

Workers Care Program

Working within the Workers Care Program

Information for Service Providers



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Who is Workers Care?

The Workers Care program is an icare initiative to provide the best possible support to workers with severe injuries. icare is responsible for the administration of the Workers Care Program, commonly referred to as “Workers Care”. icare introduced the Workers Care Program to improve the way treatment and care services are delivered to workers with severe injuries.

Workers who are severely injured in the workplace can have similar injuries and support needs to those injured on roads, and so the Workers Care program was created using the same model of support as Lifetime Care.

Workers Care manages the treatment and care for people who have a spinal cord injury, a moderate to severe brain injury, multiple amputations, serious burns or permanent blindness from a workplace injury. Their weekly payments and all other types of compensation will continue to be managed by the employer’s workers compensation insurance agent.

People accepted as eligible for inclusion in the Program are referred to as “workers”.

This booklet is designed to be a brief introduction to working with us. More information is available on the icare website at www.icare.nsw.gov.au

Who is this information about Workers Care for?

Service providers who work with or may soon be working with workers in the Workers Care program. In order to help you decide if you wish to work with us, and to ensure smooth delivery of your services, we have developed this information kit for your reference. It includes:

- what we can pay for
- the range of people and providers involved with our workers
- what you need to know to commence service provision
- how we communicate our decisions about what we will pay for
- how workers select their providers

- invoicing requirements
- progress reporting requirements
- provider travel principles

What does Workers Care pay for?

For people accepted into Workers Care, we pay for a wide range of services and provisions such as medical care and prescribed pharmaceuticals, treatment & rehabilitation services (for example physiotherapy, psychology, nursing, occupational therapy, podiatry), attendant and domestic care services, assistive technologies (equipment), return to work & vocational supports and home & vehicle modifications.

All requests for services and provisions for workers are assessed within the reasonably necessary criteria according to the Workers Compensation Act 1987. This ensures that all aspects of the service request are properly considered before approval for public expenditure is provided. If we are not satisfied that the request meets the legislated “reasonably necessary” criteria, then we will either ask for additional information, or not approve the service.

What does “reasonably necessary” mean?

The workers compensation legislation outlines what is ‘reasonably necessary’ treatment and care for a worker with a workplace injury. Workers Care reviews each claim for treatment and care to make sure claims meet measures outlined in the Workers Compensation Act 1987.

All decision-making is completed on the foundation of understanding the worker’s individual and unique circumstances. Sometimes we will approve a request for a service for one worker, but the same service may not be approved for another worker because it is not deemed reasonably necessary in their circumstances at a particular point in time.



Broadly speaking, the criteria require evidence that:

- the service being requested is needed in relation to the injuries sustained in the workplace accident
- the worker agrees with the recommended service or item
- the service being requested will (or is likely to) be of benefit to the worker – in an objective, measurable and functional way
- the service is professionally well recognised and/or well supported by research evidence to deliver results for the purpose intended in the request
- there is demonstrable cost-benefit of the service or item
- there are no less expensive alternatives readily available to the worker
- there is an appropriate match of the selected provider to meet the worker needs – including location of provider

How are service needs identified?

Most workers will develop a plan to help coordinate their treatment and rehabilitation needs with assistance from either a rehabilitation case manager or other planning facilitator. The services they identify to assist them to reach their goals will be detailed in their plan. It is therefore expected that all services requested for funding are either integrated in the plan or make reference to the plan if they are identified outside of the planning process.

This means that any services you have been asked to deliver should be linked to specific goals – either within a plan or related to the service you have been asked to provide. This will ensure a better assessment of the services requested against the reasonably necessary criteria.

We will not approve services if they are a duplication of services being provided by someone else. For example, physiotherapy and chiropractic services for the same purpose.

Who else is working with the Worker and what is their role?

