

Medical and Return to Work Planning (MAR^P) Assessment Services Reference Manual

**How to fulfill your MAR^P Services
Agreement with WorkSafeBC**

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Introduction

At WorkSafeBC, we are committed to fostering safe and healthy workplaces and to providing service driven by our core values of integrity, accountability, compassion, respect, and excellence. We partner with workers and employers to save lives and prevent injury, illness, and disability. When work-related injuries or illnesses do occur, we work with health care providers like you to support injured workers in their recovery and rehabilitation and in moving toward a safe return to work.

How to use this reference manual

This MARP Reference Manual is part of the MARP Services Agreement you've signed with WorkSafeBC, so it's important you read, understand, and follow it. Reading this reference manual will also make it easier to do business with us. Wondering how to submit an invoice? Unsure if you're reporting on an injured worker's progress correctly? Curious about how to communicate with us? All this information can be found in the pages ahead.

If there are any discrepancies between this reference manual and the MARP Services Agreement, follow the Agreement.

Where to learn more

This reference manual contains the essentials for working with us, but you'll find other important information on worksafebc.com.

- Our [For health care providers](#) webpage (to better understand our programs and services, and for resources you can download)
- Our [MARP webpage](#) (for information and bulletins specific to your field)
- Our [Forms & Resources](#) webpage (for more helpful resources and forms you'll need to fill out)

You'll find links to these and other webpages throughout this reference manual and listed in [Appendix B](#). (Links in underlined [blue text](#) will take you to a webpage. Links in underlined [orange text](#) will take you to another place in this document; press **Alt + left arrow** to return to your previous place in the document.)

Have a question?

We're here to help. If you can't find the answer in this reference manual, reach out to us. You'll find contact information in [Appendix A](#).

Wondering what a term means?

Terms that are defined in your contract, like "Services," "injured worker," or "Provider," have the same meaning in this reference manual, even if they're not capitalized (and those terms that are capitalized, like "Agreement," also have the same meaning as in the contract). In addition, throughout this reference manual:

- "You" is used instead of "Contractor"
- "We" stands in for "WorkSafeBC," including the specific departments and roles you'll be interacting with (such as Health Care Programs or WorkSafeBC officers)
- "WorkSafeBC officer" is used in place of "Board Officer" (and refers to WorkSafeBC staff who have the authority to make decisions on an injured worker's claim)

The big picture & who you're working with

Topics covered in this section:

[WorkSafeBC: Who we are and what we do](#)

[What happens when a worker is injured at work?](#)

[Where you fit in](#)

[Health Care Programs at WorkSafeBC](#)

[Procurement Services at WorkSafeBC](#)

[WorkSafeBC case-management teams](#)

The big picture

To understand how to fulfill your contract with WorkSafeBC, it helps to know who we are, how we serve injured workers, and where the services you provide come into play.

WorkSafeBC: Who we are and what we do

WorkSafeBC, also known as the Workers' Compensation Board of British Columbia, is a provincial agency dedicated to promoting safe and healthy workplaces across B.C. and ensuring workers who are injured on the job receive fair compensation and help to recover.

WorkSafeBC has been responsible for administering the provincial *Workers Compensation Act* since 1917. The workers' compensation system is funded by the employers of British Columbia, who pay premiums every year. Workers themselves do not pay into the system.

WorkSafeBC has several responsibilities, including a key role in preventing workplace injuries. When a worker sustains a work-related injury or illness, WorkSafeBC assists them in their recovery and return to work. We partner with health care providers to ensure injured workers get the treatment they need to resume their normal routines as fully as possible, and we pay for that treatment.

The services you provide under the MARP Services Agreement are just one set of benefits we may offer an injured worker to meet these goals and responsibilities.

Learn more about [who we are](#) on worksafebc.com, and learn about our other health care programs and services in [Appendix L](#).

What happens when a worker is injured at work?

When a worker sustains a work-related injury or illness, the injured worker, the employer, and a primary health care provider report it to WorkSafeBC to start a claim.

The life of a WorkSafeBC claim

Phase 1: Initial adjudication	Phase 2: Recovery	Phase 3: Resolution or plateau
The claim is allowed or disallowed. If it's allowed, a "claim owner" adjudicates it for initial entitlement to benefits. They determine what medical care is necessary for recovery and whether the injured worker is eligible for other benefits, such as wage-loss benefits.	The injured worker receives benefits. These may include wage-loss benefits, medical and rehabilitation services, or other health care benefits. This is typically the phase where you provide services to the injured worker.	Ideally, the injured worker makes a full recovery and returns to regular work duties. In some cases, phase 3 benefits may include vocational rehabilitation assistance. If the injured worker does not fully recover, they may be entitled to certain permanent benefits.

Who decides which benefits an injured worker is entitled to?

Claim owners at WorkSafeBC do. They are trained in law and policy and weigh all information in a claim file when making decisions. They also have advisors to help them understand medical details in the file.

To learn more, see the [WorkSafeBC claim owners](#) section of this reference manual.

What rights does the injured worker have?

The injured worker can appeal any claim decision through a formal appeals process.

Are MARP providers involved in claim decisions?

No. As a service provider, you can't be involved in making decisions about benefit entitlement or claim management. It's also not appropriate for you to get involved in any appeal an injured worker launches.

Where you fit in

You play an important role by providing services to help the injured worker recover (on the job, where possible) and making return-to-work recommendations.

The primary goals of your services are:

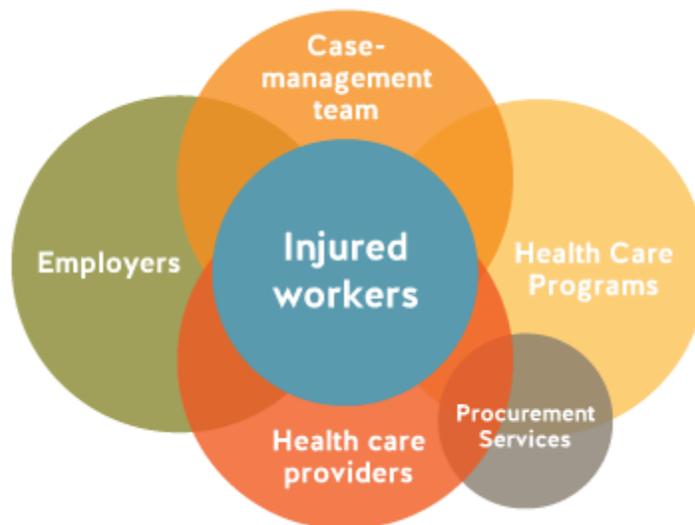
- To assist the injured worker with a timely and enduring return to work wherever possible
- To assist the injured worker with a return to their pre-injury physical, cognitive, and/or mental health status wherever possible

To learn more, see [Your role in the claims process](#) on worksafebc.com.

Who you're working with

You're working with many stakeholders, including distinct departments and roles within WorkSafeBC. Together, these stakeholders create an interdisciplinary team that supports the injured worker to return to work and lead an independent and productive life.

WorkSafeBC Stakeholders





Health Care Programs at WorkSafeBC

The Health Care Programs department develops and manages all contracted health care services and programs available to the injured worker, including MARP. Health Care Programs consults with internal and external stakeholders to outline what services are needed and how these services should be provided. The program manager and the quality assurance supervisor for each contracted health care service or program also manage the quality of the services being provided.

Procurement Services at WorkSafeBC

The Procurement Services department initiates and maintains contracts with service providers throughout the province. Procurement Services manages contracts with all kinds of vendors, including health care service providers.

WorkSafeBC case-management teams

WorkSafeBC claims are managed by a case-management team of administrative and clinical specialists focused on understanding the injured worker's situation.

Claim owners

The case-management team always includes a "claim owner". There can only be one claim owner at a time for each claim. Depending on how complex the claim is and [what phase it has reached](#), the claim owner may change.

Several different roles at WorkSafeBC may take on the role of claim owner. Client services representatives, adjudicators, senior adjudicators, return-to-work specialists, and case managers can all be claim owners.

Client services representative (CSR) — Initial Adjudication Unit

- Adjudicates routine (non-complex) health care-only claims and short-duration time-loss claims that our Claims Management System can't auto-adjudicate

Adjudicator

- Makes claim and injury eligibility decisions for claims with more complex issues
- Adjudicates claims within specific injury guidelines
- Starts the case-management process to ensure a timely and successful return to work
- Manages health care-only claims up to 12 weeks (no time-loss claims)

Senior adjudicator

- Makes claim and injury eligibility decisions for claims with complex, specialized issues
- Adjudicates complex claims within specific injury guidelines
- Starts or reopens the case-management process to ensure a timely and successful return to work

Return-to-work specialist (RTW specialist)

- Develops effective, evidence-based return-to-work plans
- Visits jobsites to assess job demands
- Develops relationships with workers, employers, and health care providers
- Liaises with health care providers to assist with injury recovery and the development of injury-management plans
- Educates injured workers, health care providers, and others on recovery, return to work, and effective and meaningful disability management

Case manager (CM)

- Manages adjudicated claims with extended period of disability where return to work (RTW) is more challenging
- Assists workers in their recovery and coordinates graduated RTW and RTW process
- May visit jobsites or health care facilities
- Liaises with health care providers to understand recovery and entitle health care benefits
- Provides referrals to community care for injured workers' recovery and return to work

Need to find a claim owner?

If you're uncertain who the claim owner is for an injured worker's claim, contact the Claims Call Centre at 604.231.8888 (Lower Mainland) or 1.888.967.5377 (toll-free) from 8 a.m. to 6 p.m. PT, Monday to Friday. An agent will direct you to the current claim owner.

Other case-management team members

A case-management team may also include a medical advisor and/or service coordinator.

Medical advisor

The medical advisor provides independent advice, opinion and support to decision making officers and to physician colleagues in the community. For decision making officers, the medical advisors provide independent opinions on issues of medical impairment/disability, cause/etiology, diagnosis, treatment, and prognosis. For physician colleagues in the community, medical advisors aim to assist and support needs for workers including options for access to needed care, communication between the internal WorkSafeBC team and the external treating team, ensuring that medical care and vocational recovery occur hand-in-hand.

Service coordinator

The service coordinator assists with referrals to external programs and with travel and other arrangements for the injured worker.

Getting started & communicating effectively

Steps covered in this section:

[Sign up for emails and Information Bulletins from Health Care Programs](#)

[Access the WorkSafeBC Provider Portal \(and learn how to use it\)](#)

Topics covered in this section:

[Communication channels](#)

[When to communicate with WorkSafeBC](#)

[How to communicate with attending physicians and specialists](#)

Getting started

Sign up for emails and Information Bulletins from Health Care Programs

Health Care Programs regularly sends emails and Information Bulletins with information on:

- Amendments and updates to this reference manual
- New forms and new invoices
- Updated processes
- WorkSafeBC staff changes
- Patterns in claims
- Updates on service matters
- Payment issues and billing FAQs
- Clinical reminders

Remember: Any updates to this reference manual are also updates to the MARP Services Agreement. Plus, it's vital to use the most up-to-date forms and processes when working with us. So ensure:

- At least one person at your organization signs up right away to receive emails and Information Bulletins
- Personnel who deliver services under the Agreement read every Information Bulletin

If you would like to be added to the MARP email distribution list, or if you already receive our emails and Information Bulletins and would like to change the recipient email address or be removed from the list, email hcsinqu@worksafebc.com. There's no limit to the number of people at your organization who can be included on the distribution list.

Access the WorkSafeBC Provider Portal (and learn how to use it)

The [WorkSafeBC Provider Portal](#) gives you a secure and efficient way to receive referrals from WorkSafeBC, submit reports and invoices, and check the status of payments. This is what it looks like:

The screenshot shows the WorkSafeBC Provider Portal interface. At the top, there is a navigation bar with the WorkSafeBC logo and the text "WORKING TO MAKE A DIFFERENCE". The main navigation menu includes "REFERRALS", "CASES", "INVOICES", "PAYMENTS", "NOTIFICATIONS", "EMAIL NOTIFICATION", and "DOWNLOADS". The user is logged in as "Xavier Xlester (Canadian Back Institute Operating Limited Partnership)" with "Resources" and "Log Out" options.

The "Referrals List" section shows a table with the following columns: Alert, Notice, Action By, Name, Claim #, Program/Service, Location, and Payee #. The table contains five rows of data:

Alert	Notice	Action By	Name	Claim #	Program/Service	Location	Payee #
		2022-01-12 15:26	THOLCROP, MEGAN	2084627	OR1	Symbio Physio – Maple Ridge	589467
		2022-01-12 15:20	BENSON, ROY	2152975	Occupational Therapy - Physical Injury	Symbio Physio – Kelowna	268795
Approved		2022-01-12 11:59	BAINS, PRETUM	2234928	Hand	Symbio Physio – Vancouver	279462
		2022-01-12 10:55	FALLON, NEIL	2196834	Occupational Therapy - Physical Health	Symbio Physio – Prince George	156792
		2022-01-12 10:54	LEE, STACEY	2168315	Hand	Symbio Physio – Nanaimo	579139



You must set up Provider Portal access for any personnel who need to use it. To do this:

- **Take the Provider Portal training on worksafebc.com.** It includes [how-to videos](#) and a [quick reference guide](#). These resources come from Telus Health Solutions, our Provider Portal partner.
- **Ensure any personnel who need to use the Provider Portal have their own BCeID.** They'll need it to log in to the Provider Portal. Learn more at [bceid.ca](#).
- **Designate an employee to manage access to the Provider Portal.** This employee should regularly review who has been granted access. They should immediately cancel access for personnel who no longer need it by emailing Telus Health Solutions (provider.mgmt5@telus.com).

Need help with the Provider Portal?

If you have questions about the Provider Portal or problems using it, call Telus Health Solutions at 1.855.284.5900 for 24/7 support. Ask for your ticket number for reference and follow-up. WorkSafeBC staff do not offer Provider Portal training.

