



Accreditation standards and service provider guidelines for Saskatchewan Workers' Compensation Board primary occupational therapy service providers

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Intent

This document sets out the following information for occupational therapists providing services to WCB customers:

- accreditation standards, and
 - a. service provider guidelines.

Introduction

2. All occupational therapists providing services to Saskatchewan Workers' Compensation Board (WCB) customers will comply with:
 - a. These accreditation standards and service provider guidelines for Saskatchewan WCB primary occupational therapy service providers.
 - b. Service fees and fee codes for Saskatchewan WCB primary occupational therapy service providers.
 - c. The practice standards and ethical requirements of the Saskatchewan College of Occupational Therapists.
 - d. Current and future WCB policies, where such policies do not contravene the practice standards and ethical requirements of the Saskatchewan College of Occupational Therapists, and
 - e. All sections of *The Workers' Compensation Act, 2013* (the Act).
3. WCB-accredited occupational therapists that do not want to provide services to WCB customers should immediately notify the WCB's medical and health-care services. The WCB will revoke their accreditation.
4. By providing care to WCB customers, occupational therapists automatically indicate their:
 - a. Understanding of this agreement.
 - b. Willingness to comply with this agreement, and
 - c. Intent to maintain WCB accreditation.

Professional affiliation and WCB accreditation requirements

5. The WCB requires all occupational therapists providing services to WCB customers to be:



- a. Members in good standing with the Saskatchewan College of Occupational Therapists, and
 - b. Accredited as a WCB service provider.
6. Occupational therapists seeking accreditation will provide the WCB:
- a. Proof of their occupational therapy degree.
 - b. Their current license to practice, and
 - c. Proof of malpractice insurance (that is, individual coverage or a letter from the occupational therapist's employer confirming coverage).
7. The application and process for accreditation can be found at wcbask.com. Occupational therapists will provide all treatment. Occupational therapists that want to provide care to WCB customers will apply for WCB accreditation.
8. WCB accreditation ensures WCB customers receive care from qualified occupational therapists that are independent of:
- a. Adjudication and insurance decisions, and
 - b. Employer influence.
9. Based on objective and documented medical findings, accredited occupational therapists will make decisions regarding:
- a. Continued treatment.
 - b. Return-to-work, and
 - c. The need for assessment team review.
10. Occupational therapists must function as:
- a. Independent providers, and
 - b. Objective providers.
11. Occupational therapists must refuse to advocate on behalf of employers or workers regarding the cause of injuries or ongoing benefits. When requested, occupational therapists will remind the customer of the WCB's:
- a. Appeals processes, and
 - b. Fair Practices Office.



12. Occupational therapists will not note their affiliation with the WCB in any:

- a. Advertising, or
- b. Promotional material information.

Practice guidelines

Intake and assessment guidelines

1. After receiving referral from a care provider or worker contacting the occupational therapist directly, the occupational therapist will send a [Primary Level Authorization to Treat – Mental Health and Occupational Therapy \(MCARE\) form](#) (available at wcbask.com) to the WCB.
2. When the occupational therapist receives the signed authorization form, they will provide an intake appointment as soon as possible. However, where the referral is of an urgent nature, (that is, the worker has sustained a hand injury or surgery to the hand within the past three weeks), the therapist will commence treatment and, where treatment is not approved by the WCB, the WCB will fund up to five treatments or date of disallowance letter, whichever comes first.
3. The occupational therapist will complete an intake assessment to determine the health care needs of the injured worker. To help create a return-to-work plan, the occupational therapist will contact the employer to determine the type of work and demands required of the injured worker. This contact will involve transitional return to work, as well as final return-to-work efforts.
4. Occupational therapists or the employing clinic that enter into agreements with employers or the treatment of workers for work-related injuries or have received employer based referral or employer-funded work assignment within the past year will ensure the worker's written consents to treatment acknowledges both that relationship and that the worker is aware he or she may choose another provider.
5. Consent forms will be signed by the worker for in clinic assessment/treatment as well as any work site assessment/treatment where the worker or therapist feels a work-related injury may have occurred.