Due to the nature of the injuries sustained by our workers, there are often several people involved in providing rehabilitation and support in the early years following the injury. It is important that you understand who they are, and what your relationship with them is. In later years, you may be the only service provider involved.

icare contact

Every worker in Workers Care has an icare contact. This icare contact has oversight of the worker's program and assists service providers that may have questions or need guidance in fulfilling their role. When you receive a referral or approval to provide services to a worker, it is worth making a note of who the icare contact is so that you can contact them if you have any questions or concerns.

Rehabilitation case manager

In the early years following injury, many workers receive a case management service to coordinate their rehabilitation program and support them and their family through injury education and adjustment support. Rehabilitation case managers (case manager) can also assist in the identification of local service providers to deliver therapies and programs, monitor service delivery and assist everyone involved to understand Workers Care's processes and requirements. The case manager is your primary point of contact, establishing a collaborative relationship with the case manager is essential to delivery of a person-centred, integrated and goal-directed rehabilitation program.

When a case manager is involved, all services for workers are expected to be identified in a plan which the case manager and worker have developed together. This plan will help you to understand how your services fit in with other services being delivered to the worker. The current planning tool is called My Plan, and more information about the person-centred approach and My Plan toolkit is available on the *Planning with an injured person* page on the icare website [Planning with an injured person | icare \(nsw.gov.au\)](https://www.icare.nsw.gov.au/Planning-with-an-injured-person).



Case managers may be from the private sector, from a NSW Health service such as a Brain Injury Rehabilitation Program, or employed by icare.

When a worker no longer requires a case management service, your primary contact will be with the worker (or their family) and the icare contact.

Care coordinator and attendant care team

Approximately one third of workers receive paid formal attendant care support in their homes or for community access. This attendant care is usually delivered by an approved attendant care provider. All programs are managed by a Care Coordinator employed by the attendant care agency. Sometimes support workers will accompany workers during their therapy or other service provision. Support workers may assist with transportation and often facilitate home programs under the direction of the rehabilitation service provider.

Where necessary, we can pay for your time to train the attendant care team in home (or gym/ community) - based activities to supplement your sessions.

Attendant care teams are a great source of feedback in how your services are impacting the worker's function and quality of life, or any difficulties that the worker might be having integrating your recommendations into daily living. Workers Care expects service providers to work collaboratively with attendant care providers.

Other service providers

There are a wide range of other health and support people that might be involved in a person's rehabilitation or community living program. Some examples are therapists, doctors, psychologists and vocational support services.

You will need to know who else is delivering services to the worker and what their role is.

The worker, case manager or icare contact will let you know who else is involved, and what the expectation for collaboration will be.

What is expected of me working with all of these people?

Working as a well-integrated team may involve attending case conferences, regular liaison or simply an exchange of progress reports. You may be required to integrate the your therapy into the worker's 'My Plan' goals. The time required to complete these activities should be included in the request for your services.

Who may request services for a worker?

Services may be requested by:

- workers and their families
- service providers including the worker's treating health care team at the hospital, rehabilitation unit or in the community
- case managers

Most services will be requested as a part of an integrated plan coordinated by a case manager, however sometimes service needs are identified outside of a planning process, and can be submitted to the icare contact directly.

Who selects the team?

We encourage workers and their families to be as involved as possible in the selection of their service providers. Support in making this selection is often received from:

- inpatient therapy teams prior to discharge
- community-based medical practitioners or specialists
- community-based therapy providers
- case managers
- icare contacts
- family and friends



We encourage workers and their supports to consider first the providers that are located closest to their own home. The benefits of local providers are many, and include:

- knowledge of the worker’s local community and the range of services that might be available to them locally
- access to a local provider for longer term or intermittent service provision – knowing who they can turn to when they need re-engagement with services
- reduced burden (time and fatigue) for workers travelling to appointments

What do I need to know to get started?

Do I have to be registered with, or approved by, Workers Care?

All service providers need to have the appropriate skills and qualifications to provide treatment and care to workers with severe injuries. icare does have a formal contract arrangement with some provider groups such as case managers, building modification occupational therapists and attendant care providers. In most cases, Workers Care will use these providers.

