



Early Access Concussion Recovery Pilot Program

Service Funding Guidelines

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1. Introduction

ICBC engages with an extensive network of service providers that deliver care to ICBC claimants injured in motor vehicle accidents (“Customers”).

The purpose of the Early Access Concussion Recovery Pilot Program (the “EACR Pilot Program”) is to:

- facilitate the early interdisciplinary assessment, education, and reassurance to support early recovery for Customers who have sustained a concussion during their motor vehicle accident;
- when indicated, facilitate interdisciplinary intervention for Customers who have sustained a concussion during their motor vehicle accident; and
- evaluate the treatment outcomes pertaining to early intervention interdisciplinary concussion care to determine the benefits of funding this type of treatment with respect to customer recovery.

The EACR Pilot Program will run from March 25, 2024 to March 24, 2025 and may be available for Customers who present with a concussion within the first three months from the date of accident. The EACR Pilot Program is not intended for those Customers with a persistent concussion, where persistence is defined as a concussion that lasts longer than three months since the date of accident.

Services eligible for EACR Pilot Program funding are limited to those addressing the Customer’s motor vehicle accident-related concussion symptoms. EACR Pilot Program funding is in addition to any other benefits the Customer may be entitled to pursuant to the Insurance (Vehicle) Act and its associated Regulations. Any accident-related injuries not resulting from the concussion should be treated outside of the EACR Pilot Program; funding for treatment of these other injuries will require separate treatment plans, invoices, progress reports and, if eligible for direct billing, must follow all other requirements outlined on the applicable ICBC Business Partner Page.

The goal of the EACR Pilot Program is to facilitate recovery from concussion-related limitations and symptoms, even if return to work, school, or other activities is not possible following discharge from the EACR Pilot Program due to other injuries.

Over the course of the Pilot, the EACR Pilot Program will undergo a review to evaluate its effectiveness. ICBC values the collaboration of participating clinics to conduct this review to ensure the best recovery outcomes for our mutual Customers.

For additional information, please contact ICBC at recoveryprograms@icbc.com.

1.1. EACR Pilot Program Participation

Only Approved Clinics are eligible to participate in the EACR Pilot Program. To become an Approved Clinic, see section 2 of these Service Funding Guidelines (the “Guidelines”).

ICBC will maintain an internal roster of Approved Clinics and Provider Teams that are eligible to provide services under the EACR Pilot Program. Approved Clinics’ contact information will be shared with Customers for whom funding for the EACR Pilot Program Intake Assessment is approved; this information will be shared based on the Customer’s geographic location and the Approved Clinic’s listed service area. The Customer chooses the Approved Clinic they wish to attend; ICBC does not direct referrals.

1.2. ICBC’s Expectations

Working cooperatively, the Approved Clinic, Provider Team and ICBC will create positive experiences for our mutual Customers by demonstrating our shared values of being collaborative, supportive, straightforward, and knowledgeable.

ICBC expects participants in the EACR Pilot Program to align themselves with the above objective and commit to providing high-quality, cost-effective, and outcome-oriented care. Approved Clinics and Provider Teams are expected to behave in an ethical manner, observing the highest principles of integrity, respect, equality, fair practice, professional conduct, and excellence. Approved Clinics and Provider Teams are expected to ensure that they do not operate or conduct business in a manner that adversely affects or that is harmful, detrimental, or disrespectful to the public image, reputation, or goodwill of ICBC or Customers.

Customers must be treated with respect and dignity, sensitivity, and empathy at all times.

2. EACR Program Clinic and Provider Requirements

2.1. Approved Clinic Requirements

To become an Approved Clinic, clinics must meet the following minimum requirements:

- Have an approved, active ICBC vendor number;
- Read, agree to, and deliver services in compliance with these Guidelines;
- Complete and submit the [EACR Pilot Program Provider Sign-up \(icbc.com\)](https://www.icbc.com/eacr-pilot-program-provider-sign-up)
 - Following the submission, the applying clinic will be contacted by ICBC Recovery Programs and be required to provide a resume for each clinician/provider referenced by the clinic in the application form.
 - Upon receipt of all requested information, ICBC will review the submission for a decision on whether the clinic meets the criteria to become an Approved Clinic
- Ensure EACR Pilot Program services are delivered only by an approved Provider Team that meets the Provider Qualification Requirements set out in section 2.4. of these Guidelines; and
- Have an appropriately equipped facility to support clinic-based treatment for Customers.

Approved Clinics must deliver EACR Pilot Program services by way of a Provider Team that consists of practitioners that have been approved by the ICBC Recovery Programs team. At a minimum, the Provider Team must consist of a Core Provider Team, with an optional Supporting Provider Team. All practitioners must meet Provider Qualification Requirements.

It is crucial that Approved Clinics ensure their Provider Team list remains current. If an Approved Clinic wishes to withdraw or add a specific Provider Team member from the EACR Pilot Program Provider Team, they must contact ICBC at recoveryprograms@icbc.com. Any services delivered by practitioners outside of the approved Provider Team may result in reversal of funding approvals and/or payments.

2.2. Core Provider Team

The Core Provider Team must consist of an Occupational Therapist (OT) and a Physical Therapist (PT) or Chiropractor (Chiro) that meet the Provider Qualification Requirements (see section 2.4 of these Guidelines).

