Self-insured injury management standards adequacy tool and guidance notes

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Disclaimer

This publication is:

A tool for use by ReturnToWorkSA in recording a self-insured employer’s performance against the requirements of the injury management standards.

A guide for use by ReturnToWorkSA evaluators in assessing self-insured employer systems against the injury management standards contained within the Code of conduct for self-insured employers.

A reference document for self-insured employers to inform of what ReturnToWorkSA will ordinarily consider when assessing performance against the injury management standards.

Not intended as a substitute for the requirements of the *Return to Work Act 2014* or the *Code of conduct for self-insured employers*; and*.*

Information produced by ReturnToWorkSA Corporation of South Australia in this publication is correct at the time of printing and is provided as general information only. In utilising general information about workplace health and safety and injury management, the specific issues relevant to your workplace should always be considered.

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1. Introduction

In July 2015 version 11 of the Code of conduct for self-insured employers came into effect.

This version of the Code of conduct has created a separate Standard covering the injury management, with the existing Performance standards for self-insured employers applying to WHS system evaluation.

The primary objectives of the Injury management standards are to provide a framework from which a self-insured employer's exercise of its delegated powers and discretions can be evaluated with a focus on:

Effective early intervention and return to work processes.

Ensuring injured workers are provided quality services that optimise recovery and return to work.

Timely decision making, on claims and the provisions of benefits and ensuring a high level of compliance with relevant legislative requirements.

Effective communication and consultative arrangements to support return to work outcomes and to minimise the number of applications for review.

The financial integrity of the scheme.

The standards require a self-insured employer to develop and implement policies and procedures to guide it in meeting obligations and responsibilities under the *Return to Work Act 2014* and Code of conduct for self-insured employers.

This document has been developed to guide an evaluator in evaluating against the Injury management standards and is comprised of two main sections.

1. The injury management standards Evaluation Tool
2. The Injury management standards Guidance Notes

Scoping, sampling evaluation and reporting methodologies are detailed within the Evaluation Practice Manual available on [www.ReturnToWorkSA.com](http://www.rtwsa.com).

Manager, Self-insured

1.

Guidance Notes

Guidance notes have been developed to assist an evaluator in undertaking an evaluation against the Injury management standards. The guidance notes provide,

Information on what an evaluator will be required to assess when undertaking an injury management evaluation.

Consistency in evaluation across all self-insured employers.

The guidance notes are written to provide a high level of flexibility to the self-insured employer when providing evidence of compliance to the Injury management standards by recognising the process and communication of claims and recovery and return to work may exist within a range of documents and other sources of information. The Evaluator is therefore able to consider evidence outside of traditional policy and procedure to determine conformance to the element of the standard.

Guidance notes provide a self-insured employer with information on what ReturnToWorkSA will ordinarily expect to see present within the injury management system, giving an opportunity for the self-insured employer to determine whether its injury management system addresses each of the requirements.

Evaluation Tool

The evaluation tool has been developed as a mechanism for evaluators to record the evidence provided to them during an evaluation. The tool is separated into four sections (one for each element of the standards.

Standard 1 requires a self-insured employer to provide evidence of policies, procedures, tools and supporting literature describing how it will administer its claims and recovery and return to work obligations and commitments required of a self-insured employer.

It is expected that Standard 1 can largely be completed off-site. The location, timing and provision of evidence against Standard 1 can be agreed between the evaluator and the self-insured employer.

Standard 2 and 3 involve onsite verification of the self-insured employer’s activities undertaken to meet its obligations and commitments required of a self-insured employer.

This section of the tool may be used to record outcomes from activities such as file reviews, review of documentation and interviews with employees (e.g. injured workers, committee members, Union delegates, line managers).

Standard 4 requires a self-insured employer to have system and supporting processes in place that assess the performance of the injury management system against key deliverables under the Return to Work Act 2014.

Evaluation findings (conformance, observation, and non-conformance) will be determined with reference to the Injury Management Decision Tool contained in the Evaluation Practice Manual

1. Evaluation Guidance Notes

Standard 1 Condition of Registration as a self-insured employer

Element 1 Policies and Procedures

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| A self-insured employer shall develop and implement injury management procedures that define how it will:1.1.1. Achieve the fundamental principles, rights and obligations within section 13 of the Act.1.1.2. Exercise the delegated powers and discretion set out in Section 134 or the Act.1.1.3. Meet the “Service Standards” set out in Schedule 5, Part 2 of the Act. |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| --- | --- | --- | --- |
| 1.1.2 Delegated Powers - Seriously Injured Workers | s21 | Injury management documents must explain:* Steps to be taken to make an interim decision that an injured worker will be taken to be seriously injured where the worker has not applied.
* Communication processes and steps to be taken to inform an injured worker of the application process to request an interim decision be made by the self-insurer as to whether the worker will be taken to be seriously injured.
* Communication and steps to be taken to notify an injured employee whose WPI assessment is 30% or more that they have been determined to a seriously injured worker and what entitlements are provided to a seriously injured worker.
* Triggers that prompt review of serious injury eligibility.
* Steps to be taken to determine seriously injured workers back pay entitlements (where applicable).
 | PolicyProcedureStandard lettersSerious injury pro-formaInformation KitsFlyersNotice Board Displays |
| 1.1.2 Early Intervention, recovery and return to work | S13s18s19s20s23s24s25Schedule 5Reg 15Reg 16Reg 17 | Injury management documents explain:* How appropriate recovery/return to work services will be assessed and provided to ensure early and timely intervention occurs.
* Steps that will be undertaken to assess, prepare, implement and review a recovery and return to work plan.(Plans must meet Regulations)
* The process for review of recovery and return to work plans at the expiration of the six month period from the date on which incapacity for work first occurred and where the worker has worker is not working to his or her full capacity.
* The steps to be implemented to determine whether other employment options need to be considered.
* Methods for consultation with and involvement of the worker in these reviews.
* The processes and consideration to be taken into account when developing recovery and return to work plans for seriously injured workers, including where a seriously injured worker requests to return to work.
* When a worker can expect to receive face to face communication and how this will occur.
* Arrangements with service providers with the necessary expertise to commence recovery and return to work services for seriously injured workers including anticipated timeframes for commencement of those services.
* How recovery and return to work strategies will be monitored to maximise recovery and return to work outcomes prior to the expiry of 104 weeks of incapacity.