Communicating effectively

Knowing how and when to communicate with Health Care Programs, WorkSafeBC case-management team members, an injured worker's employer, and even their attending physician helps ensure a smooth recovery and, where possible, a return to work for the injured worker. We count on receiving timely, accurate reports and communication from you on the injured worker's progress. You can expect regular communication, important updates, and helpful information from us.

Communication channels

By now, you should have signed up to receive communications from Health Care Programs via the MARP email distribution list.

You may communicate with Health Care Programs and WorkSafeBC staff through by phone and email under certain circumstances. It's important to understand when it's okay to use email in particular.

Expectations for communicating with us are outlined below. Follow any communication guidelines from your college and/or regulatory association as well.

Emails about specific claims: Wait for us to initiate

Email can only be used to communicate with a [WorkSafeBC officer](#) about a claim if the injured worker has given their consent. The WorkSafeBC officer must be the one to get this consent, so only email a WorkSafeBC officer about a claim if you receive an email from the officer about the claim first. All emails about specific claims must be encrypted if they contain any identifiers other than the claim number. The worker can withdraw their consent at any time; if this happens, the WorkSafeBC officer will let you know.

Emails about providing services in general: Go ahead

General communications that do not include details about an injured worker's claim can be emailed to the program manager and/or quality assurance supervisor for MARP in Health Care Programs. For example, you can email them to:

- Communicate changes to staffing
- Make mentorship requests
- Ask contract or program-related questions, including about key performance indicators
- Add to ongoing communications about a service matter

Who is a "WorkSafeBC officer"?

A number of WorkSafeBC employees are considered WorkSafeBC officers, including case managers, adjudicators, senior adjudicators, return-to-work specialists, and vocational rehabilitation officers. When a "WorkSafeBC officer" is mentioned in this reference manual, it generally means the claim owner.

When to communicate with WorkSafeBC

As a routine part of your work

In broad strokes, you need to:

- Respond to the referrals we send you
- Send us reports
- Submit your invoices
- Let Health Care Programs know if there are changes to your program (interruptions, closures, etc.)
- Request interpretation services if you need them to communicate with the injured worker

You'll find more information on these processes in later sections of this reference manual ([Providing your services — Part 1: The basics](#) and [Part 2: The details](#)).

In other specific circumstances

Examples of times to reach out

Circumstance	Who to contact	How to contact
<p>You want to make a recommendation</p> <p>When delivering services, you may make recommendations that fall within your scope of practice under the Agreement for return to work, further medical investigations or referrals unless pre-approved, medical supplies or equipment, etc. These recommendations should be discussed with us before you advise the injured worker or document the recommendations in a report.</p>	WorkSafeBC officer (typically the claim owner)	By phone or, if WorkSafeBC officer has initiated email communication about the claim, by email
<ul style="list-style-type: none">• You have a question about your contract• You need to discuss an exception to billing• You'd like to make an exception to how you provide services under the Agreement <p>After you reach out, Health Care Programs will give you a final decision and recommendations in writing. The decision will apply specifically to the scenario in question. The same</p>	Health Care Programs (quality assurance supervisor or program manager for MARP)	By phone or email

Who should you contact in Health Care Programs?

Throughout this reference manual, you may see instructions that tell you to contact Health Care Programs. This generally means you should contact the program manager or quality assurance supervisor for MARP. If you're not sure who that is, feel free to reach out to [Health Care Programs](#) administrative staff to find out.

<p>decision/recommendations can't be applied to another injured worker without prior written approval from Health Care Programs.</p>		
<p>A WorkSafeBC officer has requested or approved a service that is outside the scope of the Agreement</p> <p>You must request approval from Health Care Programs.</p>		
<p>You want to add or replace personnel providing services</p> <p>If you would like to add or replace personnel:</p> <ul style="list-style-type: none"> • The Physician completes a 'Personnel Requirements' submission form (available from WorkSafeBC's Health Care Programs), which will include but not be limited to details of the Physician's clinical experience, post graduate certification(s), two sample MARP reports, and a copy of their resume. • The Physician attends a WorkSafeBC Work Disability Prevention educational session prior to performing Services • Where WorkSafeBC approves the addition of a new Physician to the list, the Contractor must assign one of their other Physician Personnel to act as a mentor to the new Physician for their initial five MARP Assessments. The mentor Physician must review all draft reports that are prepared by the new Physician for submittal submitted under this Agreement prior to submission to WorkSafeBC. <p>WorkSafeBC reserves the right to deny staffing replacement requests and/or requests to add additional personnel.</p>	<p>Health Care Programs (program manager for MARP)</p>	<p>In writing (email is fine)</p>
<p>You've had other staffing changes</p> <p>This includes temporary or permanent loss of an approved clinician providing the services under the Agreement. Let us know about these changes as soon as possible.</p>		

You'll also want to reach out to the appropriate [WorkSafeBC officer](#) in these cases:

- You believe information you're documenting for us could pose an [immediate risk of harm](#) to the injured worker (if the worker were to read the document)
- An injured worker [withdraws from services/treatment early](#) or you are considering [discharging them early](#)
- An [injured worker misses appointments](#)

And call both the WorkSafeBC officer and Health Care Programs about non-public holiday [closures](#) at your clinic or interruptions to your services.

MARP-specific communications

The MARP Physician must contact the WorkSafeBC officer within one (1) business day following the assessment to discuss findings, probable diagnosis, review treatment, return to work and diagnostic/investigative recommendations. The MARP Physician must also contact the Attending Physician to discuss the same.

A MARP Physician telephone discussion with the community Physiotherapist is to be completed at discharge, and may be billed under fee code 1198350. A summary of the telephone discussion must be documented in the MARP Discharge Report.

A MARP Physician telephone discussion with the Family/Primary Physician is to be completed at discharge, and may be billed under fee code 1218048. A summary of the telephone discussion must be documented in the MARP Discharge Report.

How to communicate with attending physicians and specialists

You're encouraged to contact the attending physician or specialist as appropriate. For example, reach out:

- If you've noted findings that are inconsistent with their initial diagnosis
- If there's been a significant change in the injured worker's condition

Let them know how to bill us

Advise the attending physician/specialist that they may use the BCMA Telephone Consultation fee code (19930) within the Physicians and Surgeons' WorkSafeBC Services Agreement to invoice WorkSafeBC. The fee code allows them to invoice up to three units of 15-minute increments (a maximum of 45 minutes) of telephone consultation.

The fee code may be billed only once per communication; however, physicians/specialists may bill this fee code on more than one occasion per claim. The fee code should not be used for routine inquiries.

When incidents or threats occur

If a situation arises that creates an immediate safety hazard or injury to anyone, including the injured worker, you, or your personnel, you must report it to us. This includes:

- Any physical or psychological trauma sustained by an injured worker, including critical incidents
- Any implicit or explicit threat toward a WorkSafeBC staff member or WorkSafeBC property
- Any statement or action of harm directed toward another person

Call the [claim owner](#), and be clear about how serious the threat or incident was. Submit a [Health Care Programs Incident Report \(Form 83M380\)](#). Where the incident results in the injured worker requiring emergency care, you must provide the Incident Report Form 83M380 to the program manager within one business day.

A Health Care Programs Incident Report (Form 83M380) may also be required in other circumstances. Examples could include:

- A trip, slip, or fall that results in no injury
- Concerns voiced by an injured worker about equipment malfunctions
- A "near miss" incident (e.g., nearly getting into a motor vehicle accident on the way to a jobsite visit)
- Loss or theft of an item while services are being delivered

The table below lays out exactly how to respond to different types of incidents and threats.

How to respond to and report incidents and threats

Type of incident or threat & response	Who to contact at WorkSafeBC	When and how to contact WorkSafeBC
<p>An incident results in an injured worker needing emergency care</p> <ol style="list-style-type: none"> 1. Call 911. Ensure injured worker receives care. 2. Contact WorkSafeBC. 3. Contact attending physician, as appropriate (unless injured worker withholds permission to do this). 	<ul style="list-style-type: none"> ✓ Claim owner ✓ MARP program manager 	<p>Verbally report on same day as incident (unless situation prevents this), and within one business day at the latest.</p> <p>Submit Form 83M380 within one business day of incident.</p>
<p>You or your personnel are aware of a threat to a WorkSafeBC employee or property</p> <ol style="list-style-type: none"> 1. Call police immediately to report threat. 2. Contact WorkSafeBC. A WorkSafeBC officer will gather information from you to complete a Threat Report, and Corporate Security staff will follow up with you. 	<ul style="list-style-type: none"> ✓ Claims Call Centre: 1.888.967.5377 (1.888.WORKERS) ✓ Claim owner 	<p>Verbally report as soon as possible. (Claims Call Centre is open Monday to Friday, 8 a.m. to 6 p.m. PT)</p> <p>Submit Form 83M380 within two business days of threat.</p>
<p>An injured worker harms or directly threatens you or your personnel</p> <ol style="list-style-type: none"> 1. Call police immediately. Report threat or act of violence. 2. Contact WorkSafeBC. A WorkSafeBC officer will gather information from you to complete a Threat Report, and Corporate Security staff will follow up with you. 3. Contact attending physician. 	<ul style="list-style-type: none"> ✓ Claim owner ✓ MARP program manager 	<p>Verbally report within one business day of incident.</p> <p>Submit Form 83M380 within two business days of incident.</p>
<p>All other types of incidents</p> <ol style="list-style-type: none"> 1. Contact WorkSafeBC. 2. Contact attending physician, as appropriate. 	<ul style="list-style-type: none"> ✓ Claim owner ✓ MARP program manager or quality assurance supervisor 	

Threat Management Procedures

Please note that there are two ways that you, as a Provider, may be alerted to the potential that a Worker who has been referred to your program, has a problem/threat code on file at WorkSafeBC.

1. If there is an existing problem/threat code on the claim file, there will be a statement on the referral page in the Portal, highlighted in yellow indicating “**Call claim owner before scheduling**”. If you see this statement, please contact the Claim Owner for further information prior to scheduling the Worker.



2. In addition, the Claim Owner can flag this information for you when making a referral by using the field “Please call the Claim Owner for additional information” and marking “**Yes**” (i.e. indicating that there is a problem/threat code) or “**No**” (i.e. indicating that there is no problem/threat code). If the “Yes” box is ticked, please contact the Claim Owner for further information prior to scheduling the Worker. This way, Claim Owners can alert you of a threat code by providing specific details over the phone.

You may also find this resource helpful to pass on to workers in need:

WorkSafeBC Crisis Line

Contact the Crisis Line if you or your family is in emotional crisis and you’ve been injured at work. Our counsellors can provide support to you and your family, refer you to other services in your community, and alert us so we can follow up with you.

- Phone toll-free: 1.800.624.2928
- Hours of operation: 7 days a week, 24 hours a day

You don’t need a WorkSafeBC claim to call us for help. However, if you have been injured at work and would like to start a claim, please contact our Claims Call Centre for help with the claims process.

Providing your services — from basics to details

Steps covered in this section:

[Program services](#)

[Receive and respond to referrals](#)

[Access disclosures](#)

[Submit your invoices and reports](#)

[Follow the do's and don'ts of treating injured workers](#)

[Monitor injured worker attendance](#)

[Handle transfers, closures, and more](#)

[Use telehealth and hybrid services appropriately](#)

[Use interpretation services as needed](#)

[Other important information](#)

Detailed processes covered in this section:

[How to send us reports](#)

[How to submit invoices](#)

[Other important details](#)

Providing your services — Part 1: The basics

Your journey with an injured worker begins with receiving a referral from us. Once you accept the referral, you'll receive a disclosure with important medical and other information about the injured worker.

Program services

MARP Assessment

Referral for a MARP Assessment must be initiated by WorkSafeBC via MARP referral form and Medical Advisor referral letter.

A Worker can be referred for a MARP Assessment if they have not attended a MARP Service for the same injury/body part within six (6) months.

Following the initial MARP Assessment, the MARP provider must submit ONE of the following written reports to WorkSafeBC:

- MARP Assessment Report - If the MARP Physician determines that the worker will require follow-up/subsequent visits (e.g., follow up after investigations, injection or for review of status), a MARP Assessment Report must be submitted.
- MARP Discharge Report - If the MARP Physician determines that the worker will not require follow-up/subsequent visits, a MARP Discharge Report must be submitted.

If an injured worker has been discharged from a MARP Assessment (which was not for CRPS diagnosis), and then re-referred for purposes of CRPS clarification or for a new injury or body part, these would be considered new MARP Assessments.

MARP Reassessment

A Worker can be referred for a MARP Reassessment if they require reassessment of the same injury and/or body part, and has attended a MARP Initial Assessment within the past six (6) months.

Referral for a MARP Reassessment must be initiated by WorkSafeBC via MARP referral form and Medical Advisor referral letter.

Following a MARP Reassessment, the MARP provider must submit ONE of the following written reports to WorkSafeBC:

- MARP Reassessment Report - If the MARP Physician determines that the worker will require follow-up/subsequent visits (e.g., follow up after investigations, injection or for review of status), a MARP Reassessment Report must be submitted.
- MARP Discharge Report - If the MARP Physician determines that the worker will not require follow-up/subsequent visits, a MARP Discharge Report must be submitted.

MARP Subsequent Visit

If a Worker is assessed in a MARP Assessment or Reassessment and is then required to return for another appointment, (e.g., for follow up after investigations, injection or MARP Physician initiated review of status), this would be a Subsequent Visit.

Following a MARP Subsequent Visit, the MARP provider must submit ONE of the following written reports to WorkSafeBC:

- MARP Progress Report - If the MARP Physician determines that the worker will require further follow-up/subsequent visits (e.g., follow up after investigations, injection or for review of status), a MARP Progress Report must be submitted.
- MARP Discharge Report - If the MARP Physician determines that the worker will not require any further follow-up/subsequent visits, a MARP Discharge Report must be submitted.

No referral or Medical Advisor letter is required for a Subsequent Visit.

A Worker can be seen for a MARP Subsequent Visit up to five (5) times within a six (6) month period following the initial MARP Assessment or MARP Reassessment.

