Safety, Rehabilitation and Compensation Act 1988
Section 34E

VARIATION OF OPERATIONAL STANDARDS FOR WORKPLACE REHABILITATION PROVIDERS (REHABILITATION PROGRAM PROVIDERS)

Comcare, pursuant to section 34E of the Safety, Rehabilitation and Compensation Act 1988 (the SRC Act), with effect on and from 1 July 2013:

1. revokes the determination dated 30 October 2009 (variation of Operational Standards for Rehabilitation Program Providers (Workplace Rehabilitation Providers) registered as instrument F2009L04145 on the Federal Register of Legislative Instruments; and

2. determines the attached Operational Standards for Workplace Rehabilitation Providers (Rehabilitation Program Providers).

Dated: 17 October 2012

The seal of Comcare was affixed in the presence of:

Steve Kibble
Deputy Chief Executive Officer

Attachment: Operational Standards for Workplace Rehabilitation Providers (Rehabilitation Program Providers) - 9 pages.
OPERATIONAL STANDARDS FOR WORKPLACE REHABILITATION PROVIDERS (REHABILITATION PROGRAM PROVIDERS)

INTRODUCTION

A. These standards have been determined under section 34E of the Safety, Rehabilitation and Compensation Act 1988 (the SRC Act) and set out the service standards and key performance measures required to be achieved and satisfied by Rehabilitation Program Providers approved under the SRC Act.

Notes:

1. These standards are a disallowable legislative instrument within the meaning of the Legislative Instruments Act 2003.
2. These standards relate to rehabilitation services undertaken under the SRC Act.
3. Comcare has developed a workplace rehabilitation model to assist employers to meet their responsibilities under the SRC Act. Effective workplace rehabilitation is a managed process combining early intervention with appropriate, adequate and timely services based on the assessed needs of the injured employee and seeks to either maintain an employee at work or to quickly and safely return the employee to work on ordinary duties and hours.
4. Comcare approves persons (including partnerships and companies) as Workplace Rehabilitation Providers (Rehabilitation Program Providers) who can be engaged by employers to provide rehabilitation services to injured employees. It is required to determine criteria that providers must satisfy to be approved and Operational Standards that approved providers must comply with.
5. A Rehabilitation Authority may engage a Workplace Rehabilitation Provider to conduct an assessment under section 36 or provide a rehabilitation program under section 37 of the SRC Act. The Relevant Authority will be obliged to pay the provider for the provision of either of these services.

B. These standards apply on and from 1 July 2013.

Note: See subsection 34E (4) of the SRC Act.

C. Both these standards and the Criteria for Approval or Renewal of Approval of Workplace Rehabilitation Providers (Rehabilitation Program Providers) fully reflect the nationally consistent approval framework as endorsed by the Heads of Workers’ Compensation Authorities and implemented by Comcare and most other Workers’ Compensation Authorities from 1 July 2010.

D. In these standards:
   ‘Code of Conduct’ means the HWCA endorsed Code of Conduct for Workplace Rehabilitation Providers in Appendix 4 of the Guide, as at 1 July 2012
‘Conditions of Approval’ means any section 34P SRC Act conditions of approval imposed on an approved Workplace Rehabilitation Provider. These conditions include, as standard, the National Conditions of Approval.

‘Criteria for Approval’ and ‘Approval Criteria’ mean the Criteria for the Approval or Renewal of Approval as a Workplace Rehabilitation Provider (Rehabilitation Program Provider) from time to time in force under section 34D of the SRC Act.


‘HWCA’ means the Heads of Workers’ Compensation Authorities.

‘National Conditions of Approval’ means the HWCA endorsed National Conditions of Approval as contained in the Criteria for Approval.

‘Operational Standards’ means the Operational Standards for Workplace Rehabilitation Providers (Rehabilitation Program Providers) from time to time in force under section 34E of the SRC Act.

‘Principles of Workplace Rehabilitation’ means the HWCA endorsed Principles of Workplace Rehabilitation and are in Appendix 1 of the Criteria for Approval. The Principles of Workplace Rehabilitation are the foundation elements of the organisation’s service delivery model and define service provision, organisational and administrative infrastructure, staffing and quality principles. They are:

a. Service Provision Principles- Providers to deliver services to workers and employers in a cost effective, timely and proactive manner to achieve a safe and durable return to work.

b. Organisational and Administrative Principles- Business, governance and administrative arrangement provide an appropriate infrastructure for reliable and consistent service provision to workers, employers, insurers and other relevant parties.

c. Quality Assurance and Continuous Improvement Principles.

d. Staff Management Principles.

