RETURN TO WORK SERVICES

SCHEDULE 1

ALL SERVICES

1.00 APPLICATION

1.01 This memorandum applies to all Schedules (1, 2, 3, 4a, 4b, 4c, 4d, 4e, 5, 6, 6a, 7, and 7a) within this Agreement.

2.00 HUMAN CENTERED DESIGN

2.01 Human Centered Design's key principles are:

- a) The Worker Service journey is as important as the outcome;
- b) Service planning is tailored to the individual, in consideration of their unique needs and circumstances;
- c) Optimized collection of Worker or claim-related information to reduce redundancies; and
- d) Inclusion of Worker support networks (family and/or friends) in the RTW process.

2.02 WCB will be implementing these principles during the contract Term, as appropriate.

2.03 As a first step to focus on the Worker onboarding process, the Contractor will develop and implement a welcome package by January 1, 2022. The package will be provided to the Worker prior to beginning Service, and will include:

- a) A Contractor overview, including introduction to the Worker's treatment team and the Contractor's Premises, as applicable;
- b) Information related to methods of Service provision, which may include but are not limited to in-person or virtual Service delivery;
- c) High level expectation setting related to upcoming Services to better support Worker comfort prior to attending Service;
- d) Employer information to support their role in achieving care plan goals; and
- e) Supports available to guide the Worker through the rehabilitation process.

3.00 SERVICE PRINCIPLES

3.01 The Contractor will seek to maximize stakeholder satisfaction.

3.02 The Contractor's reporting will detail the Worker's current status or progress and provide evidence that the Worker is making measurable progress toward the Worker's RTW, or Employment goals, as applicable.

3.03 The Contractor will actively do all the following:

- a) Utilize a bio-psychosocial approach to Assessments, which incorporates medical, musculoskeletal, functional, psychosocial, cognitive and vocational information into the triage decision process;
- b) Utilize evidence-based and standardized tests and protocols to ensure objective, consistent, valid, and high-quality results;

c) Ensure the Worker's safety throughout the Services;
d) Educate the Worker regarding the Worker's recovery and the RTW process;
e) Provide flexible, individualized Services to meet the specific needs of the Worker;
f) Ensure that Services and reports are completed in an efficient, effective and timely fashion as outlined in the Agreement;
g) Provide clear and timely communication (verbal and written) to the Worker, CO, Employer, and any other person involved in the Worker's care;
h) Promote safe and timely RTW; and
i) Promote positive perceptions of recovery.

4.00 SERVICE BOOKINGS

4.01 The purpose of the initial referral form is to acquire relevant pre-admission information, communicate the desired outcome, determine individual Worker needs, and serve as a record for referral of Services. It will provide relevant information for the Contractor to commence booking Services.

4.02 CO authorization is required for any Service which is not an automatic result of a Service already provided, unless otherwise stated in this Agreement. CO authorization can either be communicated in verbal or written format.

4.03 If the Contractor receives a referral for a Service which appears to be contraindicated, or otherwise not appropriate for the Worker in the circumstance, the Contractor will contact the CO to discuss prior to booking the Service.

4.04 Upon receipt of the referral, the Contractor will contact the Worker, Treating Physician, Employer, Representatives (if applicable), and/or treating Physical Therapist to book the Service appointment.

4.05 In addition to the welcome package described in clause 2.03, the Contractor will provide the following information to the Worker regarding the Service during the booking process:
a) Attendance expectations as outlined in the Attendance Calendar;
b) Directions to the Contractor's Premises for in-person care;
c) Suggestions as to what kind of clothing to wear to the Service;
d) Appropriate footwear for the Service;
e) Food services, if applicable;
f) Components and duration of the Service;
g) Suggestions as to what kind of resources to bring to the Service; and
h) Any other appropriate information for the Service.

4.06 The Contractor will answer any question which the Worker has about the Services.

4.07 The Contractor will reasonably facilitate the Worker's needs in attending the Service in conjunction with the CO. Where such arrangements involve added costs, the Contractor will advise the CO and seek approval prior to providing same. Such needs may include accommodation and interpretation Services.

4.08 The Contractor must obtain the Worker's written consent by way of a Release of Personal Information form prior to disclosing any information to any third party.

