Occupational Therapy Services

Reference Manual

How to fulfill your Occupational Therapy Services Agreement with WorkSafeBC

WorkSafeBC

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Introduction

At WorkSafeBC, we are committed to fostering safe and healthy workplaces and to providing service driven by our core values of integrity, accountability, compassion, respect, and excellence. We partner with workers and employers to save lives and prevent injury, illness, and disability. When work-related injuries or illnesses do occur, we work with health care providers like you to support injured workers in their recovery and rehabilitation and in moving toward a safe return to work.

How to use this reference manual

This Occupational Therapy Services Reference Manual is part of the Occupational Therapy Services Agreement you've signed with WorkSafeBC, so it's important you read, understand, and follow it. Reading this reference manual will also make it easier to do business with us. Wondering how to submit an invoice? Unsure if you're reporting on an injured worker's progress correctly? Curious about how to communicate with us? All this information can be found in the pages ahead.

Where to learn more

This reference manual contains the essentials for working with us, but you'll find other important information on worksafebc.com.

- Our For health care providers webpage (to better understand our programs and services, and for resources you can download)
- Our Occupational Therapy Services webpage (for information and bulletins specific to your field)
- Our Forms & Resources webpage (for more helpful resources and forms you'll need to fill out)

You'll find links to these and other webpages throughout this reference manual and listed in Appendix B. (Links in underlined blue text will take you to a webpage. Links in underlined orange text will take you to another place in this document; press **Alt + left arrow** to return to your previous place in the document.)

Have a question?

We're here to help. If you can't find the answer in this reference manual, reach out to us. You'll find contact information in Appendix A.

Wondering what a term means?

Terms that are defined in your contract, like "Services," "injured worker," or "Provider," have the same meaning in this reference manual, even if they're not capitalized (and those terms that are capitalized, like "Agreement," also have the same meaning as in the contract). In addition, throughout this reference manual:

- "You" is used instead of "Contractor"
- "We" stands in for "WorkSafeBC," including the specific departments and roles you'll be interacting with (such as Health Care Programs or WorkSafeBC officers)
- "WorkSafeBC officer" is used in place of "Board Officer" (and refers to WorkSafeBC staff who have the authority to make decisions on an injured worker's claim)

The big picture & who you're working with

Topics covered in this section:

- WorkSafeBC: Who we are and what we do
- What happens when a worker is injured at work?
- Where you fit in
- Health Care Programs at WorkSafeBC
- Procurement Services at WorkSafeBC
- WorkSafeBC case-management teams

The big picture

To understand how to fulfill your contract with WorkSafeBC, it helps to know who we are, how we serve injured workers, and where the services you provide come into play.

WorkSafeBC: Who we are and what we do

WorkSafeBC, also known as the Workers' Compensation Board, is a provincial agency dedicated to promoting safe and healthy workplaces across B.C. and ensuring workers who are injured on the job receive fair compensation and help to recover.

WorkSafeBC has been responsible for administering the provincial *Workers Compensation Act* since 1917. The workers' compensation system is funded by the employers of British Columbia, who pay premiums every year. Workers themselves do not pay into the system.

WorkSafeBC has several responsibilities, including a key role in preventing workplace injuries. When a worker sustains a work-related injury or illness, WorkSafeBC assists them in their recovery and return to work. We partner with health care providers to ensure injured workers get the treatment they need to resume their normal routines as fully as possible, and we pay for that treatment.

The services you provide under the Occupational Therapy Services Agreement are just one set of benefits we may offer an injured worker to meet these goals and responsibilities.

Learn more about who we are on worksafebc.com, and learn about our other health care programs and services in Appendix N.

What happens when a worker is injured at work?

When a worker sustains a work-related injury or illness, the injured worker, the employer, and a primary health care provider report it to WorkSafeBC to start a claim.

The life of a WorkSafeBC claim

Phase 1: Initial adjudication	Phase 2: Recovery	Phase 3: Resolution or plateau
The claim is allowed or disallowed. If it's allowed, a claim owner adjudicates it for initial entitlement to benefits. They determine what medical care is necessary for recovery and whether the injured worker is eligible for other benefits, such as wage-loss benefits.	The injured worker receives benefits. These may include wage-loss benefits, medical and rehabilitation services, or other health care benefits. This is most often the phase where you provide services to the injured worker.	Ideally, the injured worker makes a full recovery and returns to regular work duties. In some cases, phase 3 benefits may include vocational rehabilitation assistance. If the injured worker does not fully recover, they may be entitled to certain permanent benefits. If OT support is requested during the VR phase, treatment would typically be aimed at maintenance of function, prevention of decompensation, and or/support towards a GRTW.

Who decides which benefits an injured worker is entitled to?

Claim owners at WorkSafeBC do. They are trained in law and policy and weigh all information in a claim file when making decisions. They also have advisors to help them understand medical details in the file.

To learn more, see the WorkSafeBC claim owner section of this reference manual.

What rights does the injured worker have?

The injured worker can appeal any claim decision through a formal appeals process.

Are occupational therapy service providers involved in claim decisions?

No. As a service provider, you can't be involved in making decisions about benefit entitlement or claim management. It's also not appropriate for you to get involved in any appeal an injured worker launches.

Where you fit in

You play an important role by providing services to help the injured worker recover (on the job, where possible) and making return-to-work recommendations.

The primary goals of your services are:

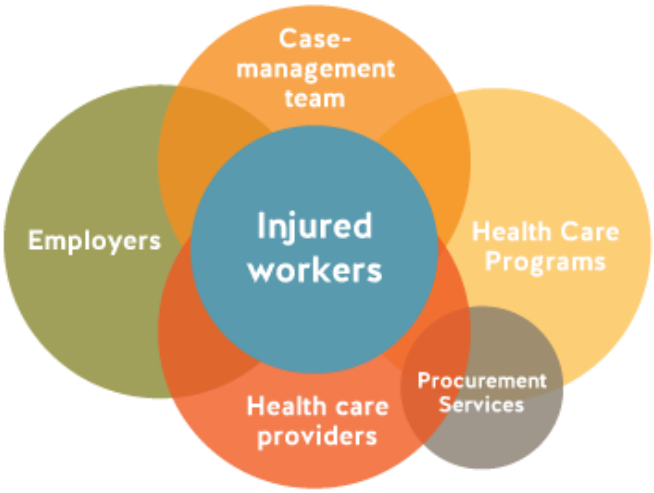
- To assist the injured worker with a timely and enduring return to work wherever possible
- To assist the injured worker with a return to their pre-injury physical, cognitive, and/or mental health status wherever possible

To learn more, see Your role in the claims process on worksafebc.com.

Who you're working with

You're working with many stakeholders, including distinct departments and roles within WorkSafeBC. Together, these stakeholders create an interdisciplinary team that supports the injured worker to return to work and lead an independent and productive life.

WorkSafeBC Stakeholders



Health Care Programs at WorkSafeBC

The Health Care Programs department develops and manages all contracted health care services and programs available to the injured worker, including Occupational Therapy Services. Health Care Programs consults with internal and external stakeholders to outline what services are needed and how these services should be provided. The program manager and the quality assurance supervisor for each contracted health care service or program also manage the quality of the services being provided.

Procurement Services at WorkSafeBC

The Procurement Services department initiates and maintains contracts with service providers throughout the province. Procurement Services manages contracts with all kinds of vendors, including health care service providers.

WorkSafeBC case-management teams

WorkSafeBC claims are managed by a case-management team of administrative and clinical specialists focused on understanding the injured worker's situation.

Claim owners

The case-management team always includes a "claim owner". There can only be one claim owner at a time for each claim. Depending on how complex the claim is and what phase it has reached, the claim owner may change.

Several different roles at WorkSafeBC may take on the role of claim owner. Client services representatives, adjudicators, senior adjudicators, case managers, and return-to-work specialist — nurses, or recovery and return-to-work specialists can all be claim owners.

Client services representative (CSR) — Initial Adjudication Unit

- Adjudicates routine (non-complex) health care–only claims and short-duration time-loss claims that our Claims Management System can't auto-adjudicate

Adjudicator

- Makes claim and injury eligibility decisions for claims with more complex issues
- Adjudicates claims within specific injury guidelines
- Starts the case-management process to ensure a timely and successful return to work
- Manages health care–only claims up to 12 weeks (no time-loss claims)

Senior adjudicator

- Makes claim and injury eligibility decisions for claims with complex, specialized issues
- Adjudicates complex claims within specific injury guidelines
- Starts or reopens the case-management process to ensure a timely and successful return to work

Return-to-work specialist (RTW specialist)

- Develops effective, evidence-based return-to-work plans
- Visits jobsites to assess job demands
- Develops relationships with workers, employers, and health care providers
- Liaises with health care providers to assist with injury recovery and the development of injury-management plans
- Educates injured workers, health care providers, and others on recovery, return to work, and effective and meaningful disability management

Case manager (CM)

- Manages adjudicated claims with extended period of disability where return to work (RTW) is more challenging
- Assists workers in their recovery and coordinates graduated RTW and RTW process
- May visit jobsites or health care facilities
- Liaises with health care providers to understand recovery and entitle health care benefits
- Provides referrals to community care for injured workers' recovery and return to work

Need to find a claim owner?

If you're uncertain who the claim owner is for an injured worker's claim, contact the Claims Call Centre at 604.231.8888 (Lower Mainland) or 1.888.967.5377 (toll-free) from 8 a.m. to 6 p.m. PT, Monday to Friday. An agent will direct you to the current claim owner.

Other case-management team members

A case-management team may also include a psychology advisor, medical advisor, occupational therapy clinical advisor, mental health specialist, clinical specialist nurse, special needs officer, vocational rehabilitation consultant, and/or service coordinator.

Psychology advisor

The psychology advisor is a clinical consultant, providing guidance about claim-related psychological matters. They may liaise with psychology service providers and attending physicians. Psychology advisors do not provide direct clinical care to injured workers. They are doctoral-level psychologists registered with — or in the process of being registered with — the College of Psychologists of British Columbia.

Medical advisor

The medical advisor provides independent advice, opinion and support to decision making officers and to physician colleagues in the community. For decision making officers, the medical advisors provide independent opinions on issues of medical impairment/disability, cause/etiology, diagnosis, treatment, and prognosis. For physician colleagues in the community, medical advisors aim to assist and support needs for workers including options for access to needed care, communication between the internal WorkSafeBC team and the external treating team, ensuring that medical care and vocational recovery occur hand-in-hand.

Occupational therapy clinical advisor

The occupational therapy clinical advisor (OTCA) is a clinical resource to the claim owner. Some OTCAs specialize in determining needs related to physical recovery and return to work factors, such as major home and vehicle modifications, and others specialize in mental health.

Mental health specialist

The mental health specialist acts as a support to claims staff by providing assistance with conveying claim decisions, responding to workers who express suicidal ideation, and ensuring support is in place to mitigate risk to the worker and to the organization. Mental health specialists work in partnership with the worker, the worker's treatment team, and the claims staff to provide recommendations for supportive interaction with workers. Mental health specialists are predominantly registered clinical counselors and registered social workers.

Clinical specialist nurse

The clinical specialist nurse (CSN) reviews severely injured workers' home-care needs, responds to the claim owner's and other team members' clinical questions, and is responsible for entitling allowances like the Independence and Home Maintenance Allowance for severely injured workers. CSNs may also conduct visits in injured workers' homes and prepare clinical recommendations for injured workers' care.

Special needs officer (SNO)

The special needs officer (SNO) is responsible for adjudicating and supporting the provision of medical equipment to workers with all levels of injury. This equipment can include medically necessary supplies, mobility devices, the installation of medical equipment in a worker's home, and/or recreational equipment and is typically obtained from specialized medical vendors after recommendation or endorsement from community occupational therapists.

Vocational rehabilitation consultant

The vocational rehabilitation consultant (VRC) assists the injured worker with returning to the workforce. The VRC provides practical help with job-search skills, return-to-work plans, and vocational redirection, if required.

Service coordinator

The service coordinator assists with referrals to external programs and with travel and other arrangements for the injured worker.

Getting started & communicating effectively

Steps covered in this section:

Sign up for emails and Information Bulletins from Health Care Programs
Access the WorkSafeBC Provider Portal (and learn how to use it)

Topics covered in this section:

Communication channels
When to communicate with WorkSafeBC
How to communicate with employers
How to communicate with attending physicians and specialists

Sign up for emails and Information Bulletins from Health Care Programs

Health Care Programs regularly sends emails and Information Bulletins with information on:

- Amendments and updates to this reference manual
- New forms and new invoices
- Updated processes
- WorkSafeBC staff changes
- Patterns in claims
- Updates on service matters
- Payment issues and billing FAQs
- Clinical reminders

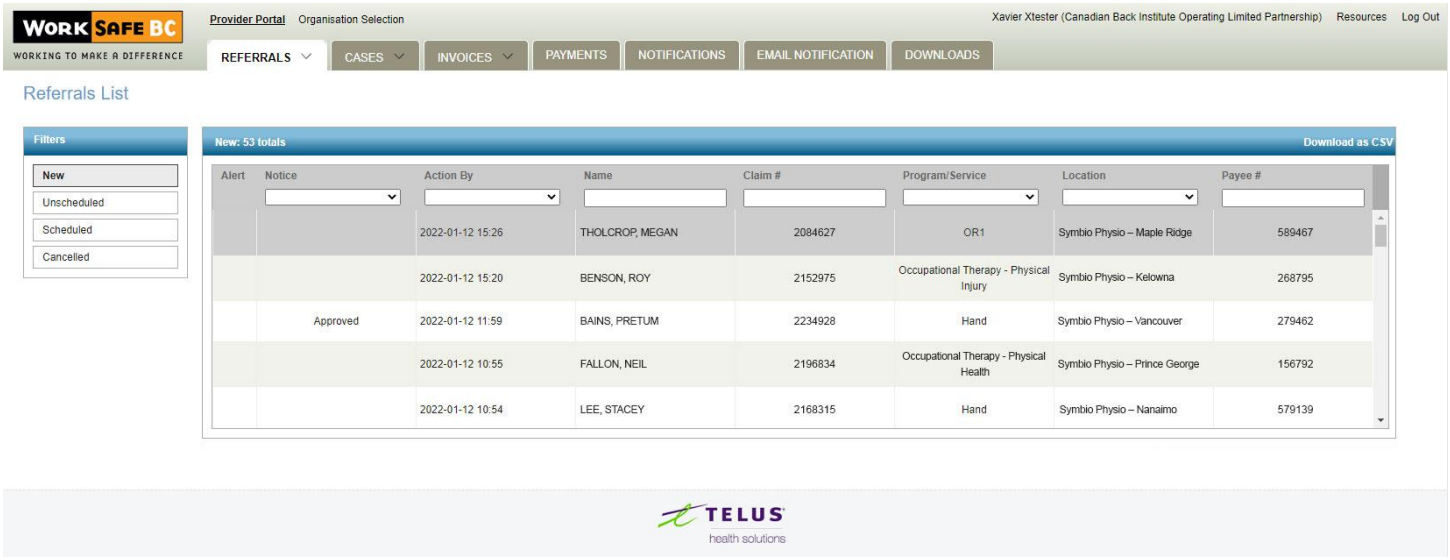
Remember: Any updates to this reference manual are also updates to the Occupational Therapy Services Agreement. Plus, it's vital to use the most up-to-date forms and processes when working with us. So ensure:

- At least one person at your organization signs up right away to receive emails and Information Bulletins
- Personnel who deliver services under the Agreement read every Information Bulletin

If you would like to be added to the Occupational Therapy Services email distribution list, or if you already receive our emails and Information Bulletins and would like to change the recipient email address or be removed from the list, email hcsinqu@worksafebc.com. There's no limit to the number of people at your organization who can be included on the distribution list.

Access the WorkSafeBC Provider Portal (and learn how to use it)

The WorkSafeBC Provider Portal gives you a secure and efficient way to receive referrals from WorkSafeBC, submit reports and invoices, and check the status of payments. This is what it looks like:



You must set up Provider Portal access for any personnel who need to use it. To do this:

- **Take the Provider Portal training on worksafebc.com.** It includes how-to videos and a quick reference guide. These resources come from Telus Health Solutions, our Provider Portal partner.
- **Ensure any personnel who need to use the Provider Portal have their own BCeID.** They'll need it to log in to the Provider Portal. Learn more at bceid.ca.
- **Designate an employee to manage access to the Provider Portal.** This employee should regularly review who has been granted access. They should immediately cancel access for personnel who no longer need it by emailing Telus Health Solutions (provider.mgmt5@telus.com).

Need help with the Provider Portal?

If you have questions about the Provider Portal or problems using it, call Telus Health Solutions at 1.855.284.5900 for 24/7 support. Ask for your ticket number for reference and follow-up. WorkSafeBC staff do not offer Provider Portal training.

Communicating effectively

Knowing how and when to communicate with Health Care Programs, WorkSafeBC case-management team members, an injured worker's employer, and even their attending physician helps ensure a smooth recovery and, where possible, a return to work for the injured worker. We count on receiving timely, accurate reports and communication from you on the injured worker's progress. You can expect regular communication, important updates, and helpful information from us.

Communication channels

By now, you should have signed up to receive communications from Health Care Programs via the Occupational Therapy Services email distribution list.

You may communicate with Health Care Programs and WorkSafeBC staff by phone and also email, under certain circumstances. It's important to understand when it's okay to use email in particular.

Expectations for communicating with us are outlined below. Follow any communication guidelines from your college and/or regulatory association as well.

Emails about specific claims: Wait for us to initiate

Email can only be used to communicate with a WorkSafeBC officer about a claim if the injured worker has given their consent. The WorkSafeBC officer must be the one to obtain this consent, so only email a WorkSafeBC officer about a claim if you receive an email from the officer about the claim first. All emails about specific claims must be encrypted if they contain any identifiers other than the claim number. The worker can withdraw their consent at any time; if this happens, the WorkSafeBC officer will let you know.

Emails about providing services in general: Go ahead

General communications that do not include details about an injured worker's claim can be emailed to the program manager and/or quality assurance supervisor for Occupational Therapy Services in Health Care Programs. For example, you can email them to:

- Communicate changes to staffing
- Make mentorship requests
- Ask contract or program-related questions, including about key performance indicators
- Add to ongoing communications about a service matter

Who is a "WorkSafeBC officer"?

A number of WorkSafeBC employees are considered WorkSafeBC officers, including case managers, adjudicators, senior adjudicators, return-to-work specialist — nurses, recovery and return-to-work specialists, and vocational rehabilitation officers. When a "WorkSafeBC officer" is mentioned in this reference manual, it generally means the claim owner.

When to communicate with WorkSafeBC

As a routine part of your work

In broad strokes, you need to:

- Respond to the referrals we send you
- Send reports on each injured worker's progress, including during return to work
- Submit your invoices
- Let Health Care Programs know if there are changes to your services (interruptions, change in provider, etc.)
- Request interpretation services if you need them to communicate with the injured worker

You'll find more information on these processes in later sections of this reference manual (Providing your services — Part 1: The basics and Part 2: The details).

When incidents or threats occur

If a situation arises that creates an immediate safety hazard or injury to anyone, including the injured worker, you, or your personnel, you must report it to us. This includes:

- Any physical or psychological trauma sustained by an injured worker, including critical incidents
- Any implicit or explicit threat toward a WorkSafeBC staff member or WorkSafeBC property
- Any statement or action of harm directed toward another person

Call the claim owner, and be clear about the details of the threat or incident. Submit a Health Care Programs Incident Report (Form 83M380) within two business days of the incident.

