

## Annexure B: Injury Management Standards

### Part 1: Introduction

The Code of conduct for self-insured employers sets out ReturnToWorkSA's policies and procedures which are applied when deciding to grant, renew, revoke or reduce the period of registration as a self-insured employer or group of self-insured employers.

These Injury Management Standards for self-insured employers must be read in conjunction with other requirements set out in legislation and the Code of conduct for Self-insured employers.

The primary *objectives* of the Injury Management Standards are to provide a framework from which a self-insured employer's exercise of its delegated powers and discretions can be *evaluated* with a focus on:

- Effective early intervention and return to work processes.
- Ensuring injured workers are provided quality services that optimize recovery and return to work.
- Timely decision making on claims and the provisions of benefits and ensuring a high level of compliance with *relevant* legislative requirements.
- Effective communication and consultative arrangements to support return to work outcomes and to minimize the number of applications for review.
- The financial integrity of the scheme.

To be granted an initial registration, an employer must demonstrate readiness of systems and resources to meet the injury management standards including the development of *policies* and *procedures* that describe how these standards and other requirements of self-insurance are to be achieved.

To obtain a maximum period of registration renewal, a self-insured employer must demonstrate to the satisfaction of ReturnToWorkSA the requirements of the injury management standards have been met.

The Injury Management Standards will be implemented in line with the processes detailed in the Self-Insured Evaluation Practice Manual.

## 1. Condition of Registration as a Self-Insured Employer

### 1.1. Policies and Procedures

A self-insured employer shall develop and implement injury management *procedures* that define how it will:

- 1.1.1. Achieve the fundamental principles, rights and obligations within section 13 of the *Act*.
- 1.1.2. Exercise the delegated powers and discretion set out in Section 134 of the *Act*.
- 1.1.3. Meet the "Service Standards" set out in Schedule 5, Part 2 of the *Act*.

### 1.2. Resources

A self-insured employer must have arrangements in place to ensure it has in place adequate resources to administer claims and provide effective return to work services to injured employees. These arrangements shall include:

- 1.2.1. Documented job descriptions for all injury management personnel and where *relevant* management, supervisors and employees.
- 1.2.2. Ensuring injury management personnel are *competent* to administer the self-insured employers delegated powers and discretions in a reasonable manner.
- 1.2.3. Ensuring the allocation of resources is *appropriate* for the *organisations* type, volume and complexity of the case load.
- 1.2.4. Suitability of facilities and accommodation to ensure restricted access to information, including maintaining confidentiality during interaction with injured workers and service providers.
- 1.2.5. A self-insured employer must appoint a return to work coordinator and ensure the person appointed to this role has successfully completed *relevant* training. Where this role becomes vacant, the self-insured employer must re-appoint an employee within 3 months and ensure the employee(s) appointed have received *relevant* training within 3 months of the appointment being made.

### 1.3. External Claims Administration

Where external administration services are contracted, a self-insured employer must ensure those arrangements are clearly documented covering:

- 1.3.1. Exercise of delegations by the self-insured employer
- 1.3.2. Data security and confidentiality

1.3.3. Administrative arrangements

1.3.4. Complaint processes

#### **1.4. Data**

A self-insured employer shall provide all *relevant* data set out in Schedule 3, Part 5 of the RTW Regulations 2015:

1.4.1. Fortnightly, unless an alternative arrangement has been agreed to by ReturnToWorkSA.

1.4.2. All errors at batch and line level shall be resolved within one month of receiving the data transmission return file.

1.4.3. A self-insured employer must notify ReturnToWorkSA at least one month prior to the implementation of any change to the workers compensation data system.

#### **1.5. Financials**

A self-insured employer shall provide to ReturnToWorkSA:

1.5.1. A copy of audited financial statements within 5 months of the self-insured employer's financial year end date, or within an alternative timeframe approved by ReturnToWorkSA.

1.5.2. An actuarial report on the outstanding workers compensation liabilities of the employer within 3 months of the self-insured employer's financial year end date or within an alternative timeframe approved by ReturnToWorkSA.

1.5.3. The self-insured employer shall provide a financial guarantee that meets all the terms and conditions set out in written correspondence issued by ReturnToWorkSA.

1.5.4. A self-insured employer shall provide to ReturnToWorkSA a contract of insurance that meets all requirements set out in Schedule 3, Part 9 of the Return To Work Regulations 2015.

#### **1.6. Information provided to employees**

A self-insured employer shall inform all employees in writing of the following arrangements:

1.6.1. How to report a work related injury

1.6.2. The process for lodging a claim for compensation

1.6.3. Location of claim forms

- 1.6.4. Injury reporting process and the location of approved claim forms
- 1.6.5. Overview of the claims administration process
- 1.6.6. Overview of the early intervention and return to work process
- 1.6.7. Injured worker rights and responsibilities
- 1.6.8. Rights and responsibilities of the employer
- 1.6.9. Complaints management processes (including those reported to the Ombudsman).

## 2. Claim Management

### 2.1. General matters

- 2.1.1. Claim files are maintained in such a way that all decisions and determinations are identifiable and *relevant* supporting notes and documents maintained.
- 2.1.2. In all instances, notices and information are provided in accordance with Return to Work Act requirements including rights to review and are given within required timeframes.
- 2.1.3. The rights and needs of injured workers, including cultural and linguistic diversity are *appropriately* considered.
- 2.1.4. Confidentiality is maintained.
- 2.1.5. A copy of all reports prepared by a health practitioner detailing the findings made or opinions formed by the health practitioner, shall be provided to the worker within 7 calendar days.
- 2.1.6. Where a worker provides a written request, under section 180 of the Act, for a copy of all documentary material (hardcopy and electronic) *relevant* to their claim, the self-insured employer shall provide this material within 45 days of receiving the request.
- 2.1.7. A worker shall not be required to submit to an examination by a health practitioner of the same specialty more frequently than once every 2 months.