4.09 Information for the Employer can only be submitted using the Employer RTW Memo.

4.10 The CO is responsible for completing the prescribed referral form. WCB will forward all pertinent documentation to the Contractor including the following, as applicable:
a) Completed referral form;
b) Employer Injury Report and Worker Injury Report;
c) Community Assessment and treatment reports;
d) Medical reporting from diagnostics, physicians, and specialists;
e) Assessment and Program reports;
f) RE reports; and
g) PDA reports.

4.11 In all cases, the Contractor will ensure that the information contained on the referral form is complete or contact the CO prior to referral acceptance.

5.00 SERVICE ADMISSIONS

5.01 The Contractor will ensure that all of the following criteria are met prior to commencing the Service:
a) The Worker’s informed consent has been obtained through the Agreement to Participate form;
b) The Contractor has reviewed the disclosure of information and the Release of Information Form;
c) The Worker has been provided with an orientation to the Service process;
d) The Worker is medically stable and participation in the Service is not medically contraindicated;
e) The Worker’s participation in the Service will not place other Workers or staff at risk; and
f) There is no evidence of substance abuse or criminal activity by the Worker that will interfere with the Service.

5.02 If the Worker has a confirmed surgical appointment within the next eight (8) weeks, the Contractor must obtain CO approval prior to proceeding with the Service.

5.03 In the event the Worker is under the active care of a surgeon, clearance from the surgeon is not required to proceed with the FIT. For in-person BFCE and CFCE Assessments, clearance to proceed with the Assessment must be secured from the attending surgeon or HCC.

5.04 The Contractor cannot provide a Program to a Worker who is under the care of a surgeon unless there is express clearance from the surgeon or HCC to do so.

6.00 TRIAGE PATHWAYS

6.01 The following triage pathways in conjunction with clinical reasoning will direct the clinical decision-making process:
a) Virtual Services Triage Pathway (see Appendix A); and
b) RTW Assessment Triage Pathway (see Appendix B).

6.02 In the event the Worker is attending physiotherapy or chiropractic services at the time of the Assessment, the Contractor will collaborate with the community provider regarding the results of the assessment and recommended treatment plan. The Contractor will contact the treating physiotherapy or chiropractic provider within one (1) Day of confirmed program start date to inform the clinic of transition of care. If it is recommended the Worker return to community Services, the clinician will contact the treatment provider to share the results and/or recommendations.

7.00 PROGRAM ADMISSIONS

7.01 The Contractor will ensure that the following criteria are met prior to commencing the Program:

a) The outcome of the Worker's Assessment indicates that an Interdisciplinary approach to rehabilitation is necessary;
b) Where applicable, the Worker has been discharged from a ME, BFCE, CFCE, or PCR Triage and CO approval has been obtained, if required; and
c) The Worker is likely to benefit from a Program.

8.00 SERVICE ATTENDANCE MANAGEMENT

8.01 The Contractor will minimize the occurrence of Worker absences by applying a comprehensive attendance management system that includes:

a) Obtaining confirmation from the Worker that the Worker will be attending the Services;
b) Orienting the Worker to the benefits of the Service;
c) Facilitating the removal of attendance barriers with the CO;
d) Notifying the CO of any Worker absences and cancellations; and
e) Documenting the Worker's attendance record in all Program reports.

8.02 The Contractor must advise the CO of any Service, including every Program day, which the Worker misses, fails to attend, or cancels, for any reason, within twenty-four (24) hours of the Service.

8.03 The Contractor will make a minimum of three (3) attempts over a three (3) Business Day period to contact the Worker to book Assessments. If unsuccessful, the Contractor will contact the CO for further direction.

9.00 PROGRAM REQUIREMENTS

9.01 Programs must have the following components:

a) Orientation;
b) Initial Interdisciplinary Assessment and RTW planning, which includes modified work negotiations with the Employer (as appropriate);
c) Initial case conference (if required);
d) Initiation of TRTW plan whenever possible;
e) Re-assessments;
f) Mid-point Collaborative Care efforts for Programs over four (4) weeks in length;
g) Discharge planning;

h) Discharge case conference; and
i) Discharge follow-up.

9.02 When considering delivering treatment virtually, the Contractor will ensure that home exercise programs are designed for the Worker's individual needs, including any equipment available at the Worker's home. Contractors are expected to use reasonable and readily available equipment/materials as much as possible.

