



WORKING TO MAKE A DIFFERENCE

COMMUNITY BRAIN INJURY SERVICES

REFERENCE MANUAL

AUGUST 2009

**Health Care Services
604 232-7787
1-888-967-5377 local 7787**

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COMMUNITY BRAIN INJURY SERVICES

This manual is intended to assist with specific processes related to doing business with WorkSafeBC. This document is intended to be used in conjunction with the Community Brain Injury Services (CBIS) Memorandum of Agreement, and all the related Schedules.

Please ensure that staff involved with the CBIS Agreement has access to and are familiar with the content of this manual, the Memorandum of Agreement, and all related Schedules.

1. REFERRAL PROCESS

- A written referral (Referral Form 83B150) is required for each Worker referred for CBIS.
- WorkSafeBC Provider Referrals will call the Contractor before faxing the referral to ensure that the Contractor can initiate Services within the ten (10) calendar day timeline (or earlier for urgent Services). Once availability has been determined, the Referral Form will be sent via fax from Provider Referrals.
- Should a Board Officer contact a Contractor directly for CBIS, the Contractor must request a Referral Form in order to ensure payment.
- For urgent Service requests, the Provider may initiate Services based on the verbal request from the Board Officer and must complete the Initial Visit within three (3) calendar days of the referral;
 - Urgent requests are intended to address situations where the Worker may be at risk, if the Services are not provided within three (3) calendar days;
 - The Provider should ensure that the clinical record documents the name of the Board Officer making the request and the date of the verbal request;
 - The Provider must ask the Board Officer to complete a Referral Form for CBIS;
 - Provider Referrals will fax the Referral Form to the Provider for their records.
- The OT must contact the Board Officer within one (1) business day of the Contractor's receipt of a referral to discuss the Service requirements.
- The referral only authorizes the OT to complete the Initial Visit with the Injured Worker and the related communication.
- When scheduling a Worker for the Initial Visit, the Contractor must:
 - Attempt to contact the Injured Worker within one (1) business day of the referral date;
 - Schedule the Worker for an Initial Visit as soon as possible and no later than ten (10) calendar days from the referral date;
 - Confirm the appointment date/time with Provider Referrals within two (2) business days of the referral date;
 - Call Provider Referrals, if unable to contact the Worker within seven (7) calendar days; and,

- Reschedule a cancelled Initial Visit as soon as possible and within seven (7) calendar days from the previously scheduled Initial Visit date.
- If the Injured Worker is not available to receive Services, cancels, or reschedules the Initial Visit, Provider Referrals must be notified.
- Please see the Appendices for a sample of the CBIS Referral Form (83B150):

2. WORKSAFEBC MEDICAL DISCLOSURE

- Contractors will receive a copy of the available medical information on CD-ROM. The Worker information contained on the CD is password protected. The password is the numeric portion of the Worker's claim number.
- Adobe Acrobat Reader (Version 5.0 at minimum) is required to read the files contained on the CD. If you do not have this software, it can be downloaded for free at www.adobe.com.
- Due to time constraints, WorkSafeBC will not send medical disclosure for urgent referrals that require the Worker to be seen within three (3) days of the referral. The Contractor may request recent medical information from the referring Board Officer at the time of the referral and the Board Officer or designate will take responsibility for forwarding the information to the Contractor.

3. SERVICE REQUIREMENTS

The Initial Assessment (which is also referred to as the Comprehensive Assessment) encompasses the entire assessment process with the Injured Worker and may occur over multiple Visits (including the Initial Visit) depending on the complexity of the issues to be addressed. The Initial Assessment is used to determine the Worker's CBIS Plan which must be submitted to WorkSafeBC in the Comprehensive Assessment Report.

- The Initial Visit refers to the first face to face meeting with the Injured Worker. Within one (1) business day of the Initial Visit, the OT must contact the Board Officer to discuss the preliminary findings and obtain verbal authorization from the Board Officer for the short term plan.
 - The short term plan will be based on the findings from the Initial Visit, and will provide recommendations for Services over the short term (up to one (1) month), until the Initial (Comprehensive) Assessment of the Worker's needs is completed and reported in the Comprehensive Assessment Report.
- Following completion of the Initial (Comprehensive) Assessment, the OT must:
 - Contact the Board Officer to discuss the proposed CBIS Plan and seek verbal authorization of the Plan;
 - Submit the Comprehensive Assessment Report, which includes the CBIS Plan, within twenty-one (21) calendar days of the Initial Visit date. If the CBIS Plan is approved by the Board Officer, the OT may proceed to implement Services for up to twelve (12) months and for the number of Service hours specified.

- OT Visits with the Worker should be completed as needed and as outlined in the CBIS Plan to reassess the Injured Worker’s status and review the effectiveness of the Plan.
- Reassessment by the OT must occur at minimum once every three (3) months. The Board Officer may request more frequent reassessment:
 - Telephone consultation may be used during Service delivery to monitor the status of the Worker, but does not replace the in-person reassessment required every three (3) months.
- Recommendations for OT reassessments that exceed the proposed Plan must be pre-approved by the Board Officer.
- Should the Injured Worker’s needs change following discharge from CBIS, the Contractor must receive another referral from the Board Officer prior to re-initiating Services.

Overnight Care

Overnight Care is a Service that may be required because the Injured Worker is at risk of harm without the overnight supervision. Overnight Care may only be provided on a short term, temporary basis e.g.: while awaiting residential placement or post surgically.

When the need for Overnight Care is identified, the Contractor must:

- First, discuss the specific needs with the Program Manager or Quality Assurance Supervisor in Health Care Services;
 - Instructions for billing for Overnight Care will be provided by the Program Manager or Quality Assurance Supervisor;
- Obtain pre-approval from the Board Officer;
- Provide the Overnight Care to only one Injured Worker, at the Worker’s current residence.

4. COMMUNICATION AND REPORTING REQUIREMENTS

A. Communication Requirements – General:

- All documents must be submitted using the appropriate WorkSafeBC template and must contain the following information on each page:
 - Injured Worker's name;
 - Injured Worker's claim number
 - Index code (this is an alphanumeric form identifier found on the bottom left or right corner of WorkSafeBC templates and is used to reference the form. For example, the Generic Report – Medical and Health Care has index number 83D51);
 - Document name and page number.
- Handwritten reports will not be accepted.
- Templates are available for download at www.worksafebc.com under “forms – health care provider”.

- All fields in report templates must be completed. Enter “not applicable” for sections not required.
- All reports must identify the service (i.e. Community Brain Injury Services) and indicate the source of the information in the report (e.g. based on OT Visit, or Telephone Consultation) and the relevant Service dates.
- All reports must be faxed to 604-233-9777 or toll free to 1-888-922-8807.
- Reports and invoices must not be faxed in the same transmission.
- If a Board Officer requests that a copy of any report be faxed directly to them, the Contractor must indicate on the version sent to the Board Officer: “Copy - Do Not Place on Worker File”.