### 2.2. Claims

- 2.2.1. Claim forms are on file.
- 2.2.2. Where reasonably practicable claims are determined within 10 business days.

- 2.2.3. Where claims are not determined within 10 business days, offers of interim benefits are made in accordance with section 32 of the Act.
- 2.2.4. Claims are considered and determined (including re-determinations) in accordance with section 31 of the Act.

### **2.3. Medical Expenses**

- 2.3.1. Payments for accounts for medical expenses are promptly paid.
- 2.3.2. Where a self-insured employer receives an application made by a worker seeking advanced approval for the provision of services, a written determination must be issued to the worker and where approval is not given, state the ground for the decision and inform the worker of their right to apply to have the decision reviewed.

### **2.4. Income Support**

- 2.4.1. AWE entitlements are determined in accordance with Part 4, Division 4 of the Act, including incomes support for incapacity resulting from surgery.
- 2.4.2. AWE calculations are made in accordance with section 5 of the Act and copies of information used to calculate AWE are held on file.
- 2.4.3. AWE is *appropriately* adjusted in all cases a worker has previously redeemed entitlement to weekly payments.
- 2.4.4. AWE adjustments are made in accordance with section 45 of the Act.
- 2.4.5. AWE Reviews are made in accordance with section 46 of the Act.
- 2.4.6. Reduction/discontinuance of weekly payments is made in accordance with section 48 of the Act.
- 2.4.7. Where there has been a delay in the making of weekly payments and the delay was not the fault of the worker, then the self-insured employer shall calculate and apply interest at the prescribed rate to the amount in arrears within one month, and issue a written notice to the worker setting out details of the interest applied to the amount in arrears.

### **2.5. Serious Injury**

- 2.5.1. Seriously injured workers are assessed and determinations made in accordance with section 21 of the Act.

## 2.6. Permanent Impairment – Economic Loss & Non Economic Loss

- 2.6.1. Determinations of entitlement to economic and non-economic loss are issued in writing and detail the calculation applied to determine the economic and non-economic loss lump sum entitlements and the workers' rights to a review of the decision.
- 2.6.2. Within one month from the date the determination notice was issued to the worker, the self-insured employer must provide ReturntoWorkSA with a completed Notice of Lump Sum Determination Return, including all *relevant* supporting documentation.

## 2.7. Redemptions and Deed of Release

- 2.7.1. Where a self-insured employer reaches agreement to redeem the liability to make ongoing weekly payments and/or the liability associated with ongoing medical services, all requirements set out in Section 53 and 54 of the Act have been met and *relevant* documentation is held on the claim file.
- 2.7.2. Where a self-insured employer redeems liability to make ongoing weekly payments, the self-insured employer will ensure the rate of weekly payments that would have been payable if there had been no redemption is *appropriately* recorded.
- 2.7.3. Where self-insured employers liability is discharged under a deed of release under section 66(7) of the Act, the self-insured employer will ensure the rate of weekly payments that would have been payable if the deed of release had not been entered into, is *appropriately* recorded.
- 2.7.4. On redemption of liability, a Lump Sum Determination Return Notice must be completed for forwarding to ReturntoWorkSA within 10 working days of the determination being made and include all *relevant* supporting documentation.

## 2.8. Early Intervention, Recovery and Return to Work

- 2.8.1. Recovery and Return to Work Plans (Plan) comply with the standards and requirements prescribed by the regulations, and when developed are specific to an individual worker.
- 2.8.2. Recovery and return to work plans are in place where the injured worker is or is likely to be incapacitated for work more than 4 weeks and detail the actions and responsibilities of key parties.
- 2.8.3. When preparing a Plan, the worker must be consulted and provided with a copy of the plan.
- 2.8.4. The Plan is reviewed in line with scheduled review dates and where the worker has applied for review of the Plan, the Plan shall be modified in line with the determination made at review.

- 2.8.5. Where a worker has not returned to pre-injury employment within 6 months from date of first incapacity and is not working to their full capacity, new or other employment options are considered for the worker when reviewing the plan.
- 2.8.6. Where a self-insured employer does not provide suitable employment, the self-insured employer notifies ReturnToWorkSA.

## **2.9. Legal Compliance**

- 2.9.1. Claims are managed and delegations administered in accordance with ReturnToWork Act and Regulations.

## **3. Dispute Resolution**

### **3.1. Reconsideration**

- 3.1.1. A reconsideration officer is appointed and the Registrar must be notified as per the regulations of the details of the nominated officer.
- 3.1.2. The reconsideration process must comply with Part 6, Division 4 of the Act.

### **3.2. SAET Orders**

- 3.2.1. Where a determination has been made by the South Australian Employer Tribunal (SAET) and an Order or direction issued, the self-insured employer must comply with the Order within the timeframe specific by the SAET.

## **4. Measurement, Monitoring and Review**

### **4.1. Delegated powers and discretions**

- 4.1.1. Processes are in place that monitor, measure and review the effective implementation of delegated powers and discretions granted to a self-insured employer under the Act and where *relevant*, strategies to improve performance of the injury management system are identified.
  - 4.1.1.1. The implementation and performance of the injury management system is reviewed against the, fundamental principles, rights and obligations within section 13 of the Act.
  - 4.1.1.2. Delegated powers and discretion set out in section 134 of the Act.
  - 4.1.1.3. "Service Standards" set out in Schedule 5, Part 2 of the Act.