HELPING YOU RECOVER

What I need to know as an employee

Australian Government
Comcare
## CONTENTS

**What I need to know right now**

<table>
<thead>
<tr>
<th>Introduction</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Introduction</td>
<td>2</td>
</tr>
<tr>
<td>About ComCare</td>
<td>3</td>
</tr>
<tr>
<td>The Importance of Remaining at or Returning to Work</td>
<td>3</td>
</tr>
<tr>
<td>Overview of the Roles and Responsibilities in the Claims Management Process</td>
<td>4</td>
</tr>
<tr>
<td>Making a Claim for Compensation</td>
<td>7</td>
</tr>
<tr>
<td>Once Your Claim is Lodged</td>
<td>8</td>
</tr>
<tr>
<td>Assessing a Claim</td>
<td>9</td>
</tr>
</tbody>
</table>

**If my claim is accepted**

| Once Your Claim is Accepted                                                 | 11   |
| Medical Certificates                                                        | 12   |
| Medical Treatment                                                           | 13   |
| Travel Expenses                                                             | 15   |
| Supporting You at Home                                                      | 16   |
| AIDS, Appliances and Modifications                                          | 17   |
| Incapacity Payments (Income support)                                        | 18   |
| Returning to Work                                                           | 20   |
| Where Can You Get Help or Information?                                      | 22   |
| Frequently Asked Questions (FAQs)                                           | 23   |
| What Changes Must You Tell ComCare About?                                   | 24   |
| ComCare Contact Details                                                     | 24   |
| Useful Terms                                                                | 25   |
INTRODUCTION

This booklet is designed to help employees and supervisors understand what they need to do when a claim for compensation is lodged. The guide also outlines the steps in the return to work process and the role we all play in working together to achieve successful return to work outcomes for employees.
ABOUT COMCARE

If you are injured at work, Comcare may be able to assist you with:

> returning to work
> payment of appropriate costs of medical treatment, aids, appliances and home help
> income support
> payments for permanent impairment
> death and funeral benefits for dependants.

Comcare’s functions under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) include:

> making decisions on claims accurately and in a timely manner
> supporting effective rehabilitation programs to be implemented by employers
> cooperating with others to reduce the incidence of work-related injury or illness to employees.

Comcare reports to the Minister for Employment and administers a number of Acts of Parliament, in particular:

> The Work Health and Safety Act 2011—the protection of the health, safety and welfare at work of federal workers
> Safety, Rehabilitation and Compensation Act 1988—an early and safe return to work and access to compensation for injured federal workers
> The Asbestos-related Claims (Management of Commonwealth Liabilities) Act 2005—the management of common law asbestos-related conditions.

THE IMPORTANCE OF REMAINING AT OR RETURNING TO WORK

Assisting employees to return to work after an injury sounds simple but can be challenging to do well. Timely, smart and effective occupational rehabilitation programs are a start. Important factors for success are the way that workplaces are designed, the employment policies, systems and culture affecting workplace safety, the supervisor’s response to supporting the employee as well as the attitudes of colleagues. The evidence also supports the value of returning to or staying at work as part of a person’s rehabilitation.

Participating in the workforce may:

> maintain health and wellbeing
> improve self esteem
> provide opportunities to contribute to the community.

Evidence shows that for most individuals, working improves general health and wellbeing and reduces psychological distress. Even health problems that are frequently attributed to work, such as musculoskeletal health conditions, have been shown to benefit from activity-based rehabilitation and an early return to suitable work*.

Not being able to work as a result of injury results in significant costs to employees, their employers and the community. Work absence tends to perpetuate itself. The longer someone is off work, the less likely they become to return. Prolonged absence from the workforce is more than a simple, economic cost for business. It has an adverse effect on the physical and mental health, educational opportunities and the long-term employment opportunities of those affected and their families*.

OVERVIEW OF THE ROLES AND RESPONSIBILITIES IN THE CLAIMS MANAGEMENT PROCESS

EMPLOYEE ROLE
> Cooperate with your employer, Case Manager and rehabilitation provider, to remain at work.

YOUR RESPONSIBILITIES
> Provide Comcare with timely, accurate and complete information about your claim.
> Advise Comcare as soon as possible of any changes in your circumstances.
> Actively participate in your rehabilitation program.
> Communicate regularly with your Case Manager.