Management guidelines

6. WCB customers will receive care equivalent to the:
 - a. Type and severity of injury,
 - b. Stages of tissue healing, and
 - c. Availability of the worksite to provide therapeutic progressions.



7. Primary level treatment will not exceed two hours per day.
8. Occupational therapists will book a maximum of three customers in an hour to ensure adequate time for:
 - a. Occupational therapy care,
 - b. Education,
 - c. Reassurance, and
 - d. Return-to-work discussion.
9. This ratio does not apply for:
 - a. Back classes,
 - b. Education classes,
 - c. Conditioning programs, or
 - d. Work hardening programs.
10. In programs involving strength training, the staff/customer ratio will not exceed one to six. In non-strength training programs, the staff/customer ratio will not exceed one to 12. Customers, regardless of the type of health care delivered or received, will be supervised individually or in a group setting, always with an occupational therapist in the room.

Discharge guidelines

11. WCB customers are discharged from treatment when:
 - a. There are no occupational or functional gains being made, or
 - b. The injured worker moves into a secondary or tertiary program.
12. The WCB recognizes that some WCB customers with permanent functional impairment may require additional care to manage the flare-ups.
13. Occupational therapists do not need to send new [Primary Level Authorization to Treat forms](#) if the injured worker requests more treatment within 30 days of being discharged. If the request is made after 30 days, the occupational therapist must send a new form and confirm funding before continuing treatment.



Identifying the need for reassessment

14. The occupational therapist will notify the WCB that an assessment team review is required where more comprehensive care is needed because:

- a. The worker is not progressing and is not recovering from the work injury, or
- b. Psychology and or pain management services are required.

The assessment team review will determine if secondary or tertiary level care is more appropriate. The occupational therapist will continue treatment prior to the assessment team review only where the injured worker will benefit from continued treatment.

15. Where a worker, as a result of an assessment team review or physical/functional capacity evaluation, requires secondary or tertiary level care, the WCB health-care services co-ordinator will refer the worker to a secondary/tertiary care centre if the primary care provider does not express a preference of secondary/tertiary treatment centre.

Evaluation of personal care or workplace needs

16. Where an occupational therapist is asked to evaluate the worker's needs for equipment at home, in a vehicle or in a workplace, the therapist shall list all the possible options and solutions and will avoid advocating for a particular solution.

17. Where the occupational therapist is providing estimates to the WCB, a minimum of three suppliers and cost estimates will be provided, notifying the WCB where this is not practical.

18. Prior to the home or workplace assessment, the occupational therapist will ensure the claim file has been received from the WCB's health-care services and will particularly review:

- a. The WCB's listing of compensable and non-compensable diagnoses.
- b. Any measures of functional ability that have been conducted (that is, FAEs or FCEs) including the frequency within which the worker functions.
- c. Any information about the level of activity and independence care providers are striving to achieve or maintain.

19. This will allow the occupational therapist to ensure that all recommendations:

- a. Pertain to the effects of the work injury.

- b. Are geared to maintaining or encouraging optional independence and mobility.
 - c. Are consistent with testing of physical function. For example, a worker whose FCE shows she can lift her arms above shoulder level on an Occasional basis would be unlikely to need help with drying her hair or a static hair dryer as the activity lasts a few minutes only.
20. Site visits should occur within a week of the WCB's referral and a report submitted to the WCB within two weeks of the visit.
21. If the report is delayed, communication should be sent to WCB at the two week timeline explaining the delay and providing information regarding the expected report date. This will allow WCB to explain any delays to the employer or worker.