A separate report is required following each Subsequent Visit. A Subsequent Visit may be initiated by the Provider.

MARP Providers have the option of completing MARP Subsequent Visits in-person or on-the-phone, at their discretion and clinical judgment.

Receive and respond to referrals

The first step to treating an injured worker is receiving a referral from us through the [WorkSafeBC Provider Portal](#).

Referrals contain basic information about the injured worker’s claim and treatment needs.

If a referral source (for example, a physician or another provider) contacts you directly, contact a [WorkSafeBC officer](#) to process the referral through the WorkSafeBC Provider Portal.

How to handle referrals

1. Acknowledge the referral.
2. Assess the referral.
3. Accept or decline the referral.
4. If you accept the referral, book your first appointment with the injured worker.

Check the [WorkSafeBC Provider Portal Quick Reference Guide](#) or [watch the referrals training video](#) for instructions on how to complete these steps.

The Provider must book the appointment with the injured worker and confirm the outcome of this communication, or lack thereof, through the WorkSafeBC Provider Portal within one (1) business day of receipt of the referral.

The Provider must book appointments within ten (10) business days of the date the referral is accepted from the WorkSafeBC Provider Portal in order to be eligible to bill the ‘Timely Referral to Admit’ fee. If unable to accommodate an appointment within fifteen (15) business days of the date the referral is received, the Provider must decline the referral to have it re-routed to the next available MARP Contractor. Appointments may be booked outside of fifteen (15) business days of the date the referral is received, if instructed by the referral source.

If a Provider initially receives a verbal request from a WorkSafeBC Officer for a MARP Assessment or Reassessment referral, the Provider must remind the WorkSafeBC Officer to complete the Provider Referral – MARP Assessment Services document (Form 83B122). This form is required to formalize the referral.

The Provider should expect a referral letter from the WorkSafeBC Medical Advisor to accompany all the referrals for all MARP Assessments and Reassessments. MARP Subsequent Visits do not require a referral form or a referral letter.

Upon receipt of a MARP referral and accompanying referral letter from the WorkSafeBC Medical Advisor, the Provider must determine the appropriate MARP service required (Assessment, Reassessment or Subsequent Visit), and contact the injured worker to book the appointment.

Upon receipt of the MARP Assessment or Reassessment referral, the Provider must accept the referral and schedule the appointment in the Portal.

- Should an injured worker's MARP Assessment or MARP Reassessment appointment be rescheduled, the Provider must update the appointment date and time through the Portal. "No show" and cancelled appointments should be communicated through the Portal. If required, the appointment must be rescheduled. Rescheduled appointments do not require a new referral. If the worker does not attend the original MARP Assessment as scheduled, the date of the missed appointment becomes Day 0. The timely referral-to-admit fee is paid if the Worker is rescheduled and is assessed on or before Day 10.

A worker cannot attend MARP Services if they are currently enrolled in another Board Sponsored Rehab Service where Physician services are available as part of the program (e.g., OR2, ASTD, PMP, HIATS, AMP).

Referral to Admission Timeframes

The injured worker should be assessed by the Provider within ten (10) business days following acceptance of the referral (which is considered 'day 0'). If unable to accommodate an appointment within fifteen (15) business days of the date the referral is received, the Provider must decline the referral to have it re-routed to the next available MARP Contractor. Appointments may be booked outside of fifteen (15) business days of the date the referral is received, if instructed by the referral source.

The Timely Referral to Admit Fee can only be billed for MARP Assessments or MARP Reassessments (not Subsequent Visits) when the assessment occurs on or before Day 10.

When a worker does not attend the MARP appointment, the appointment should be rescheduled. The original appointment date becomes 'Day 0', and the referral to admission timeframe restarts.

Access disclosures

A disclosure contains documents or records related to an injured worker's claim with WorkSafeBC. We give you disclosures to support your treatment of injured workers. Disclosures may include anything from the injured worker's medical history to treatment plans and reports.

Find disclosures on the Provider Portal

In most cases, you'll automatically receive a disclosure on the [WorkSafeBC Provider Portal](#) shortly after accepting a referral on the portal. In some cases, you may need to request a disclosure via the portal. For example, if new information is added to a disclosure package after you've already received the package, you'll need to request the disclosure.

See our [Accessing disclosures online](#) PDF for instructions on how to access and request disclosures on the Provider Portal.

Submit your invoices and reports

Submit invoices and reports through the [WorkSafeBC Provider Portal](#). Check the [Provider Portal Quick Reference Guide](#) or watch our training videos on [invoicing](#) and [clinical reporting](#) for instructions.

In some cases, you'll need to submit a report before you can submit an invoice. Refer to Schedule B of the MARP Services Agreement for details.

To learn more about how to submit reports and invoices, see [Providing your services — Part 2: The details](#) in this reference manual.

Follow the do's and don'ts of treating injured workers

While every injured worker is unique, a few general rules apply.

Do treat accepted conditions only

Only treat conditions that WorkSafeBC has accepted are a compensable consequence of the claim. By law, WorkSafeBC can't authorize treatment for pre-existing physical, cognitive, or psychological conditions or concurrent issues in the injured worker.

If you discover issues that have not been accepted under the claim but that are affecting treatment progress, reach out to the appropriate [WorkSafeBC officer](#). You may be able to help the injured worker find other community resources to assist with their non-compensable issues. However, this must be discussed with the WorkSafeBC officer before discussing the possibility with the injured worker or documenting it in a report.

Do tell the injured worker how their information may be used

All injured workers must be reminded of the limitations of confidentiality and how clinical records are disposed of.

Under the *Workers Compensation Act*, WorkSafeBC is empowered to collect and share any and all information deemed relevant to the adjudication and management of a claim. WorkSafeBC can obtain copies of hospital records, clinical records, employment and school records, and any other information needed to perform its duties under the Act. This includes access to all treatment records, including your clinical notes.

When a worker applies for a claim, they consent to the collection and use of personal information for the purposes of adjudicating and managing the claim.

Before beginning to provide services, you should remind the injured worker that if a decision on the file is appealed by either the injured worker or the employer they were working for at the time of their workplace injury, the contents of the entire claim file are disclosed to both parties. This includes information in provider treatment records submitted to WorkSafeBC. Your clinical notes could be disclosed in this way if WorkSafeBC has requested them and the notes form part of the injured worker's claim file.

Don't act as an advocate

Most professional codes of conduct address the issue of clinical advocacy. As a contracted MARP provider, you must give a well-reasoned clinical opinion based on objective assessments and observations of the injured worker's needs. You must refrain from advocating for the injured worker in legal, adjudicative, entitlement, and benefit matters, and you must not advocate for needs that are not a compensable consequence of the claim.

WorkSafeBC officers use the information in your reports to understand an injured worker’s clinical status. Claim owners weigh this information when making decisions. If you take a claim advocacy stance, your opinions are no longer clinically objective. Your role as a provider is to support return to work and assist in recovery of function. Claim advocacy can place you in a dual relationship and seriously undermine the claims-management process. Advocating for an injured worker or selectively omitting information about the impact of non-injury–related needs in reports or other correspondence with WorkSafeBC is a serious breach of the MARP Services Agreement.

Advise any injured worker in your care to contact the [claim owner](#) and/or the [Workers’ Advisers Office](#), which is independent of WorkSafeBC, if they have concerns about how their claim is being managed.

Don’t give information to the injured worker that could cause immediate harm

Injured workers can access documents on their claim file through an online portal. In addition, an injured worker may request a copy of a specific document from a WorkSafeBC officer or a complete copy of their claim file at any time.

The information you provide to WorkSafeBC about the injured worker can be accessed by the injured worker.

If you believe the information you provide will pose an immediate risk of harm should the injured worker access the information, contact the case manager or appropriate [WorkSafeBC officer](#) before submitting the document.

Monitor injured worker attendance

In order to benefit from your services, the injured worker needs to attend appointments. Let us know if this isn’t happening.

What if an injured worker doesn’t show up to appointments?

Advise the appropriate [WorkSafeBC officer](#) within one business day of any absences. If the appointment is later rescheduled, inform the WorkSafeBC officer the new appointment date and time.

Can an injured worker withdraw or be discharged early from treatment?

You may discharge an injured worker who is not benefitting from the MARP program because of poor participation or attendance. Evidence for the poor participation or attendance and a functional summary must be included in the [Discharge Report](#).

Inform a WorkSafeBC officer immediately if an injured worker has withdrawn from treatment or if you’re considering a discharge for the reasons above.

The injured worker can voluntarily withdraw from the MARP program, and a WorkSafeBC officer can withdraw the injured worker from the MARP program at any time.

Handle closures

Your clinic may occasionally need to close (expectedly or unexpectedly). Here’s how to handle these situations.

You temporarily close your program or suspend services (due to weather, holidays, etc.)

Type of closure or suspension	Who to tell	Important to note
Unexpected closure — e.g., <ul style="list-style-type: none"> You're called away You've had to take sick time There's a power outage There's an extreme weather event 	<ul style="list-style-type: none"> ✓ Affected injured worker(s) ✓ WorkSafeBC officer for each injured worker ✓ Health Care Programs 	Contact as soon as possible
Planned closure for a public holiday <ul style="list-style-type: none"> New Year's Day Family Day Good Friday Easter Monday Victoria Day Canada Day B.C. Day Labour Day National Day for Truth and Reconciliation Thanksgiving Day Remembrance Day Christmas Day Boxing Day 	<ul style="list-style-type: none"> ✓ No one 	<p>Public holidays are not counted as business days unless you choose to provide services and the injured worker chooses to receive services that day.*</p> <p>Only the public holidays listed here are considered closure days.</p>
Planned closure that's not a public holiday	<ul style="list-style-type: none"> ✓ WorkSafeBC officer for each injured worker ✓ Health Care Programs 	Contact as soon as possible

*Services may be provided on a public holiday or weekend depending on the injured worker's schedule; however, you're not obligated to provide services on these days. No additional compensation above the fees described in the Agreement fee schedule will be paid if you choose to provide services on these days.

Use telehealth and hybrid services appropriately

In some cases, you may use video-call technology to deliver services remotely to injured workers — aka telehealth delivery.

Due to the COVID-19 pandemic, MARP services by Telehealth Delivery was introduced. This virtual care model allowed the resumption of services, ensuring safe and quality care in the context of COVID-19, while maintaining patient, staff and physician safety and keeping community transmission low.

WorkSafeBC is in support of a hybrid telehealth and in-person service for MARP, as clinically appropriate for injured workers.

MARP Services must be completed in compliance with recommendations from the Provincial Health Officer, Ministry of Health, and the College of Physicians and Surgeons of BC in response to COVID-19. These recommendations are being updated as the pandemic response unfolds and it is expected that all Providers remain up to date regarding implementing services; remaining informed and fluid in the delivery of services is of utmost importance to ensure the safety of clinical staff and program participants.

WorkSafeBC reserves the right to terminate the telehealth delivery or hybrid delivery program for any or all service providers at any time.

When provincial health orders do not restrict in person delivery

Note: This delivery model is currently in effect (as of April 25, 2022)

When Provincial Health Officer, Ministry of Health, and the College of Physicians and Surgeons of BC allow for return to standard in-person delivery, a return to the MARP services as described in the Services Agreement and Reference Manual is expected, with appropriate measures (appropriate use of personal protective equipment, physical distancing and capacity limits, and screening for COVID-19 symptoms) in place.

Hybrid delivery will remain an option where the following conditions are met, including clinical needs and patient preferences, but not limited to:

- Telehealth MARP Assessment or Reassessment: by request of Medical Advisor
 - If a provider feels that a telehealth MARP Assessment or Reassessment would be warranted, then the provider must provide a clinical rationale for requesting a telehealth Assessment or Reassessment and must contact the referring Medical Advisor to discuss.
 - If a worker is unable to attend a MARP Assessment or Reassessment due to illness, the Assessment or Reassessment should be rescheduled rather than conducted via telehealth. The original appointment date becomes 'Day 0', and the referral to admission timeframe restarts.
- Telehealth MARP Subsequent Visit:
 - where repeat physical exam is not clinically indicated
 - the worker lives out of town, has to travel a long distance to the Provider, is at work and a repeat physical exam is not clinically indicated

For clarity, "hybrid delivery" continues to remain a combination of telehealth and in-person service.

When using telehealth delivery for your services, you must comply with our [Telehealth treatment guidelines \(Appendix K\)](#).

Use interpretation services as needed

To help you communicate with injured workers with limited English proficiency, WorkSafeBC has contracted interpreters who provide in-person, video, and telephone interpretation services throughout B.C.

Approved interpretation providers will bill WorkSafeBC directly for interpretation services. If your organization has an in-house interpreter, interpretation provided by the in-house interpreter must not be billed to WorkSafeBC.

Who books the interpreter?

You're responsible for booking one of our approved interpreters when you need their services. To learn how to book and use interpretation services, see [Appendix F: Using interpretation services](#), [Appendix G: Using on-demand telephone interpretation services](#), and [Appendix H: Using video interpretation services](#).

Learn more on our [Interpretation, translation & sign language services](#) webpage.

Other important information

Measure injured workers' satisfaction with your program

Provide all injured workers attending your program an electronic WorkSafeBC Worker Satisfaction Survey. The clinic payee number and program name are mandatory fields. The injured worker's claim number field is optional; they decide whether to enter their claim number or not.

Contact [Health Care Programs](#) for the link to the WorkSafeBC Worker Satisfaction Survey.

Standards

WorkSafeBC will collect and monitor several standards for MARP Service provision, including, but not limited to:

- Referral to admission timeframes
- Client Satisfaction rating
- Client Satisfaction response rate
- Targets for these measures are:
 - Referral to admission: within ten (10) business days
 - Client Satisfaction rating: 8.5 (minimum acceptable average is 7.0)
 - Client Satisfaction response rate: 80% (minimum acceptable average is 60%)

For each Provider, the standards will be measured against the network averages.

Feedback with regards to the Provider's measures in these areas will be communicated regularly by WorkSafeBC.