YOUR RIGHTS
> Entitlements under compensation law (Safety, Rehabilitation and Compensation Act 1988).
> Access documents that relate to your claim.
> Seek reconsideration of decisions regarding your claim.
EMPLOYER ROLE
> Assess your needs and direct you to the appropriate support and assistance.
> Support you to remain at work, or return to work if you have had time off.

EMPLOYER RESPONSIBILITIES
> Make all reasonably practicable changes to your workplace to minimise the chance of further injury.
> Nominate a Case Manager to support you.
> Provide you with relevant Comcare forms.
> Provide Comcare with accurate, timely and complete information about your claim.

SUPERVISOR’S RESPONSIBILITIES
> Foster a workplace that encourages and supports safe work practices.
> Identify suitable duties with the Case Manager while continuing to support you.
> Change or modify the work and work environment.
> Contribute to the rehabilitation program.

COMCARE
> Work with you and your employer to assist you in remaining at work or returning to work.

RESPONSIBILITIES
> Make accurate and timely decisions.
> Provide you and your employer with information to minimise effects of any workplace injury or illness.
> Provide you with clear reasons for decisions made on your claim.

STANDARDS OF SERVICE
> Be courteous and helpful.
> Treat you fairly and abide by the principles of natural justice.
> Keep you informed about the progress of your claim and of any reasons for delay.
> Pay reasonable benefits on your accepted claim.
> Make it easy for you to communicate with Comcare.
### BENEFITS OF EARLY RETURN TO WORK

- Better health outcomes
- Maintain job skills, work status and identity
- Less disruption to family and social life
- Improved employment and financial security

### POSSIBLE CONSEQUENCES OF DELAYED RETURN TO WORK

- Poorer physical health
- Loss of self confidence
- Strain on family and friends
- Social isolation
- Poorer mental health
- Possible financial strain

---

*Did you know that being out of work in the long-term is an even greater health risk than the risk of other diseases such as coronary heart diseases*? Even returning to work part-time, or on modified duties, helps our physical and mental health—and has social and financial benefits.

‘**Work is the most effective means to improve the wellbeing of individuals, their families and communities**’.

Sir Mansel Aylward

---

*Aylward M. No one written off: Reforming welfare to reward responsibility. Consultation Event DWP Welfare Reform Green Paper Cardiff; 2008*
MAKING A CLAIM FOR COMPENSATION

You can claim compensation if your injury occurred while:

- you were at work or
- travelling on an approved work activity.

You can claim compensation for a disease (including psychological conditions) if it was significantly contributed to by your employment.

NOT ALL CLAIMS ARE COMPENSABLE UNDER THE COMCARE SCHEME

Although most work-related injuries or illnesses are payable under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act), the SRC Act states, it does not cover:

- Disease, injury or aggravation suffered as a result of reasonable administrative action taken in a reasonable manner by an employer. Reasonable administrative action includes (but is not limited to)
  - A reasonable appraisal of performance
  - A reasonable counselling action (whether formal or informal)
  - A reasonable suspension action
  - A reasonable disciplinary action
- Disease, injury or aggravation suffered as a result of failure to obtain a promotion, reclassification, transfer or benefit, or to retain a benefit in connection with work
- An injury that is self-inflicted
- An injury that is caused by serious and wilful misconduct
- Travelling between home and usual place of work.
ONCE YOUR CLAIM IS LODGED

REGISTRATION

- Claim arrives

- Claim is registered in the Comcare database within 48hrs of receipt

INITIAL DETERMINATION

- Claims Services Officer allocated to claim as the determining officer and point of contact

- Claims Services Officer to contact employee and employer
  
  *Once allocated, then phone calls will be made on a regular basis to provide updates*

- When all evidence required is received Claims Services Officer will determine the claim

  *This may take up to 20 days for injury claims and 60 days for disease claims*

- Claims Services Officer will call employee and employer to advise of determination

- Claims Services Officer issues written determination to employee and employer

ONGOING MANAGEMENT

- Accepted claims are assigned to a Claims Services Officer for individualised, ongoing management
ASSESSING A CLAIM

A Claims Services Officer (CSO) will assess and determine a new claim received by Comcare.

