Occupational Therapy Services
Reference Manual

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Introduction

This document forms part of your service contract as an Occupational Therapy Services Provider. It is important that you become familiar with, and adhere to, the content of this document.

Purpose of Reference Manual

This OT Services Reference Manual is designed to help you to do business with WorkSafeBC. It sets out practices and procedures applicable to the delivery of Service by an OT Service provider that has entered into an OT Services Agreement (the "Agreement") with WorkSafeBC made effective in 2020 or later.

This Reference Manual and any amendments are incorporated into the Agreement. WorkSafeBC will provide amendments and updates to this Reference Manual by way of Network Bulletins. In the event of any difference between the Reference Manual and the Agreement, the Agreement will govern. Capitalized terms that used in this Reference Manual that are defined in the Agreement have the same meaning as set out in the Agreement, unless otherwise expressly noted.

Additional Information: WorkSafeBC Online Information

WorkSafeBC has a Health Care Provider Centre site that can be accessed online at www.worksafebc.com. The Health Care Provider Centre is designed to help all health care providers, including Occupational Therapy Service Providers, better understand our programs, services and business processes. The site is also an excellent resource for numerous publications that can be downloaded and provides links to various health and safety information.

Overview: WorkSafeBC and the Claims Process

WorkSafeBC is an organization governed by provincial legislation as well as internal policies and practice directives. A detailed description of the functioning of WorkSafeBC is beyond the scope of this document but a brief description is included to provide context for the services provided under the OT Services Service Agreement.

Briefly, WorkSafeBC has been responsible for administering the provincial Workers' Compensation Act since 1917. The Workers' Compensation system is funded entirely by the Employers of British Columbia. It is a common misconception that workers pay into this fund.

WorkSafeBC has several responsibilities, including a primary role in prevention of workplace injuries. In addition, when a worker is injured, it is WorkSafeBC's mandate to assist the Injured Worker in his or her return to work and recovery. Hence, the two primary goals of services under this Agreement are:

1) To assist the Injured Worker with a timely and enduring return to work where possible; and
2) To assist the Injured Worker with a return to his or her pre-injury physical, cognitive and/or mental health status wherever possible.

Services provided under the OT Services Agreement are one set of benefits that WorkSafeBC may offer the Injured Worker to meet these goals and responsibilities.

Claim Process: The Life of a Claim and Benefit Entitlement

This section outlines the process of benefit entitlement, including the entitlement to OT Services.

Note: Determining benefit entitlement is a responsibility of the Case Manager and is directed by law, policy and practice directives. You, as a Provider, are not involved in determination of benefit entitlement and the information in this section is provided so that you may better understand how the provision of OT Services supports the mandates of WorkSafeBC.

A claim may be viewed as passing through three (3) phases:

1) Initial Adjudication (i.e., the claim is allowed or disallowed);
2) Recovery; and
3) Resolution or Plateau.

When a Worker has experienced a personal injury arising from job activities, the worker, the employer, as well as a medical professional submit application and injury report forms to WorkSafeBC. Once these forms are submitted, if there is sufficient information on file, the application is adjudicated for initial entitlement to benefits.

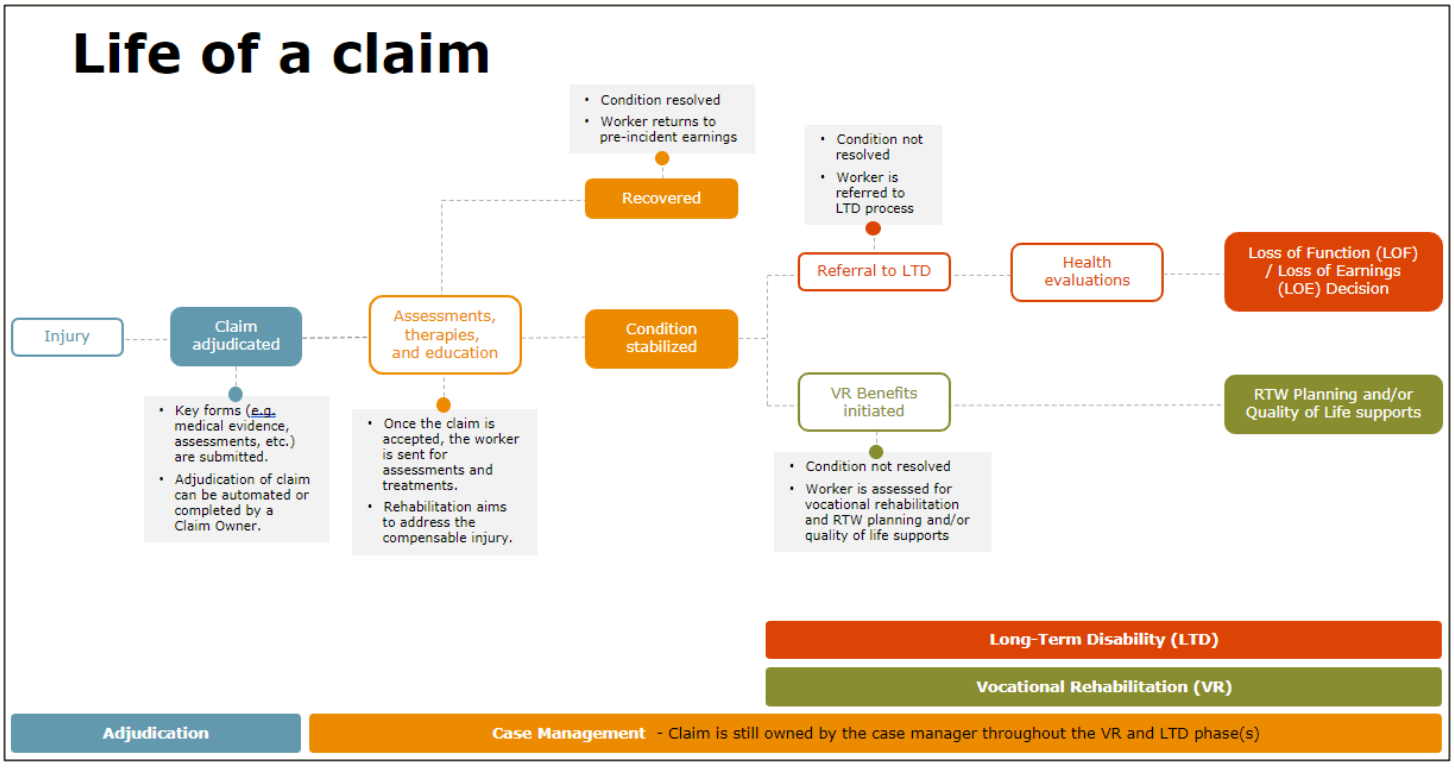
Once a claim is accepted, phase 2 of benefits begins which may include wage-loss replacement (i.e., Wage Loss benefits), physical and/or mental health treatment services, or other Health Care Benefits.

During phase 3, in specific instances, benefits may include vocational rehabilitation assistance, including job search allowances. As well, if full recovery is not attained, awards for Permanent Functional Impairment (physical and/or psychological Permanent Functional Impairment Awards) will be considered. In exceptional cases, Loss of Earnings (LOE) awards may also be implemented.

Decisions on entitlement to services and supports are made by the Claim Owners who are trained in implementation of law and policy and who must weigh all information on the claim in coming to decisions. Claim Owners have access to a number of advisors to assist them in understanding medical and psychological information on the claim file.

Note: The Injured Worker is entitled to appeal each and every claim decision. There is a formal appeals process. It is not considered appropriate for you as a Provider to become involved in the claims management decisions or the appeals process. Providers are directed to advise any worker in care to contact the Claim Owner and/or the Workers' Advisor Officer for assistance with his or her claim.

The visual below offers a high-level overview of the life of a claim at WorkSafeBC. An Occupational Therapist may be involved at any point in the Case Management (orange) phase.



Primary Contract Roles

Health Care Programs

Health Care Programs at WorkSafeBC is responsible for developing and managing all contracted health care services available to the worker, including Home Care Services. In other words, Health Care Programs consults with internal stakeholders to outline what services are needed and how these services should be provided to Injured Workers. Health Care Programs is also responsible for managing the quality of services provided.

If you have any questions regarding service expectations and/or the fee schedule, please contact the Quality Assurance Supervisor or Program Manager within Health Care Programs.

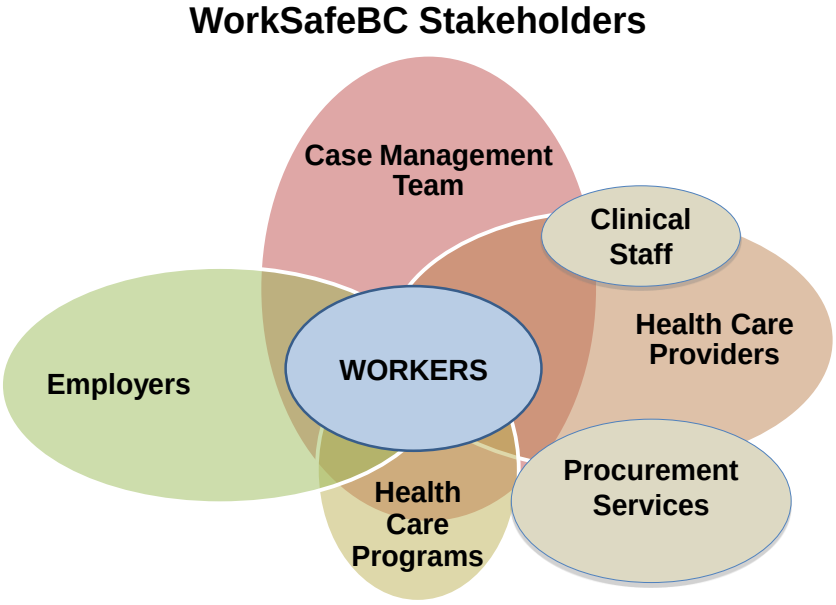
Note: WorkSafeBC Officers, including Case Managers, Vocational Rehabilitation Consultants, Special Needs Officers and Clinical Specialist Nurses, do not have the authority to deviate from the contract or fee schedule.

Procurement Services

The Procurement Services Department at WorkSafeBC is responsible for initiating and maintaining contracts with service providers throughout the province. Should you have any questions regarding your contract, or you need to update WorkSafeBC regarding changes to your service delivery location or other contact information, please contact the Procurement Services Department.

WorkSafeBC Stakeholders

A stakeholder is any individual or group who can influence outcomes and ultimately achieve success. As critical success factors, OT Services providers, together with other stakeholders involved in the Injured Worker's claim, create an interdisciplinary team to support the Injured Worker to return to work and lead independent and productive lives.



WorkSafeBC Case Management Team

WorkSafeBC claims are managed by a multidisciplinary Case Management Team. The Case Management Team brings together administrative and clinical specialists who can provide a comprehensive understanding of the issues relevant to an Injured Worker's situation. The Case Management team may include a Case Manager, a Service Coordinator, a Psychology Advisor, Medical Advisor, Clinical Nurse Specialist, and/or Vocational Rehabilitation Consultant.

Claim Owner

A claim owner can be a Client Service Representative, Entitlement Officer, Return to Work Specialist – Nurse, Recovery and Return to Work Specialist, or Case Manager. There can only be one claim owner for the claim and it depends on the stage of the claim as to who the claim owner is.

Client Service Representative (CSR) Initial Adjudication Unit

- Adjudicates routine (non-complex) health-care only and short duration time-loss claims.

Entitlement Officer (EO)

- 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.

Return-to-work Specialist Nurse (RTWS-Nurse)

- Manages adjudicated claims for a sprain/strain injury that have high likelihood of return to work (RTW).
- Primary focus on early and safe RTW.
- Coordinates the efforts of the employer and service providers in the RTW plan.

Recovery & Return to Work Specialist

- Manages adjudicated claims for a sprain/strain injury that have high likelihood of RTW.
- Primary focus on early and safe RTW.
- Coordinates the efforts of the employer and service providers in the RTW plan.

Case Manager
The Case Manager is responsible for the overall management of a claim. The Case Manager is charged with the authority to decide:

- Whether a presenting problem is deemed to be compensable (i.e. has been caused by a workplace incident resulting in injury);
- Whether and to what extent treatment services will be a WorkSafeBC responsibility (i.e. entitlement to benefits); and,
- Whether or not a referral to a Vocational Rehabilitation Consultant is appropriate.

In making these decisions, the Case Manager has access to a number of experts to assist in understanding the relevant clinical and vocational issues.

Vocational Rehabilitation Consultant
The Vocational Rehabilitation Consultant is responsible for assisting the Injured Worker with returning to the workforce. They provide practical help with job search skills, return-to-work plans and vocational redirection, if required.

Service Coordinator
The Service Coordinator acts as a support and resource to the Case Manager for daily operations of their caseload. The Service Coordinator may assist with referrals to external programs and with travel and other arrangements for workers.

Psychology Advisor/Clinical File Reviewer
The Psychology Advisor serves as a consultant to the Case Manager, providing psychological opinions and advice based on a review of information documented in the claim file. Psychology Advisors do not provide direct clinical care to Injured Workers. When appropriate, they may conduct assessments for the purpose of determining or confirming a diagnosis or deciding issues of causality. Psychology Advisors are all doctoral level Psychologists registered with the College of Psychologists of British Columbia.

Medical Advisor
The Medical Advisor serves as a consultant to the Case Manager, providing medical opinions and advice based on a review of information documented in the claim file. When appropriate, they may conduct assessments for the purpose of confirming a diagnosis or deciding issues of causality. Medical Advisors are all Physicians registered with the College of Physicians and Surgeons of British Columbia.

Occupational Therapy Clinical Advisors
The OT Clinical Advisors (OTCAs) act as a clinical resource to an interdisciplinary case management team that is committed to providing high quality service to injured workers. Special Care Services houses OTCAs who specialize in various areas, including those who support the Claim Owner's with determining needs related to physical barriers (e.g. major home and vehicle modifications), as well as those that specialize in mental health. OTCAs act as a clinical resource to the Case Managers and Vocational Rehabilitation Consultants, as well as to the network of Occupational Therapists who provide treatment to workers.

WorkSafeBC Provider Portal

WorkSafeBC partners with TELUS Health Solutions to provide our Contractors a secure and efficient way to receive electronic referrals from WorkSafeBC, submit reports and invoices, and check the status of invoice payments.

Provider Portal resources are available on the WorkSafeBC Provider Portal web page at Online billing options - WorkSafeBC. Please reference and/or print-out the Provider Portal Quick Reference Guide | WorkSafeBC and review the training videos at Provider portal training | WorkSafeBC.

The Contractor is responsible to obtain access to the WorkSafeBC Provider Portal for itself and for the Personnel who are required to access it for the purposes set out in the Agreement.