Providing your services — Part 2: The details

Now that you understand in broad strokes how to work with us, it's time to get into the nitty-gritty — especially when it comes to creating and submitting reports and invoices to us. (For a quick summary of which tools to use to submit reports and invoices, see [Providing your services — Part 1: The basics](#).)

How to send us reports

Follow three steps

We provide you with detailed guidelines to report on different aspects of the services you provide the injured worker.

In [Appendix D](#), you'll find guidelines that show every heading that needs to appear in each type of report.

1. Complete the report

Be sure each page of the document includes:

- Injured worker's name
- Injured worker's claim number
- Document name and page number
- Document ID (the five- to six-digit code provided in the Agreement for each specific type of report you'll be completing)

Do not include a fax cover sheet in your document.

Several appendices in the back of this reference manual will help you complete reports correctly:

- For detailed guidelines on what to include in each report you submit to us, see [Appendix D](#).
- To learn the difference between a "restriction" and a "consideration" when making recommendations, see [Appendix E](#).

2. Send the report to us on time, using the correct tool

Reports must be received within five (5) business days of the appointment.

3. Reports must be submitted electronically through the [WorkSafeBC Provider Portal](#).

Only reports sent through the Provider Portal will be used to determine report timeliness for the purposes of invoicing.

How to submit invoices

Follow four steps

1. Select the right invoice

2. Complete the invoice

Ensure the following information about the injured worker is on the invoice:

- Injured worker's name
- Date of birth
- WorkSafeBC claim number
- BC personal health number (PHN) — for workers who do not have a BC PHN, including those who have a valid PHN from another province, bill claims under the following generic PHN: 9842719596

3. Double check before you submit

Is the date of service correct?

For example, if you're invoicing for completing a report for us, the date of service on the invoice must match the date of service on the report, not the date you wrote the report or submitted the invoice.

Am I using the right fee codes?

Incorrect or missing fee codes are among the most common reasons for delays in payment. Please refer to the fee schedule (Schedule B) of the MARP Services Agreement.

4. Send the invoice to us on time, using the correct tool

Submit your invoice to us within 90 days of the date of service.

Submit all invoices electronically through the [WorkSafeBC Provider Portal](#), along with any necessary reports.

Correct the invoice promptly if necessary

Sometimes we're not able to accept an invoice because of an inconsistency or error. In these cases, you can follow up, resolve the issue, and still get paid — provided you rectify the error within **180 days of the date of service, or within 90 days of the date of the first rejection** (whichever is longer).

If you're following up on an issue with an invoice, please contact Payment Services at 604.276.3085 or toll-free at 1.888.422.2228. We're happy to help.

Stick to the fee schedule

[WorkSafeBC officers](#) don't have the authority to approve services or charges that deviate from the Agreement and fee schedule. If a WorkSafeBC officer has requested or approved a service that is outside of the parameters of the Agreement, remember to contact [Health Care Programs](#) for approval.

Other important details

Recommendations for Further Investigations or Interventions

The Medical Advisor referral letter will indicate whether imaging of the identified injured body part is pre-approved OR requires claim owner approval.

The MARP Provider must obtain verbal approval from the WorkSafeBC Officer / Medical Advisor, for any further investigations and/or specialist services (e.g., Visiting Specialist Clinic) which are being recommended, prior to informing the injured worker.

For Nerve Conduction Studies (EMG), the MARP Physician needs to complete a referral letter and fax the letter to the VSC.

For imaging services (MRI, CT, Ultrasound, Bone Scans), requisitions should be completed using form 83D56 - Requisition for Medical Imaging and Interventional Procedures, which can be downloaded on our website at <https://www.worksafebc.com/en/resources/health-care-providers/forms/requisition-for-medical-imaging-form-83d56>.

Please do not fax imaging requisitions to the WorkSafeBC Visiting Specialist Clinic (VSC).

All completed requisitions must be faxed directly to a contracted EMIS facility closest to the worker's location.

A list of WorkSafeBC contracted EMIS facilities can be found at

<https://www.worksafebc.com/en/health-care-providers/rehabilitation/medical-imaging/service-providers>

When ordering imaging or EMG, in order to ensure it is expedited and to avoid delays in scheduling, please do the following:

- Indicate that the request is being sent from a WorkSafeBC-contracted MARP Provider.
- Indicate that Case Manager approval has been obtained.

For Specialist consultations, once approval is received, the MARP Physician completes a referral letter and sends directly to the VSC (fax # 604.214.6799). In order to avoid scheduling delays, please include the following details in each referral letter:

- Indicate that the referral source is a contracted MARP Provider.
- Indicate that Case Manager approval has been obtained.
- Indicate: Area to be examined and which type of Specialty is required.

Note: Please refrain from requesting specific Specialists when referring to the VSC, which could lead to longer wait times for injured workers.

- Indicate on the fax cover sheet and in the referral letter that the referral is "Assessment Only". "Assessment Only" means the VSC referral does not include pre-approval for surgical intervention.

Note: If referring to specialist services outside of the VSC, please coordinate directly with the Claim Owner (the VSC is not involved in this process).

For all imaging services and specialist consultations, the MARP Provider is to also upload the relevant requisition and/or referral letter to the Provider Portal (using the 'Other' dropdown choice) for WorkSafeBC's reference.

Transfer of Care

MARP Physicians ordering diagnostic investigations are considered to be responsible for following up on the outcome of the investigation. This applies unless that responsibility has been specifically delegated to another physician and that physician has agreed to accept that responsibility.

For example:

In order for another Physician (e.g., OR2, Family Physician) to follow-up on an investigation ordered by a MARP Assessment Physician, there has to be evidence of transfer of care. Transfer of care may be necessary when the Worker is involved in another service or when there are findings unrelated to the diagnosis on the claim. That is, the MARP Assessment Physician must:

- Communicate with the other physician to ensure the other physician:
 - is informed of the transfer of care
 - agrees to accept the transfer of care
- Document in the clinical chart notes that he/she is transferring responsibility of follow-up to the other physician and that communication with the other physician has occurred

Please note that transfer of care is not the role of the injured worker. As such, communicating with the injured worker to follow-up with his/her Family Physician will not fulfill the requirement of transfer of care.

Submission of Data to WorkSafeBC

WorkSafeBC will measure and monitor outcomes based on Provider information and data submitted to the WorkSafeBC. The data will be used to monitor utilization and effectiveness of the MARP Services.

The Provider must submit data and information as outlined by WorkSafeBC and within the timelines identified. Failure to comply with these requirements may, at the discretion of WorkSafeBC, result in removal from the Provider Network.

All email communication containing injured worker information must be encrypted.

Appendices

If you have a question:

[Appendix A: Important contact information](#)

[Appendix B: Important links](#)

References:

[Appendix C: Work disability prevention principles](#)

If you'd like help writing reports for us:

[Appendix D: Reporting guidelines](#)

[Appendix E: "Restrictions" vs. "considerations"](#)

If you need to use interpretation services:

[Appendix F: Using interpretation services](#)

[Appendix G: Using on-demand telephone interpretation services](#)

[Appendix H: Using video interpretation services](#)

If you're a physician:

[Appendix I: Medication approval \(information for physicians\)](#)

[Appendix J: Conducting an examination of an injured worker \(information for physicians\)](#)

If you offer telehealth services/hybrid program delivery:

[Appendix K: Telehealth treatment guidelines](#)

If you're curious about our other programs:

[Appendix L: Summary of related health care programs](#)

Appendix A: Important contact information

We want to make sure you have all the information you need to work with us as a health care service provider. Contact information for key departments is listed below. (You can find [contact information for more departments and services](#) on worksafebc.com.)

If an injured worker threatens anyone, including a WorkSafeBC employee or property, call the police immediately, followed by the people listed on [page 18](#).

WorkSafeBC department	How to contact	Reason to contact
Health Care Programs	604.232.7787 (Lower Mainland) 1.866.244.6404 (toll-free) hcsinqu@worksafebc.com	You need to discuss: <ul style="list-style-type: none"> Your contract and fee schedule Contracted clinical services
Payment Services	604.276.3085 (Lower Mainland) 1.888.422.2228 (toll-free)	You need to discuss: <ul style="list-style-type: none"> A specific invoice or billing rejection Invoice correction letters General information about our billing process
Procurement Services	604.276.3344 (Lower Mainland) 1.844.276.3344 (toll-free) purchase@worksafebc.com	You need to: <ul style="list-style-type: none"> Update your general contact information Inquire about the status of your contract
Claims Call Centre	604.231.8888 (Lower Mainland) 1.888.967.5377 (toll-free)	You need basic information about a claim. <ul style="list-style-type: none"> For detailed questions about a specific claim, contact the claim owner. If you don't have the claim owner's contact information or are not hearing back, contact our Claims Call Centre.
Provider Referrals	604.231.8887 (Lower Mainland) 1.866.481.8887 (toll-free) Fax: 604.233.9777 Toll-free fax: 1.888.922.8807	Provider Referrals may initiate contact with you if they are attempting to issue a referral.
Freedom of Information and Protection of Privacy Office	604.279.8171 (Lower Mainland) 1.866.266.9405 (toll-free) fipp@worksafebc.com	You have questions about privacy legislation (e.g., the Freedom of Information and Protection of Privacy Act)

Questions about the WorkSafeBC Provider Portal?

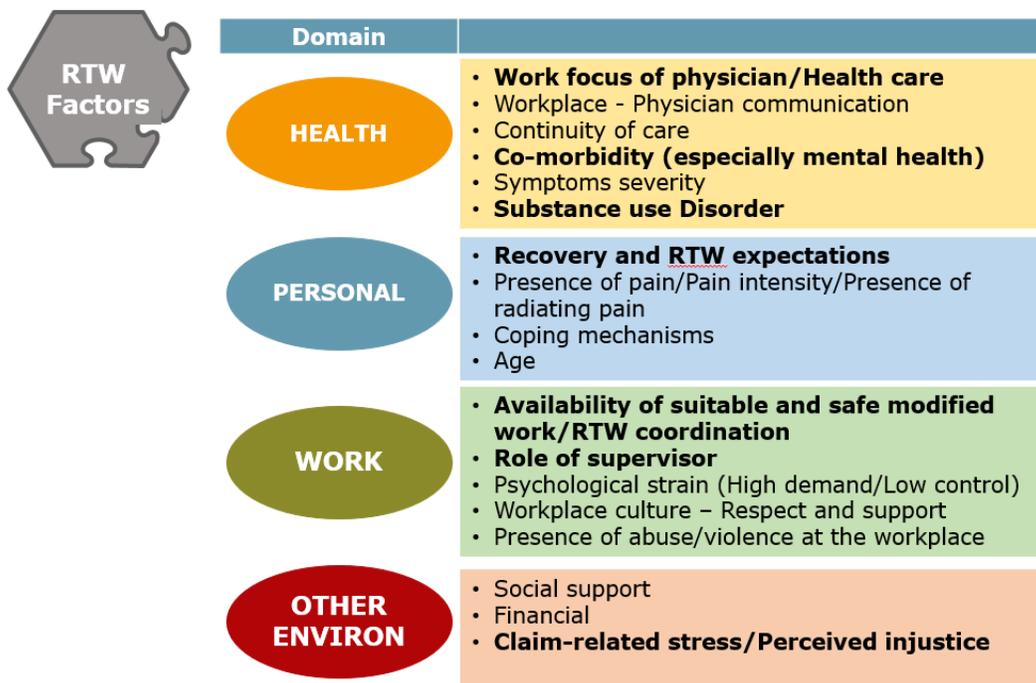
Call Telus Health Solutions for 24/7 support: 1.855.284.5900. Ask for a ticket number for reference. If you'd like to add or remove Provider Portal access for any personnel, email provider.mgmt5@telus.com.

Appendix B: Important links

Essential for working with us (worksafebc.com webpages)	What you'll find
For health care providers	Information for all health care providers we work with
MARP provider webpage	Information and bulletins specific to MARP
Forms & Resources	Important WorkSafeBC forms, documents, videos, and more, including reports for you to download and complete (see Appendix D for links to specific forms you'll need to download)
WorkSafeBC Provider Portal	The online portal where you'll receive and respond to referrals, submit reports and invoices, and more
Provider Portal Quick Reference Guide	Basic instructions for using the Provider Portal
Provider Portal video training	In-depth training on using the Provider Portal
Accessing disclosures online	Instructions on how to access medical and other information in an injured worker's claim file within the Provider Portal
Approved Interpretation and Translation Service Providers	A list of interpretation providers you may use to communicate with injured workers
WorkSafeBC Worker Satisfaction Survey	A mandatory survey to send to all injured workers in your program (link must be requested from Health Care Programs)
WorkSafeBC Employer Satisfaction Survey	A mandatory survey to send to employers of injured workers in your program (link must be requested from Health Care Programs)
Occupational Health and Safety Regulation	Regulations you must follow when conducting any jobsite visits
Compensation Practice Directive: #C10-1 – Claims with Opioids, Sedatives/Hypnotics or Other Prescribed Potentially Addictive Drugs	Important information for physicians about claims where certain medications are prescribed (see Appendix I as well)
Essential for working with us (external webpages)	What you'll find
bceid.ca	The site where you and your personnel can get a unique BCeID (you'll need this to log in to the WorkSafeBC Provider Portal)
Workers' Advisers Office	A resource to point injured workers to if they'd like independent advice and assistance on their claim
PSG-Physical-Examinations-and-Procedures.pdf (cpsbc.ca)	The College of Physicians and Surgeons of British Columbia Practice Standard that physicians in BC must adhere to when examining injured workers
Important background info on worksafebc.com	What you'll find
Your role in the claims process	Where you fit into an injured worker's claim with WorkSafeBC
Who we are	An overview of what WorkSafeBC does
Provider types	Information on other health care providers we work with
Interpretation, translation & sign language services	An overview of tools we provide to help you communicate with injured workers
How recovery at work helps	The overall health benefits of a safe, timely return to work for injured workers

Appendix C: Work disability prevention principles

1. **Disability status is a determinant of health.** Evidence shows that long term worklessness leads to increased morbidity, mortality, family and societal problems. [Reference: Is Work Good for Your Health and Well-Being? Review by Gordon Waddell, and A Kim Burton.](#) The concept here is that the Physician would place as much value on returning someone to work as they would in preventing smoking preoperatively because it is a health issue.
2. Window of opportunity for return-to-work
 - For soft tissue injuries, probably within 6 weeks
 - For surgical condition, may take months for full recovery, however, RTW can proceed prior to full recovery or function.
3. Return to work factors for prolonged work disability



4. Yellow flags. Some of the risk factors for prolonged disability may include:
 - Pain intensity
 - Fear avoidance beliefs
 - Pain behavior
 - Job/co-worker dissatisfaction
 - Catastrophizing
 - Emotional distress, co-morbid psychiatric condition e.g., depression
 - Perceived health/disability
 - Duration of time off work, expectations about return to work
5. While patients may not be aware of accommodations at the workplace or report to you there are no accommodations, you can provide advice on what activities should specifically be avoided to prevent harm, and what considerations in ability they should potentially work

with. OT's, occupational nurses etc., are trained and skilled at speaking with employers to identify safe work. They can look for safe and appropriate activities based on your recommendations. It is not uncommon for us to have a Worker be deemed as having an inability to RTW, but with the assistance of a Vocational Rehabilitation Consultant can be successful at returning this Worker back to their place of employment.