B. Communication Requirements - Initial/Comprehensive Assessments:

- Within one (1) business day of the Initial Visit, the OT must contact the Board Officer to discuss the preliminary findings and obtain verbal authorization from the Board Officer for the short term plan
 - The Board Officer may not provide verbal authorization immediately, and may choose to wait for the Initial Visit Report before making an entitlement decision regarding the short term plan.
- A brief Initial Visit Report must be submitted within three (3) calendar days of the Initial Visit and must include:
 - A list of the initial issues identified and the short term plan to address those issues to a maximum of one (1) month or until the Comprehensive Assessment Report is submitted, whichever comes first; and
 - The proposed Service hour requirements to provide the short term plan, including the number, frequency and duration of Visits for up to one (1) month.
- The Generic Report – Medical and Health Care (83D51) template must be used for this report.
- Billing for the Initial Visit Report must not exceed one (1) hour.
- Following approval (this may be verbal) of the short term plan by the Board Officer, the OT will complete the Initial Assessment of the Worker’s needs, over multiple Visits if required, and initiate the appropriate Service delivery.
- Once the Initial (Comprehensive) Assessment is complete, the OT will contact the Board Officer to seek authorization for the proposed CBIS Plan of up to twelve (12) months in duration, or make alternative recommendations.
 - The Board Officer may not provide verbal authorization immediately, and may choose to wait for the Comprehensive Assessment Report before making an entitlement decision regarding the Plan.
- As soon as possible and within twenty-one (21) calendar days of the Initial Visit, the Provider must submit the Comprehensive Assessment Report which must provide recommendations for Service (if appropriate) for up to a maximum of one (1) year in duration.
 - The Comprehensive Assessment Report must include the following information:

- Subjective and Objective findings;
- A list of the issues to be addressed based on the Initial Assessment findings and Worker needs;
- A CBIS Plan which includes:
 - Short and long term goals, where applicable;
 - Proposed method(s) to achieve stated goals including the professional designation of the individuals who will be providing the Services.
 - This may include recommendations for:
 - multidisciplinary care; and/or
 - alternative services outside of the scope of the CBIS Agreement; and/or
 - community resources for individuals with brain injuries;
 - The proposed frequency and duration (hours) of OT Visits and anticipated Indirect Care and Telephone Consultation costs;
 - The proposed frequency and duration (hours) of the Support Worker Visits; and,
 - Specific instructions regarding the activities of the Support Worker; type of care required; (e.g. self care, dressing, behavioural modification)
 - Estimated Service hours required based on the Initial Assessment findings including, when applicable, Visit time, Indirect Care time and Telephone Consultation time; and,
 - Proposed length of Service to a maximum of twelve (12) months (Initial Assessment to Discharge date interval).
- The Comprehensive Assessment Report must be submitted using the Generic Report – Medical and Health Care template (83D51).
- Billing for the Comprehensive Assessment Report must not exceed two (2) hours.

C. Communication Requirements - Progress Reports:

- The Board Officer must be contacted and a Progress Report submitted when any change or extension to the CBIS Plan is being recommended.
- A Progress Report must be received by WorkSafeBC:
 - within ten (10) business days of the OT Visit in which the Worker was reassessed; or
 - within ten (10) business days of the Telephone Consultation during which a need for a change to the CBIS Plan was identified; and
 - at minimum once every three (3) months.

- The Board Officer must be contacted and a Progress Report may be requested by the Board Officer when:
 - There is an unanticipated change in the Worker's status requiring a change to the CBIS Plan and/or recommendations;
 - The planned intervention does not produce the anticipated results;
 - Alternative services may be required.
- If a Progress Report is requested by the Board Officer, the Progress Report must be received by WorkSafeBC within ten (10) business days of the request.
- Progress Reports must be submitted using the Generic Report – Medical and Health Care template (83D51).
- Billing for the Progress Report must not exceed two (2) hours.

D. Communication Requirements - Discharge:

Typically, the discharge date should be the date of the last Visit. In some cases, the discharge date may occur on the date of a follow up phone call or following communication with the Board Officer in the absence of a Visit. This should be clearly documented in the clinical record and the Discharge Report.

- For the purposes of calculating any Discharge Report due date, the day the Injured Worker is discharged is equal to day zero (0).
- The discharge plan and recommendations must be discussed with the Board Officer at least ten (10) business days prior to discharge.
- The Discharge Report must be received by WorkSafeBC within five (5) business days of the discharge date.
- The Discharge Report must be submitted using the Generic Report – Medical and Health Care template (83D51).
- Billing for the Discharge Report must not exceed two (2) hours.

E. Communication Requirements - Incident Reporting:

Where an incident occurs of accidental or traumatic nature during any portion of Community Brain Injury Services, the Board Officer must be notified immediately and a written incident report must be submitted to the Board Officer using the Generic Report – Medical and Health Care (83D51) template.

The Contractor shall also report, verbally and in writing, to the WorkSafeBC Program Manager of Health Care Services, any physical or psychological trauma sustained by, or any complaints relating to Service, reported by Injured Workers while participating in CBIS. The incident or trauma must be reported within twenty-four (24) hours of the Contractor becoming aware of it having occurred.

5. GENERAL RECOMMENDATION PRINCIPLES

All recommendations must be:

- Based on the compensable injury(ies);
- Clinically 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.

When providing recommendations, the Contractor must identify the total anticipated Service hours and should include the proposed Telephone Consultation time as well as any Indirect Care time.

6. AUTHORIZATION OF SERVICES

When seeking approval for Services or when there are proposed changes to the Plan and/or recommendations, the Contractor must contact the Board Officer to discuss the proposed Plan or changes to the Plan and obtain the Board Officer's verbal approval.

- If the OT does not receive a decision and/or response from the Board Officer within three (3) business days, the OT must leave a detailed message for the Board Officer through the WorkSafeBC Claims Call Centre (604-231-8888 or 1-888-967-5377) and may proceed with the proposed Plan unless informed otherwise by the Board Officer.
 - When recommendations would incur significant costs for the claim, the OT should await the Board Officer's approval before proceeding with implementation.
 - The timeline for providing authorization may in some instances exceed three (3) days, for example, if the Board Officer is waiting for a report, or team meeting, etc.
- Should the Contractor not receive a timely response from the Board Officer, the Contractor may contact the Board Officer's Client Service Manager or the Quality Assurance Supervisor, Health Care Services for assistance.

7. RECOMMENDATIONS FOR ALTERNATIVE SERVICES

The Board Officer must be contacted in situations where the OT identifies needs that are outside the scope of the CBIS Agreement. The OT must discuss the recommendation for alternative services with the Board Officer. These may include, but are not limited to Psychology Services, Speech Language Therapy, Home Care Services, or specific Community OT (COT) Services (e.g. Assistive Technology, Wound Care).

In situations where COT Services are required then one of the following will apply:

1. **If the OT providing CBIS has the required expertise and is qualified with WorkSafeBC under the COT Agreement**, then following verbal approval from the

Board Officer the OT may provide the COT Services concurrently with the CBIS Services.

- a. The CBIS Provider must request that the Board Officer complete a referral form for COT Services, noting the specified provider and that COT services have already been initiated. The CBIS Provider may also wish to confirm with the Board Officer that COT Services are entitled on the Service Plan.
 - b. The Contractor must bill separately for the COT Services and the CBIS Services under the appropriate contract. Overlapping billing is not allowed; OR
2. **If the OT providing CBIS is not qualified with WorkSafeBC or is qualified with WorkSafeBC but does not have the required expertise**, then the Provider must advise the Board Officer to make a referral for COT Services for referral to the COT Provider Network. Regular referral distribution practices will apply.
- a. The CBIS OT and the COT OT are expected to collaborate in working with the Injured Worker.

8. ATTENDING PHYSICIAN COMMUNICATION

Contractors may advise the Attending Physician that the BCMA Telephone Consultation fee code (19930) may be invoiced to WorkSafeBC for discussions with a CBIS Provider. The fee item number allows the Physician to invoice for up to fifteen (15) minutes of telephone consultation. The fee item may be billed only once per communication, however Physicians may bill this fee item on more than one occasion per claim. This fee item (19930) should not be used for routine inquiries.