In order to access the WorkSafeBC Provider Portal, each individual requires their own personal British Columbia Electronic Identification (BCeID). For more information regarding the BCeID and registering, please visit: https://www.bceid.ca.

The Contractor must designate an employee to manage the access and security of the WorkSafeBC Provider Portal, including regular reviews of the Personnel who have been granted access and immediate cancelling access for any Personnel who no longer require access in the course of their employment with the Contractor. Change requests are to be emailed to TELUS Health Solutions (provider.mgmt5@telus.com).

WorkSafeBC Provider Portal Support Line
1.855.284.5900 (24/7 support)
**Be sure to ask for your ticket# for reference and follow-up purposes.*

General Services Requirements and Expectations

This section outlines the requirements and expectations that apply to all services provided by the OT Services Network.

Treatment of Accepted Conditions Only

Contracted Providers are advised that legislation restricts WorkSafeBC from authorizing treatment for pre-existing physical, cognitive or psychological conditions or concurrent issues that are problematic for the Injured Worker but are not accepted as a compensable consequence of the claim. The Provider must contact the referring WorkSafeBC Officer to advise of concerns or issues that have not been accepted under the claim but that are affecting progress in the provision of OT Services under this Agreement. It may be appropriate for the Provider to assist the worker in finding other community resources that will assist the worker with any non-compensable issues; however, this must first be discussed with the WorkSafeBC Officer prior to discussing with the Injured Worker or documenting in a report.

Advocacy

Most professional codes of conduct address the issue of clinical advocacy. As a contracted OT Services Provider, you must give a well-reasoned clinical opinion based upon objective assessments and observations of the Injured Worker's needs in all communication. However, you must refrain from advocating for the Injured Worker with respect to legal, adjudicative, entitlement and benefit issues, as well as with respect to needs that are not considered a compensable consequence of the claim.

When an Injured Worker discloses concerns regarding management of his or her claim, the Injured Worker must be directed to address the Case Manager or other referring WorkSafeBC Officer, and/or to access the services of the Workers' Advisors Office.

WorkSafeBC Officers use the information in Provider reports to understand the clinical status of an Injured Worker. Case Managers weigh this information in decision-making. When a Provider takes a claims advocacy stance, his or her opinions can no longer be considered clinically objective. As your role as a Provider is to support return to work and to assist in recovery of mental health functioning, claims advocacy can place you in a dual relationship and can seriously undermine the claims management process. Advocating for the Injured Worker with respect to legal, adjudicative, or benefit/entitlement issues, or selectively omitting information regarding the impact of non-injury related needs in reports or other correspondence with WorkSafeBC is considered a serious breach of the Agreement.

OT Services Goal & Clinical Care

In the provision of OT Services, WorkSafeBC requires return-to-work focused, evidence-based treatment from all Providers.

As outlined above, the primary goals of services under the OT Services Agreement are:

1) To assist the Injured Worker with a return to his or her pre-injury physical, cognitive and/or mental health status where possible; and
2) To assist the Injured Worker with a timely and enduring return to work wherever possible.

Treatment plans and goals must align with the primary goals of WorkSafeBC. If the Worker is deemed able, the focus must be return to work and assisting the Injured Worker with resolution of symptoms associated with the physical, cognitive and/or psychological condition(s) accepted on the claim.

Informed Consent

All Injured Workers must be reminded of the limitations of confidentiality and disposition of clinical records.

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 it requires to perform its duties under the Act. This includes access to all treatment records, including your clinical notes.

Application for a claim requires the Worker to consent to the collection and use of personal information for the purposes of adjudicating and managing the claim.

Prior to beginning treatment, you as a Provider must explain the limits of confidentiality in accordance with law and policy of WorkSafeBC. Specifically, prior to beginning treatment you must inform the Injured Worker that when a decision on the file is appealed by either the Injured Worker or his or her Accident Employer, the contents of the entire claim file are disclosed to both parties. This includes information in Provider treatment records submitted to WorkSafeBC and the Provider's clinical notes if these are requested by WorkSafeBC and form part of the Injured Worker's claim file.

Worker Access to Claim Documents: Worker Portal

Injured Workers now have immediate access to documents on their claim files through an online portal. In addition, the Injured Worker may request a copy of a specific document from a WorkSafeBC Officer or a complete copy of his or her claim file by making a request for disclosure at any time. The information you provide to WorkSafeBC regarding the Injured Worker can be accessed by the Worker unless it is deemed to present an immediate risk of harm and marked as such on the electronic claim file.

Note: If you believe the information you provide will pose an immediate risk of harm should the Injured Worker access the information, you must contact the Case Manager or other referring WorkSafeBC Officer before submitting the document, so that the information can be marked as requiring specific disclosure under the Freedom of Information and Protection of Privacy Act (FIPPA).

Authorization of Services

When seeking approval of the initial OT plan or when there are proposed changes to the original treatment plan and/or recommendations, the Provider must contact the WorkSafeBC Officer to discuss the plan changes 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 detailed message, the OT may proceed with the plan unless informed otherwise by the WorkSafeBC Officer.

- 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 Provider not receive a timely response from the WorkSafeBC Officer on an issue that requires a response, the Provider may contact the WorkSafeBC Officer's Client Service Manager or the Quality Assurance Supervisor in Health Care Programs for assistance.

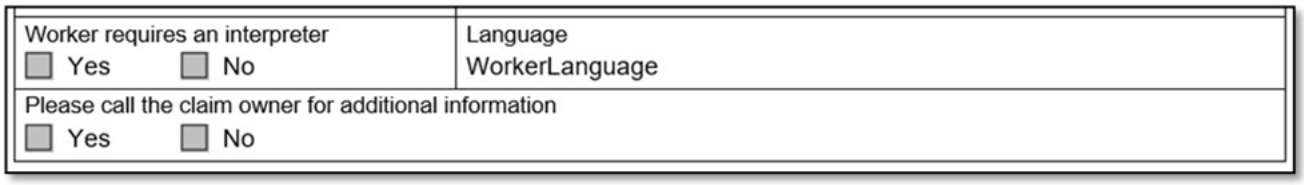
Threat Management Procedures

Please note that there are two ways that you, as a Provider, may be alerted to the potential that a 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 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.



If an Injured Worker directly threatens you or a staff member, you should contact the police immediately to report the threat or act of violence. You must also contact the WorkSafeBC Officer who will gather details from you to complete a Threat Report.

The Provider shall complete and submit a **Health Care Services Incident Report (Form #83M380)** available on our external site, at [Health Care Programs - Incident Report (form 83M380) | WorkSafeBC].

If you or a staff member are aware of a threat to a WorkSafeBC employee, you must report it to the WorkSafeBC Officer (e.g. Case Manager), who may involve WorkSafeBC Corporate Security staff. If it is an urgent matter, contact WorkSafeBC Emergencies at 1.888.621.7233.

WorkSafeBC Disclosure of Medical Information

Disclosures are documents or records relating to an Injured Worker's claim with WorkSafeBC – from medical history to treatment plans and personal information – that we provide to health care providers to help support their treatment of Injured Workers.

Accessing disclosures online:

All disclosures for OT Services referrals will be available on the WorkSafeBC Provider Portal. If you receive a referral through the Portal, the disclosure will be available only from the Portal. Should you receive a referral outside of the Portal, you will receive the disclosure by secure email or via facsimile.

Disclosures for referrals will be available on the WorkSafeBC Provider Portal as PDFs, for 60 days. After that, if you have not downloaded them yet, contact WorkSafeBC at 604.279.7607 or 1.888.967.5377, extension 7607.

Please see Appendix C for further information on how to access disclosures and obtain updated disclosures.

Note: Due to time constraints in a Time Sensitive Assessment, the OT may not receive the medical disclosure prior to performing the visit. If required, recent medical information may be requested from the referring WorkSafeBC Officer at the time of the referral and the WorkSafeBC Officer will forward the relevant information to the Provider.

Interpreter Services

In-person and Pre-Scheduled Telephone Interpretation

In order to assist Providers in effectively communicating with Injured Workers with limited English proficiency, WorkSafeBC has contracted interpretation service providers ("Interpretation Providers") who can provide in-person interpretation services throughout BC. If an in-person interpreter is not available, or if it is preferred, a pre-scheduled telephone interpreter may be booked for the appointment(s) greater than 24 hours in advance.

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.

Booking In-person and Pre-Scheduled Telephone Interpreters

The Provider is responsible for booking all interpretation appointments with the Interpretation Provider; therefore, the Provider must check every incoming referral to see if an interpreter is required. A paper referral will have a box checked to indicate that an interpreter is required. A referral coming through the Health Care Provider Portal will indicate "Interpreter Required" on the referral screen.

When required, in order to communicate with the injured worker about the appointment, the Provider is authorized to use On-demand Telephone Interpretation via the toll-free number provided by WorkSafeBC to conduct a three-way call with the Injured Worker and interpreter simultaneously (see On-demand Telephone Interpretation below).

Once the appointment(s) have been arranged with the Injured Worker, if required, the Provider must then contact one of the WorkSafeBC Authorized Interpretation Providers for their area (see the WorkSafeBC Authorized Interpretation Providers List - Appendix F) to book an in-person (or telephone) interpreter. The preferred method of contact for booking is by telephone; however, each Interpretation Provider may make available alternate means of booking that may be used by the Provider (e.g. on-line booking system).

The Provider must provide the Interpretation Provider with the following identifiers:

- 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 & the length of any breaks that may be expected).
  *Please ensure accuracy of this information as the Interpretation Provider needs it to bill WorkSafeBC for the service.

When the Interpretation Provider accepts the request, they will provide the Provider with a Reference Number for the appointment(s). Please make a note of this number in the event of any issues with the appointment(s).

Provider Responsibilities When Interpreters Are Involved

The Provider is responsible for:

- Arranging Interpretation Services for any relevant appointments, as follows:
  - Requests for Interpretation Services should be directed to any of the Interpretation Providers authorized within the relevant service region noted in the appendices (WorkSafeBC Authorized Interpretation Providers List).
  - Whenever possible, Interpretation Services should be booked at least 24 hours in advance of the required service date to avoid the emergency surcharges associated with last minute bookings.
  - Contact the Interpretation Provider by telephone and provide the language desired and appointment details, including any safety equipment required for job site visits, if applicable.
  - Be as accurate as possible with the times requested as WorkSafeBC pays for the time booked for appointments that end early. WorkSafeBC pays a surcharge for requests that are made with less than 24 hours notice.
  - If the Interpretation Provider informs that they are unable to supply an interpreter for the appointment requested, the Provider should contact another Interpretation Provider on the list and repeat the process.
  - If all Interpretation Providers are unable to supply an interpreter, and re-scheduling the appointment is not the best option, contact the Health Care Programs Quality Assurance Supervisor or Program Manager responsible for Interpretation and Translation Services at 604.232.7787 or toll free at 1.888.967.5377.
  - Accurately document the interpreter's service hours, to the minute, on the Interpreter Assignment Sheet (to be provided by interpreter) following each interpretation service. Please note that interpreters are not paid for any breaks that they willingly take at a time agreeable to the Provider during the appointment. Interpreters are also not paid for the Injured Worker's breaks so care must be taken to maximize the use of the interpreter's scheduled time, and not book it over the time the Injured Worker is scheduled to take a break. Ensure that any time taken for breaks is deducted from the total time of the Interpretation Service that the Provider signs off.
  - Notify the Interpretation Provider of any cancellations as soon as possible. WorkSafeBC pays a referral fee for appointments cancelled with less than 24 hours notice.
  - Inform Quality Assurance Supervisor of Interpretation Services in Health Care Programs in the event of any quality concerns, including tardiness and no-shows.
  - If the Provider fails to arrange an interpreter and the appointment cannot take place due to communication barriers, the Provider shall not be entitled to invoice under the Agreement for the appointment.
- Making every effort to ensure cost-effective usage of Interpretation Services, including not scheduling interpreters over Injured Workers' breaks and maximizing use of the scheduled time over only the core components of the appointment requiring interpretation.

On-demand Telephone Interpretation

These services can be used to communicate with the Injured Worker about any scheduled appointments, cancellations or changes and are available 24 hours a day, seven days a week.

Please refer to the "***Using On-demand telephone interpretation services***" in Appendix G on how to effectively utilize On-demand Telephone Interpretation Services.

Video Interpretation

These services are available to allow you to connect face-to-face virtually (i.e. through video) with Injured Worker's with limited English proficiency where time or circumstances (geographical barriers, etc.) inhibit an in-person visit.

Please refer to the "***Using video interpretation services***" in Appendix H on how to effectively utilize Video Interpretation Services.

Site Visits

Providers shall comply with all applicable Occupational Health and Safety regulations while conducting site visits. Providers are responsible for being equipped with the appropriate safety equipment when attending a job site.

Clinicians are responsible for asking the employer what safety equipment is required prior to attending each jobsite visit and for having the appropriate safety equipment available when attending a jobsite (e.g. steel toed boots, reflective vest, hard hat, safety goggles). Always ensure clinicians have the minimum Personal Protective Equipment and are aware of the safety risks and hazards at the workplace that they are attending.

Holidays

Public holidays are not counted as business days unless the Contractor chooses to provide Services and the Injured Worker chooses to receive OT Services on the public holiday.

Public holidays are: New Year's Day, Family Day, Good Friday, Easter Monday, Victoria Day, Canada Day, BC Day, Labour Day, Thanksgiving Day, Remembrance Day, Christmas Day and Boxing Day.

No days other than the recognized public holidays listed here will be considered as closure days or non-delivery of service days.

Services may be provided on a public holiday or weekend dependent on the Injured Worker's schedule; however, Contractors are not obligated to provide Services on these days. No additional compensation above the fees described in the fee schedule will be paid in the event you choose to provide services on these days.

Closures and Absence Coverage

If an OT is planning an absence that will impact the delivery of services, the OT is responsible for ensuring continuity by arranging for services to be provided by an alternate WorkSafeBC authorized OT. In circumstances where alternate arrangements cannot be made, Health Care Programs must be contacted and informed of any absence in coverage.

If an OT is planning an absence that will impact the ability to accept referrals, the OT must notify the Health Care Programs Quality Assurance Supervisor. In times where exceptional costs may be incurred to meet demands stemming from an extended absence (e.g. exceptional travel), Health Care Programs must be contacted to approve or decline the request.

Injured Worker Attendance

Providers must advise the WorkSafeBC Officer within one business day of any absences. If the appointment is subsequently rescheduled, the Provider must notify the WorkSafeBC Officer of the new appointment date and time.

The Provider must determine and document in their clinical records the reason for all absences (including days missed from the clinical treatment or treatment at the work site).

Planned absences must be pre-approved by the WorkSafeBC Officer. The Injured Worker must confirm the absence with the WorkSafeBC Officer.