Injury management documents explain:* How the employer will assess and provide suitable employment including the payment of wages for alternate or modified duties.
* How the employer will respond to an application for suitable employment.
* Notify a worker and ReturnToWorkSA when it has determined it is not reasonably practicable to provide suitable employment.
* Provide notice of termination of employment where the employer is required to do so.
 | PolicyProceduresRRTW PlansRehabilitation assessment pro-formaService agreementsMemorandum of understandings |
| 1.1.2 Determination of claim | S5S7S8S10s31s32s37s38s42s44s49s55s56s58 | Injury management documents explain:* Arrangements for investigation and determination of a claim.
* Arrangements for communicating to workers decisions relating to their claim.
* When and how a workers views will be sought prior to determination of an entitlement.
* Notification to the worker, including rights to lodge a notice seeking an expedited decision.
* Where the investigation involves a request to be examined by a recognised Health Practitioner, how the worker will be proved written notification of the appointment including information on the consequences should they fail or refuse to provide information or submit to an examination.
* Timeframes for the review of claims to ensure determination of claims as expeditiously as reasonably practicable, including
	+ The timeframe for determining a claim.
	+ Action to be taken when claim cannot be determined within 10 business days of receipt.
	+ Written notification process to the worker, including information required by regulations.
* How entitlements to income support (including AWE, hours worked factor, prescribed benefits and allowances) will be calculated and recorded within the claim file and determination letters.
* How Federal minimum wages are considered in the calculation of entitlement where relevant.
* How entitlements will be calculated taking into account prior redemptions or deeds of release.
* The process for calculating entitlements taking into account the effect of adjustments through the passage of time, prior redemptions, deeds of release, earnings, retiring age etc.
* The type of interim payments that will be paid, including the method for determining the rate of income support payments, and any restrictions or limits applying to medical expenses.
* Written notification process for the offer, commencement and cessation of interim payments including explanation of recovery provisions.
* How a claim will be re-determined where applicable.
* The processes for monitoring, determining and applying all legislative entitlements relating to economic loss, and non-economic loss lump sum payments.
 | PolicyProceduresStandard lettersInvestigation pro-formaInvestigation reportsAWE calculation toolsInterim Performa’sMonitoring tools (e.g. used to monitor step downs) |
| 1.1.2 Medical Expenses | s33 s34s35s62s63Reg 21Reg 22Reg 23Reg 24Reg 25 | Injury management documents explain:* The process for assessing, approving, claiming and rejecting a medical expense.
* The timeframe a worker can ordinarily expect reimbursement of medical expenses.
* How a provider will be notified and informed of their rights when charges have been disallowed or reduced.
* The notification and approval process for services that are approved in advance of the costs being incurred
* How and when an injured worker will be informed of the entitlement period relating to medical expenses will end.
* The process for:
	+ Claiming and assessing entitlements to compensation for property damage.
	+ Making payment of funeral benefits.
	+ Making payment for counselling services.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining material  |
| 1.1.2 Weekly payments  | s39s41s42s44s59Reg 27 | Injury management documents explain:* How entitlement periods will be monitored and changes to entitlements communicated to a worker (serious and non-serious injury claims).
* The Provision of written notification of a decision to the worker at least 14 days prior the end of the first designed period informing them of the 80% adjustment to designated weekly payments.
* The Provision of written notification to the worker at least 28 days prior the end of the second designed period informing them of the date weekly payments will cease.
* How weekly payments are calculated, reviewed and terminated with consideration of retiring age.
* In relation to death claims process steps involved in assessing the entitlements of dependent spouse or domestic partners including the review of weekly payments.
	+ Process for determining any supplementary allowances
	+ Notification process that informs the dependent spouse and/or child of the application process seeking commutation of weekly payments.
 | PolicyProceduresCalendarsStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining material |
| 1.1.2 Income support for incapacity resulting from surgery | s40Reg 26 | Injury management documents explain:* The process steps for determining and documenting a worker’s entitlement to supplementary income support,
* How a worker will be informed of their rights to seek supplementary income support.
* How and when a worker can claim for supplementary income support.
* Whether the worker has “an incapacity for work” as a result of the approved surgery.
* The written notification to the worker informing them of the date supplementary payments commence and cease as well as the rate of those payments, including CPI adjustments.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining material  |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| --- | --- | --- | --- |
| 1.1.2 Adjustments due to change from original arrangements | s45 | Injury management documents explain:* The process steps involved when undertaking an adjustment to weekly payments.
* How a worker can make a request for a review of the calculation of the average weekly earnings rate.
* How a worker is advised of their rights to seek a review of the calculation of the average weekly earnings, including the manner the request must be made.
* The provision of notification to the worker.
* How the worker can make written representations regarding this review and when this information is required
* How provision of written notification to the worker setting out the decision, the grounds and evidence for the decision, when the decision takes effect, and the worker’s right to seek a review of the decision will occur.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining material  |
| 1.1.2 Review of weekly payments | s46s60 | Injury management documents explain,* The process steps involved when undertaking a review of weekly payments.
* Process that informs workers how to make a request for a review of weekly payments.
* The provision of notification to the worker;
* How to inform the worker of the proposed review
* How to invite the worker to make written representations regarding this review and when this information is required
* Provision of written notification to the worker setting out the decision, the grounds and evidence for the decision, when the decision takes effect, and the worker’s right to seek a review of the decision.
* In relation to a death claim, define the process steps involving in reviewing weekly payments made to dependent spouse and/or dependent child (children), including;
	+ Notification process that informs the dependent spouse and/or child of their right to seek a review.
	+ Process to be followed when completing a review of weekly payments, including written requests of evidence relevant to the review
	+ Provision of written notification to the person receiving weekly payments setting out the decision, the calculations used to determine the weekly payment, relevant legislative provisions applicable, and the person’s right to seek a review of the decision**.**
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining material |
| 1.1.2 Economic Adjustment to Weekly Payments for Seriously Injured Workers | s47 | Injury management documents explain:* The process steps involved when undertaking a review of weekly payments made to seriously injured worker,
	+ Provision of notification to the worker.
	+ How to inform the worker of the proposed review.
* How the worker can make written representations regarding this review and when this information is required.
* Provision of written notification to the worker setting out the decision, the grounds and evidence for the adjustment, when the adjustment takes effect, and the worker’s right to seek a review of the decision.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining material  |
| 1.1.2 Reduction suspension or discontinuance of weekly payments | s44s48s50s51s193Reg 28 | Injury management documents explain:* The process steps involved in the reduction or discontinuance of weekly payments made to a worker.
* Arrangements for communicating to workers decisions relating to reduction, suspension or discontinuance of weekly payments.
* The provision of written notification to the worker setting out the decision to reduce or discontinue weekly payments, the ground for the decision, reference to the provision of the Act\regulation, when the decision takes effect (prescribed notice), and the worker’s right to seek a review of the decision.
* Process for recommencing weekly payments (on election by the worker) when a dispute has been lodged within one month from the date of the decision (excluding any period exceeding 104 weeks).
* Process for applying interest to any payment made after the dispute is resolved.
* Process and considerations when for seeking recovery of any weekly benefits paid to which the worker was not entitled.
* How and when a non-serious injury worker will be advised of the two year period of income support and the dates on which the payments will commence and cease.
* Process steps for determining entitlements during periods of leave; which includes how worker makes an application, and notifying the worker should suspension of weekly payments to a worker for periods when leave has been requested.
* Process steps involving the suspension of weekly payments to a worker who is absent from Australia for greater that 28 days, including;
	+ Process steps to inform workers of the requirement to provide notice if they plan to be absent from Australia for a period greater than 28 days.
	+ Provision of written notification to the worker setting out the decision to suspend weekly payments, the ground for the decision, when the decision takes effect.
* Process for discontinuance of weekly payments on retiring age
* Process steps involving in making a determination regarding suspension of weekly payment where a worker is imprisoned.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.1.2 Redemption of liabilities associated with weekly payments | s49s53s54Reg 31Reg 32 | Injury management documents explain process steps involved in reaching an agreement and entering into an arrangement to redeem the liability to make weekly payments or enter into a deed of release, including:* Approval processes for entry into redemption offers and negotiations.
* Notification to a worker of requirements to seek professional, legal and financial advice.
* The setting of the amount of ongoing weekly payments that the redemption payment will discharge under s.49(2)Notification of payments to ReturnToWorkSA, Medicare and any other agency with a statutory power to recover from the workers redemption payment.
* Process steps involving in reaching an agreement and entering into an arrangement to redeem the liability to make payment of medical expenses.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.1.2 Permanent impairment – economic loss determination | s55s56Reg 33 | Injury management documents explain process steps involving in making a determination for permanent impairment – economic loss, including:* The method used to determine the workers entitlement taking into account the workers age, WPI and “hours worked factor”.
* Notifying the worker of their right to seek a review of the decision.
* Notification of payments to ReturnToWorkSA, Medicare and any other agency with a statutory power to recover from the workers entitlement.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.1.2 Lump sum payments – non-economic loss | s58s61Reg 34Reg 35 | Injury management documents explain process steps involving in making a lump sum determination for non-economic loss, including:* Calculation methodology takes into account minimum thresholds, injury type and the number of work injuries.
* Calculation methodology for lump sum payments to a workers partner, spouse and children where the injury has resulted in the death of the worker.
* Provision of written notification to the worker setting out the decision, the calculations used to arrive at the lump sum amount, exclusion provision to any further assessments under the claim, and the worker’s right to seek a review of the decision.
* Notification of payments to ReturnToWorkSA, Medicare and any other agency with a statutory power to recover from the workers entitlement
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| --- | --- | --- | --- |
| 1.1.2 Recovery of payments | s201 | Injury management documents explain:* The process steps involving when initiating recovery of any overpayments of compensation.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.1.3 Service Standards (NED) | Sch 5 | Injury management documents explain:* Processes for making a claim
* Processes for lodging, recording, responding and resolving complaints, including:
	+ Communication arrangement to inform employees about how to lodge a complaint
	+ Written notification process to the person who lodged the complaint notifying them of the outcome of the complaint, and any rights of review that may exist.
	+ The role of managers and supervisors in the development and review of recovery and return to work plan
* A self-insured employer’s commitment to:
	+ Provision of relevant information in a manner that aims to ensure ease of understanding.
	+ Communication of information that appropriately considers an injured worker’s cultural and linguistic diversity.
	+ The right of an injured employee to request a support person to be present at recovery and return to work meetings.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |

Standard 1 Condition of Registration as a self-insured employer

Element 2 Resources

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| A self-insured employer must have arrangements in place to ensure it has in place adequate resources to administer claims and provide effective return to work services to injured employees. These arrangements shall include: 1.2.1. Documented job descriptions for all injury management personnel and where relevant, management, supervisors and employees.1.2.2. Ensuring injury management personnel are competent to administer the self-insured employers delegated powers and discretions in a reasonable manner.1.2.3. Ensuring the allocation of resources is appropriate for the organisations type, volume and complexity of the case load.1.2.4. Suitability of facilities and accommodation to ensure restricted access to information, including maintaining confidentiality during interaction with injured workers and service providers.1.2.5. A self-insured employer must appoint a return to work coordinator and ensure the person appointed to this role has successfully completed relevant training. Where this role becomes vacant, the self-insured employer must re-appoint an employee within 3 months and ensure the employee(s) appointed have received relevant training within 3 months of the appointment being made.  |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| --- | --- | --- | --- |
| 1.2.1 Documented Job Descriptions | 129(11)s26Reg 18 | Documented job description(s) define roles, responsibilities and delegation for:* Claims decision makers covering financial and liability decisions.
* Return to work coordinator(s).
* Managers and supervisors(s).
* Any other relevant person.

Injury management documents explain:* Arrangements to identify and manage any conflict of interest issues that may arise.
* Arrangements to identify and manage disagreement between the delegated decision maker and other officers of the self-insured employer.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.2.2 Competent Injury Management Personnel | 129(11) | Injury management personnel including delegated decision makers are provided with appropriate training/professional development, and access is provided to specialist expertise as and when required. | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.2.3 Adequate Resources  | 129(11) | Injury management documents explain:* How the allocation of injury management resources is reviewed to ensure effective administration of claims and recovery and return to work activities.
* Contingency arrangements covering planned and unplanned absence of delegated decision makers or service providers.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.2.4 Suitable facilities and maintaining confidentiality. | S 185Schedule 5 | Injury management documents explain:* The standard of facilities to be provided to ensure confidentiality of information, covering hardcopy documents, electronic documents and oral communication.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.2.5 Return to Work Coordinator. | S 26Reg 18Return to work coordinator Training and Operational Guidelines | Injury management documents explain:* The functions of the RTW Coordinator
* The approach to appointment of a RTW coordinator(s) and how training and new appointments will be managed.
* The appointment of a contact person at each workplace to assist the RTW coordinator to perform their functions.
* The process for notifying ReturnToWorkSA of the appointment of a coordinator(s).
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |

Standard 1 Condition of Registration as a self-insured employer

Element 3 External Claims Administration

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| Where external administration services are contracted, a self-insured employer must ensure those arrangements are clearly documented covering:1.3.1. Exercise of delegations by the self-insured employer1.3.2. Data security and confidentiality 1.3.3. Administrative arrangements1.3.4. Complaint processes |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| --- | --- | --- | --- |
| 1.3.1 Exercise of Delegation by the self-insurer | S134 | Where a self-insurer enters into a contract with a third party provider for the provision of claims administration services the documents must clearly state:* Roles and responsibilities of the contractor and self-insurer.
* How delegated power and discretions will be directly exercised by the self-insured employer.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.3.2 Data security and confidentiality | Sch 5 | Where a self-insurer enters into a contract with a third party provider for the provision of claims administration services documents clearly state:* The obligations that apply to both parties in the contract to maintain confidentiality of records and information, and
* The arrangements that are to be implemented to ensure confidentiality of documents, records and information exchanged through oral and electronic communication.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.3.3 Administrative arrangements  | Sch 5 | Where a self-insurer enters into a contract with a third party provider for the provision of claims administration services documents clearly state:* Roles and responsibilities of the contractor and self-insurer.
* How the self-insured employers policies and procedures are to be administered in accordance its legislative obligations.
* How claim files are to be maintained and returned to the self-insured employer once inactive.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |
| 1.3.4 Complaint processes. | Sch 5 | Where a self-insurer enters into a contract with a third party provider for the provision of claims administration services documents clearly state the arrangements for receiving, recording, investigation, and responding to complaints.* The complaint management arrangements state the roles and responsibilities and delegations that apply to the parties to the contract.
 | PolicyProcedureStandard lettersInformation kitsInformationSheetsPro-formaNotice Board displaysIntranetTraining materials |

Standard 1 Condition of Registration as a self-insured employer

Element 4 Data

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| A self-insured employer shall provide all relevant data set out in Schedule 3, Part 5 of the RTW Regulations 2015:1.4.1. Fortnightly, unless an alternative arrangement has been agreed to by ReturnToWorkSA.1.4.2. All errors at batch and line level shall be resolved within one month of receiving the data transmission return file.1.4.3. A self-insured employer must notify ReturnToWorkSA at least one month prior to the implementation of any change to the workers compensation data system. |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| --- | --- | --- | --- |
| 1.4.1 Fortnightly provision of data | Reg 2015 – Sch 3 | Injury management documents explain and ensure: * The process for providing Third Schedule data to ReturnToWorkSA; include roles and responsibilities of key personnel.
* Where the timeframe for the provision of data cannot be complied with, the procedures must explain how ReturnToWorkSA will be notified and the arrangements to conform to an alternative arrangement agreed to by ReturnToWorkSA.
 | PolicyProcedureTechnical Manuals |
| 1.4.2 All batch and line errors to be resolved within one month | Reg 2015 – Sch 3 | Injury management documents explain and ensure:* Errors with data reporting are rectified within one month, and where the correction cannot be made with one month, the process for informing and seeking an alternative arrangement agreed to by ReturnToWorkSA.
 | PolicyProcedureTechnical Manuals |
| 1.4.3 Notification of change to the workers compensation data system  | Reg 2015 – Sch 3 | Injury management documents explain and ensure:* Where a change or upgrade to the system is planned, ReturnToWorkSA is notified of this proposed change.
 | PolicyProcedureTechnical Manuals |