The Core Provider Team is responsible for:

- Conducting the Intake Assessment
- Completion and submission of the Intake Report, Progress Reports and Discharge Report;
- Delivering treatment, where ICBC has approved funding for treatment; and

- Designating a Treatment Provider Lead, such Treatment Provider Lead to be:
 - A member of the Core Provider Team;
 - Identified at the time of the Intake Assessment; and
 - The primary contact between ICBC and the Provider Team

2.2.1. OT Services

OT services provided as part of the EACR Pilot Program must be provided in accordance with the OT Program Guide but must be billed in accordance with section 7.3 of these Guidelines. When providing services under the EACR Pilot Program, OTs may not bill additional OT hours for services delivered as part of the EACR Pilot Program. In the event of a conflict between these Guidelines and the OT Program Guide, these Guidelines will prevail.

2.3. Supporting Provider Team

When appropriate for the Customer's treatment needs, a treatment plan may also include treatment delivered by Supporting Provider Team members, which may include a Counsellor (CO), Rehabilitation Assistant (RA) or Kinesiologist (KIN).

2.4. Provider Qualification Requirements

All members of the Provider Team delivering EACR Pilot Program services must have experience in managing concussions and be employed or contracted by the same Approved Clinic.

Provider Team members must meet minimum experience and training requirements directly related to concussion management as follows:

- **PT:** a minimum of 12 months experience directly related to the assessment and treatment of concussion and vestibular disorders within the last three years, as well as having attended a concussion management course and vestibular rehabilitation course within the last three years.
- **Chiro:** a minimum of 12 months experience directly related to the assessment and treatment of concussion and vestibular disorders within the last three years, as well as having attended a concussion management course and vestibular rehabilitation course within the last three years.
- **OT:** a minimum of 12 months experience directly related to the assessment and treatment of concussion as well as 12 months experience with return-to-work (RTW) planning within the last three years. In addition, it is required to have attended a concussion management course within the last three years.
- **CO:** a minimum of 12 months experience as an CO directly related to the treatment of concussion and must have participated in at least one concussion management course within the last three years.

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- **KIN:** a minimum of 12 months experience working in strengthening/conditioning, RTW, or the rehabilitation setting, in addition to having completed a concussion management course within the last three years.
- **RA:** a minimum of 12 months experience working with an OT or PT in a rehabilitation setting.

Clinics within rural, remote, or underserved communities may be considered for participation in the EACR Pilot Program even if the Provider Qualification Requirements are not fully met. Such clinics interested in participating in the EACR Pilot Program are encouraged to contact ICBC at recoveryprograms@icbc.com.

3. EACR Pilot Program Intake Services

3.1. Goal of the EACR Pilot Program

EACR Pilot Program goals fall into one or more of the following four primary categories based on the Customer's limitations caused by concussion and their pre-injury functional status:

- to allow for an early and durable return to work
- to allow for an early and durable return to school
- to allow for an early and durable return to caregiving, or
- to allow for an early and durable return to activities of daily living

The goal related to a specific treatment plan is to be developed and agreed on by the Customer and the Provider Team. The goal must reference specific functional activity and have a timeline (e.g., return to work at regular duties by a specified date).

3.2. Customer Eligibility Criteria

Prior to conducting an Intake Assessment, Approved Clinics must confirm funding approval from the Customer's ICBC Recovery Specialist. To qualify for funding for the EACR Pilot Program Intake Assessment, the Customer must have:

- An active accepted Enhanced Care ICBC claim (i.e., a claim with an accident date of May 1, 2021 or later);
- At the time of Intake Assessment, a claim that is within the Early Access Period (i.e., a claim with an accident date that was less than 12 weeks ago); and
- Sustained a concussion as a result of their motor vehicle accident, and due to the functional impairments caused by their concussion, is either:
 - off work with no expected return to work date;
 - off school with no expected return to school date;
 - off caregiving duty with no expected date to resume this responsibility; or
 - not independent with essential activities of daily living.

3.3. Intake Process

An Approved Clinic may request funding for an Intake Assessment by emailing the Customer's ICBC Recovery Specialist.

Reminder: Only Approved Clinics are eligible for funding under the EACR Pilot Program. Those clinics that are not an Approved Clinic or who are unsure if they are an Approved Clinic should review these Guidelines and submit an email to recoveryprograms@icbc.com.

3.3.1. Intake Assessment

The Intake Assessment must be completed by the Core Provider Team over a maximum of 3 days. Additionally, the Intake Assessment must take place within 7 calendar days from receipt of funding authorization. In the event of any anticipated delays in completing the Intake Assessment, written email communication should be promptly shared with the Customer's ICBC Recovery Specialist, with a copy sent to recoveryprograms@icbc.com.