A Health Care Programs Incident Report (Form 83M380) may also be required in other circumstances. Examples could include:

- A trip, slip, or fall that results in no injury
- Concerns voiced by an injured worker about safety in the fitness centre
- A "near miss" incident (e.g., nearly getting into a motor vehicle accident on the way to a jobsite visit)
- Loss or theft of an item while services are being delivered
- Act of verbal aggression from another participant in the facility

The table on the next page lays out exactly how to respond to different types of incidents and threats.

Who should you contact in Health Care Programs?

Throughout this reference manual, you may see instructions that tell you to contact Health Care Programs. This generally means you should contact the quality assurance supervisor or program manager for Occupational Therapy Services. If you're not sure who that is, feel free to reach out to Health Care Programs administrative staff to find out.

How to respond to and report incidents and threats

Type of incident or threat & response	Who to contact at WorkSafeBC	When and how to contact WorkSafeBC
An incident results in an injured worker needing emergency care 1. Call 911. Ensure injured worker receives care. 2. Contact WorkSafeBC. 3. Contact attending physician, as appropriate (unless injured worker withholds permission to do this).	✓ Claim owner ✓ OT Services program manager	Verbally report on same day as incident (unless situation prevents this), and within one business day at the latest. Submit Form 83M380 within two business days of incident.
You or your personnel are aware of a threat to a WorkSafeBC employee or property 1. Call police immediately to report threat. 2. Contact WorkSafeBC. A WorkSafeBC officer will gather information from you to complete a Threat Report, and Corporate Security staff will follow up with you. 3. Contact the attending physician, as appropriate.	✓ Claims Call Centre: 1.888.967.5377 (1.888.WORKERS) ✓ Claim owner	Verbally report as soon as possible. (Claims Call Centre is open Monday to Friday, 8 a.m. to 6 p.m. PT) Submit Form 83M380 within two business days of threat.
An injured worker harms or directly threatens you or your personnel 1. Call police immediately. Report threat or act of violence. 2. Contact WorkSafeBC. A WorkSafeBC officer will gather information from you to complete a Threat Report, and Corporate Security staff will follow up with you. 3. Contact attending physician.	✓ Claim owner ✓ OT Services program manager	Verbally report within one business day of incident. Submit Form 83M380 within two business days of incident.
All other types of incidents 1. Contact WorkSafeBC. 2. Contact attending physician, as appropriate.	✓ Claim owner ✓ OT Services program manager or quality assurance supervisor	

You may also find this resource helpful to pass on to workers in need:

WorkSafeBC Crisis Line
Contact the Crisis Line if you or your family is in emotional crisis and you've been injured at work. Our counsellors can provide support to you and your family, refer you to other services in your community, and alert us so we can follow up with you. • Phone toll-free: 1.800.624.2928 • Hours of operation: 7 days a week, 24 hours a day You don't need a WorkSafeBC claim to call us for help. However, if you have been injured at work and would like to start a claim, please contact our Claims Call Centre for help with the claims process.

Communication with WorksafeBC in other specific circumstances

Examples of circumstances specific to a claim	Who to contact	How to contact
You want to make a recommendation When delivering services, you may make recommendations that fall within your scope of practice under the Agreement for return to work, a treatment plan, etc. These recommendations should be discussed with us before you advise the injured worker or document the recommendations in a report.	WorkSafeBC officer (typically the claim owner)	By phone or, if WorkSafeBC officer has initiated email communication about the claim, by email
Potential immediate risk of harm The OT believes information they are documenting for us could pose an immediate risk of harm to the injured worker (if the worker were to read the document).	WorkSafeBC officer (typically the claim owner)	By phone or, if WorkSafeBC officer has initiated email communication about the claim, by email
Updates on injured worker participation in OT Services • Injured worker has missed appointments • Injured worker has withdrawn from services or you are considering discharging them early from services	WorkSafeBC officer (typically the claim owner)	By phone or, if WorkSafeBC officer has initiated email communication about the claim, by email
Updates on OT's ability to complete services • Change in OT, or extended absence of OT must be communicated to the WorkSafeBC officer as soon as possible. • When an OT is no longer able to provide services for an injured worker (e.g., due to a temporary leave or resignation from the company), the Contractor must also inform the WorkSafeBC quality assurance supervisor in	WorkSafeBC officer (typically the claim owner) Health Care Programs	By phone or, if WorkSafeBC officer has initiated email communication about the claim, by email

writing within a minimum of 14 calendar days prior to the end of the OT's ability to provide services, or within 3 business days of the OT's departure (if unplanned).	(quality assurance supervisor or program manager for OT Services	
You have questions about OT Services in relation to a specific claim • You need to discuss an exception to billing • You'd like to request an exception to how you provide services under the Agreement • A WorkSafeBC officer has requested or approved a service that is outside the scope of the Agreement After you reach out, Health Care Programs will give you a final decision and recommendations in writing. The decision will apply specifically to the scenario in question. The same decision/recommendations can't be applied to another injured worker without prior written approval from Health Care Programs.	Health Care Programs (quality assurance supervisor or program manager for OT Services)	By phone or email
Examples of circumstances related to the general provision of OT Services		
You have a question about your contract **You want to add or replace personnel providing services or you have had other unexpected staffing changes** • You must inform us in writing within a minimum of 14 calendar days of any proposed changes to the treatment team, or within 3 business days of the OT's departure (if unplanned). • When requesting the addition of OTs, the Contractor must submit the OT's resume to the WorkSafeBC quality assurance supervisor in Health Care Programs to confirm the mandatory requirements have been met along with a completed Occupational Therapy Staffing Checklist (Appendix M). WorkSafeBC reserves the right to deny staffing replacement requests and/or requests to add additional personnel.	Health Care Programs (quality assurance supervisor or program manager for OT Services)	In writing (email is fine)

How to communicate with employers

You're expected to communicate with each injured worker's employer to assist the injured worker to return to work in a safe and timely manner. In fact, you must communicate with the injured worker, the injured worker's employer, and other relevant stakeholders at least once a week during an injured worker's return to work.

In all discussions with employers, protect the injured worker's right to privacy by adhering to the Freedom of Information and Protection of Privacy Act (FIPPA).

Questions to ask before you communicate with an employer

"Do I have the injured worker's consent?"

You should get written consent from an injured worker before sharing information with their employer. This allows the injured worker to be part of the process and ensures they aren't surprised when you speak with their employer.

"Do I know the appropriate person to speak with?"

You should ideally have the name of a specific person at the employer to communicate with.

"Does the employer need to know this?"

The amount and type of information that can be disclosed to an employer about an injured worker is minimal. Examples of information the employer needs to know and that can be shared include:

- When the injured worker is expected back to work
- Whether the injured worker will need light, modified, or transitional duties upon return to work (capabilities and relative timelines)
- Return to work hours
- Accepted, claim-related considerations and restrictions
- Recommended workplace accommodations (e.g., sit/stand stool, supernumerary participation in GRTW, etc.)

"Is this level of detail required for the workplace?"

You shouldn't release information or details to the employer about the injured worker's medical condition (e.g., diagnosis, surgery types, surgery dates, specialist appointments, or treatments).

Regular updates (unless something significant changes), information on specific specialists, and answers to questions like "What did the consult report say?" are also not to be shared with the employer. The employer doesn't need to know names and roles of rehabilitation program personnel or specialists unless those contact details are relevant for managing the injured worker's Graduated Return-to-Work Plan.

Contact our Freedom of Information and Protection of Privacy Office if you have questions about FIPPA.

How to communicate with attending physicians and specialists

You're encouraged to contact the attending physician or specialist as appropriate. For example, reach out:

- To gain support for a Graduated Return-to-Work Plan wherever possible
- If you've made observations that are inconsistent with their initial diagnosis
- If there's been a significant change in the injured worker's condition

Let them know how to bill us

Advise the attending physician/specialist that they may use the BCMA Telephone Consultation fee code (19930) within the Physicians and Surgeons' WorkSafeBC Services Agreement to invoice WorkSafeBC. The fee code allows them to invoice up to three units of 15-minute increments (a maximum of 45 minutes) of telephone consultation.

The fee code may be billed only once per communication; however, physicians/specialists may bill this fee code on more than one occasion per claim. The fee code should not be used for routine inquiries.

You may also advise the attending physician/specialist that they may use the BCMA Return-to-Work Planning Request fee code (19976) to invoice WorkSafeBC. The fee code allows them to invoice for the endorsement of a Graduated Return-to-Work Plan.

Providing your services — from basics to details

Steps covered in this section:

Receive and respond to referrals
Threat Management Procedures
Access disclosures
Obtain approval for your treatment plan
Submit your invoices and reports
Vocational Rehabilitation Consultant Referrals and Communications
Follow the do's and don'ts of treating injured workers
Monitor injured worker attendance
Handle transfers, closures, and more
Delivering services via telehealth
Use interpretation services as needed
Other important information

Detailed processes covered in this section:

Reporting details and expectations
Invoicing details and expectations

Providing your services — Part 1: The basics

Your journey with an injured worker begins with receiving a referral from us. Once you accept the referral, you'll receive a disclosure with important medical and other information about the injured worker. You'll book your first appointment with the worker, and subsequently complete the intake assessment. If deemed suitable, the injured worker will begin treatment. As treatment progresses, you'll provide reports to us using specific forms, and you'll invoice us regularly. When treatment wraps up, you'll submit a Discharge Report.

Receive and respond to referrals

The first step to treating an injured worker is receiving a referral from us through the WorkSafeBC Provider Portal.

Referrals contain basic information about the injured worker's claim and treatment needs.

If a referral source (for example, a physician or another provider) contacts you directly, contact a WorkSafeBC officer to discuss. If the WorkSafeBC officer approves of the recommendation, the referral will be issued through the WorkSafeBC Provider Portal.

How to handle referrals

1. Acknowledge the referral.
2. Assess the appropriateness of the referral.
3. Accept or decline the referral. (If more time is required to connect with the worker, place the referral on hold).
4. If you accept the referral, book your first appointment with the injured worker.

Check the WorkSafeBC Provider Portal Quick Reference Guide or watch the referrals training video for instructions on how to complete these steps.

You must book the intake appointment within 10 business days of the referral date unless otherwise instructed by a WorkSafeBC officer. Time Sensitive Assessments must be completed within six (6) calendar days of the verbal referral date (see page 44 for further instructions on Time Sensitive Referrals).

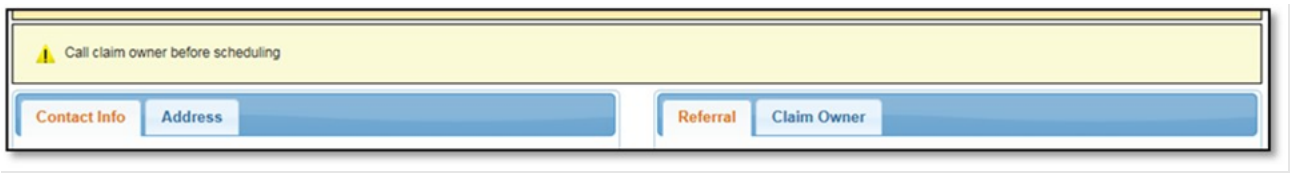
Please note that it is advantageous for an injured worker requiring care, if the provider declines a referral that they do not have the capacity to accept, rather than letting it expire or time-out in the Portal. By declining a referral, the referral will immediately be routed to a different provider, allowing more timely access to services.

Rescheduled appointments do not require a new referral.

Threat Management Procedures

Please note that there are two ways that you may be alerted to the potential that an injured worker, who has been referred to your program, has a problem/threat code on file at WorkSafeBC.

1. If there is an existing problem/threat code on the claim file, there will be a statement on the referral page in the Portal, highlighted in yellow indicating "**Call claim owner before scheduling**". If you see this statement, please contact the claim owner for further information prior to scheduling the injured worker.



2. In addition, the claim owner can flag this information for you when making a referral by using the field "Please call the claim owner for additional information" and marking **"Yes"** (i.e. indicating that there is a problem/threat code) or **"No"** (i.e. indicating that there is no problem/threat code). If the "Yes" box is ticked, please contact the claim owner for further information prior to scheduling the Worker. This way, claim owners can alert you of a threat code by providing specific details over the phone.

Access disclosures

A disclosure contains documents or records related to an injured worker's claim with WorkSafeBC. We give you disclosures to support your treatment of injured workers. Disclosures may include anything from the injured worker's medical history to treatment plans and reports.

Find disclosures on the Provider Portal

In most cases, you'll automatically receive a disclosure on the WorkSafeBC Provider Portal shortly after accepting a referral on the portal. In some cases, you may need to request a disclosure via the portal. For example, if new information is added to a disclosure package after you've already received the package, you'll need to request the disclosure.

See our Accessing disclosures online PDF for instructions on how to access and request disclosures on the Provider Portal.

Obtain approval for your treatment plan

Once you've had your initial appointment with the injured worker, it's time to make a treatment plan.

All recommendations in your treatment plan and throughout your work with us must be:

- Based on the compensable injury
- Medically required and based on objective findings
- Reasonably necessary
- The least costly, equally effective option for addressing the relevant issue (you should indicate which option, in your opinion, is the preferred option)

Prior to submitting your recommendations for a treatment plan in an initial OT report or a progress report, or when there are proposed changes to the original treatment plan and/or recommendations, the OT must contact the WorkSafeBC officer to relay the recommendations and obtain their approval.

If the OT does not receive a decision and/or response from the WorkSafeBC officer within three (3) business days of leaving a voice message, the OT may proceed with the plan unless informed otherwise by the WorkSafeBC officer. A voice message should provide a high level overview of the recommendations (e.g., number of treatment sessions, length of treatment block, general goals). All other details are expected to be included in the forthcoming report.

- When recommendations for treatment, equipment or modifications would incur significant costs for the claim, the OT should await the WorkSafeBC officer's approval before proceeding with implementation.
- Should the OT not receive a timely response from the WorkSafeBC officer on an issue that

requires a response, the OT may consider the following steps:

1. Call the Service Coordinator (SC)
2. Call Claims Call Centre/Teleclaim: 1.888.967.5377 (1.888.WORKERS) and ask to be put through to the WorkSafeBC officer, or the Manager of the CM/VRC if multiple attempts have been unsuccessful
3. Contact Health Care Programs if unsure, or to problem solve

Submit your invoices and reports

Submit invoices and reports through the WorkSafeBC Provider Portal. Check the Provider Portal Quick Reference Guide or watch our training videos on invoicing and clinical reporting for instructions.

In some cases, you'll need to submit a report before you can submit an invoice. Refer to Schedule B of the Occupational Therapy Services Agreement for details.

Follow the do's and don'ts of treating injured workers

While every injured worker is unique, a few general rules apply.

Do treat accepted conditions only

Only treat conditions that WorkSafeBC has accepted are a compensable consequence of the claim. By law, WorkSafeBC can't authorize treatment for pre-existing physical, cognitive, or psychological conditions or concurrent issues in the injured worker.

If you discover issues that have not been accepted under the claim but that are affecting treatment progress, reach out to the appropriate WorkSafeBC officer. You may be able to help the injured worker find other community resources to assist with their non-compensable issues. However, this must be discussed with the WorkSafeBC officer before discussing the possibility with the injured worker or documenting it in a report.

Do tell the injured worker how their information may be used

All injured workers must be reminded of the limitations of confidentiality and how clinical records are disposed of.

Under the *Workers Compensation Act*, WorkSafeBC is empowered to collect and share any and all information deemed relevant to the adjudication and management of a claim. WorkSafeBC can obtain copies of hospital records, clinical records, employment and school records, and any other information needed to perform its duties under the Act. This includes access to all treatment records, including your clinical notes.

When a worker applies for a claim, they consent to the collection and use of personal information for the purposes of adjudicating and managing the claim.

Before beginning to provide services, you should remind the injured worker that if a decision on the file is appealed by either the injured worker or the employer they were working for at the time of their workplace injury, the contents of the entire claim file are disclosed to both parties. This includes information in provider treatment records submitted to WorkSafeBC. Your clinical notes could be disclosed in this way if WorkSafeBC has requested them and the notes form part of the injured worker's claim file.

Don’t act as an advocate

Most professional codes of conduct address the issue of clinical advocacy. As a contracted Occupational Therapy Services provider, you must give a well-reasoned clinical opinion based on objective assessments and observations of the injured worker’s needs. You must refrain from advocating for the injured worker in legal, adjudicative, entitlement, and benefit matters, and you must not advocate for needs that are not a compensable consequence of the claim.

WorkSafeBC officers use the information in your reports to understand an injured worker’s clinical status. Claim owners weigh this information when making decisions. If you take a claim advocacy stance, your opinions are no longer clinically objective. Your role as a provider is to support return to work and assist in recovery of function. Claim advocacy can place you in a dual relationship and seriously undermine the claims-management process. Advocating for an injured worker or selectively omitting information about the impact of non-injury–related needs in reports or other correspondence with WorkSafeBC is a serious breach of the Occupational Therapy Services Agreement.

Advise any injured worker in your care to contact the claim owner and/or the Workers’ Advisers Office, which is independent of WorkSafeBC, if they have concerns about how their claim is being managed.

Don’t give information to the injured worker that could cause immediate harm

Injured workers can access documents on their claim file through an online portal. In addition, an injured worker may request a copy of a specific document from a WorkSafeBC officer or a complete copy of their claim file at any time.

The information you provide to WorkSafeBC about the injured worker can be accessed by the injured worker.

If you believe the information you provide will pose an immediate risk of harm should the injured worker access the information, contact the claim owner or appropriate WorkSafeBC officer before submitting the document.

Monitor injured worker attendance

In order to benefit from your services, the injured worker needs to attend appointments and participate in treatment. Let us know if this isn’t happening.

What if an injured worker doesn’t show up to appointments?

Advise the appropriate WorkSafeBC officer within one business day of any absences. If the appointment is later rescheduled, tell the WorkSafeBC officer the new appointment date and time.

In your clinical records, determine and document the reason for all absences from the program, including:

- Previously scheduled appointments for intake/treatment/add-on services
- Days missed during GRTW

Planned absences (e.g., vacation) must be pre-approved by, and confirmed with, a WorkSafeBC officer.

Can an injured worker withdraw or be discharged early from treatment?

You may discharge an injured worker who is not benefitting from the program because of poor participation or attendance, or if there is a lack of therapeutic alliance between the OT and the injured

worker. Evidence for the poor participation or attendance and a functional summary must be included in the Discharge Report.

Advise a WorkSafeBC officer immediately if an injured worker has withdrawn from treatment or if you're considering a discharge for the reasons above.

The injured worker can voluntarily withdraw from occupational therapy services, and a WorkSafeBC officer can withdraw the injured worker from occupational therapy services at any time.

Handle transfers, interruptions, and more

Occupational Therapy Services may occasionally need to be put on pause (expectedly or unexpectedly), or an injured worker may be transferred to or from your care. Here's how to handle these situations.

An injured worker is transferred

When an injured worker is transferred from one Provider to the next, the first Provider will submit copies of their reports and any other relevant documentation to WorkSafeBC via the Portal. The first Provider will consult with the receiving provider by telephone before the injured worker's first day at the receiving provider.

A Discharge Report must be sent by the first Provider to WorkSafeBC within three (3) business of the request from the WorkSafeBC officer.

An injured worker initiates an interruption to services

The appropriate WorkSafeBC officer must approve all interruptions to services requested by an injured worker. Reasons for program interruptions can include but is not limited to a planned vacation, temporary relocation, or absenteeism due to non-compensable medical conditions.

Planned vacation
In cases where the duration of a planned vacation may pose interruptions to OT Services, the WorkSafeBC officer must be informed and provide pre-approval.

