



KEY MESSAGES/FAQS FOR COMCARE WORKPLACE REHABILITATION PROVIDERS

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WHAT IS THE CURRENT PROVIDER APPROVAL PERIOD?

- > 1 July 2010 to 30 June 2013.
- > Comcare issues approval to a provider organisation for a set three-year period, and any provider seeking approval after that period is required to apply for renewal by 31 Dec 2012.
- > All renewal forms and requirements will be available on the Comcare website—we will notify current providers of the updated forms when they are available.

WHAT IS THE NATIONAL APPROVAL FRAMEWORK FOR APPROVED PROVIDERS AND WHAT DOES IT MEAN?

- > From 1 July 2010, Comcare and all workers' compensation authorities—except QLD as there is no formal approval process—adopted a nationally consistent framework for the approval, renewal and regulation of workplace rehabilitation provider organisations (and consultants). This framework establishes uniform standards for the delivery of rehabilitation services to workers, employers and insurers nationally—you can find more detail in the Heads of Workers' Compensation Authorities (HWCA) *Guide: Nationally Consistent Approval Framework for Workplace Rehabilitation Providers* (the HWCA Guide).
- > The framework details the key principles of workplace rehabilitation that underpin rehabilitation service delivery, as well as establishing set conditions of approval, a code of conduct for workplace rehabilitation providers and an audit tool for the yearly self evaluation and any audits by Comcare (or other workers' compensation authority).
- > Each jurisdiction remains responsible for the approval and regulation of its providers. A large provider that operates in more than one state/territory workers' compensation jurisdiction is still required to submit an application to each workers' compensation jurisdiction in which they seek to hold approval or renew their approval. The application and approval requirements are now mostly consistent between workers compensation jurisdictions, including the date of the three-year approval period and dates for renewal application submission.

WHO APPLIES FOR COMCARE APPROVAL?

- > The provider business applies to Comcare for approval. The application form is available from the rehabilitation provider pages of the Comcare website.
- > An application fee is payable for both initial approval and renewal.
- > A scheme employer wishing to deliver in-house rehabilitation provider services is also required to apply for Comcare for approval.
- > The applicant must demonstrate that they can meet all criteria and operational standards (outcome and service standards) set by Comcare.
- > Any consultant (or sub-contractor) employed by the approved organisation must meet mandatory competency requirements as detailed in the *Criteria for initial approval or renewal or approval as a rehabilitation provider (Workplace Rehabilitation Provider)* (the Criteria)—refer to Criterion 1: Competence. The competency requirements include qualification, registration, professional membership, training and workplace rehabilitation experience that a rehabilitation consultant must have in order to deliver services for the approved provider. The consultant approval is linked to the organisation's approval—if the consultant leaves the organisation their approval ceases (or they must apply for transfer of that approval to another approved provider organisation).
- > Comcare issues each approved provider organisation with an approval number for each state in which they are delivering Comcare services. This approval number along with the individual consultant ID number must be included on all reports and invoices submitted to Comcare.

CRITERIA FOR INITIAL APPROVAL AND RENEWAL—WHAT ARE THESE?

- > The Criteria are the formal requirements the provider business (and consultant) must meet to gain initial approval and maintain (renew) approval. This includes mandatory business, financial, probity, staff competency and renewal requirements.
- > Comcare will review the Criteria in 2012, in line with the preparation for the next approval period (from 1 July 2013).

WHAT ARE THE STANDARDS AND PERFORMANCE MEASURES THE PROVIDER MUST MEET IN ORDER TO MAINTAIN APPROVAL?

