



# HBT POLICY: Referrals to Service Providers (Excluding Training Programs) Rehabilitation Services A-5.1

Policy Number OC-11-10-v1

## Policy Statement:

This policy provides guidance for selecting and making referrals to Service Providers (excluding training programs) to meet Rehabilitation needs identified in the Intake Assessment and documented in the Rehabilitation Plan.

## Principles

- Customized referrals are more likely to produce desired outcomes and to meet expectations within budgeted limits

## Guidelines

1. Service Providers must make available, as applicable, verification of:
  - Licensing
  - Professional governing body certification
  - Documentation of qualifications

## Practice

- 1) Selection considerations and criteria for choosing Service Providers:
  - a) Credentials, including certification and education in the service area
  - b) Past experience
  - c) Geographic location (proximity for access) and/or means of access
  - d) Timely availability of appointments
  - e) Willingness and ability to adhere to Rehabilitation Services Expectations of Service Providers (Appendix A), focusing on function and Employability
  - f) Cost relative to other similar Service Providers
- 2) Selection considerations and criteria for choosing Service Providers:
  - a) Expertise in the field
  - b) Experience in identifying functional barriers to Employability
  - c) Independence from the Employee and employer
  - d) Experience in providing services with positive outcomes

- 3) Expectations of Service Providers are:
  - a) Adherence to Rehabilitation Services Expectations of Service Providers (Appendix A)
  - b) Provision of Rehabilitation to meet the specific goals and expected outcomes of the Rehabilitation Plan
  - c) Individualized service adjusted to meet Rehabilitation Services' stated needs of the Employee
  
- 4) Rehabilitation Services provides a copy of the Employee authorization, medical and other relevant information to the Service Provider at the time of referral (Policy B-3.1 Privacy)

## Definitions

- **Employability** – The ability to perform Gainful Employment
- **Employee** – Employees of HBT's member employers who are covered by the HBT LTD Plan (plus the HSA LTD Trusts)
- **Gainful Employment** – Occupation for which the Employee has the education, training and/or experience at a rate of pay defined by the Employee's LTD plan (see Collective Agreements: Long Term Disability Insurance Plans in *Relevant Documents/Links*)
- **Independent Medical Consultant** – A medical expert independent of the Employee, the Employee's Treating Professional and the employer to identify an Employee's barriers to Employability.
- **Intake Assessment** – Includes an evaluation of medical information, an Employee interview, a discussion with the employer to identify current or potential barriers to Employability and, if barriers exist, an evaluation of the possibility of these barriers being addressed by Rehabilitation
- **Rehabilitation**
  1. **Medical Rehabilitation** – Treatment designed to facilitate recovery from injury, illness, or disease and to restore sufficient physical, sensory, and mental functions to enable Gainful Employment. Treatment also includes assisting the Employee to compensate for deficits that cannot be reversed medically.
  2. **Vocational Rehabilitation** – Services offered to enable Employees with mental or physical disabilities to attain skills, resources, attitudes, and expectations needed to achieve Gainful Employment. Services offered may include skills enhancement or retraining.
- **Rehabilitation Plan** – Documentation of Medical and Vocational Rehabilitation required to resolve barriers to Gainful Employment including outcome measures and a timeline
- **Service Provider** – Organization providing required services
- **Treating Professional** – The individual within the Service Provider organization providing the treatment or services

## Relevant Documents / Links

- A: Healthcare Benefit Trust (HBT) Rehabilitation Services Expectations of Service Providers (Appendix A)
- B: Collective Agreements: Long Term Disability Insurance Plans

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## Audit and Compliance

1. Rehabilitation Services makes referrals to Service Providers in writing signed by authorized staff, with services and budget clearly stated