THE LIABILITY THRESHOLD

Section 14(1) of the Safety, Rehabilitation and Compensation Act 1988 (SRC Act) provides that:

“Comcare is liable to pay compensation in respect of an injury suffered by an employee if the injury results in death, incapacity for work, or impairment”.

LIABILITY

Comcare must determine if liability for a claim relating to an injury exists.

Determining liability is a statement by Comcare of two things:

> whether a person has suffered an injury
> whether the claimed injury or disease, or aggravation of either, is work related.

GUIDING PRINCIPLES

When making a determination on your claim CSOs will regard the below principles.

> No fault legislation—in a no fault scheme, employees do not have to demonstrate their employer has done anything wrong in order to be eligible for compensation. Requirements for liability are set out by law.
> Natural justice—In the context of Comcare’s decision making, the natural justice principle establishes two key rules
  – that decision makers must provide opportunity to a person whose interest will be adversely affected by any decision to be heard
  – that decision makers must be unbiased in any matter to be decided.
> Onus of proof—under the SRC Act, employees have no legal onus of proof. However, it is necessary for them to provide evidence to substantiate their claims. Comcare also has an investigatory authority to obtain evidence.
> Standard of proof—standard of proof means the degree of certainty with which contested facts must be established in order to be accepted as proved. Under the SRC Act the basis for decisions is established on the ‘balance of probabilities’. This means CSOs must decide
  – more likely than not, that the fact or the facts relied upon by them existed at the relevant time
  – if they are satisfied, or reasonably satisfied, as to the existence of the facts.
> Case law—many cases have gone before the courts for interpretation of phrases or words in workers’ compensation legislation. These cases have set legal precedent that must be considered when applying the legislation.
ASSESSING LIABILITY

The outcome of an initial liability assessment will determine whether Comcare’s liability for compensation is accepted or rejected. There are several factors that the CSO will consider.

> Compliance—claims for compensation must comply with certain conditions. The main requirements are that the claim is
  – made by an employee, as defined in the SRC Act
  – lodged as soon as is practicable
  – in accordance with the approved form
  – accompanied by a medical certificate.

> Medical Relationship—health professionals diagnose conditions from which people suffer. CSOs must consider those diagnoses to decide if there is a compensable condition. A CSO must establish whether the history on which medical opinion is based is an accurate reflection of the circumstances of each claim.

> For psychological injury claims—CSOs must determine if an employee suffers from a state of being outside the bounds of normal mental functioning and behaviour.

> Employment relationship—the SRC Act requires that compensation can only be paid for injuries that arise in connection with employment.

> Exclusionary provisions—compensation is not payable to injured employees if the injuries are
  – suffered as a result of reasonable administrative action taken in a reasonable manner (psychological injuries only)
  – intentionally self-inflicted
  – caused by that employee’s serious and wilful misconduct
  – the result of that employee making a false representation, connected with their employment, that they suffer from a disease.

The process for assessing a compensation claim may seem complicated. It is, however, crucial in ensuring that the SRC Act is applied equitably to all claims.
ONCE YOUR CLAIM IS ACCEPTED

HOW ARE MY CLAIMS FOR MEDICAL TREATMENT ASSESSED?

After receiving a claim for workers’ compensation, Comcare must decide what, if any, benefits you may receive.

Your Claims Services Officer (CSO) will be guided by three factors when making a decision about payment for medical treatment.

- Does the treatment constitute medical treatment as defined by the Safety, Rehabilitation and Compensation Act 1988 (SRC Act)?
- Is the treatment reasonable in the circumstances?
- Is the treatment related to your compensable condition?

HOW LONG WILL IT TAKE COMCARE TO MAKE A DECISION REGARDING MY ONGOING ENTITLEMENTS?

We will provide you with a written response to your claim within 28 days of receipt. If this response is a decision (determination) of your claim, the written response will include advice about your rights if you do not agree with the determination.

CLAIM REVIEWS

We will review your claim regularly to ensure you are receiving the appropriate treatment, entitlements and return to work assistance. These reviews may include obtaining reports from your treatment providers, having you assessed by an independent specialist or seeking advice from our Clinical Panel.

CLINICAL PANEL

The role of our Clinical Panel is to conduct clinical reviews and provide clinical support to our CSOs. The Clinical Panel also provides professional support and advice to healthcare providers treating employees. The Clinical Panel consists of experienced medical and allied healthcare professionals.
MEDICAL CERTIFICATES

Comcare accepts fully completed Comcare medical certificates, or state WorkCover medical certificates.