9. CBIS CHECKLIST AND WORKFLOW

i) CBIS Check List

What you will receive:

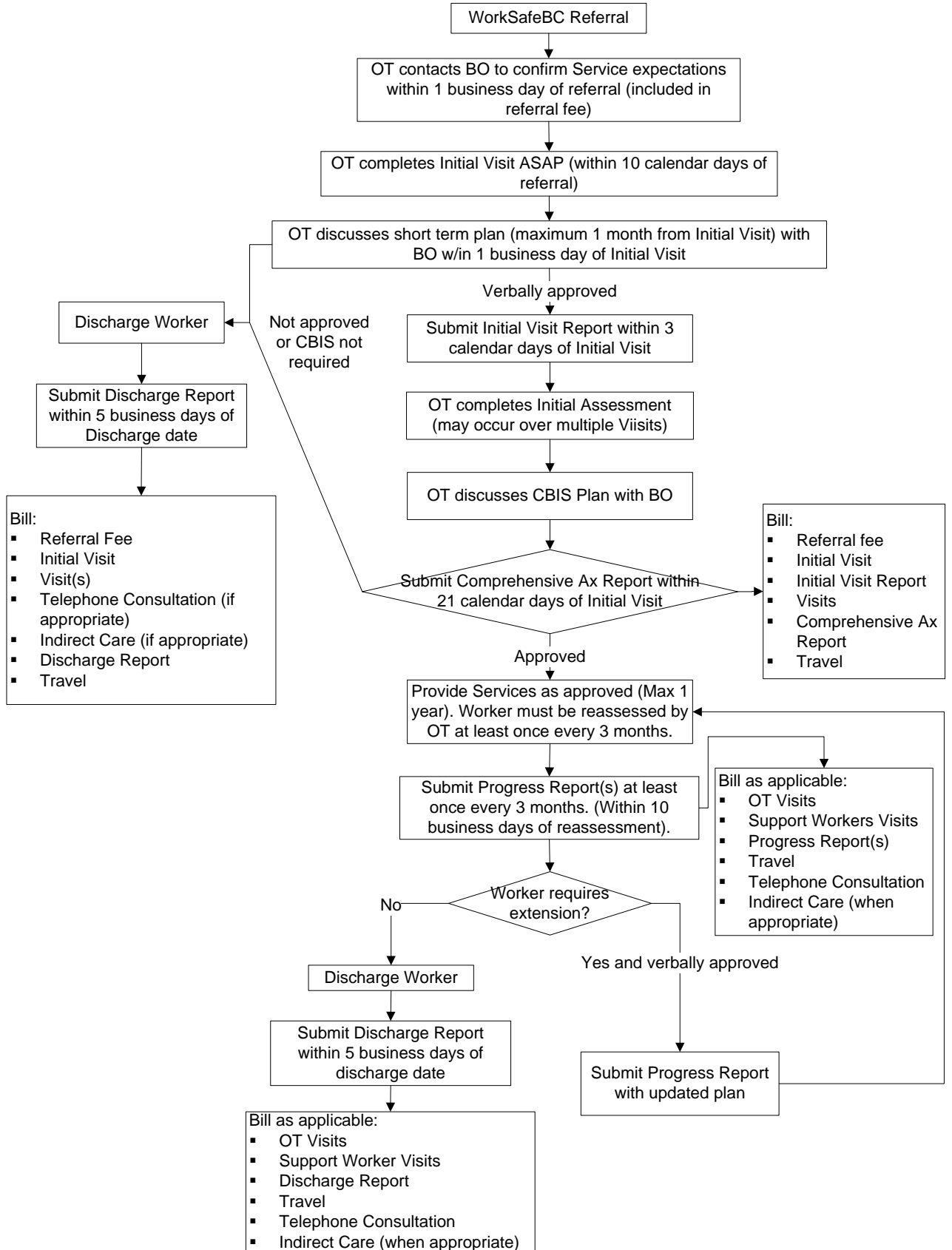
- Referral Form for “Community Brain Injury Services”.
- Medical disclosure (unless the referral is for urgent Services to be completed within three (3) days of the referral. In that case request any relevant medical information from the Board Officer)

To do:

- Contact the Board Officer within one (1) business day of referral to confirm the Services required.
- Contact Injured Worker within one (1) business day of referral to schedule the Initial Visit (must be scheduled as soon as possible and no later than ten (10) calendar days from the referral date).
- Contact Provider Referrals within two (2) business days of receipt of the referral to advise of the date and time of the Initial Visit or inability to contact the Worker.
- Contact the Board Officer within one (1) business day of completion of the Initial Visit to discuss recommendations and obtain approval of the proposed short term plan.
- Submit the Initial Visit Report (83D51) within three (3) calendar days of the Initial Visit.
- Submit the completed Comprehensive Assessment Report (83D51), including a detailed CBIS Plan within twenty-one (21) calendar days of the Initial Visit date. The CBIS Plan may be up to a maximum of twelve (12) months in duration.
- Deliver Services as outlined in the Plan. The Worker must be reassessed at minimum, once every three (3) months by the Occupational Therapist. A CBIS Progress Report (83D51) must be submitted within ten (10) business days of the reassessment of the Injured Worker.
- Contact the Board Officer anytime the Worker’s status changes unexpectedly and/or a need for changes to the Plan is identified.
- If further Services are required beyond the timelines proposed in the CBIS Plan, contact the Board Officer for authorization. If verbal approval is received for the extension to the Plan, submit a Progress Report (83D51) with an updated Plan.
- Contact the Board Officer at least ten (10) business days prior to discharge to discuss your discharge plan and recommendations.
- Submit a Discharge Report (83D51) within five (5) business days of the discharge date.

All reports and invoices should be faxed to 604 233-9777 or toll free 1 888 922-8807.

ii) CBIS Work Flow



10. COMMUNITY BRAIN INJURY SERVICES STAFFING

The following is required, if the Contractor would like to add or replace personnel:

- The Provider must inform the WorkSafeBC Quality Assurance Supervisor in Health Care Services (fax to 604 231-8424) in writing with a minimum of thirty (30) calendar days of any proposed changes to the OT personnel designated to provide the Services.
- When requesting the addition of OT's and/or Support Workers, the Contractor must submit a completed Community Brain Injury Staffing Checklist (Appendices) to confirm the mandatory requirements have been met.
 - For replacement or addition of OT personnel a resume must also be submitted to the WorkSafeBC Quality Assurance Supervisor in Health Care Services (fax to 604 231-8424).

11. LOCATION OF SERVICES

- WorkSafeBC will not incur costs due to staff shortages or scheduling issues. Example: A referral is sent to the Kamloops location to a Contractor contracted to provide Services in that location. That Contractor must not bill WorkSafeBC for the cost of bringing an OT from another location (e.g. Vancouver).
- In exceptional circumstances, an OT may be specifically requested by the Board Officer to travel outside of their contracted region(s). Pre-approval must be obtained by the Board Officer for any additional travel expenses and the "Provider Pre-Authorization Travel and Expense Confirmation" form (83D36) must be submitted.

12. WORKER WITHDRAWAL OR EARLY DISCHARGE

- The Injured Worker has the right to voluntarily withdraw from the Services.
- The Board Officer has the right to withdraw the Injured Worker from the Services at any time.
- The Contractor may consider discharging an Injured Worker who is not benefiting from the Services for any reason including poor levels of participation.
- The Contractor shall notify the Board Officer immediately as soon as the Injured Worker has withdrawn from Services or if the Contractor is considering a discharge earlier than initially planned.
- Discharge should be considered and the Board Officer should be contacted when unplanned interruptions in Service of more than thirty (30) calendar days occur.

13. INTERPRETERS

- WorkSafeBC has contracted with interpretation/translation service Providers throughout BC. If your organization has an in-house Interpreter, Interpretation services provided by the in-house interpreter must not be billed to WorkSafeBC.