Referrals

Referrals must be received electronically through the WorkSafeBC Provider Portal at Login (myworksafebc.com). Please refer to the "Provider Portal Quick Reference Guide" on our external site for additional information.

If a referral source contacts a Provider directly, the Provider must contact the WorkSafeBC Officer to process the referral through the WorkSafeBC Provider Portal.

Response Timelines

The Contractor must acknowledge a referral through the WorkSafeBC Provider Portal within 24 hours of WorkSafeBC sending the referral, excluding Saturday, Sunday and British Columbia statutory holidays, by indicating that the referral has been received, reviewed and considered.

The Contractor must accept or decline the referral through the WorkSafeBC Provider Portal within one (1) business day of the acknowledged date.

The Provider must book the appointment with the Injured Worker and confirm the outcome of this communication, or lack thereof, through the WorkSafeBC Provider Portal within one (1) business day of accepting the referral. If an appointment cannot be scheduled, the referral must be placed on "hold" in the Portal with a description of the reason, until such time that a date is obtained.

The Provider must contact the Injured Worker within one (1) business day of the referral accepted date and schedule the Injured Worker for an Initial Assessment as soon as possible, and no later than ten (10) business days from the referral accepted date. Time Sensitive Assessments must be completed within six (6) calendar days of the referral date unless otherwise indicated by the WorkSafeBC Officer.

Meeting the timelines listed above is crucial in ensuring that all Injured Workers have access to timely OT Services.

The referral authorizes the OT to perform the Initial Assessment of the Injured Worker. Rescheduled appointments do not require a new referral.

Upon completion of the Initial Assessment, the following must be completed:

- Within one (1) business day of the Initial Assessment, the OT must contact the WorkSafeBC Officer to communicate findings and recommendations. If the OT does not receive return communication from the WorkSafeBC Officer within three (3) business days, the OT may proceed with the plan.

A new Referral should be initiated if there is a lapse of more than three (3) months between services.

When a Provider has initiated services and a need for additional services is identified during the course of treatment and requested verbally by the WorkSafeBC Officer, the OT may submit Progress Reports to identify the issues to be addressed by the subsequent verbal referrals.

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 Contract. 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 a Provider is communicating with a VRC, the Provider 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.

Invoicing

Invoices must be submitted electronically through the WorkSafeBC Provider Portal. Please refer to the "WorkSafeBC Provider Portal User Guide" for specific instruction on how to submit invoices.

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

Incomplete appointments

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. 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.

The OT may receive a request by the WorkSafeBC Officer to attend multidisciplinary and/or hospital team meetings or worksites. These may be billed as an OT visit. Please note that RWs are not to attend the abovementioned meetings either with or on behalf of the OTs.

Pre-authorized travel and basic equipment/aid purchases

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).

For basic medical equipment/aids that are not available via a WorkSafeBC authorized vendor, and wherein worker reimbursement is not feasible and the OT has obtained WorkSafeBC Officer approval for the device, 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). Note that this is limited only to basic equipment/aid purchases that are approved and related to the compensable injury.

Entitlement to medical or clinically indicated equipment is impacted by many factors. Wherever possible, the Injured Worker must not be charged for equipment related to the claim. WorkSafeBC may request a copy of receipts to support the invoices.

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.

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. Providers 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 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 Provider 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, providers 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 Providers accumulate email communication time and incorporate this into their invoicing for telephone consultation fees. Providers 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 Worker (e.g. travel time, treatment visit, etc.).

Invoicing for reports

When invoicing for reports, the "Date of service" associated with the report fee code recorded on the invoice must match the "Date of service" on the relevant report (may be assessment date, visit date, discharge date, depending on report type) to ensure timely payment. Do not record the "report date" in the "Date of service" field on 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 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.

Reporting Requirements

General Reporting

Please refer to the "Provider Portal Quick Reference Guide" for specific instruction on how to submit reports. Reports must be submitted electronically through the WorkSafeBC Provider Portal.

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

The latest version of all report templates are available for download under the "Forms and Resources" page here: Forms & Resources - WorkSafeBC. All reports must be submitted using the guidelines in the Appendices found in this manual.

All documents that are submitted must contain the following information on **each page** of the document:

- Injured Worker's name
- Injured Worker's claim number
- Document name and page number

For assistance with Program related business process questions for reporting, please contact Health Care Programs at WorkSafeBC at 604.232.7787

Specific Reporting Requirements

Please see Appendix B for all OT Service Agreement report templates and for report content requirements for the Job Site Visit (JSV) report and the Graduated Return to Work (GRTW) report.

Initial Assessment Report

The estimated number of sessions and recommendations should be verbally communicated to the WorkSafeBC Officer and should include, when applicable, OT treatment (including OT Treatment and OT RTW Support), Telehealth Sessions, if applicable, as well as any time allotted to Rehabilitation Worker (RW) services if applicable.

The requested services for the treatment block (maximum of 8 weeks) should be documented in the Initial Assessment Report (83D488).

Initial Assessment Reports (83D488) **must**:

- Be submitted using the "Initial Assessment Report" template (Form 83D488)
- Be received within three (3) business days of the Initial Assessment date (with the assessment date considered to be day "0").
- Include the following information:
  - A list of the issues to be addressed based on the assessment findings and Injured Worker needs (this may reflect multiple service categories within the OT Services Agreement);
  - An Occupational Therapy plan, which includes:
    - Short and long-term goals, where applicable;
    - Recommendations regarding proposed method(s) to achieve stated goals, including the professional designation of the individuals who will be providing

the Services;
- Estimated number of sessions required based on the assessment findings and best practice; and,
- Length of service (Initial Assessment to Discharge date interval), frequency, etc.

*When medical **Equipment/Aids** are requested, and the recommendations have been pre-approved by the WorkSafeBC Officer subsequent to the OT assessment, the Initial Assessment Report should include the following information:*

- An estimate of the timeline for provision of the appropriate equipment.
- The vendor quote:
  - Should be sent separately from the reports, not as an attachment, and should be submitted using the Supplier/Vendor Quote (83D35) in the Provider Portal. Attaching the vendor quote to the last page of another report will not notify the WorkSafeBC Officer of the incoming quote to review;
  - If the vendor quote is not available when the Initial Assessment Report is due, the Provider should submit the Initial Assessment Report through the Provider Portal within the required timelines;
  - When submitting the vendor quote, the OT must review it to ensure consistency with the OT recommendations;
  - When submitting the vendor quote through the Portal, use the date the quote is submitted to WorkSafeBC.;
  - **Important Note**: The Supplier/Vendor Quote form (83D35) does not need to be completed in full if the OT is appending it to a quote from the vendor that has been provided in some other format. In this instance, the Supplier/Vendor Quote form (83D35) must contain the minimum information to identify the Injured Worker, therapist's name, vendor's name and payee #.
- Where the Injured Worker is requesting equipment that exceeds the medical needs based on the compensable injury, the OT should document the medically required equipment needs, as well as the Injured Worker's requests, clearly distinguishing each. The Injured Worker may choose to pay for the difference in costs in some cases.
- Where there are multiple options for equipment at varying costs, the OT should document each option and explain the medical need. The WorkSafeBC Officer will consider the options when making the entitlement decision.
- If the OT is recommending equipment rental, they should include the approximate timeframe for which the equipment is required and include a vendor quote for both the rental cost and the purchase cost for comparison.

*If the Referral Form has included a request for review of **Home or Vehicle Modifications**, the OT should first contact the WorkSafeBC Officer to clarify if an OTCA or other contracted party (e.g. Home or Vehicle Modification vendor) is also involved. Any recommendations should be pre-approved by the WorkSafeBC Officer subsequent to the OT assessment. The Initial Assessment Report should include the following information*:

- The OT should provide as many details as possible about each of the recommendations. If applicable, model numbers and size of equipment should be provided;
- Include photographs and diagrams, and specify particular items;
- Photographs are a mandatory component of the report;
- Provide recommendations regarding possible modifications that would assist the Injured Worker to overcome the physical and functional barriers;
- Where multiple options exist for addressing issues, provide multiple recommendations and pros and cons of each and the preferred option, based on the OT opinion;
- Where the Injured Worker is requesting modifications that are beyond those that

are medically required, distinguish the medically required recommendations from those requested by the Injured Worker, clearly identifying each. The Injured Worker may choose to pay for the difference in some cases;
- Where there are multiple options for addressing the Injured Worker's needs, the OT must document each of the recommendations and outline the pros and cons for each and provide an opinion regarding the preferred option.

Home Modifications:

- Provide information regarding the layout of the Injured Worker's home (e.g. # of floors, location of Injured Worker's bedroom, etc.);
- Include photographs and diagrams;
- Identify access/mobility issues for all entrances, bathrooms and stairwells in the house;
- Provide specific details regarding the access/mobility issues, including measurements where appropriate, within the Injured Worker's living space, kitchen and bedroom;
- Provide potential solutions to presented issues, and note the least costly, equally effective, option(s).

Vehicle Modifications:

- Please refer to section "Vehicle Modification Reports" for information pertaining to reporting expectations.

Progress Report

OT Services Progress Report (83D487) should be submitted, at the minimum, every 8 weeks if the Injured Worker is participating in OT treatment within any treatment stream (Physical Injury, Mental Health or Brain Injury). The Progress Report is considered a formal request for extension of services and is required unless otherwise indicated by the WorkSafeBC Officer. The WorkSafeBC Officer should be contacted and a separate Progress Report should be submitted if there is a significant change in the Injured Worker's function or to the approved plan, or if the planned intervention does not produce the anticipated results.

For any treatment file wherein it has been communicated to the Provider by the WorkSafeBC Officer that maintenance services are requested and approved, reports can be submitted at twelve (12) week intervals.

The Progress Report is due every 8 weeks, unless otherwise indicated based on direction from the WorkSafeBC Officer. A telephone call to the WorkSafeBC Officer with an update is required at minimum five (5) business days prior to the submission of the Progress Report.

When an Injured Worker is engaged in a GRTW plan and OT RTW Support (fee code 1245965 or 1245999) is being billed in lieu of OT Treatment, a Progress Report is required only if there is a change in the Injured Worker's clinical or functional status, and/or there are relevant updates for the WorkSafeBC Officer that are not included in the GRTW Plan Report (83D202).

When requested by the WorkSafeBC Officer, the Progress Report (OT Progress Report 83D487) must be received within three (3) business days of the request.

*If there are ongoing needs regarding medical **Equipment/Aids, Home or Vehicle Modifications** following the Initial Assessment Report and the recommendations have been communicated to the WorkSafeBC Officer who has pre-approved these recommendations, the Progress Report should include the following information:*

- An update on the status of the recommended equipment; and,

- Identification of updated issues resulting from the equipment trials;
- The OT must provide an update if trials are required that were not anticipated in the original plan; or if there are unanticipated delays in the delivery of the equipment that will exceed thirty (30) calendar days;
- Wherever practical and unless otherwise directed by the WorkSafeBC Officer, the Injured Worker should not be discharged until the OT confirms that the approved equipment has been provided and is being used safely and appropriately. In rare situations where a visit is not practical, a phone call may suffice to follow up on the status of the equipment;
- If the equipment is being rented and there is a recommendation of continued rental, the OT should comment on the continued pros / cons of rental versus purchase, and provide an update to the anticipated time the rental equipment is required.

Job Site Visit (JSV) Report

JSV reports may be requested on any referral wherein active treatment and/or RTW services are taking place.

JSV reports must be submitted using the JSV report template (Form 83D201).

JSV report (Form 83D201) must be received within three (3) business days of the JSV (with the JSV date considered to be day "0").

Subsequent JSV reports may be submitted during the GRTW.

Graduated Return to Work (GRTW) Plan

GRTW plan reports are required for any Injured Worker who is beginning a return-to-work plan.

GRTW plans must be submitted using the Graduated Return to Work Plan template (Form 83D202).

The GRTW plan must contain specific hours and duties for a specified period of time and a defined anticipated end date.

GRTW plan (Form 83D202) must be received within ten (10) business days of the request of the WorkSafeBC Officer.

The WorkSafeBC Officer must also be contacted when an extension to the initial GRTW plan is being recommended, and a revised GRTW Plan may be requested.

Discharge Report

The discharge date should be the date of the last OT Visit or completion of the GRTW plan. In some cases, the discharge date may occur on the date of a follow up phone call or following communication with the WorkSafeBC Officer in the absence of an OT Visit. This should be clearly documented in the Discharge Report.

- For the purposes of calculating the Discharge Report due date, the day the Injured Worker is discharged is equal to day zero (0). The Discharge Report (83D486) must be received within three (3) business days of the discharge date.
- The discharge plan and recommendations must be discussed with the WorkSafeBC Officer at least five (5) business days prior to discharge.

*A final update on any approved medical **Equipment/Aids, Home or Vehicle Modifications** should also be provided in the Discharge Report as appropriate. If there is a continued recommendation of rental equipment, a recommended timeline of rental and follow-up plan must be noted on the report.*

Additional Reporting Considerations

Photographs within reports
It is expected that the Provider incorporate photographs in the report(s) to document the home environment (e.g. placement of grab bars, accessibility issues, equipment, etc.) as well as job tasks and/or equipment, as appropriate.

Stay at work or return to work factors
It is expected that the Provider outline any issues/factors that are believed to be interfering with the Injured Worker remaining at or returning to work. Examples include: safety concerns in the workplace, labour relations concerns, strained relationships with co-workers, and fear of reinjury. It may also include other psychosocial variables such as financial strain, pre-existing conditions, expectations of recovery or perceived injustice. If present, these factors can act as barriers to returning to or staying at work. Conversely, some psychosocial variables may promote recovery/return or stay at work. For example, positive social supports, continued connection to the workplace, positive expectations of recovery can all be facilitators in the recovery process. These factors may not be directly related to the compensable condition; however, may influence treatment progress and recovery and may be necessary targets for intervention.

Service Requirements

OT Treatment

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) barrier to 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 his/her pre-incident baseline function.

Trauma-related Psychological Disorders:

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 Prolonged Exposure (PE) and specifically in the in vivo exposure component of 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.

It is also expected that the OT collaborate with the involved Psychologist or Counsellor wherever possible, 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.

The following website provides evidence-based and practical information related to PE treatment:

https://deploymentpsych.org/online-courses/pe

There are also several articles relevant to this area of practice:

Edgelow, M., & Cramm, H. (2020). Developing an Occupation-Centred Framework for Trauma Intervention. *Occupational Therapy in Mental Health*, *36 (3*), 270-290.

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). Clients' experiences of returning to the trauma site during PTSD treatment: an exploratory study. *Behavioural and Cognitive Psychotherapy, 43*, 1–11.

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**.**

Mild to Severe Brain Injury:

The following are two of many resources available to clinicians to support clinical best-practice in brain injury rehabilitation:

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/

Disclaimer: 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.