INFORMATION ON A MEDICAL CERTIFICATE

To assist Comcare with processing your claim, a medical certificate must:

> be original
> contain your details
> state the precise diagnosis
> contain a review date (not open-ended)
> list the treatment required in relation to the compensable condition
> be signed by the Legally Qualified Medical Practitioner (LQMP) who examined you.

LEGALLY QUALIFIED MEDICAL PRACTITIONER (LQMP)

An LQMP is a person with legal qualifications to practice medicine, for example, a general practitioner, psychiatrist or a specialist such as an orthopaedic surgeon.

MEDICAL CERTIFICATES FROM NON-LQMP PROVIDERS

You are not required to provide a medical certificate from an LQMP where you are claiming solely for medical treatment provided by:

> an occupational therapist
> a dentist
> an optometrist
> a speech therapist
> a chiropractor
> a physiotherapist
> an osteopath
> a massage therapist.

A certificate from the healthcare provider stating a precise diagnosis for the condition will be sufficient. Please note, these providers are unable to certify you as incapacitated for work.

Where a provider of physical therapies is recommending long term treatment, we may request you provide further information from your doctor regarding the prognosis of your condition and benefits of the treatment.

PAYMENT OF CERTIFICATE FEES

Comcare will only pay for an initial (first visit) certificate fee in New South Wales and the Northern Territory. All other states incorporate the cost of certificates into their fee structure.

‘Doctor’ is the term used to describe a legally qualified medical practitioner throughout this booklet.
MEDICAL TREATMENT

TYPES OF MEDICAL TREATMENT

Comcare may reimburse appropriate medical, hospital, pharmaceutical and other treatment costs where there is an accepted claim for a compensable condition.

The range of medical treatment for which Comcare may approve payment is quite broad. It may include:

- medical treatment provided by a doctor including surgery and hospitalisation
- the prescription of medicines or medical aids (such as glasses, orthopaedic shoes or artificial limbs)
- treatment, examinations or tests (such as pathology or x-rays) done under the supervision or at the direction of a doctor
- treatment by a dentist
- treatment by registered physiotherapists, osteopaths, chiropractors or masseurs.

If physical therapies such as physiotherapy, massage or chiropractic treatment are obtained, Comcare will usually only pay for one type of treatment at a time.

HOW DO I CLAIM FOR MEDICAL TREATMENT?

Your healthcare provider will be able to discuss treatment options with you.

You should discuss your medical treatment needs with your healthcare provider to establish a treatment plan. Such a plan sets out the types of treatment you need, frequency and for how long. Most doctors will include the treatment you require on their medical certificate which you must forward to Comcare.

REIMBURSING MEDICAL TREATMENT

You or your healthcare provider can send invoices for approved medical treatment directly to Comcare, who will usually make payments within 28 days of receiving the invoice.

You will receive a written notice if Comcare will not meet the costs of the medical treatment. You will be responsible for the cost of any medical treatment you receive that Comcare determines is not payable under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act).

ADVANCE APPROVAL

If the cost of the treatment is high, or the type of treatment is unusual, you should seek written approval from Comcare to obtain such treatment before undertaking treatment.

You should seek advance payment approval for treatments such as surgery, hospital admissions, costly tests, types of treatments not usually related to your compensable condition or when you require medical aids or appliances.

To obtain advance payment approval, you will need to have your healthcare provider provide a note outlining the:

> treatment needed
> frequency of treatment
> relationship of treatment to your compensable condition.

Your Claims Services Officer (CSO) will write to you within 28 days advising of a decision on payment or reimbursement of the costs, except where further information is required. Where further information is required, your CSO will seek further information from you or your healthcare provider.
MEDICAL EXPENSES

For many treatment types, Comcare has established an appropriate payment limit.

You should ask your healthcare provider whether they charge more than the Comcare limit. Where your healthcare provider does charge more than the Comcare limit, you are responsible for that gap payment. We advise you seek clarification from your CSO prior to accessing treatment.

In limited circumstances, Comcare may reimburse more than its stated limit. For example, where someone lives in a remote location and only has access to healthcare providers who charge more than the Comcare limit. The current rates are available on the claims and benefits page of the Comcare website at www.comcare.gov.au.