‘Provider’ means a person (including a partnership or company) that is approved as a Workplace Rehabilitation Provider (Rehabilitation Program Provider) under the SRC Act, and includes any principal of the provider.

‘Rehabilitation Authority’ has the same meaning as in Section 4 of the SRC Act.

‘Rehabilitation Guidelines’ means the Guidelines for Rehabilitation Authorities from time to time in force under section 41 of the SRC Act.

‘Rehabilitation Program Provider’, ‘Provider’, ‘Workplace rehabilitation provider’, and ‘WRP’ have the same meaning.

‘Relevant Authority’ has the same meaning as in Section 4 of the SRC Act.

‘Return to work hierarchy’ means the following hierarchy of rehabilitation goals; (Refer also to note following 1.4e)

a. Same job/Same employer.

b. Modified job/Same employer.

c. New job/Same employer.

d. Same job/New employer.

e. Modified job/New employer.
f. New Job/New employer

‘the SRC Act’ means the Safety, Rehabilitation and Compensation Act 1988

‘Workplace rehabilitation’ is a managed process involving timely intervention with appropriate and adequate services based on assessed need, and which is aimed at maintaining injured or ill workers in, or returning them to suitable employment. (NOHSC: 3021 (1995), Guidance notes for Best Practice Rehabilitation Management of Occupational Injuries and Diseases, April 1995)

‘Workplace Rehabilitation Model’ is a service delivery model for workplace rehabilitation:

   a. aimed at an early and safe return to work for injured employees
   b. involving a designated provider responsible and accountable for coordinating services designed to achieve a cost-effective, safe and durable return to work for the injured employee
   c. where services are delivered on a continuum of assessment of need, planning, active implementation, review and evaluation, and
   d. requiring effective communication, decision making, financial accountability and informed purchasing of services and resources

Notes:


2. Comcare publishes a list of providers on its website at www.comcare.gov.au.
Comcare uses rehabilitation outcome performance as well as claims and rehabilitation data (including service costs and work status—full/partial or no return to work) to measure the effectiveness of the Workplace Rehabilitation Provider’s service delivery.

**Outcome standard 1- Return to work rate**

The Workplace Rehabilitation Provider is required to achieve the following Return to Work (RTW) rates at the cessation of the provider’s service delivery (final rehabilitation program):

- **Target-** 90% RTW rate - Same employer goal
- 60% RTW rate - New employer goal

**Outcome standard 2- Rehabilitation Program success**

The Workplace Rehabilitation Provider is required to achieve the following proportion of workers who remain in employment 13 weeks following their rehabilitation program closure (provider cessation):

- **Target-** 85%
COMCARE SERVICE DELIVERY STANDARDS

The Comcare Service delivery standards relate to Principles of Workplace Rehabilitation- Principle 1- Service Provision Principles as described in the Approval Criteria instrument and the Conditions of Approval.

The Comcare service delivery standards apply to the delivery of SRC Act rehabilitation assessment and rehabilitation program services.

SERVICE STANDARD 1- REHABILITATION ASSESSMENT

1 Early intervention

1.1 Within 24 hours of referral for an initial assessment of a worker’s capability of undertaking a rehabilitation program, a Workplace Rehabilitation Provider (WRP) must ensure that:
   a. the referral is appropriately recorded
   b. the referral is allocated to a WRP with suitable qualifications, and
   c. the referrer is contacted to:
      i. accept and acknowledge the receipt of the referral
      ii. clarify the nature of the services requested, and
      iii. negotiate costs.

Initial rehabilitation assessment

1.2 The WRP must ensure that:
   a. initial contact with all key parties is made within one working day of the referral
   b. within 5 working days the initial assessment is conducted
   c. the initial assessment report is provided and discussed with the case manager within 5 days of completion of the initial assessment

1.3 The assessment of the worker’s capability of undertaking a rehabilitation program includes the following activities:
   a. an initial meeting with the worker
   b. the use of a validated tool to identify risks of poor rehabilitation outcomes and any barriers to return to work e.g. physical, psychological or workplace- (where applicable)
   c. a workplace assessment (where applicable)
   d. identification of suitable duties
   e. consultation with the medical practitioner, and other treating practitioners
   f. identification of the need for specific services/assessments to enable the completion of the initial assessment.