9.03 The Contractor will orient the Worker to the Program on the first Program day. Orientation will include:
a) A review of facility safety procedures, the importance of an early and safe RTW, Program components and outcome expectations, and disclosure of information and Release of Information form;
b) Identification of the Worker's rehabilitation coordinator;
c) A tour of the Contractor's Premises including information about emergency preparedness and procedures for in-person care;
d) Team roles and responsibilities;
e) Worker's role and responsibilities;
f) Goal setting and discharge planning;
g) Attendance and compliance policies;
h) Involvement of family members in the rehabilitation process, if appropriate; and
i) Any other relevant information that will ensure the Worker is familiar with the facility, the Program, and the Program team.

9.04 A rehabilitation coordinator must be assigned to the Worker upon admission to Program. The rehabilitation coordinator may be a clinical or non-clinical member of the team, and is responsible for:
a) Facilitating the Worker's participation in, and successful completion of the Program;
b) Coordinating all Service interventions for the Worker and acting as a liaison with all internal team members and external stakeholders;
c) Ensuring that team issues are communicated appropriately to the Worker and that Worker issues are communicated to the team;
d) Ensuring the Worker's Program proceeds in an orderly, purposeful, goal-directed manner;
e) Encouraging Worker participation in goal setting, Program planning and Program monitoring;
f) Communicating on a regular basis with the CO, Employer, treating physician, family, and other stakeholders, as appropriate, regarding the Worker's status; and
g) Overseeing attendance management and discharge planning.

9.05 Immediately following the Worker's admission, the team, with the active participation of the Worker, will review any claim information received including the Assessment in order to establish specific Program and RTW goals. The RTW goals must be individualized, Worker-specific, and used throughout the Program to track the Worker's progress toward RTW. An initial report will be submitted to formalize and refine further Program goals.

9.06 The Contractor will ensure that reasonable efforts are made to determine whether further medical investigations are required within ten (10) Days of Program admission.

9.07 The Contractor will ensure that CO approval is obtained prior to providing any Assessment not included in the initial referral that occurs during the Program phase.

9.08 The Contractor will promote an educational approach which will include:
  a) Discussing all Assessment findings with the Worker;
  b) Involving the Worker in the goal setting process; and
  c) Providing the Worker with specific information directed toward increasing the Worker's understanding of the Worker's injury and rehabilitation goals.

9.09 Specific information includes, but is not limited to:
  a) The nature of the Worker's injury;
  b) The concept of hurt versus harm and the importance of activity and exercise in the Worker's recovery;
  c) Pain management;
  d) The relationship between the Program and achievement of RTW goals;
  e) Expected Length of Stay;
  f) Self-management of the Worker's injury;
  g) Expected outcomes;
  h) Explanations and demonstrations to ensure the Worker understands and engages in safe work practices and proper body mechanics; and
  i) Provision of education with respect to safe usage of all equipment and personal protective gear used in conditioning and work simulation areas and at the worksite.

9.10 Interdisciplinary team conferences are required for all Programs. The purpose of the team conference is to review the Worker's progress relative to each rehabilitation goal. The Worker's prognosis, anticipated Length of Stay, rehabilitation barriers, functional limitations, and RTW goals are discussed, updated, and amended with input from the Worker. The team will communicate the results of the team conference to the CO and, if applicable, the treating physician or health care provider and Employer.

9.11 Collaboration with stakeholders is required throughout the duration of all Programs. At minimum, the Contractor will initiate contact with the Worker's care team, such as the treating physician and/or community physiotherapist, prior to Program entry to confirm transfer of Services.

The clinician will again contact the treating physician or surgeon at the mid-point of all Programs in excess of four (4) weeks. The clinician will provide an update as indicated for the individual Worker to share information related to the Worker's progress and any identified barriers which may affect the success of the plan and the Worker experience. The Contractor will send the first page of the progress report, together with information on how the clinician can be contacted to the treating physician or surgeon. .

9.12 Other issues that may impact achievement of Program goals will also be communicated on a regular basis in reports, e-mails, and telephone calls. These include compliance, behaviours, attendance in Program and work and validity of behaviours.