HOW TO CLAIM MEDICAL TREATMENT

> Discuss treatment options with your healthcare provider.

> Get a medical certificate from your doctor—if you are claiming treatment only from a physiotherapist, chiropractor, osteopath or massage therapist, get a written treatment plan from your healthcare provider where treatment is likely to exceed 5 sessions.

> Send treatment plan/medical certificate to Comcare.

> Get prior approval from Comcare for high cost or unusual treatment.

> Complete the Medical services claim form and send it along with any invoices or receipts to Comcare. The form is available on the forms and publications page on the Comcare website at www.comcare.gov.au.
TRAVEL EXPENSES

TRAVEL TO ATTEND MEDICAL TREATMENT

Comcare may reimburse costs related to travel to attend medical treatment in the following cases:

> the condition reasonably requires use of an ambulance or public transport, including a taxi
> a private motor vehicle is used for travel to attend medical treatment and the distance travelled for any one-off treatment session is more than 50 kilometres for the round trip.

Comcare will not reimburse the cost of travel in a private vehicle to treatment that is less than a 50 kilometre round trip. Comcare will not normally pay for travel if the type of treatment is available from another medical provider who practises within the 50 kilometre limit.

HOW DO I CLAIM FOR TRAVEL TO MEDICAL TREATMENT?

If public transport is used to attend medical treatment, you must give Comcare a medical certificate supporting the need to use public transport. Receipts will need to be provided with the relevant medical certificate.

If a private motor vehicle is used, Comcare will pay a specified rate per kilometre travelled. Receipts will need to be provided for any parking fees.

In both cases, you will also need to provide evidence of attendance at the treatment, such as an attendance certificate or receipt for payment for the treatment.

If you require information about claiming flights, accommodation or meals, or if an escort is medically required to accompany you, please contact Comcare before you incur these costs.

HOW TO CLAIM TRAVEL TO MEDICAL TREATMENT

> Discuss your transport needs with your doctor.
> If your doctor considers your work-related condition requires you to travel to treatment on public transport, you will need to obtain a certificate from the doctor confirming this view.
> Send to Comcare the certificate from your doctor, together with evidence of your attendance at the treatment and receipts for your travel. For travel by private motor vehicle, please note the address of the origin and destination of each trip and the associated kilometres travelled according to your odometer. This can be completed on a Medical services claim form.
SUPPORTING YOU AT HOME

A serious compensable condition may make it difficult to cope with home duties. Comcare may reimburse certain costs associated with helping you manage day-to-day activities.

HOUSEHOLD SERVICES AND ATTENDANT CARE

Household services are services of a domestic nature needed for the proper running and maintenance of a household that you are no longer able to undertake as a result of your compensable condition.

These may include:
- cooking
- house cleaning
- laundry
- gardening
- child care
- attendant care.

Comcare would not normally pay for services that it is reasonable to expect other members of your family to undertake, even if these family members did not normally undertake those tasks prior to your compensable condition.

Additionally, Comcare considers that family members or close personal friends charging Comcare for the provision of household services is inappropriate due to a perception of a conflict of interest and the potential for fraudulent activities.

In some circumstances, Comcare may approve attendant care services. These are services of a personal nature and include things like help with bathing and dressing.

HOUSEHOLD SERVICES EXPENSES

Comcare has established a maximum hourly rate for household services. You should ask your service provider whether they charge more than the Comcare hourly rate. Where your provider does charge more than the Comcare limit, you are responsible for that gap payment.

Please note, weekly statutory rates also exist for household and attendant care services. Comcare is unable to pay above the statutory rate in any one week.

You can view the current rates on the claims and benefits page of the Comcare website at www.comcare.gov.au.

HOW DO I CLAIM FOR HOUSEHOLD SERVICES?

Comcare has an Application for household services or attendant care and childcare services form for you and your doctor to complete.

In some cases your employer or Comcare may ask an occupational therapist to carry out an assessment in your home to help determine what you can and cannot do and provide recommendations to assist you retain your independence.

Comcare will provide a written decision and if approved, will detail the number of hours and type of help that it has approved.