- > The *Operational standards for rehabilitation program providers (workplace rehabilitation providers)* (Operational Standards) include the outcome (performance) standards and service delivery standards the provider business (and consultants) must meet to maintain their approval.
- > The outcome standards are measures of provider performance across the approval period and measure
 1. return to work outcomes achieved at the closure of the provider's rehabilitation programs
 2. the median cost of all closed rehabilitation programs
 3. the durability of employment following plan closure (measured 13 weeks following program closure).
- > The outcome standards are measures for the organisation, and not necessarily, the standard for each rehabilitation program delivered. Service Standard 2 (median cost) allows case complexity to be considered, however such complexity details must be identified and documented.
- > All service delivery by the consultant must be in line with the key service delivery principles contained in Service Standard 1: Service delivery in the Operational Standards.
- > In particular, the provider/consultant is required to demonstrate that services are delivered in accordance with the key service principle KSP4—Effective service provision at an appropriate cost in the Operational Standards.
- > The provider organisation (and consultants) must demonstrate that they have met all criteria, operational standards and conditions of approval in order to seek renewal or maintain approval.
- > When the consultant undertakes a rehabilitation assessment service, they must ensure they deliver their services in accordance with service standard SS2.1 Return to work management—Early intervention and rehabilitation assessment.
- > When the consultant delivers rehabilitation program services they must be delivered in accordance with the service standards SS2.6 Rehabilitation programs, SS2.11 Monitoring and reporting progress, SS2.13 Rehabilitation program amendments and new programs, SS2.16 Rehabilitation program closure and Service Standard 3: Suitable and durable employment.
- > The provider is required when closing files to perform an audit against the service standards and document any reasons for non-compliance.
- > Approved providers are required to undertake a yearly self-evaluation of their performance and management systems using the *Workplace Rehabilitation Provider—Evaluation Manual* audit tool found on the HWCA website.
- > Comcare may initiate an evaluation/audit of provider performance in response to a complaint, identified poor performance or notification by another workers' compensation authority of an investigation or audit.
- > A provider (or consultant) failing to meet the required standard may have their approval revoked or be subject to a performance improvement process.
- > Comcare will review the Operational Standards in 2012, in preparation for the next approval period and renewal process.

AM I REQUIRED TO CONTACT THE EMPLOYEE 13 WEEKS FOLLOWING THE REHABILITATION PROGRAM CLOSURE TO CONFIRM EMPLOYMENT DURABILITY?

- > Outcome standard 3, states that the employment durability is confirmed by the employer and not provider—as you closed the program and no costs are payable after the end date of the rehabilitation program. Any requests from the employer for further total incapacity periods indicate a lack of employment durability.
- > For your records, you may choose to contact the case manager to check if the employee remains in employment.

WHAT PROFESSIONAL STANDARDS DOES THE PROVIDER NEED TO MAINTAIN?

- > All approved providers (and consultants) are required to adhere to 'Appendix 4—Code of conduct for workplace rehabilitation providers' contained in the HWCA Guide.
- > A consultant is required to comply with any professional standards (and code of conduct) set by their professional body or registration authority.
- > The provider (and any consultant) is required to comply with other legislative requirements—for example, occupational health and safety, record keeping and privacy legislation etc.

DOES THE REHABILITATION CONSULTANT DELIVERING REHABILITATION PROGRAM (RETURN TO WORK PLAN) SERVICES ALSO NEED TO HAVE COMCARE APPROVAL?

- > Yes. Any consultants delivering rehabilitation program (return to work plan) services for an approved provider need to have their eligibility details verified by Comcare. This involves completing a consultant approval form and submitting copies of their qualifications, registration, professional membership and CV to Comcare.
- > Comcare will issue consultants with a Consultant ID number when the consultant is verified as meeting the competency criteria.
- > Comcare only started issuing ID numbers at the beginning of the 2010 approval period—any consultant holding approval prior to this period was required to reapply (and provide current documentation).
- > Attendance at the one-day rehabilitation provider training course is not sufficient to gain approval and obtain a consultant ID number—Comcare requires the formal submission of the form and copies of relevant staff documents.
- > Consultants are unable to deliver any rehabilitation program services until Comcare issues a consultant ID number (and if they do, this may jeopardise the provider organisation's Comcare approval). Comcare will only pay for rehabilitation program services delivered by approved consultants.
- > Providers are required to maintain a current list of approved consultants for their business and ensure unapproved consultants do not deliver rehabilitation program services (this is a condition of approval).