Booking Interpreters:

- Provider Referrals will arrange the initial appointment with the interpretation Provider.
 - The Contractor is responsible for advising Provider Referrals of the number of hours that the Interpreter will be required for the Initial Visit and the length of any breaks that the interpreter would receive during the Initial Visit.
 - If the Contractor can not communicate with the Injured Worker to inform the Worker about the appointment date, then the Contractor should contact Provider Referrals. The Registration Representative will arrange for an interpreter and have the interpreter/translation provider contact the Injured Worker with the appointment details.
 - Should the need for interpretation services be determined after the Initial Visit, please communicate with the Board Officer and ask them to request the initial interpretation services and to submit the appropriate Interpretation Request form.

CBIS Contractor Responsibilities when Interpreters Involved:

- The Contractor is responsible for:
 - Arranging the interpretation services for any subsequent Services, as follows:
 - Requests for interpretation services should be directed to the interpretation Providers in the order they appear in the Appendices (Interpreter Provider Information).
 - Whenever possible, interpretation services should be booked at least twenty four (24) hours in advance of the required service date to avoid the higher costs associated with last minute bookings.
 - Brief Telephone Consultations of less than five (5) minutes that require an interpreter, do not require advanced scheduling. See “Telephone Interpretation” below for details.
 - Contact the interpreter company and provide the appointment details including the length of any breaks for appointments greater than four (4) hours and any safety equipment required for job site visits
 - ◆ Be as accurate as possible with the times requested as WorkSafeBC pays for the time booked for appointments that end early. WorkSafeBC also pays a referral fee for appointments cancelled with less than twenty four (24) hours notice and a premium for requests that are made with less than twenty four (24) hours notice.
 - ◆ If the interpreter company communicates that they will be unable to supply an interpreter for the date requested, the Contractor should contact the next interpreter company on the list and repeat the process.
 - ◆ If all interpreter companies are unable to supply an Interpreter, contact the Health Care Services Program Manager or Quality Assurance Supervisor responsible for interpretation and Translation at 604 232 7787 or toll free at 1 888 967-5377 (local 7787).

- Accurately documenting the interpreter's service hours, to the minute, on the Interpreter Assignment Sheet following each interpreter service;
- Ensuring as much notice as possible (ideally 24 hours) is provided for all cancellations
 - Notifying Provider Referrals regarding cancellation/rescheduling of the Initial Visit;
 - Notifying the interpreter provider regarding cancellations following the Initial Visit;
- Informing the Quality Assurance Supervisor in Health Care Services responsible for interpretation in the event of any quality concerns with respect to the interpreter services, including if the interpreter is late or does not attend a scheduled appointment.
- Contractors should make every effort to ensure the cost effective use of interpreter services.

Telephone Interpretation

This process can be used to communicate with the Worker about any scheduled appointments, cancellations or changes, and to complete any Telephone Consultations:

- Call the Interpretation Provider to request telephone interpretation;
- Provide your name and phone number;
- Specify the name and location of your organization;
- Identify the language required;
- Wait for the interpreter to come on the line;
- Conference in the Worker;
- Once connected with the Worker, introduce yourself, your role and the context of your call for the interpreter;
- Proceed with the conversation, providing the Worker with the details of the appointment if required;
- At the end of the conversation announce the end of the call to all parties; and
- Record the date of the call and the length of the call (in minutes) in the clinical record.

14. INJURED WORKER SATISFACTION

- During the orientation to the Service, the Contractor shall inform the Injured Worker of his/her right to contact the Board Officer, Quality Assurance Supervisor, or Program Manager in the event that the Injured Worker has an unresolved complaint or concern regarding the Services provided under the CBIS Agreement.
- WorkSafeBC may survey Injured Workers who have participated in CBIS or their families/caregivers to establish the overall satisfaction with the Services. Results of these surveys will be communicated to the CBIS network.

15. SUBMISSION OF INFORMATION TO WORKSAFEBC

- E-mail must not be used for communicating with WorkSafeBC or other health care providers regarding Injured Workers, or with Injured Workers themselves, as it is not considered a secure method of communication.
- Photographs must be submitted in CD format and mailed directly to the Board Officer.
- Reports must be faxed using the appropriate report template to 604 233-9777 or toll free 1 888 922-8807.

16. INVOICING

- All invoices must be faxed to WorkSafeBC using the required invoice template (Form 83D128) to 604 233-9777 or toll free 1-888-922-8807.
- Questions regarding invoicing for Services should be directed to the Quality Assurance Supervisor or Program Manager in Health Care Services:
604 232-7787 or toll free 1 888 967-5377 local 7787
- Fees cannot be invoiced for cancelled appointments.
- The Contractor acknowledges that WorkSafeBC will pay only the rates and fee codes outlined in Schedule B and that the Board Officer and the Contractor cannot negotiate fees in excess of the contracted rates;
 - When Overnight Care is required the Contractor must contact the Program Manager or Quality Assurance Supervisor to discuss the Service requirements and obtain billing instructions.
- There is no minimum billable time for Visits. The length of the Visit should depend on the complexity of the issues to be addressed and should be scheduled accordingly. Visit time is billable in quarter hour increments.
- OT and Support Worker Visits are only billable when the Worker is present (with the exception of Worker Unavailable Visits).
- The “OT Visit – Worker Not Available” and/or “Support Worker Visit – Worker Not Available” fee items are billable for up to one (1) hour when the OT and/or Support Worker attends the Injured Worker’s location and the Injured Worker is unavailable to participate in the Visit. The billable amount must be based on the scheduled appointment time and is billable in quarter hour fractional units. The “Worker Not Available” Visit fee is payable in addition to the Travel Time.
- The OT may receive a request by the Board Officer to attend multidisciplinary and/or hospital team meetings or worksites. These may be billed as “OT Visit”.
- Indirect Care is billable OT time spent in preparation for treatment sessions. Indirect care is billable in quarter hour increments.
- Report fees, with the exception of the Initial Visit Report, may be billed in quarter hour increments, up to a maximum of 2 hours.
 - A maximum of one hour is billable for the Initial Visit Report.
- Travel Time is billable in quarter hour increments.

- Exceptional travel costs and Service-related supplies (fee code 1102348) that have been pre-approved by the Board Officer will be reimbursed when submitted on an itemized invoice (83D128) and with the “Provider Pre-Authorization Travel and Expense Confirmation” form (83D36). The Provider must be prepared to produce the receipts if requested by WorkSafeBC. Entitlement to equipment is impacted by many factors, and each item of equipment must be individually entitled by the Board Officer. The Worker must not be charged for equipment related to the claim.
- Telephone Consultation fees – time spent communicating should be recorded in five (5) minute increments and invoiced in quarter hour fractional units. Contractors should accumulate Telephone Consultation time throughout the Service delivery and invoice only when the accumulated time exceeds 15 minutes. Contractors 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.
- Invoices must be submitted within ninety (90) days of Service to be payable.
- Completing the Invoice (83D128)
 - Ensure that all fields are completed.
 - Only fee codes and rates in Schedule B are payable.
 - A different row in the invoice should be used for each distinct fee code and each distinct “Date of service”.
 - The number of hours being billed should be recorded in the “Number of items” column. When partial hours are billed, then these should be recorded in quarter hour fractional units (e.g. 1.25 hours, 3.5 hours, 2.75 hours, etc).
 - The rate documented in Schedule B for the specific fee code should be recorded in the “Cost per item” column.

Invoicing for Reports:

- When invoicing for reports, the “Date of service” associated with the Report fee code (1105933) recorded on the invoice must match the “Date of service” on the relevant form 83D51 (may be assessment date, visit date, discharge date, etc 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 Comprehensive Assessment Report, then in the “Date of service” field on the invoice for the Comprehensive Assessment Report (fee code 1105933) record the date of the last Visit of the Assessment.
- if the invoice is being submitted for a Progress Report (fee code 1105933), then in the “Date of service” field on the invoice record 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 1105933), then in the “Date of service” field for the Discharge Report on the invoice, record the discharge date.