Temporary Relocation
In cases where a worker temporary relocates outside of a contracted service region, the WorkSafeBC officer must be informed. Continuation of in-person services requires pre-approval by the WorkSafeBC officer, and billing for travel would be subject to the terms of the Agreement. In some cases, OT Services via telehealth may be explored. Telehealth services must meet the guidelines as set out in the Agreement. Telehealth provision must be in adherence with the COTBC guidelines, as well as with WorkSafeBC's Telehealth Treatment Guidelines (Appendix J).

Absenteeism
Absences from scheduled appointments (e.g., cancelled appointments, no-shows), should be documented in the next report. Should the absences re-occur, the WorkSafeBC officer should be notified via telephone or email (if the WorkSafeBC officer has initiated same).

For extended interruptions, a new referral should be initiated if there is a lapse of more than three (3) months between services.

Occupational therapist temporarily suspends or permanently ceases to provide services (due to holiday, leave of absence, or other unplanned circumstances)

If an OT is planning an absence that will impact the delivery of services, the appropriate WorkSafeBC officer must be notified ahead of time. The contractor is responsible for ensuring continuity of care by arranging for services to be provided by an alternate WorkSafeBC authorized OT.

As a reminder, if an OT is no longer able to provide services for WorkSafeBC files (e.g., due to a temporary leave or resignation from the company), the Contractor must also inform the WorkSafeBC Quality Assurance Supervisor in writing within a minimum of 14 calendar days prior to the end of the OT's ability to provide services, or within 3 business days of the OT's departure (if unplanned).

Considerations for interruptions to in-person service delivery

As outlined above, there may be planned or unplanned circumstances where in-person treatment services are interrupted. In such instances, the WorkSafeBC officer may approve a continuation of OT services via telehealth. As with any telehealth service delivery, the OT should always consider whether telehealth services are appropriate or if in-person services are clinically indicated.

Health Care Programs approval is required for any provision of telehealth service wherein the injured worker or OT will be residing outside of BC.

Note that in all instances, the OT and injured worker must be residing within Canada and service delivery would be subject to the FIPP regulations outlined here and here.

*Please note: In cases where an injured worker travels outside of the province, and telehealth is being explored, the OT must first confirm the requirements and considerations directly with the relevant regulator(s) from the province where the injured worker is located at the time of service provision. Only once the OT has received confirmation that they are able to provide services to the worker located in a province outside of BC, can a determination be made regarding whether or not ongoing services with the OT are feasible and appropriate. As mentioned above, discussion with the WorkSafeBC officer and Health Care Programs is required prior to moving forward with services.

Planned Closures for Public Holidays

Type of closure	Who to tell	Important to note
• New Year's Day • Family Day • Good Friday • Easter Monday • Victoria Day • Canada Day • B.C. Day • Labour Day • National Day for Truth and Reconciliation • Thanksgiving Day	✓ No one	Public holidays are not counted as business days unless you choose to provide services and the injured worker chooses to receive services that day.* Only the public holidays listed here are considered closure days.

• Remembrance Day • Christmas Day • Boxing Day		
Planned closure that's not a public holiday	✓ WorkSafeBC officer for each injured worker ✓ Health Care Programs	Contact as soon as possible

*Services may be provided on a public holiday or weekend depending on the injured worker's schedule; however, you're not obligated to provide services on these days. No additional compensation above the fees described in the Agreement fee schedule will be paid if you choose to provide services on these days.

Delivering services via telehealth

In some cases, you may use video-call technology to deliver services remotely to injured workers — aka telehealth delivery.

When using telehealth delivery for your services, you must comply with WorkSafeBC's Telehealth Treatment Guidelines (Appendix J), in addition to following the expectations for service delivery as outlined in your Agreement. Further, it is important that you review and understand the exceptions to the service delivery expectations that may apply, as outlined in Appendix K: OT Services Telehealth Delivery - Special Considerations.

In all instances, it is expected that the OT provide rationale in the form of a report to the WorkSafeBC officer, outlining the proposal for providing the services using telehealth delivery and the frequency at which the sessions are to be provided.

Use interpretation services as needed

To help you communicate with injured workers with limited English proficiency, WorkSafeBC has contracted interpreters who provide in-person, video, and telephone interpretation services throughout B.C.

Approved interpretation providers will bill WorkSafeBC directly for interpretation services. If your organization has an in-house interpreter, interpretation provided by the in-house interpreter must not be billed to WorkSafeBC.

Who books the interpreter?

You're responsible for booking one of our approved interpreters when you need their services. To learn how to book and use interpretation services, see Appendix G: Using interpretation services, Appendix H: Using on-demand telephone interpretation services, and Appendix I: Using video interpretation services.

Learn more on our Interpretation, translation & sign language services webpage.

Other important information

Stay safe when visiting an injured worker's workplace

Make sure you comply with the Occupational Health and Safety Regulation while conducting jobsite visits. Ensure your personnel are aware of the safety risks and hazards at any workplace they're attending.

Ask the employer what personal protective equipment (PPE) is required prior to each workplace visit. You're responsible for having this equipment available during the visit (e.g., steel-toe boots, reflective vest, hard hat, and safety goggles). If you're meeting an interpreter at the workplace, share the PPE requirements with them in advance.

Measure injured workers' satisfaction with your program

Provide all injured workers attending your program an electronic WorkSafeBC Worker Satisfaction Survey. The clinic payee number and program name are mandatory fields. The injured worker's claim number field is optional; they decide whether to enter their claim number or not.

Contact Health Care Programs for the link to the WorkSafeBC Worker Satisfaction Survey.

Measure employers' satisfaction with your services

As return-to-work planning is a significant element of Occupational Therapy Services, we ask that you send an electronic WorkSafeBC Employer Satisfaction Survey to employers. Send the survey to all employers who have an employee for whom you've planned, implemented, and monitored a return-to-work program.

Contact Health Care Programs for the link to the WorkSafeBC Employer Satisfaction Survey.

Providing your services — Part 2: The details

Now that you understand in broad strokes how to work with us, it's time to get into the nitty-gritty — especially when it comes to creating and submitting reports and invoices to us. (For a quick summary of which tools to use to submit reports and invoices, see Providing your services — Part 1: The basics.)

General considerations prior to/during your involvement in a claim

What is the referral stream and scope?

All referrals for OT treatment (inclusive of return-to-work support) would fall under either Physical Injury (OT-PI), Mental Health (OT-MH) or Brain Injury (OT-BI) streams. The stream would be selected by the referring WorkSafeBC officer based on the compensable injury deemed to be the primary (i.e. most significantly impactful) factor impacting recovery. Treatment timeframes are expected to be based on clinical best practice for the compensable diagnosis(es), with a focus on returning the injured worker to their pre-incident baseline function.

What is the OT's clinical expertise?

OTs should only accept referrals that are within their clinical expertise, including but not limited to assessment for power mobility, recommendations for home modifications, in-vivo exposures, etc.

For example, for referrals issued under the OT-MH stream, wherein the accepted diagnosis is a trauma-related psychological disorder (e.g., PTSD, Acute Stress Disorder, etc.); and there is a request or requirement for exposure therapy, it is expected that the OT who accepts this referral has received training (mentorship and/or formal course work) in the in vivo exposure component of Prolonged Exposure (PE). The OT should be well versed in the Subjective Units of Distress Scale (SUDs) and is expected to be utilizing this framework to monitor and assess an injured worker's progress over the course of treatment.

Who is the primary WorkSafeBC officer involved (CM or VRC)?

Referrals can be issued by a Case Manager or a Vocational Rehabilitation Consultant and are differentiated in the Portal with a "(VR)" in front of the referral stream if issued by a VRC. As outlined in the Life of a Claim section above, if OT support is requested during the health care phase (under the CM), medical and rehabilitation services are targeted towards active recovery and return to work. This is most often the phase where you provide services to the injured worker.

If, however, a referral is issued by the VRC, or the file transitions to the VR phase during your involvement in the claim, treatment would typically be aimed at maintenance of function, prevention of decompensation, and or/support towards a GRTW.

To better illustrate the shift in treatment focus under the VR phase, consider the following non-exhaustive list of ways in which an OT may be involved in an injured worker's care:

- Reinforcement of strategies to manage symptoms
- Development of a Graduated Return-to-Work (GRTW) Plan (including visits to the job site, job-coaching, etc. as needed)
- Supporting the worker with researching training or educational courses, reviewing training materials online, etc.
- Supporting the worker with study techniques and time-management skills
- Providing support for preparing request-for-sponsorship proposals.
- Active recovery goals (e.g., in vivo exposure) would typically only be appropriate if there is an identified position to return the worker to.

Your role in a worker's access to other services and benefits

It is important that you stick to the referral request, as outlined in the referral document and/or communicated by the referring WorkSafeBC officer. If you determine at any point in time that other treatment services or benefits (e.g., home or personal care assistance) may be beneficial for an injured worker related to a compensable condition, you must always first contact the WorkSafeBC officer prior to discussing with the injured worker. The determination of eligibility for services and benefits, and the process of making referrals, is under the purview of the WorkSafeBC officer and is based on law and policy. Please refer to the "Don't act as an advocate" section above for additional information.

Notwithstanding the aforementioned, if a worker was previously not eligible for a service or benefit, this does not preclude them from potentially being eligible in the future, as it would depend on the medical evidence available and adjudicative decisions made. Regardless, the OT should discuss with the WorkSafeBC officer in all instances and should not discuss with an injured worker prior to doing so.

Clinical resources and professional development

Each OT is expected to maintain responsibility for their own professional development and adhere to COTBC standards and guidelines with respect to the provision of ethical and competent practice. To this end, OTs are encouraged to stay abreast of relevant clinical resources pertaining to their area of practice. We have nevertheless included a non-exhaustive list of resources in Appendix L, which clinicians may find useful in their provision of services. Health Care Programs also issues emails, information bulletins, and quarterly newsletters (E-News) as appropriate, which may contain clinical or practice resources.

Disclaimer: Please note that links or references to external or third-party documents or sites are provided for informational purposes only, and do not constitute an endorsement or an approval by WorkSafeBC of any of the services or opinions of any organization, corporation, or individual. WorkSafeBC bears no responsibility and accepts no liability for the accuracy, legality, content or use of such external documents or sites.

Collaboration with the treatment team

It is important to ensure that you make efforts to collaborate with involved treatment team members when providing services to an injured worker. If you are having difficulty or are not hearing back, you must advise the WorkSafeBC officer and indicate your attempts in the next report. Other health care professionals (e.g., physiotherapists, psychologists, counsellors, etc.) who are providing services under WorkSafeBC contracts are able to bill for their communication time, so this should not be a barrier to collaboration. Please inform Health Care Programs if you are experiencing challenges in this area, given collaboration is expected and essential for the success of return to work and recovery.

Further to the above, it is expected that the OT collaborate with the involved mental health treatment provider wherever indicated, in order to facilitate engagement in the in vivo exposure, and to ensure that the in vivo exposure hierarchy and GRTW plan have been developed with input from involved clinicians.

Reporting details and expectations

How to send us your reports - follow three steps:

We provide you with detailed forms to report on different aspects of the services you provide the injured worker.

1. **Download the right form**

   You'll find links to the specific forms you need to submit in Appendix E. Re-download forms any time you receive an Information Bulletin about updates to them. This will ensure you're using the most up-to-date version of each form.

2. **Complete the report**

   Be sure each page of the document includes:

   - Injured worker's name
   - Injured worker's claim number
   - Document name and page number
   - Document ID (the five- to six-digit code provided in the Agreement for each specific type of report you'll be completing)

   Several appendices in the back of this reference manual will help you complete reports correctly:

   - For a quick reference guide to general OT Services reporting and associated communication expectations, see Appendix C.
   - To learn the difference between a "restriction" and a "consideration" when making recommendations, see Appendix F.

3. **Send the report to us on time, using the correct tool**

   Reports must be submitted electronically through the WorkSafeBC Provider Portal.

   Only reports sent through the Provider Portal will be used to determine report timeliness for the purposes of invoicing.

Your reports are important

Occupational Therapy reports are considered formal documentation of treatment services that have been provided to the injured worker. These reports are referenced by multiple members of the injured worker's team, including Case Managers, Vocational Rehabilitation Consultants, Clinical Advisors, etc. Therefore, submission of all reports, per the expectations set out in the Agreement, is critical to ensure comprehensive and timely communication with all parties involved in the injured worker's recovery. Please refer to Appendix C: Quick Reference Guide to OT Services Reporting and Associated Communication, for details regarding communication and general reporting guidelines. Please also refer to Appendix F: "restrictions" vs. "considerations" for additional information.

Resources available to support excellence in reporting

1. **Report Templates**. Please refer to Appendix E, which links to WorkSafeBC's external website for links to the most updated report template for each of the following occupational therapy reports.
   a. Initial Assessment
   b. Progress Report
   c. Graduated Return-to-Work Plan
   d. Jobsite Visit
   e. Discharge Report
   f. Independence and Home Maintenance Allowance Assessment
   g. Personal Care Allowance Assessment
   h. Vehicle Modification Assessment Report

Each report template contains suggested content to describe the types of information to include in each section of the report.

2. **Sample Reports for Mental Health Claims**. Included in Appendix L are sample reports for an Initial Assessment, Progress Report, GRTW plan, and Discharge report, which demonstrate high quality reporting for OT-MH files and the unique role of occupational therapy in rehabilitation and return to work for individuals with work-related injuries that result in mental health diagnos(es).

   The sample reports are intended to be used as a supplemental resource to assist OTs in considering how they may report on assessment findings, treatment plans, OT recommendations, goals and outcomes. These sample reports are not intended to dictate clinical practice or suggest the specific manner in which treatment should be approached. Ultimately, there are a multitude of ways in which information can be relayed in a report (e.g., point form, paragraphs, tables, etc.) for it to be considered clear, useful and focused on function.

Quality indicators for all reporting

Health Care Programs has developed the following general quality indicators to assist with writing a comprehensive occupational therapy report.

a. Use of abilities language (i.e., focus on what the worker can do versus only on what they cannot; provide mitigating strategies towards management of symptoms; describe RTW factors that include both barriers and facilitators, etc).
b. Objectivity versus advocacy.
c. Clear distinction between subjective reports versus objective findings.
d. Clear distinction between compensable versus non-compensable findings.
e. Analysis of findings and recommendations are within the occupational therapist's scope of practice, relate to the compensable injury, and are in keeping with the parameters of the referral.
f. Short term and long-term treatment goals are clearly defined using SMART criteria and are function focused. Specifically, OT goals should be specific, measurable, achievable, relevant and time-bound; they should also focus on the expected outcome in terms of worker function versus focusing solely on the OT treatment plan. While the OT intervention (e.g., to provide psycho-education) is important, it is not in and of itself a goal, but rather a method by which to achieve a goal. It is helpful for goals to focus on how a worker's function will change over time. This will assist the reader to gauge the effectiveness of OT treatment. Having function-focused goals helps illustrate a picture of the worker in the mind of the reader, and to delineate gaps between where the worker is presently and where the worker needs to be (in terms of return to function/work). Following is an example:

   Goal 1: "Worker will have increased knowledge of in vivo exposure treatment protocols, related to potential workplace triggers, by the end of this treatment block."

   Goal 1 reworded: "Worker will be able to participate in x, y, z exposures while maintaining a SUDS level of x or less throughout the exposure."

g. OT treatment plans are justified based on the assessment findings and compensable injury and are recommended within the parameters outlined in the OT Services Agreement. The OT plan is clearly described (e.g., frequency of sessions, use of Rehabilitation Workers if relevant, and in-person versus telehealth sessions).

h. Progress reports and discharge reports should outline participation in treatment, and each SMART goal should be updated to illustrate the status of a worker's functional progress.

The above quality indicators are not an exhaustive list. Please reference the report templates for more specific examples of required content for each report.

Return to work focus in OT treatment and reporting

One of the primary goals of Occupational Therapy Services is to assist an injured worker with a timely and enduring return to work wherever possible.

To that end, the occupational therapist should actively demonstrate their role in supporting return to work in the following ways:

1. **Timely consultation with employer within the first treatment block**. The OT should attempt to contact the employer within the first treatment block. The date of anticipated contact with the employer should be documented in the initial report, and details of the conversation should be documented in the next report that is submitted. It is important to note that contacting the employer does not necessarily signify that a worker is ready to begin a GRTW, rather, it is an initial opportunity to clarify the injured worker's roles and responsibilities; clarify job demands; clarify opportunities for a gradual return-to-work such as whether there are opportunities for modified duties or hours; and/or determine opportunities for OT treatment at the worksite (e.g., in vivo exposure). Employer contact, and the gathering of specific return to work information, will assist the OT in developing the OT goals and plans for intervention.

   Unless otherwise advised by the WorkSafeBC officer, employer contact is required. Further to this, unless the OT has been advised by the WorkSafeBC officer to the contrary, it is expected that return to work efforts focus on the pre-injury position, although the OT can obtain information regarding whether light/modified duties are available to begin with. As mentioned above, employer contact is expected, and the OT does not require clearance from other involved health care providers to initiate this communication.

2. **Documentation of return to work specific information**. A thorough description of roles/responsibilities, job tasks/demands, availability of modified duties (and description of same), and any other gradual return to work options, should be documented in the report.

3. **Return to work goals**. A return to work goal, using SMART criteria, shall be listed as a short-term and/or long-term goal in the initial report, and shall be updated at each progress report. It is important to note that even if return to work is not imminent, the ultimate focus of OT – unless otherwise communicated by the WorkSafeBC officer – is return to work.

Return to work specific services

1. **Job Site Visits (JSV)**. Jobsite visits are encouraged to assist with an OT's understanding of the injured worker's position and to document job demands and gradual return to work options. Other jobsite visit related services may be requested as part of the OT referral. The below table provides a quick reference of jobsite visit related services and reporting expectations. Note that visits to the jobsite for the purposes of treatment or job coaching do not need to be formally documented in a job site visit report.

2. **Graduated Return-to-Work (GRTW) Plans**. All GRTW plans should be submitted using the GRTW Plan template (link to templates found in Appendix E).

   GRTW plans are expected to fall within the below timelines under each respective stream, and the length of the plan must be justified if longer than the maximum:

   - OT-PI: GRTW plan duration is expected to be between 4 to 6 weeks in length
   - OT-MH: GRTW plan duration is expected to be between 4 to 8 weeks in length
   - OT-BI: GRTW plan duration is expected to be between 4 to 8 weeks in length

   The provider shall submit the GRTW plan to WorkSafeBC via the Telus Provider Portal, and a copy to the attending physician and other health care providers involved in the injured worker's care within ten days of receipt of such request from the WorkSafeBC officer. A copy of the plan should be submitted to all parties, including the employer and injured worker, at least 5 business days prior to the first day of the scheduled GRTW in order to allow for review and preparation. Note that the GRTW Plan must be approved by the WorkSafeBC officer and employer prior to the injured worker commencing the GRTW Plan. The OT should be aware that unless otherwise informed by the WorkSafeBC officer, explicit approval from the attending physician is not required (i.e. if no response is received, then it is presumed reasonable to proceed, given the worker has been cleared to return to work unless otherwise indicated by the WorkSafeBC officer).

   For GRTW plans that are longer in duration than the timelines identified above, rationale must be provided to the WorkSafeBC officer prior to submission of the GRTW Plan.

   Subsequent GRTW plans should be submitted in the event of a change to the original GRTW plan (e.g., extension of number of weeks, changes in documented job tasks or considerations, changes in number of hours per shift or scheduled work days).

Reporting and process expectations for job-related services

Jobsite visits or ergonomic assessments may be requested on a referral. The following table provides a quick reference to determine assessment, reporting, and invoicing requirements for such referrals.