The Intake Assessment must include the following:

1. Customer education and reassurance;
2. Review of mechanism of injury and symptoms within initial 72 hours post injury;
3. Review of currently presenting symptoms;
4. Physical examination for the purpose of assessment, confirmation of general fitness for participation in the EACR Pilot Program or return to work/school/caregiving/activities of daily living (as related to concussion);
5. Development of the EACR Pilot Program goal (see section 3.1);
6. Exertional testing;
7. Vestibular ocular assessment completed to assess oculomotor, vestibular, motion sensitivity and balance issues;
8. Cognitive screen to identify any areas of cognitive difficulty impacting current function, relative to the Customer's anticipated reported baseline and their pre-injury functional demands as related to their recovery goal;
9. A psychosocial screen, including the appropriate standardized test(s) to identify non-physical considerations that may impact development of an appropriate treatment plan;
10. A functional assessment of the Customer's current level of functional ability relative to the critical demands of the EACR Pilot Program goal (e.g., demands of the Customer's job, schoolwork, caregiving and/or activities of daily living);
11. Determination of required Provider Team; and
12. Development of an appropriate treatment plan.

Note: Where the required treatment team includes practitioners that have not yet been authorized by ICBC Recovery Programs, these practitioners must apply to ICBC Recovery Programs at recoveryprograms@icbc.com for consideration in accordance with section 2 of these Guidelines.

3.3.2. Intake Report

The Intake Report must be submitted to ICBC via recoveryprograms@icbc.com within 3 business days following completion of the Intake Assessment.

The format of the Intake Report may be determined by the Approved Clinic and must contain the following information:

- Customer's name and date of birth;
- Customer's ICBC claim number
- Date of accident;
- Date of initial Customer contact to schedule Intake Assessment;
- Date(s) of Intake Assessment examination;
- Report date;
- Approved Clinic name and vendor number;
- Core Provider Team — provider names, provider type;
- Treatment Provider Lead and contact information (see section 2.2);
- Supporting Provider Team (if applicable), including provider names, provider type;
- Summary of mechanism of injury and symptoms experienced within initial 72 hours post injury
- Summary of the physical, vestibular, cognitive, psychological, exertional and functional evaluation results
- Proposed treatment plan (see section 4.3)
- EACR Pilot Program goal (see section 3.1)
- Anticipated discharge date

Note: Any incomplete or substandard reports will be returned to the Approved Clinic for revision and may result in delays in obtaining an authorization decision for treatment.

To be eligible for funding under the EACR Pilot Program, treatment must not take place until ICBC has reviewed and authorized the treatment plan recommended by the Approved Clinic. Approved Clinics and the Provider Team must not make commitments to the Customer relating to ICBC funding until authorization from ICBC has been received.

4. Treatment

The Provider Team will deliver individualized treatment tailored to the Customer and aligned with the goal of the EACR Pilot Program.

Treatment under the EACR Pilot Program is funded in blocks (“Treatment Blocks”). It is anticipated that the majority of Customers will not require treatment exceeding one Treatment Block. On rare occasions, total treatment may be extended to a maximum of two Treatment Blocks, if required and approved by ICBC.

If at any time during the Treatment Block the Provider Team does not believe that the Customer will be able to reach the goal of the EACR Pilot Program due to their concussion or other factors, or may require a more comprehensive concussion program, the Treatment Provider Lead should contact the ICBC Recovery Specialist so that funding of other treatment options can be explored.

4.1. Treatment Eligibility Criteria

Following the Intake Assessment, Customers must have a minimum of the following to qualify for funding under the EACR Pilot Program:

- A recommendation for treatment under the EACR Pilot Program as determined by the Core Provider Team; and
- Confirmation that, due to the functional impairments caused by their concussion, the Customer fits into at least one of the following categories:
 - off work with no expected return to work date within 2 weeks from the Intake Assessment;
 - off school with no expected return to school within 2 weeks from the Intake Assessment;
 - off caregiving duty with no expectation to resume their responsibilities within 2 weeks from the Intake Assessment; or
 - not independent with essential activities of daily living.
- Funding approval from the ICBC Recovery Specialist for the Treatment Block(s).

4.2. Treatment Block

A Treatment Block is the period during which the Customer receives treatment.

It is the Approved Clinic and Provider Team’s responsibility to work collaboratively with the Customer to establish the appropriate treatment schedule during approved Treatment Blocks.

Note: During a Treatment Block, members of the Provider Team, or other health care providers of the same practitioner-type at the same Approved Clinic, may not provide concussion care to the Customer outside of the EACR Pilot Program.

4.2.1. Initial Treatment Block

The Initial Treatment Block cannot commence until funding approval has been provided by the ICBC Recovery Specialist.

The Initial Treatment Block must be 6 weeks in duration. The first treatment session within the Initial Treatment Block must be scheduled within 7 calendar days from the date of treatment funding authorization.

The Initial Treatment Block includes, at minimum:

- 3 hours of direct care per week while the Customer is not engaged in a gradual return-to-work/school/activity plan, including:
 - One weekly one-to-one session with each of the Core Providers, addressing individualized treatment needs;
 - One weekly education session dedicated to topics related to concussion recovery; and
- Ongoing necessary direct care during Customer's participation in a gradual return-to-work/school/activity plan, as determined by the Provider Team, to ensure successful reintegration to work, school or activity;
- One weekly telephone or video conference contact with the Customer while they are engaged in a gradual return-to-work/school/activity plan to support the Customer in their return to work/school/activity;
- Facilitating a successful return-to-work/school/activity plan as outlined in section 4.4.2;
- Communication and collaboration within the Provider Team, the ICBC Recovery Specialist, and any other health care providers involved in the Customer's recovery to ensure alignment of the treatment goals and plan;
- One Care Plan Meeting a minimum of 2-weeks prior to the Customer's anticipated discharge date; and
- Any treatment session with the Supporting Provider Team that are deemed necessary for the Customer's successful recovery in the EACR Pilot Program.
- Any Group Sessions as outlined in section 4.3.1 that are deemed necessary for the Customer's successful recovery in the EACR Pilot Program.