6. What can you do?

- Some patients will go back to work no matter what you do
- Some patients will never go back to work no matter what you do
- There is a large group of patients who are at risk of not returning to work, but their chances are greatly improved with respect to health status if we assist them back to work as early as possible.
- Each visit is an opportunity to discuss functional abilities; helpful to document a functional abilities assessment at each visit (see example of correlates of abilities eg what they can do at home, other activities like housework, leisure sports).

How? Universal Precautions system:

- a. Review the RTW factors that you have the power to influence through documentation or making a call
 - Help patient goal set around work
 - Alert the case management team to comorbid conditions (MH, SUD)
 - Developing treatment/rehabilitation plans that are focused on life roles, including work
 - Encourage the worker to stay connected to the workplace
 - Set expectations with the worker around the length of time for recovery and your confidence about their ability to get back to useful work.
- b. Over the course of follow-up care, identify any change in the Worker's risk(s) and/or abilities, and guidance over increasing activity. Physicians can provide an active role in RTW by providing guidelines to activity noting risk(s) and abilities.
- c. For chronic pain, any intervention needs to address both pain and function objectively. If the patient is still not advancing towards function such as RTW, one needs to question if the intervention is useful.
- d. Unlike compensation for wage loss, entitlement to vocational rehabilitation is a discretionary benefit under WorkSafeBC. There is a process for determining the extent of VR entitlement
 - There are 5 phases of Vocational Rehabilitation
 - It is only the last phase that contemplates retraining; it is atypical for Workers to advance through the phases to reach the level of retraining.
 - Thus, it is helpful to avoid setting expectations with workers that might not be met
- e. Understand that part of re-attaching a patient to work may require expert assistance from a disability management expert, like a nurse/OT/VR. You don't have to be expert at this. Just as you would refer a Worker with a psychiatric problem to a psychiatrist, it is okay to identify that the problem is a disability one.

7. Communications with injured workers regarding Work Disability Prevention

Helping workers develop expectations and goals for returning to work can improve their outcomes. Below are some conversations you can have with injured workers:

- Activity helps recovery
 - Returning to some level of work and activity will help injured workers recover from common injuries faster than prolonged bed rest.
 - Help Workers understand the level and type of activity they can do. Incrementally increase the activity they can do a little bit, each day.
- Some discomfort is normal when returning to activities after an injury
 - This is not harmful, and is different from pain that indicates a setback.
- Early and safe return to work makes sense
 - Return to work is one of the goals of treatment.
- “You can help with your own recovery”
 - Help workers understand they play an important role in ensuring their own successful recovery, and by following the MARP Physician’s activity prescription.

Additional notes:

- Avoid advice to the Employer or Case Manager as to the job you wish the Worker to have. Limit your comments to provision of information on risk(s), abilities and activity recommendations so that the Case Manager and Employer can find appropriate tasks and job match.
- Avoid setting expectations of what will be covered as a Workers’ Compensation benefit.
- For Workers with claim concerns, advise the Worker to contact their Case Manager for information.
- Maintain your role as an advocate for safe work attachment due to health benefits. This includes:
 - Objective evaluation
 - Expert medical advice
 - Appropriately referring questions on legal/claim advice

Definitions:

Risk(s)/medical restrictions/contraindications	<p>List those activities that a Worker should not perform because of risk of significant harm. “Should not” = Physician Imposed.</p> <ul style="list-style-type: none"> • Make sure to add time frames to the specific risk(s). • A Physician imposing restrictions on a Worker should be able to describe the nature of the risk of harm. The test to use here is that if a patient begged you to perform the activity, you would still say “no” due to the risk of harm. E.g., patient with acute tib/fib fracture is prohibited from weight bearing; patient with acute concussion is pulled off the playing field; patient with uncontrolled seizures is prohibited from driving. However, if a patient post rotator cuff repair begged you to return to typing on the computer, you would say that’s okay - there is no need to restrict typing in someone who complains they cannot do it. • Repetitive Strain Injuries: concept is MICE...tendons need to move...instead of
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	<p>R for 'rest', it is replaced with M for 'modification of activity'</p> <ul style="list-style-type: none"> • Indicate if the worker has no risk(s) for activity, or if risk(s) are imposed, for example, the Worker has the following restrictions imposed for the next X days/weeks/months or until the next consultation. If latter is chosen, "At the next MARP follow-up, I will consider modifying this restriction based on XXXX.
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<p>Abilities</p>	<p>What the worker's abilities are.</p> <p>E.g. What the worker is current able to do:</p> <ul style="list-style-type: none"> • Activities at home: <ul style="list-style-type: none"> • Childcare • Cooking • Personal hygiene • Driving to appointments • Housecleaning/Gardening, etc • Activities outside the home? <ul style="list-style-type: none"> • Work, usual or not • School • Activities such as hiking, biking, walking, sports • Music / art, etc.
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Appendix D: Reporting guidelines

When you're creating reports for us, include all the information outlined in this appendix. Following these guidelines will ensure you capture everything that needs to be reported on the injured worker.

How to write a MARP Assessment Report (or Discharge Report) 83D549

- Following the MARP Assessment, submit a MARP Assessment Report if the injured worker is expected to require follow-up. If subsequent visits are not expected, the provider submits a MARP Discharge Report.
- Report Type: MARPAR (Assessment Report) or MARPDR (Discharge Report)

Required heading	What to include under the heading
Medical History	<ul style="list-style-type: none"> • Mechanism of injury • History of present condition: present function, progress to date, investigations and past treatments • Functional Enquiry • Past Medical History, including mental health, previous work-related injury(ies) and clinical course • Family history, Medications, Allergies, Smoking, Substance use history • Psychosocial history includes: <ul style="list-style-type: none"> • summary of non-physical barriers which may impact return to work (RTW) • interpretation of standardized psychosocial test results • Worker's understanding/plans
Clinical Exam	<ul style="list-style-type: none"> • Physical exam findings • include examination of contralateral side, positive and negative findings
Diagnosis(es) and Clinical Impression	<ul style="list-style-type: none"> • Differential and/or probable diagnosis including rationale <ul style="list-style-type: none"> • Note that "aggravation" is used at WorkSafeBC as a legal term; consider "flare", "worsening", "acute on chronic", exacerbation • Clinical impression - discussion and summary of findings. <ul style="list-style-type: none"> • Respond to specific referral question.
Recommendations	<ul style="list-style-type: none"> • Provide recommendations and rationale regarding: <ul style="list-style-type: none"> • RTW/RTW Support Services • Further investigations or medical intervention (i.e. VSC referral) • Further MARP Subsequent visits • Treatment intervention (e.g. Physiotherapy, OR1, OR2, Pain Management Program) • Provide expected outcome with defined time frames • All recommendations should be <i>discussed</i> with the Board • Officer prior to documentation of the report
Comments	<ul style="list-style-type: none"> • Summary of discussion with Family Physician, and Physiotherapist
Where requested, Risk(s) and Abilities	<ul style="list-style-type: none"> • Outline restrictions/risk/contraindications to participation in certain activities/tasks

	<ul style="list-style-type: none">• What is the worker currently able to do: eg what is the worker doing daily at home, outside of home
Report By	<ul style="list-style-type: none">• Name, professional designation, and signature(s) of MARP Physician

How to write a MARP Reassessment Report (or Discharge Report) 83D549

- Following the MARP Reassessment, submit a MARP Reassessment Report if the injured worker is expected to require follow-up. If no subsequent visits are expected, the provider is to submit a MARP Discharge Report.
- Report Type: 83B328 (Reassessment report) or MARPDR (Discharge report)

Required heading	What to include under the heading
Medical History	<ul style="list-style-type: none"> • Brief overview of history • Clinical course and progress to date • Pending results of investigations or appointments
Clinical Exam	<ul style="list-style-type: none"> • Physical exam findings • Changes in physical status since last assessment
Diagnosis(es) and Clinical Impression	<ul style="list-style-type: none"> • Differential diagnosis and/or probable diagnosis • Clinical impression - discussion and summary of findings • Respond to specific referral question if not answered in another section.
Recommendations	<ul style="list-style-type: none"> • Provide recommendations and rationale regarding: <ul style="list-style-type: none"> • RTW/RTW Support Services Further investigations or medical intervention (i.e. VSC referral) • Further MARP Subsequent visit • Treatment intervention (e.g. Physiotherapy, OR1, OR2, Pain Management Program) • Provide expected outcome with defined time frames • All recommendations should be discussed with the WorkSafeBC officer prior to documentation of the report
Comments	<ul style="list-style-type: none"> • Summary of discussion with Family Physician, and Physiotherapist
Where requested, Risk(s) and Abilities	<ul style="list-style-type: none"> • Outline restrictions/risk/contraindications to participation in certain activities/tasks • What is the worker currently able to do: eg what is the worker doing daily at home, outside of home
Report By	<ul style="list-style-type: none"> • Name, professional designation, and signature(s) of MARP Physician

How to write a MARP Subsequent Visits: MARP Progress Report (or Discharge Report) 83D549

- Following each MARP Subsequent Visit, submit a MARP Progress Report if the injured worker is expected to require further follow-up. If no further subsequent visits are expected, the provider is to submit a MARP Discharge Report.
- Report Type: MARPPR (MARP Progress) or MARPDR (MARP Discharge)

Required heading	What to include under the heading
Medical History	<ul style="list-style-type: none"> • Update medical history • Clinical course and progress to date • Comment on results and significance of intervention/investigations • Any new psychosocial factors identified since last assessment
Clinical Exam	<ul style="list-style-type: none"> • Update physical exam findings
Diagnosis(es) and Clinical Impression	<ul style="list-style-type: none"> • Diagnosis or probable diagnosis, including rationale. • Clinical impression - discussion and summary of findings <ul style="list-style-type: none"> • Respond to specific referral question if not answered in another section
Recommendations	<ul style="list-style-type: none"> • Plan for further Subsequent visits or conclusion of MARP Subsequent visit involvement. • Provide recommendations and rationale regarding: <ul style="list-style-type: none"> • RTW/RTW Support Services • Further medical intervention (i.e. VSC referral) • Treatment intervention (e.g. Physiotherapy, OR1, OR2, Pain Management Program) • Provide expected outcome with defined time frames • All recommendations should be discussed with the WorkSafeBC officer prior to documentation of the report
Comments	Summary of discussion with Family Physician, and Physiotherapist
Where requested, Risk(s) and Abilities	<ul style="list-style-type: none"> • Outline restrictions/risk/contraindications to participation in certain activities/tasks • What is the worker currently able to do: eg what is the worker doing daily at home, outside of home
Report By	<ul style="list-style-type: none"> • Name, professional designation, and signature(s) of MARP Physician

Sample of a completed MARP Assessment Report

All forms can be found on the [Forms & Resources](#) page on worksafebc.com.

Use this form to help you complete a MARP Assessment Report:



Sample of a
Completed MARP Ass

Appendix E: “Restrictions” vs. “considerations”

Keep these definitions in mind when you’re making recommendations and reporting to us.

Term	Definition
<p>Medical restrictions (recommended by physicians and psychologists only)</p>	<p>Activities an injured worker should not perform because of risk of significant harm. A physician imposing restrictions on an injured worker should be able to describe the nature of the risk of harm. The test to use is this: If a patient begged you to let them perform the activity, would you still say no due to the risk of harm? For example, a patient with acute tib/fib fracture is prohibited from weight bearing; a patient with acute concussion is pulled off the playing field; and a patient with uncontrolled seizures is prohibited from driving. However, if a patient post-rotator-cuff repair begged you to let them return to typing, you would say that’s okay. There’s no need to restrict typing for someone with this injury, even if they complain they can’t type.</p>
<p>Physical considerations</p>	<p>Objective</p> <ul style="list-style-type: none"> Activities an injured worker cannot perform due to lack of physical capacity, not due to pain or fatigue. Examples of physical considerations include limited strength capacity or limited range of motion in a joint. <p>Subjective</p> <ul style="list-style-type: none"> Activities the injured worker reports having difficulty performing due to pain or fatigue. Pain does not, by itself, lead to restrictions (as defined above). Only the medical pathology (if known) causing the pain can be the basis for imposing medical restrictions. Pain may lead to genuine physical considerations. These considerations can’t be measured by medical means alone. Work can be used as progressive exercise that builds capacity. An inappropriate prescription for decreased activity will decrease capacity. <p>It is important that you frame considerations using abilities language and also offer mitigating strategies. For example:</p> <ul style="list-style-type: none"> Consideration: Worker has difficulty with sustained overhead reaching using their right (dominant) arm for periods of greater than two minutes. Ability language: Worker is able to perform sustained or intermittent overhead reaching with their left arm and intermittent overhead reaching with their right (dominant) arm. Examples of some mitigating strategies: Worker would benefit from using a stepladder ladder to minimize the degree of overhead reaching required; Alternating overhead reaching tasks with another job task is recommended to support pacing.