Referral Type		OT's Course of Action	Reporting	Invoicing
JSV	**Stand-alone Job Site Visit (JSV)**	• Confirm with referral source that request is for a JSV only (i.e. no other assessment/treatment is required). • If so, contact Health Care Programs to discuss appropriateness of referral under OT Services, given this is an exceptional request. • If OT Services referral remains in place, see columns to the right (Reporting and Invoicing).	**JSV Report (83D201)** No Initial Assessment or Discharge Report should be completed.	**OT RTW Support (OT time)** **Initial/ Subsequent JSV Report**

JSV	**JSV <u>in addition to</u> OT assessment/ treatment**	• Occupational therapist to complete initial assessment and thereafter schedule a JSV.	**Initial Assessment Report (82D488)** **JSV Report (83D201**)	**Initial Assessment Visit** **Initial Assessment Report** **OT RTW Support (OT time)** **Initial/ Subsequent JSV Report**
Ergo	**Stand-alone Ergonomic Assessment**	• Confirm with referral source that request is for Ergonomic Assessment only (i.e. no other assessment/treatment is required). • If so, contact Health Care Programs to discuss appropriateness of referral under OT Services. • If OT Services referral remains in place, see columns to the right (Reporting and Invoicing).	**Ergonomic Report (83D543)** No Initial Assessment or Discharge Report should be completed.	**Ergonomic Assessment and Report**
	Ergonomic Assessment <u>in addition to</u> OT assessment/ treatment	• Occupational therapist to complete initial assessment at worker's home. <u>Scenario A</u>. Worksite and residence are same location. • If ergonomic assessment is straightforward (e.g., review of office work station set-up), the ergonomic assessment can take place in conjunction with the initial assessment. • If ergonomic assessment is more complex and/or would be more appropriately conducted at a separate visit, the ergonomic assessment can take place at a later date.	<u>Scenario A</u>: **Initial Assessment Report (82D488)** If ergonomic assessment findings have not been included in the Initial Assessment Report, the findings should be included in either the **Ergonomic Report (83D543)** if sufficient detail warrants a separate report, or in a **Progress Report** (for straightforward in-home ergonomic assessment).	**Initial Assessment Visit** **Initial Assessment Report** As appropriate: **Ergonomic Assessment and Report** or **Progress Report**

Ergo	**Ergonomic Assessment <u>in addition to</u> OT assessment/ treatment**	<u>Scenario B</u>. Worksite at separate location from worker's residence. • An ergonomic assessment should be booked at the jobsite when appropriate.	<u>Scenario B</u>. **Initial Assessment Report (82D488)** **Ergonomic Report (83D543)**	See above
JDA or CJDA	**<u>Stand-alone</u> Job Demands Analysis or Cognitive Job Demands Analysis (JDA/CJDA)**	Not appropriate under OT Services. Contact WorkSafeBC officer to advise referral should be referred to RTWSS.	N/A	N/A
	JDA/CJDA <u>in addition to</u> OT assessment/ treatment	Occupational therapist to complete initial assessment at worker's home. • Confirm with referral source whether they require a JDA versus a JSV to confirm job demands. • If a JDA is required, this is not appropriate under OT Services and referral for JDA should be under RTWSS. • Or, if WorkSafeBC officer requests confirmation of job demands via a jobsite visit, advise this can be done through a JSV.	**Initial Assessment Report** (summary of job demands should be included in report) **JSV report (83D201)** (if in-person JSV is completed).	**Initial Assessment Visit** **Initial Assessment Report** As appropriate**:** **Initial/ Subsequent JSV Report**

Other details relevant to your service delivery

Rehabilitation workers

The involvement of a rehabilitation worker (RW) may be recommended to assist with carrying out the OT's rehabilitation plan and must be justified in the reports submitted. The goal of all occupational therapy services is to maximize a worker's function and independence and support the goal of recovery and return to work. To this end, the use of RWs should be to directly support the provision of the OT services and plan.

The following guidelines are provided to ensure contractual obligations are met:

a. Reporting Requirements. All RW services should be justified in the initial and/or progress reports. This includes a comprehensive outline of the RW services that will transpire (e.g., SMART goals expected to be addressed by RW sessions; number, length, and location of sessions; and detailed description of RW support to be provided).

b. Service Delivery Requirements. RW services should be directly overseen by the occupational therapist, and the goals of RW involvement should directly support provision of the occupational therapy plan. RW services should be delivered in-person only, and should not address goals that are separate from the OT plan. RW sessions should not duplicate an OT's services nor should an RW substitute for an OT's direct involvement with a worker. For example, in-person RW sessions should not substitute for an OT's in-person sessions when the OT is providing services via telehealth.

c. Scope of RW Role under the Agreement. RWs are to be providing rehabilitation services that are functional in nature and related to the OT treatment plan. Below is a list of activities that the RW should not be carrying out under OT Services.

- **JSV:** RWs are not to be completing JSVs, as this is the responsibility of the OT;
- **In Vivo Exposure:** If a worker requires support for in-vivo exposures then this should be undertaken by the OT or mental health treatment provider. If a worker does not require support from their clinical team for in-vivo exposures then a worker is capable of undertaking in-vivo exposures independently. The use of an RW to substitute for an OT in this regard is not appropriate).
- **Homecare supports:** RWs are expected to be rehabilitation focused and should not be providing home or personal care support services.
- **Attendance at multidisciplinary team meetings:** RWs are not to attend meetings with or on behalf of the OT (e.g., multidisciplinary team meeting, hospital discharge meeting, etc.).
- **Physical activation when a physiotherapist is involved:** By and large, when a physiotherapist is involved in a worker's recovery, it is the expectation that they provide hands on treatment, exercises, and any functional activities clinically indicated to support the worker in recovery and a safe and durable return to work. This may include providing a plan that the worker can carry out in the physiotherapist's clinic, using the appropriate equipment, or the provision of a home or community exercise plan, as appropriate. If an RW is assigned under OT Services, the activities undertaken should relate to rehabilitation goals that the OT is working on, versus those that more appropriately fall under the physiotherapist's scope. On the other hand, if physiotherapy involvement is not warranted due to the nature of the injuries, then a RW under OT Services to carry out a physical activation program may be appropriate. It is important to note that under WorkSafeBC's physiotherapy contract, the physiotherapist is also able to recommend and oversee a hydrotherapy program as appropriate. In light of the aforementioned, OTs should be mindful of their recommendations with respect to RW involvement and ensure that they collaborate with the physiotherapist, as well as discuss any recommendations with the WorkSafeBC officer. Should there be questions around scope of RW versus physiotherapy, the OT is encouraged to contact Health Care Programs to discuss.

d. Ongoing RW Services. Ongoing RW services that are no longer tied to maintaining worker independence or maximizing function should be reviewed for appropriateness. Continuation of RW services must be justified in progress reports by demonstrating objective functional improvement, and by demonstrating how and when RW services will be tapered in order to promote independence over time. For example, prolonged involvement of a RW to support a community-based exercise program is not considered appropriate as it does not promote a worker's independence over time. Another example would be the prolonged involvement of an RW in an activation program (e.g., walking, attending the gym, going to the grocery store) meanwhile the worker is reasonably capable of progressing to an independent program (and/or is already participating in such activities safely). Ultimately, prolonged involvement in such circumstances can create dependence to the detriment of a worker's rehabilitation and recovery.

Recommending equipment and/or modifications

Recommendations for equipment and home or vehicle modifications may be made, as appropriate, to address safety concerns and improve a worker's functioning.

In all instances, the OT must ensure the following steps are taken:

1. Assessment of the worker's needs should be comprehensive, and include photos wherever relevant (i.e. to compare equipment options, to identify where an item should be installed, etc.)
2. Recommendations should always be based on improving safety and/or function as it relates only to the compensable (i.e. accepted) work-related injury;
3. Communication with the WorkSafeBC officer is required prior to:
    a. Advising the worker that they are entitled to any equipment or modification;
    b. Writing the recommendations in your report;
4. Reporting should include a comprehensive justification for the specific equipment that you are recommending, which provides comparisons (as appropriate) and identifies the least costly, equally effective equipment to meet the worker's needs. Key findings and recommendations must be summarized in the next report and updates provided in subsequent reports.

Please note that once the report and quote are submitted on file, the claim owner will task a Special Needs Officer (SNO) to review the submitted documentation. Thereafter, the SNO will oversee the equipment provision process and may liaise directly with the OT regarding approval/decisions and payment.

Equipment

Please refer to the table below for information pertaining to "Basic Equipment" (e.g., walker, shower chair, etc.) and "Advanced Equipment" (e.g., power wheelchair, portable lift, etc.). Appendix D: Equipment 101 also includes additional details regarding exceptions and invoicing.

Home modifications

When you identify the need for home modifications that do not involve construction and/or renovation(s), you can engage a Durable Medical Equipment Vendor ("MSA Vendor") to deliver/install the items with WorkSafeBC officer approval. Please refer to "Basic Home Modification" in the table below for a list of these items.

For any project wherein it is expected that the modifications will involve construction materials such as wood and concrete, or work that is suggestive of construction and/or renovations (i.e. larger projects), the WorkSafeBC officer will route all of the requested work to WorkSafeBC's network of home modification contractors. In these cases, all of the work would be managed by a WorkSafeBC project manager and you would not proceed with obtaining quotes from an MSA Vendor.

The only exception to the aforementioned scenario would be if an item from the "Basic Home Modification" list in the table below is required on a more urgent basis. In this case, you should discuss with the project manager and only thereafter may you contact an MSA Vendor to quote and/or complete the installation of the specific item (e.g., grab-bar).

Further to the above, in instances wherein you are making recommendations for home modifications that involve drilling, construction and/or renovation, you are responsible for indicating the recommended location, size and orientation of the equipment by either drawing with temporary pencil on the wall or floor surface, or using painter's tape to indicate the location and providing measurements and model types for recommended adaptive equipment (e.g., different bowl shapes for toilets, tankless toilets, etc.).

You must provide a detailed report to WorkSafeBC with pictures and diagrams of the home, which may include entrances, stairs, levels of the home, bathrooms, kitchen, or bedrooms. Note that the WorkSafeBC officer may also have access to in-house OTCAs who can and do become involved in larger scale home modifications.

Note that homeowner approval is required for all home modifications. WorkSafeBC will obtain written consent from the owner (whether this is the worker or a landlord/strata), and only once this is obtained can the modification proceed. The OT should not move forward with arranging home modifications prior to receiving the aforementioned confirmation.

Vehicle modifications

As with equipment and home modifications, modifications to a worker's vehicle – whether the worker is a driver or a passenger – may be appropriate depending on the compensable injury and functional presentation. If the injured worker chooses to independently operate a motor vehicle, they must possess a valid driver's license (with any requisite conditions) and participate in a driver's assessment, if required, to ensure maximal independence and safety are achieved after the modifications are completed. The attending physician is responsible for liaising with the licensing agency regarding licensing issues. Under the OT Services Agreement, you may complete a pre-driving screen of physical, cognitive, and psychosocial factors with relation to driving if requested by the WorkSafeBC officer (if you are qualified to do so).

Under the OT Services Agreement, an OT would be able to follow-through on vehicle modifications in the following circumstances:

- If worker is not the driver, and the OT is qualified to do so;
- If worker is the driver:
    - For smaller value items (e.g., spinner knobs, power seats, etc.), and;
    - The worker has a valid driver's license without restrictions in place.

In instances where the worker is the driver and the vehicle modification is more complex (e.g., complex technologies required) or higher in cost, or when the worker does not have a valid driver's license or has restrictions in place, it would be appropriate for the OT to discuss with the WorkSafeBC officer. In these cases, WorkSafeBC would likely engage an OTCA and/or refer the injured worker to a Driver Assessment and Rehabilitation Services (DARS) provider.

Vehicle modification vendors can be found under Service providers - WorkSafeBC. Note that National Mobility Equipment Dealers Association (NMEDA) certified vendors are required for major modifications. For minor modifications, NMEDA certified vendors are still preferable; however, quotes may also be requested from authorized dealers of mobility aids.

	Examples of items	Additional Steps / Reporting
Equipment/ Aid	**<u>Basic Equipment/Aid:</u>**	
	• Basic Mobility Aids (e.g. Cane, walker, transport chair) • Home Safety Equipment (e.g transfer boards, floor to ceiling poles, bed rails, bath benches, grab bars, raised toilet seat, commode, toilet safety frame, rental ramps, and beds); • Basic Adaptive ADL Aids (e.g. Long handled reachers, sock aids, dressing aids, adapted utensils/devices, one-handed kitchen tool/devices); • Basic augmentative and alternative communication (e.g. alphabet board, picture board); • Basic technology that aids manipulation and control of the environment (e.g. large buttons, large diameter handles); • Ergonomic equipment (if requested in the referral and/or approved by the WorkSafeBC officer); • Sensory aids (e.g. contrasting colours, large print); • Basic technology that aids memory and organization (e.g. day timer, calendar).	1. Refer to the "Recommending equipment and/or modifications" section of the Reference Manual above. 2. Contact a WorkSafeBC endorsed MSA Vendor. A list of approved vendors/suppliers is available here: Service providers - WorkSafeBC (see Appendix D: Equipment 101 bulletin for information on ergonomic equipment). 3. Trial equipment as appropriate and request quote from vendor/supplier for purchased and/or rented equipment (to be separated); 4. See Equipment 101 bulletin for information pertaining to quote submission process. 5. Summarize findings and recommendations in an **Initial Assessment Report** or **Progress Report** (whichever is next due). 6. If vendor quote is not available when report is due, the OT should submit Initial Assessment Report (or Progress Report) through the Provider Portal within the required timelines; 7. Provide any relevant updates in the **Progress Report** or **Discharge Report** 8. Reports should include: • Objective findings, including photos where relevant; • Estimate of the timeline for provision of the appropriate equipment • As relevant, provide cost of and compare the multiple options for addressing the worker's needs; • Distinguish worker preference vs. what is medically required; • Provide the least costly, equally effective option.

	<u>Advanced Equipment:</u>	
	• Scooters, manual and power wheelchairs, portable lifts; • Specialized mattresses and beds; • Advanced assistive technology - equipment or product system whether acquired commercially off the shelf, modified, or customized that is used to increase, maintain or improve functional capabilities of individuals with disabilities	As above
Home Modification	**Basic Modification (MSA Vendor)**	
	• Grab bars • Pre-fabricated modular handrails (e.g. Promenaid) • Ceiling track lifts • Super poles • Handheld showers • Threshold ramps (purchase/rental) • Modular Access ramps (purchase/rental) • Removal/re-installation of shower doors (e.g. when installing a bath bench)	As above **Important**: If the home modification is listed in the left column however is suggestive of requiring construction/renovation, or is more complex in nature, or if the modification involves anything that is not listed in the left column, please refer to the below box "Advanced Home Modification."
	<u>Advanced Home Modification (involving construction/renovation)</u>	
	Any project wherein it is expected that the modifications will involve construction materials such as wood and concrete, or work that is suggestive of construction and/or renovations (i.e. larger projects). For example: • Widening doorways; • Removing thresholds; • Ramps (that are not modular or threshold); • Elevators; • Wheel in showers; • Stair glides; • Environmental control units; • Lowering cupboards and counter tops; • Vertical platform lifts.	Refer to "Home Modifications" paragraph of Reference Manual in section "Recommending equipment and/or modifications".

Vehicle Modification	• Hand controls • Parking brake extension lever • Power parking brake • Left-hand gear selection lever • Spinner knob on steering wheel • Gas guards • Chest harness or seatbelt • Running boards • Seat systems, ramps, lifts, or platforms for wheelchair access • Pedal extensions • Lifts	1. Refer to "Recommending equipment and/or modifications" section of the Reference Manual above. 2. Contact a contracted vehicle modification vendor (found here: Service providers - WorkSafeBC); 3. Liaise with vendor and worker to ensure the equipment/modification is appropriate 4. Review vendor quote prior to vendor submitting same; 5. Sign off on the Vehicle Modification Sign-Off form (which the vendor should supply). ***Important*:** If the vehicle will be newly purchased or the modification is more substantial in nature, the OT should utilize the **Vehicle Modification Assessment Form (83M10)** and provide any relevant updates in the **Progress or Discharge Report**

Time Sensitive Referrals

Requests for Time Sensitive assessments may be made verbally by the WorkSafeBC officer before being issued in the Provider Portal if services are required within 72 hours. A Referral will be sent for Time Sensitive services through the Provider Portal under the OT-PI stream.

Referral Process

- Unless otherwise instructed, do not wait for the referral or medical disclosure prior to completing the assessment with the injured worker.
- Ensure that the request meets the criteria for a Time Sensitive Assessment. If the referral does not meet the Time Sensitive criteria (see Agreement), the Occupational Therapist must advise the WorkSafeBC officer.
- If the Time Sensitive referral is a result of a hospital discharge, the OT should attempt to contact the hospital OT to ensure optimal handover.

Procedures

- Review the "Time Sensitive" section in Appendix D: Equipment 101, to ensure you are acquainted with the specific processes.
- Complete the initial assessment.
- Communicate with the WorkSafeBC officer regarding all findings and recommendations resulting from the Time Sensitive assessment on the next business day.
- Complete all services, including the initial assessment, provision of equipment, follow-up visit (if required), communication with WorkSafeBC officer, and submission of the initial assessment report as soon as possible and no later than six (6) calendar days from the referral date.
- If further services are indicated for the injured worker beyond the scope and timeframe of the Time Sensitive assessment, the OT must request approval from the WorkSafeBC officer to proceed with OT treatment and document the additional services that have been requested and approved in the next OT report. A new OT Services referral is not required.

Invoicing details and expectations

How to send us your invoices - follow three steps

1. **Complete the invoice**

   Ensure the following information about the injured worker is on the invoice:

   - Injured worker's name
   - Date of birth
   - WorkSafeBC claim number
   - BC personal health number (PHN) — for workers who do not have a BC PHN, including those who have a valid PHN from another province, bill claims under the following generic PHN: 9842719596

2. **Double check before you submit**

   Is the date of service correct?

   For example, if you're invoicing for completing a report for us, the date of service on the invoice must match the date of service on the report, not the date you wrote the report or submitted the invoice.

   For example:

   - If the invoice is being submitted for the Initial Assessment Report, then the "Date of service" field on the invoice for the Initial Assessment Report (fee code 1245956 - OT Init. Assess. Report – 83D488) should be the date of the assessment.

   - If the invoice is being submitted for a Progress Report (fee code 1245962 - OT Progress Report – 83D487), then the "Date of service" field on the invoice should be the latest date of the visit or telephone consultation at which the information in the Progress Report was collected.

   - If the invoice is being submitted for a Discharge Report (fee code 1245966 - OT Discharge Report 83D486), then the "Date of service" field for the Discharge Report on the invoice should be the discharge date.

   Is the date of invoice correct?

   For example, if you're invoicing for a service that has not yet been completed, it will not be payable (date of service must pre-date the invoice date).

   Am I using the right fee codes?

   Incorrect or missing fee codes are among the most common reasons for delays in payment. Please refer to the fee schedule (Schedule B) of the OT Services Agreement.

Stick to the fee schedule

WorkSafeBC officers don't have the authority to approve services or charges that deviate from the Agreement and fee schedule. If a WorkSafeBC officer has requested or approved a service that is outside of the parameters of the Agreement, remember to contact Health Care Programs for approval.

3. **Send the invoice to us on time, using the correct tool**
   Submit your invoice to us within 90 days of the date of service.

   Submit all invoices electronically through the WorkSafeBC Provider Portal, along with any necessary reports.

Correct the invoice promptly if necessary

Sometimes we're not able to accept an invoice because of an inconsistency or error. In these cases, you can follow up, resolve the issue, and still get paid — provided you rectify the error within **180 days of the date of service, or within 90 days of the date of the first rejection** (whichever is longer).