If an extension to the discharge date is required due to special circumstances (e.g., Customer's time away from treatment due to a family emergency), the Treatment Provider Lead must obtain express written approval from the ICBC Recovery Specialist and copying recoveryprograms@icbc.com on any request.

4.2.2. Subsequent Treatment Block

A Subsequent Treatment Block can be between 1 and 6 weeks in duration and will only be approved in exceptional circumstances (e.g., to support the completion of a GRTW that has already commenced and is near completion).

Note: The maximum duration of treatment under the EACR Pilot Program cannot exceed 12 weeks.

The Subsequent Treatment Block includes, at minimum:

- 3 hours of direct care per week while the Customer is not engaged in a gradual return-to-work/school/activity plan; This encompasses the following:
 - One weekly one-to-one session with each of the Core Providers, addressing individualized treatment needs;
 - One weekly education session dedicated to topics related to concussion recovery; and
- Ongoing necessary direct care during Customer's participation in a gradual return-to-work/school/activity plan, as determined by the Provider Team, to ensure successful reintegration to work, school or activity;
- One weekly telephone or video conference contact with the Customer while they are engaged in a gradual return-to-work/school/activity plan to support the Customer in their return to work/school/activity;
- Facilitating a successful return-to-work/school/activity plan as outlined in section 4.4.2;
- Communication and collaboration within the Provider Team, the ICBC Recovery Specialist, and any other health care providers involved in the Customer's recovery to ensure alignment of the treatment goals and plan;
- One Care Plan Meeting a minimum of 2-weeks prior to the Customer's anticipated discharge date; and
- Any treatment session with the Supporting Provider Team that are deemed necessary for the Customer's successful recovery in the EACR Pilot Program.
- Any Group Sessions as outlined in section 4.3.1 that are deemed necessary for the Customer's successful recovery in the EACR Pilot Program.

If an extension to the discharge date is required due to special circumstances (e.g., Customer's time away from treatment due to a family emergency), the Treatment Provider Lead must obtain express written approval from the ICBC Recovery Specialist and copy recoveryprograms@icbc.com.

4.2.3. EACR Pilot Program and Early Access Treatment

Treatment provided as part of the EACR Pilot Program does not take away from the Customer's pre-approved treatment sessions within the Early Access Period (initial 12 weeks following the accident date).

4.3. Treatment Planning

As part of the Intake Assessment the Core Provider Team, with input from the Supporting Provider team as may be necessary, must develop a joint interdisciplinary treatment plan for each week of the Initial Treatment Block that is tailored to the Customer's needs. For the purposes of the EACR Pilot Program, a week is the 7-day period running from Sunday to Saturday.

Note: The 'treatment plan' referred to in these Guidelines does not refer to the Treatment Plan document found on the ICBC Business Partners' page.

The treatment plan submitted to ICBC as part of the Intake or Progress Report must incorporate the minimum requirements of each Treatment Block as outlined in sections 4.2.2 and 4.2.3, and must include a breakdown of services being provided each week, including:

- treating practitioner(s) — including practitioner names and provider types;
- session duration — for each one-to-one and group session;
- explicit indication if session will be provided in a group or one-on-one setting;
- description of treatment that will be provided; and
- frequency of treatment sessions occurring outside of the EACR Pilot Program with health care providers who are not a part of the EACR Pilot Program.

Note: It is the responsibility of the Provider Team to obtain the appropriate authorizations from the Customer to directly engage any health care providers the Customer may be seeing outside of the EACR Pilot Program. This contact is necessary to ensure that the treatment plan aligns with all other health care providers who are involved in the Customer's care.

4.3.1. Group sessions

Group sessions can be incorporated into the EACR Pilot Program treatment schedule if the Provider Team feels they will provide additional benefit and support the Customer with successful completion of the EACR Pilot Program Goal. Recommendation for these sessions must be outlined in the treatment plan approval request. Up to 12 group sessions can be delivered within a 6-week Treatment Block. The number of group sessions can be pro-rated to 2 per week for Subsequent Treatment Blocks under 6 weeks in duration.

Group sessions:

- must be delivered by a PT, Chiro, OT, CO, KIN, or RA with supervision from PT or OT;
- have a minimum duration of 30 min per session;
- consist of an educational component within context of concussion; and
- incorporate physical, vestibular, visual, balance, cognitive, or cardiovascular rehabilitation, as best suited for the Customer.

Group sessions may not have more than 10 clients if delivered by one member of the Provider Team. The only exception to this requirement are classroom-based group education sessions, for which this restriction does not apply.