HOW TO CLAIM HOUSEHOLD SERVICES AND ATTENDANT CARE

1. Download the application form from the forms and publications page of the Comcare website at www.comcare.gov.au.
2. Take the form to your doctor and discuss your requirements.
3. Have your doctor and employer complete the form.
4. Submit the form to Comcare.
5. Upon written approval from Comcare, send invoices or receipts to Comcare for payment. This can be completed on a Medical services claim form.
AIDS, APPLIANCES AND MODIFICATIONS

Comcare may approve the provision, repair or replacement of an aid or appliance you reasonably require as a result of your compensable condition.

These are items that will assist with your activities of daily living or access to home and workplace.

Comcare will also consider liability for essential home, workplace (outside the boundaries of your employer’s duty of care) and car modifications required as a result of your compensable condition.

You should seek Comcare’s approval before making any purchase or seeking any repairs, alterations or modifications. For Comcare to consider liability for the requested items, you must be undertaking, have completed, or have been assessed as not capable of undertaking a rehabilitation program.
INCAPACITY PAYMENTS (Income support)

Under the *Safety, Rehabilitation and Compensation Act 1988* (SRC Act) you may be entitled to receive income support (known as incapacity payments) while you are unable to work as a result of your compensable condition.

**INCAPACITY PAYMENTS**

Incapacity payments compensate you for your loss of income as a result of a compensable condition while you are unable to complete your pre-injury hours or duties.

The method used to calculate your rate of payment is set out in the SRC Act, and depends on a number of factors including:

- your normal weekly earnings (NWE)
- any amount you are able to earn or actually earn (AE)
- the length of time you are unfit to work
- whether your loss of income is before or after the first 45 weeks of incapacity.

**HOW LONG WILL MY INCAPACITY PAYMENTS LAST?**

If as a result of your compensable condition you are unable to work, you are entitled to 100 per cent of your income for a period of 45 weeks (cumulative). Once you have received 45 weeks of incapacity payments, the SRC Act states that you are entitled to a minimum of 75 per cent of your normal income. Should you require further clarification regarding your incapacity entitlements you should contact your Claims Services Officer (CSO).

**WHAT HAPPENS WHEN I REACH AGE 65?**

The SRC Act states that incapacity payments stop when you reach 65.

Turning 65 years of age will not affect other benefits you may be receiving under the SRC Act, such as medical treatment and attendant care.

If you are injured after the age of 63, you are entitled to a maximum of 104 weeks of cumulative incapacity payments.

**OTHER FACTORS**

When assessing your fortnightly payments, Comcare must take into account:

- any government-financed portion of the superannuation you receive
- your ability to earn income from other employment, including self-employment.

**HOW WILL I RECEIVE PAYMENTS?**

Your employer will continue to pay you as per your usual salary arrangements. Upon receipt of medical evidence and *Claim for time off work* forms, Comcare will reimburse your employer. If you have separated from employment Comcare will pay you directly. You should contact your CSO prior to, or as soon as possible after separation, so they can provide you with the relevant documents to set you up on Comcare’s payment system.

**WHAT IF I HAVE USED PERSONAL LEAVE OR ANNUAL LEAVE?**

Should you have used sick/personal or annual leave provisions in relation to your compensable condition, your agency will reimburse your leave.
HOW TO CLAIM INCAPACITY PAYMENTS?

> Get a medical certificate from your doctor.

> If you are employed by the Commonwealth or ACT government
   - access a *Claim for time off work* (CTOW) form from your employer or the forms and publications page on the Comcare website at www.comcare.gov.au
   - send medical certificate and completed CTOW form to your employer.

> If you are no longer employed by the Commonwealth or ACT government and are working in other employment
   - download a *Record of earnings* form from the forms and publications page on the Comcare website at www.comcare.gov.au
   - send your medical certificate, completed record of earnings form and supporting evidence such as payslips to Comcare.

> If you are no longer employed by the Commonwealth or ACT government and are not working:
   - send your medical certificate to Comcare.
RETURNING TO WORK

If you have been unable to work because of your compensable condition, it is your employer’s responsibility to work with you to help plan your return to work.

WHO DOES WHAT?

> You—actively engage and participate with your rehabilitation program.
> Your employer—is required to manage the return to work process, and will allocate a Case Manager to help you.
> Case Manager—works with you to formally plan your return to work.
> Rehabilitation provider—may be contracted by your employer to provide rehabilitation services.
> Doctor—is responsible for overseeing the medical treatment of your compensable condition. They can also assess your capability to return to work, provide advice on alternative duties or workplace modifications, and certify you fit or unfit for return to work.