If you're following up on an issue with an invoice, please contact Payment Services at 604.276.3085 or toll-free at 1.888.422.2228. We're happy to help.

Vocational Rehabilitation Consultant Referrals & Communication

It is important that OT services provided to injured workers for vocational rehabilitation purposes are identified correctly when invoicing WorkSafeBC. Specifically, when a WorkSafeBC Vocational Rehabilitation Consultant (VRC) refers a worker for OT services, Providers must use the correct fee codes listed in the "Vocational Rehabilitation" section of Schedule B (Table 2) in the Agreement. These fee codes will be prefaced with "VR" in their description and will be auto populated in the Portal's dropdown menu.

For OT services that are not referred by a VRC but where an OT is communicating with a VRC, the OT must invoice for that time using the **fee code 1245961** (OT Phone Consult with VRC). Please note that this is a distinct fee code from that which a Provider would use for telephone communication with all other individuals. While the VR-oriented fees are similar to the non-VR-oriented fees, it is important that Providers use them correctly for actuarial (insurance accounting) reasons and so that WorkSafeBC can capture the volume of work being done for vocational rehabilitation purposes.

Incomplete appointments

1. **In person OT/RW session:** When an OT or RW has already departed for an appointment and the injured worker does not attend the appointment, the Contractor may only bill WorkSafeBC a maximum of 1 hour of "OT Visit – Worker Not Available" or "Rehabilitation Worker – Worker Not Available" pursuant to Schedule B. Fees cannot be invoiced for cancelled appointments unless an OT or Rehabilitation Worker (RW) has already departed for the appointment and the injured worker does not attend the appointment. At no point will an injured worker be billed by a Contractor for no-shows/late cancellations of an appointment.
2. **Telehealth OT session:** As outlined above, fees cannot be invoiced for cancelled appointments unless an OT has already departed for the appointment and the injured worker does not attend the appointment. In the case of a pre-scheduled telehealth session, the OT may be waiting for the injured worker to show up for the appointment. In contrast to the above in person no-show scenarios, with a telehealth no-show it is expected that the OT be able to switch tasks while at the computer with significantly less time lost. Therefore, the following rules apply to telehealth no-show appointments:
   - Billable once per referral, up to a maximum of 1-hour, for telehealth sessions wherein the worker does not attend;
   - Fees cannot be invoiced for late or cancelled appointments;
   - Provider is to use the fee code(s) outlined in Schedule B for in-person no-shows;

Further to the above, if an injured worker repeatedly no-shows for appointments, the OT must discuss the presenting issues with the WorkSafeBC officer to devise a plan.

Pre-authorized travel

Pre-approved exceptional travel costs are billable with verbal authorization by the WorkSafeBC officer using **fee code 1245972 or 1246006** (OT Pre-Auth Travel Expenses and (VR) OT Pre-Auth Travel Expenses, respectively).

Pre-authorized basic aids/equipment

This fee code may be used once per referral, for basic aids or equipment that cannot be purchased through an MSA vendor approved by WorkSafeBC (the "MSA Vendor") (e.g., workbook, agenda, etc.). The item must be pre-authorized by the WorkSafeBC officer, and its justification included in an OT report. Original receipts supporting the expense must be submitted via the TELUS Provider Portal (the "Portal"). This fee code has a maximum limit of $50.00. Item(s) can be billed using fee code 1245980 or 1246014 (OT Pre-Auth Basic Aid/Equip and (VR) OT Pre-Auth Basic Aid/Equip, respectively). Invoicing for any amount over $50.00 - even with WorkSafeBC officer approval for the item - will be rejected.

Pre-Authorized facility admission fees

With WorkSafeBC officer approval, facility fees as recommended by the OT (e.g., gym or pool) with OT and/or RW oversight may be reimbursed at the cost of the admission fees (including both the injured worker and contractor fees).

A maximum of twenty-two (22) visits, or three (3) months, whichever is less, may be reimbursed. The purpose of shorter-term reimbursement is to reinforce that the goal of OT treatment is to promote a worker's independence in following a community based activity plan.

Facility fee expenses must be itemized separately on the invoice and supporting receipts must be submitted through the Provider Portal when invoicing.

Telephone consultation fees

Providers should accumulate telephone consultation time throughout the service delivery and invoice only when the accumulated time exceeds 15 minutes. OTs must accurately record telephone consultation time in their clinical record to support the invoices that are submitted. WorkSafeBC may request a copy of telephone consultation records to validate time invoiced. The "date of service" for telephone consultation should be the date of the latest telephone consultation. Telephone consultations cannot be billed concurrently with any other services for the same injured worker (e.g., travel time, treatment visit, etc.).

Email communication fees

For claims wherein a WorkSafeBC officer has approved the use of email communication and the injured worker has provided consent for same, the OT may bill using the Telephone Consultation fee code. It should be noted that the business rules outlined in the Fee Schedule for Telephone Consultation apply. Specifically, OTs cannot bill for emails that are administrative in nature (i.e. a few lines, advising of a booked or cancelled appointment, etc.). Additionally, it is expected that OTs accumulate email communication time and incorporate this into their invoicing for telephone consultation fees. OTs must accurately record email communication time in their clinical record to support the invoicing that is submitted. WorkSafeBC may request a copy of email consultation records to validate the time that has been invoiced, and the "Date of service" for telephone consultation or email communication should be the date of the latest email or telephone consultation. Email communication cannot be billed concurrently with any other services for the same injured worker (e.g., travel time, treatment visit, etc.).

Other important invoicing information

WorkSafeBC will pay only the rates outlined in Schedule B of the Agreement. The WorkSafeBC officer and the OT cannot negotiate fees in excess of the contracted rates. Any exceptions to the Agreement must be discussed with the Quality Assurance Supervisor or Program Manager in Health Care Programs.

Appendices

If you have a question:

Appendix A: Important contact information
Appendix B: Important links
Appendix C: Quick reference guide to OT Services reporting and associated communication

If you'd like help writing reports for us:

Appendix D: Equipment 101
Appendix E: Reports and forms for OT Services
Appendix F: "Restrictions" vs. "considerations"

If you need to use interpretation services:

Appendix G: Using interpretation services
Appendix H: Using on-demand telephone interpretation services
Appendix I: Using video interpretation services

Treatment Reference and Resources:

Appendix J: Telehealth treatment guidelines
Appendix K: OT Services telehealth delivery – special considerations
Appendix L: Treatment reference and resources
Appendix M: Staffing checklist

If you're curious about our other programs:

Appendix N: Summary of related health care programs

Appendix A: Important contact information

We want to make sure you have all the information you need to work with us as a health care service provider. Contact information for key departments is listed below. (You can find contact information for more departments and services on worksafebc.com.)

If an injured worker threatens anyone, including a WorkSafeBC employee or property, call the police immediately, followed by the people listed on page 17.

WorkSafeBC department	How to contact	Reason to contact
Health Care Programs	604.232.7787 (Lower Mainland) 1.866.244.6404 (toll-free) hcsinqu@worksafebc.com	You need to discuss: • Your contract and fee schedule • Contracted clinical services • Updating your contact information
Payment Services	604.276.3085 (Lower Mainland) 1.888.422.2228 (toll-free)	You need to discuss: • A specific invoice or billing rejection • Invoice correction letters • General information about our billing process
Procurement Services	604.276.3344 (Lower Mainland) 1.844.276.3344 (toll-free) purchase@worksafebc.com	You need to: • Update your general contact information • Inquire about the status of your contract
Claims Call Centre	604.231.8888 (Lower Mainland) 1.888.967.5377 (toll-free)	You need basic information about a claim. • For detailed questions about a specific claim, contact the claim owner. If you don't have the claim owner's contact information or are not hearing back, contact our Claims Call Centre.
Provider Referrals	604.231.8887 (Lower Mainland) 1.866.481.8887 (toll-free) Fax: 604.233.9777 Toll-free fax: 1.888.922.8807	Provider Referrals may initiate contact with you if they are attempting to issue a referral.
Freedom of Information and Protection of Privacy Office	604.279.8171 (Lower Mainland) 1.866.266.9405 (toll-free) fipp@worksafebc.com	You have questions about privacy legislation (e.g., the Freedom of Information and Protection of Privacy Act)

Questions about the WorkSafeBC Provider Portal?

Call Telus Health Solutions for 24/7 support: 1.855.284.5900. Ask for a ticket number for reference.
If you'd like to add or remove Provider Portal access for any personnel, email provider.mgmt5@telus.com.

Appendix B: Important links

Essential for working with us (worksafebc.com webpages)	What you'll find
For health care providers	Information for all health care providers we work with
Occupational Therapy Service providers	Information and bulletins specific to OT Services providers
Forms & Resources	Important WorkSafeBC forms, documents, videos, and more, including reports for you to download and complete (see Appendix E for links to specific forms you'll need to download)
WorkSafeBC Provider Portal	The online portal where you'll receive and respond to referrals, submit reports and invoices, and more
Provider Portal Quick Reference Guide	Basic instructions for using the Provider Portal
Provider Portal video training	In-depth training on using the Provider Portal
Accessing disclosures online	Instructions on how to access medical and other information in an injured worker's claim file within the Provider Portal
Approved Interpretation and Translation Service Providers	A list of interpretation providers you may use to communicate with injured workers
WorkSafeBC Worker Satisfaction Survey	A mandatory survey to send to all injured workers in your program (link must be requested from Health Care Programs)
WorkSafeBC Employer Satisfaction Survey	A mandatory survey to send to employers of injured workers in your program (link must be requested from Health Care Programs)
Occupational Health and Safety Regulation	Regulations you must follow when conducting any jobsite visits
Essential for working with us (external webpages)	**What you'll find**
bceid.ca	The site where you and your personnel can get a unique BCeID (you'll need this to log in to the WorkSafeBC Provider Portal)
Workers' Advisers Office on gov.bc.ca	A resource to point injured workers to if they'd like independent advice and assistance on their claim
Important background info on worksafebc.com	**What you'll find**
Your role in the claims process	Where you fit into an injured worker's claim with WorkSafeBC
Who we are	An overview of what WorkSafeBC does
Provider types	Information on other health care providers we work with
Interpretation, translation & sign language services	An overview of tools we provide to help you communicate with injured workers
How recovery at work helps	The overall health benefits of a safe, timely return to work for injured workers

Appendix C: Quick reference guide to OT services reporting and associated communication

Service	Report Form	Verbal communication timelines/ Report submission timelines
Initial Assessment Report	Initial Assessment Report Form 83D488	Verbal Communication: Within one (1) business day of the Initial Assessment, the OT must contact the WorkSafeBC officer to communicate findings and recommendations Report: Submitted within three (3) business days of the Initial Assessment date (with the assessment date considered to be day "0")
Progress Assessment	Progress Report Form 83D487	Verbal Communication: Minimum five (5) business days prior to report submission, the OT must contact WorkSafeBC officer to communicate updated findings and recommendations Report: Submitted every 8 weeks* *At the discretion of the WorkSafeBC officer, if maintenance services are requested and approved, reports can be submitted at twelve (12) week intervals.
Jobsite Visit	Jobsite Visit Report Form 83D201	Verbal Communication: Communicate significant findings or recommendations if relevant. Report: Submitted within three (3) business days of the JSV (with the JSV considered to be day "0").
Ergonomic Assessment	Ergonomic Assessment Report Form 83D542	Verbal Communication: Communicate significant findings or recommendations if relevant. Report: Submitted within three (3) business days of the Ergo Assessment (with the Ergo Assessment considered to be day "0").
Graduated Return-to-Work Plan/Subsequent GRTW Plan	GRTW Plan Form 83D202	Report: The Contractor shall submit the GRTW Plan to WorkSafeBC, employer, and a copy to the attending physician and other health care providers involved in the injured worker's care within ten

		days of receipt of such request, or if not requested, prior to the start of the scheduled GRTW. Subsequent GRTW should be submitted whenever there is a change in plan (e.g. dates, hours, abilities/considerations), or in the event of an extension to the GRTW plan.
Discharge Assessment	Discharge Report Form 83D486	Verbal Communication: At least five (5) business days prior to the discharge date, communicate discharge plan and recommendations Report: Submitted within three (3) business days following the discharge date

Appendix D: Equipment 101

Below is a quick reference guide for procedures related to billing and purchase of aids/equipment. For details related to equipment for home modifications, please refer to page 40.

OT Pre-Authorized Basic Aids/Equipment

Criteria

- Non-MSA items only (e.g. workbook, agenda)
- Maximum limit of $50.00
- Pre-authorization by the WorkSafeBC officer is required

Purchase and Invoicing

- OT purchases the item
- Submit original receipts supporting the expense via the Provider Portal
- Invoice using Fee Code: **1245980 (or 1246014 for VR referrals)**
- Any invoice exceeding the limit of $50.00 (regardless of WorkSafeBC officer approval) will be automatically rejected.

Purchase of Equipment from an MSA approved Vendor

Criteria

- All equipment should be supplied by MSA approved vendor where possible.
- For any home modifications please refer to Reference Manual (pg 40) for further details.

The following MSA Items (not an exhaustive list) fall under the MSA whereby one of the MSA Contractors shall be used for procurement:

GPC #	GPC Name	Description
1	Mobility Devices	➢ Powered wheelchairs (batteries and backrests included), wheelchair tilt/recline systems, manual wheelchairs (standard and custom), commercial wheelchair seating systems and special needs paediatric stroller.
2		➢ Power scooters (batteries included).
3	Durable Medical Equipment	➢ Hospital beds and pressure relief mattresses.
4		➢ Bathroom aids such as commodes, safety aids, transfer bench and similar products (e.g. bath/shower seat/transfer bench, tub slide, hand held shower, bath lift, bed pan/urinal, raised toilet seat, toilet safety frame & portable commode chair); Lifting devices, slings and similar products, including basic mobility transfer aids (e.g. transfer board, transfer belt, slider sheet).
5		➢ Alternate positioning/transfer devices, hip protectors, ambulatory/mobility aids including canes, walkers, crutches, therapy equipment (balls, rolls, mats), specialized paediatric car seat and aids for daily living for independence which may include: grab bars, hand rails, super poles and threshold ramps.

Invoicing of Item

Submit Vendor Quote Form 83D35 to TELUS Provider Portal, separate from OT report. The purpose of the OT submitting the Vendor Quote Form 83D35 is to ensure that the OT has reviewed the vendor's quote, and to allow the WorkSafeBC officer to confirm that the equipment the vendor is quoting meets the clinical recommendations made by the OT.

Vendor Quote Form 83D35 can be submitted on its own with the details of the quote filled in on the form (e.g. equipment and costs included), or it can be submitted along with the vendor's original quote. At minimum the Vendor Quote Form 83D35 should include the injured worker's name, Claim #, therapist's name, vendor's name and vendor's payee #. The OT is not required to transcribe each item from the vendor's original quote to the form, rather, appending it to the document will suffice.

Purchase of Item

Once the quote is approved by the WorkSafeBC officer, the MSA Vendor should inform the OT and the MSA Vendor then invoices WorkSafeBC directly. The OT should not purchase any equipment/aids from an MSA Vendor, and nor should the injured worker.

Rental of Equipment from an MSA approved vendor

Invoicing

For rentals of MSA Items, if the cost of a rental approaches what that MSA Item would cost to purchase, the MSA Contractor must provide a Quote to "buy out" that item. As such, in order to assist both WorkSafeBC and the MSA Contractor in monitoring on-going rental costs, and in keeping with WorkSafeBC's mission to preserve the financial integrity and sustainability of the Workers' Compensation system, WorkSafeBC has requested that MSA Contractors **supply the purchase price of rented MSA Item at the time of the quote for rented MSA Items**.

Quotes shall ensure that the purchase price is clearly indicated separate to the quoted price for the rental (e.g. additional comments) and the purchase price should not be calculated within the additional columns of the quote.

For example:

Service/quotation information

Fee code*	Description* *(include item/part number)*	Number of items* *(numbers of units)*	Cost per unit*	Line item amount* *(not including taxes)*	Discount %	Line item discounted amount *(not including taxes)*	GST *(if charged)*	PST *(if charged)*	Line item total* *(including taxes)*
1100426	Monthly Rental: Walker - 2 wheel; 32-39"	1.00	45.00	45.00	5.00	42.75			42.75
	(Purchase Price - Walker: $189.00)								

Equipment from a non-MSA Vendor

Criteria

- Equipment or aids not otherwise available for purchase from an MSA approved vendor (no exceptions), e.g. ergonomic equipment.
- Preference for items to be obtained from retail sites vs. online platforms.

Invoicing

- All quotes for equipment or aids – with the exception of the pre-authorized basic aids and/or equipment for up to $50.00 - should be submitted through the Portal using the Vendor Quote Form 83D35, separate from the OT report.
- OT should ask the retailer whether they have a Payee# registered with WorkSafeBC. If the retailer has a Payee# then this can be indicated on the Vendor Quote form. If the retailer does not have a Payee# then this should also be indicated on the form (see below under Purchase of Item for vendor's next steps in obtaining a Payee#).
- Form 83D35 can be submitted through the Portal with the retailer's original quote appended to the document (i.e. The OT is not required to transcribe each item from the vendor's original quote to the form).

Purchase of Item

Once approval from the WorkSafeBC officer is obtained:

- If the retailer has a Payee#, then the retailer can bill WorkSafeBC directly.
- If the retailer does not have a Payee#, the retailer can contact WorkSafeBC's Procurement department (procurement@worksafebc.com) to request a Payee #.
- If option (i) and (ii) are not feasible, then worker reimbursement should be explored.

As a last resort and exception, the OT may purchase the equipment/aid, only if the WorkSafeBC officer approves of same and all other avenues have been explored. The OT must also contact Health Care Programs for approval prior to purchase (unless using the pre-authorized fee code as noted in #1, in which case HCP approval is not required).

Exceptions to Invoicing procedures outlined above:
Time Sensitive Referrals

Criteria

- Time Sensitive referral only
- Pre-authorized by the WorkSafeBC officer unless a delay would cause risk to the injured worker
- Equipment should be supplied by a vendor under the Master Standing Agreement (MSA) or other agreement in effect at that time.

Invoicing

- Verbally communicate the urgent equipment needs to the MSA Vendor and indicate that the request will come through on the OT Time-Sensitive Durable Medical Supply Pre-authorization (83D357).
- OT will document the urgent equipment needs on the OT Time Sensitive – Durable Medical Supply Pre-authorization (Form 83D357) and submit to the claim file via the Portal. This form should be

• Maximum pre-approval amount is $1000. Equipment exceeding this amount or not required on an urgent basis should be discussed with the WorkSafeBC officer for approval.	submitted separately and not as an attachment to a report. • If requested equipment is to be rented, the OT must include the recommended timeline and a follow-up plan in the OT report.

Purchase of Item

Once the quote is approved by the WorkSafeBC officer, the MSA Vendor invoices WorkSafeBC directly. The OT should not purchase any equipment/aids from an MSA Vendor, and nor should the injured worker.

Appendix E: Reports and forms for OT Services

All forms can be found on the Forms & Resources page on worksafebc.com.

Use these forms to create reports and plans:

- Initial Assessment (83D488)
- Progress Report (83D487)
- Graduated Return-to-Work Plan (83D202)
- Jobsite Visit (83D201)
- Discharge Report (83D486)
- Independence and Home Maintenance Allowance Assessment (83M102)
- Personal Care Allowance Assessment (25M95)
- Vehicle Modification Assessment Report (83M10)
- Supplier/Vendor Quote (83D35)
- Time Sensitive Occupational Therapy Durable Medical Supply Pre-Authorization (83D357)

Complete this form within two business days if a threat or incident occurs:

- Health Care Programs - Incident Report (form 83M380)

Appendix F: "Restrictions" vs. "considerations"

Keep these definitions in mind when you're making recommendations and reporting to us.