17. CLOSURES AND ABSENCE COVERAGE

- It is the responsibility of the Contractor to inform the Injured Workers and the Board Officers of holidays or other Service interruptions.
- Contractors who choose not to provide Service(s) on any days not recognized as public holidays must:
 - Communicate the Service interruption to the Board Officer for each Injured Worker affected; and
 - Communicate the Service interruption to the WorkSafeBC Program Manager of Health Care Services, Community Brain Injury Services Network.
- If an OT is planning an absence that will impact the delivery of Services as outlined in the Plan, the OT is responsible for ensuring continuity of Services by arranging for Services to be provided by an alternate WorkSafeBC CBIS authorized OT. In circumstances where alternate arrangements cannot be made, the Quality Assurance Supervisor for CBIS, Health Care Services must be contacted.
- If an OT is planning an absence that will impact the ability of the Contractor to accept referrals, the OT must notify the Quality Assurance Supervisor, Health Care Services, so that Provider Referrals and the other Contractors in the network can be informed.
- Any change in availability of Support Workers that impacts the ability of the Contractor to deliver Services as per the CBIS Plans prepared for the individual Workers must be communicated to the Quality Assurance Supervisor for CBIS, Health Care Services immediately.

18. SPECIAL CARE SERVICES

WorkSafeBC's Special Care Services (SCS) department is responsible for the case management of all new claims for severely Injured Workers. SCS ensures that quality care, support, and decision making is provided to severely Injured Workers in a consistent, timely and cost effective manner throughout the province. SCS also act as consultants and provide services for other WorkSafeBC locations as required.

A. CLAIM CRITERIA:

For the purposes of assigning claims to Special Care Services, a "severely Injured Worker" is defined as an Injured Worker who has or is expected to have, a severe work related permanent impairment that significantly restricts mobility or function. The disability is measured by using the physical impairment method of assessment and is expected to be equal to or greater than 75% on a functional basis. Some examples are:

- Brain injury, severe (Glasgow Scale less than 9 or Permanent Functional Impairment (PFI) \geq 75%)
 - Other risk signs such as Post Traumatic Amnesia > 24 hours
 - Moderate with secondary complications or substantial structural damage
- Mild to moderate brain injury with \geq 75% PFI

- Paraplegia with PFI $\geq 75\%$
- Quadriplegia with PFI $\geq 75\%$
- Multiple amputations Clients with PFI $\geq 75\%$
- Hemiplegia with PFI $\geq 75\%$
- Electrocution/severe burns Clients with PFI $\geq 75\%$
- Near or total blindness Clients with PFI $\geq 75\%$
- Anoxia with brain injuries Clients with PFI $\geq 75\%$
- Other major injuries not mentioned with PFI $\geq 75\%$

Claims are typically referred directly to SCS from the hospitals that specialize in serious spinal cord and brain injuries. SCS may also receive a new claim from a Board Officer from a WorkSafeBC area office when the claim is assigned to that office rather than directly to SCS.

B. SERVICES PERFORMED BY SCS:

i) Clinical and Independent Care Plans (CICP):

The Clinical and Independent Care Plan will outline the medical and independence needs including:

- Equipment purchase, repairs and maintenance (wheelchairs, hospital beds, etc.) for all WorkSafeBC claims regardless of degree of PFI;
- Home care and personal care needs;
- Special allowances for all WorkSafeBC claims (including IHMA);
- Home modifications (all WorkSafeBC claims);
- Vehicle purchases and modifications for all WorkSafeBC claims;
- Vocational Rehabilitation;
- Prosthetics for all WorkSafeBC claims; and,
- Follow-up as required.

The Clinical and Independent Care Plan uses evidence-based medicine that incorporates policy. This includes appropriate clinical follow-up, monitoring, timely intervention and rehabilitation.

ii) Home modifications, vehicle purchase and modifications:

SCS is responsible for processing home modifications, vehicle modifications, and vehicle purchases for all WorkSafeBC claims. The entitlement to these benefits may be made by the claim owner in the area office or the SCS Case Manager depending on the specific situation.

All authorized home modifications, vehicle modifications and purchases, regardless of claim ownership, are processed through SCS. Corporate and Health Care Purchasing are responsible for procuring the goods and services from authorized suppliers/vendors.

iii) Medical equipment and prosthetics:

If the Worker's injury does not meet the criteria of SCS or the claim is not managed in SCS, the area office claim owner is responsible to determine if the medical equipment/prosthetic is medically required due to the compensable injury. The Special Needs Officer in SCS will then assess and purchase the necessary equipment/prosthetics based on the compensable medical condition of the Injured Worker based on the SCS guidelines.

All authorized requests for medical equipment and prosthetics, regardless of claim ownership, are processed through SCS. Corporate and Health Care Purchasing is responsible for procuring the goods and services from authorized suppliers/vendors.

C. ROLES OF THE TEAM:

The **SCS Case Managers** are responsible for adjudicating and managing claims, for the life of the Injured Worker, that meet the Special Care Services criteria. The SCS Case Managers are often the first and primary point of contact for the severely Injured Workers. The SCS Case Managers attend the hospital to initiate and or gather information for the claim. They will ensure that individualized Clinical and Independent Care Plans are developed for each Injured Worker with team input. The SCS Case Managers oversee the delivery of services for the claims thus ensuring service continuity. SCS Case Managers also investigate, adjudicate and monitor all home modifications, vehicle purchases and vehicle modifications for claims from across the province.

The **Vocational Rehabilitation Consultants** provide vocational rehabilitation assistance to help the severely Injured Worker achieve their maximum vocational potential.

The SCS **Special Needs Officers** are responsible for entitling the Personal Care Allowance and/or the Independent and Home Maintenance Allowance for severely Injured Workers. The Special Needs Officers also entitle and process purchase requests for medical equipment, prosthetics and prosthetic supplies for all WorkSafeBC Injured Workers across the province. All repairs and warranties are monitored and tracked by SCS.

The **Clinical OT Specialist (COTS)** provides support to the Case Managers, Vocational Rehabilitation Consultants and Special Needs Officers in SCS. The COTS reviews requests for Community OT Services, medical equipment, home modifications, vehicle purchases and vehicle modifications and provides recommendations to the SCS team. The COTS may also visit the severely Injured Worker's home and prepare recommendations regarding the Injured Worker's care needs and home accessibility.

The **Clinical Nurse Specialist (CNS)** provides support to the Case Managers, the Vocational Rehabilitation Consultants and the Special Needs Officers in SCS. The CNS reviews homecare needs of the severely Injured Workers and responds to the Case Manager and other team members' medical questions. The CNS may also conduct visits in the severely Injured Worker's home and prepare clinical recommendations for the care of the Injured Worker. This position liaises with the external Nurses and homecare providers (Institutions & Agencies) for SCS and other WorkSafeBC offices for the long term claims of severely Injured Workers.

The **Physical Therapist** provides support to the Case Managers and the Special Needs Officer. The Physical Therapist reviews the request for prosthetics and will review clinic reports from Amputee Clinics when required. In addition, the Physical Therapist provides review and recommendations for the SCS Case Managers in relation to physiotherapy and related requests.

The **Team Assistant** provides support to each of the team members.