In addition, exercise physiologists, chiropractors, counsellors, osteopaths, physiotherapists, workplace rehabilitation providers and psychologists must be approved by the State Insurance Regulatory Authority (SIRA) to provide allied health services in the NSW workers compensation system. These service providers should refer to SIRA for information about the approval process. More information can be found on the *A to Z of service providers* page on the SIRA website, [A to Z of service providers | sira \(nsw.gov.au\)](https://www.sira.nsw.gov.au/a-to-z-of-service-providers)

Providers not listed above are not subject to approval by SIRA or icare, and workers, their families and their treating teams are free to select from the pool of providers in the community. Most health professionals are subject to their own professional registration obligations with AHPRA, and we expect all providers to maintain their own professional registration and/or membership as required.

Non-registered health service providers are expected to be members of any relevant professional organisation and abide by the NSW Code of Conduct for Health Service Providers, contained in Schedule 3 of the NSW Public Health Regulation 2012. This regulation applies to both public and private health workers and is available on the *Public Health Regulation 2022* page on the NSW legislation website, [Public Health Regulation 2022 | legislation \(nsw.gov.au\)](https://www.legislation.nsw.gov.au/PublicHealthRegulation2022)

All providers must register their business details with icare in order for invoices to be paid. This is a finance registration and is not to be confused with any “approved” status with us. (see p.9 for more information on registering your details with finance)

What if I don’t think that I am the right person for this referral?

Discuss your reasons with whoever made the referral, or the icare contact. We can offer you support to extend your services to workers, particularly in terms of navigating the Workers Care program and our paperwork. In some circumstances, we might be able to assist with short term clinical mentoring or other support to help you apply your skills to workers’ specific needs.

If, however, you do not wish to proceed with service delivery, please let whoever made the referral know (usually the worker, their family, their case manager or the icare contact), so that they can select someone else.

How do I let Workers Care know that I have been asked to provide a service to a worker?

Usually we will know that you are the selected service provider as we will receive a plan or a service request from the case manager that names you as the provider.

If the worker presents to your practice and asks you to commence treatment, please contact the worker’s icare contact or call our general enquiries on 1300 738 586 before commencing treatment. The icare contact will be able to advise you on how to seek approval from us to pay for any injury related services.



Can I start providing the service straight away?

We cannot guarantee funding your services if you have not received a pre-approval purchase order from us. If you assess the worker's needs as urgent, please contact us immediately as we may be able to arrange for urgent, short term approval while the service request is being processed.

How are decisions communicated?

How will I know what Workers Care has approved for me to provide?

We aim to communicate our funding decisions to the worker (and case manager where there is one) in writing within 10 working days of receipt of a request. Decisions made by us are communicated to the worker via a "notice". Reasons for non-approval of any requested services will be included in the notice.

Each service provider named in the notice will receive a "Purchase Order". This document sets out clearly what services have been approved, number of hours, cost and dates for service delivery. The Purchase Order includes a service order approval number (e.g. RP999-2999) which **MUST** appear on your invoices for that approval period.

An example purchase order is provided in Appendix A.

What if I disagree with your decision?

Workers are able to dispute decisions communicated in a notice, and procedures on how to do this are available on our website or by contacting the icare contact.

If, as a service provider, you believe that further information might change the decision that we have made, you are able to submit this new information and request a reconsideration of the decision on the worker's behalf. The icare contact's details are noted at the bottom of every notice and Purchase Order.

Will you cover other costs that I incur in providing services?

Will you fund my travel to deliver treatment and rehabilitation in someone's home?

All requests for us to pay for treatment and rehabilitation services need to consider the location of the service provider. Our preference is for workers to attend treatment in the service providers own premises, therefore choosing a local provider helps to minimise the potential burden of travel and fatigue on the worker. This also builds the capacity of local providers to be available to deliver services.

If the worker is unable to travel, or the service you are providing is best delivered in the workers own home/workplace/community, then the reason for a mobile service needs to be provided in the request and we will make a decision regarding the associated travel costs.