Fees for service

Section 103(1) of the Act states:

Every worker who is entitled to compensation or who is disabled only on the day of the injury is entitled without charge to:

- (a) any medical aid that may be necessary as a result of the injury;
 - (b) any other treatment by a health care professional.
1. The occupational therapist will direct bill the WCB for services unless the WCB provides written notification that funding will not be provided.
 2. The services payable by the WCB are listed in the service fees and fee codes for Saskatchewan WCB primary occupational therapy service providers. A maximum of two hours of treatment services per day five days per week, as appropriate for the treatment of the work injury may be billed. Occupational therapists will not extra bill WCB customers for other services. Occupational therapists will bill by 20-minute blocks or 0.33 units and will round up to the next 20-minute block or 0.33 units.
 3. Where necessary, modalities will not be billed independent of other therapeutic interventions and will be suitable to the stage of tissue healing specific to the worker. Theraband must also not be extra billed to the worker or the WCB. It is considered a component of the already funded occupational therapy. Theraballs and other consumable therapeutic supplies and equipment are billable to the WCB only with prior approval of the customer care facilitator.
 4. To reduce the perception of prescriber/provider bias, the manufacturer's fee and an additional handling fee only will be paid by WCB. Where possible, direct billing and delivery of the supply to the WCB for items greater than \$500 will be arranged.



5. The WCB recognizes that the wait for pre-approval of therapeutic equipment and supplies may, at times, delay recovery. In cases where recovery will be delayed, by waiting for pre-approval, the WCB will waive the pre-approval requirement and fund the therapeutic equipment and supplies to a maximum of \$250. These include post-surgical customers or customers with acute symptoms who require same-day issuance of specific therapeutic equipment and supplies in an outpatient clinic.
6. The occupational therapist will invoice the WCB in units of care rather than number of visits, allowing the therapist to personalize the care delivered to the needs of the injured worker. Occupational therapists will be allowed input into billing processes that may be developed by the WCB from time to time.

Storage of health information and charting

1. There will be a written or electronic report for each customer within the treatment facility, which includes:
 - a. Notation of the findings of the initial assessment,
 - b. Goals of treatment,
 - c. Treatment provided,
 - d. Findings of periodic reviews,
 - e. Details of the worker's job duties,
 - f. Efforts made toward the establishment of transitional and full return-to-work, and
 - g. A discharge summary.
2. Charting and storage of health information will meet all requirements of:
 - a. The Saskatchewan College of Occupational Therapists,
 - b. *The Health Information Privacy Act*,
 - c. *The Workers' Compensation Act, 2013*, and
 - d. Any other applicable legislation.
3. If the worker requests a copy of the customer chart, the information, excluding information received from the WCB, will be provided in the manner directed by the Saskatchewan College of Occupational Therapist. The worker will be advised that WCB documents should be requested from WCB personnel. The provision of these documents is subject to WCB policy.



Confidentiality requirements

1. All health-related and personal information received during the course of treatment of an injured worker will be treated in a confidential manner and no information will be revealed to any person or party other than those persons to whom reports are to be made or to such other persons as may, from time to time, be designated by the WCB. Information pertaining to functional ability may be provided to the employer for the purposes of establishing a return-to-work arrangement.
2. All public relations work, interviews, public appearances and press releases related to services being provided to WCB customers will require WCB approval. Approval will not be unreasonably withheld. The occupational therapist will not, without prior written approval of the WCB, publish or allow to be published any work that relies upon or uses information obtained by the occupational therapist, the Canadian Association of Occupational Therapists – Saskatchewan Chapter (CAOT-SK) or its members in carrying out the terms of this agreement, except for retroactive research where the WCB customers treated are not identifiable as a group.