Remember to use an abilities framework whenever you can

It's your role as a health care provider to make recommendations for restrictions (if you're a physician or psychologist) and considerations (as appropriate to your services). The [claim owner](#) will adjudicate these recommendations and decide whether to accept them or not.

Considerations and restrictions may be temporary or permanent. A worker may require work accommodation during treatment that can be removed at the point of recovery. Restrictions and considerations that are permanent in nature may have significant consequences to the individual's ability to return to their pre-injury job, find alternate employment, and maintain their income.

Appendix F: Using interpretation services

You're responsible for booking all interpretation appointments with one of our [approved interpreters](#), so check every incoming referral to see if an interpreter is required.

A referral on the [WorkSafeBC Provider Portal](#) will say "Interpreter Required" on the referral screen.

Choose the service you need

Types of interpretation services and when to use them

Interpretation service	When to use it	Learn how to use it
On-demand telephone interpretation services (available 24/7)	If you need to communicate with an injured worker to schedule, cancel, or change appointments	See Appendix G: Using on-demand telephone interpretation services
In-person or telephone interpretation services (need to be scheduled)	To complete a scheduled appointment with an injured worker	<ol style="list-style-type: none"> Contact an approved interpretation provider for your area. Give the interpretation provider the information they need to bill WorkSafeBC: <ul style="list-style-type: none"> Referral authorization number (noted on each incoming referral from WorkSafeBC) Injured worker claim number Injured worker name Appointment details (date, location, time, number of hours required, and length of any breaks) <p>Also tell them:</p> <ul style="list-style-type: none"> The desired language If any safety equipment is needed (e.g., for jobsite visit) When the interpretation provider accepts the request, they'll give you a reference number. Keep this number in case there are issues with the appointment.
Video interpretation services (can be on demand or scheduled)	If time or circumstances (geographic barriers, etc.) prevent you from having an in-person session	See Appendix H: Using video interpretation services

Remember these helpful tips

- If you don't arrange an interpreter and an appointment with an injured worker can't take place due to communication barriers, you can't invoice WorkSafeBC for the appointment.
- Only request interpretation services from [WorkSafeBC authorized interpretation providers](#) in the relevant service region. (A PDF list of all our approved interpretation providers is available online. Search "interpretation providers" on worksafebc.com.)
- Whenever possible, book interpretation services at least 24 hours in advance of the appointment.
- If an interpretation provider can't supply an interpreter for the appointment requested, simply contact another interpretation provider on the list and repeat the process.
- Be as accurate as possible with the times requested. WorkSafeBC pays for the time booked for appointments that end early. WorkSafeBC also pays a fee for appointments cancelled or booked with less than 24 hours' notice.
- Document the interpreter's service hours, to the minute, on the Interpreter Assignment Sheet (to be provided by interpreter) following each interpretation service. Interpreters aren't paid for:
 - Any breaks they willingly take at a time agreeable to you during the appointment
 - The injured worker's breaks
- Try to maximize the use of the interpreter's scheduled time — for example, by not booking it over the time the injured worker is scheduled to take a break. Ensure that any interpreter breaks are deducted from the total time of the interpretation service, and have the interpreter sign off.

No interpretation provider available for your appointment?

If no interpretation provider can supply an interpreter and rescheduling the appointment is not advisable, contact the Health Care Programs quality assurance supervisor or program manager for Interpretation and Translation Services at 604.232.7787 (Lower Mainland) or toll-free at 1.888.967.5377. They'll be happy to help you.

Appendix G: Using on-demand telephone interpretation services

If you need to call an injured worker about scheduling, changing, or cancelling an appointment, and communicating in English is not possible, you can use our on-demand telephone interpretation services.

This appendix outlines a step-by-step process to access this service and help ensure your call goes as smoothly as possible.

Contacting our telephone interpretation service

1. Dial **1.844.291.8388**, and an agent from the service will take your call.
2. Provide WorkSafeBC's access code/client ID: **60344**.
3. Provide your unique provider access code (**five-digit number starting with 99**).
 - Note: Health Care Programs assigns you your provider access code when you begin to work with us.
4. Request the language of the injured worker's choice.
 - Note: The agent can assist in identifying the injured worker's language.
5. Provide the injured worker's first name, last name, and claim number.
 - Ensure this information is accurate. The interpretation provider needs it to bill WorkSafeBC.
6. The agent will then connect you to an interpreter (this may take a few minutes).
7. Briefly introduce yourself and explain your needs to the interpreter.
8. Conference in the injured worker.
 - Note: The agent can dial out and connect the injured worker (and other parties) to the call.

Explaining the interpretation service to the injured worker

Once the injured worker is on the line, provide the interpreter's name and explain how the call will proceed.

- Let the injured worker know you will direct the session and the interpreter will translate the conversation.
- Explain that both you and the interpreter are bound by a code of ethics to maintain the confidentiality of the session.

Now you're ready to begin the session. Good luck with your call!

Conducting the session

Here are some guidelines to help you during the session.

Your speech

- Speak directly to the injured worker, not the interpreter. (e.g., "How are you feeling?" rather than "Ask her how she's feeling.")
- Speak clearly and more slowly than usual.
- Speak at an even pace, at your normal volume, and in short segments. (Pause so the interpreter can interpret.)

Your language

- Use plain English and short, simple sentences.
- Ask only one question at a time.
- Avoid using jargon, acronyms, or medical terms unless the injured worker understands them.
- Avoid using metaphors and sayings. They may not have equivalents in the other language.
- Avoid making comments that you do not want interpreted.
- You may express concepts that are not easily understood in other languages. In those cases, the interpreter may use additional terms to clearly convey your information (which may require more words than you have spoken).

Working with the interpreter

- Your role is to conduct the call. The interpreter's role is to facilitate verbal communication between you and the injured worker and preserve the meaning of the message without omissions, additions, or alterations.
- Make allowances for possible clarification by the interpreter. Remember: They have no visual cues (e.g., body language) to assist with the interpretation.
- Give the interpreter time to restructure information in their mind and present it in a way that's appropriate, both culturally and linguistically.

Remember that the interpreter is the medium, not the source, of the message. If you're not getting the response you were expecting from the injured worker, restate the question or consult with the interpreter to better understand if there is a cultural barrier that may be impeding communication.

Having issues with on-demand interpretation services?

Contact 911 Interpreters at 1.866.819.0911 or email the WorkSafeBC account manager, Liliana Montoya, at liliana@911interpreters.com. To escalate any service issues or bring them to our attention, contact Health Care Programs at 604.232.7787 (Lower Mainland), toll-free at 1.888.967.5377, or hcsinqu@worksafebc.com.

Appendix H: Using video interpretation services

If in-person translation isn't an option and you'd like to take advantage of body language and other visual cues, you can use our video interpretation service.

This document outlines the steps to access this service and to ensure your video call goes as smoothly as possible.

Video interpretation services may be scheduled or on-demand

- Scheduled video interpretation services:
 - Are recommended for longer telehealth appointments (more than 20 minutes)
 - Must be set up a minimum of 24 hours in advance of the appointment
 - Are billed to WorkSafeBC on an hourly basis, with a minimum charge of one hour
- On-demand video interpretation services:
 - Are available for urgent/emergency scenarios and/or shorter appointments (less than 20 minutes)
 - Are billed to WorkSafeBC on a per minute basis

You may choose to use your own telehealth/video platform or our video interpretation service provider's secure video portal (see instructions below).

Contacting our video interpretation service

1. Dial **1.866.810.0911**, and an agent from the service will take your call.
2. Tell the agent that you need a **video** interpretation session.
3. Provide WorkSafeBC's access code/client ID: **60344**.
4. Provide your unique provider access code (**five-digit number starting with 99**).
 - Your provider access code is the same as the one for [on-demand telephone interpretation](#).
5. Provide the agent with the date/time for the video session and the estimated duration.
6. Request the language of the injured worker's choice.
7. Provide the injured worker's first name, last name, and claim number.
 - Ensure this information is accurate. The interpretation provider needs it to bill WorkSafeBC.
8. Give the agent your **email address**.
9. The agent will schedule a video session for you and will send you a confirmation email with the assignment ID and the name of the interpreter.

10. Connect the injured worker to the appointment:

- **If using our video interpretation service in the provider’s secure video portal:** An email with the link (URL) will be sent to the email address you provided; you must then **forward** that link to the injured worker with the appointment details.
- **If using your own telehealth/video platform*:** Send an email with the appointment link (URL) to intake@911interpreters.com and the agent will forward it to the assigned interpreter. In your email, include the assignment ID (if available), date, time, and language.
 - For privacy reasons, do not include personal information about the injured worker, nor sensitive information about appointment details in this email.

*Refer to your contract and to [Appendix K](#) for terms and conditions regarding the use of telehealth services.

Using the provider’s video portal

- You don’t need to download any application or program. The URL will open the video portal and you’ll be connected right away with the interpreter and other parties.
- For security purposes, a maximum of four people can join the video session.
- Make sure that cellphones, tablets, and default browsers (e.g., Chrome, Firefox, Safari) used for your video session have both the camera and the microphone enabled.
- The video portal supports all the latest operating systems and the following browsers:

Supported operating system versions

Windows	All versions
MacOS	All versions
Linux	All versions
Android	Version 9 or greater
iOS	Version 11 or greater

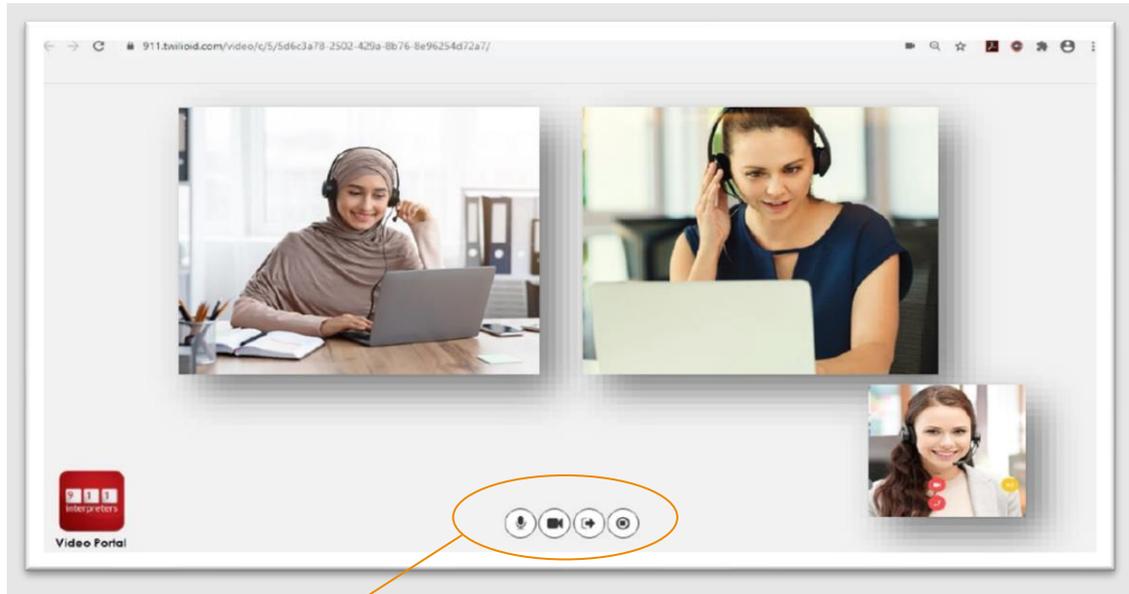
Supported browsers

	Chrome	Firefox	Safari	Edge (Chromium)
Android	✓	✓	n/a	n/a
iOS	✓	n/a	✓	n/a
Linux	✓	✓	n/a	n/a
MacOS	✓	✓	✓	✓
Windows	✓	✓	n/a	✓

For optimum performance, use Chrome for Windows devices or Safari for Apple devices.

- If you’re using the service on a tablet or cellphone, place your device in landscape mode.
- If you’re using a computer or laptop and you find the picture small, increase the screen resolution. To do so, click on your computer settings -> System -> Display -> Scale and Layout and select the maximum resolution available from the dropdown menu.

This is what our provider's video portal looks like:



Buttons

-  Mute or Unmute the microphone
-  Turns the Camera ON or OFF
-  Allows the participant to leave the session
-  Ends the session completely for all participants

Conducting the session

For other tips, such as how to explain the interpretation service to the injured worker at the start of the call, guidelines for conducting the session, and working with an interpreter, please refer to [Appendix G: Using on-demand telephone interpretation services](#).

Need help with video interpretation services?

For questions or technical support, call 911 Interpreters at 1.866.819.0911. For customer service issues, call the same number or email the WorkSafeBC account manager, Liliana Montoya, at liliana@911interpreters.com. To escalate any service issues or bring them to our attention, contact Health Care Programs at 604.232.7787 (Lower Mainland), toll-free at 1.888.967.5377, or hcsinqu@worksafebc.com.

Appendix I: Medication approval (information for physicians)

This is an important reminder for **physicians** about the process for medication approval for an injured worker's prescribed opioid or sedative-hypnotic medication.

How long WorkSafeBC covers the costs of key medications for injured workers

Prescribed opioids (including tramadol/Tramacet)	Up to four weeks post-injury or post-surgery
Sedative-hypnotic medications	Up to two weeks post-injury or post-surgery

Under special or extenuating circumstances, we may cover the costs for longer.

Sedative-hypnotics

Sedative-hypnotics are generally prescribed for patients with sleep disturbances. For WorkSafeBC to cover the costs of these prescriptions, their use must be directly related to a compensable injury.

WorkSafeBC does not pay for this class of medication to treat sleep disturbances on a long-term basis.

In particular, we do not reimburse for sedative-hypnotics used for chronic pain or muscle spasm. Instead, WorkSafeBC funds treatments that address the injured worker's underlying issues and compensable injuries.