4.4. Return to Work/School/Activity Services

In order to promote effective coordination of return-to-work/school/activity services, the responsibilities of both the ICBC Recovery Specialist and the Provider Team have been clearly defined. These delineations of duties ensure seamless collaboration during the Customer's participation in the EACR Pilot Program.

4.4.1. ICBC responsibilities

ICBC Recovery Specialist responsibilities include:

1. Collaborating with the Customer and their Provider Team to evaluate progress toward recovery milestones and the overall recovery goal.
2. Working closely with health care providers and employers (when applicable) to make necessary adjustments to benefit entitlement, as needed.

4.4.2. Provider Team responsibilities

Program Provider Team responsibilities include:

1. Ascertaining job demands and accommodations that allow the Customer to return to work by collaborating with the Customer's employer (when applicable).
2. Collaborative creation and sharing of a return to work/school/activity plan with all required parties including the Customer, their employer, their health care team, including the Customer's family physician (if applicable), and the ICBC Recovery Specialist
3. Ensuring that return to work/school/activity plan end date does not exceed the approved EACR Pilot Program treatment end date. If the plan is anticipated to exceed this duration, the Program Provider Team must contact ICBC Recovery Specialist via email (and cc: recoveryprograms@icbc.com) before creating a new return to work/school/activity plan or making changes an existing return to work/school/activity plan.

4. Facilitating a successful return to work/school/activity and tracking the progress of this return to work/school/activity plan.
5. Working collaboratively with the ICBC Recovery Specialist and Customer on the planning, implementation, and monitoring of the Customer's return to work/school/caregiving/activity plan.
6. Making a recommendation for a job site visit when indicated.
7. Assisting in the adherence of established plans.
8. Providing telephone support to the Customer during the gradual return to work/activity in order to ensure durability.

4.4.3. Job Site Visit (JSV)

Separate authorization from ICBC is required to obtain funding for a JSV. The Provider Team Lead must contact the Customer's ICBC Recovery Specialist to obtain funding authorization prior to initiating a JSV.

Only a JSV conducted during the Initial Treatment Block can be billed separately from the Block's funding allowance. A JSV carried out within a Subsequent Treatment Block is included and cannot be billed in addition to the funding allocated for the Subsequent Treatment Block.

4.4.4. Job Demands Analysis (JDA)

Separate authorization from ICBC is required to obtain funding for a JDA. The Provider Team Lead must contact the Customer's ICBC Recovery Specialist to obtain funding authorization prior to initiating a JDA.

Authorization for a JDA will not be granted if the Provider Team has not made a reasonable effort to obtain a copy of the Customer's job demands from their employer or if a copy of the Customer's job demands has already been provided by the ICBC Recovery Specialist or the Customer.

Only a JDA conducted during the Initial Treatment Block can be billed separately from the Treatment Block's funding allowance. A JDA carried out within a Subsequent Block is included and cannot be billed in addition to the funding allocated for the Subsequent Treatment Block.

4.5. Treatment and Equipment Not Covered

Funding requests for experimental and other treatments/equipment, including but not limited to Botox, Vision Therapy, hormone therapy, AJOVY (fremanezumab) injections, Pons Therapy, Hyperbaric Oxygen Therapy, GyroStim, or prism glasses are not covered under the EACR Pilot Program and should not be included as part of the EACR Pilot Program treatment plan.

Any other funding requests for equipment require pre-approval from ICBC. Pre-approval must be requested in writing via email from ICBC Recovery Specialist with a copy sent to recoveryprograms@icbc.com).

4.6. Telehealth

COs may provide their services via telehealth and should include both audio and video technology when the Customer is able to access the required technology.

All other EACR Pilot Program treatment services must be provided in-person at the Approved Clinic.

5. Customer Attendance and Program Compliance

The Provider Team must communicate any issues related to the Customer's compliance to ICBC within one business day of identifying the issue. Such issues include but are not limited to:

- Any two or more rescheduled appointments;
- Any two or more late arrivals; or
- Any no-show to scheduled treatment.

6. Reports and Meetings

6.1. Coordination and Information Sharing

6.1.1. Provider Team Coordination

The Core Provider Team and any required members of the Support Provider Team (as determined by the Core Provider Team) are required to collaborate when creating the Intake Report, Progress Report, and Discharge Report. This includes any collaboration time required to create a cohesive EACR Pilot Program treatment plan, which must be included in all Intake and Progress reports.

The time required to support this collaboration is included in the Intake Assessment fee, Progress Report fee, and Discharge Report fee, respectively and may not be billed as additional time.

6.1.2. Information Sharing

The Provider Team is responsible for sharing Reports outlined in sections 6.2, 6.3 and 6.5 with the Customer's Family Physician (if applicable) and any other relevant health care providers the Customer may be seeing outside of the EACR Pilot Program.

It is the responsibility of the Provider Team to obtain the appropriate authorizations from the Customer to directly share information with health care providers the Customer may be seeing outside of the EACR Pilot Program. The time required to support this information sharing is included in the Intake Assessment fee, Progress Report fee, and Discharge Report fee, respectively and may not be billed as additional time.

6.2. Intake Report

Refer to section 3.3.3 of these Guidelines.

6.3. Progress Report

A written Progress Report must be submitted to ICBC via recoveryprograms@icbc.com during the Initial Treatment Block.