We **do not** pay provider travel if the only reason a home-based service is needed is because the provider does not have accessible premises in which to deliver their services.

Will you fund my time to prepare assessment or progress reports? Do you require these reports?

All service providers are expected to keep clinical records as a part of their service provision. This is not time charged as report writing, but is absorbed in your clinical contact time.

Initial assessment and progress reports are also expected to provide updates on progress towards the worker's goals and service objectives. These assessment and progress reports should be shared with the worker and with us (usually via the case manager if there is one). The anticipated frequency and cost of preparing these reports should be included in your request for services.



Depending on the nature of the worker's My Plan, you may be asked by the case manager to contribute to reporting against past plan goals/objectives and formulating new rehabilitation goals/objectives – in lieu of (or as well as) a specific progress report. Because of the varying needs of workers and the unique make-up and working relationships of teams of providers, you need to be flexible in responding to the case manager's preferences in how/when progress reporting occurs.

Your progress report typically needs to be submitted to the case manager 3 to 4 weeks prior to the end of the plan period to allow the worker and case manager to incorporate the feedback into subsequent planning. Case managers may also request attendance at a case conference so that feedback and planning can be integrated across all service providers.

Stand-alone progress reports are not expected to be extensive – but they should include:

- status at commencement of service period (only that which is directly related to your area of intervention and goals of service)
- goals/objectives for the proposed intervention/services (observable, measurable objectives)
- functional capabilities expected to be impacted by interventions
- brief summary of service/s provided, including attendance record and compliance with home programmes
- objective measures of outcome – changes in capabilities from commencement status and/or achievement of/incremental progress towards goals/objectives.

See Appendix B for a sample progress report template. This is not a requirement template – rather an example if you do not have your own template/structure to use.

The form for My Plan includes space for progress reporting and can be found on the *Planning with an injured person* page on the icare website, [Planning with an injured person | icare \(nsw.gov.au\)](https://www.icare.nsw.gov.au/Planning-with-an-injured-person).

Will you pay for sessions the worker fails to attend or cancels at short notice?

Service providers are expected to have business systems in place to minimise the risk of late cancellations or non-attendance. You should discuss with the worker or their family/support team the best way to send reminders and confirm appointments and advise your timeframe requirements for notifying re-scheduling or cancelling appointments. No fees are payable for worker cancellation or failure to attend scheduled sessions.

What do I do if I think that the worker needs a few more sessions but the pre- approval has run out?

Contact whoever is lead in coordinating the worker's program – usually the case manager or the icare contact. An email or phone call may be all that is necessary to secure approval for the additional sessions.

More substantial service extensions may need to be incorporated into a plan or presented in a formal request called a "service request".

How do I invoice for services delivered?

Registering with our Finance System

You must be registered in our system as a vendor with your correct details for us to process your tax invoice and make a payment to you. Register or update your business details on the *How to invoice Workers Care* webpage on the icare website, [How to invoice Lifetime Care and Workers Care | icare \(nsw.gov.au\)](https://www.icare.nsw.gov.au/How-to-invoice-Lifetime-Care-and-Workers-Care).

This form can be submitted with your first invoice, however to ensure timely processing of your invoice, it is preferable that you send it in beforehand.

You only need to submit this form once. Once your business is registered in our system, all future invoices will be processed accordingly, regardless if they are for different workers.



Payment codes

When you receive a Purchase Order from us, this will include the code/s for the service/s approved (for example, PTA002 physiotherapy treatment and PTA014 physiotherapy services – travel). You will need to include these codes in your invoice.

If you are unsure which codes to use, contact the worker's icare contact.

You can access current payment codes on the *How to request services on behalf of an injured person* webpage on the icare website, [How to request services on behalf of an injured person | icare \(nsw.gov.au\)](#).