Involvement of a Rehabilitation Worker (RW) in OT Treatment:
The involvement of a RW may be recommended to assist with carrying out the OT's rehabilitation plan and must be justified in the Initial Assessment Report and subsequent Progress Report(s). The goal of RW involvement must remain in line with the overall OT treatment goals of functional restoration and return to work. It is expected that the treating OT devise and monitor the RW plan, and that efforts are made to ensure there is no unnecessary duplication of services (e.g. between OT and RW treatment), and that the focus of involvement is on increasing Injured Worker's self-efficacy and independence versus dependence. RWs are expected to be rehabilitation focused and should not be providing homecare support services. Irrespective of the RW's designation (e.g. Rehabilitation Assistant, OT Aid, Kinesiologist, etc.) the OT is expected to devise, monitor, and revise the RW plan.

Additionally, when an OT recommends the involvement of an RW for an exercise program, it is important that the OT explain to the Injured Worker that this service is time limited, with the goal of enabling the Injured Worker to participate in an exercise program independently. Furthermore, such services must be clinically justified, approved by the WorkSafeBC Officer, and directly related to the compensable injury.

If the OT believes that home care or personal care services may be appropriate for an Injured Worker related to a compensable condition, the OT should contact the WorkSafeBC Officer first to discuss, prior to discussing potential supports with the Injured Worker.

Telehealth Services

Telehealth Delivery means the Contractor's use of video technology for live image transmission in order for the Contractor to deliver services remotely to the Injured Worker. The OT may deliver services to an Injured Worker using Telehealth Delivery, provided that the OT comply at all times with WorkSafeBC's Telehealth Treatment Guidelines (Appendix E). It is expected that the OT submit a rationale in the treatment plan 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. It is expected that in person treatment sessions be provided at minimum every 4 weeks, unless an exception is noted with WorkSafeBC Officer's approval. The OT may not deliver an initial assessment via Telehealth Delivery and may only provide a discharge session via Telehealth Delivery with the prior verbal approval of the WorkSafeBC Officer.

Please see Appendix J for information pertaining to **exceptions** in Telehealth Delivery during the COVID-19 pandemic.

Graduated Return to Work (GRTW) Plans

Graduated Return to Work (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 minimum:

- 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 Contractor shall submit the GRTW Plan to WorkSafeBC 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.

The GRTW Plan must be approved by the WorkSafeBC Officer prior to the Injured Worker commencing the GRTW Plan.

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.

Ergonomic Assessments

When an Ergonomic Assessment is indicated on the referral, an Ergonomic Assessment may be performed without additional WorkSafeBC Officer's approval; however, Providers should obtain approval by the WorkSafeBC Officer for any Ergonomic Assessment that has not been indicated on the referral. Ergonomic Assessments may be conducted by OTs only. The Ergonomic Report should contain a description of any recommended equipment, including associated costs and retailers/suppliers. Please refer to "Guidelines for Equipment Recommendations Process" on page 28 for details.

Equipment/Aids

Wherever possible, it is expected that equipment is trialed with the Injured Worker, preferably in their home environment, prior to recommendation.

Basic Equipment/Aids

Basic equipment/aids can be requested and provided under all streams of treatment and under Time Sensitive Referrals with WorkSafeBC Officer approval. The recommendation(s) must be made verbally prior to including the recommendation into a report and must be related to the compensable diagnose(s) only.

Included, but not limited to:

- Basic Mobility Aids
  - Canes, walkers and transport wheelchair;
- Home Safety Equipment
  - Handheld showers, transfer boards, transfer benches, 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
  - 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).

Basic equipment/aids recommendations can be made when it is determined that the Injured Worker may benefit, either physically or cognitively, from the use of aids or adaptive strategies to increase their independence following a compensable injury.

Advanced Equipment/Aids

Advanced equipment can be requested and provided under OT-PI, OT-BI and Time Sensitive referral with WorkSafeBC Officer approval. The recommendation(s) must be made verbally prior to including the recommendation into a report, and must be related to the compensable diagnose(s) only.

Included but not limited to:

- Scooters, manual and power wheelchairs;
- 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;
- Portable lifts.

Home & Vehicle Modifications

Referrals for home and vehicle modifications can be made under both the OT-PI and OT-BI streams. **It should be noted however that only if the OT providing OT-BI has the required expertise and is qualified to do so, can he/she provide services towards the advanced equipment or home and vehicle modification recommendations**. If the OT providing OT-BI does not have the required expertise, then the Provider must advise the WorkSafeBC Officer to make a referral under the OT-PI stream to another OT. It is expected in this case that the OT, and/or the WorkSafeBC OTCA will collaborate in working with the Injured Worker.

Home Modifications

Examples of home modifications:

- Widening doorways;

- Removing thresholds;
- Ramps;
- Elevators;
- Wheel in showers;
- Installation of grab bars;
- Stair glides;
- Floor to ceiling poles;
- Environmental control units;
- Ceiling tracks;
- Lowering cupboards and counter tops;
- Vertical platform lifts.

When completing home modification assessments, it is the OT's responsibility to provide recommendations regarding possible solutions to assist the Injured Worker to overcome the physical and functional barriers to independence.

Please contact the WorkSafeBC Officer to discuss recommendations for home modifications, particularly major home modifications or potential modifications beyond the initial scope of the referral, prior to discussing them with the Injured Worker or submitting your clinical report. Major home modifications will typically require the involvement of the WorkSafeBC OTCAs.

Please do not set an expectation with the Injured Worker that they may be entitled to major home modifications without specific approval from the WorkSafeBC Officer.

WorkSafeBC has contracted vendors who complete home modifications. A construction contractor may also be involved to determine the viability of the recommendations. In many cases, the home modification will be overseen by a Project Manager from WorkSafeBC's Facilities department. It is expected that the OT collaborate effectively with the Project Manager, the vendor approved by WorkSafeBC or the contractor hired by WorkSafeBC, to ensure that home modifications address the functional and safety needs of the Injured Worker.

When making recommendations for equipment the OT is 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.).

The OT 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.

When an OT identifies the need for home modifications that do not involve construction and/or renovation(s), the OT can engage a Durable Medical Equipment Vendor ("MSA Vendor") to deliver/install the following items only, with WorkSafeBC Officer approval:

- Grab bars
- Ceiling track lifts
- Super poles
- Handheld showers
- Threshold ramps (purchase/rental)
- Modular Access ramps (purchase/rental)

- Additionally, the removal/re-installation of shower doors (e.g. when installing a bath bench) may also be completed by an MSA Vendor.

For any project wherein it is expected that the modifications will involve construction materials such as wood and concrete (e.g. railings) or work that is suggestive of construction and/or renovations (i.e. larger projects), the WorkSafeBC Officer will route all of the work to WorkSafeBC's network of Home Modification Contractors. This is inclusive of the items listed above, if any of the aforementioned items are also recommended. **In other words, the only circumstances wherein an OT would request the MSA Vendor to deliver/install the aforementioned items would be if there were no additional renovations/construction work required.**

In all instances, the expectation remains that the OT provides a verbal update to the WorkSafeBC Officer prior to outlining recommendations in a report. The OT must then Supplier/Vendor quote (83D35) separately via the Provider Portal (as is the case currently when recommending other MSA items, such as a walker, cane, etc.).

Vehicle Modifications

Examples of vehicle modifications:

- Left foot gas pedals
- Spinner knobs
- Hand controls
- Lowering the floor
- Ramps
- Lift devices

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.

A list of contracted vehicle modification vendors is available on the WorkSafeBC website here: Service providers - WorkSafeBC.

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.

A pre-driving screen of physical, cognitive, and psychosocial barriers with relation to driving may be requested and completed by the Occupational Therapy Services OT if requested by the WorkSafeBC Officer (if the OT is competent to do so). If the Injured Worker requires a formal driving assessment, this would be beyond the scope of OT Services under this contract. The OT should contact the WorkSafeBC Officer to communicate and discuss a referral for a formal driving assessment, and the WorkSafeBC Officer would then make a referral to the appropriate provider.

The chart below shows the different reporting requirements depending on the extent of the modification, and whether the modifications will be made to the Injured Worker's existing vehicle or a new one.

Type of modification	Vehicle	Initial Assessment Report (83D488)	Vehicle Modification Assessment form (83M10)	Supplier/ Vendor quote (83D35)
Major or Minor	New	Yes	Yes	No
Major	Existing	Yes	Yes	No
Minor	Existing	Yes	No	Yes

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. Due to the time sensitive nature of the assessments, the referral document (and medical disclosure) may be received after the service has already been initiated and/or performed.
- 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.

Time Sensitive – Durable Medical Equipment Pre-Authorization

- OT contractors may request mobility and adaptive aids that are required on an urgent basis for Injured Worker safety. Such equipment would include mobility aids, bath equipment, hospital bed rentals, and ADL equipment.
- With the Time Sensitive OT referral, a Time Sensitive OT – Durable Medical Supply Pre-authorization form (83D357) will need to be submitted to WorkSafeBC via the Provider Portal if there are any equipment (rental or purchase) needs. This form needs to be submitted separately and not as an attachment to a report.
- 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 and/or potential referral to OT Services for equipment follow-up.
- Please communicate with the Medical Equipment vendor that this is a Time Sensitive Referral.
- Please communicate with a WorkSafeBC endorsed suppler/equipment vendor (i.e. vendors under the Master Standing Agreement (MSA) or other agreement in effect at that time) to set up the equipment.

Guidelines for Equipment Recommendation Process

When completing the reports, provide as many details as possible about each of the recommendations. If applicable, include model names and numbers. Photographs are a mandatory component of the Initial Assessment Report if home or vehicle modifications are being recommended. In the case of the latter, information regarding the vehicle itself, and the worker's ability to transfer in/out of the vehicle and operate the vehicle are required. The Vehicle Modification Assessment form (83M10) is also required for any new or major vehicle modification.

Where the Injured Worker is requesting equipment/modifications that exceed the medical needs based on the compensable injury, the OT should document the medically required equipment/modification needs, as well as the Injured Worker's requests, clearly identifying and distinguishing each. The Injured Worker may choose to pay for the difference in some cases.

Where there are multiple options for addressing the Injured Worker's needs, the OT must document each of the recommendations and outline the pros and cons for each, and provide an opinion regarding the preferred option, and identify the least costly, equally effective option.

The OT must contact the WorkSafeBC Officer to discuss recommendations and obtain authorization for the OT plan, including a quote for equipment.

When an equipment supplier is involved, the OT:

- Must use a WorkSafeBC endorsed supplier/equipment vendor (i.e. vendors under the Master Standing Agreement (MSA) or other agreement in effect at that time) to trial the necessary equipment. A list of approved vendors/suppliers is available here: Service providers - WorkSafeBC
- If the OT is recommending a non-MSA vendor for equipment that can otherwise be obtained via an MSA vendor, Health Care Programs must be contacted to obtain approval prior to proceeding;
- May need to trial the equipment to identify appropriateness;
- May need to meet the Injured Worker at the vendor/supplier's location to determine the most suitable equipment to trial. The number of trials required is at the discretion of the OT.
- Should request a quotation from the vendor/supplier once the appropriate equipment has been identified;
- Request the vendor/supplier separate quotes for purchased equipment and rented equipment;
- Must review the quote which is provided by the equipment supplier to ensure that the quote is consistent with the OT's recommendations prior to submitting to the WorkSafeBC Officer for authorization. Ensuring the correct, recommended equipment is delivered is the responsibility of the OT.

OTs should not purchase any equipment directly for the Injured Worker. For basic equipment/aids that are not available via a WorkSafeBC authorized vendor, and wherein worker reimbursement is not feasible and the OT has obtained WorkSafeBC Officer approval for the device, please refer to "pre-authorized travel and basic equipment/aids" on page 16.

For equipment that has been pre-approved and is not available through an MSA vendor, and that exceeds the $50.00 limit set for "Pre-Authorized Basic Equipment/Aids", the OT must make efforts to utilize a vendor local to the Injured Worker who is willing to invoice WorkSafeBC directly. If the vendor does not have a payee number with WorkSafeBC, the vendor or OT can contact WorkSafeBC's Procurement department (procurement@worksafebc.com) to request that they be setup with a payee number.

Entitlement to equipment is impacted by many factors, and each item of equipment must be individually entitled by the WorkSafeBC Officer. The Injured Worker must not be charged for equipment related to the claim.

Independence and Home Maintenance Allowance (IHMA) & Personal Care Allowance (PCA)

In some circumstances, Injured Workers may be referred for an Occupational Therapy or Home Care Assessment when the Injured Worker is being considered for an IHMA or a PCA. The OT/RN will be required to give an opinion as to whether the Injured Worker's disability will prevent the Injured Worker from carrying out the activities considered for coverage by the allowances. Providers may be involved with assessing the Worker's ability to perform Instrumental Activities of Daily Living (IADLs), which are homemaking tasks related to independent living, such as housework, grocery shopping, and meal preparation. An IADL benefit may be paid to Injured Workers who are severely disabled with severely impacted mobility or function. In the cases where IADL assistance is required and approved, it is paid directly to the Injured Worker as a monthly allowance (the IHMA). It is then the responsibility of the Injured Worker to arrange and pay directly for any related services, should they choose to do so. Similarly, WorkSafeBC may request PCA Assessment for Injured Workers who are severely disabled and who require assistance with activities of daily living. The care may be provided by an informal caregiver, such as family member or friend, and the PCA is paid directly to the Injured Worker.

Checklists

Treatment Checklist

- When developing the initial OT plan and recommendations for the current treatment plan, the treatment block duration is limited to a maximum of eight (8) weeks.
- Contact the WorkSafeBC Officer within one (1) business day of completion of the Initial Assessment to discuss recommendations and request approval of the proposed OT plan.
- Submit the completed Initial Assessment Report (83D488), including a detailed treatment plan within three (3) business days of the Initial Visit date.
- If approved by the WorkSafeBC Officer, the OT may proceed to implement treatment for up to eight (8) weeks and for the number of sessions specified, after which time an extension must be requested.
- The initial OT plan must also include the proposed total length of OT Service (Assessment to Discharge).
- The initial OT plan must include the number and frequency of OT Visits and Rehabilitation Worker Visits for the first treatment block, which should be based on treatment goals and clinical best practice.
- A Progress Report (83D487) must be submitted at minimum every 8 weeks if the Injured Worker is participating in OT Treatment, with the exception of circumstances wherein the WorkSafeBC Officer has requested maintenance services, at which time Progress Reports may be submitted at 12 week intervals.
- Contact the WorkSafeBC Officer at least five (5) business days prior to submission of the Progress Report, and at least five (5) days prior to discharge to discuss the discharge plan and recommendations.
- Submit a Discharge Report (83D486) within three (3) business days following the discharge date.