9.13 Issues such as Program incidents and re-injury must be immediately communicated to the CO.

9.14 Re-assessments are required during all Programs. Throughout the Program appropriate clinicians from appropriate disciplines must conduct Re-assessments as required to track the Worker's progression toward rehabilitation goals.

9.15 Discharge planning is required at the start of all Programs. Specifically, the Contractor must set a tentative discharge date and expected outcome within one (1) week of admission to the Program, which must be communicated to the Worker, and to all required stakeholders, as soon as possible.

9.16 Team conferences will be used to review progress, discuss RTW Barriers and plan Service interventions to obtain the targeted discharge outcomes.

9.17 During the week of the planned discharge from the Program, the Worker must be re-assessed by all involved clinicians. The Re-assessment will include, but is not limited to, musculoskeletal evaluation of the compensable injury, functional testing of CJD related to the compensable injury and psychosocial measures using the same instruments as required for FIT FCE or BFCEs. These Assessments will confirm FTW abilities and gather pre-and post-goal attainment measures.

9.18 It is outside the scope of this Agreement to provide recommendations for IMEs and MC reviews, including as part of discharge recommendations.

9.19 Discharge case conferences are required for all Programs. Specifically, the Contractor must make reasonable efforts with a minimum of two (2) calls to conduct the case conference in-person or by telephone conference. If the CO is not available to participate in the discharge case conference, the results of the case conference will be documented in the Program discharge report and submitted to the CO. The need for post-discharge Services to support the RTW process will also be discussed, and necessary arrangements made in consultation with the CO.

9.20 Discharge follow-up is required following all Programs. For PSB, WSB, hybrid, and BI Programs, the Contractor must monitor the Worker for at least thirty (30) calendar days post-discharge to ensure a suitable outcome. For CPI, TPI, Complex, and PCR Programs, the duration of monitoring is at least three (3) months.

9.21 Service interventions during the follow-up period directly related to the Program are not billable, with the exception of PCR programs or unless otherwise stated in this Agreement.

9.22 Follow-up Service interventions that take place after the discharge follow-up period are billable. CO approval is required prior to scheduling.

9.23 The Contractor will immediately notify the CO of any RTW Barriers identified during the discharge that may impact the RTW status of the Worker.

9.24 Clinical worksite follow-up may be required to provide the Worker and Employer with worksite strategies in order to attain a sustainable RTW outcome. Follow-up Service interventions are billable.

9.25 For the Worker who is discharged to a GRTW, the Contractor must monitor GRTW plans. This will include documenting the Worker's progress, suggesting changes or adjustments to the plan as required, commenting on continuing viability of the plan and

identifying any potential RTW Barriers that would impede a successful and Sustainable RTW. Active monitoring must occur at a minimum of once every two (2) weeks during the GRTW.

9.26 If the GRTW plan is not progressing as expected, the Contractor will discuss the Worker's lack of progress with the CO and may complete an on-site follow-up visit if approved.

9.27 Only the HCC may waive the minimum Program requirements.

10.00 PROGRAM SERVICE DELIVERY

10.01 In-person Service Delivery - this Service is considered to be delivered in-person when the Worker was physically present.

10.02 Virtual Care Service Delivery – this Service is delivered virtually when the Worker was participating remotely using telephone or video conferencing technology.

10.03 Combination Service Delivery – this Service is delivered when the Worker participated both in-person and virtually. To be considered, the Worker must have more than three (3) treatments in-person and these treatments must be outside of an Assessment component during the Program.

11.00 SERVICE INTERVENTIONS

11.01 The Contractor will ensure that the Program is individually tailored to meet the needs of the Worker, and may include any or all of the following rehabilitation Service interventions:
- a) Physical conditioning Service interventions;
- b) Functional restoration Service interventions;
- c) Psychosocial Service interventions;
- d) Worksite reintegration;
- e) RTWPM or RTWPD; and
- f) Integrated RE.

11.02 Physical conditioning Service interventions include, but are not limited to:
- a) Improvement in the Worker's musculoskeletal condition including strength, endurance, movement, flexibility, stability, motor control, balance, gait;
- b) Wherever possible, conditioning activities will involve the major movement patterns required in the Worker's job or daily activities;
- c) Physical conditioning activities will be supervised for proper pacing, signs of intolerance, or over-training. Upgrades of the activities will be goal-focused and occur on a regular basis; and
- d) Physical conditioning interventions will be conducted at the Contractor's Premises, Worker's worksite, Worker's home (virtual delivery), or a combination of these locations.