The **Medical Advisor** offers medical opinions and recommendations on various medical issues. In addition, the SCS Medical Advisor will be responsible for liaising, developing and monitoring clinical care plans with community physicians. This role involves building consensus, and directing care, where necessary, using best practices, including evidence-based medicine. The Medical Advisor's primary internal working relationships are with the Case Managers, the Vocational Rehabilitation Consultants, and other team members. The SCS Medical Advisor's interaction is ongoing with the External Providers and Attending Physicians. The SCS Medical Advisor attends team meetings at the acute care hospital, the rehabilitation hospital and in Special Care Services.

The **Psychologist** offers medical opinions and recommendations on various psychology issues. In addition, the SCS Psychologist is responsible for liaising, developing and monitoring clinical plans with community psychologists. This role involves building consensus, and directing care, where necessary, using best practices, including evidence-based medicine. The Psychologist's primary internal working relationships are with the Case Managers, the Vocational Rehabilitation Consultants, and other team members.

19. ASSESSMENT FOR INDEPENDENCE AND HOME MAINTENANCE ALLOWANCE (IHMA)

In rare circumstances Board Officers may request that the CBIS Contractor complete an IHMA assessment when the Injured Worker is being considered for an Independence and Home Maintenance Allowance (IHMA). Most often these are requests from a Special Needs Officer but may also be from a Vocational Rehabilitation Consultant. The OT 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 covered by the allowance.

PROCEDURE:

The Board Officer will request that the OT assess the Injured Worker. If the Worker is not currently participating in CBIS, then the Provider must receive a referral with the "Assessment" box only selected. For Workers already participating in CBIS, no additional referral form is required. The OT should complete the Assessment as soon as possible, over one (1) Visit focusing on which home and property maintenance tasks the Injured Worker is unable to carry out, or claims to be unable to carry out, and why they are unable to do so. The tasks should primarily be ones that the Injured Worker did or were expected to do prior to the injury. The reasons for inability must be primarily related to the compensable disability. This is usually completed by interview. It is not expected that the Injured Worker demonstrate his incapacity, especially if this could cause injury or an aggravation to the condition.

The OT will submit an Independence and Home Maintenance Allowance Assessment form (83M102) within seven (7) days of the IHMA Assessment Visit. The OT must provide a summary opinion as to whether any objective reasons for the inability to carry out the home and property maintenance activities are reasonably medically/clinically related to the compensable condition(s).

The CBIS Provider will invoice WorkSafeBC for the Visit time (fee code 1102345), and the Report fee (fee code 1105933) and any other relevant costs (i.e. Travel time, Telephone Consultation) as per the CBIS Agreement (Schedule B).

20. CONTACT INFORMATION

Program and service inquiries

Health Care Services

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 Numbers for referral confirmations

Fax: 604 276-3195

Toll-free 1 888 922-3299

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

Special Care Services

Lower Mainland: 604 279-8197

Toll-free: 1-888-967-5377 (local 8197)

Contract inquiries

Corporate and Health Care Purchasing

Lower Mainland: 604 231-8883

Toll free: 1 888 967-5377, local 8883

21. REPORTING GUIDELINES

CBIS Initial Visit Report

Please complete all of the fields of the Generic Report – Medical and Health Care (83D51). See Appendices for Generic Report – Medical and Health Care (83D51)

For “Report Type” select – “Initial”.

For “Date of service” record the date of the Initial Visit.

In the “Clinical Report” section of the form include the following headings and information:

Heading	Content
Service	Community Brain Injury Services
Initial Visit Findings	<ul style="list-style-type: none">▪ Subjective reports regarding functional independence.<ul style="list-style-type: none">○ Document Worker’s statements▪ List issues to be addressed during short term plan
Short Term Plan	<ul style="list-style-type: none">▪ Short term Plan<ul style="list-style-type: none">○ Specify initial treatment/support requirements to be provided by OT and/or Support Worker. (including number, frequency and length of visits)▪ Start date of the proposed plan▪ Summary of discussions with Board Officer▪ Comments – additional information
Provider Information	<ul style="list-style-type: none">▪ Name of OT providing Services▪ Name(s) of Support Workers to be providing Services▪ Signature of OT providing Services▪ Date report is signed

All completed forms must be faxed to 604-233-9777 or toll free to 1-888-922-8807.

Please do not send reports and invoices in the same fax transmission.

The forms are available on www.worksafefbc.com, under “Forms”, “Health Care Providers”.

CBIS Comprehensive Assessment Report

Please complete all of the fields of the Generic Report – Medical and Health Care (83D51) to submit the Comprehensive Assessment Report.

For “Date of service” – record the date of the Visit at which the Assessment was completed.

For “Report Type” select – “Initial”.

In the “Clinical Report” section of the form include the following headings and information:

Heading	Content
Service	Community Brain Injury Services
Worker Information	<ul style="list-style-type: none"> ▪ Claim accepted for - Injury(ies) and/or condition(s) accepted on the claim ▪ Claim not accepted for – Injury(ies) and/or conditions not accepted on the claim
Assessment Findings	<ul style="list-style-type: none"> ▪ Date(s) of all Assessment Visits and all other Visits completed to date ▪ Name of OT completing Assessment ▪ Name(s) of Support Workers providing care to date ▪ Subjective reports regarding functional independence. <ul style="list-style-type: none"> ○ Document Worker’s statements ▪ Objective findings regarding Worker’s functional independence (raw scores are not required, but rather interpretation of results) <ul style="list-style-type: none"> ○ Neurological and cognitive tests, etc. ○ Identify and summarize findings of assessment tools used to determine level of independence. ▪ Indicate Worker’s functional limitations including but not limited to: <ul style="list-style-type: none"> ○ Self Care Training <ul style="list-style-type: none"> ▪ ADLs (personal care) – bathing, showering, dressing, transferring from bed or chair, eating, toileting. ▪ IADLs (independent living) - meal preparation, managing money, shopping for groceries or personal items, performing light or heavy housework and using a telephone. ○ Cognitive function ○ Employment readiness ○ Provide comments as necessary ▪ Analysis ▪ Identify issues to be addressed during proposed CBIS Plan ▪ Respond to referral question, if applicable, based on subjective and objective analysis

CBIS Plan	<ul style="list-style-type: none"> ▪ Plan and goals <ul style="list-style-type: none"> ○ Qualitative and quantitative short and long terms goals with time frames associated. Goals should be specific, measurable, achievable, realistic and time limited. ○ Explain the treatment/intervention that will be used to achieve the goals. ○ Specify involvement of the OT and/or Support Worker ○ including names and designations of team members to be involved in the Worker’s care, number, frequency and length of Visits <ul style="list-style-type: none"> ▪ This may be reported as number of visits per week or number of visits per month and length of each visit (e.g. the Worker will require 3 visits per week, each 2.5 hours long for a weekly total of 7.5 hours. The current Plan is for 8 weeks, a total of 58 hours). ○ Total number of Visits and hours of Service anticipated during the Plan ○ Proposed end date of the Plan ▪ Comments – additional information
Provider Information	<ul style="list-style-type: none"> ▪ Name of OT preparing report ▪ Signature of OT preparing report ▪ Date report is signed

All completed forms must be faxed to 604-233-9777 or toll free to 1-888-922-8807.

Please do not send reports and invoices in the same fax transmission.

The forms are available on www.worksafebc.com, under “Forms”, “Health Care Providers”.

Community Brain Injury Services Progress Report

Please complete all of the fields of the Generic Report – Medical and Health Care (83D51) to submit Progress Reports.

For “Date of service” – record the date of the most recent Visit or Telephone Consultation to which the Report applies.

For “Report Type” select – “Progress”.