Equipment Checklist

- Contact the WorkSafeBC Officer within one (1) business day of completion of the Initial Assessment to discuss equipment recommendations and obtain approval for the proposed OT plan.
- Submit the completed Initial Assessment Report (83D488), and when applicable, the Vehicle Modification Assessment form (83M10), within three (3) business days of the Initial Visit date.
- Submit the reviewed vendor quote as soon as available. The vendor quote should be sent separately from the reports, not as an attachment, and should be submitted using the Supplier/Vendor Quote form (83D35) in the Provider Portal. Attaching the quote to the last page of another report will not notify the WorkSafeBC Officer of the incoming quote to review.
- The OT should request that the vendor contact him or her once the authorization to provide the equipment has been received from WorkSafeBC.
- The OT should confirm with the vendor the equipment that has been authorized and the anticipated timeline for the receipt of the equipment.
- If there are unusual delays in the receipt of the equipment, the WorkSafeBC Officer must be notified.
- If the equipment is not received as anticipated, the WorkSafeBC Officer must be notified via telephone.
- Wherever practical, and unless otherwise directed by the WorkSafeBC Officer, visit the Injured Worker once the equipment has been received to confirm the appropriate use of the equipment and discharge the Injured Worker.

Time Sensitive Assessment Checklist

- You will receive a referral through the Portal and a medical disclosure, possibly after

receiving the referral verbally and/or after the Time Sensitive Assessment is complete. 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, the Occupational Therapist must advise the WorkSafeBC Officer.
- Discuss any potential equipment requirements with the WorkSafeBC Officer at the time of the referral and wherever possible obtain pre-approval for the purchase/rental of equipment, unless a delay would be unsafe for the Injured Worker.
- Complete the Initial Assessment.
- Verbally communicate the urgent equipment needs to the Medical Equipment Vendor, and indicate that the request will come through as part of the OT Time-Sensitive Durable Medical Supply Pre-authorization.
- The 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. If requested equipment is to be rented, the OT must include the recommended timeline and a follow-up plan.
- 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, unless otherwise approved by the WorkSafeBC Officer.
- 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 BO 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.

Communication Requirements

Recommendations

All recommendations must be:

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

Email Communications

Please note that email may be used as a communication tool with WorkSafeBC Officers regarding a claim if the worker has provided their consent for email usage. As the Worker's consent must be obtained by the WorkSafeBC Officer for such purposes, please only email the WorkSafeBC Officer if they initiate the email communication. It is further noted that all email communication should be encrypted. Provider groups are encouraged to consider these guidelines in addition to those by their respective college and/or regulatory association.

General communications that do not pertain specifically to a worker's claim file can continue to be emailed to the Program Manager and/or Quality Assurance Supervisor in Health Care Programs. General communications are typically those related to running the program (i.e. changes to staff, or mentorship requests), contract or program related questions, queries regarding Key Performance Indicators, or if communication is ongoing in relation to a service matter.

General Communications

The following are situations that require disclosure to the appropriate WorkSafeBC staff member:

- Any implicit or explicit threat towards a WorkSafeBC staff member or property; and/or any statement or action of harm directed towards another individual.
- Where any accident or critical incident occurs, the WorkSafeBC Officer and Attending Physician must be notified immediately by telephone and a written incident report must be submitted to WorkSafeBC.
- When reporting one of the above, the seriousness of intent should also be communicated. Contact the Quality Assurance Supervisor if in doubt of the appropriate person to contact.

Communications Regarding Exceptions

For inquiries regarding exceptions to billing or provision of services, contact Health Care Programs for direction.

Final decisions/recommendations will be communicated to Providers in writing from Health Care Programs and will apply specifically to the scenario in question. Same decision/recommendations cannot be applied to another Injured Worker without specific approval, provided in writing, from Health Care Programs.

Communications during RTW

Providers must communicate with the Injured Worker, WorkSafeBC Officer, employer and other relevant stakeholders on a minimum of a weekly basis during the RTW.

Communications Regarding Recommendations

Recommendations for RTW, further medical investigations/referrals, medical supplies/equipment and treatment plan etc. should be discussed with the WorkSafeBC Officer prior to advising the Injured Worker or documenting in a report.

Health Care Programs Communication

Health Care Programs regularly uses email bulletins as a communication channel between WorkSafeBC and program Providers, relaying information regarding:

- New forms, new invoices
- Updated processes
- WorkSafeBC staff changes
- Patterns in claims
- Updates on service matters
- Payment issues / Billing FAQ's
- Clinical reminders
- Other relevant information

If you would like to be added to the **Occupational Therapy Services** email bulletin list, or if you already receive this email and would like to change the email address or be removed from the list, please send an email to **hcsinqu@worksafebc.com** requesting the change. There is no limit to the number of people within a Provider organization who can receive the information bulletins.

Referring Physician/Specialist Communication

Providers are encouraged to contact the Referring Physician to gain support for the RTW Plan wherever indicated. Providers may advise the Referring Physician/Specialist that the BCMA Telephone Consultation

fee code (19930) within the WorkSafeBC-Doctors of BC Service Agreement may be invoiced to WorkSafeBC by Physicians.

Providers may advise the Referring Physician that the BCMA Return to Work Planning Request fee code (19976) may be invoiced to WorkSafeBC by Physicians. The fee code allows the Physician to invoice for the endorsement of a RTW Plan.

Incident Reporting

The Provider shall report in writing of any incidents that occur during an Injured Worker's treatment using the **Health Care Programs Incident Report (Form #83M380)** available here: Health Care Programs - Incident Report (form 83M380) | WorkSafeBC within two (2) business days of the incident occurring.

Verbal communication regarding the incident is required within one (1) business day to the WorkSafeBC Officer, the WorkSafeBC Health Care Programs' Program Manager, and to the Injured Worker's physician, if any physical or psychological trauma is sustained by an Injured Worker in the course of the Provider delivering services to the Injured Worker, or if any situation arises in the course of treatment that creates an immediate safety hazard to the Injured Worker, the Provider or any other individual.

Where the incident results in the Injured Worker requiring emergency care, the Provider must provide a report to the WorkSafeBC Officer and the Health Care Programs' Program Manager on the same day, unless the emergent nature of the situation prevents such reporting from occurring.

FIPPA Release of Information to Employers

As part of WorkSafeBC treatment programs' expectations, program providers frequently communicate with the Injured Worker's employer to assist the Injured Worker to return to work in a safe and timely manner. This section serves as a reminder of the Freedom of Information and Protection of Privacy Act (FIPPA) as it relates to discussing personal information with an Injured Worker's employer.

The Provider should obtain written consent from an Injured Worker prior to sharing information with their employer. This consent will let the Injured Worker know that information will be shared and the authorization can be tailored to address what information the Injured Worker wants to share. It also allows the Injured Worker to be part of the process so that they are not surprised when the service provider is speaking with their employer. The service provider should ideally also have a named individual at the employer that they are to speak with to ensure that they are sharing the information with the appropriate party.

When speaking with an employer (or an authorized employer/Injured Worker representative), you can only share information with them on a "need to know" basis. The amount and type of information that can be disclosed to the employer about an Injured Worker is quite minimal. Some examples of information that the employer needs to know for their workplace, which you can share with them, include the following:

- When the Injured Worker is expected back to work
- Whether the Injured Worker will need light / modified / transitional duties upon return to work (capabilities relative timelines)
- RTW hours
- Accepted, claim related, limitations and restrictions
- Recommended workplace accommodations (ex: sit / stand stool, ergo chair, etc) in circumstances where restrictions/limitations have been accepted by WorkSafeBC

The service provider should not release information or details to the employer about the Injured Worker's medical condition (ex: diagnosis, surgery types, surgery dates, specialist appointments, treatments, etc) as that is not a level of detail that would be required for the workplace. Regular updates to the employer

(unless something significant changes), questions regarding specific specialists, and "what did the consult report say" are also not information to share with the employer. The employer does not need to know the names and roles of the rehabilitation program staff or specialists, unless those contact details are relevant for the management of the Injured Worker's return to work plan.

If you have further questions you can contact the WorkSafeBC FIPP office at 604.279.8171, or learn more about FIPP on the WorkSafeBC website: Freedom of Information and Protection of Privacy Office - WorkSafeBC

You can find out more about the FIPP Act from the Office of the Information & Privacy Commissioner for BC at: Legislation - Office of the Information and Privacy Commissioner for BC (oipc.bc.ca)

Transfer to New Provider

When the Injured Worker is transferred from one provider to the next, the first Provider will submit copies of his/her reports and any other relevant documentation to WorkSafeBC via the Portal. Any other pertinent information must be relayed by telephone prior to 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.

Program Withdrawal or Discharge for Non-compliance

The Injured Worker has the right to voluntarily withdraw from the service.

The WorkSafeBC Officer has the right to withdraw the Injured Worker from the service at any time.

The Provider may discharge an Injured Worker who is not benefiting from the service for reasons of poor levels of participation or attendance, or if there is a lack of therapeutic alliance between the Provider and the Injured Worker. Evidence for the poor participation or attendance and a functional summary must be included in the Discharge Report.

The Provider shall notify the WorkSafeBC Officer as soon as the Injured Worker has withdrawn from treatment, or if the Provider is considering a discharge for the reasons above.

Staffing Changes

If the Provider would like to add or replace Occupational Therapy staff:

- The Provider must inform the WorkSafeBC Quality Assurance Supervisor in writing with a minimum of fourteen (14) calendar days of any proposed changes to the Occupational Therapy personnel designated to provide the services.
- When requesting the addition of OTs, the Provider 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 D).
- When 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).
- WorkSafeBC reserves the right to deny staffing replacement requests and/or requests to add additional OTs.

Definitions - Restrictions vs. Limitations

Definition	Description
Medical restrictions	Those activities that 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 here is that if a patient begged you to perform the activity, you would still say "no" due to the risk of harm. *E.g., patient with acute tib/fib fracture is prohibited from weight bearing; patient with acute concussion is pulled off the playing field; patient with uncontrolled seizures is prohibited from driving. However, if a patient post rotator cuff repair begged you to return to typing on the computer, you would say that's okay - there is no need to restrict typing in someone who complains they cannot do it.*
Physical limitations	**Objective** physical limitations • Those activities that an Injured Worker **cannot** perform due to lack of physical capacity, not due to pain or fatigue **Subjective** limitations • Those 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 limitations. These limitations cannot be measured by medical means alone. • Work can be used as progressive exercise that builds capacity. Inappropriate prescription for decreased activity will decrease capacity. Limitations and restrictions may be temporary or permanent. Temporary limitations and restrictions may require work accommodation during treatment that can be removed at the point of recovery. Permanent limitations and restrictions may have significant consequences to the individual's ability to return to their pre-injury job, engage in alternate employment and maintain their income. For this reason, conditions should not be prematurely described as permanent, and restrictions should not be recommended without good reason.
Psychological limitations	**Objective** psychological limitations • Those activities that an Injured Worker **cannot** perform due to lack of psychological capacity, as a result of a psychological condition. **Subjective** limitations • 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. Inappropriate prescription for decreased activity will decrease capacity.

	Limitations and restrictions may be temporary or permanent. Temporary limitations and restrictions may require work accommodation during treatment that can be removed at the point of recovery. Permanent limitations and restrictions may have significant consequences to the individual's ability to return to their pre-injury job, engage in alternate employment and maintain their income. For this reason, conditions should not be prematurely described as permanent, and restrictions should not be recommended without good reason.
Notes:	Occupational Therapists are not to report on objective psychological limitations as it is not within their scope of practice to do so. Occupational Therapists can however comment on subjective psychological limitations, as well as the observed and Injured Worker reported associated functional limitations as presented over the course of treatment. It should be noted that WorkSafeBC is responsible for determining if restrictions and limitations are accepted on a claim based on review of relevant medical documentation.

Appendix A – Online Resources & Important Contact Information

Online Resources

WorkSafeBC has an external Health Care Provider site with a specific page for Occupational Therapy Providers, that can be accessed online at: For health care providers - WorkSafeBC. The Health Care Provider site is designed to help all health care providers better understand our programs, services and business processes. The site is also an excellent resource for numerous publications that can be downloaded and provides links to various health and safety information. You can use the search function to search key words on the topic you are looking for.

For assistance with program related business process questions for referrals, reporting and invoicing, please contact Health Care Programs at WorkSafeBC at 604.232.7787.

Please visit the Health Care Provider page at worksafebc.com to view the Provider Portal Training Video Series on topics such as: referrals, clinical reporting, invoicing and much more.

If you are experiencing problems using the Provider Portal or have questions about how to use it, please call TELUS Health Solutions at 1.855.284.5900.

Important Contact Information

Program and service inquiries
Health Care Programs
Lower Mainland 604.232.7787
Toll-free 1.888.967.5377 ext 7787
E-mail: hcsinqu@worksafebc.com

Provider Referrals
Lower Mainland: 604.231.8887
Toll-free: 1.866.481.8887
Fax: 604.233.9777
Toll-free Fax: 1.888.922.8807

General claim or entitlement inquiries
Lower Mainland: 604.231.8888
Toll-free: 1.888.967.5377

Billing and payment inquiries
Payment Services
Lower Mainland: 604.276.3085
Toll-free: 1.888.422.2228

Contract inquiries
Procurement Services
Lower Mainland: 604.276.3344
Toll free: 1.844.276.3344

WorkSafeBC Provider Portal Support Line
1.855.284.5900 (24/7 support)

If you are experiencing problems using the WorkSafeBC Provider Portal, or have questions about how to use it, please call TELUS Health Solutions at: 1.855.284.5900. If you contact this number and the question/issue is not immediately addressed, be sure to ask for your ticket# for reference and follow-up purposes.

WorkSafeBC Service Delivery Location (SDL) Contact Numbers

Each **SDL** (Service Delivery Location) represents a WorkSafeBC office that provides prevention, claims, account management and assessment services to Injured Workers and employers of British Columbia, primarily directed to where the employer is located in the province, and often based on the employer's industry. Each WorkSafeBC SDL provides comprehensive and integrated day-to-day customer service for Injured Workers, employers and stakeholders.

The SDL contact numbers are included below to be used in the case of urgent circumstance where the provider may want to reach WorkSafeBC but the WorkSafeBC Officer is not available for contact.