Term	Definition
Medical restrictions (recommended by physicians and psychologists only)	Activities an injured worker **should not** perform because of risk of significant harm. A physician imposing restrictions on an injured worker should be able to describe the nature of the risk of harm. The test to use is this: If a patient begged you to let them perform the activity, would you still say no due to the risk of harm? For example, a patient with acute tib/fib fracture is prohibited from weight bearing; a patient with acute concussion is pulled off the playing field; and a patient with uncontrolled seizures is prohibited from driving. However, if a patient post–rotator-cuff repair begged you to let them return to typing, you would say that's okay. There's no need to restrict typing for someone with this injury, even if they complain they can't type. As another example, a patient with a psychological trauma-related diagnosis due to an assault may be restricted from direct contact with perpetrators of violent crimes (permanent).
Physical considerations	**Objective** • Activities an injured worker cannot perform due to lack of physical capacity, not due to pain or fatigue. Examples of physical considerations include limited strength capacity or limited range of motion in a joint. **Subjective** • Activities the injured worker reports having difficulty performing due to pain or fatigue. Pain does not, by itself, lead to restrictions (as defined above). Only the medical pathology (if known) causing the pain can be the basis for imposing medical restrictions. Pain may lead to genuine physical considerations. These considerations can't be measured by medical means alone. Work can be used as progressive exercise that builds capacity. An inappropriate prescription for decreased activity will decrease capacity. It is important that you frame considerations using abilities language and also offer mitigating strategies. For example: • **Consideration:** Worker has difficulty with sustained overhead reaching using their right (dominant) arm for periods of greater than two minutes. • **Ability language:** Worker is able to perform sustained or intermittent overhead reaching with their left arm and intermittent overhead reaching with their right (dominant) arm. • **Examples of some mitigating strategies:** Worker would benefit from using a stepladder ladder to minimize the degree of overhead reaching required; Alternating overhead reaching tasks with another job task is recommended to support pacing.

Psychological considerations	**Objective** • Those activities that an injured worker cannot perform due to lack of psychological capacity, as a result of a psychological condition. **Subjective** • Those activities the injured worker reports having difficulty performing due to symptoms (e.g. fatigue, low mood, etc.) • Work can be used as progressive exercise that builds capacity. Note that inappropriate prescription for decreased activity will decrease capacity. It is important that you frame it using abilities language and also offer mitigating strategies. For example: • **Consideration:** Worker has difficulty with multitasking. • **Ability language:** Worker is able to perform more than one task but may need support if required to tend to multiple tasks at the same time. • **Examples of some mitigating strategies:** Support employee to perform fewer tasks at a time until capacity is reached; Modify workplace processes to allow employee to focus on one task at a time, where practical; Outline clear, specific and measurable expectations with all tasks, etc. **Note:** Occupational Therapists are not to report on objective psychological considerations as it is not within their scope of practice to do so. Occupational Therapists can however comment on subjective (i.e. worker reported) psychological considerations, as well as the associated functional considerations that are observed or reported.
Remember to use an abilities framework whenever you can	
It's your role as a health care provider to make recommendations for restrictions (if you're a physician or psychologist) and considerations (as appropriate to your services). The claim owner will adjudicate these recommendations and decide whether to accept them or not. Considerations and restrictions may be temporary or permanent. A worker may require work accommodation during treatment that can be removed at the point of recovery. Restrictions and considerations that are permanent in nature may have significant consequences to the individual's ability to return to their pre-injury job, find alternate employment, and maintain their income.	

Appendix G: Using interpretation services

You're responsible for booking all interpretation appointments with one of our approved interpreters, so check every incoming referral to see if an interpreter is required.

A referral on the WorkSafeBC Provider Portal will say "Interpreter Required" on the referral screen.

Choose the service you need

Types of interpretation services and when to use them

Interpretation service	When to use it	Learn how to use it
On-demand telephone interpretation services (available 24/7)	If you need to communicate with an injured worker to schedule, cancel, or change appointments	See Appendix H: Using on-demand telephone interpretation services
In-person or telephone interpretation services (need to be scheduled)	To complete a scheduled appointment with an injured worker	1. Contact an approved interpretation provider for your area. 2. Give the interpretation provider the information they need to bill WorkSafeBC: • Referral authorization number (noted on each incoming referral from WorkSafeBC) • Injured worker claim number • Injured worker name • Appointment details (date, location, time, number of hours required, and length of any breaks) Also tell them: • The desired language • If any safety equipment is needed (e.g., for jobsite visit) 3. When the interpretation provider accepts the request, they'll give you a reference number. Keep this number in case there are issues with the appointment.
Video interpretation services (can be on demand or scheduled)	If time or circumstances (geographic barriers, etc.) prevent you from having an in-person session	See Appendix I: Using video interpretation services

Remember these helpful tips

- If you don't arrange an interpreter and an appointment with an injured worker can't take place due to communication barriers, you can't invoice WorkSafeBC for the appointment.
- Only request interpretation services from WorkSafeBC authorized interpretation providers in the relevant service region. (A PDF list of all our approved interpretation providers is available online. Search "interpretation providers" on worksafebc.com.)
- Whenever possible, book interpretation services at least 24 hours in advance of the appointment.
- If an interpretation provider can't supply an interpreter for the appointment requested, simply contact another interpretation provider on the list and repeat the process.
- Be as accurate as possible with the times requested. WorkSafeBC pays for the time booked for appointments that end early. WorkSafeBC also pays a fee for appointments cancelled or booked with less than 24 hours' notice.
- Document the interpreter's service hours, to the minute, on the Interpreter Assignment Sheet (to be provided by interpreter) following each interpretation service. Interpreters aren't paid for:
  - Any breaks they willingly take at a time agreeable to you during the appointment
  - The injured worker's breaks
- Try to maximize the use of the interpreter's scheduled time — for example, by not booking it over the time the injured worker is scheduled to take a break. Ensure that any interpreter breaks are deducted from the total time of the interpretation service, and have the interpreter sign off.

No interpretation provider available for your appointment?

If no interpretation provider can supply an interpreter and rescheduling the appointment is not advisable, contact the Health Care Programs quality assurance supervisor or program manager for Interpretation and Translation Services at 604.232.7787 (Lower Mainland) or toll-free at 1.888.967.5377. They'll be happy to help you.

Appendix H: Using on-demand telephone interpretation services

If you need to call an injured worker about scheduling, changing, or cancelling an appointment, and communicating in English is not possible, you can use our on-demand telephone interpretation services.

This appendix outlines a step-by-step process to access this service and help ensure your call goes as smoothly as possible.

Contacting our telephone interpretation service

1. Dial **1.844.291.8388**, and an agent from the service will take your call.
2. Provide WorkSafeBC's access code/client ID: **60344**.
3. Provide your unique provider access code (**five-digit number starting with 99**).
    - Note: Health Care Programs assigns you your provider access code when you begin to work with us.
4. Request the language of the injured worker's choice.
    - Note: The agent can assist in identifying the injured worker's language.
5. Provide the injured worker's first name, last name, and claim number.
    - Ensure this information is accurate. The interpretation provider needs it to bill WorkSafeBC.
6. The agent will then connect you to an interpreter (this may take a few minutes).
7. Briefly introduce yourself and explain your needs to the interpreter.
8. Conference in the injured worker.
    - Note: The agent can dial out and connect the injured worker (and other parties) to the call.

Explaining the interpretation service to the injured worker

Once the injured worker is on the line, provide the interpreter's name and explain how the call will proceed.

- Let the injured worker know you will direct the session and the interpreter will translate the conversation.
- Explain that both you and the interpreter are bound by a code of ethics to maintain the confidentiality of the session.

Now you're ready to begin the session. Good luck with your call!

Conducting the session

Here are some guidelines to help you during the session.

Your speech

- Speak directly to the injured worker, not the interpreter. (e.g., "How are you feeling?" rather than "Ask her how she's feeling.")
- Speak clearly and more slowly than usual.
- Speak at an even pace, at your normal volume, and in short segments. (Pause so the interpreter can interpret.)

Your language

- Use plain English and short, simple sentences.
- Ask only one question at a time.
- Avoid using jargon, acronyms, or medical terms unless the injured worker understands them.
- Avoid using metaphors and sayings. They may not have equivalents in the other language.
- Avoid making comments that you do not want interpreted.
- You may express concepts that are not easily understood in other languages. In those cases, the interpreter may use additional terms to clearly convey your information (which may require more words than you have spoken).

Working with the interpreter

- Your role is to conduct the call. The interpreter's role is to facilitate verbal communication between you and the injured worker and preserve the meaning of the message without omissions, additions, or alterations.
- Make allowances for possible clarification by the interpreter. Remember: They have no visual cues (e.g., body language) to assist with the interpretation.
- Give the interpreter time to restructure information in their mind and present it in a way that's appropriate, both culturally and linguistically.

Remember that the interpreter is the medium, not the source, of the message. If you're not getting the response you were expecting from the injured worker, restate the question or consult with the interpreter to better understand if there is a cultural barrier that may be impeding communication.

Having issues with on-demand interpretation services?

Contact 911 Interpreters at 1.866.819.0911 or email the WorkSafeBC account manager, Liliana Montoya, at liliana@911interpreters.com. To escalate any service issues or bring them to our attention, contact Health Care Programs at 604.232.7787 (Lower Mainland), toll-free at 1.888.967.5377, or hcsinqu@worksafebc.com.

Appendix I: Using video interpretation services

If in-person translation isn't an option and you'd like to take advantage of body language and other visual cues, you can use our video interpretation service.

This document outlines the steps to access this service and to ensure your video call goes as smoothly as possible.

Video interpretation services may be scheduled or on-demand

- Scheduled video interpretation services:
  - Are recommended for longer telehealth appointments (more than 20 minutes)
  - Must be set up a minimum of 24 hours in advance of the appointment
  - Are billed to WorkSafeBC on an hourly basis, with a minimum charge of one hour

- On-demand video interpretation services:
  - Are available for urgent/emergency scenarios and/or shorter appointments (less than 20 minutes)
  - Are billed to WorkSafeBC on a per minute basis

You may choose to use your own telehealth/video platform or our video interpretation service provider's secure video portal (see instructions below).

Contacting our video interpretation service

1. Dial **1.866.810.0911**, and an agent from the service will take your call.
2. Tell the agent that you need a **video** interpretation session.
3. Provide WorkSafeBC's access code/client ID: **60344**.
4. Provide your unique provider access code (**five-digit number starting with 99**).
   - Your provider access code is the same as the one for on-demand telephone interpretation.
5. Provide the agent with the date/time for the video session and the estimated duration.
6. Request the language of the injured worker's choice.
7. Provide the injured worker's first name, last name, and claim number.
   - Ensure this information is accurate. The interpretation provider needs it to bill WorkSafeBC.
8. Give the agent your **email address**.
9. The agent will schedule a video session for you and will send you a confirmation email with the assignment ID and the name of the interpreter.

10. Connect the injured worker to the appointment:

    - **If using <u>our</u> video interpretation service in the provider's secure video portal:** An email with the link (URL) will be sent to the email address you provided; you must then **forward** that link to the injured worker with the appointment details.
    - **If using <u>your own</u> telehealth/video platform*:** Send an email with the appointment link (URL) to intake@911interpreters.com and the agent will forward it to the assigned interpreter. In your email, include the assignment ID (if available), date, time, and language.
        - For privacy reasons, do not include personal information about the injured worker, nor sensitive information about appointment details in this email.

*Refer to your contract and to Appendix J for terms and conditions regarding the use of telehealth services.

Using the provider's video portal

- You don't need to download any application or program. The URL will open the video portal and you'll be connected right away with the interpreter and other parties.
- For security purposes, a maximum of four people can join the video session.
- Make sure that cellphones, tablets, and default browsers (e.g., Chrome, Firefox, Safari) used for your video session have both the camera and the microphone enabled.
- The video portal supports all the latest operating systems and the following browsers:

Supported operating system versions

Windows	All versions
MacOS	All versions
Linux	All versions
Android	Version 9 or greater
IOS	Version 11 or greater

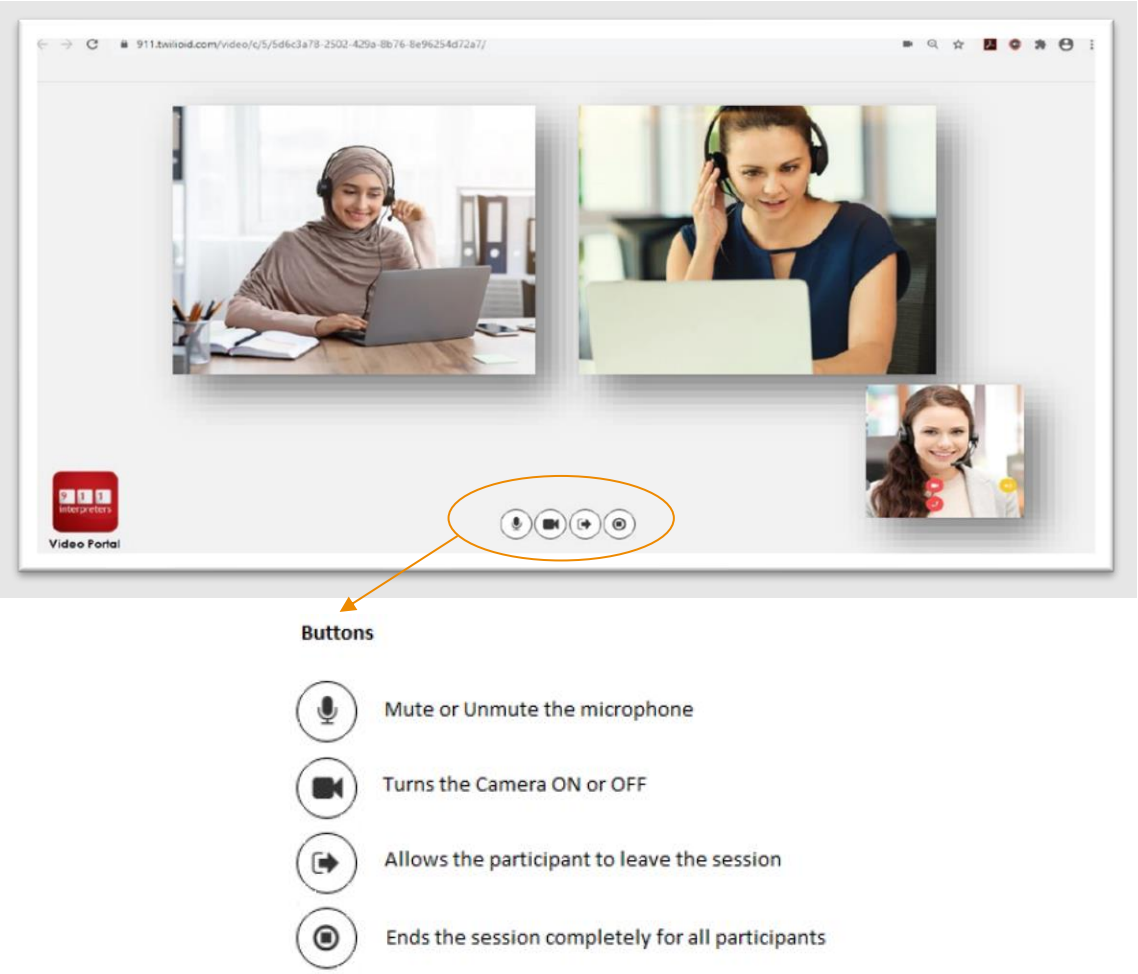
Supported browsers

	Chrome	Firefox	Safari	Edge (Chromium)
Android	✓	✓	n/a	n/a
iOS	✓	n/a	✓	n/a
Linux	✓	✓	n/a	n/a
MacOS	✓	✓	✓	✓
Windows	✓	✓	n/a	✓

For optimum performance, use Chrome for Windows devices or Safari for Apple devices.

- If you're using the service on a tablet or cellphone, place your device in landscape mode.
- If you're using a computer or laptop and you find the picture small, increase the screen resolution. To do so, click on your computer settings -> System -> Display -> Scale and Layout and select the maximum resolution available from the dropdown menu.

This is what our provider's video portal looks like:



Conducting the session

For other tips, such as how to explain the interpretation service to the injured worker at the start of the call, guidelines for conducting the session, and working with an interpreter, please refer to Appendix H: Using on-demand telephone interpretation services.

Need help with video interpretation services?

For questions or technical support, call 911 Interpreters at 1.866.819.0911. For customer service issues, call the same number or email the WorkSafeBC account manager, Liliana Montoya, at liliana@911interpreters.com. To escalate any service issues or bring them to our attention, contact Health Care Programs at 604.232.7787 (Lower Mainland), toll-free at 1.888.967.5377, or hcsinqu@worksafebc.com.

Appendix J: Telehealth treatment guidelines

Introduction

You'll notice this appendix is worded and structured more like the contract you signed with WorkSafeBC. As with the rest of this reference manual, read it closely and be sure you understand it.

Background

In these Telehealth treatment guidelines (the "Guidelines"):

- "**Agreement**" means the Services Agreement between WorkSafeBC and a WorkSafeBC Health Care Provider.
- "**WorkSafeBC Health Care Provider(s)**" means the WorkSafeBC Health Care Provider authorized to deliver services under the Agreement and, where the context permits, office and other personnel supporting the services.
- "**Telehealth Services**" is defined as a health care provider–delivered health service provided to apatient via live image transmission to a receiving health care provider at another approved site, through the use of video technology.
- "**injured worker**" means a person who is entitled to compensation under the *Workers Compensation Act* and who receives services under the Agreement.

Telehealth Services have been increasingly employed by health care providers to increase accessibility of health care services, enhance quality of care, and decrease costs. In order to address barriers to accessing health care services, WorkSafeBC has agreed to the delivery of services (as defined in the Agreement) to injured workers using Telehealth Services. Telehealth Services allow WorkSafeBC Health Care Providers to meet face to face virtually with injured workers, book appointments, and share files necessary for sessions. The use of Telehealth Services is not mandatory or required by WorkSafeBC and is at the election and discretion of the WorkSafeBC Health Care Provider. WorkSafeBC Health Care Providers who wish to use Telehealth Services are responsible for their own arrangements with a telehealth services provider, are solely responsible for any and all costs related to the set-up and use of the telehealth services platform, and are also responsible for complying with the terms and conditions of that agreement.

Scope

These Guidelines apply to the provision of services by WorkSafeBC Health Care Providers to injured workers using Telehealth Services. They do not replace existing professional guidelines for the use of technology. These Guidelines have been adopted from already established guidelines from three main sources: The American Psychiatric Association and American Telemedicine Association ("APA/ATA") *Best Practices in Videoconferencing-Based Telemental Health* (2018); the Province of BC Health Authorities *Telehealth Clinical Guidelines* (Version 9, 2014); and the ATA *Practice Guidelines for Video-Based Online Mental Health Services* (2013).

In the event of any differences between these Guidelines and the Agreement or any agreement between the WorkSafeBC Health Care Provider and the telehealth service provider in the case of technical matters, those agreements will govern.

Professional considerations

The purpose of the Guidelines is to assist WorkSafeBC Health Care Providers in providing health care in a telehealth setting. These Guidelines are not a substitute for your independent professional judgment and obligations.

Each WorkSafeBC Health Care Provider is responsible for complying with the applicable standards of practice in regards to the services and the use of technology in their practice. For your convenience, some of those standards are included in the References section of these Guidelines.