11.03 Functional restoration Service interventions include, but are not limited to:

a) Work simulation activities that are aimed at improving work tolerance through the simulation of CJD in relation to: type of activity, duration, intensity, frequency, and sequential order of work activities;
b) The clinician supervising the work simulation activities will ensure the Worker is: utilizing proper body mechanics, demonstrating safe work practices, provided with feedback relative to the performance of activities, and engaged in meaningful vocationally related work simulation activities; and
c) Work simulation activities will include ongoing Assessments, changes, and upgrades in activities to promote the attainment of work simulation goals.

11.04 Psychosocial Service interventions include, but are not limited to:
a) Psychoeducation and psychotherapy;
b) Educational workshops;
c) Hurt versus harm;
d) Injury education;
e) Muscle relaxation;
f) Stress management;
g) Pain management;
h) Relaxation training;
i) Change or expectation management;
j) Motivational interviewing;
k) Assertiveness training; and
l) Individual psychological counseling using an evidence-based approach such as cognitive behavioural therapy.

11.05 Worksite reintegration Services are a staged progression of returning the Worker to the worksite, and is facilitated through Worker and Employer support and education including:
a) TRTW occurs while a Worker is in Program;
b) Education in worksite behavior such as pacing, stretch breaks, energy conservation, self-responsibility, task planning, and task performance; and
c) Discussion with the CO about accessing the services of an Industry Specialist to assist with facilitating RTW Barriers removal and RTW.

11.06 Worksite Service interventions may include any or all of the following rehabilitation Service interventions:
a) Modified RTW and job demands progression planning;
b) Worksite treatment;
c) Worksite modification and ergonomic Services;
d) Modified RTW status review;
e) Problem solving and action planning;
f) Worksite based Worker and Employer education; and
g) Job coaching.

11.07 Modified RTW and job demands progression planning and status review means the team, with the active participation of the Worker and the Employer, will review the RTW plan following the RTWPM, and monitor the progression of duties and jobs that the Worker will complete in order to attain pre-accident levels. The RTW plan will include Worker specific goals and will be used throughout the Program to track the Worker's progress. Regular reviews will take place with the Worker and Employer to ensure the plan stays on schedule and to identify RTW barriers.

11.08 Worksite treatment Services may include:
- a) Analysis of the worksite;
- b) Outlining risk factors for re-injury or aggravation; and
- c) Outlining Service intervention strategies including ergonomic modifications and work design.

11.09 Worksite Worker and Employer education may include:
- a) Educational module components which may be delivered to the Worker or Employer at the worksite to address specific RTW Barriers;
- b) Individualized education which may be provided to the Employer, or Employer representative, with regards to injury management, prevention techniques, possible modifications that may assist in the reduction of injuries or aggravations; and
- c) Education in worksite behavior such as pacing, stretch breaks, energy conservation, self-responsibility, task planning, and task performance.

11.10 Job coaching includes:
- a) Reducing pain with pacing and management strategies;
- b) Working and completing tasks more effectively;
- c) Reducing the chance of aggravation or re-injury; and
- d) Enhancing appropriate work behaviour.

12.00 SERVICE TRANSFERS

12.01 Transfers between different types of Programs are only possible within the first ten (10) Days from the admission to Program.

13.00 SERVICE EXTENSIONS & APPROVALS

13.01 The Contractor will adhere to all requirements for extension requests, and exception requests, for Services.

13.02 All Services which require prior HCC approval must be submitted to the HCC by e-mail at hcs.rtwapprovals@wcb.ab.ca.

13.03 Any extension request which must be supported through completion of a form, or report, must be submitted to the HCC and/or CO as applicable.

14.00 REPEAT & NON-CONTRACTED SERVICES

14.01 In order to provide the following Services, prior CO approval must be obtained and documented on clinic files:
- a) Repeat ME, of any type, within thirty (30) calendar days of the last ME;
- b) Repeat functional evaluation within thirty (30) calendar days of the last functional evaluation; and
- c) Repeat RTWPM or RTWPD within thirty (30) calendar days of the last RTWPM or RTWPD.