SDL	Phone number	Toll-free
Abbotsford	604.556.2000	1.888.967.5377
Burnaby	604.232.5900	1.888.967.5377
Courtenay	250.334.8701	1.800.663.7921
Cranbrook	250.354.5706	1.800.663.3935
Kamloops	250.371.6001	1.800.663.3935
Kelowna	250.979.4149	1.888.922.4466
Nanaimo	250.751.8000	1.800.663.7382
Nelson	250.354.5700	1.888.967.5377
Port Moody	604.232.1522	1.888.967.5377
Prince George	250.563.9264	1.800.663.6623
Special Care Services	604.231.8888	1.888.967.5377
Surrey	604.232.7000	1.888.967.5377
Terrace	250.615.6600	1.800.663.3871
Vancouver - Richmond	604.231.8888	1.888.967.5377
Victoria	250.881.3441	1.888.663.7593

Appendix B1 – Reporting Guidelines

Job Site Visit (JSV) Report

Required headings	Content	
Injured Worker and Claim Information	• Injured Worker name • Claim number • Area(s) of injury accepted on this claim • WorkSafeBC Officer • Attending physician	• Date of injury • Date of job site visit • Date of report
Provider Information	• Company name and payee number • Mailing address • Contact name, job title, and phone number	
Employer and Job Information	• Company name • Site address • Contact person: name, title and phone number • Injured Worker's occupation • Pre-injury job attachment status • Usual pre-injury work schedule (days and hours)	
Purpose of Job Site Visit	List one or more of the following options: • Brief review/confirmation of job demands • Review of possible modifications • Exploration of return to work (RTW) opportunities with employer • Graduated Return to Work (RTW) support (e.g. coaching/shadowing) Include: • Participants attending the visit	

Job Site Visit Findings	Depending on the purpose of the Job Site Visit, must include some or all of the following information:
	• Description of job tasks and analysis of critical job demands relevant to accepted injury(ies) including, but not limited to:
	  • frequency of task performance
	  • weights
	  • distances
	  • heights
	  • postures and duration of activity
	• Description of tools and equipment used
	• Description of environmental factors
	• Identification of potential or existing barriers to return to work, including a description of workplace factors which may impact or be currently impacting return to work
	• Identification of return to work options
	• Status of RTW Plan	

Recommendations	If required, include recommendations regarding: • Modifications to Injured Worker's job duties or work station/tools • Need for revisions to existing RTW Plan • Advice provided to Injured Worker/employer to facilitate success of RTW	
Report Prepared By	• Name(s) and Signature(s) of report writer(s)	

Graduated Return to Work (GRTW) Plan

Required report headings	Content	
Injured Worker and Claim Information	• Injured Worker name • Claim number • Area(s) of injury accepted on this claim • WorkSafeBC Officer • Attending physician	• Date of injury • Date of job site visit • Date of report
Provider Information	• Company name and payee number • Mailing address • Contact name, job title, and phone number	
Employer and Job Information	• Company name • Site address • Company phone number and fax number • Contact person: name, title and phone number • Injured Worker's occupation • Usual pre-injury work schedule (days and hours)	

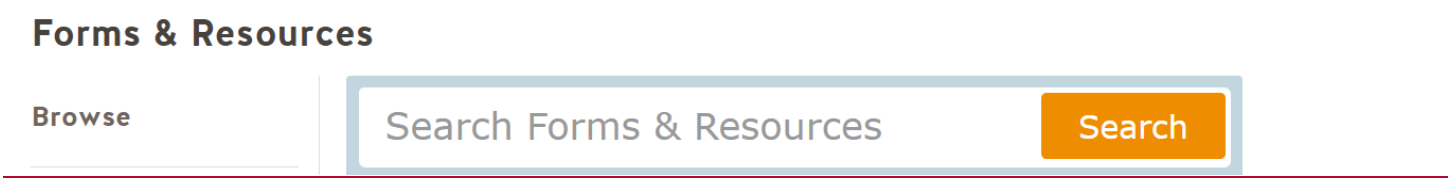
RTW Plan Parameters	• RTW plan start and end dates
	• Length of RTW plan (in weeks)
	• Indicate whether RTW Plan will be conducted as Section 30 (Employer pays Injured Worker for hours worked during the RTW); Supernumerary (WorkSafeBC pays Injured Worker during RTW); or not confirmed.
	  • *In advance of submitting the RTW plan, the provider should contact the WorkSafeBC Officer to propose the plan proceed as either Section 30 or Supernumerary.*
	  • *If the provider has been unsuccessful in contacting the WorkSafeBC Officer, please state that these details are not confirmed.*
	
	***Note**:* For compensable **trauma-related psychological disorders**, the GRTW plan should be devised to ensure gradual exposure that considers the Injured Worker's fear/exposure hierarchy and SUDs levels. Collaboration with the mental health treatment provider is required.	

Week	• In numerical order (i.e. 1, 2, 3, etc.)	
Date Range	• 'From' and 'To' dates of a defined period of specific hours and tasks	
Hours	• Defined 'From' and 'To' time	
Job Tasks	• Specific tasks Injured Worker is to perform, including the maximum allowable for weights, distances, and heights, if applicable • Limitations: specific activities that the Injured Worker should NOT perform (if applicable)	
Comments	• Include any additional relevant information: e.g. frequency/duration of breaks; symptom control techniques and strategies recommended to Injured Worker; modifications or aids required, etc. • Concurrent clinical treatment recommendations	
Treatment Team Members	• Names and professional designations of the team members who have participated in development of RTW Plan	
Plan Prepared By	• Name(s) and Signature(s) of Plan writer(s)	

	• Indicate whether the Injured Worker and the employer were involved in creating the RTW Plan. If not, explain why. • *Note: There should rarely, if ever, by a circumstance where the Injured Worker was not involved in creating the RTW Plan.*
Copies to	• Indicate who has been sent a copy of this RTW Plan • At minimum, a copy of the RTW Plan should always go to the Injured Worker, physician, employer, and WorkSafeBC

Appendix B2 – Reports & Other Templates

The most up to date OT Services report templates and other forms can be downloaded from Forms & Resources - WorkSafeBC. You can search for each form ID (e.g. 83D487) in the search bar as pictured below:



Please note that:

- "Unlocking" the downloaded documents will enable spell check.
- Upon completion of the report, clicking "print preview" and then closing it, will allow the page numbers (on the top of page 1) to update automatically.

Form Title/Name	Form Number/ID
Initial Assessment Report	83D488
Progress Report	83D487
Discharge Report	83D486
Job Site Visit Report	83D201
Graduated Return to Work Report	83D202
IHMA Report	83M102
PCA Report	25M95
Ergonomic Report	83D542
Vehicle Modification Assessment	83M10
Supplier/Vendor Quote	83D35
OT Time Sensitive Pre-Authorization Form	83D357

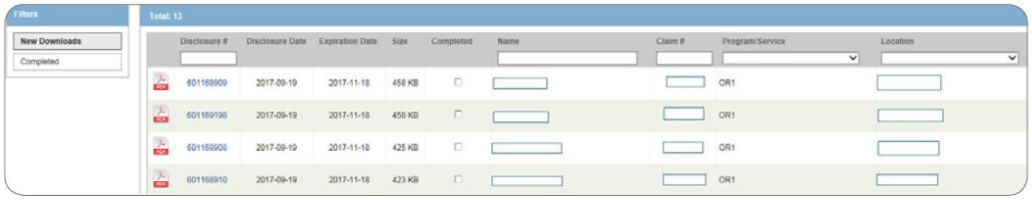
Appendix C – How to Access Disclosures Online

How to access disclosures

1. Go to the provider portal at www.myworksafebc.com and enter your BCeID and password to login.
2. Once you reach the home screen, select "Downloads"



You'll see a list of available disclosures.



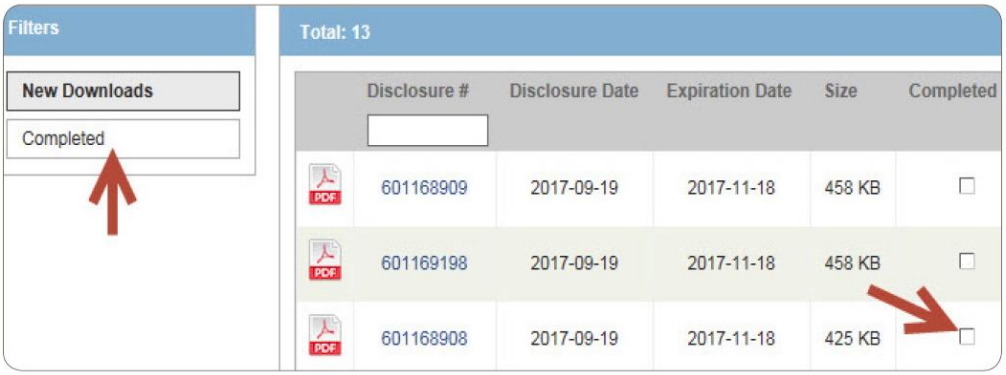
3. Select the one you're looking for, and then click on the PDF icon or disclosure number link.

Note: The Provider may also request updated medical information through the WorkSafeBC Provider Portal. To request an updated disclosure, go to the referral "Details" screen of your active case and select "request disclosure" from the "I want to" drop down box.

Download management

Within the "New Downloads" tab, the default view shows you all the new downloads available. Once you've downloaded a disclosure and you wish to file the download, click the "Completed" checkbox and that download will be moved to the completed list. You can view the completed list at any time by clicking on the "Completed" filter on the left side.

To return to your new downloads list, click the "New Downloads" filter on the left side.



Questions?

Call Telus Health Services at 1.855.284.5900.

Appendix D – Staffing Checklist

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

OT Name: _____

Service Location code(s): _____

Payee Number: _____

Note: Service Location codes F, I, J, K, L and O cover large geographical areas; therefore, WorkSafeBC may permit proposed exceptions for these five 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): ☐ OT-PI ☐ OT-MH ☐ OT-BI (check all that apply)

OT QUALIFICATIONS:

Note: If OT does not meet all of the requirements set out in 2-5 below, please also complete section 6. 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

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

3. Minimum of two (2) years' experience practicing as an OT with individuals with physical, mental health 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

4. 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

5. 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 (per information provided below)

   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

6. If the OT does not meet **all of the mandatory requirements** set out in sections 2 to 5 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: _____

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.

_____

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:

_____

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)

☐If so, please list areas:

_____

Languages (other than English):

_____

Appendix E – Telehealth Treatment Guidelines

Introduction

Background
In these Telehealth Treatment Guidelines (the "Guidelines"):

- "**Services 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 Services 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 a patient via live image transmission of those images to a receiving health care provider at another approved site, through the use of video technology
- "**Worker-Patient(s)**" means an Injured Worker who is entitled to compensation under the *Workers Compensation Act* and who receives services under the Services Agreement

Telehealth Services have been increasingly employed by health care providers to increase accessibility to 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 Services Agreement) to Worker-Patients using Telehealth Services. Telehealth Services allows WorkSafeBC Health Care Providers to meet face-to-face virtually with Worker-Patients, 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 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 Worker-Patients using Telehealth Services. They do not replace existing professional guidelines in 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* (April 2018); the Province of BC Health Authorities ("PBCHA"), *Telehealth Clinical Guidelines* (Version 9, 2014); and the American Telemedicine Association ("ATA") *Practice Guidelines for Video-based Online Mental Health Services* (2013).

In the event of any differences between these Guidelines and the Services 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 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 BC 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 reference section as comprehensive or conclusive.

Clinical Guidelines

Standards of Care
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 at page 6 that several factors should be considered, including:

> Worker-Patient's "…cognitive capacity, history regarding cooperativeness with treatment professionals, current and past difficulties with substance abuse, and history of violence or self-injurious behavior"; and
>
> "…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 Worker-Patient is made aware that Telehealth Services may be discontinued if the Worker-Patient cannot be safely managed.

The PBCHA *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."

Worker-Patient Privacy and Confidentiality
WorkSafeBC Health Care Providers who are service providers to WorkSafeBC are required to comply with the *Freedom of Information and Protection of Privacy Act* ("FIPPA") in the delivery of services to Worker-Patients. In addition to other requirements, FIPPA requires WorkSafeBC Health Care Providers to ensure there are reasonable security arrangements to protect the Worker-Patient'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 Worker-Patient'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 Worker-Patient'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 a Worker-Patient shares a file, the usual professional and ethical standards regarding patient confidentiality apply, even if you don't download the file.

Please note that secure messaging should not be utilized due to requirements under FIPPA.

Please refer to the Services Agreement for requirements with respect to Worker-Patient personal information. These requirements apply to Telehealth Services.

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

Emergency Management
As set out in the ATA *Practice Guidelines for Video-Based Online Mental Health Services* (2013) (the "*Practice Guidelines*") on pages 12 to 14, WSBC's Telehealth Treatment Guideline recognizes 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.

The WorkSafeBC Health Care Provider must acquire information regarding the emergency management resources available in the vicinity of where the Worker-Patient is attending the Telehealth Services session. Such information may include noting local emergency personnel access (i.e. 9-1-1 access), and/or whether the Worker-Patient is at a facility with access to professional care staff which may provide in-person assistance, or whether the Worker-Patient has access to their own personal support worker/support system. Information should also be acquired regarding mobility/transportations services/access available in case of emergencies. The WorkSafeBC Health Care Provider will have to ascertain how to notify the aforementioned personnel and/or 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 Worker-Patient 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 Worker-Patient'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. (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 (i.e. Worker-Patient distress, contacting/coordinating Worker-Patient local support, technical issues, etc.). The WorkSafeBC Health Care Provider shall also have an established protocol in place regarding Worker-Patient 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 at page 11).

Physical Environment Requirements
The APTA/ATA *Best Practices* state at page 6: "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."

Session Disruption
The WorkSafeBC Health Care Provider must have a backup plan in place should the Telehealth Services sessions be disrupted due to technology failures and/or issues, and routinely review that backup plan. The

back-up plan must be communicated to the Worker-Patient 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 the WorkSafeBC Health Care Provider determines 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 Services Agreement, including timelines.

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

Billing
Please use the billing fee codes for Telehealth Treatment found in the Fee Schedule of the Services Agreement for the telehealth services being delivered to Worker-Patients via a telehealth platform.