In the “Clinical Report” section of the form include the following headings and information:

Heading	Content
Service	Community Brain Injury Services
Service to date	<ul style="list-style-type: none">▪ Names of Support Workers and dates of Visits since last report▪ Name(s) of OT’s and dates of Visits since last report
Current Status	<ul style="list-style-type: none">▪ Subjective reports<ul style="list-style-type: none">○ Document Worker’s statements re: functional independence▪ Objective findings (and source of information, i.e. OT Visit, Support Worker Visit or Telephone Consultation)<ul style="list-style-type: none">○ Update re status of short and long term goals○ Activities of daily living○ Update re status of previously identified functional limitations▪ Analysis▪ Provide other comments as necessary
CBIS Plan	<ul style="list-style-type: none">▪ Plan and goals<ul style="list-style-type: none">○ Specify involvement (including number, frequency and duration of Visits) of the OT and/or Support Worker○ Any revisions to goals○ Start date of the proposed extension to the Plan○ Revised end date of the proposed Plan○ Total number of Visits and hours of Service anticipated during the extended Plan
Provider Information	<ul style="list-style-type: none">▪ Name of OT preparing report▪ Signature of OT preparing report▪ Date report is signed

All completed forms must be faxed to 604-233-9777 or toll free to 1-888-922-8807.

Please do not send reports and invoices in the same fax transmission.

The forms are available on www.worksafebc.com, under “Forms”, “Health Care Providers”.

Community Brain Injury Services Discharge Report

Please complete all of the fields of the Generic Report – Medical and Health Care (83D51) to submit Discharge Reports.

For “Date of service” – record the discharge date (date of last Visit, or the date it was decided that the Worker would be discharged).

For “Report Type” select – “Discharge”.

In the “Clinical Report” section of the form include the following headings and information:

Heading	Content
Service	Community Brain Injury Services
Service to date	<ul style="list-style-type: none">▪ Names of Support Workers and dates of Visits since last report▪ Name(s) of OT’s and dates of Visits since last report
Worker Information	<ul style="list-style-type: none">▪ Claim accepted for: Injury(ies) and/or condition(s) accepted on the claim▪ Claim not accepted for: Medical issues not accepted on the claim
Current Status	<ul style="list-style-type: none">▪ Subjective reports from Worker re: functional abilities<ul style="list-style-type: none">○ Document Worker’s statements▪ Objective findings<ul style="list-style-type: none">○ Update re status of short and long term goals○ Update re status of previously identified functional limitations and interventions that have been implemented to reduce the impact.▪ Analysis: Overall impact of CBIS▪ Provide other comments as necessary
Recommendations	<ul style="list-style-type: none">▪ Provide any recommendations for Worker to follow after discharge▪ Outline any transition plans that have been developed to address ongoing Worker needs.
Provider Information	<ul style="list-style-type: none">• Name of OT completing report• Signature of OT completing report• Date report is signed

All completed forms must be faxed to 604-233-9777 or toll free to 1-888-922-8807.

Please do not send reports and invoices in the same fax transmission.

The forms are available on www.worksafefbc.com, under “Forms”, “Health Care Providers”.

APPENDICES



WORKING TO MAKE A DIFFERENCE

Registration Representative, Provider Referrals

Phone (lower mainland) 604 231-8887

Toll-free within B.C. 1 866 481-8887

Worker last name WorkerLastName	First name WorkerFirstName	Middle initial WorkerInitial	WorkSafeBC claim number ClaimNumber
Claim owner ClaimOwner		Claim owner role ClaimOwnerRole	
Claim owner direct line (please include area code) ClaimOwnerDirectLine		Date (yyyy-mm-dd) CreateDate	
Worker's home phone number (please include area code) WorkerHomePhoneNumber		Worker's primary phone number (please include area code)	
Job title at time of injury JobTitle1			
Birthdate (yyyy-mm-dd) WorkerDateOfBirth		PHN WorkerPHN	
Worker gender WorkerGender		Worker's hand dominance WorkerHanded	
Worker's address WorkerAddress			
Employer's name EmployerAccountName		Employer's address EmployerAddress	
Employer contact person		Employer phone number (please include area code)	
Overall claim date/date of injury (yyyy-mm-dd) DateOfInjury		Confirmed diagnosis/Claim accepted for AcceptedInjury1 AcceptedInjury2 AcceptedInjury3	
Comments			

Mandatory fields below (required for all referrals where available)

Attending Physician's name (physician's last name and first name or initial) OR Name of Medical Clinic worker attends	Physician or Medical Clinic phone number (please include area code)
Physician or Medical Clinic fax number (please include area code)	
Is the worker aware that he/she is being referred to an external program/service? Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments
Worker requires an interpreter Yes <input type="checkbox"/> No <input type="checkbox"/>	Language WorkerLanguage



Please call the claim owner for additional information
Yes No

Community Brain Injury Services
These are Services for Injured Workers who are living in the community and require treatment or ongoing support. Services may be initiated immediately following discharge to the community, or at a later stage in the Worker's recovery. These Injured Workers may benefit from rehabilitation and/or may require ongoing longer term behavioural, cognitive, physical and/or functional support for successful integration into the community.

Please select from the services below (both may apply):

Assessment to determine baseline function and intervention needs.
 Community Living Support - treatment of identified needs.

Name of Community/Family Contact Person:
Telephone: () -

Comments (e.g: specific provider or committee contact information)

This referral form was completed by UserName, UserRole	Contact UserDirectLine
Referral service authorization number <i>(This number is listed in the service plan when viewing the plan item and must be provided on any invoices to WorkSafeBC.)</i>	

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

83D51 Generic Report – Medical and Health Care



GENERIC REPORT — MEDICAL AND HEALTH CARE

CLAIMS CALL CENTRE
Phone 604 231-8888
Toll-free 1 888 967-5377

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Date of report (yyyy-mm-dd)	Date of service (yyyy-mm-dd)
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Report type (please check one)

Initial <input type="checkbox"/>	Progress <input type="checkbox"/>	Discharge <input type="checkbox"/>	Other <input type="checkbox"/>
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Provider information

Name	Payee number (vendor number)
Mailing address/stamp	Phone number (please include area code)
	Fax number (please include area code)

Worker information

Worker last name	First name	Middle initial	WorkSafeBC claim number
Occupation			
Date of injury (yyyy-mm-dd)	Is worker currently working? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Clinical report

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.



83D128 Generic Invoice – Medical and Health Care



GENERIC INVOICE — MEDICAL AND HEALTH CARE

This invoice must be submitted within 90 days of the date of service. **All fields with * are required for payment to be processed.** Failure to provide this information may result in processing delays or in non-payment. All other fields to be completed (if possible). Incomplete invoices may be returned for resubmission.

PAYMENT SERVICES
Phone 604 276-3085
Toll-free 1 888 422-2228

FAX
604 233-9777
Toll-free **1 888 922-8807**

MAIL
Payment Services, WorkSafeBC
PO Box 4700 Stn Terminal
Vancouver BC V6B 1J1

Invoice number	Invoice date* (yyyy-mm-dd)	Contract ID	Authorization number
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Payment information

Payee name		Payee number*	
Mailing address for payment	City	Province	Postal code*
Telephone number (please include area code)		Fax number (please include area code)	

Service recipient information (worker or other person who received service)

Service recipient last name*	Service recipient first name*
Service recipient date of birth* (yyyy-mm-dd)	Service recipient personal health number (CareCard number)
WorkSafeBC claim number	Date of injury* (yyyy-mm-dd)

Service information

Date of service* (yyyy-mm-dd)	Fee code*	Description*	Number of items*	Cost per item*	PST* (if charged)	Item total*
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
						0.00
INVOICE TOTAL*						\$ 0.00

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

83D36 Provider Pre-authorized Travel and Expense Confirmation



PROVIDER PRE-AUTHORIZED TRAVEL AND EXPENSE CONFIRMATION



Please complete this form completely in **INK** and **FAX** to WorkSafeBC at **604 233-9777** or toll-free **1 888 922-8807**.