The Approved Clinic can determine the specific format of the Progress Report. All Progress Reports must include:

- estimated discharge date (with clear rationale if the estimated discharge date is different than originally anticipated),
- statement indicating if progress is on track with the agreed upon goal,
- statement regarding Customer's ability to return to work/school/caregiving/activities of daily living,
- statement about notable functional changes,

- updated proposed treatment plan, including treatment plan for Subsequent Treatment Block, if indicated, and
- updated return-to-work/school/activity plan outlined on a per day basis for the duration of the Customer's participation in the EACR Pilot Program.

6.3.1. Progress Report (Initial Treatment Block)

Provider Teams are required to provide a written update to ICBC via recoveryprograms@icbc.com no later than **4 weeks (29 calendar days)** into the Initial Treatment Block.

Only one Progress Report can be submitted during the Initial Treatment Block.

6.3.2. Progress Report (Subsequent Treatment Block)

A second Progress Report is **only** required if the Customer's discharge date is anticipated to be greater than 5 weeks from the date of last treatment within the Initial Treatment Block. Otherwise, a Discharge Report should be submitted (see section 6.5).

If a Customer's anticipated discharge date is greater than 5 weeks from the date of last treatment within the Initial Treatment Block, a progress report is required no later than 8 weeks into the total EACR Pilot Program treatment duration.

Only one Progress Report can be submitted during the Subsequent Treatment Block, in accordance with the above restrictions.

6.4. Care Plan Meeting

A Care Plan Meeting must be scheduled two weeks in advance of the expected discharge date. The responsibility of initiating this meeting lies with the Treatment Provider Lead, who must reach out to the ICBC Recovery Specialist at least three weeks before the anticipated discharge. The Treatment Provider Lead should propose at least two options for meeting times/days (occurring between Monday and Friday, 8:30 a.m. and 4 p.m.). Subsequently, it is the responsibility of the ICBC Recovery Specialist to arrange and confirm the meeting.

The Provider Team may request additional Care Plan Meetings with the ICBC Recovery Specialist, as required.

Care Plan Meetings should include all members of the Core Provider Team, the ICBC Recovery Specialist, and the Customer, unless there are concerns that the topics to be discussed could potentially hinder the Customer's recovery progress. Additionally, if required, other parties such as the Customer's employer may be invited to participate in the Care Plan Meeting by the ICBC Recovery Specialist.

The goal of Care Plan Meetings is to discuss and align on the Customer's progress, return to work/school/activity, EACR Pilot Program goals, and any further recommendations relevant to the Customer's recovery.

Care Plan Meeting agendas can include, but are not limited to, the following topics:

- actual functional progress made compared to anticipated progress;
- Customer's attendance and engagement with the EACR Pilot Program;
- whether the EACR Pilot Program is on track for the goal outlined at time of Intake Assessment;
- review of ongoing, or the development of any new, barriers to recovery;
- treatment recommendations; and
- discharge planning.

6.5. Discharge Report

A written Discharge Report must be provided to ICBC within 3 business days the Customer's discharge from the EACR Pilot Program. The Approved Clinic can determine the specific format of the report, which must include:

- Customer name and date of birth
- Customer's ICBC claim number
- Date of accident
- Discharge status: indication if Program goal was met at the time of discharge. Status must be indicated as one of the following:
 - **Goal Achieved** — Customer has reached the EACR Pilot Program goal.
 - **Goal Partially Achieved** — Customer is able to return to activities related to the EACR Pilot Program goal but with modifications. The Discharge Report must specify the Customer's current abilities, ongoing restrictions and limitations, and any implemented work/school/activity modifications.
 - **Goal Not Achieved** — Customer is not able to return to activities related to EACR Pilot Program goal in a meaningful way even with modifications. The Discharge Report must indicate the reason for the EACR Pilot Program goal not being reached, outline current abilities and concussion related restrictions and limitations at discharge.
- Recommendations for any ongoing concussion related treatment beyond discharge date, if applicable. This must include:
 - Treatment/Program type
 - What functional limitations the treatment would be aimed at addressing
 - Anticipated number of sessions, and
 - Anticipated treatment end date

7. Remuneration and Invoicing

7.1. Billing Limits and Invoice Submission

All invoices related to the EACR Pilot Program must be billed manually and submitted to ICBC by emailing invoices@icbc.com.

Approved Clinics are able to use their invoices or the ICBC invoice template form

[*CL392 – Health Service Provider Invoice \(icbc.com\)](#).

Invoices submitted must contain fees associated with one Customer only. The invoice must contain the following information, broken down by Treatment Block:

- Vendor/Clinic name and vendor number
- Customer name
- Claim number
- Identification as an Early Access Concussion Recovery Pilot Program invoice
- Itemized list of each service provided, date on which service was provided, duration of service and provider (name and practitioner type) that delivered the service
- Cost of each service (in adherence to section 7.3 of these Guidelines)

Invoices for the Intake Assessment and Report may be submitted separately from other billed services.

Approved Clinics must submit a single invoice for services performed during the Initial Treatment Block. This invoice should be sent to ICBC within 45 days of either the Customer's discharge date or the date of the last treatment in the Initial Treatment Block, whichever occurs earlier.