YOUR RESPONSIBILITIES

> Participate in your rehabilitation program.
> Find out about your agency’s rehabilitation policy.
> Let your supervisor or Case Manager know if you are going to be away from work for an extended period because of your compensable condition.
> Undergo an assessment for rehabilitation if required.
> Talk to your Case Manager about your obligations and rights regarding rehabilitation.
> Talk to your Case Manager or rehabilitation provider if you have any concerns about your rehabilitation program.
> Work with your Case Manager to plan your return to work.
REHABILITATION ASSESSMENT

If you have been, or are likely to be, away from work for more than three days, your Case Manager should arrange an assessment of your capability to undertake a rehabilitation program.

If you write to your employer requesting a rehabilitation assessment, your employer must arrange an assessment for you.

REHABILITATION PROGRAM

Based on your rehabilitation assessment, your employer may develop a rehabilitation program that you will be required to undertake. You will receive a written copy of your rehabilitation program.

Developing a rehabilitation program usually involves the assistance of a rehabilitation provider, although in some instances your Case Manager may develop this program.

Your Case Manager will work with you, your doctor, your supervisor and your rehabilitation provider (if any) to assist you to return to work in line with the provisions of the program.

A Rehabilitation Program is a structured series of activities and assistance to:

> maintain or return you to suitable employment
> maintain or improve your activities of daily living.

WHAT CAN YOU DO?

> Stay positive—focus on what you can do, not what you can’t.
> Think about how work can assist in your recovery.
> Talk to your doctor about going back to work and the different work options available—for example, reduced hours or modified duties.
> Talk to your employer or supervisor about how they can help—putting a return to work strategy in place as soon as possible is an important step.
> Stay active and continue with your normal activities, but talk to your doctor about activities you may need to avoid.
> Keep talking to those who are helping you with your recovery and return to work—keep them informed about how you are going and feeling.
> Keep in touch with your work mates.
> Don’t forget to ask for help or information when you need it.

There is compelling evidence that, in general, work is good for health and wellbeing. Conversely, the evidence also says long-term work absence can have a negative impact on health and wellbeing.
WHERE CAN YOU GET HELP OR INFORMATION?

Your doctor can:
- provide a diagnosis
- recommend and refer for appropriate treatment
- provide advice on your work capacity.

Your Case Manager will:
- work with you to plan your return to work—a gradual return to work may be possible
- talk to you about the different things you can do at work and what support you might need to do these
- talk to your supervisor, your doctor and other healthcare providers to make sure you have the support you need to return to work
- engage a rehabilitation provider if required, to work with you and your doctor to develop a rehabilitation program.

Your Supervisor can:
- keep in touch with you and tell you what is happening in your work area
- support you in your return to work
- listen to your concerns and help you address these.

Your Claims Services Officer will:
- process your entitlements for treatment and incapacity payments
- talk to you and your Case Manager to ensure you are supported in your return to work.

Your rehabilitation provider will:
- work with you, your doctor, treatment providers, supervisor and Case Manager to identify what help you need to return to work and help organise this support
- provide expert, objective advice to you, your supervisor and your doctor on return to work.
FREQUENTLY ASKED QUESTIONS (FAQs)

If you have a question relating to your claim, you may find the answer in this list of FAQs. If not, then please contact your Claims Services Officer on 1300 366 979.

WHAT SHOULD I DO IF I NEED URGENT TREATMENT?

Before treatment is approved, Comcare requires enough medical information to relate the treatment to your compensable condition. If you are unable to get this information before undertaking the treatment, please call your Claims Services Officer to discuss your options.

DO I NEED A MEDICAL CERTIFICATE FROM AN ALLIED HEALTH PROVIDER?

You do not need a medical certificate from a legally qualified medical practitioner (LQMP) if you are only claiming for medical treatment by a registered chiropractor, osteopath, physiotherapist, or masseur. A certificate from the provider is sufficient.

If you wish to claim other benefits, such as incapacity payments or permanent impairment, you will need to provide appropriate medical evidence from an LQMP.

WHAT HAPPENS TO MY PAYMENTS IF I TRAVEL OVERSEAS?