Standard 1 Condition of Registration as a self-insured employer

Element 5 Financials

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| A self-insured employer shall provide to ReturnToWorkSA:1.5.1. A copy of audited financial statements within 5 months of the self-insured employer’s financial year end date, or within an alternative timeframe approved by ReturnToWorkSA.1.5.2. An actuarial report on the outstanding workers compensation liabilities of the employer within 3 months of the self-insured employer‘s financial year end date or within an alternative timeframe approved by ReturnToWorkSA.1.5.3 A financial guarantee that meets all the terms and conditions set out in written correspondence issued by ReturnToWorkSA. 1.5.4. A contract of insurance that meets all requirements set out in Schedule 3, Part 9 of the Return to Work Regulations 2015.  |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| --- | --- | --- | --- |
| 1.5.1 Copy of audited financial statements | Reg 2015 – Sch 3 | Injury management documents explain:* Arrangements to provide audited financial statements to ReturnToWorkSA, covering responsibilities and timeframes.
* Arrangements for informing ReturnToWorkSA where the timeframe for providing financial statements will not be met the commitment to conform to an alternative arrangement agreed to by ReturnToWorkSA.
* Audited financial statements are provided in accordance with legislation or as agreed by ReturnToWorkSA
 | PolicyProcedureFinancial reports |
| 1.5.2 Provision of an actuarial report on outstanding workers compensation liabilities. | Reg 2015 – Sch 3 | Injury management documents explain:* Arrangements to provide an actuarial report on outstanding workers compensation liabilities to ReturnToWorkSA, covering responsibilities and timeframes.
* Arrangements for informing ReturnToWorkSA where the timeframe for providing an actuarial report will not be met the commitment to conform to an alternative arrangement agreed to by ReturnToWorkSA.
* Actuarial reports are provided in accordance with legislation or as agreed by ReturnToWorkSA
 | PolicyProcedureActuary reports |
| 1.5.3 Provision of a financial guarantee.  | Reg 2015 – Sch 3 | Injury management documents must explain:* The arrangements to provide a financial guarantee to ReturnToWorkSA, covering responsibilities and timeframes.
* The arrangements for informing ReturnToWorkSA where the timeframe specified for the provision of a financial guarantee will not be met the commitment to conform to an alternative arrangement agreed to by ReturnToWorkSA.
* Financial guarantee is in place as required by ReturnToWorkSA
 | PolicyProcedureFinancial Guarantee |
| 1.5.4 Provision of a contract of insurance. | Reg 2015 – Sch 3 | Injury management documents explain and ensure:* The arrangements to provide a contract of insurance to ReturnToWorkSA, covering responsibilities and timeframes.
* The arrangements for informing ReturnToWorkSA where the timeframe specified for the provision of a contract of insurance will not be met the commitment to conform to an alternative arrangement agreed to by ReturnToWorkSA.
* Contract of Insurance is in place as required by ReturnToWorkSA
 | PolicyProcedureExcess of loss Policy |

Standard 1 Condition of Registration as a self-insured employer

Element 6 Information provided to employees

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| A self-insured employer shall inform all employees in writing of the following arrangements:1.6.1. How to report a work related injury1.6.2. The process for lodging a claim for compensation1.6.3. Location of claim forms1.6.4. Injury reporting process and the location of approved claim forms1.6.5. Overview of the claims administration process1.6.6. Overview of the early intervention and return to work process 1.6.7. Injured worker rights and responsibilities1.6.8. Rights and responsibilities of the employer 1.6.9. Complaints management processes (including those reported to the Ombudsman). |

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| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 1.6.1 Reporting a work related injury. |  | Injury management documents are made available to employees explaining:* How to report a work related injury
* The process for lodging a claim for compensation
* Location of claim forms
* Injury reporting process
* The claims administration process
* The early intervention and return to work process
* Injured worker rights and responsibilities
* Rights and responsibilities of the employer
* Complaints management processes (including those reported to the Ombudsman).
 | PolicyProcedureStandard lettersNotice BoardsIntranetInformation KitsComplaint processes |

Standard 2 Claims Management

Element 1 General Matters

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| 2.1.1. Claim files are maintained in such a way that all decisions and determinations are identifiable and relevant supporting notes and documents maintained.2.1.2. In all instances, notices and information are provided in accordance with return to work requirements including rights to review and are given within required timeframes.2.1.3. The rights and needs of injured workers, including cultural and linguistic diversity are appropriately considered.2.1.4. Confidentiality is maintained.2.1.5. A copy of all reports prepared by a health practitioner detailing the findings made or opinions formed by the health practitioner shall be provided to the worker within 7 calendar days.2.1.6. Where a worker provides a written request, under section 180 of the Act, for a copy of all documentary material (hardcopy and electronic) relevant to their claim, the self-insured employer shall provide this material within 45 days of receiving the request. 2.1.7. A worker shall not be required to submit to an examination by a health practitioner of the same specialty more frequently than once every 2 months. |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
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| 2.1.1 All decisions and determinations are identifiable and relevant supporting notes and documents maintained. | Various | Documents on file demonstrate the self-insured employer has applied its procedures to ensure retention of all relevant records.* Claim Forms
* Investigations
* Authorisation by delegated person(s)
* General correspondence (including emails)
* Determinations
* Legal Correspondence (not subject to legal privilege)
* Medical Reports
* AWE Calculations
* File Notes
* Payroll records
* RRTW Plans, progress reports
* Agreements (i.e. redemptions)
* Statutory notices (i.e. lump sum returns; Medicare)
* Any other documentation relevant to the claim/RTW process
 | Claim files |
| 2.1.2 Notices and information are provided in accordance with RTW Act requirements. | Various | Documents on file demonstrate notices and information required under the Act are provided, examples:* Acceptance and rejections
* Notice of interim payments
* Discontinuance
* Entitlement periods
* Reviews
* Reconsiderations
 | Claim files |
| 2.1.3 Right and needs of injured workers are appropriately considered.  | Schedule 5Schedule 3 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Items flagged or indicated on the claim form are appropriately actioned in claims/RTW process, e.g. requirements for interpreter etc.
* Information provided for use in the workplace is in a language and form appropriate for those expected to make use of it.
 | Claim files |
| 2.1.4 Confidentiality is maintained. | s185 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Restricted access to files
* Meeting minutes that are broadly disseminated do not reflect claimant names/identifiers
* Interviews with injured workers and employees support confidentiality is maintained (i.e. not openly discussed)
* Information relating to the claims and entitlements of other injured workers is not stored on other workers claims.
 | Claim files |
| 2.1.5 Provision of Health Practitioner reports to the worker. | s179 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Medical /health practitioner reports obtained by the self-insured employer are provided to worker within 7 calendar days.
 | Claim files |
| 2.1.6 Provision of information requested under Section 180 of the RTW Act. | s180Reg 63 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* A request for access to a claim file is documented.
* A response to the workers request within 45 days
* Provision of information (hardcopy and electronic records) subject to s180(3) of the RTW Act.
* Response to request including notification of dispute rights.
* Response to complaints to the Ombudsman.
 | Claim files |
| 2.1.7 Requirement to submit to examination by a Health Practitioner. | S181Reg 64 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* The self-insured employer has not required workers to submit to medical examinations more frequently than every two months, unless the worker has expressly agreed to this.
 | Claim files |