Invoices

Invoices are to be submitted to us following the delivery of services. The frequency with which you submit your invoices is up to you and depends on your own business administration systems. Given the number of invoices processed by Workers Care, it is always appreciated when providers are able to submit intermittent invoices covering a period of time, rather than single-contact invoices.

Your Tax Invoice must include the information required under GST Law and the following:

- your ABN
- your registered business name
- date of invoice and date of service/s
- name of individual provider who delivered the services
- invoice number
- payee's name [in this case To: Workers Care Program]
- worker's name and claim number (e.g. 000111WC)*
- payment code for each service being invoiced (e.g. PTA002)*
- approval number for each service being invoiced (e.g. RP99-666)*
- the cost (including GST where applicable), which must not exceed the pre-approved amount on the certificate or Purchase Order

*The worker name, worker number, payment codes and approval numbers must match those on your Purchase Order for that period.

Send your invoice to: careap@icare.nsw.gov.au

If you have questions about invoices and payments, you can phone Accounts Payable on **1300 416 829** or email carefinance@icare.nsw.gov.au as well as seeking support from your own tax advisor.

Standard payment terms

Our standard payment term is 30 days from receipt of a properly drawn Tax Invoice.

Payment by EFT

The standard method of payment is Electronic Funds Transfer (EFT) to your bank account.

Are there any other tips that will help me work with Workers Care?

Clinical Framework

We use the person-centred approach in all interactions with our workers, and we expect service providers to do the same. For more information regarding the person-centred approach and other principles of rehabilitation best practice, we have adopted the Clinical Framework for the Delivery of Health Services, by TAC and WorkSafe Vic, June 2012. This is available on the *Clinical Framework for the delivery of health services* page on the WorkSafe Victoria website, [Clinical Framework for the delivery of health services | worksafe \(vic.gov.au\)](#). www.worksafe.vic.gov.au

Understanding what we can pay for

To help manage the expectations of our workers regarding what we can and cannot pay for, it is helpful for all service providers to be familiar with the parts the NSW Workers Compensation Scheme that are relevant to their area of service provision.

Service Providers can access further information regarding the NSW Workers Compensation Scheme on the SIRA website www.sira.nsw.gov.au.



Information Sheets on the icare website provide additional information regarding the Workers Care Program.

GST considerations for clinical services

Understanding your GST compliance obligations as a service provider rests with you as the GST Law applies differently to different service-types. Please refer to section 38-10 (other health services) of the GST Act and/or consult with your own financial or tax adviser regarding whether GST applies to your specific area of service delivery.

Our requirement is that your invoice clearly identifies where GST has been added to your fee for each service type.

Only requesting services for injury-related conditions

We can only fund services for injuries directly related to the workplace accident that led to them being accepted into the Workers Care program. If a worker needs services related to any pre-existing or subsequent injury you will need to seek funding through another source. When you request services, please make it clear that your only asking for services related to the workplace injury.

Release of information

We will make appropriate information available to service providers where consent has been obtained from the worker or their guardian and it is deemed to be of benefit to the worker.

When information is shared with you, you are required to adhere to privacy and confidentiality obligations under NSW law (Privacy and Personal Information Protection Act 1998 and Health Records and Information Privacy Act 2002).

Any information we save into our worker records (including reports and correspondence sent in by you) can be subpoenaed by courts or shared with third parties such as CTP insurers. Please take this into consideration when sending any written material in to us.

Working with interpreters

Some workers require the assistance of an interpreter service to engage fully in their rehabilitation. The case manager or icare contact will let you know if a new referral will require an interpreter service, and they can assist with organising this.

Working with children

Workers Care expects all service providers working with children to have a current Working With Children Check certificate from Kids Guardian. We also expect providers to be aware of their Mandatory Reporting obligations with Family & Community Services for at-risk children.

To find out more about us

Further detail about working within the scope of the Program, including requesting services and equipment using specific forms, is available on the *How to request services on behalf of an injured person* webpage on the icare website, [How to request services on behalf of an injured person | icare \(nsw.gov.au\)](#).

