

Work Options Plan

Guide to completing the Work Options Plan

The Work Options Plan has been developed as a tool for vocational rehabilitation providers to explore the vocational options for the Authority's Participants and to develop an action plan to achieve the recommended goals. The Work Options Plan will explore the cognitive and physical capacity of the Participant and the cognitive and physical demands of vocational and pre-vocational options considered.

Who can complete the Work Options Plan?

The Work Options Plan should be completed by a Rehabilitation Counsellor or Psychologist with experience in conducting Lifetime Care, Workers Insurance or CTP, vocational assessments. Occupational Therapists or other experienced Allied Health Staff may be permitted to complete the Work Options Plan in exceptional circumstances. Please discuss these circumstances with the Participant's Lifetime Care contact before commencement.

The Referral and referral details:

The first page of the Work Options Plan is the referral for the assessment and is to be completed by the Lifetime Care contact or the Case Manager making the referral. All reports forwarded with the referral should be listed on the referral. For Participants with a Brain Injury, FIM scores must be completed for social interaction, problem solving, comprehension and memory. It is considered that these areas of cognition impact on return to work and should be known and considered by the vocational rehabilitation provider.

Is the Work Options Plan a fixed fee assessment?

Yes, the Work Options Plan is a fixed price assessment of 6 hours, Service Code LTCS201. The 6 hours includes attendance at two meetings with the Participant and any follow up contact between sessions. It includes provider time to research potential vocational options and report writing time to complete the Work Options Plan. If there is a need to travel to complete the Work Options Plan, additional time for travel will be approved at the time of referral.

How to submit the Work Options Plan

The completed Work Options Plan should be emailed to the Lifetime Care Requests mail box:

- requests.lifetimecare@icare.nsw.gov.au
- The subject heading for the email should follow the below naming convention:
- WOP [Participant name] [Participant number] [Lifetime Care Coordinator name]
- Eg: WOP Joe Bloggs 06/B201 Bill Smith

Completing the Work Options Plan:

General details:

- The Work Options Plan is a protected Word form document.
- The sections containing check boxes and drop-down boxes are protected to allow this functionality.
- All sections containing free text are unprotected to make it easier to complete and enable the spell-check function.
- The Service Provider Declaration is unprotected so that electronic signatures may be inserted.
- The participant's name and Lifetime Care number will auto-populate to the footer. The footer updates when the user does a 'print preview', prints the document or saves and closes the document.

Overview of the Work Options proforma and key criteria to be reported:

It is important that all sections of the Work Options Plan proforma are completed. Information required in key sections is outlined below:

Section 2.0 Pre-Accident Details

Section 2.0 describes what work the Participant was doing at the time of the accident and any training they may have undertaken prior to their accident. Research indicates that the most likely RTW outcome is with a person's pre-injury employer and this section captures what the physical and cognitive demands of their pre-injury work involved. This will assist in determining, if any specialised training may be required for the Participant to return to their pre-injury role or alternatively new and suitable duties, or if a different job with a new employer should be explored.

Section 2.2 Employment

Duties and Demands – complete a brief statement that describes the tasks of the Job Title and Description. Detailed tasks of job are required under Employment History section.

Section 3.0 Work Readiness

This section identifies if the Participant can RTW at present, or if environmental or social supports need to be addressed before they would be able to commence a RTW Plan.

Current Level of Literacy

If formal literacy testing is undertaken list the name of the test and the results. Information about the actual test and standardisation details are not required.

Has commencement of RTW / pre-vocational studies been discussed with treating Medical Doctor / Specialist?

At the time of completing the assessment the Work Options Plan assessor is unlikely to be aware of this information. The assessor should report if the Participant is aware or held any discussions about RTW with Doctors or Specialists, and if so what, if any opinions were expressed.

Section 4.0 Employment History

This section provides a snapshot of the Participants work history to date and the cognitive and physical requirements of the type of work they have performed. Please note:

- If participant has a lengthy employment history it is not necessary to list all jobs, rather indicate the range of work they have undertaken and list the three most recent / and or appropriate jobs with a description of the roles. It may be worth considering any jobs they have worked for longer than 12 months or any previous job roles that they are considering returning to due to their changes in circumstance.

Section 5.0 Exploration of Work Options

Section 5 explores the Participants Work Options and requires the assessor to utilise their clinical expertise to state if the Participant is ready to commence a RTW Plan or if they will need to build up either physical or cognitive capacity first by undertaking pre-vocational activities. It is a summary of the discussions between the Participant and the assessor about what options have been explored, with development of a vocational goal.

Is the Participant ready to commence pre-vocational activities? If yes complete the rest of the report considering pre-vocational activities rather than work activities.

Pre-vocational activities are activities that a participant needs to undertake to develop work readiness skills prior to job seeking. A work goal may have been developed but not always. Pre- vocational activities may include undertaking a basic related training course to develop a routine or improve or practice computer skills, as well as transport training, developing communication skills, and exploring possibilities through volunteering or visiting employers.

What job / study options were discussed?

List the name of any tests used to determine options and the results of the tests. It is not necessary to include information about the test or standardisation information. In the report comment on how involved the Participant was in exploring options.

What additional training, study or work trials would be required for them to be employable in the discussed jobs?

If training is recommended there needs to be evidence that the course is recognised by the relevant industry and it is a cost-effective option. A Participant Training Request Form will be required if training is to be recommended and if relevant additional time may be requested to complete this.

Recommended return to work job options and rationale for this?

This is a summary of the paths discussed with the assessor - outlining the agreed goal and the rationale for this decision.

Section 6.0 Work Options Goal

Section 6 states the agreed goal of the Work Options Plan and estimates the time it will take to achieve this goal. This section outlines what further skill development, cognitive and physical assistance is required. The assessor is required to also identify any social or environmental modifications that will be required to achieve the goal.

Section 7.0 Plan of Recommended Actions

Section 7 is an action plan of the steps that will be required to achieve the identified work options goal in sequential order. The action plan provides recommendations of the Service Providers who are required to provide assistance to the Participant in the first 3-month plan period:

- Outline what is required to complete each of the goal steps and what assistance the Participant will require to be able to complete each step.
- Provide an estimate of the time it will take to achieve each step.
- Provide the details of any Service Provider and their professional discipline. Include hours recommended and the hourly rate of Service Providers to be involved in the next 3-month period.
- Outline any discussions that indicate the Participant does not agree with any of the recommendations.

Providing the Participant a copy of the report

The Work Options Plan was developed to assist Participants successfully engage in pre- vocational and vocational activities. This proforma has been developed to include the Participant's involvement in the exploration and decision-making process of their goals. It is expected that as they are involved in the process, they will receive a copy of the Work Options Plan prior to submitting it to Lifetime Care. Outline any reasons for not providing a copy of the report to the Participant.

Where can I find more information?

The Work Options Plan is available on our website:

www.icare.nsw.gov.au go to - practitioners and providers > healthcare and service providers > requesting services on behalf of an injured person > forms to request services > returning to work and study requests.

Information for participants on returning to work and study, and potential pathways is also available on our website:

www.icare.nsw.gov.au go to - injured or ill people > motor accident injuries > returning to work or education > returning to work after a severe injury

If you have any questions about using the form or the Work Options Plan process, please contact the participant's Lifetime Care contact on 1300 738 586.

icare Lifetime Care
GPO Box 4052, Sydney, NSW 2001

General Phone Enquiries: 1300 738 586

Fax: 1300 738 583

Email: enquiries.lifetimecare@icare.nsw.gov.au

www.icare.nsw.gov.au