Standard 2 Claims Management

Element 2 Claims

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| 2.2.1. Claim forms are on file.2.2.2. Where reasonably practicable claims are determined within 10 business days.2.2.3. Where claims are not determined within 10 business days, offers of interim benefits are made in accordance with section 32 of the Act.2.2.4. Claims are considered and determined (including re-determinations) in accordance with section 31 of the Act. |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
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| 2.2.1 Claim forms on file. | S30 | Claim forms are held on file | Claim files |
| 2.2.2 Claim determination within 10 business days. | s31 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Where determination does not occur within 10 days the self-insured employer undertakes activities necessary to determine the claim as expeditiously as possible
* Notice includes rights to expedite decision.
 | Claim files |
| 2.2.3 Interim Benefits.  | s32 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Interim payments are offered where claims are not determined within 10 business days in accordance with defined procedures.
* Notices advising of the offer of interim payments include the potential of recovery in cases where benefits are paid that the claimant is not entitled to receive.
* Interims are offered in accordance with the relevant procedures.
 | Claim files |
| 2.2.4 Determination of Claims. | s31s113 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Determinations are evidence based.
* Investigations where appropriate are undertaken in a timely manner.
* Redeterminations are only undertaken in circumstances allowed by legislation.
* The worker is advised of rights to apply for an expedited determination or seek review of a decision (where permitted under the Act).
 | Claim files |

Standard 2 Claims Management

Element 3 Medical Expenses

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| 2.3.1. Payments for accounts for medical expenses are promptly paid.2.3.2. Where a self-insured employer receives an application made by a worker seeking advanced approval for the provision of services, a written determination must be issued to the worker and where approval is not given, state the ground for the decision and inform the worker of their right to apply to have the decision reviewed.  |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
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| 2.3.1 Payment of medical expenses are promptly paid. | s33Reg 22Reg 24Reg 25 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Accounts are paid within timeframes defined by the self-insured employer.
* Where services are disallowed or reduced notification is undertaken in accordance with the legislation.
* Where further investigation is required the self-insured employer seeks any information necessary to determine if an expense is reasonable.
* Reasonable costs associated with immediate transportation to a hospital or health practitioner for initial treatment are paid.
* Reasonable costs associated with property damage are paid.
 | Claim filesPayment systems |
| 2.3.2 Where a self-insured employer receives an application made by a worker seeking advanced approval for the provision of services, a written determination must be issued to the worker and where approval is not given, state the ground for the decision and inform the worker of their right to apply to have the decision reviewed. | s33 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Workers are informed of the right to apply for future services.
* Applications for pre-approval of services are determined within 1 month of receipt in accordance with legislation.
 | Claim files |

Standard 2 Claims Management

Element 4 Income Support

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| 2.4.1. AWE entitlements are determined in accordance with Part 4, Division 4 of the Act, including income support for incapacity resulting from surgery.2.4.2. AWE calculations are made in accordance with section 5 of the Act and copies of information used to calculate AWE are held on file.2.4.3. AWE is appropriately adjusted in all cases where a worker has previously redeemed entitlement to weekly payments. 2.4.4. AWE adjustments are made in accordance with section 45 of the Act.2.4.5. AWE Reviews are made in accordance with section 46 of the Act.2.4.6. Reduction/discontinuance of weekly payments is made in accordance with section 48 of the Act.2.4.7. Where there has been a delay in the making of weekly payments and the delay was not the fault of the worker, then the self-insured employer shall calculate and apply interest at the prescribed rate to the amount in arrears within one month, and issue a written notice to the worker setting out details of the interest applied to the amount in arrears. |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document** |
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| 2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.4.5 Determination of AWE. | 537394041454647 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Calculation and determination of AWE has been conducted in accordance with the requirements of the Act.
* The calculation of AWE and its components (including non-cash benefits) are communicated to a worker.
* Entitlements have where relevant been calculated taking into account prior redemptions or deeds of release.
* Prescribed benefits are included within the calculation of weekly earnings
* Prescribed allowances are excluded from the calculation of weekly earnings
* Determination of entitlement to weekly payments at the commencement of the second designated period.
* Supplementary income support payments are communicated.
* Supplementary income support payments are adjusted by the CPI.
* Review the amount of the weekly payments made to a worker who has suffered a work injury on request by a worker.
* Weekly payments are adjusted for seriously injured workers in the curse of each year of incapacity.
 | Claim files |
| 2.4.4 AWE adjustments are made in accordance with section 45 of the Act. | 45Reg 26 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* AWE’s are adjusted to take into account a change in a component of a workers remuneration used to determine average weekly earnings; or a change in the equipment or facilities provided or made available to the worker.
 | Claim files |
| 2.4.1 AWE entitlements are determined in accordance with Part 4, Division 4 of the Act, including incomes support for incapacity resulting from surgery. | s42s44Reg 27 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Weekly payments are not less than the federal minimum wage.
* Weekly payments have considered retirement age
 | Claim files |
| 2.4.6. Reduction/discontinuance of weekly payments is made in accordance with section 48 of the Act.2.4.7. Where there has been a delay in the making of weekly payments and the delay was not the fault of the worker, then the self-insured employer shall calculate and apply interest at the prescribed rate to the amount in arrears within one month, and issue a written notice to the worker setting out details of the interest applied to the amount in arrears. | s44s48Reg 28 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure in appropriate cases:* Reduction or discontinuance of weekly payments in accordance with the Act
* Evidence to support discontinuance of weekly payments due to retirement age
* Where the worker is entitled payment of an amount of interest at the prescribed rate.
 | Claim files |

Standard 2 Claims Management

Element 5 Seriously Injured Workers

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| 2.5.1. Seriously injured workers are assessed and determinations made in accordance with section 21 of the Act. |

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| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 2.5.1 Seriously injured workers are assessed and determinations made in accordance with Section 21. | s21Reg 13 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure;* Communication to worker of right to apply for interim assessment
* Consultation with worker with respect to arrangement for assessment
* Response to applications from worker for interim assessment
* On evidence of worker having met 30% WPI threshold determination is made in consultation with worker.
* Interest on back pay entitlements provided where applicable.
* Interim decisions are based on evidence from a medical practitioner.
* Interim decisions are made following consultation with the worker.
 | Claim files |

Standard 2 Claims Management

Element 6 Permanent Impairment – Economic Loss & Non-Economic Loss

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| 2.6.1. Determinations of entitlement to economic and non-economic loss are issued in writing and detail the calculation applied to determine the economic and non-economic loss lump sum entitlements and the workers’ rights to a review of the decision.2.6.2. Within one month from the date the determination notice was issued to the worker, the self-insured employer must provide ReturnToWorkSA with a completed Notice of Lump Sum Determination Return, including all relevant supporting documentation.  |

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| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 2.6.1 Determinations issued in writing, include calculation applied and the worker’s review rights. | s22 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* WPI Assessments are undertaken where injury is stabilised.
* Consultation occurs with worker with respect to assessment.
 | Claim files |
| 2.6.2 Provision of the Notice of Lump Sum Determination Return, including all relevant supporting documentation. | s22Code of conduct | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* ReturnToWorkSA is notified (including provision of required documentation) of any assessment of WPI and lump sum payment for non-economic loss or economic loss.
 | Claim files |

Standard 2 Claims Management

Element 7 Redemptions and Deed of Release

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| 2.7.1. Where a self-insured employer reaches agreement to redeem the liability to make ongoing weekly payments and/or the liability associated with ongoing medical services, all requirements set out in Section 53 and 54 of the Act have been met and relevant documentation is held on the claim file. 2.7.2. Where a self-insured employer redeems liability to make ongoing weekly payments, the self-insured employer will ensure the rate of weekly payments that would have been payable if there had been no redemption is appropriately recorded.2.7.3. Where self-insured employers liability is discharged under a deed of release under section 66(7) of the Act, the self-insured employer will ensure the rate of weekly payments that would have been payable if the deed of release had not been entered into, is appropriately recorded.2.7.4. On redemption of liability, a Lump Sum Determination Return Notice must be completed for forwarding to ReturnToWorkSA within 10 working days of the determination being made and include all relevant supporting documentation.  |