1.4 The initial assessment report should include the following:
   a. confirmation of the worker’s current work capacity
   b. an opinion on whether (or not) the worker requires a rehabilitation program
   c. recommendations regarding the services or activities required to achieve maintenance at work or the earliest possible safe and sustainable return to work
   d. identification of suitable duties

Federal Register of Legislative Instruments F2012L02074
e. identification of rehabilitation goals and timeframe for achievement of goals, having considered the Return to work (RTW) hierarchy.

Note- Consideration means that if a goal is not appropriate then the next stage in the RTW hierarchy is considered. The injured worker is not required to rigidly progress through all stages of the hierarchy if it is not considered appropriate to do so.

f. proposed return to work date

g. identification of barriers to return to work and how these barriers might be addressed

h. any other relevant information.

1.5 If the WRP is unable to meet the service timeframes they should contact the referrer to negotiate alternate timeframes, and document the reasons for not meeting the service delivery requirements.

1.6 Where additional assessments are required they are to be conducted in a timely manner to ensure that the initial assessment and subsequent return to work is not unduly protracted or delayed.

**SERVICE STANDARD 2 – REHABILITATION PROGRAMS**

2 Rehabilitation program development

2.1 Where a rehabilitation program is required, it shall be developed within 5 days of the key parties identifying and agreeing on the need for the rehabilitation program.

2.2 The WRP is to proactively communicate and collaborate with key parties to ensure that the rehabilitation program is based on a shared understanding of:

a. the injured worker’s capacity to achieve agreed goals (including capacity to resume pre-injury duties)

b. the worker’s injury and any relevant medical restrictions associated with the injury

c. any personal, social or environmental factors that may present a risk of delayed return to work

d. evidence-based medical recovery timeframes, and

e. evidence that a delay in returning to meaningful work can adversely affect a worker’s rehabilitation and health outcomes.

2.3 The WRP shall ensure that rehabilitation programs are workplace based and include review meetings with key parties.

2.4 The rehabilitation program should incorporate interventions to facilitate return to work, or overcome relevant barriers to return to work and detail:

a. evidence based strategies to reduce the risk of ongoing chronicity and incapacity

b. the rehabilitation goals in accordance with the Return To Work (RTW) hierarchy

c. timeframes for goal achievement (based on evidence based recovery timeframes and in consultation with treating practitioners and key parties)

d. an agreed return to work date

e. roles and responsibilities

f. nature of the interventions and service costs
g. agreed workplace and medical reviews
h. suitable duties plan or upgrading plan, and
i. structured review &/or case conferencing to promote collaborative solutions relating to issues or return to work barriers identified.

**New employer services & retraining**

2.5 The WRP shall consider whether the worker can return to work in the worker’s pre-injury employment or whether they should return to modified or alternative duties with the same employer prior to exploring other vocational options (such as work trials, retraining, or re-deployment to a new employer).

2.6 The WRP shall only consider vocational retraining after all other suitable return to work options have been considered (taking into account the worker’s age, education and existing skills). Where retraining is considered, it must be linked to future employment outcomes.

2.7 Where a return to the same employer is not possible alternate vocational options must be identified by a thorough vocational assessment. The assessment can include the following:
   a. the worker’s current medical status
   b. the worker’s work history and their transferable skills and abilities
   c. factors influencing return to work
   d. labour market analysis and labour market factors
   e. duties/tasks associated with achievable and sustainable employment
   f. suitable employment options (taking into consideration the SRC Act definition of suitable employment), and
   g. rehabilitation services (and associated costs) required to support the vocational option identified.

**Rehabilitation program delivery & monitoring**

2.8 The WRP must develop and maintain a service philosophy that reflects the requirements of the SRC Act, and the Rehabilitation Guidelines.