If you are receiving fortnightly payments from Comcare and decide to travel overseas, you should let your Claims Services Officer know. Penalties may apply if you do not tell Comcare you are leaving the country.

WHAT IF I TAKE LEGAL ACTION AGAINST MY EMPLOYER OR ANOTHER THIRD PARTY?

If you have lodged a claim with Comcare or have an accepted claim and you or a dependant take legal action against a third party, your employer (the Commonwealth) or another employer, you must advise Comcare of that action. There are penalties that may apply if you do not do this within seven days of starting legal action.

If you are paid damages as a result of your compensable condition, you must let Comcare know within 28 days of receiving the damages payment. Penalties may apply if you do not notify Comcare of the payment within that time.

Comcare is required to recover compensation that it pays in relation to a compensable condition from any damages you receive.

IF COMCARE DOES NOT ACCEPT MY CLAIM, WILL EARLY INTERVENTION COSTS BE REIMBURSED TO THE EMPLOYER?

Comcare will reimburse the costs of rehabilitation incurred by an employer up to the date that liability is denied.

HOW CAN I ACCESS MY COMCARE CLAIM RECORDS?

If you would like copies of documents held on your claim file held by Comcare, you can write to Comcare asking for the documents you need. Section 59 of the SRC Act states that if requested by you, Comcare must provide you with any documents held on your claim file.

You may ask for other Comcare information under the Freedom of Information (FOI) Act 1982. A fee may be incurred for FOI requests.
WHAT CHANGES MUST YOU TELL COMCARE ABOUT?

You must write to Comcare about any of the following changes in your circumstances, if you:

> change your address
> change your name
> change the bank account to which you receive incapacity payments or medical reimbursement
> engage in employment (whether paid or unpaid)
> get a pension, allowance or benefit
> make an election in relation to your superannuation
> travel overseas.

COMCARE CONTACT DETAILS

Comcare Enquiry Line: 1300 366 979
Office hours: 8.30am to 5.00pm EST
Postal Address: GPO Box 9905, Canberra ACT 2601
Email Address: general.enquiries@comcare.gov.au
Website: www.comcare.gov.au
USEFUL TERMS

REHABILITATION PROVIDER
A person or organisation providing rehabilitation services to help employees, with work-related injuries or diseases, return to work. Rehabilitation providers must be approved by Comcare in accordance with section 34 of the SRC Act. This includes approved in-house rehabilitation providers which the employer directly employs to provide rehabilitation services to their injured staff. Case Managers may only use rehabilitation providers approved by Comcare.

CASE MANAGER
An employee delegated under section 41a of the SRC Act to manage the return to work process and a rehabilitation program on behalf of their employer.

CLAIMS SERVICES OFFICER
An officer of Comcare who is responsible for managing an employee’s claim. This includes making decisions, paying benefits and liaising with the employee, Case Manager and treatment providers.

CONFIDENTIALITY
Ensuring that information is only accessible to those authorised to have access.

EARLY INTERVENTION REHABILITATION
Early intervention involves assisting an employee before a symptom develops into an injury, or as soon as possible after an injury. Responding early demonstrates support and sets the expectation of an early return to work. Early intervention rehabilitation can take place prior to an employee lodging a claim or whilst waiting for Comcare to determine liability for a claim.

INJURY MANAGEMENT
A coordinated approach to managing the symptoms and impacts of an employee’s injury.

LEGALLY QUALIFIED MEDICAL PRACTITIONER (LQMP)
An LQMP is a person with legal qualifications to practice medicine. That person must be registered and licensed as a medical practitioner under a State or Territory law that provides for the registration or licensing of medical practitioners. Doctor is the term used to refer to an LQMP throughout this booklet.

REHABILITATION AUTHORITY
Unless the employer is an exempt authority (as defined by the minister), the rehabilitation authority refers to the employee’s current Commonwealth employer.

REHABILITATION PROGRAM
A structured series of activities and assistance to:
> maintain or return an employee in suitable employment.
> maintain or improve an employee’s activities of daily living.

A rehabilitation program also documents objectives, time frames, services required and estimated costs.

SRC ACT

WORKPLACE REHABILITATION
A managed process with appropriate, adequate and timely services based on an assessment of what the employee needs to return safely to the workplace.
This is the end of the employee section, if you would like to read the supervisor section, please flip the book over.