Technical Information

WorkSafeBC Health Care Providers may deliver Telehealth Services to Worker-Patients under the Services Agreement using a technology platform of the WorkSafeBC Health Care Provider's choice, which includes video calling and file sharing with your Worker-Patient, provided that all obligations with respect to privacy and confidentiality set out in these Guidelines and the Services Agreement are complied with. Please note that 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 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://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=2&ved=0ahUKEwiWjM7v8pncAhXoiFQKHXTcBdQQFgguMAE&url=https%3A%2F%2Fwww.integration.samhsa.gov%2Foperations-administration%2Fpractice-guidelines-for-video-based-online-mental-health-services_ATA_5_29_13.pdf&usg=AOvVaw2CcRKGO0HJGfsYooScZvfJ

College of Physicians and Surgeons of British Columbia: https://www.cpsbc.ca/files/pdf/PSG-Telemedicine.pdf

Canadian Medical Protective Association: https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2013/telemedicine-challenges-and-obligations

https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2015/videoconferencing-consultation-when-is-it-the-right-choice

Doctors of BC (please click on the policy statement in the link provided below):

https://www.doctorsofbc.ca/policy-statements/telemedicine-primary-care

Province of BC Health Authorities (2014). Telehealth Clinical Guidelines. Retrieved from: http://www.phsa.ca/Documents/Telehealth/TH_Clinical_Guidelines_Sept2015.pdf

Appendix F - WorkSafeBC Authorized Interpretation Providers List

Interpretation Providers are listed below for each of the following services:

1. In-person & pre-scheduled telephone interpretation services
2. On-demand telephone interpretation services
3. Video interpretation services
4. Sign language interpretation services

1. IN-PERSON & PRE-SCHEDULED TELEPHONE INTERPRETATION SERVICES **If an in-person interpreter is not available, or if preferred, a pre-scheduled telephone interpreter may be booked (>24 hours in advance) by the Interpretation Provider.*	
LOWER MAINLAND (Vancouver, Richmond, Burnaby, Delta & Tsawwassen, Surrey, Langley, White Rock, New Westminster & Coquitlam)	
Archway Community Services Society	Tel: 604.870.3769 Toll Free Tel: 1.877.889.8886 Fax: 604.854.8033
DIVERSEcity Community Resources Society	Tel: 604.597.1358 Fax: 604.572.4695
MOSAIC Interpretation Services	Tel: 604.254.8022 Fax: 604.254.4606
Multilingual Community Interpreter Services	Tel: 416.467.3097 Toll Free Tel: 1.888.990.9014 Fax: 416.426.7118
FRASER VALLEY (Pitt Meadows, Maple Ridge, Port Moody, Mission Abbotsford, Aldergrove, Clearbrook, Chilliwack, Rosedale & Hope)	
Archway Community Services Society	Tel: 604.870.3769 Toll Free Tel: 1.877.889.8886 Fax: 604.854.8033
DIVERSEcity Community Resources Society	Tel: 604.597.1358 Fax: 604.572.4695
MOSAIC Interpretation Services	Tel: 604.254.8022 Fax: 604.254.4606
Multilingual Community Interpreter Services	Tel: 416.467.3097 Toll Free Tel: 1.888.990.9014 Fax: 416.426.7118
NORTH SHORE & SEA TO SKY CORRIDOR (North Vancouver, West Vancouver, Squamish, Whistler, Pemberton & Lillooet)	
911 Interpreters	Tel: 406.936.5255 Toll Free Tel: 1.866.810.0911 Fax: 866.842.9953
Archway Community Services Society	Tel: 604.870.3769 Toll Free Tel: 1.877.889.8886 Fax: 604.854.8033
MOSAIC Interpretation Services	Tel: 604.254.8022 Fax: 604.254.4606
Multilingual Community Interpreter Services	Tel: 416.467.3097 Toll Free Tel: 1.888.990.9014 Fax: 416.426.7118

1. IN-PERSON & PRE-SCHEDULED TELEPHONE INTERPRETATION SERVICES (Cont.)	
KOOTENAYS (Golden, Kimberley, Cranbrook, Creston, Fernie, Revelstoke, Nelson, Trail & Castlegar)	
Archway Community Services Society	Tel: 604.870.3769 Toll Free Tel: 1.877.889.8886 Fax: 604.854.8033

Multilingual Community Interpreter Services	Tel: 416.467.3097 Toll Free Tel: 1.888.990.9014 Fax: 416.426.7118
NORTHERN BC (Fort St. John, Dawson Creek, Prince George, Quesnel, Williams Lake, Prince Rupert, Kitimat, Terrace, Smithers, Fort Nelson, Fort St. James & Houston)	
Archway Community Services Society	Tel: 604.870.3769 Toll Free Tel: 1.877.889.8886 Fax: 604.854.8033
Multilingual Community Interpreter Services	Tel: 416.467.3097 Toll Free Tel: 1.888.990.9014 Fax: 416.426.7118
SUNSHINE COAST (Gibsons, Sechelt & Powell River)	
Multilingual Community Interpreter Services	Tel: 416.467.3097 Toll Free Tel: 1.888.990.9014 Fax: 416.426.7118
THOMPSON OKANAGAN (Kamloops, Salmon Arm, Cache Creek, Kelowna, Penticton, Vernon, Osoyoos, Barrier, Lillooet & Merritt)	
Archway Community Services Society	Tel: 604.870.3769 Toll Free Tel: 1.877.889.8886 Fax: 604.854.8033
Multilingual Community Interpreter Services	Tel: 416.467.3097 Toll Free Tel: 1.888.990.9014 Fax: 416.426.7118
VANCOUVER ISLAND & GULF ISLANDS (Entire Island & Gulf Islands: Victoria, Duncan, Nanaimo, Parksville, Tofino, Ucluelet, Port Alberni, Campbell River, Courtenay, Comox, Port Hardy, etc.)	
Archway Community Services Society	Tel: 604.870.3769 Toll Free Tel: 1.877.889.8886 Fax: 604.854.8033
Multilingual Community Interpreter Services	Tel: 416.467.3097 Toll Free Tel: 1.888.990.9014 Fax: 416.426.7118
2. ON-DEMAND TELEPHONE INTERPRETATION SERVICES	
911 Interpreters Access Code/Client ID **60344** Unique Provider Access Code **xxxxx** *(5-digit number starting with 99; sent separately to each provider)*	Tel: 1.844.291.8388
3. VIDEO INTERPRETATION SERVICES	
911 Interpreters Access Code/Client ID **60344** Unique Provider Access Code **xxxxx** *(5-digit number starting with 99; same as above)*	Tel: 1.866.810.0911
4. SIGN LANGUAGE INTERPRETATION SERVICES (ASL)	
The WorkSafeBC Service Coordinator (SC) is responsible for booking all appointments for Sign Language Services. If a referral is received indicating that a Sign Language Interpreter is needed, please contact the SC with the appointment details so that they can book one for you.	

*Please note that this provider listing may be updated at any time. Please refer to the following link for the most up-to-date version: https://www.worksafebc.com/en/resources/health-care-providers/guides/approved-interpretation-and-translation-service-providers?lang=en

For more information on how to book an interpreter, please refer to your Reference Manual.

If you have difficulty finding an Interpretation Provider that can accept your request for an interpreter, please contact the Quality Assurance Supervisor or Program Manager of Interpretation & Translation at the numbers below.

WorkSafeBC Health Care Programs:
Telephone: 604.232.7787 ext. 2 Toll-free within BC: 1.888.967.5377

Appendix G – Using On-demand Telephone Interpretation Services

If you need to communicate over the phone with an Injured Worker who struggles with English regarding scheduling appointments, cancellations, or changes, you can use our telephone interpretation service. The role of a telephonic interpreter is to facilitate verbal communication by conveying, as faithfully as possible, a message between two parties who do not share a common language.

This document outlines a step-by-step process to access this service and helps 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 (**5 digit number starting with 99**).
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.
   - Please ensure accuracy of this information as the Provider needs it in order to bill WorkSafeBC for the service.
6. The agent will then connect you to an interpreter (this may take a few minutes).
   - Briefly introduce yourself and explain your needs to the interpreter.
7. 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 that 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 (i.e. speak in the first person). For example, say "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, 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, colloquialisms, and idioms because they may not have equivalents in the other language.
- Try to 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, because he or she has no visual cues (e.g., body language) to assist with the interpretation.
- Give the interpreter time to restructure information in his or her mind and present it in a way that is appropriate, both culturally and linguistically.
- Remember that the interpreter is the medium, not the source, of the message. If you feel you are not getting the type of 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 could impede communication.

Service issues?

For any customer service related issues, please contact *911 Interpreters* at 1.866.810.0911 or email WorkSafeBC Account Manager, Liliana Montoya, at liliana@911interpreters.com.

If you would like to escalate any service issues or bring them to the attention of WorkSafeBC, please contact Health Care Programs at 604.232.7787 or HCSINQU@worksafebc.com.

Appendix H - Using Video Interpretation Services

If you need to meet with an Injured Worker who struggles with English, and time or circumstances (geographical barriers, etc.) inhibit an in-person visit, you can use our video interpretation service.

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

Video interpretation services may be either pre-scheduled or on-demand:

- Pre-scheduled video interpretation services:
  - Are recommended for Telehealth appointments of longer durations (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 appointments of shorter durations (less than 20 minutes).
  - Are billed to WorkSafeBC on a per minute basis.

You may choose to use your own Telehealth/video platform to conduct your session 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. Indicate to 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.
   - Please ensure this information is accurate as the Provider needs it to bill WorkSafeBC for the service.
8. Provide the agent with 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 shall 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.
  - Note: For privacy reasons, do not include personal information regarding the Injured Worker nor sensitive information regarding appointment details in this email.

**Refer to your Contract for terms and conditions regarding the use of Telehealth Services.*

Instructions on using our video interpretation service in the provider's video portal

- There is no need to download any application or program. The URL will open the video portal and you will 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 mobile phones, tablets, and default browsers (e.g., Google Chrome, Firefox, Safari) used for your video session have enabled both the camera and the microphone.
- The video portal supports all latest operating systems and the following browsers:

Supported Operating System Versions

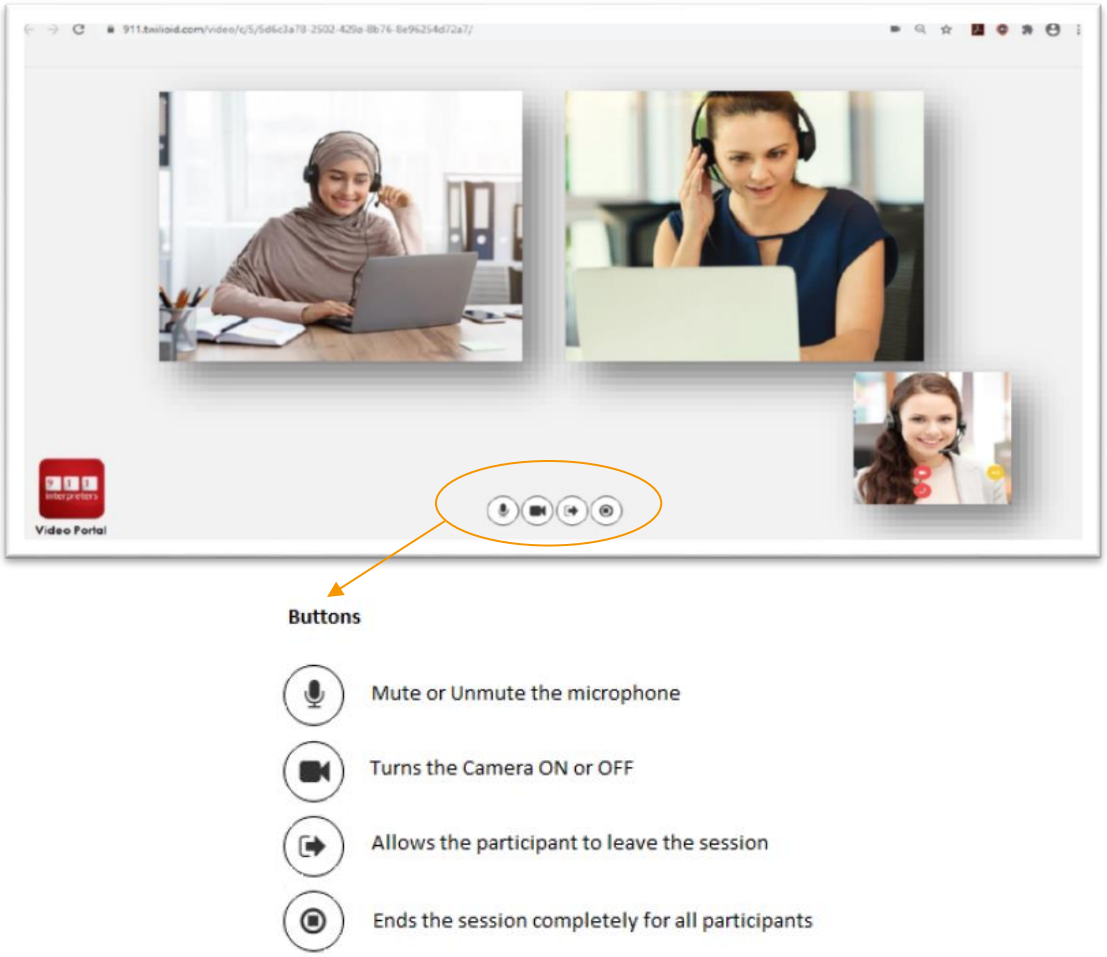
Windows	All versions
MacOS	All versions
Linux	All versions
Android	Version 9 or greater
IOS	Version 11 or greater

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 Google Chrome for Windows devices or Safari for Apple devices.
- If using the service from a tablet or cell phone, place your device in landscape mode.
- If you are 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 interpreting service to the Injured Worker at the start of the call, guidelines for conducting the session, and working with an interpreter, please refer to the "Using on-demand telephone interpretation services" document.

Service issues?

For any **questions or technical support**, please contact *911 Interpreters* at 1.866.810.0911.

For any **customer service related issues,** please contact *911 Interpreters* at 1.866.810.0911 or email WorkSafeBC Account Manager, Liliana Montoya, at liliana@911interpreters.com.

If you would like to escalate any service issues or bring them to the attention of WorkSafeBC, please contact Health Care Services at 604.232.7787 or HCSINQU@worksafebc.com.

Appendix I – Summary of Related Health Care Programs

- **Addiction Services:**
  - **Community Pain and Addiction Services (CPAS)** - CPAS is an outpatient assessment program for workers with substance use disorder, concurrent disorders (pain and addiction), or workers on complex medication regimes or demonstrating aberrant behaviour. Physicians are ASAM/CSAM certified, possess ABAM, Addiction Medicine fellowship or equivalent. Outpatient treatment may include medication management eg. OAT.

  - **Intensive Outpatient Program** – eight (8) weeks of intensive outpatient treatment including psycho-educational group meetings, interpersonal process group meetings, individual counselling, and random drug and alcohol screening. Further 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)** - These are medically supervised abstinence-based multidisciplinary inpatient programs utilizing a bio-psychosocial model to treat injured workers with alcohol and drug addictions. These programs provide medical and psychological treatment for drug effects, teach behavioral 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, as well as conferences with family and referral sources.