WorkSafeBC will, however, consider reimbursement for these conditions or situations:

- **Compensable psychiatric conditions**, such as PTSD, where the injured worker is under the care of a psychiatrist
- **Preoperative or pre-procedure use of a sedative-hypnotic medication** — a prescription for one to two days will be covered
- **Significant compensable spinal cord injuries** that cause spasticity

Prescriptions beyond WorkSafeBC's time limits

For injured workers receiving services under the MARP Services Agreement, new prescriptions for opioids beyond **four** weeks post-injury/surgery or for sedative-hypnotics beyond **two** weeks post-injury/surgery must be discussed with and approved by a [WorkSafeBC officer](#). Without WorkSafeBC officer approval, the prescribed medication will not be paid for by WorkSafeBC.

Physicians should let injured workers know that opioids and sedative-hypnotic medications prescribed prior to admission for services will be reviewed during the services. A WorkSafeBC officer will need to approve ongoing support of the prescriptions.

The complete [practice directive](#) for claims with these and other potentially addictive drugs can be found on [worksafebc.com](#).

Appendix J: Conducting an examination of an injured worker (information for physicians)

This is a reminder for **physicians** about the standards for conducting an examination of an injured worker.

Prepare the worker

As a physician conducting a physical examination as part of MARP, it's important to ensure workers are comfortable, at ease, and have a rapport with you. You can achieve this in part through how you speak, dress, and carry yourself. Other ways to achieve this include:

- Introducing yourself
- Paying attention to professional boundaries
- Asking how the worker likes to be addressed
- Explaining the purpose and nature of the examination and the area(s) to be examined
- Explaining the limits of confidentiality
- Seeking consent for examination
- Stating that consent to examination can be withdrawn at any time
- Washing your hands where you can be seen by the worker both before and after the examination

Adhere to the CPSBC Practice Standard

The worker should experience a professional examination. Required standards are detailed by the College of Physicians and Surgeons of British Columbia (CPSBC) in its [Practice Standard: Physical Examinations and Procedures](#).

According to the Practice Standard, physicians must:

- Obtain consent (this includes clearly explaining the rationale for the physical examination or procedure and what it will involve)
- Answer any questions the patient/worker may have about the physical examination or procedure
- For sensitive examinations, or when disrobing is required, inquire whether the patient wishes to have another person of their choice present during the physical examination or procedure
- Only ask questions or make comments about the patient's sexual history, behaviour, or performance when the information is directly related to the physical examination or procedure
- Be aware and respectful of the patient's cultural, spiritual, and gender identity
- Not make remarks or gestures that may or could reasonably be interpreted as sexualized by the patient
- Stop the physical examination or procedure upon the patient's request
- Give the patient privacy to undress/dress when it is required for the physical examination
- Not assist the patient with the adjustment or removal of clothing unless the patient/worker consents
- Provide the patient with a gown or cloth to drape during the physical examination, and only expose the area specifically related to the physical examination

Note that this list is not exhaustive; you must adhere to all aspects of the [Practice Standard: Physical Examinations and Procedures](#).

Appendix K: Telehealth treatment guidelines

Introduction

You'll notice this appendix is worded and structured more like the contract you signed with WorkSafeBC. As with the rest of this reference manual, read it closely and be sure you understand it.

Background

In these Telehealth treatment guidelines (the "Guidelines"):

- **"Agreement"** means the Services Agreement between WorkSafeBC and a WorkSafeBC Health Care Provider.
- **"WorkSafeBC Health Care Provider(s)"** means the WorkSafeBC Health Care Provider authorized to deliver services under the Agreement and, where the context permits, office and other personnel supporting the services.
- **"Telehealth Services"** is defined as a health care provider-delivered health service provided to a patient via live image transmission to a receiving health care provider at another approved site, through the use of video technology.
- **"injured worker"** means a person who is entitled to compensation under the *Workers Compensation Act* and who receives services under the Agreement.

Telehealth Services have been increasingly employed by health care providers to increase accessibility of health care services, enhance quality of care, and decrease costs. In order to address barriers to accessing health care services, WorkSafeBC has agreed to the delivery of services (as defined in the Agreement) to injured workers using Telehealth Services. Telehealth Services allow WorkSafeBC Health Care Providers to meet face to face virtually with injured workers, book appointments, and share files necessary for sessions. The use of Telehealth Services is not mandatory or required by WorkSafeBC and is at the election and discretion of the WorkSafeBC Health Care Provider. WorkSafeBC Health Care Providers who wish to use Telehealth Services are responsible for their own arrangements with a telehealth services provider, are solely responsible for any and all costs related to the set-up and use of the telehealth services platform, and are also responsible for complying with the terms and conditions of that agreement.

Scope

These Guidelines apply to the provision of services by WorkSafeBC Health Care Providers to injured workers using Telehealth Services. They do not replace existing professional guidelines for the use of technology. These Guidelines have been adopted from already established guidelines from three main sources: The American Psychiatric Association and American Telemedicine Association ("APA/ATA") *Best Practices in Videoconferencing-Based Telemental Health* (2018); the Province of BC Health Authorities *Telehealth Clinical Guidelines* (Version 9, 2014); and the ATA *Practice Guidelines for Video-Based Online Mental Health Services* (2013).

In the event of any differences between these Guidelines and the Agreement or any agreement between the WorkSafeBC Health Care Provider and the telehealth service provider in the case of technical matters, those agreements will govern.

Professional considerations

The purpose of the Guidelines is to assist WorkSafeBC Health Care Providers in providing health care in a telehealth setting. These Guidelines are not a substitute for your independent professional judgment and obligations.

Each WorkSafeBC Health Care Provider is responsible for complying with the applicable standards of practice in regards to the services and the use of technology in their practice. For your convenience, some of those standards are included in the [References](#) section of these Guidelines.

Please note: If the WorkSafeBC Health Care Provider and/or injured worker will not be physically located in British Columbia during the telehealth encounter, then the provider should contact their provincial licensing body in B.C. and the other jurisdiction's licensing body to confirm whether there are any licensing requirements to use telehealth in the province where the injured worker resides.

The WorkSafeBC Health Care Provider is solely responsible for identifying and complying with all applicable standards and should not treat the References section as comprehensive or conclusive.

Clinical guidelines

Standards of care

The APA/ATA have recommended clinical practice guidelines for telehealth services in *Best Practices in Videoconferencing-Based Telemental Health* (April 2018) (the "Best Practices"). These *Best Practices* establish that delivery of health care services using video technology does not change professional or clinical standards:

Health professionals **shall** be responsible for maintaining the same level of professional and ethical discipline and clinical practice principles and guidelines as in-person care in the delivery of care in [telehealth], as well as additional telehealth-related concerns, such as consent processes, patient autonomy, and privacy. (*Best Practices*, page 7)

When determining whether Telehealth Services are appropriate, the *Best Practices* indicate on page 6 that several factors should be considered, including the injured worker's "cognitive capacity, history regarding cooperativeness with treatment professionals, current and past difficulties with substance abuse, and history of violence or self-injurious behavior," as well as "geographic distance to the nearest emergency medical facility, efficacy of patient's support system, and current medical status."

In addition, WorkSafeBC Health Care Providers must ensure that in the discussion to obtain consent (as detailed below under [Informed consent](#)), the injured worker is made aware that Telehealth Services may be discontinued if the injured worker cannot be safely managed.

The Province of BC Health Authorities *Telehealth Clinical Guidelines* (Version 9, 2014) note on page 6 that health care professionals "must recognize when telehealth approaches are not appropriate for the client's needs and be aware of any ethical risks to clients. Backup plans and safeguards should be developed to reduce risk."

Injured worker privacy and confidentiality

WorkSafeBC Health Care Providers are required to comply with the *Freedom of Information and Protection of Privacy Act* ("FIPPA") in the delivery of services to injured workers. In addition to other requirements, FIPPA requires WorkSafeBC Health Care Providers to ensure there are reasonable security arrangements to protect the injured worker's personal information (as defined in FIPPA); only those persons with a direct need to access the personal information to deliver services have access to it; and the injured worker's personal information is accessed, used, disclosed, and stored in Canada only.

If you are uncertain as to whether or not the telehealth platform you are utilizing has the ability to delete stored information as required by FIPPA, then do not use the injured worker's full name when scheduling appointments (only use initials), and do not use any open text boxes (if available). If you open a file when an injured worker shares a file, the usual professional and ethical standards regarding patient confidentiality apply, even if you don't download the file.

Please note: Secure messaging should not be utilized due to requirements under FIPPA.

Please refer to the Agreement for requirements with respect to injured worker personal information. These requirements apply to Telehealth Services.

The *Telehealth Clinical Guidelines* also note on page 7 that protecting privacy and confidentiality is of paramount concern and should be considered in all the following: privacy of personal communications, personal information, and consulting space.

Emergency management

The Guidelines recognize that the WorkSafeBC Health Care Provider should endeavour to ensure that a number of emergency-management considerations are in place at the start of each telehealth session, as set out in the *ATA Practice Guidelines for Video-Based Online Mental Health Services (2013)* (the "Practice Guidelines") on pages 12 to 14.

The WorkSafeBC Health Care Provider must acquire information regarding the emergency-management resources available in the vicinity of where the injured worker is attending the Telehealth Services session. Such information may include noting local emergency-personnel access (i.e., 911 access) and/or whether the injured worker is at a facility with access to professional care staff who may provide in-person assistance, or whether the injured worker has access to their own personal support system. Information should also be acquired regarding mobility and transportation services/access available in case of emergencies. The WorkSafeBC Health Care Provider will have to ascertain how to notify the aforementioned emergency personnel or professional staff and/or a combination of such assistive services prior to the start of the session. Additionally, the WorkSafeBC Health Care Provider should have emergency-management information in place should either or both the injured worker and/or their support system be uncooperative or unable to help in an emergency situation.

Please note: A medical certificate for involuntary admission ([Form 4](#)) can be completed by a physician on the basis of a Telehealth Services assessment. In these circumstances, it is important for the physician to provide as much collateral information as they have to supplement their assessment.

Initiating Telehealth Services

Informed consent

At the start of each session, the WorkSafeBC Health Care Provider must obtain the injured worker's fully informed consent to the Telehealth Services. The *ATA Practice Guidelines* state the following regarding informed consent:

The consent must include all information contained in the consent process for in-person care, including discussion of the structure and timing of services, record keeping, scheduling, privacy, potential risks, confidentiality, and mandatory reporting ... In addition, the informed consent process must include information specific to the nature of video calling ... in language that can be easily understood by the patient. This is particularly important when discussing technical issues like encryption or the potential for technical failure. (*Practice Guidelines*, page 11)

There are a number of elements the WorkSafeBC Health Care Provider must consider with regards to the consent process. These include being knowledgeable of confidentiality issues and the usual applicable professional ethical conduct regarding electronic communications, issues related to documentation, and having plans in place for managing in-session emergencies or other types of session disruptions (injured worker distress, contacting/coordinating injured worker local support, technical issues, etc.). The WorkSafeBC Health Care Provider shall also have an established protocol in place regarding injured worker contact between telehealth sessions and have clearly outlined the conditions under which their provision of Telehealth Services may be terminated. (For further guidance, please refer to the ATA *Practice Guidelines*, page 11.)

Physical environment requirements

The APA/ATA *Best Practices* state:

During a telehealth session, both locations shall be considered a patient examination room regardless of a room's intended use. Providers shall ensure privacy so clinical discussion cannot be overheard by others outside of the room where the service is provided. To the extent possible, the patient and provider cameras should be placed at the same elevation as the eyes with the face clearly visible to the other person. The features of the physical environment for both shall be adjusted so the physical space, to the degree possible, maximizes lighting, comfort, and ambiance. (*Best Practices*, page 6)

Session disruption

The WorkSafeBC Health Care Provider must have a backup plan in place should Telehealth Services sessions be disrupted due to technology failures and/or issues and routinely review that backup plan. The backup plan must be communicated to the injured worker before the start of the Telehealth Services session. If any technical issues arising during a Telehealth Services session cannot be resolved, the WorkSafeBC Health Care Provider may complete the session using a voice-based telecommunication system, or the WorkSafeBC Health Care Provider may choose to reschedule an in-person appointment if they determine that is more clinically appropriate.

Administrative guidelines

Documentation and record keeping

WorkSafeBC Health Care Providers must submit reports to WorkSafeBC for Telehealth Services following the same requirements for in-person services as set out in the Agreement, including timelines.

Telehealth Services sessions should be accurately documented as Telehealth Services and include dates, duration, and a description of service provided, in keeping with the existing documentation requirements of each specific program.

Billing

Use the billing fee codes for telehealth treatment found in the fee schedule (Schedule B) of the Agreement for the Telehealth Services being delivered to injured workers via a telehealth platform.

Technical information

WorkSafeBC Health Care Providers may deliver Telehealth Services to injured workers under the Agreement using a technology platform of the WorkSafeBC Health Care Provider's choice, which includes video calling and file sharing with the injured worker, provided that all obligations with respect to privacy and confidentiality set out in these Guidelines and the Agreement are complied with.

Please note: Secure messaging should not be utilized due to requirements under FIPPA.

Computer and mobile device requirements

WorkSafeBC Health Care Providers are responsible for ensuring that the personal computer and/or mobile device used for the Telehealth Services meets the telehealth services platform's operating requirements as identified by the telehealth services platform provider.

Technical support

Please refer to your agreement with your telehealth provider for more information.

References

American Psychiatric Association and American Telemedicine Association (2018). *Best Practices in Videoconferencing-Based Telemental Health*. Retrieved from:

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(Please click on the full policy statement in this link.)