Please note: If the WorkSafeBC Health Care Provider and/or injured worker will not be physically located in British Columbia during the telehealth encounter, then the provider should contact their provincial licensing body in B.C. and the other jurisdiction's licensing body to confirm whether there are any licensing requirements to use telehealth in the province where the injured worker resides.

The WorkSafeBC Health Care Provider is solely responsible for identifying and complying with all applicable standards and should not treat the References section as comprehensive or conclusive.

Clinical guidelines

Standards of care

The APA/ATA have recommended clinical practice guidelines for telehealth services in *Best Practices in Videoconferencing-Based Telemental Health* (April 2018) (the "*Best Practices*"). These *Best Practices* establish that delivery of health care services using video technology does not change professional or clinical standards:

> Health professionals **shall** be responsible for maintaining the same level of professional and ethical discipline and clinical practice principles and guidelines as in-person care in the delivery of care in [telehealth], as well as additional telehealth-related concerns, such as consent processes, patient autonomy, and privacy. (*Best Practices*, page 7)

When determining whether Telehealth Services are appropriate, the *Best Practices* indicate on page 6 that several factors should be considered, including the injured worker's "cognitive capacity, history regarding cooperativeness with treatment professionals, current and past difficulties with substance abuse, and history of violence or self-injurious behavior," as well as "geographic distance to the nearest emergency medical facility, efficacy of patient's support system, and current medical status."

In addition, WorkSafeBC Health Care Providers must ensure that in the discussion to obtain consent (as detailed below under Informed consent), the injured worker is made aware that Telehealth Services may be discontinued if the injured worker cannot be safely managed.

The Province of BC Health Authorities *Telehealth Clinical Guidelines* (Version 9, 2014) note on page 6 that health care professionals "must recognize when telehealth approaches are not appropriate for the client's needs and be aware of any ethical risks to clients. Backup plans and safeguards should be developed to reduce risk."

Injured worker privacy and confidentiality

WorkSafeBC Health Care Providers are required to comply with the *Freedom of Information and Protection of Privacy Act* ("FIPPA") in the delivery of services to injured workers. In addition to other requirements, FIPPA requires WorkSafeBC Health Care Providers to ensure there are reasonable security arrangements to protect the injured worker's personal information (as defined in FIPPA); only those persons with a direct need to access the personal information to deliver services have access to it; and the injured worker's personal information is accessed, used, disclosed, and stored in Canada only.

If you are uncertain as to whether or not the telehealth platform you are utilizing has the ability to delete stored information as required by FIPPA, then do not use the injured worker's full name when scheduling appointments (only use initials), and do not use any open text boxes (if available). If you open a file when an injured worker shares a file, the usual professional and ethical standards regarding patient confidentiality apply, even if you don't download the file.

Please note: Secure messaging should not be utilized due to requirements under FIPPA.

Please refer to the Agreement for requirements with respect to injured worker personal information. These requirements apply to Telehealth Services.

The *Telehealth Clinical Guidelines* also note on page 7 that protecting privacy and confidentiality is of paramount concern and should be considered in all the following: privacy of personal communications, personal information, and consulting space.

Emergency management

The Guidelines recognize that the WorkSafeBC Health Care Provider should endeavour to ensure that a number of emergency-management considerations are in place at the start of each telehealth session, as set out in the *ATA Practice Guidelines for Video-Based Online Mental Health Services* (2013) (the "*Practice Guidelines*") on pages 12 to 14.

The WorkSafeBC Health Care Provider must acquire information regarding the emergency-management resources available in the vicinity of where the injured worker is attending the Telehealth Services session. Such information may include noting local emergency-personnel access (i.e., 911 access) and/or whether the injured worker is at a facility with access to professional care staff who may provide in-person assistance, or whether the injured worker has access to their own personal support system. Information should also be acquired regarding mobility and transportation services/access available in case of emergencies. The WorkSafeBC Health Care Provider will have to ascertain how to notify the aforementioned emergency personnel or professional staff and/or a combination of such assistive services prior to the start of the session. Additionally, the WorkSafeBC Health Care Provider should have emergency-management information in place should either or both the injured worker and/or their support system be uncooperative or unable to help in an emergency situation.

Please note: A medical certificate for involuntary admission (Form 4) can be completed by a physician on the basis of a Telehealth Services assessment. In these circumstances, it is important for the physician to provide as much collateral information as they have to supplement their assessment.

Initiating Telehealth Services

Informed consent

At the start of each session, the WorkSafeBC Health Care Provider must obtain the injured worker's fully informed consent to the Telehealth Services. The ATA *Practice Guidelines* state the following regarding informed consent:

> The consent must include all information contained in the consent process for in-person care, including discussion of the structure and timing of services, record keeping, scheduling, privacy, potential risks, confidentiality, and mandatory reporting … In addition, the informed consent process must include information specific to the nature of video calling … in language that can be easily understood by the patient. This is particularly important when discussing technical issues like encryption or the potential for technical failure. (*Practice Guidelines*, page 11)

There are a number of elements the WorkSafeBC Health Care Provider must consider with regards to the consent process. These include being knowledgeable of confidentiality issues and the usual applicable professional ethical conduct regarding electronic communications, issues related to documentation, and having plans in place for managing in-session emergencies or other types of session disruptions (injured worker distress, contacting/coordinating injured worker local support, technical issues, etc.). The WorkSafeBC Health Care Provider shall also have an established protocol in place regarding injured worker contact between telehealth sessions and have clearly outlined the conditions under which their provision of Telehealth Services may be terminated. (For further guidance, please refer to the ATA *Practice Guidelines*, page 11.)

Physical environment requirements

The APA/ATA *Best Practices* state:

> During a telehealth session, both locations shall be considered a patient examination room regardless of a room's intended use. Providers shall ensure privacy so clinical discussion cannot be overheard by others outside of the room where the service is provided. To the extent possible, the patient and provider cameras should be placed at the same elevation as the eyes with the face clearly visible to the other person. The features of the physical environment for both shall be adjusted so the physical space, to the degree possible, maximizes lighting, comfort, and ambiance. (*Best Practices*, page 6)

Session disruption

The WorkSafeBC Health Care Provider must have a backup plan in place should Telehealth Services sessions be disrupted due to technology failures and/or issues and routinely review that backup plan. The backup plan must be communicated to the injured worker before the start of the Telehealth Services session. If any technical issues arising during a Telehealth Services session cannot be resolved, the WorkSafeBC Health Care Provider may complete the session using a voice-based telecommunication system, or the WorkSafeBC Health Care Provider may choose to reschedule an in-person appointment if they determine that is more clinically appropriate.

Administrative guidelines

Documentation and record keeping

WorkSafeBC Health Care Providers must submit reports to WorkSafeBC for Telehealth Services following the same requirements for in-person services as set out in the Agreement, including timelines.

Telehealth Services sessions should be accurately documented as Telehealth Services and include dates, duration, and a description of service provided, in keeping with the existing documentation requirements of each specific program.

Billing

Use the billing fee codes for telehealth treatment found in the fee schedule (Schedule B) of the Agreement for the Telehealth Services being delivered to injured workers via a telehealth platform.

Technical information

WorkSafeBC Health Care Providers may deliver Telehealth Services to injured workers under the Agreement using a technology platform of the WorkSafeBC Health Care Provider's choice, which includes video calling and file sharing with the injured worker, provided that all obligations with respect to privacy and confidentiality set out in these Guidelines and the Agreement are complied with.

Please note: Secure messaging should not be utilized due to requirements under FIPPA.

Computer and mobile device requirements

WorkSafeBC Health Care Providers are responsible for ensuring that the personal computer and/or mobile device used for the Telehealth Services meets the telehealth services platform's operating requirements as identified by the telehealth services platform provider.

Technical support

Please refer to your agreement with your telehealth provider for more information.

References

American Psychiatric Association and American Telemedicine Association (2018). *Best Practices in Videoconferencing-Based Telemental Health.* Retrieved from: https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0ahUKEwiHnMCS8ZncAhUKFXwKHaOpBhAQFgg6MAA&url=https%3A%2F%2Fwww.psychiatry.org%2FFile%2520Library%2FPsychiatrists%2FPractice%2FTelepsychiatry%2FAPA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf&usg=AOvVaw0jNTBhvxF3B8lM7ZPiadxt

American Telemedicine Association (2013). *Practice Guidelines for Video-Based Online Mental Health Services.* Retrieved from: https://cdn2.hubspot.net/hubfs/5096139/Revised-Video-Based-Online-TMH-Guidelines.pdf

College of Physicians and Surgeons of British Columbia (2021). *Practice Standard — Virtual Care.* Retrieved from: https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf

Doctors of BC (2014). *Policy Statement — Telemedicine in Primary Care.* Retrieved from: https://www.doctorsofbc.ca/policy-statements/telemedicine-primary-care
(Please click on the full policy statement in this link.)

Appendix K: OT Services telehealth delivery – special considerations

By providing services to an injured worker using video technology for live image transmission ("Telehealth Delivery" or "Telehealth"), you hereby: (a) release WorkSafeBC from any liability whatsoever related to such delivery of Services; and (b) agree to do so in compliance with this Reference Manual, the Agreement, and WorkSafeBC's Telehealth Treatment Guidelines as the same may be amended from time to time at the sole discretion of WorkSafeBC by issuing a bulletin to the Provider Network; and (c) acknowledge that the provisions of the Agreement with respect to confidentiality and privacy apply to the delivery of services to injured workers using Telehealth Delivery, and that you shall be solely responsible for complying with any guidelines provided by WorkSafeBC regarding the use of Telehealth Delivery, with any rules, restrictions or standards of practice imposed by the Personnel's governing body governing telehealth, and with any professional licensing requirements for Telehealth Delivery. Note also that WorkSafeBC reserves the right to terminate the use of Telehealth Delivery for any or all service providers at any time.

Expectations for Telehealth Delivery under OT Services

It remains the general expectation that OT assessment and treatment services are delivered in person to our injured workers. In exceptional circumstances, however, Telehealth Delivery may be considered reasonable and clinically appropriate. Telehealth Delivery must be in adherence with the COTBC guidelines as well as with WorkSafeBC's Telehealth Treatment Guidelines (Appendix J). Further, services must be completed in compliance with any relevant recommendations from the Provincial Health Officer. It is expected that all Contractors remain up to date regarding Telehealth Delivery under their OT Services Agreement.

Per the OT Services Agreement, with respect to Telehealth Delivery, Occupational Therapists are generally expected to:

1. Complete all initial assessments in person;
2. Submit a proposal to WorkSafeBC officer setting out the treatment plan, including the number and frequency of telehealth sessions to be delivered;
3. Provide in person sessions at minimum every four weeks, unless WorkSafeBC provides approval otherwise;
4. Complete discharge assessment sessions in person unless prior WorkSafeBC officer approval is obtained.

Special considerations that warrant exceptions to Telehealth Delivery expectations

An OT may complete an initial and/or discharge assessment by telehealth, and may adjust the occurrence and frequency of in person sessions, with WorkSafeBC officer approval, if clinically appropriate and if one or more of the following scenarios apply:

- The injured worker resides in service regions F, I, J, K, L or O; **and**, in-person services would require greater than 2 hours of OT travel each direction within the assigned location code;
- The OT has been asked by WorkSafeBC to accept a referral from outside of their contracted location code, and in-person services would require greater than 2 hours of OT travel each direction;

- An injured worker or clinician is ill, and the pre-scheduled appointment cannot be easily rescheduled, and/or cancelling/rescheduling would be detrimental to the injured worker's recovery;
- Inclement weather impacts on the worker or clinician's ability to safely transport themselves to/from the appointment and cancelling/rescheduling would be detrimental to the injured worker's recovery.

There may be other circumstances which warrant an exception to the Telehealth Delivery expectations outlined in the Agreement. In these instances, the OT must contact Health Care Programs to discuss, in addition to the WorkSafeBC officer.

Rehabilitation workers

Rehabilitation workers are not to be providing services via telehealth. For any files wherein telehealth has already been initiated at the time of this Reference Manual distribution, services can continue (though in person services should be considered where and when practicable). For all new referrals wherein rehabilitation workers are recommended and approved, the expectation is for in person service delivery.

Incomplete telehealth appointments

As per Schedule B (Fee Schedule) of the OT Services Agreement, fees cannot be invoiced for cancelled appointments unless the clinician has already departed for the appointment and the injured worker does not attend the appointment. In the case of a telehealth session, the OT has not departed and has not included any travel time into their schedule, so it is expected that they should be able to switch tasks while at the computer with far less time lost. Therefore, the following rules apply to telehealth no-show appointments:

- Billable once per referral, per OT, up to a maximum of 1-hour, for telehealth sessions wherein the worker does not attend;
- Fees cannot be invoiced for late or cancelled appointments;
- Contractor is to use the fee code(s) outlined in Schedule B for in-person no-shows.

Further to the above, the expectation remains that if an injured worker repeatedly no-shows for telehealth appointments, the OT would discuss the presenting issues with the WorkSafeBC officer. The OT should also liaise with the Quality Assurance Supervisor in Health Care Programs to discuss any exceptional circumstances.

Job Site Visits (JSV)

As a reminder, a JSV visit cannot be completed via telehealth. If an in person JSV is considered a necessary step, it remains the responsibility of the OT to complete the in-person visit in accordance with the guidelines set forth by the Provincial Health Officer, if applicable, WorkSafeBC, COTBC and the specific employer's requirements. When a JSV is not specifically required and/or is not possible in person, information regarding the critical job demands may be obtained via a telehealth meeting with the employer and worker in addition to review of any pertinent job demands analysis documents that the employer may have. Consultation with the employer and worker via telehealth for the purposes of confirming critical job demands or GRTW planning does not constitute a site visit. Therefore, a JSV and report cannot be billed in these instances.

Appendix L: Treatment references & resources

Links or references to external or third-party documents or sites are provided for informational purposes only, and do not constitute an endorsement or an approval by WorkSafeBC of any of the services or opinions of any organization, corporation, or individual. WorkSafeBC bears no responsibility and accepts no liability for the accuracy, legality, content or use of such external documents or sites. Further to this, the resources provided below are not intended to be exhaustive or to direct the clinician's clinical care of an injured worker.

Mental Health

Health Care Programs has distributed Sample MH Reports:

Bulletin accompanying sample MH Reports:



Sample Reports
OT - Mental Health

Sample Reports A:



A - OT Services Discharge Report PTSD



A - OT Services GRTW Plan PTSD



A - OT Services Initial Assessment Report PTSD



A - OT Services Progress Report #1 PTSD



A - OT Services Progress Report #2 PTSD

Sample Reports B:



B - OT Services Discharge Report Adj. Dis. Anx



B - OT Services GRTW Plan Adj. Dis. Anx



B - OT Services Initial Assessment Report Adj. Dis. Anx



B - OT Services Progress Report Adj. Dis. Anx

Sample Report C:



C - OT Services Initial Assessment report - Stand-Alone PTSD

Sample Report D:



D - OT Services Progress report - Stand-Alone Adj. Dis.

The following website provides evidence-based and practical information (for clinicians and workers) related to mental health treatment:

PTSD: National Center for PTSD Home (va.gov)

https://deploymentpsych.org/

Online Courses and Training | Psychwire

The following webinars may be of interest:

Canadian Association of Occupational Therapists (CAOT) webinar – Edgelow, M. & Cramm, H. *Trauma and Occupation: An Update on Research and Practice*. (November 2, 2021)

CAOT webinar – Torchalla, I. & Killoran, J. *The Role of Occupational Therapy in the Treatment of Post-Traumatic Stress Disorder*. (August 30, 2022)

Webinars Archives - EHN (edgewoodhealthnetwork.com) (e.g. introduction and Measurement of Moral Injury; Exposure Therapy for PTSD and Anxiety, etc.)

There are also several articles relevant to OT practice (attached here with permissions and otherwise can be accessed by the clinician independently):

CJOT - OT and PTSD

Developing an Occupational Centred Framework for Trauma Intervention

Environmental Scan of RTW Programs for Trauma related Mental Health

Occupational therapy rtw interventions

Lopez, A. (2011). Posttraumatic Stress Disorder and Occupational Performance: Building Resilience and Fostering Occupational Adaptation. *Work, 38*(1), 33–38.

Murray, H., Merritt, C., & Grey, N. (2015). Returning to the scene of the trauma in PTSD treatment – why, how and when? *The Cognitive Behaviour Therapist*, 8, E28. doi:10.1017/S1754470X15000677

Murray, H., Merritt, C., & Grey, N. (2016). Clients' Experiences of Returning to the Trauma Site during PTSD Treatment: An Exploratory Study. *Behavioural and Cognitive Psychotherapy, 44*(4), 420-430.

Torchalla, I., Killoran, J., Fisher, D., Bahen, M. (2019). Trauma-focused treatment for individuals with posttraumatic stress disorder: The role of occupational therapy. *Occupational Therapy in Mental Health*, *35*(4), 386-406**.**

Torchalla, I. & Killoran, J. (2022). Interdisciplinary Trauma-Focused Therapy and Return-to-Work Support for A Police Officer with Work-Related PTSD: A Case Study. *Journal of Contemporary Psychotherapy, 52(4)*, 319–327.

Mild to Severe Brain Injury

The Ontario Neurotrauma Foundation has created guidelines which outline best practice for assessment, management, and treatment of mild to severe traumatic brain injuries. Resources are included for both

the patient (injured worker) and treating healthcare professional. Please visit The Ontario Neurotrauma Foundation here: https://braininjuryguidelines.org/

Vancouver Coastal Health has also published resources, which provide education, self-management strategies, and guidance for adults with a mild traumatic brain injury. Please visit the Vancouver Coastal Health here: http://concussion.vch.ca/

WorkSafeBC OT Services Network Sessions and Webinars:

1. Feb 25, 2021, OT Services Network Session #1: https://www.youtube.com/watch?v=clE0gJkvGfA&feature=youtu.be



OT Services Network Session 1 Feb 25 2021

2. Sep 24, 2021, OT Services Network Session #2: https://youtu.be/uL-mIt5rTFk



OT Services Network Session 2 Sept 24 2021

3. Feb 25, 2022, OT Services Network Session #3: https://youtu.be/Voujb6tCnAM



OT Services Network Session 3 Feb 25 2022

4. Nov 24, 2022, OT Services Network Session #4: https://www.youtube.com/watch?v=Cu3HEVMDtdc



OT Services Network Session 4 Nov 24 2022

5. MH and OT Collaboration Webinar (June 2022): https://www.youtube.com/watch?v=-SeFmnsOERQ&feature=youtu.be and slides:



OCCUPA-1



PTSD presentation for WSBC-Torchalla

Other Return-to-Work (RTW) Resources

Workplace Strategies for Mental Health – Compliments of Canada Life

Institute for Work and Health



RS2018-SP15_Smith_vin_Revised.pdf

Appendix M: Staffing Checklist

This Form must be completed and submitted to WorkSafeBC for each Occupational Therapist proposed to deliver services.

Contact information

OT Name: Click or tap here to enter text.
Service Location code(s): Click or tap here to enter text.
Payee Number: Click or tap here to enter text.

Note: Service Location codes F, I, J, K, L and O cover large geographical areas; therefore, WorkSafeBC may permit proposed exceptions for these six Service Location codes, as long as the OT is able to commit to provide services to at least half of the geographical areas (i.e., towns and/or cities) within the proposed Service Location code(s). If the abovementioned OT is applying for location codes F, I, J, K, L and/or O, please indicate any geographical areas within the applied for location code that the OT is unable to travel to.