Approved Clinics must submit a single invoice for services performed during the Subsequent Treatment Block. This invoice should be sent to ICBC within 45 days of the Customer's discharge date.

Invoices submitted outside of these 45-day timeframes may not be eligible for payment.

7.3. Billable Services

7.3.1. Core Services

Service Type	Min/Max Time Limits	Amount	Details
Intake Assessment and Report	Includes all activities related to Intake Assessment and Intake Report outlined in section 3.3.	\$650	<p>Intake Reports must be submitted within 3 business days of completing the Intake Assessment. This fee can only be invoiced after the Intake Report has been sent to ICBC.</p> <p>The compensation for delayed Intake Report submissions will decrease by 10% for each business day the report is overdue, with a maximum reduction capped at 50%.</p> <p>ICBC will not pay for the report if the report is incomplete when submitted. An incomplete report must be completed and resubmitted in order to qualify for payment.</p>
Initial Treatment Block	Refer to section 4.2.1	\$4,000	<p>Invoices for Initial Treatment Block must be submitted within 45 days from the date of discharge, or the date of last treatment within the Initial Treatment Block, whichever is earlier. The fee includes all services delivered during the Initial Treatment Block, excluding Reports, JSV or JDA.</p> <p>The invoice must include an itemised list in accordance with section 7.1.</p>
Progress Report		\$200	<p>Fee is inclusive of all activities related to creation and submission of Progress Report to ICBC.</p> <p>Due no later than four weeks/28 days into each Treatment Block.</p> <p>The compensation for delayed Progress Report submissions will decrease by 10% for each business day the report is overdue, with a maximum reduction capped at 50%.</p> <p>ICBC will not pay for the report if the report is incomplete when submitted. An incomplete report must be completed and resubmitted to qualify for payment.</p>

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Service Type	Min/Max Time Limits	Amount	Details
Discharge Report		\$200	<p>Fee is inclusive of all activities related to creation and submission of Discharge Report to ICBC, including consultation among Provider Team.</p> <p>Discharge Report must be submitted within 3 business days of Program Discharge.</p> <p>The compensation for delayed Discharge Report submissions will decrease by 10% for each business day the report is overdue, with a maximum reduction capped at 50%.</p> <p>ICBC will not pay for the report if the report is incomplete when submitted. An incomplete report must be completed and resubmitted to qualify for payment.</p>

7.3.2. Other Billable Items

Service Type	Min/Max Time Limits	Amount	Details
Subsequent Treatment Block	Refer to section 4.2.2	Up to \$3,000 for 6 weeks — prorated on weekly basis to the discharge date (i.e. \$500 per week)	<p>Invoices for the Subsequent Treatment Block must be submitted within 45 days from the date of discharge, or the date of last treatment within the Subsequent Treatment Block, whichever is sooner.</p> <p>The fee includes all services delivered during the Subsequent Treatment Block including JDA and JSV, but excludes Reports.</p> <p>The invoice must include an itemised list in accordance with section 7.1.</p>

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Service Type	Min/Max Time Limits	Amount	Details
OT Job Site Visit (JSV)	<p>All time spent must be billed rounded to the next tenth of an hour (i.e. 6 minute increments).</p> <p>Only a JSV conducted during the Initial Treatment Block can be billed separately from the Block's funding allowance. A JSV carried out within the Subsequent Block cannot be billed in addition to the funding allocated for the Subsequent Treatment Block.</p>	Approved OT hourly rate	<p>The Provider Team must request separate authorization from the ICBC Recovery Specialist prior to incurring this service.</p> <p>This service must be provided by an OT.</p> <p>Indirect care activities (such as charting or session preparation) are not funded as they are considered a part of the Core Services.</p>
OT Job Demands Analysis	<p>All time spent must be billed rounded to the next tenth of an hour (i.e. 6 minute increments).</p> <p>Only a JDA conducted during the Initial Treatment Block can be billed separately from the Block's funding allowance. A JDA carried out within the Subsequent Block cannot be billed in addition to the funding allocated for the Subsequent Treatment Block.</p>	Approved OT hourly rate	<p>The Provider Team must request separate authorization from the ICBC Recovery Specialist prior to providing this service.</p> <p>This service must be provided by an OT.</p> <p>Authorization for a JDA will not be granted if the Provider Team has not made a reasonable effort to obtain a copy of the Customer's job demands from their employer or if a copy of the Customer's job demands has already been provided by the ICBC Recovery Specialist or the Customer.</p>
Travel Time	<p>Maximum 90 minutes round trip per occurrence.</p> <p>All time spent must be billed rounded to the next tenth of an hour (i.e. 6 minute increments).</p> <p>If additional time beyond the 90 minutes is required, this should be specified with clear rationale provided.</p>	Approved OT hourly rate	<p>Travel time is billable only in limited circumstances and must be specifically authorized in advance by the ICBC Recovery Specialist.</p> <p>Travel time may only be billed by OTs for actual travel time between the clinic location and Customer's workplace, when required for JSV or JDA.</p> <p>Mileage is not funded by ICBC.</p>

7.4. Prohibited Disbursements

No fee in excess of above outlined expenses may be charged to ICBC or the ICBC Customer in relation to EACR Pilot Program services relating to an ICBC claim.