Appendix L: Summary of related health care programs

1. **Addiction Services:**

- **Community Pain and Addiction Services (CPAS)** is an outpatient assessment program for injured workers with substance use disorder, concurrent disorders (pain and addiction), or complex medication regimens, as well as injured workers demonstrating aberrant behaviour. Physicians are certified by the American or Canadian Society of Addiction Medicine (ASAM/CSAM) or possess an American Board of Addiction Medicine (ABAM) addiction medicine fellowship or equivalent. Outpatient treatment may include medication management (e.g., opioid agonist therapy).
 - The **Intensive Outpatient Program** involves eight weeks of treatment, including psycho-educational group meetings, interpersonal process group meetings, individual counselling, and random drug and alcohol screening. It also includes up to 44 weeks of after-care (one group therapy session per week) and a family program. One-on-one supportive counselling may be offered in adjunct.
 - **Residential Addiction Services (RAS)** are medically supervised abstinence-based multidisciplinary inpatient programs that use a bio-psychosocial model to treat injured workers with alcohol and drug addictions. These programs provide medical and psychological treatment for drug effects, teach behavioural skills that promote lasting change, and provide long-term support to help clients live a drug-free lifestyle. Programs consist of peer and self-assessments, group and individual therapy, lectures, and conferences with family and referral sources.
 - **Support Recovery Services** provide a safe, supportive, and stable residential environment for injured workers in early remission to facilitate recovery and promote life skills. The structured and monitored environment fosters accountability to facilitate the transition to independent living in the community and long-term recovery. Services may include group therapy, lectures, individual counselling, structured activities, recreational programs, nutrition counselling, random drug screens, and conferences with family and referral sources. Programs provide 24-hour staffing by a house manager or addiction counsellor.
2. The **Amputee Multidisciplinary Program (AMP)** provides treatment for injured workers with major amputations to maximize function and return the injured worker to productive employment. The team includes the Visiting Specialist Clinic (VSC) or a community physiatrist, a physical therapist, an occupational therapist, and a psychologist. The team works closely with a community prosthetist to help the injured worker get an appropriate prosthesis.
3. **Activity-Related Soft Tissue Disorder (ASTD) Services** are designed for people who have an injury related to overuse of certain muscles, tendons, and/or ligaments at work. The services consist of an ASTD medical assessment and a multidisciplinary treatment program that's up to 12 weeks, with a focus on return to work.
4. **Chronic Wound-Care Services** provide early intervention and treatment for injured workers who have chronic wound-care issues. The goal is to enable return to work when appropriate and to provide long-term services to injured workers with permanent disabilities. The team includes an occupational therapist or physical therapist and an RN with wound-care specialization.

Ongoing involvement by the attending physician, physical therapist, and a dietitian, as well as psychological counselling and education, are possible.

5. A **Cognitive Functional Capacity Evaluation (FCE)** determines an injured worker's overall cognitive and physical baseline abilities, considerations, and tolerances using standardized testing protocols and work simulation activities to determine the worker's employability in a specific job or general job category.

6. **Community Care Facility (CCF) Services** merge two former contracts: Residential Care Services and Short-Term Care Services. A contracted network of CCF providers within B.C. accommodates each worker's unique care needs. CCF Services are designed to assist workers with compensable injuries and/or illnesses:

- To recover from surgery
- By providing respite or palliative care
- With long-term placements

CCF Services support the injured worker with self-care and independence in activities of daily living.

7. **Driver Assessment and Rehabilitation Services (DARS)** aim to identify and address the functional factors that impact driving safely and independently (i.e., cognitive, physical, and/or psychological symptoms). Services include a comprehensive evaluation conducted by an occupational therapist or certified driving rehabilitation specialist and may involve a licensed driving instructor. Recommendations from the assessment may include on-road driver's rehabilitation, and/or training in use of adaptive driving equipment.

8. **Early Concussion Assessment and Treatment (ECAT)** provides early assessment, education, reassurance, and intervention (when indicated) for injured workers with confirmed or suspected concussions. The program supports recovery of function and aims to facilitate an early and durable return to work.

9. **Expedited Surgical Facilities Services (ESFS)** provide fully equipped surgical facility services (including, but not limited to, nursing and support staff, medications, supplies, equipment, and facilities) to any surgeon to perform expedited elective day-care surgical procedure(s) on injured workers.

10. A **Functional Capacity Evaluation (FCE)** determines an injured worker's overall physical abilities, considerations, and tolerances to determine whether they're employable in a specific job or general job category.

11. The **Hand Therapy Program** provides treatment and consultation for injured workers with acute traumatic or repetitive injuries of the arm below the shoulder. This includes injuries to the hands and wrists, such as open wounds, crush injuries, tendon repairs, and burns. Treatment is provided by certified hand therapists with specialized skills in assessing and treating these conditions.

12. The **Home Access and Modifications Program** allows WorkSafeBC to undertake modifications to a residence or workplace to lessen or remove factors impacting severely injured workers following a compensable injury. A WorkSafeBC officer will determine the modifications necessary based on the compensable injury and on recommendations from an occupational therapist assessment as required.
13. **Home Care Services** involve a contracted network of home care providers: community agencies that provide home support and nursing services to injured workers. Service is provided in the injured worker’s home and/or community setting and focuses on assisting with activities of daily living, personal care, and professional nursing services (e.g., wound care).
14. **Home IV Supply Services** are provided to injured workers at home by home care nurses from either our contracted home care network or the local health authority. Supplies, equipment, and medications for Home IV Supply Services are provided by Calea Pharmacy.
15. **Medical Alarm Monitoring Services** provide a personal emergency-response system with two-way voice that gives injured workers help at the press of a button. This makes independent living possible for many injured workers.
16. **Mental Health Programs:**
- **Psychology Assessments** are provided by a contracted network of qualified registered psychologists across the province. They provide psychological and neuropsychological assessment services as needed to injured workers who have mental health issues associated with a physical injury or related to workplace trauma.
 - **Mental Health Treatment** is provided by a contracted network of registered psychologists, registered clinical counsellors, and registered clinical social workers. Services include:
 - **Resiliency Support Service**, a short-term support that helps injured workers develop active coping strategies and/or access community supports and services so that they may either remain at or return to work. No DSM-5 diagnosis is required for this service.
 - **Recovery and Return-to-Work Standard Treatment**, which is targeted individual psychotherapy provided to injured workers with one or more accepted psychological conditions. Standard treatment aims to assist the injured worker to remain at or return to work and to promote a return to pre-injury psychological functioning.
 - **Transition Support Service (TSS)**, which helps injured workers maintain and apply strategies previously learned in standard treatment while participating in return-to-work activities. It’s expected that the worker’s compensable condition has stabilized or plateaued, but the worker needs continued clinical support to be successful in these activities.
 - **Supplemental Service**, a service available to injured workers with accepted psychological conditions who continue to experience severe psychological impairment after a plateau in recovery. Supplemental Service aims to reinforce the skills the injured worker needs to maintain their maximal level of psychological functioning and to promote independent functioning by establishing links to community supports for long-term support.
 - **Occupational Trauma Response (OTR) Intervention**, a short-term intervention designed to reduce the psychological and functional impact of trauma and to prevent

the development or worsening of mental disorders and/or functional impairment. Providers assist injured workers by helping to normalize the trauma reaction, strengthen natural resiliencies, build supports, and provide the skills to manage triggers. Trauma-focused cognitive behavioural therapy (TF-CBT) is an important component. Identified treatment targets are the foundation upon which any later interventions are built.

- **Trauma Recovery Services**, individual treatment services tailored to the injured worker using trauma-focused therapeutic interventions. Trauma Recovery Services are designed to help normalize the trauma reaction, strengthen natural resiliencies, build support, and provide the skills to prevent mental health issues from worsening. These services help the worker remain at or return to work, where possible.
- **Post-Traumatic Stress Disorder Interdisciplinary Programs**, comprehensive outpatient services for injured workers who have experienced psychological trauma and have developed a compensable trauma-related condition that interferes with their previous level of function and work. Different programs have different approaches (group-based vs. individualized) and service lengths, but generally run for approximately 8 to 12 weeks and have a return-to-work component.
- **Online CBT Education Program**, a tool to help injured workers mitigate stressors that may become disabling factors if not appropriately managed. The program helps injured workers recognize stressors and understand that in challenging situations, it is normal to experience worry, anxiety, and sadness — but these feelings do not need to become factors impacting resolution if managed appropriately. The program is designed to give injured workers a sense of control in improving their emotional and psychological response to stress. No psychological condition is required; any worker with an accepted claim can access this program.

17. Mental Health and Addiction Programs:

- The **Concurrent Care Program** is an outpatient program for injured workers with co-occurring mental health, chronic pain, and substance use disorders. An interdisciplinary team (addiction physician, psychologist, physical therapist, and occupational therapist) addresses the worker’s complex needs. The primary goal is to stabilize the worker’s mental health and substance use disorder through a biopsychosocial treatment model. This model includes individual and group treatment sessions and may include cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT), mindfulness-based relapse prevention/stress reduction, family support, motivational enhancement therapy, and alternative therapies.
- **Mental Health and Addictions Complex Transitional Care** is a step-down facility that provides a safe, monitored environment for workers with complex concurrent mental health, substance use, chronic pain, and medical conditions (e.g., brain injury) to support ongoing engagement in recovery or treatment. The facility includes 24-hour nursing staff and health care assistance. Residents access community physical, social, and recreational group activity programs; get random urine drug screens; and receive structured behaviour management and interventions. The facility supports safety and relapse-prevention planning and provides nutrition services.
- **Residential Complex Mental Health and Addiction Services** are provided through a schedule 1 designated psychiatric facility under the Mental Health Act that provides observation, care, and treatment for patients experiencing mental health disorders. Referrals are based on symptom severity, level of functionality, chronicity and complexity,

and significance of safety risk. Nine programs are available, including an assessment and stabilization unit, comprehensive psychiatric care, an integrated mood and anxiety program, and a program for traumatic stress recovery.

- **Residential Mental Health and Addiction Services** are inpatient treatment services for workers with mental health disorders (e.g., mood disorder, anxiety disorder, or trauma-related disorder) and/or substance-related disorder, with or without secondary diagnoses of chronic pain and personality disorders. The program is cohort-based, with each worker's treatment customized according to primary diagnosis. Treatment duration is six to nine weeks. The interdisciplinary team includes a psychiatrist, addiction psychiatrist, addiction physician, family physician, psychologist, social worker, and occupational therapist. Treatment may include medically supervised detox, cognitive processing therapy, CBT, DBT, mindfulness-based therapy, recreational therapy, art therapy, and horticultural therapy.

18. **Modified Vehicle Rental Services (MoVeRS)** allow WorkSafeBC to provide a worker who has significant injuries and impairments a wheelchair-accessible rental vehicle to improve community mobility, quality of life, and ease of access to medical services and appointments. A [WorkSafeBC officer](#) will determine the appropriateness of the rental based on the compensable injury, access to alternative modes of transportation, and the assessment and recommendations from an occupational therapist.

19. The **Occupational Rehabilitation 1 (OR1) Program** is a structured, active rehabilitation program offered by physical therapists supported by kinesiologists. OR1 is designed to assist injured workers with soft-tissue injuries, resolved surgery, or healed fractures to achieve a safe and durable return to work. Treatment may be provided at a rehabilitation clinic and/or the jobsite.

20. The **Occupational Rehabilitation 2 (OR2) Program** is a structured, active rehabilitation program focused on supported return to work through physical and functional conditioning and education. It is a multidisciplinary program offered by physical therapists, occupational therapists, psychologists, kinesiologists, and physicians. Treatment may be provided at a rehabilitation clinic and/or the jobsite.

21. **Occupational Therapy (OT) Services** help injured workers remain safe and gain, maintain, and/or improve skills in self-care and productivity, with the goal of return to work. The occupational therapist may provide services in the home and/or a community setting and assists the injured worker with adaptive skills required to return to a productive life. The three treatment streams are related to the primary compensable diagnoses and factor(s) impacting recovery:

- OT — Physical Injury (OT-PI)
- OT — Mental Health (OT-MH)
- OT — Brain Injury (OT-BI)

22. The **Pain and Medication Management Program (PMMP)** is an outpatient multidisciplinary treatment program offered by physical therapists, occupational therapists, psychologists, physicians, and pharmacists for injured workers with complex pain issues, including complex regional pain syndrome. The PMMP is able to provide medication management for patients with

chronic pain who may need modification to a medication regimen. If addiction becomes a co-occurring disorder, the injured worker should be referred to Addiction Services.

23. The [Post-Concussion Management Program \(PCMP\)](#) is an outpatient program designed for injured workers with ongoing post-concussion symptoms. The interdisciplinary treatment team includes physicians, neuropsychologists, psychologists, physical therapists, and occupational therapists working with the injured worker to achieve a comprehensive understanding of the factors that contribute to their current symptoms. The principles of treatment are self-management and reduced reliance on passive methods of symptom management, such as medication and rest. Treatment may be provided at a clinic and/or the jobsite.
24. [Prosthetics](#) can be provided to injured workers by providers certified by the Canadian Board for Certification of Prosthetists & Orthotists.
25. **Residential Care Services (RCS)** help injured workers maintain self-care skills that allow them to live, participate, and work in their local community. These services address physical and psychological needs, as well as appropriate behavioural interventions. A qualified provider may offer RCS in a facility or family care home to help injured workers in retain and improve independence.
26. [Return-to-Work Support Services \(RTWSS\)](#) are designed for the injured worker who does not require a structured treatment program but would benefit from a supported return to work. RTWSS may be performed by a physical therapist, an occupational therapist, or a kinesiologist experienced in return-to-work services and jobsite visits. RTWSS aim to return injured workers to their pre-injury duties at the workplace.
27. **Short-Term Care Facility (STCF) Services** allow an injured worker to live in a protected and supported environment on a short-term basis with the necessary medical and rehabilitation services required following surgery or where respite care is required.
28. **Vehicle Modifications** to an existing vehicle, or a modified vehicle that is new to the injured worker, may be provided by WorkSafeBC to reduce or remove factors impacting severely injured workers following a compensable injury. A WorkSafeBC officer will determine the required modifications based on the compensable injury and on an occupational therapist's assessment and recommendations.

For more information on the programs and services offered by Health Care Programs, see our [provider types](#) and our [rehabilitation programs & services](#) on worksafebc.com.