2.9 The WRP is to regularly review and communicate the worker’s progress towards the rehabilitation goal to the case manager. The review should be undertaken in consultation with key parties to ensure that the goal is still appropriate (i.e. relevant, achievable, and consistent with medical advice).

2.10 The case manager must be notified immediately should the worker fail to make expected progress, fail to participate in the rehabilitation program or if they suspect that the rehabilitation program will be unsuccessful.

2.11 The WRP shall ensure all rehabilitation reports and all rehabilitation program documentation is provided promptly to Comcare.

Note: This includes signed copies of all assessment, progress or closure reports, rehabilitation program and program alteration forms, return to work schedules, suitable duties plans.

**Rehabilitation Program alteration or new programs**

2.12 The WRP should only propose a new rehabilitation program if the final rehabilitation goal for the injured worker can no longer be achieved. This may be where there has been a significant change in medical circumstances, or where a return to same employer is no longer possible and new employer services are required.
2.13 Where an alteration to the existing rehabilitation program is required (for additional services, service costs or a change to the expected duration of the rehabilitation program) the WRP shall negotiate this with the case manager prior to the end date of the current program.

**Rehabilitation program closure & provider cessation**

2.14 If the WRP is recommending closure of the rehabilitation program, they shall seek agreement to cease service delivery from the Case manager, and ensure that the reasons for this recommendation are communicated to the worker and relevant key parties.

2.15 Where the WRP is ceasing to deliver rehabilitation program services they shall:
   a. complete and forward the rehabilitation program closure/cessation form to Comcare immediately
   b. complete a rehabilitation closure report detailing the rehabilitation outcomes achieved (including if a full or partial return to work occurred), total rehabilitation costs and any recommendations
   c. seek feedback from the case manager regarding the level of satisfaction with the rehabilitation outcomes achieved, the nature and cost of services, and document such feedback
   d. confirm the worker’s employment status 13 weeks following their service closure (refer to Outcome Standard 2).

**SERVICE STANDARD 3- SERVICE COSTS**

3.1 Services must be provided in accordance with the Principle Of Workplace Rehabilitation as outlined in Appendix 1 of the Approval Criteria at 1.3-*Effective service provision at an appropriate cost.*

3.2 The WRP shall monitor rehabilitation assessment and rehabilitation program costs and report to the employer and Comcare on request.

Notes:

1. Rehabilitation costs include anticipated and total assessment and rehabilitation program costs, costs incurred to date, and the average and median cost per service type, claim type, or return to work outcome.

2. Comcare uses claims and rehabilitation data including rehabilitation costs, rehabilitation outcomes achieved, and worker RTW status (full/partial return to work) to assess the provider’s effectiveness.
**SERVICE STANDARD 4 - STAFF AND SUBCONTRACTORS**

4.1 The WRP must notify Comcare in writing of any changes to individuals employed or engaged by the provider to manage SRC Act rehabilitation programs including providing evidence to verify that they meet Principle 4.1 Qualifications, knowledge and Experience of the Approval Criteria- Appendix 1.

5.2 The WRP must ensure that any individual employed or engaged by the provider seeking Comcare approval completes the Comcare workplace rehabilitation provider training within three months or as soon as possible.

5.3 Where a WRP uses a subcontractor (or other third party) to provide rehabilitation program support services the WRP remains liable for reimbursing that third party for any costs or expenses incurred and must allow for this on the rehabilitation program.

**SERVICE STANDARD 5 - MONITORING PROVIDER PERFORMANCE**

During each three year approval period, Comcare may conduct an independent evaluation to determine the Workplace Rehabilitation Provider’s compliance with the conditions of their approval, including the Principles of Workplace Rehabilitation, Service Delivery Standards and Outcome Standards.

5.1 The WRP shall:

a. participate in annual self-evaluations and participate in independent evaluations as required by Comcare to demonstrate compliance with the Criteria (Conditions of Approval, including Principles of Workplace Rehabilitation)

b. ensure that documentation is on file to demonstrate ongoing compliance with the Criteria and the Operational standards

c. maintain the minimum service and Outcome Standards set by Comcare

d. and make such information available to Comcare on request.

**SERVICE STANDARD 6 - FINANCIAL RESPONSIBILITIES**

6.1 A provider must invoice according to the requirements of the relevant authority and ensure that they have systems in place to track costs of services and billing of services provided.