## APPENDIX A: HBT Rehabilitation Services Expectations of Service Providers

<p><b>Referrals</b> Referrals will be initiated at the request of Rehabilitation Services only. All referrals must be in writing. Service Providers must receive written confirmation of any verbal request they receive prior to initiating service.</p>
<p><b>Contacting the Employee</b> The Service Provider must:</p> <ul style="list-style-type: none"><li>• Contact the Employee within 48 hours of receiving the referral from Rehabilitation Services</li><li>• Set an appointment date to meet with the Employee within ten business days of receipt of referral</li><li>• Confirm referral receipt and appointment date with Rehabilitation Services</li><li>• Provide Employee with the treating professional and Service Provider name, address, phone number and parking directions</li><li>• Advise the Employee of any other details relevant to the assessment or treatment, such as attire, medical or adaptive devices, and/or list of medications etc.</li><li>• Advise the Employee of cancellation policy<ul style="list-style-type: none"><li>○ If the Employee cancels without sufficient notice, the Employee, not Rehabilitation Services, is responsible for any associated costs</li></ul></li></ul>
<p><b>Assessing</b> The Service Provider must:</p> <ul style="list-style-type: none"><li>• Focus on assessing and addressing functional barriers to Gainful Employment</li><li>• Give a verbal report within 48 hours, if Rehabilitation Services requests one</li><li>• Recommend a plan addressing barriers to Gainful Employment and submit to Rehabilitation Services within 10 business days of the assessment</li><li>• In the plan, state goals, expected activities, costs, duration and predicted outcomes with a focus on addressing functional barriers to Gainful Employment</li></ul>
<p><b>Authorizing Plans</b> Rehabilitation Services must approve the plan and funding before the provider implements any part of the plan</p>
<p><b>Reports</b> The Service Provider may review the report verbally with the Employee. The Service Provider will copy the report to the Employee's physician. If the Employee requests a written copy of the report, the provider will direct the Employee to contact her/his physician or Rehabilitation Services.</p>
<p><b>Progress Reports</b> The Service Provider must:</p> <ul style="list-style-type: none"><li>• Provide updated reports every two months unless Rehabilitation Services advises otherwise</li><li>• State the level of Employee participation</li><li>• Give objective measures on functional status</li><li>• State Employee's ability to meet the referral objective</li><li>• Detail any anticipated changes in the plan with supporting rationale</li><li>• Indicate the expected duration of service based on rate of progress</li></ul>

<p><b>Discharge Report</b> The Service Provider must:</p> <ul style="list-style-type: none"> <li>• Submit a written report to Rehabilitation Services within 10 business days of the service ending</li> <li>• Indicate the Employee's ability to return to Gainful Employment by detailing the Employee's functional capabilities and restrictions</li> </ul>
<p><b>Sending Reports</b> The Service Provider must:</p> <ul style="list-style-type: none"> <li>• Fax reports to Rehabilitation Services. <i>Electronic transmission of reports is unacceptable for confidentiality reasons.</i></li> </ul>
<p><b>Employee Attendance</b> The Service Provider must:</p> <ul style="list-style-type: none"> <li>• Notify Rehabilitation Services immediately if the Employee does not attend an appointment or is not complying with the service or program</li> </ul>
<p><b>Submitting an Invoice</b> The Service Provider must:</p> <ul style="list-style-type: none"> <li>• Submit invoices by mail, e-mail or fax</li> <li>• Submit invoices only for those services authorized by Rehabilitation Services</li> <li>• Ensure the invoice contains the following information: <ul style="list-style-type: none"> <li>▪ Service Provider name</li> <li>▪ Employee's name, policy number, and Employee ID number</li> <li>▪ Start date of service or program</li> <li>▪ Completion or termination date of service or program</li> <li>▪ Itemized and dated costs associated with service or program</li> <li>▪ Total amount due</li> </ul> </li> </ul>
<p><b>Confidentiality</b> Service Providers are expected to be familiar with <i>British Columbia Personal Information Protection Act</i> (PIPA) requirements and follow the guidelines. PIPA sets out the rules for how BC business and not-for-profit organizations including HBT may collect, use, and disclose personal information. The Service Provider must not release the report or share the contents or any other personal information about a referral with any third party. If the Service Provider receives notice that they are legally required to release the report, the provider must notify HBT promptly.</p>
<p><b>Protection of Information and Personal Privacy</b> Service Provider business locations must possess an established system for the storage, access and disclosure of personal information obtained from HBT or through provision of service to HBT that is compliant with the <i>Personal Information Protection Act</i> (PIPA).</p>