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| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 2.7.1. Where a self-insured employer reaches agreement to redeem the liability to make ongoing weekly payments and/or the liability associated with ongoing medical services, all requirements set out in Section 53 and 54 of the Act have been met and relevant documentation is held on the claim file. | S49S53S54Reg 31 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* The determination of the workers weekly payments at the amount agreed, in the case of a redemption under section 49(2) and in the case of a deed of release section 49(3) of the Act.
* The amount of redemption has been fixed by agreement
* The worker has received
	+ Competent professional advice about the consequences of redemption; and
	+ Competent financial advice about the investment or use of money to be received on redemption.
* A recognised health practitioner has certified that the extent of the worker's incapacity resulting from the work injury can be determined with a reasonable degree of confidence.
 | Claim files |

Standard 2 Claims Management

Element 8 Early Intervention, Recovery and Return to Work

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| 2.8.1. Recovery and Return to Work Plans (Plan) comply with the standards and requirements prescribed by the regulations, and when developed are specific to an individual worker.2.8.2. Recovery and return to work plans are in place where the injured worker is or is likely to be incapacitated for work more than 4 weeks and detail the actions and responsibilities of key parties.2.8.3. When preparing a Plan, the worker must be consulted and provided with a copy of the plan. 2.8.4. The Plan is reviewed in line with scheduled review dates and where the worker has applied for review of the Plan, the Plan shall be modified in line with the determination made at review. 2.8.5. Where a worker has not returned to pre-injury employment within 6 months from date of first incapacity and is not working to their full capacity, new or other employment options are considered for the worker when reviewing the plan.2.8.6. Where a self-insured employer does not provide suitable employment, the self-insured employer notifies ReturnToWorkSA. |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| --- | --- | --- | --- |
| 2.8.1 Recovery and Return to Work Plans (Plan) comply with the standards and requirements prescribed by the regulations | Section 25Regulation 15,16,17 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:All recovery and return to work form templates include;* The specific information mandated by the regulations (15), and;
* Fields to record all relevant information considered and arrangements agreed to support the achievement of the objective(s) of the recovery and return to work plan.
 | Claim files |

| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
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| 2.8.2 Recovery and return to work plans are in place where the injured worker is or is likely to be incapacitated for work more than 4 weeks and detail the actions and responsibilities of key parties. | Section 25Regulation 15,16,17 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Assessment of the workers likely incapacity for work and any follow up actions required.
* Recovery and return to work plans clearly explain the actions and responsibilities of the key parties involved in supporting the workers recovery and return to work and the achievement of the objective(s) of the recovery and return to work plan.
 | Claim files |
| 2.8.3 When preparing a Plan, the worker must be consulted and provided with a copy of the plan. | Section 25Regulation 15,16,17 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Consultation occurs with the worker in the preparation of the recovery and return to work plan.
* The worker is provided with a copy of the recovery and return to work plan.
 | Claim files |
| 2.8.4 The Plan is reviewed in line with scheduled review dates and where the worker has applied for review of the Plan, the Plan shall be modified in line with the determination made at review. | Section 25Regulation 15,16,17 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* The review schedule of the recovery and return to work plan, include dates and key parties required to participate in the review.
* Decision regarding the need to modify the recovery and return to work plan taking into account:
	+ Whether the objectives of the plan have been completed or satisfied
	+ Any significant changes in the nature of the worker's capacity for work
	+ Specific issues that need to be addressed
	+ A change in the return to work objective being sought (due to a change in the worker's capacity or for any other reason).
 | Claim files |
| 2.8.5 Where a worker has not returned to pre-injury employment within 6 months from date of first incapacity and is not working to their full capacity, new or other employment options are considered for the worker when reviewing the plan. | Section 25Regulation 15,16,17 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Status of the worker’s return to work is documented on each occasion the recovery and return to work plan is reviewed.
* New or other employment options for the worker need to be taken into account in order to assist the worker to return to work in suitable employment.
* The objectives and goals of Plans reflect the obligation on the self-insurer to provide suitable employment. (Unless new or other employment options have not been agreed with the worker in accordance with s25(10) of the Act).
 | Claim files |
| 2.8.6 Where a self-insurer does not provide suitable employment, the self-insurer notifies ReturnToWorkSA. | Code of conduct | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Written notification to ReturnToWorkSA, and a self-insurer does not provide suitable employment to an employee who has some work capacity (Unless new or other employment options have not been taken into account in accordance with s25(10) of the Act).
* Within 7 days of assessing an inability to provide suitable employment or non-provision of suitable employment ReturnToWorkSA is notified in writing of the inability to provide suitable employment (Unless new or other employment options have not been agreed with the worker in accordance with s25(10) of the Act).
 | Claim files |

Standard 2 Claims Management

Element 9 Legal Compliance

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| 2.9.1. Claims are managed and delegations administered in accordance with Return to Work Act and Regulations. |

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| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 2.9.1 Claims are managed and delegations administered in accordance with Return to Work Act and Regulations. | All | Documents on file demonstrate the self-insured employer has applied its procedures to ensure: * The self-insured employer is meeting any other obligation; responsibility or other requirement under the Act or regulations not specifically referenced within the injury management Standards.
 | Claim files |

Standard 3 Dispute Resolution

Element 1 Reconsideration

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| 3.1.1. A reconsideration officer is appointed and the Registrar must be notified as per the regulations of the details of the nominated officer.3.1.2. The reconsideration process must comply with Part 6, Division 4 of the Act. |

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| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 3.1.1 A reconsideration officer is appointed and the Registrar must be notified as per the regulations of the details of the nominated officer. | s102Reg 43 | Documents demonstrate the self-insured employer has applied its procedures to ensure:* A person(s) has been appointed as the Reconsideration Officer
* The Registrar at the SAET has been notified of the appointment of the Reconsideration Officer in the prescribed manner.
 | Claim files |
| 3.1.2 The reconsideration process must comply with Part 6, Division 4 of the Act. | S102Reg 43 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Reconsiderations processes are conducted by a suitable person within the stipulated timeframes.
* The person conducting the reconsideration reviews the decision and the evidence used as a basis for the decision.
* A person assigned to reconsider a decision is nominated to the registrar of the SAET.
 | Claim files |

Standard 3 Dispute Resolution

Element 2 SAET Orders

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| 3.2.1. Where a determination has been made by the South Australian Employer Tribunal (SAET) and an Order or direction issued, the self-insured employer must comply with the Order within the timeframe specific by the SAET.  |

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| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 3.2.1 Where a determination has been made by the South Australian Employer Tribunal (SAET) and an Order or direction issued, the self-insured employer must comply with the Order within the timeframe specific by the SAET. | s99s100s101s102s103Reg 43 | Documents on file demonstrate the self-insured employer has applied its procedures to ensure:* Orders of the SAET are actioned within stipulated timeframes.
* Any other requirement of the SAET (including Tribunal rules) is met.
 | Claim files |

Standard 4 Measurement, Monitoring and Review

Element 1 Delegated powers and discretions

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| 4.1.1. Processes are in place that monitor, measure and review the effective implementation of delegated powers and discretions granted to a self-insured employer under the Act and where relevant, strategies to improve performance of the injury management system are identified.4.1.1.1. The implementation and performance of the injury management system is reviewed against the, fundamental principles, rights and obligations within section 13 of the Act.4.1.1.2. Delegated powers and discretion set out in section 134 of the Act.4.1.1.3. Service Standards set out in Schedule 5, Part 2 of the Act. |

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| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 4.1.1 Processes are in place that monitor, measure and review the effective implementation of the implementation and performance of the injury management system is reviewed against the, fundamental principles, rights and obligations within section 13 of the Act. | S13 | The self-insured employer has undertaken defined and documented activities to confirm the effective implementation of its planned arrangements for:* Ensuring early and timely intervention occurs to improve recovery and return to work outcomes including after retraining (if required); and
* Achieving timely, evidence based decision-making that is consistent with the requirements of this Act; and
* Providing a face to face service where there is a need for significant assistance, support or services; and
* Ensuring regular reviews are taken in relation to a worker's recovery and, where possible, return to work; and
* Ensuring the active management of all aspects of a worker's injury and any claim under this Act; and
* Encouraging an injured worker and his or her employer to participate actively in any recovery and return to work processes; and
* Minimising the risk of litigation.