  - **Support Recovery Services** – Provide a safe, supportive and stable residential environment for workers in early remission to facilitate recovery, promote life skills, and a structured and monitored environment that allows for and emphasizes accountability to assist in facilitating the transition to independent living in the community and long term recovery. Services may include group therapy, lectures, individual counselling, structured activities, recreational program, nutrition counselling, random drug screens and conferences with family and referral sources. Programs will provide 24 hour staffing by a house manager or addiction counsellor

- **Amputee Multidisciplinary Program (AMP)** – AMP provides treatment for major amputees to maximize function and to return the Injured Worker to productive employment. The team includes the Visiting Specialist Clinic (VSC) or a community physiatrist, a physical therapist, occupational therapist, and a psychologist. The team will work closely with a community prosthetist to assist the injured worker in obtaining an appropriate prosthetic device.

- **Activity Related Soft Tissue Disorder Services (ASTD)** - ASTD Services are designed for injured workers with pathology related to overuse. The services consist of an ASTD Medical Assessment and ASTD Treatment Program. The multidisciplinary treatment program duration is up to 12 weeks with a focus on RTW.

- **Chronic Wound Care Services** - The Chronic Wound Care Services project has been created to provide early intervention and treatment for Injured Workers who have Chronic Wound Care issues. The goal is to enable Return to Work (RTW) outcomes when appropriate and to provide long term services to injured workers with permanent disabilities. Early intervention and treatment is to be

provided by a multidisciplinary team that includes an Occupational Therapist (OT)/Physical Therapist (PT) and a RN with wound care Specialization. There may be ongoing involvement by the community physician, physiotherapist, dietitian and counseling, if required.

- **Community Care Facilities (CCF) Services -** Community Care Facility (CCF) services is the merge of two former contracts: Residential Care Services and Short Term Care Services. There is a contracted network of CCF providers within British Columbia that is able to accommodate each worker's unique care requirements. 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 are intended to support the worker with self-care and independence in Activities of Daily Living.

- **Driver's Assessment and Rehabilitation Services (DARS) –** Driver Assessment and Rehabilitation Services (DARS) aim to identify and address the functional barriers (i.e. cognitive, physical and/or psychological symptoms) to driving safely and independently. Services include a comprehensive evaluation conducted by an Occupational Therapist or Certified Driving Rehabilitation Specialist (CDRS), and may involve a licensed driving instructor if on-road testing and subsequent rehabilitation are indicated. Recommendations from the assessment may include clinic or home-based treatment, on-road driver's training, and/or vehicle modifications.

- **Early Concussion Assessment and Treatment (ECAT)** – ECAT provides early assessment, education, reassurance, and intervention when indicated, for Injured Workers with confirmed or suspected concussions. The program goal is to support recovery of function and to facilitate an early and durable return to work.

- **Expedited Medical Imaging Services (EMIS) -** WorkSafeBC refers Injured Workers to contracted facilities to provide expedited imaging services including Magnetic Resonance Imaging (MRI), Computerized Tomography (CT), CT/MRI Arthrogram, Image-Guided Injection or Aspiration and Ultrasound. Services must be completed within 5 days.

- **Expedited Surgical Facilities Services (ESFS)** - The Contracted facilities will 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 daycare surgical procedure(s).

- **Functional Capacity Evaluation (FCE) -** A Functional Capacity Evaluation (FCE) will determine an injured worker's overall physical abilities, limitations, and tolerances for the purpose of determining employability in a specific job or general job category.

- **Hand Therapy Program** - The Hand Therapy Program provides treatment and consultation for Injured Workers with acute traumatic or repetitive injuries of the upper extremity, below the level of the shoulder. This includes injuries to the hands and wrists such as open wounds, crush injuries, tendon repairs, and burns. The treatment is provided by Certified Hand Therapists with specialized skills in assessing and treating upper extremity conditions.

- **Home Access and Construction Program** - WorkSafeBC may undertake modifications to a residence or workplace to lessen or remove barriers that severely Injured Workers experience following a compensable injury. The WorkSafeBC Officer will determine the modifications necessary based on the compensable injury along with recommendations from an OT assessment as required.

- **Home Care Program** - We have 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 focus on assisting with Activities of Daily Living, personal care and professional nursing services (e.g. wound care).

- **Home IV Supply Services** - Home IV 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 Services are provided by Calea Pharmacy.

- **Medical And Return to Work Planning (MARP) Assessment** - MARP provides diagnostic clarification and assists in establishing the appropriate treatment and return to work recommendations for the Injured Worker. MARP provides three options; the MARP Assessment consists of a psychosocial screen, MARP Subsequent Visits and a MARP Reassessment consisting of a history and physical examination.

- **Medical Alarm Monitoring Services** - A personal emergency response system with two way voice that provides Injured Workers with help at the press of a button. This service makes independent living possible for many Injured Workers.

- **Mental Health Programs**:
  - **Psychology Assessment** – A contracted network of qualified Registered Psychologists across the province that 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** - A contracted network of Registered Psychologists, Registered Clinical Counsellors and Registered Clinical Social Workers. Services include:
    i. **Resiliency Support Service**: A short-term support that aims to assist Injured Workers with the development of active coping strategies and/or access to community supports and services so that they may either remain at or return to work. No DSM-V diagnosis is required for this service.
    ii. **Recovery and Return to Work Standard Treatment:** This service is targeted individual psychotherapy provided to Injured Workers with one or more accepted psychological conditions. The over-arching goal of Standard Treatment is to assist the Injured Worker to remain at or Return to Work and to promote a return to pre-injury psychological functioning.
    iii. **Transition Support Service (TSS):** The goal of TSS is to assist workers in maintaining and applying previously learned strategies in Standard Treatment while participating in return to work activities. It is expected that the Worker's compensable condition has stabilized or plateaued but that the Worker needs continued clinical support to be successful in these activities.
    iv. **Supplemental Service:** Is a service available to Injured Workers with accepted psychological conditions who continue to experience severe psychological impairment after a plateau in recovery is reached. The primary objective of

Supplemental Service is to reinforce the skills the Injured Worker needs to maintain their maximal level of psychological functioning, to promote independent functioning by establishing links to community supports for long-term support.

v. **Occupational Trauma Response: Intervention (OTR):** The Occupational Trauma Response (OTR) Intervention is 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 will assist Workers by helping to normalize the trauma reaction, strengthen natural resiliencies, build supports, and provide the skills to manage triggers. Trauma-focused Cognitive Behaviour Therapy (TF-CBT) is an important component in service provision. Identified treatment targets will serve as a foundation upon which any subsequent interventions will be built.

vi. **Trauma Recovery Services**: An individual treatment service that is tailored to the Worker using trauma – focused, therapeutic intervention. The service is designed to help normalize the trauma reaction, strengthen natural resiliencies, build support and provide the skills to prevent mental health issues from worsening. This service will assist the Worker to remain at or to return to work, where possible.

vii. **Posttraumatic Stress Disorder Interdisciplinary Programs:** Comprehensive outpatient services that are interdisciplinary, return-to-work focused programs 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 variable approaches (group-based vs. individualized) and service lengths, but generally run for approximately 8-12 weeks and have a RTW component added to the treatment service.

viii. **Online CBT Education program:** Is provided to Injured Workers as a tool to mitigate stressors that may become disabling factors if not appropriately managed. The program delivers psychoeducation to help 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 barriers to resolution if managed appropriately. The components of the program are designed to give 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.

- **Mental Health and Addiction Programs**:
  - **Concurrent Care Program**: An outpatient program for Injured Workers with co-occurring mental health, chronic pain and substance use disorder, where integrated interdisciplinary team of addiction physician, psychologist, PT, OT address the Worker's complex needs. The primary goal is to stabilize the worker's mental health and substance use disorder through biopsychosocial treatment model which includes individual and group treatment sessions, and may include CBT, DBT, mindfulness-based relapse prevention/stress reduction, family support, motivational enhancement therapy, and alternative therapies.

  - **Homewood Ravensview:** - Provides inpatient treatment using an interdisciplinary model of care for patients experiencing mental health disorders. Treatment includes cognitive behavioural therapy and dialectical behaviour therapy, occupational therapy, along with other therapeutic activities provided by an interdisciplinary team. Clinicians in this residential setting include physicians, psychiatrists, psychologists, occupational therapists and addictions specialists.

- **Residential Mental Health & Addiction Services**: This inpatient program provides treatment for Workers with mental health (mood disorder, anxiety disorder, 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 with treatment duration 6-9 weeks. Interdisciplinary team includes psychiatrist, addiction psychiatrist, addiction physician, family physician, psychologist, social worker and occupational therapist. Treatment may include medically supervised detox, CPT, CBT, DBT, mindfulness-based therapy, recreational therapy, art therapy, and horticultural therapy.

- **Residential Complex Mental Health and Addiction Services:** This service is 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 significant safety risk. Nine programs are available including assessment and stabilization unit, comprehensive psychiatric care, integrated mood and anxiety program, program for traumatic stress recovery**.**

- **Mental Health & Addictions Complex Transitional Care:** A step-down facility that provides safe monitored environments for Workers with complex concurrent mental health, substance use, chronic pain and comorbid medical conditions (eg brain injury), to support ongoing engagement in recovery or treatment. Facility includes 24-hour LPN under direction of RN and 24 hour Health Care assistance. This service supports residents to access community physical, social and recreational group activity programs; performs random urine drug screens; provides structured behavior management and interventions; supports safety and relapse prevention plan; and provides nursing, dietary and nutrition services.

- **Modified Vehicle Rental Services (MoVeRS) -** WorkSafeBC may provide a Worker with significant injuries and impairments a wheelchair accessible rental vehicle to improve community mobility, quality of life, and ease of access to medical services / appointments. The 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 the OT.

- **Occupational Rehabilitation 1 Program (OR1)** - OR1 is a structured, active rehabilitation program offered by physical therapists supported by kinesiologists. The program 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 at the work site.

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

- **Occupational Therapy (OT) Services** –These services are designed to support Injured Workers to remain safe and gain, maintain, and/or improve skills in self-care and productivity with the goal

of return to work. The OT may provide services in the home and/or in a community setting, and would assist the Injured Worker with acquiring, retaining, and improving the adaptive skills required to return to a productive life. There are 3 referral treatment streams available, which are related to the primary compensable diagnoses and barrier(s) to recovery:

- OT – Physical Injury (OT-PI)
- OT- Mental Health (OT-MH)
- OT- Brain Injury (OT-BI)

- **Pain and Medication Management Program (PMMP)** - 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 CRPS. The PMMP is able to provide medication management for patients with chronic pain who may need modification to medication regime. When addiction becomes a co-occurring disorder, the Injured Worker should be referred to Addiction Services.

- **Post-Concussion Management Program (PCMP)** – The PCMP is an outpatient interdisciplinary program specifically designed for Injured Workers with ongoing post-concussion symptoms. The interdisciplinary treatment team is comprised of physicians, neuropsychologists, psychologists, physical therapists and occupational therapists working together 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 services may be provided at the clinic and/or work site.

- **Prosthetics** – Providers certified by the Canadian Board for Certification of Prosthetists and Orthotists (CBCPO) are eligible to provide prosthetic services to Injured Workers.

- **Residential Care Services (RCS)** - RCS are designed to help Injured Workers maintain skills in self-care that allow them to live, participate and work in their local community. RCS will address physical and psychological needs, as well as appropriate behavioural interventions. A qualified Provider may provide RCS in a facility or family care home, to assist Injured Workers in retaining, and improving independence.

- **Return to Work Support Services (RTWSS)** - RTWSS is 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, occupational therapist, or a kinesiologist experienced in the performance of return-to-work services and job-site visits. The goal of RTWSS is to return injured workers to their pre-injury duties at the work place.

- **Short Term Care Facility Services (STCF)** - 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.

- **Vehicle Modifications -** WorkSafeBC may provide a Worker with a modified vehicle, or modifications to an existing vehicle, to reduce or remove the barriers that severely Injured Workers experience following a compensable injury. The WorkSafeBC Officer will determine the required modifications based on the compensable injury and the OT's assessment and recommendations.

*For a full list of Health Care Services/Programs, please visit: https://www.worksafebc.com

Appendix J –Telehealth Delivery in Response to COVID-19

Due to the COVID-19 pandemic and in response to the Provincial Health Officer's advice, a modified delivery of OT services may be warranted. WorkSafeBC reserves the right to terminate the use of Telehealth Deliver for any or all service providers at any time.

By providing the 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.

Requirements for Telehealth Delivery

Telehealth Service provision must be in adherence with the COTBC guidelines as they pertain to Telehealth, as well as with WorkSafeBC's Telehealth Treatment Guidelines (Appendix E). Services must be completed in compliance with recommendations from the Provincial Health Officer and the respective governing bodies of the clinicians in response to COVID-19. These recommendations are being updated as the pandemic response unfolds, and it is expected that all Providers remain up to date regarding implementing services; remaining informed and fluid in the delivery of services is of utmost importance to ensure the safety of staff and Injured Workers.

Exceptions to Telehealth Delivery during COVID-19

Please note that the following *temporary exceptions* to the delivery of Telehealth as otherwise outlined in this Reference Manual (Appendix E and p. 24 – Telehealth Services) will remain in effect until you are notified by Heath Care Programs in the form of an Information Bulletin or an amendment to the Reference Manual:

1. **Rehabilitation Worker Services via Telehealth:** Any services provided by a Rehabilitation Worker using Telehealth must be deemed clinically appropriate. There is no Telehealth-specific fee code for RW services. The service delivery method must be documented and justified, as with all RW Services, and the overseeing OT is expected to monitor all aspects of the RW plan. Providers must abide by their respective regulatory body's standard of practice, code of ethics and any relevant practice guidelines regarding the appropriate use of Telehealth.
2. **OT Services: frequency of in-person visits, initial assessment and discharge visit:** The Contractor may deliver an initial assessment and/or a discharge session via Telehealth. It is not expected that in person treatment sessions be provided at minimum every 4 weeks, unless the clinician has deemed this to be clinically appropriate and required. WorkSafeBC Officer approval is required for the delivery of services using Telehealth and remains required to approve the OT Plan and any extension of services requests.

Incomplete telehealth appointments

As per Schedule B (Fee Schedule) of the Contract, fees cannot be invoiced for cancelled appointments unless an OT or RW has already departed for the appointment and the Injured Worker does not attend the appointment.

During this exceptional period of COVID-19; however, we understand that a visit may not include physical departure per se, but rather a Provider may be waiting for the Worker to show up via telehealth. In light of this, we have expanded our description of a no-show with the understanding that the OT or RW may incur a loss in time if a Worker does not attend the scheduled session.

Given the OT/RW has not departed and has not included any travel time into his/her schedule, it is expected that he/she should 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, per clinician, 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, the expectation remains that if an Injured Worker repeatedly no-shows for telehealth appointments, the Provider would discuss the presenting issues with the WorkSafeBC Officer. The Provider should also liaise with the Quality Assurance Supervisor in Health Care Programs to discuss any exceptional circumstances.

Job Site Visits (JSV)

Please note that 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, British Columbia Center for Disease Control (BC-CDC), 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 visit and report cannot be billed in these instances.