The following activities are considered by ICBC as included the EACR Pilot Program fees, and will not be paid by ICBC as additional expenses/disbursements:

- a) Additional OT services within the context of the EACR Pilot Program that are beyond what is outlined within these Guidelines;
- b) administration fees;
- c) supplies used during in-person sessions (ultrasound gel, taping, acupuncture needles, etc.);
- d) postage, courier, or copying fees for reports, including attachments, and records (other than clinical records) provided to ICBC;
- e) supervision or staffing (e.g. administrative support, mentorship) required for normal business operations;
- f) telecommunication and long distance charges;
- g) parking fees;
- h) mileage;
- i) transportation fees (e.g. bus passes) excluding allowable travel and mileage expenses;
- j) gym, community centre or other user or admission fees for use of facilities;
- k) interest or late fees;
- l) user fees; and
- m) communication/correspondence time for the purpose of seeking funding decisions or for the purpose of providing feedback regarding the EACR Pilot Program.

7.4. Accuracy

Approved Clinics and Provider Team Members are all responsible for ensuring that invoices accurately represent services provided to the Customer.

8. Termination

8.1. Treatment Plan Termination

ICBC retains the right to discontinue funding for a treatment plan at any point due to Customer non-compliance. Approved Clinics will be given prior notification before the termination of previously approved treatment plans. In such instances, ICBC will only be responsible for payment up to the date when the Approved Clinic receives notification of termination.

Payment for the Treatment Block will be prorated based on the termination notification date, and compensation for any reports completed up to that point will also be provided. Additionally, ICBC will request a final discharge report from the Provider Team, for which compensation will be issued.

8.2. Removal of Approved Clinic or Provider Team Member(s) from the EACR Pilot Program list

At its sole discretion ICBC retains the right to remove a clinic from the Approved Clinic list at any time, including but not limited to such circumstances where the clinic fails to adhere to the Guidelines or if their direct billing privileges are otherwise suspended.

At its sole discretion ICBC retains the right to remove a provider from the Provider Team member at any time, including but not limited to such circumstances where the provider deviates from the Guidelines or if their direct billing privileges are otherwise suspended.

If an Approved Clinic wishes to withdraw either themselves or a specific Provider Team member from participation in the EACR Pilot Program, they must contact ICBC at recoveryprograms@icbc.com.

In the event of the removal of an Approved Clinic or a Provider Team member from the EACR Pilot Program, it is incumbent upon the Approved Clinic to fulfill any ongoing EACR Pilot Program Customer service obligations in strict accordance with these Guidelines.

8.3. EACR Pilot Program Termination

ICBC reserves the right to terminate the EACR Pilot Program at any time. Any treatment plans approved prior to EACR Pilot Program termination will be paid upon completion.

9. Program Feedback and Monitoring

9.1. Program Feedback

Approved Clinic and Provider Team Member's expertise and firsthand experience with the EACR Pilot Program are invaluable to ICBC. ICBC would greatly appreciate feedback and insights on various aspects of the EACR Pilot Program including, but not limited to:

- the ability to provide effective services within the Guidelines;
- clarity of the Guidelines;
- how to make the Program more accessible in remote and rural communities;
- types of services covered under the EACR Pilot Program;
- development of service quality standards;
- development of performance and outcome durability standards; and
- timeliness of service.

Clinic and Provider Team Member input will play a crucial role in helping ICBC identify areas of improvement and implement changes that will benefit our mutual Customers as we develop progress beyond the pilot phase.

Please email feedback to recoveryprograms@icbc.com.

Time spent providing feedback is not billable.

9.2. Program Monitoring

As part of the EACR Pilot Program, ICBC is tracking and monitoring EACR Pilot Program results in order to inform future changes and opportunities.

Providers participating in the EACR Pilot Program may be requested to disclose clinical records and Customer appointment reservation details for the purpose of ICBC garnering additional insights into the outcomes of the EACR Pilot Program. Kindly note that no compensation will be provided in exchange for this data. The gathered information will not be disclosed to the Recovery Specialist, nor will it be utilized for claim management purposes.

10. Definitions

“Approved Clinic” means a Clinic authorized by ICBC to participate in the EACR Pilot Program

“Core Provider Team” means an Occupational Therapist and Physiotherapist or Occupational Therapist and Chiropractor delivering services within the EACR Pilot Program

“Customer” means an ICBC claimant injured in motor vehicle accident.

“EACR Pilot Program” means the Early Access Concussion Recovery Pilot Program

“Guidelines” means the Early Access Concussion Recovery Pilot Program Service Funding Guidelines document.

“Provider Team” means health care practitioners that are part of the Approved Clinic and are authorized by ICBC to participate in the EACR Pilot Program.

“Supporting Provider Team” means additional practitioners outside of the Core Provider Team that are delivering services within the Program. Supporting Provider Team may include a Counsellor (CO), Rehabilitation Assistant (RA) or Kinesiologist (KIN).

“Treatment Block” is the period during which the Customer receives treatment.

“Treatment Provider Lead” means one of the Core Provider Team practitioners designated as the primary contact between ICBC and the Program Provider Team