Frequency of these activities occurs at least twice in a renewal period unless varied by a term or condition of registration. | System reviews.Internal Audits.Performance reports.Management Reports.External audit reports.Surveys.Claim file reviews. |
| **Topic** | **RTW Act**  | **Specific Requirements to be Addressed** | **Reference Document**  |
| 4.1.1.2 Processes are in place that monitor, measure and review the effective implementation of delegated powers and discretion set out in section 134 of the Act. | S134 | The self-insured employer has undertaken defined and documented activities to confirm the effective implementation of its planned arrangements for ensuring:* The reasonable exercise of the powers and discretions, delegated to the self-insurer.
* Documents and supporting recorded are available to confirm implementation of this review and evaluation of delegated powers.

Frequency of these activities occurs at least twice in a renewal period unless varied by a term or condition of registration. | System reviews.Internal Audits.Performance reports.Management Reports.External audit reports.Surveys.Claim file reviews. |
| 4.1.1.3 Processes are in place that monitor, measure and review the effective implementation of “Service Standards” set out in Schedule 5, Part 2 of the Act. | Schedule 5 | The self-insured employer has undertaken defined and documented activities to confirm the effective implementation of its planned arrangements for ensuring :* A worker's recovery and return to work as the primary goal if a worker is injured while at work;
* Early and timely intervention occurs to improve recovery and return to work outcomes including after retraining (if required);
* Recovery and return to work processes focus on maintaining the relationship between the worker and the employer; (with the active assistance and participation of the worker and the employer, consistent with their obligations under the Act)
* The self-insured employer is aware of, and fulfils its recovery and return to work obligations.
* A worker is treated fairly and with integrity, respect and courtesy, and comply with stated timeframes;
* The self-insured employer is clear about how it will assist a worker to resolve any issues by providing accurate and complete information that is consistent and easy to understand (including options about any claim, entitlements, obligations and responsibilities);
* A worker is assisted in making a claim and, if necessary, providing information about where the worker can access advice, advocacy services and support;
* All reasonable steps are taken to provide services and information in a worker's preferred language and format, including through the use of interpreters if required, and to demonstrate respect and sensitivity to a person's cultural beliefs and values;
* Confidentiality and privacy in accordance with any legislative requirements; are respected and maintained;
* Avenues for feedback or for making complaints are provided , where feedback or complaint is received a response is provided;
* The right of a worker or an employer to be supported by another person and to be represented by a union, advocate or lawyer is recognised.

Frequency of these activities occurs at least twice in a renewal period unless varied by a term or condition of registration. | System reviews.Internal Audits.Performance reports.Management Reports.External audit reports.Surveys.Claim file reviews. |