CLAIMS CALL CENTRE

Phone 604 231-8888
Toll-free 1 888 967-5377
M-F, 8:00 a.m. to 4:30 p.m.

Worker information		WorkSafeBC claim number
Worker last name	First name	Middle initial

Provider information	
Type of service or program (e.g. ORT, Psychology Ax, Mental Health Rx, HIATS etc.)	Provider payee number
Provider name	Provider phone number (please include area code)
Provider mailing address	Provider fax number (please include area code)
	Name of clinician in contact with WorkSafeBC officer
Name of WorkSafeBC officer contacted	Date of contact with WorkSafeBC officer

This is to confirm that the WorkSafeBC officer has been contacted and verbal approval was provided for the following expenses:

Travel time

Fee code	Purpose of travel (e.g. JSV, in-vivo treatment, case management meeting)	Approximate travel time (hours)

Please note: This does not include travel time included in Job Site Visit or Job Demands Analysis Fees.

Expenses (as per relevant service contract)

Fee code	Description of pre-authorized expenses (e.g. unusual travel expenses, equipment, medication)	Cost

Comments

Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the Workers Compensation Act and the Freedom of Information and Protection of Privacy Act. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

83M102 Independence and Home Maintenance Allowance Referral



INDEPENDENCE AND HOME MAINTENANCE ALLOWANCE REFERRAL

CLAIMS CALL CENTRE

Phone 604 231-8888 **604 233-9777**

Toll-free 1 888 967-5377

FAX

Toll-free **1 888 922-8807**

WorkSafeBC claim number		Assessment date (yyyy-mm-dd)	
Worker last name	First name	Middle initial	
Referred by		Phone number (please include area code)	

Permanent functional impairment award (PFI) % =	Loss-of-earnings award (LOE) % =
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General

Provide a general description of the work-related disability and the resulting physical restrictions

Describe any physical restrictions resulting from other factors such as non-compensable medical conditions or aging

Living situation

Single-family dwelling Town home Apartment Other (please specify)

Own Rent

Home maintenance

Describe how the work-related disability impairs the client's ability to complete the home maintenance activities covered by this allowance (such as housekeeping, painting, yard work, home repairs, appliance repairs, minor renovations)

To what extent did the client do these activities prior to the injury?

Does the client live alone or with family? Alone Family

Describe the client's support system (friends, relatives, etc.)

Who has been carrying out the home maintenance activities the client is unable to complete? Relate any costs associated.

Transportation

Is the client medically able to drive? Yes <input type="checkbox"/> No <input type="checkbox"/>	➤	If no, is this a result of the compensable injury? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Worker last name	First name	Middle initial	WorkSafeBC claim number
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If unable to drive due to the compensable injury, is the client able to use public or custom (HandiDART) transportation? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤	If no, please describe why
Are public transportation or custom (HandiDART) services available to the client? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤	If no, please describe why

Additional information

Is there any other relevant information? Yes <input type="checkbox"/> No <input type="checkbox"/> ➤	If yes, please specify
--	------------------------

Completed by

Name	Title	Phone number <i>(please include area code)</i>
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Personal information on this form is collected for the purposes of administering a worker's compensation claim by WorkSafeBC in accordance with the *Workers Compensation Act* and the *Freedom of Information and Protection of Privacy Act*. For further information about the collection of personal information, please contact WorkSafeBC's Freedom of Information Coordinator at PO Box 2310 Stn Terminal, Vancouver BC, V6B 3W5, or telephone 604 279-8171.

Interpreter Provider Information

The following is the list of companies contracted with WorkSafeBC to provide interpretation services and the order of priority in which they should be contacted for each Interpreter Service Region:

Rank	VANCOUVER & LOWER MAINLAND REGION	Provider Info
1	Provincial Language Services	Room C3, 4500 Oak Street Vancouver, BC V6H 3N1 Tel: 604-875-3402 Fax: 604-875-3740 Toll Free: 1-877-228-2557 Email: http://fits.cw.bc.ca
2	Abbotsford Community Services	2420 Montrose Avenue Abbotsford, BC V2S 3S9 Tel: 604-870-3769 Fax: 604-854-8033 Toll Free: 1-877-889-8886 Email: interpretation@paralynx.com
3	Mosaic	2 nd Floor, 1522 Commercial Street Vancouver, BC V5L 3Y2 Tel: 604-254-8022 Fax: 604-254-4606 Email: interpretations@mosaicbc.com
ISLANDS REGION		
1	Provincial Language Services	Room C3, 4500 Oak Street Vancouver, BC V6H 3N1 Tel: 604-875-3402 Fax: 604-875-3740 Toll Free: 1-877-228-2557 Email: http://fits.cw.bc.ca
2	Mosaic	2 nd Floor, 1522 Commercial Street Vancouver, BC V5L 3Y2 Tel: 604-254-8022 Fax: 604-254-4606 Email: interpretations@mosaicbc.com
THOMPSON OKANAGAN REGION		
1	Kamloops Cariboo Regional Immigrant Society (serves Kamloops area only)	109 Victoria Street Kamloops, BC V2C 1Z4 Phone: 250-372-0855 Fax: 250-372-1532 Email: tdirk@telus.net
2	Provincial Language Services	Room C3, 4500 Oak Street Vancouver, BC V6H 3N1 Tel: 604-875-3402 Fax: 604-875-3740 Toll Free: 1-877-228-2557 Email: http://fits.cw.bc.ca

ROCKIES REGION		
1	Provincial Language Services	Room C3, 4500 Oak Street Vancouver, BC V6H 3N1 Tel: 604-875-3402 Fax: 604-875-3740 Toll Free: 1-877-228-2557 Email: http://fits.cw.bc.ca
2	Mosaic	2 nd Floor, 1522 Commercial Street Vancouver, BC V5L 3Y2 Tel: 604-254-8022 Fax: 604-254-4606 Email: interpretations@mosaicbc.com
CARIBOO CHILCOTIN COAST REGION		
1	Provincial Language Services	Room C3, 4500 Oak Street Vancouver, BC V6H 3N1 Tel: 604-875-3402 Fax: 604-875-3740 Toll Free: 1-877-228-2557 Email: http://fits.cw.bc.ca
2	Mosaic	2 nd Floor, 1522 Commercial Street Vancouver, BC V5L 3Y2 Tel: 604-254-8022 Fax: 604-254-4606 Email: interpretations@mosaicbc.com
NORTHERN BC		
1	Provincial Language Services	Room C3, 4500 Oak Street Vancouver, BC V6H 3N1 Tel: 604-875-3402 Fax: 604-875-3740 Toll Free: 1-877-228-2557 Email: http://fits.cw.bc.ca
2	Mosaic	2 nd Floor, 1522 Commercial Street Vancouver, BC V5L 3Y2 Tel: 604-254-8022 Fax: 604-254-4606 Email: interpretations@mosaicbc.com

Community Brain Injury Services

Staffing Checklist

Name of Proposed OT: _____

All OTs must have the following qualifications:

- Current member in good standing with the College of OT's of British Columbia (COTBC)
- Possess a valid B.C. driver's license
- Current CPR and First Aid certification
- Minimum of three (3) years experience practicing Occupational Therapy with brain injured individuals

Completed a minimum of three (3) courses/conferences related to brain injury.
List courses below:

Name of Proposed Support Worker: _____

All Support Workers must have the following qualifications:

- Possess a valid B.C. driver's license; and
- Current CPR and First Aid certification; and either
- A certificate from a recognized Rehabilitation Assistant Diploma Program or equivalent within the last seven (7) years; **OR**
- A minimum of one (1) year experience working with brain-injured individuals under the supervision of an Occupational Therapist or other professional within the last five (5) years.