We have a number of development opportunities including face to face workshops and eLearning modules. To find out more about learning and development opportunities, visit the *Training and workshops* page on our website, [Training and workshops | icare \(nsw.gov.au\)](#). You can also email enquiries to training.lifetimecare@icare.nsw.gov.au

Lifetime Care produces a newsletter periodically which highlights developments, changes and updates. Anyone can subscribe to eNews. The link to subscribe is available on the *Requesting services on behalf of an injured person* on the icare website, [Requesting services on behalf of an injured person | icare \(nsw.gov.au\)](#).



Appendix A Sample Purchase Order



GPO Box 4052
Sydney, NSW 2001
T 1300 738 586 F 1300 738 583
Accounts hotline 1300 416 829
E: enquiries.workers-care@icare.nsw.gov.au

5 July, 2017

(first name) (last name)
(address line 1)
(suburb) (state) (postcode)

SERVICE APPROVAL / PURCHASE ORDER

Services for: *workers name*
Claim Number: 9009266120
Approval number: RP 99-666

Workers number

Approval number

We have reviewed a request for treatment and care services. We have approved the following services from 14 July, 2017 to 14 December, 2017.

Approval period

Code	Services Description	Units	Cost
OAS002	Occupational Therapy Treatment	14 hours	\$1680.00

The decision is based on the information supplied to Workers Care and has been made in accordance with the *Workers Compensation Act 1987*.

What's next?

Please send your invoice to us, addressed to the Workers Care Program, including the following information:

- Service approval / purchase order number
- Worker's name, and
- Workers Claim number

Our payment cycle

Our standard payment terms are payment within 30 days of receipt of your invoice (provided it is a properly drawn tax invoice and all charges and documents are included and correct).

Would you like more information?

If you have any questions regarding invoicing requirements or payment of accounts, please contact the icare Finance Department on 1300 416 829.

For all other queries, please call 1300 738 586. You can also call me on 02 9216 9999, or by emailing *nameofcoordinator@icare.nsw.gov.au*. Our office hours are 8.30am to 5.00pm, Monday to Friday.

The icare contact may be a Coordinator, Rehabilitation Case Manager or Community Living

Yours sincerely|
Coordinator name
Workers Care Coordinator



Appendix B Sample Progress Report Template

(aim for total report to be 1 to 2 pages)

Your own letterhead

Date of Report

[Physiotherapy] Progress Report

[Worker's name]

[Worker's claim number e.g. 000111WC]

Objectives for, and outcomes achieved in, the intervention period

Summary or 'cut and paste' of goals/objectives (linked to, or as outlined in, the My Plan) of intervention that had been proposed for the treatment period being reported on.

Where relevant, inclusion of base-line measures against which outcomes were to be compared.

Outcomes – measured progress against the proposed objectives, noting changes from the base-line measures.

Program Summary

Brief summary of intervention provided – frequency of sessions, attendance, focus or strategies.

Worker's Feedback

Worker's (or family's) response to intervention and reflection on their own progress (< 100 words).

Recommendations

Your recommendation for further treatment/intervention (if required).

Include goals/objectives, proposed treatment regime and timeframe. Include justification on basis of workers own functional goals. Reference how the proposed services fit within the worker's plan if they have one.

Include any recommendations for worker to self-manage in between treatment sessions – expectations regarding 'home program'.

Summary of services, hours and costs for the next plan period, including intervention time and frequency, report writing time, travel time and any necessary liaison time (NB, the case manager may provide a template for recording the proposed service provision).

Name

Signature



Appendix C Contacting Workers Care

Telephone general enquiries	1300 738 586
Email general enquiries	care-requests@icare.nsw.gov.au
Requests	care-requests@icare.nsw.gov.au
Finance enquiries	carefinance@icare.nsw.gov.au
Accounts payable	careap@icare.nsw.gov.au
Website	www.icare.nsw.gov.au
Head Office location	Level 15, 321 Kent Street, Sydney NSW 2000