WHAT QUALIFICATIONS DO I NEED TO BE A COMCARE APPROVED WORKPLACE REHABILITATION CONSULTANT?

- > The professional qualifications, registration requirements, professional membership and workplace rehabilitation experience required to operate as a workplace rehabilitation consultant are under Competency Criteria 1.4 of the Criteria document found on the Comcare website. Suitable professionals include nurses, doctors, physiotherapists, occupational therapists, rehabilitation counsellors, exercise physiologists, psychologist and others.
- > All consultants requesting Comcare approval are required to undertake the one-day approved rehabilitation provider-training course within three months or as soon as possible following their employment. Refer to Service Standard 5.1 of the Operational Standards.
- > Someone with full Comcare approval must supervise any consultants with less than 12 months workplace rehabilitation experience.

DO I NEED APPROVAL IF I AM ONLY DOING OHS ASSESSMENTS, WORKPLACE ASSESSMENTS OR FUNCTIONAL CAPACITY EVALUATIONS?

- > The approval given by Comcare is to deliver rehabilitation programs (RTW plan) services. A consultant with appropriate qualifications can undertake a range of other assessment services without gaining approval from Comcare. Other similar services include ADL, household help/attendant care or vocational assessments.

I ATTENDED THE ONE DAY COMCARE REHAB PROVIDER TRAINING COURSE SOME TIME AGO WITH MY OLD EMPLOYER—DO I NEED TO DO IT AGAIN?

- > You do not need to do the initial one-day provider training again, however you may wish to attend the approved rehabilitation provider review and refresh workshop offered by Comcare.

WHAT HAPPENS TO MY CONSULTANT APPROVAL IF I MOVE PROVIDER BUSINESS?

- > A consultant is required to notify Comcare if they move to another Comcare approved provider organisation and wish to continue delivering services. Submit the consultant approval form and indicate you are seeking recognition/transfer of approval and supplying all the required details and documents.

AS A CONSULTANT, I HAVE CURRENT COMCARE APPROVAL BUT WHAT IF I WANT TO SET UP MY OWN PROVIDER BUSINESS?

- > The consultant approval is only valid if you are working for an already approved provider business and hold a current consultant ID number associated with that approved provider. You will need to apply to Comcare to have your provider business approved (refer to the information above about 'Who applies for Comcare approval').
- > From 1 July 2010, all consultants wishing to set up a provider business and gain approval from Comcare are required to meet the national requirements and Comcare specific requirements as contained in the current Comcare Criteria and Operational Standards documents. This includes the Mandatory Criteria 1.2 requiring the applicant or someone in the business management structure to have the required qualification/membership and at least 5 years workplace rehabilitation provider experience.

WHO APPROVES MY SERVICES?

- > The provider will receive referrals from the employer (case manager) to either undertake a specific service, an initial assessment and/or to develop and manage a rehabilitation program. It is the employer that is responsible for managing injured workers rehabilitation and as such, they are considered your 'customer'.
- > The employer (case manager) is required to discuss their needs in terms of service delivery with you and may negotiate a formal contract or specific service level agreement. Comcare's operational standards requirements should be the basis for such a contract or agreement but they may also include agency specific requirements.
- > We recommend you forward any rehabilitation invoices to the agency case manager for verification prior to sending them to Comcare for payment.
- > Comcare requires copies of all rehabilitation forms and reports (initial, progress, closure) to manage claims for worker's compensation effectively and to pay providers.

DOES COMCARE SET FEES FOR SERVICE DELIVERY?

- > No. The consultant is required to negotiate services and costs with the customer as part of the rehabilitation assessment and rehabilitation program process. We expect service fees are consistent with that charged by the provider for services under state based workers' compensation systems.

APPROVAL ENQUIRIES

Please contact rehab.approval@comcare.gov.au

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