



GUIDE FOR PROVIDERS — REHABILITATION ASSESSMENT (SECTION 36), PROGRAMS AND INVOICING (SECTION 37)

This guidance applies only to Commonwealth agencies and where Comcare is the claims manager. This is not scheme guidance and self-insured licensees may have their own processes and requirements in place.

This guidance supports Workplace Rehabilitation Providers (WRPs) with understanding rehabilitation programs and the link with **activities of daily living assessments** (ADL assessments) under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act). An ADL assessment is an analysis of an employee's functional performance in areas outside of the workplace.

Activities of daily living (ADL) assessment

Can an ADL assessment be included in a rehabilitation program?

Yes, you can include an ADL assessment in a rehabilitation program and request payment under section 37 of the SRC Act. The delegate must make a determination to support the need for an ADL assessment.

Please engage with the Comcare Claims Manager and Injury Manager before adding the assessment to the rehabilitation program. This will ensure consistency of approach and avoid duplication — as Comcare may also request an ADL assessment under section 39 of the SRC Act.

Can an ADL be completed in a section 36 referral?

No, an ADL Assessment cannot be paid for under a rehabilitation assessment (section 36 of the SRC Act). The purpose of an assessment under section 36 is whether the employee is capable of engaging in a rehabilitation program.

Rehabilitation program start date

The rehabilitation program commencement date is the date specified on the first page of the rehabilitation program. Should this date precede the signature of the Rehabilitation Authority (usually the rehabilitation case manager as the delegate) then the signature date is considered the start date.

A delegate cannot sign a rehabilitation program retrospectively. Comcare recommends drafting a rehabilitation program ahead of the proposed start date, to ensure all signatures are captured before the start date.

There should not be time gaps between signed rehabilitation program alterations. The program alteration is a continuation of the program — gaps in approved servicing make it difficult for Comcare to ascertain whether circumstances have changed and whether the requirement for these services should continue under the current rehabilitation program, or if a new program is required. If there is no program alteration in place, services should not be occurring or invoiced to Comcare.

Invoicing Comcare

A determination must be made by the Rehabilitation Authority (usually the RCM) for Comcare to accept and pay rehabilitation program invoices. Please ensure rehabilitation programs are sent to Comcare with the relevant signature to avoid any delays. The provider number must also be included with the rehabilitation program.

Comcare recommends a rehabilitation assessment (conducted under section 36) be completed within three months from referral. It is difficult for Comcare to establish if the employee's circumstances have changed and if the assessment is still required when the referral or services occurs over an extended period of time.

Invoice items must include a clear explanation of the service provided. For example, 'Case Management Activities-p/c with RCM' or 'Case Management Activities- email to Supervisor' or 'Initial Needs Assessment report - S36'.



Invoices sent to Comcare must include:

- claim number
- claimant name
- business name
- dates of services
- codes of services
- clear description of service provided.

More information

For more information please contact Comcare's Injury Management and Return to Work Support team by emailing general.enquiries@comcare.gov.au or calling 1300 366 979.