1. Adequacy Tool

**Injury Management**

**Adequacy Check**

**Performance Standards for Self-insurers**

**Self-insurer:**

**Evaluator:**

**Dates of Evaluation:**



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| **Standard:** | **Condition of Registration as a Self-insured Employer** | **1** |
| **Element:** | Policies and Procedures | 1.1 |
| **Sub Element:** | A self-insured employer shall develop and implement injury-management procedures that define how it will: |  |
|  | Achieve the fundamental principles, rights and obligations within Section 13 of the Act. | 1.1.1 |
|  | Exercise the delegated powers and discretions set out in Section 134 of the Act. | 1.1.2 |
|  | Meet the “Service Standards” set out in Schedule 5, Part 2 of the Act. | 1.1.3 |
| **Outcome:** | **Observation** |
| Evidence  |
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| **Standard:** | **Condition of Registration as a Self-insured Employer** | **1** |
| **Element:** | Resources | 1.2 |
| **Sub Element:** | A self-insured employer must have arrangements in place to ensure it has in place adequate resources to administer claims and provide effective return to work services to injured employees. These arrangements shall include: |  |
|  | Documented job descriptions for all injury management personnel and where relevant management, supervisors and employees. | 1.2.1 |
|  | Ensuring injury management personnel are competent to administer the self-insured employers delegated powers and discretions in a reasonable manner.  | 1.2.2 |
|  | Ensuring the allocation of resources is appropriate for the organisations type, volume and complexity of the case load. | 1.2.3 |
|  | Suitability of facilities and accommodation to ensure restricted access to information, including maintaining confidentiality during interaction with injured workers and service providers. | 1.2.4 |
|  | A self-insured employer must appoint a return to work coordinator and ensure the person appointed to this role has successfully completed relevant training. Where this role becomes vacant, the self-insured employer must re-appoint an employee within three months and ensure the employee(s) appointed have received relevant training within three months of the appointment being made. | 1.2.5 |
| **Outcome:** |  |
| Evidence  |
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| **Standard:** | **Condition of Registration as a Self-insured Employer** | **1** |
| **Element:** | External Claims Administration | 1.3 |
| **Sub Element:** | Where external administration services are contracted, a self-insured employer must ensure those arrangements are clearly documented covering: |  |
|  | Exercise of delegations by the self-insured employer. | 1.3.1 |
|  | Data security and confidentiality. | 1.3.2 |
|  | Administrative arrangements. | 1.3.3 |
|  | Complaint processes. | 1.3.4 |
| **Outcome:** |  |
| Evidence |
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| **Standard:** | **Condition of Registration as a Self-insured Employer** | **1** |
| **Element:** | Data | 1.4 |
| **Sub Element:** | A self-insured employer shall provide all relevant data set out in Schedule 3, Part 5 of the RTW Regulations 2015: |  |
|  | Fortnightly, unless an alternative arrangement has been agreed to by ReturnToWorkSA. | 1.4.1 |
|  | All errors at batch and line level shall be resolved within one month of receiving the data transmission return file. | 1.4.2 |
|  | A self-insured employer must notify ReturnToWorkSA at least one month prior to the implementation of any change to the workers compensation data system. | 1.4.3 |
| **Outcome:** |  |
| Evidence |
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| **Standard:** | **Condition of Registration as a Self-insured Employer** | **1** |
| **Element:** | Financials | 1.5 |
| **Sub Element:** | A self-insured employer shall provide to ReturnToWorkSA: |  |
|  | A copy of financial statements within 5 months of the self-insured audited employer’s financial year end date, or within an alternative timeframe approved by ReturnToWorkSA. | 1.5.1 |
|  | An actuarial report on the outstanding workers compensation liabilities of the employer within 3 months of the self-insured employer‘s financial year end date or within an alternative timeframe approved by ReturnToWorkSA. | 1.5.2 |
|  | The self-insured employer shall provide a financial guarantee that meets all the terms and conditions set out in written correspondence issued by ReturnToWorkSA. | 1.5.3 |
|  | A self-insured employer shall provide to ReturnToWorkSA a contract of insurance that meets all requirements set out in Schedule 3, Part 9 of the Return to Work Regulations 2015. | 1.5.4 |
| **Outcome:** |  |
| Evidence  |
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| **Standard:** | **Condition of Registration as a Self-insured Employer** | **1** |
| **Element:** | Information Provided to Employees | 1.6 |
| **Sub Element:** | A self-insured employer shall inform all employees in writing of the following arrangements: |  |
|  | How to report a work related injury. | 1.6.1 |
|  | The process for lodging a claim for compensation. | 1.6.2 |
|  | Location of claim forms. | 1.6.3 |
|  | Injury reporting process and the location of approved claim forms. | 1.6.4 |
|  | Overview of the claims administration process. | 1.6.5 |
|  | Overview of the early intervention and return to work process. | 1.6.6 |
|  | Injured worker rights and responsibilities. | 1.6.7 |
|  | Rights and responsibilities of the employer. | 1.6.8 |
|  | Complaints management processes (including those reported to the Ombudsman). | 1.6.9 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | General Matters | 2.1 |
| **Sub Element:** | Claim files are maintained in such a way that all decisions and determinations are identifiable and relevant supporting notes and documents maintained. | 2.1.1 |
|  | In all instances, notices and information are provided in accordance with return to work requirements including rights to review and are given within required timeframes. | 2.1.2 |
|  | The rights and needs of injured workers, including cultural and linguistic diversity are appropriately considered. | 2.1.3 |
|  | Confidentiality is maintained.  | 2.1.4 |
|  | A copy of all reports prepared by a health practitioner detailing the findings made or opinions formed by the health practitioner, shall be provided to the worker within 7 calendar days. | 2.1.5 |
|  | Where a worker provides a written request, under Section 180 of the Act, for a copy of all documentary material (hardcopy and electronic) relevant to their claim, the self-insured employer shall provide this material within 45 days of receiving the request. | 2.1.6 |
|  | A worker shall not be required to submit to an examination by a health practitioner of the same specialty more frequently than once every 2 months. | 2.1.7 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | Claims | 2.2 |
| **Sub Element:** | Claim forms are on file. | 2.2.1 |
|  | Where reasonably practicable claims are determined within 10 business days. | 2.2.2 |
|  | Where claims are not determined within 10 business days, offers of interim benefits are made in accordance with Section 32 of the Act. | 2.2.3 |
|  | Claims are considered and determined (including re-determinations) in accordance with Section 31 of the Act. | 2.2.4 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | Medical Expenses | 2.3 |
| **Sub Element:** | Payments for accounts for medical expenses are promptly paid. | 2.3.1 |
|  | Where a self-insured employer receives an application made by a worker seeking advanced approval for the provision of services, a written determination must be issued to the worker and where approval is not given, state the ground for the decision and inform the worker of their right to apply to have the decision reviewed. | 2.3.2 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | Income Support | 2.4 |
| **Sub Element:** | AWE entitlements are determined in accordance with Part 4, Division 4 of the Act, including income support for incapacity resulting from surgery. | 2.4.1 |
|  | AWE calculations are made in accordance with Section 5 of the Act and copies of information used to calculate AWE are held on file. | 2.4.2 |
|  | AWE is appropriately adjusted in all cases where a worker has previously redeemed entitlement to weekly payments. | 2.4.3 |
|  | AWE adjustments are made in accordance with Section 45 of the Act. | 2.4.4 |
|  | AWE reviews are made in accordance with Section 46 of the Act. | 2.4.5 |
|  | Reduction/discontinuance of weekly payments is made in accordance with Section 48 of the Act. | 2.4.6 |
|  | Where there has been a delay in the making of weekly payments and the delay was not the fault of the worker, then the self-insured employer shall calculate and apply interest at the prescribed rate to the amount in arrears within one month, and issue a written notice to the worker setting out details of the interest applied to the amount in arrears. | 2.4.7 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | Seriously Injured Workers | 2.5 |
| **Sub Element:** | Seriously injured workers are assessed and determinations made in accordance with Section 21 of the Act. | 2.5.1 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | Permanent Impairment – Economic Loss & Non-Economic Loss | 2.6 |
| **Sub Element:** | Determinations of entitlement to economic and non-economic loss are issued in writing and detail the calculation applied to determine the economic and non-economic loss lump sum entitlements and the workers’ rights to a review of the decision. | 2.6.1 |
|  | Within one month from the date the determination notice was issued to the worker, the self-insured employer must provide ReturnToWorkSA with a completed Notice of Lump Sum Determination, including all relevant supporting documentation. | 2.6.2 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | Redemptions and Deed of Release | 2.7 |
| **Sub Element:** | Where a self-insured employer reaches agreement to redeem the liability to make ongoing weekly payments and/or the liability associated with ongoing medical services, all requirements set out in Section 53 and 54 of the Act have been met and relevant documentation is held on the claim file. | 2.7.1 |
|  | Where a self-insured employer redeems liability to make ongoing weekly payments, the self-insured employer will ensure the rate of weekly payments that would have been payable if there had been no redemption is appropriately recorded. | 2.7.2 |
|  | Where self-insured employers liability is discharged under a deed of release under Section 66(7) of the Act, the self-insured employer will ensure the rate of weekly payments that would have been payable if the deed of release had not been entered into, is appropriately recorded. | 2.7.3 |
|  | On redemption of liability, a Notice of Lump Sum Determination must be completed for forwarding to ReturnToWorkSA within 10 working days of the determination being made and include all relevant supporting documentation. | 2.7.4 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | Early Intervention, Recovery and Return to Work  | 2.8 |
| **Sub Element:** | Recovery and Return to Work Plans (Plan) comply with the standards and requirements prescribed by the regulations, and when developed are specific to an individual worker. | 2.8.1 |
|  | Recovery and return to work plans are in place where the injured worker is or is likely to be incapacitated for work more than 4 weeks and detail the actions and responsibilities of key parties. | 2.8.2 |
|  | When preparing a Plan, the worker must be consulted and provided with a copy of the plan. | 2.8.3 |
|  | The Plan is reviewed in line with scheduled review dates and where the worker has applied for review of the Plan, the Plan shall be modified in line with the determination made at review. | 2.8.4 |
|  | Where a worker has not returned to pre-injury employment within 6 months from date of first incapacity and is not working to their full capacity, new or other employment options are considered for the worker when reviewing the plan. | 2.8.5 |
|  | Where a self-insured employer does not provide suitable employment, the self-insured employer notifies ReturnToWorkSA. | 2.8.6 |
| **Outcome:** |  |
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| **Standard:** | **Claims Management** | **2** |
| **Element:** | Legal Compliance | 2.9 |
| **Sub Element:** | Claims are managed and delegations administered in accordance with Return to Work Act and Regulations. | 2.9.1 |
| **Outcome:** |  |
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| **Standard:** | **Dispute Resolution** | **3** |
| **Element:** | Reconsideration | 3.1 |
| **Sub Element:** | A reconsideration officer is appointed and the Registrar must be notified as per the regulations of the details of the nominated officer. | 3.1.1 |
|  | The reconsideration process must comply with Part 6, Division 4 of the Act. | 3.1.2 |
| **Outcome:** |  |
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| **Standard:** | **Dispute Resolution** | **3** |
| **Element:** | SAET Orders | 3.2 |
| **Sub Element:** | Where a determination has been made by the South Australian Employer Tribunal (SAET) and an Order or direction issued, the self-insured employer must comply with the Order within the timeframe specified by the SAET. | 3.2.1 |
| **Outcome:** |  |
| Evidence  |
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| **Standard:** | **Measurement, Monitoring and Review** | **4** |
| **Element:** | Delegated Powers and Discretions | 4.1 |
| **Sub Element:** | Processes are in place that monitor, measure and review the effective implementation of delegated powers and discretions granted to a self-insured employer under the Act and where relevant, strategies to improve performance of the injury management system are identified. | 4.1.1 |
|  | The implementation and performance of the injury management system is reviewed against the, fundamental principles, rights and obligations within Section 13 of the Act. | 4.1.1.1 |
|  | Delegated powers and discretions set out in Section 134 of the Act. | 4.1.1.2 |
|  | “Service Standards” set out in Schedule 5, Part 2 of the Act. | 4.1.1.3 |
| **Outcome:** |  |
| Evidence  |
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