in hours and date completed. Indicate the actual cost of this service.</li> </ul>  |
| Total Cost  | Indicate the actual cost of vocational rehabilitation program, specific service or if assessment only was provided. Note: The reported costs must include charges for prescribed service that were contracted out.   |
| <b>5. Provider Details</b>                            | <b><i>To be completed by the Case Manager</i></b>  |
| Was the Service Delivery Plan Proposed Goal achieved? | <ul style="list-style-type: none"> <li>Tick "Yes" or "No". (achievement should be based on whether the proposed employment goal was achieved (eg whether full, part-time or casual)</li> </ul>   |
| Date of Closure                                       | <ul style="list-style-type: none"> <li>Provide the date of final service of the programme (phone call, interview or report, it does not include billing or administrative activities)</li> </ul>   |
| Provider  | <ul style="list-style-type: none"> <li>The trading or business name of the approved vocational rehabilitation provider.</li> </ul>   |

# Insert Closure Form

# APPENDIX 1

## CONFIRMATION FORM

### CHOICE OF APPROVED VOCATIONAL REHABILITATION PROVIDER CONFIRMATION FORM

In accordance with policy established by the WorkCover Western Australia Authority and the intent of the Workers' Compensation and Injury Management Act (1981) injured workers have the right to choose their service providers. Approved Vocational Rehabilitation Providers (AVRPs) provide specialist services to assist you return to work. Therefore, just as you have the right to choose your treating medical practitioner, you also have the right to choose the AVRP who assists you.

#### CHOOSING AN AVRP

It is important you choose an AVRP you feel comfortable with and someone you believe will provide high quality services. This initial choice is important as there are limitations on changing AVRPs during your vocational rehabilitation.

A list of AVRPs is available from WorkCover WA. Alternatively, your doctor or employer may be able to assist you in making your choice.

#### CHANGING YOUR AVRP

If you want to change AVRP during your vocational rehabilitation, your employer and medical practitioner will both need to agree with your request. If there is any disagreement, WorkCover WA's Injury Management Review Unit can offer injured workers, medical practitioners and employers advice as required. The Dispute Resolution Directorate may become involved if the situation cannot be resolved.

If you have any queries or concerns, please speak to your doctor, employer or the AVRP you have had recent contact with, or contact WorkCover WA on 9388 5555 or 1800 670 055.

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I \_\_\_\_\_ confirm I have chosen  
\_\_\_\_\_ to be my AVRP.

I have read and/or understand the process required to change AVRP.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## APPENDIX 2

### APPROVED VOCATIONAL REHABILITATION SERVICES AND CODES

#### WORKCOVER WESTERN AUSTRALIA APPROVED VOCATIONAL REHABILITATION SERVICES AND CODES

SERVICE	Item	Code	Description
Support Counselling	1	010	Activities to assist the worker to adjust to injury ant to the worker's return to work; family counselling related to vocational rehabilitation; progress counselling related to the progress of, and problems with, the worker's return to work.
Vocational Counselling	2	020	Activities focussed on the problems experienced by the injured worker in selecting and preparing for vocational change.
Purchase of Aids & Appliances	3	087	Advising and assisting the worker with the purchase of aids and appliances.
Case Management	4	040	Activities associated with the management of the injured worker's return to work, which may include liaising and negotiating with the parties, developing, coordinating and otherwise managing, and reviewing, the service delivery plan, and arranging for interpreter services.
Retraining Criteria Assistance	5	120	Assisting a worker to explore eligibility to participate in a special retraining program and to prepare information to show that the retraining criteria are satisfied.
Specialised Retraining Program Assistance	6	130	Services to assist a worker undertake a specialised retraining program
Training & Education	7	050	Assisting to develop the worker's skills and knowledge, which may include providing training courses or other aspects of injury management.
Workplace Activities	8	060	Activities involving analysis of work behaviour and analysis and design of job duties.
Placement Activities	9	070	Activities focussed on obtaining a new job for the worker, which may include assistance with the preparation of a resume and preparation for an interview and research and other assistance in finding jobs.
Assessments:			Activities to assess an injured worker's capacity/abilities in relation to work.
Functional Capacity	10 (a)	081	Activities associated with assessing the worker's functional capacity, which may include preparing a report.
Vocational	10 (b)	082	Activities associated with assessing the worker's vocational and retraining options, which may include preparing a report.
Ergonomic	10 (c)	083	Activities associated with how a particular work environment would affect the worker, which may include preparing a report.
Job Demands	10 (d)	084	Activities associated with identifying and assessing the physical and cognitive demands of a job, which may include preparing a report.
Workplace	10 (e)	085	Activities associated with assessing the suitability of various workplace alternatives and other job options, which may include preparing a report.
Aids & Appliances	10 (d)	086	Activities associated with developing recommendations for aids and appliances to assist

			the worker, which may include preparing a report.
Travel	11	090	Travel that is associated with providing vocational rehabilitation.
Medical	12	100	Discussion with specialists and other medical practitioners about vocational rehabilitation, which may include preparing a report.
General Reports:	13	110	Status reports relating to vocational rehabilitation.