



Working Better Together for Occupational Therapists Webinar Questions and Answers

1. How will ICBC assess job demands; are the Recovery Specialists going to the job site?

ICBC will be in contact with the customer's employer to determine if documented job demands are available for the customer's position. If available, this will be requested and forwarded to the customer's health care team. If not available and required, the recovery specialist may engage an occupational therapist for a single-service request to complete a job demands analysis for the position. ICBC recognizes that gathering the information is not necessarily a clinical task. However, application of the information within a clinical context is.

2. How are ICBC working with long-term disability and short-term disability insurance providers in creating Return to work plans?

With customer consent, ICBC will communicate with the STD/LTD provider to determine responsibility for RTW facilitation as this is often within scope of the STD/LTD case manager as well. Once determined this will be communicated to the customer, their care team and employer.

3. If a customer asks a neighbour to take them to a medical or rehabilitation appointment, will the Recovery Specialist inform them of the ability to claim mileage? (I.e. in rural area taxi service is not available)

Yes, ICBC has a policy on transportation and travel expenses for customers. In a case like this, the customer would require approval from the recovery specialist in advance of reimbursing their neighbour for the expense incurred.

4. How does ICBC address the coverage for equipment when other payers ask if it is MVA related? That delays the process.

As per the Roles of the Occupational Therapist and Recovery Specialist in Enhanced Care document guide, ICBC "coordinates with other insurers to determine financial responsibility for payment of rehabilitation services" or equipment. This may result in a delay however, priority of payer is regulated and we must adhere to these funding requirements.





5. What do we do if recovery specialist is not following these guidelines?

How do we escalate?

We encourage referencing the Roles of the Occupational Therapist and Recovery Specialist in Enhanced Care document guide in conversations with the recovery specialist. When necessary, escalate to their manager.

6. Since Homemaking or Personal Assistance services can include meal-preparation and accompaniment, can taxi-use be to a grocery store/pharmacy so client can participate in grocery shopping?

A taxi account may be set up for customers to attend medical appointments or for personal care needs and the taxi account and required addresses would be recommended by the health care team and reviewed for possible approval by the recovery specialist.

7. Is there a plan to list all OT providers in each area to allow customers to select their own provider?

There is no plan to publish the approved OT list externally. If the customer does not have a specific OT in mind, our recovery specialists support our customers in selecting an OT by providing them a list of service providers near their residence.

8. If the OT has provided the return to work recommendations, do we then discharge, or maintain an open file until they know the return to work is complete? Alternatively, would a re-referral occur?

The OT could continue supporting the customer and we would encourage communication on how the return to work plan will be monitored. The recovery specialist would rely on the OT's recommendations should they identify the need for the return to work plan to be altered or modified, or, to determine if discharge is appropriate.



9. Is the "initial phone call" with an OT company when a referral is provided, or with the treating OT? Is a follow up phone call required before writing report?

Once a referral is received and accepted by the firm the initial phone call is with the treating OT. Although a follow up phone call is not required it is highly recommended to ensure there is an opportunity to obtain clarification of treatment recommendations, if needed, prior to receiving the written report and also allows for the OT to relay any immediate equipment needs to the recovery specialist.

10. Is the following correct: Unless the OT receives a return-to-work planning referral from the recovery specialist, the return to work planning falls under the responsibility of the recovery specialist?

The recovery specialist is ultimately accountable for the successful implementation of a return to work plan. If the OT is already treating a customer and now it's time for a return to work, then a new referral is not required. Instead, communication with the recovery specialist is required to receive direction and funding approval for activities needed to support a return to work plan e.g. to assess job demands, provide clinical recommendations on RTW progression before and/or during RTW, anticipated RTW date etc. . If an OT is not already treating a customer, RTW recommendations may be derived from other treating health care providers and if this is not sufficient, and further clinical support is required, then a single service referral to an OT may be warranted. Reference: OT Performance Standards for single service definition.

11. If the OT just wishes to be involved in hospital discharge and not return to work, how far should OTs be involved until return to work focused OTs can come in the file?

The OT involved in the hospital discharge discloses their wishes about their level of involvement at the onset, during the initial call. This must be disclosed to the recovery specialist as this has customer impact. If this does not work, then the Hospital Discharge Program referral will select an OT that can provide more longitudinal support. If the Hospital Discharge Program OT ends their involvement once the transition home is completed, then a new referral will be required. The recovery specialist would support the customer in selecting a different OT from a different firm.



12. If an OT receives a PCA only referral, how can recommendations for equipment and/or treatment to increase independence be communicated without an initial assessment report?

This can be noted in the end of the report where there is the opportunity to indicate that there are additional recommendations that need to be discussed with the recovery specialist and approval for a full OT initial assessment may be indicated.

13. Confirm that an updated PCA should just be done when asked by the recovery specialist? Or always at time of OT progress report?

In all cases an updated PCA is done when requested by a recovery specialist. If the OT becomes aware of a change in abilities the expectation is that this is discussed with the recovery specialist and a re-assessment may then be authorized. The recovery specialist may decide to time the re-assessment with when the progress report is due, but this isn't required.

14. ICBC relies on the customer to access other insurer benefits, and caregivers - if there is a functional limitation, e.g. cognition what can we do?

The OTs role is to provide the clinical information that will help the recovery specialist convey the need to work cooperatively with other insurers. If there is a functional limitation identified that impacts the customer's ability to do this independently then the recovery specialist will support the customer and liaise with the other insurer, with the customer's consent.

15. When we are reassessing a PCA are we required to complete the full report plus addendum? Or only the addendum?

Full PCA Assessment report.

16. Can you outline some of the education and training the recovery specialists have completed to carry out return to work monitoring?

Individuals that have joined ICBC in the recovery specialist role, both internally and externally, bring related education and career experience in case management to their current roles. In addition ICBC



facilitates internal and external continuing education to support their learning journey and there are also internal resources available to support claims decisions, such as the Clinical Advisory Group and other internal advisors with extensive RTW experience.

17. If the adjuster asks OT to do these case management tasks, do we proceed and bill for same? Or refer them back to this document?

Please reference the Roles of the Occupational Therapist and Recovery Specialist in Enhanced Care document in conversations with the recovery specialist. In the rare circumstance the recovery specialist insists on engaging an OT for case management tasks after this conversation, the OT must refuse the request and contact the recovery specialist's manager to allow for coaching. To obtain manager contact information please contact the Health Care Inquiry Unit for support. [Contact us \(icbc.com\)](http://icbc.com)

18. If the recovery specialists are going to be carrying forward OT recommendations re; return to work to employers, will OT's be included in this communication to ensure clinical accuracy.

With customer consent, the recovery specialists will be expected to share necessary written information from the OT, and other treating health care providers, to the employer and depending on the complexity and details of the file, an OT may, or may not be, involved in this exchange