14.02 Contractors must assess the appropriateness of the following non-contracted Services:
- a) Assessment non-contracted Services (ASNCS);
- b) RTW non-contracted Services (RTWNCS);
- c) BI non-contracted Services (NCSR);
- d) Travel time over three (3) hours; and
- e) Program three (3) Days or less.

14.03 For all non-contracted Services, with the exception of those listed in clause 14.02, prior HCC approval must be obtained.

14.04 For Services described in 13.00 and 14.00 that are approved by the Contractor, documentation of the clinical rationale must be included within the applicable report.

15.00 EXPEDITED SERVICES

15.01 Where the Contractor receives a referral for Services which are required as a direct result of a Dispute Resolution and Decision Review Body, or Appeals Commission, decision the Contractor will ensure that the Services are provided on an expedited basis.

16.00 SERVICE DISCHARGE

16.01 The Contractor will discharge the Worker from Service when the Service is complete or the Worker:
- a) Refuses to participate or discontinues the Service;
- b) Is unable to safely participate in the Service due to a medical issue;
- c) Presents with substance abuse issues that interfere with the safety of the Worker or Contractor during the Service;
- d) Engages in inappropriate behavior; or
- e) Is withdrawn from the Service by the CO.

16.02 If the Contractor discharges the Worker for any other reason than the completion of the Service, the Contractor will notify the CO right away.

16.03 For discharge planning the following apply:
- a) Community physiotherapy after a Program requires advance approval from the CO. Requests will be submitted at least one (1) week prior to the planned discharge and must include a rationale as to why this recommendation is being made, who will be providing the Service, the duration, frequency, and payment; and
- b) Community psychological Services after a Program require advance approval from the CO.

17.00 REPRESENTATIVES

17.01 CO’s will indicate the Worker has a union representative and employers should be confirming union representation with all workers to ensure all of the correct parties are

invited to attend RTWPMs as a standalone assessment or on program. The Contractor will make reasonable efforts to accommodate the representative's availability.

18.00 STAFFING

18.01 Any clinician with provisional registration must be supervised by, and have all reporting signed by, a qualified and registered clinician.

18.02 All professionals providing Services must be fully registered, and licensed, where applicable, in the province of Alberta. This includes, but is not limited to:
- a) Physiotherapists;
- b) Occupational therapists;
- c) Exercise therapists;
- d) Kinesiologists;
- e) Psychologists;
- f) Neuropsychologists;
- g) Nurses;
- h) Physicians;
- i) Chiropractors;
- j) Social workers;
- k) Speech-language pathologists;
- l) Ergonomists; and
- m) Dieticians.

18.03 All exercise therapists and kinesiologists must be a member of the AKA with experience in musculoskeletal and functional RTW assessments, or kinesiologists with other certifications, such as the Canadian Athletic Therapists Association, who obtains membership with the AKA within six (6) months of commencing Services. Kinesiologists who are in the process of meeting the criteria for the AKA must be signed off by an active AKA member.

18.04 Resumes of all Assessment clinicians, Service intervention providers, Interdisciplinary Program team members, RE specialists, and RE psychologists will be submitted to HCS upon request.

19.00 SERVICE REPORTING

19.01 All Service reports will be type written and follow the prescribed format and guidelines outlined in the CRGs and must be submitted using prescribed report forms.

19.02 All Service reports must be signed by assessing medical and clinical staff.

19.03 A copy of all Service reports will be submitted to the:
- a) CO by fax at 780-427-5863, or toll-free at 1-800-661-1993; and
- b) Worker in person, or by other secure means.

19.04 A copy of all Service reports will also be faxed or mailed to the Worker's treating physician, attending surgeon, and additional identified health care professionals.

19.05 If the referral was received from a community health care professional, a copy of the Assessment report will also be faxed or mailed to this referral source if the Worker has given prior written consent by way of a Release of Personal Information Form.

19.06 If the Worker is discharged to a health care professional for further medical investigation, a copy of the appropriate Service report will be made available for the health care professional's review.

19.07 The Contractor must obtain the Worker's written consent by way of the Release of Personal Information form prior to disclosing any information to any third party. This includes RTW information to the Worker's Employer or any other employer.

19.08 HCS will monitor the content and quality of Service reports on a continuous basis. The Contractor is required to participate in report quality assurance activities during the Term, as and when directed by the WCB.