Treatment Stream(s) (check all that apply):
☐ OT-PI
☐ OT-MH
☐ OT-BI

OT Qualifications

Note: If OT does not meet all the requirements set out in 2-4 below, please also complete section 5. Note that all OTs must meet requirement 1.

1. Current member in good standing with the College of Occupational Therapists of British Columbia (COTBC), which can be under a provisional license.

   Meets requirement?
   ☐ Yes ☐ No

2. Minimum of two (2) years' experience practicing as an OT with individuals with physical injuries, mental health injuries and/or brain injuries within the last 7 years, as relevant to the stream being applied for: physical injury (OT-PI), mental health (OT-MH) and/or brain injury (OT-BI).

   Meets requirement?
   ☐ Yes ☐ No

3. Confirm that the proposed OT possesses a minimum of six (6) months of experience in a return-to-work setting, and/or has devised a minimum of two GRTW plan(s). (Please note that this experience could have been obtained in any role and is not limited to work experience as a registered OT).

Meets requirement?

☐ Yes ☐ No

4. Confirm that the OT has completed 2 or more training courses/conferences from the categories listed below in the last 7 years, within the treatment stream(s) the OT is applying for. Please tick each that applies, and write the name, date and location (or whether online) of the course / conference. The same course / conference cannot be included in more than one category. The OT must have completed at least two courses in different categories to be considered for that treatment stream.

   Meets requirement?

   ☐ Yes (per information provided below) ☐ No

   a. Physical Injury (OT-PI) Treatment Stream

   Education/Training categories: Seating & Mobility / Wheelchair Seating Courses / Conferences / Pressure Management / Wound Care / Home Mods / Vehicle Mods / Dysphagia Management / Adaptive Equipment / Pain Management / Assistive technology / Burn Management / Pre-Driver Screening / Splinting

Date	Name of Course/Conference	Location of course / in-person or online

   b. Mental Health (OT-MH) Treatment Stream

   Education/Training categories: Depression, Anxiety, Trauma-related Disorders, Prolonged (In Vivo) Exposure, Suicide and Crisis Intervention.

Date	Name of Course/Conference	Location of course / in-person or online

   c. Brain Injury (OT-BI) Treatment Stream

   Education/Training categories: Brain Injury Rehabilitation, Compensatory/Remedial Treatment Strategies, Behavior Management in TBI, Mental Health & Traumatic Brain Injury (TBI), Concussion and Post-Concussive Syndrome (PCS), Vision Assessment, Pre-Driver Screening.

Date	Name of Course/Conference	Location of course / in-person or online

5. If the OT does not meet **all of the mandatory requirements** set out in sections 2-4 above, for the Treatment Stream(s) selected, the OT may apply to provide Services as an OT Mentee pursuant to a Mentorship Plan. Please confirm that the OT Mentee and OT Mentor meet the following mandatory requirements:

    a. The OT Mentor will be assigned to the same OT Mentee for the entire time that the OT Mentee does not meet the mandatory requirements above;
    b. The OT Mentor has a minimum of three years of experience in the last seven years in the practice area(s) / Treatment Stream(s) that they will be providing mentorship in;
    c. The OT Mentor has a minimum of one year of return-to-work experience in the last five years;
    d. The OT Mentor is trained on the terms, conditions and expectations of the Contract and Reference Manual and will be kept up to date on any changes;
    e. The OT Mentor will ensure that each OT Mentee is fully oriented to the Services and has a clear understanding of the contractual requirements set out in the Contract and the Reference Manual;
    f. The OT Mentor will be available to provide ongoing support and feedback regarding problem solving, assessment findings, OT recommendations and plans and reporting within the contractual requirements;
    g. The OT Mentor will complete a case review with the OT Mentee at the onset of the referral and prior to discharge, as well as on a monthly basis at minimum;
    h. All reports submitted will be reviewed and co-signed by the OT Mentor prior to submission to WorkSafeBC;
    i. The OT Mentor will not provide active mentorship to more than three OT Mentees at a time;
    j. The OT Mentee will be mentored by a maximum of three OT Mentors.

    OT Mentor name: Click or tap here to enter text.

Additional information

Areas of Professional Interest

Treatment Stream – Physical Injury (OT-PI)
☐ Advanced equipment/assistive devices (e.g. seating, power mobility, pressure-redistributing mattresses, etc.)
☐ Ergonomics
☐ Chronic pain
☐ Amputations
☐ Spinal cord injuries
☐ Burn management
☐ Splinting
☐ Pre-driver's screening

Treatment Stream – Mental Health (OT-MH)
☐ Mental health - depression and anxiety
☐ Mental health - trauma-related disorders*

*Note: Please indicate below if the OT has taken a Prolonged Exposure training course. If yes, please indicate which course and the date this was completed. If no, please outline a plan below for when this is anticipated to occur by.

Click or tap here to enter text.

Treatment Stream – Brain Injury (OT-BI)

☐ Brain injuries - mild (concussion)

☐ Brain injuries - moderate to severe

☐ Pre-driver's screening

Other areas of interest / expertise not captured above:

Click or tap here to enter text.

Exceptional Travel

Willing to travel outside of contracted location for extenuating circumstances (note that this is not a necessary criterion to be included into contract):

☐ Yes ☐No

If yes, please list areas:

Click or tap here to enter text.

Languages (other than English)

Click or tap here to enter text.

Appendix N: Summary of related health care programs

1. **Addiction Services:**
   - **Community Pain and Addiction Services (CPAS)** is an outpatient assessment program for injured workers with substance use disorder, concurrent disorders (pain and addiction), or complex medication regimens, as well as injured workers demonstrating aberrant behaviour. Physicians are certified by the American or Canadian Society of Addiction Medicine (ASAM/CSAM) or possess an American Board of Addiction Medicine (ABAM) addiction medicine fellowship or equivalent. Outpatient treatment may include medication management (e.g., opioid agonist therapy).
   - The **Intensive Outpatient Program** involves eight weeks of treatment, including psycho-educational group meetings, interpersonal process group meetings, individual counselling, and random drug and alcohol screening. It also includes up to 44 weeks of after-care (one group therapy session per week) and a family program. One-on-one supportive counselling may be offered in adjunct.
   - **Residential Addiction Services (RAS)** are medically supervised abstinence-based multidisciplinary inpatient programs that use a bio-psychosocial model to treat injured workers with alcohol and drug addictions. These programs provide medical and psychological treatment for drug effects, teach behavioural skills that promote lasting change, and provide long-term support to help clients live a drug-free lifestyle. Programs consist of peer and self-assessments, group and individual therapy, lectures, and conferences with family and referral sources.
   - **Support Recovery Services** provide a safe, supportive, and stable residential environment for injured workers in early remission to facilitate recovery and promote life skills. The structured and monitored environment fosters accountability to facilitate the transition to independent living in the community and long-term recovery. Services may include group therapy, lectures, individual counselling, structured activities, recreational programs, nutrition counselling, random drug screens, and conferences with family and referral sources. Programs provide 24-hour staffing by a house manager or addiction counsellor.

2. The **Amputee Multidisciplinary Program (AMP)** provides treatment for injured workers with major amputations to maximize function and return the injured worker to productive employment. The team includes the Visiting Specialist Clinic (VSC) or a community physiatrist, a physical therapist, an occupational therapist, and a psychologist. The team works closely with a community prosthetist to help the injured worker get an appropriate prosthesis.

3. **Activity-Related Soft Tissue Disorder (ASTD) Services** are designed for people who have an injury related to overuse of certain muscles, tendons, and/or ligaments at work. The services consist of an ASTD medical assessment and a multidisciplinary treatment program that's up to 12 weeks, with a focus on return to work.

4. **Chronic Wound-Care Services** provide early intervention and treatment for injured workers who have chronic wound-care issues. The goal is to enable return to work when appropriate and to provide long-term services to injured workers with permanent disabilities. The team includes an occupational therapist or physical therapist and an RN with wound-care specialization. Ongoing involvement by the attending physician, physical therapist, and a dietitian, as well as psychological counselling and education, are possible.

5. A **Cognitive Functional Capacity Evaluation (FCE)** determines an injured worker's overall cognitive and physical baseline abilities, limitations, and tolerances using standardized testing protocols and work simulation activities to determine the worker's employability in a specific job or general job category.

6. **Community Care Facility (CCF) Services** merge two former contracts: Residential Care Services and Short-Term Care Services. A contracted network of CCF providers within B.C. accommodates each worker's unique care needs. CCF Services are designed to assist workers with compensable injuries and/or illnesses:
   - To recover from surgery
   - By providing respite or palliative care
   - With long-term placements

   CCF Services support the injured worker with self-care and independence in activities of daily living.

7. **Driver Assessment and Rehabilitation Services (DARS)** aim to identify and address the functional factors that impact driving safely and independently (i.e., cognitive, physical, and/or psychological symptoms). Services include a comprehensive evaluation conducted by an occupational therapist or certified driving rehabilitation specialist and may involve a licensed driving instructor. Recommendations from the assessment may include on-road driver's rehabilitation, and/or training in use of adaptive driving equipment.

8. **Early Concussion Assessment and Treatment (ECAT)** provides early assessment, education, reassurance, and intervention (when indicated) for injured workers with confirmed or suspected concussions. The program supports recovery of function and aims to facilitate an early and durable return to work.

9. **Expedited Surgical Facilities Services (ESFS)** provide fully equipped surgical facility services (including, but not limited to, nursing and support staff, medications, supplies, equipment, and facilities) to any surgeon to perform expedited elective day-care surgical procedure(s) on injured workers.

10. A **Functional Capacity Evaluation (FCE)** determines an injured worker's overall physical abilities, considerations, and tolerances to determine whether they're employable in a specific job or general job category.

11. The **Hand Therapy Program** provides treatment and consultation for injured workers with acute traumatic or repetitive injuries of the arm below the shoulder. This includes injuries to the hands and wrists, such as open wounds, crush injuries, tendon repairs, and burns. Treatment is provided by certified hand therapists with specialized skills in assessing and treating these conditions.

12. The **Home Access and Modifications Program** allows WorkSafeBC to undertake modifications to a residence or workplace to lessen or remove factors impacting severely injured workers following a compensable injury. A WorkSafeBC officer will determine the modifications necessary based on the compensable injury and on recommendations from an occupational therapist assessment as required.

13. **Home Care Services** involve a contracted network of home care providers: community agencies that provide home support and nursing services to injured workers. Service is provided in the injured worker's home and/or community setting and focuses on assisting with activities of daily living, personal care, and professional nursing services (e.g., wound care).

14. **Home IV Supply Services** are provided to injured workers at home by home care nurses from either our contracted home care network or the local health authority. Supplies, equipment, and medications for Home IV Supply Services are provided by Calea Pharmacy.

15. The **Medical and Return-to-Work Planning (MARP) Assessment Service** provides diagnostic clarification and helps establish appropriate treatment and return-to-work recommendations for the injured worker. The MARP Assessment consists of a psychosocial screen, subsequent visits, and a reassessment that factors in the injured worker's history and a physical examination.

16. **Medical Alarm Monitoring Services** provide a personal emergency-response system with two-way voice that gives injured workers help at the press of a button. This makes independent living possible for many injured workers.

17. **Mental Health Programs**:
    - **Psychology Assessments** are provided by a contracted network of qualified registered psychologists across the province. They provide psychological and neuropsychological assessment services as needed to injured workers who have mental health issues associated with a physical injury or related to workplace trauma.
    - **Mental Health Treatment** is provided by a contracted network of registered psychologists, registered clinical counsellors, and registered clinical social workers. Services include:
        - **Resiliency Support Service**, a short-term support that helps injured workers develop active coping strategies and/or access community supports and services so that they may either remain at or return to work. No DSM-5 diagnosis is required for this service.
        - **Recovery and Return-to-Work Standard Treatment**, which is targeted individual psychotherapy provided to injured workers with one or more accepted psychological conditions. Standard treatment aims to assist the injured worker to remain at or return to work and to promote a return to pre-injury psychological functioning.
        - **Transition Support Service (TSS)**, which helps injured workers maintain and apply strategies previously learned in standard treatment while participating in return-to-work activities. It's expected that the worker's compensable condition has stabilized or plateaued, but the worker needs continued clinical support to be successful in these activities.
        - **Supplemental Service**, a service available to injured workers with accepted psychological conditions who continue to experience severe psychological impairment after a plateau in recovery. Supplemental Service aims to reinforce the skills the injured worker needs to maintain their maximal level of psychological functioning and to promote independent functioning by establishing links to community supports for long-term support.
        - **Occupational Trauma Response (OTR) Intervention**, a short-term intervention designed to reduce the psychological and functional impact of trauma and to prevent the development or worsening of mental disorders and/or functional impairment. Providers assist injured workers by helping to normalize the trauma reaction,

strengthen natural resiliencies, build supports, and provide the skills to manage triggers. Trauma-focused cognitive behavioural therapy (TF-CBT) is an important component. Identified treatment targets are the foundation upon which any later interventions are built.

- **Trauma Recovery Services**, individual treatment services tailored to the injured worker using trauma-focused therapeutic interventions. Trauma Recovery Services are designed to help normalize the trauma reaction, strengthen natural resiliencies, build support, and provide the skills to prevent mental health issues from worsening. These services help the worker remain at or return to work, where possible.
- **Post-Traumatic Stress Disorder Programs**, comprehensive outpatient services for injured workers who have experienced psychological trauma and have developed a compensable trauma-related condition that interferes with their previous level of function and work. Different programs have different approaches (group-based vs. individualized) and service lengths, but generally run for approximately 8 to 12 weeks and have a return-to-work component.
- **Online CBT Education Program**, a tool to help injured workers mitigate stressors that may become disabling factors if not appropriately managed. The program helps injured workers recognize stressors and understand that in challenging situations, it is normal to experience worry, anxiety, and sadness — but these feelings do not need to become factors impacting resolution if managed appropriately. The program is designed to give injured workers a sense of control in improving their emotional and psychological response to stress. No psychological condition is required; any worker with an accepted claim can access this program.

18. **Mental Health and Addiction Programs**:
    - The **Concurrent Care Program** is an outpatient program for injured workers with co-occurring mental health, chronic pain, and substance use disorders. An interdisciplinary team (addiction physician, psychologist, physical therapist, and occupational therapist) addresses the worker's complex needs. The primary goal is to stabilize the worker's mental health and substance use disorder through a biopsychosocial treatment model. This model includes individual and group treatment sessions and may include cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), mindfulness-based relapse prevention/stress reduction, family support, motivational enhancement therapy, and alternative therapies.
    - **Mental Health and Addictions Complex Transitional Care** is a step-down facility that provides a safe, monitored environment for workers with complex concurrent mental health, substance use, chronic pain, and medical conditions (e.g., brain injury) to support ongoing engagement in recovery or treatment. The facility includes 24-hour nursing staff and health care assistance. Residents access community physical, social, and recreational group activity programs; get random urine drug screens; and receive structured behaviour management and interventions. The facility supports safety and relapse-prevention planning and provides nutrition services.
    - **Residential Complex Mental Health and Addiction Services** are provided through a schedule 1 designated psychiatric facility under the Mental Health Act that provides observation, care, and treatment for patients experiencing mental health disorders. Referrals are based on symptom severity, level of functionality, chronicity and complexity, and significance of safety risk. Nine programs are available, including an assessment and

stabilization unit, comprehensive psychiatric care, an integrated mood and anxiety program, and a program for traumatic stress recovery.

- **Residential Mental Health and Addiction Services** are inpatient treatment services for workers with mental health disorders (e.g., mood disorder, anxiety disorder, or trauma-related disorder) and/or substance-related disorder, with or without secondary diagnoses of chronic pain and personality disorders. The program is cohort-based, with each worker's treatment customized according to primary diagnosis. Treatment duration is six to nine weeks. The interdisciplinary team includes a psychiatrist, addiction psychiatrist, addiction physician, family physician, psychologist, social worker, and occupational therapist. Treatment may include medically supervised detox, cognitive processing therapy, CBT, DBT, mindfulness-based therapy, recreational therapy, art therapy, and horticultural therapy.

19. **Modified Vehicle Rental Services (MoVeRS)** allow WorkSafeBC to provide a worker who has significant injuries and impairments a wheelchair-accessible rental vehicle to improve community mobility, quality of life, and ease of access to medical services and appointments. A WorkSafeBC officer will determine the appropriateness of the rental based on the compensable injury, access to alternative modes of transportation, and the assessment and recommendations from an occupational therapist.

20. The **Occupational Rehabilitation 1 (OR1) Program** is a structured, active rehabilitation program offered by physical therapists supported by kinesiologists. OR1 is designed to assist injured workers with soft-tissue injuries, resolved surgery, or healed fractures to achieve a safe and durable return to work. Treatment may be provided at a rehabilitation clinic and/or the jobsite.

21. The **Occupational Rehabilitation 2 (OR2) Program** is a structured, active rehabilitation program focused on supported return to work through physical and functional conditioning and education. It is a multidisciplinary program offered by physical therapists, occupational therapists, psychologists, kinesiologists, and physicians. Treatment may be provided at a rehabilitation clinic and/or the jobsite.

22. **Occupational Therapy (OT) Services** help injured workers remain safe and gain, maintain, and/or improve skills in self-care and productivity, with the goal of return to work. The occupational therapist may provide services in the home and/or a community setting and assists the injured worker with adaptive skills required to return to a productive life. The three treatment streams are related to the primary compensable diagnoses and factor(s) impacting recovery:
    - OT — Physical Injury (OT-PI)
    - OT — Mental Health (OT-MH)
    - OT — Brain Injury (OT-BI)

23. The **Pain and Medication Management Program (PMMP)** is an outpatient multidisciplinary treatment program offered by physical therapists, occupational therapists, psychologists, physicians, and pharmacists for injured workers with complex pain issues, including complex regional pain syndrome. The PMMP is able to provide medication management for patients with chronic pain who may need modification to a medication regimen. If addiction becomes a co-occurring disorder, the injured worker should be referred to Addiction Services.

24. The **Post-Concussion Management Program (PCMP)** is an outpatient program designed for injured workers with ongoing post-concussion symptoms. The interdisciplinary treatment team includes physicians, neuropsychologists, psychologists, physical therapists, and occupational therapists working with the injured worker to achieve a comprehensive understanding of the factors that contribute to their current symptoms. The principles of treatment are self-management and reduced reliance on passive methods of symptom management, such as medication and rest. Treatment may be provided at a clinic and/or the jobsite.

25. **Prosthetics** can be provided to injured workers by providers certified by the Canadian Board for Certification of Prosthetists & Orthotists.

26. **Residential Care Services (RCS)** help injured workers maintain self-care skills that allow them to live, participate, and work in their local community. These services address physical and psychological needs, as well as appropriate behavioural interventions. A qualified provider may offer RCS in a facility or family care home to help injured workers in retain and improve independence.

27. **Return-to-Work Support Services (RTWSS)** are designed for the injured worker who does not require a structured treatment program but would benefit from a supported return to work. RTWSS may be performed by a physical therapist, an occupational therapist, or a kinesiologist experienced in return-to-work services and jobsite visits. RTWSS aim to return injured workers to their pre-injury duties at the workplace.

28. **Short-Term Care Facility (STCF) Services** allow an injured worker to live in a protected and supported environment on a short-term basis with the necessary medical and rehabilitation services required following surgery or where respite care is required.

29. **Vehicle Modifications** to an existing vehicle, or a modified vehicle that is new to the injured worker, may be provided by WorkSafeBC to reduce or remove factors impacting severely injured workers following a compensable injury. A WorkSafeBC officer will determine the required modifications based on the compensable injury and on an occupational therapist's assessment and recommendations.

For more information on the programs and services offered by Health Care Programs, see our provider types and our rehabilitation programs & services on worksafebc.com.