Duty to report work injury

Section 55 of the Act states:

Any health care professional who attends to or is consulted with respect to an injury to a worker shall:

- (a) furnish the board with any reports respect to the examination or treatment of the worker that are relevant to the injury for which compensation is claimed;
 - (b) give all reasonable and necessary information, advice and assistance to the injured worker or the worker's dependants in making an application for compensation; and furnish any certificates and proofs that the board may require.
1. Occupational therapists will report injuries by sending [Primary Level Authorization to Treat – Occupational Therapy forms](#) to the WCB. Occupational therapists will tell WCB customers to report their injuries by:
 - a. Telefile (1.800.787.9288).
 - b. Online at wcbask.com.
 - c. Completing a Worker's Initial Report of Injury (W1) form (this form can be attached to the occupational therapist's reports).
 2. Reporting injuries ensures:

- a. All WCB customers receive the benefits to which they are entitled, and
 - b. Accurate information is used when employer rates are set.
3. Employers also have a legislated duty to report to the WCB any work-related:
- a. Injuries, or
 - b. Illnesses.
4. Occupational therapists will ensure they are not party to claim suppression by reporting the treatment of WCB customers to the WCB.

WCB reporting forms

1. WCB reporting forms and frequency of reporting are subject to periodic revision, with the input from the CAOT-SK. The WCB and the CAOT-SK may revise this agreement prior to expiration. The WCB will provide sufficient time to occupational therapy treatment centres to implement revised standards.
2. Occupational therapists will report to the WCB as follows:
 - a. Assessment findings must be sent to the WCB within three business days of the initial assessment (OTI).
 - b. Progress reports will be sent to the WCB every 10 visits.
 - c. Discharge summaries (OTP) will be sent to the WCB within three business days of discharge.
3. Where occupational therapists are monitoring return-to-work arrangements, return-to-work schedules and particulars will be sent to the WCB prior to commencement, using the [Practitioner's Return to Work Report \(PRTW\)](#). If revisions are necessary, the occupational therapist will notify the WCB.

Facility guidelines

1. To fulfil services required by WCB customers, the occupational therapy treatment centre must have:
 - a. Adequate space,
 - b. Facilities, and
 - c. Equipment.



In the absence of standards from the Saskatchewan College Occupational Therapists, adequacy will be determined by the occupational therapy treatment centre survey process.

Continuing education

1. Occupational therapy treatment centres will provide:
 - a. An orientation program to all new staff, including training in emergency procedures, and
 - b. Processes established within the centre to provide care and return-to-work planning to WCB customers, including review of this document.
2. All occupational therapists will:
 - a. Be encouraged to participate in continuing education programs, and
 - b. Have knowledge of current occupational therapy practice and treatment protocols.
3. As developed by the Saskatchewan College of Occupational Therapists, all therapists will comply with:
 - a. Continuing education, or
 - b. Competency programs.

Quality assurance and performance evaluation measures

1. There must be a sufficient number of occupational therapists on staff to provide efficient and effective services. Occupational therapists will provide care that encourages the injured worker's active involvement wherever appropriate. Occupational therapists will provide evidence-based care.
2. The ratio of non-professional to professional staff in the occupational therapy treatment centre must not be greater than two occupational therapy assistants to one active full-time occupational therapist. Information will be available within the clinic to indicate the total number of:
 - a. Professional staff's working hours per month.
 - b. Non-professional staff's working hours per month, excluding reception and office staff.
3. This information may be recorded as full-time equivalents of 40 hours per week.



4. In rare instances, occupational therapy assistants may be used for in-clinic treatment to:
 - a. Provide auxiliary services, and
 - b. Monitor equipment.
5. In all cases, the occupational therapist will, at a minimum, provide indirect supervision (that is, the occupational therapist will be present within the clinic). The occupational therapist will direct care and progressions of care. Only licensed or registered providers will be used to supervise functional conditioning and provide functional testing.
6. Compliance to these standards will be evaluated through quality assurance processes that utilize a clinic survey process. This process is to be developed jointly by the WCB and occupational therapy professional representatives.

Term of agreement

1. These service provider guidelines and service fees are in effect until March 31, 2025. If new service provider guidelines and service fees are not agreed to prior to March 31, 2025, then these service provider guidelines and service fees will remain in effect until a new agreement is reached.

Ongoing relationship

1. Ongoing input from occupational therapists will be obtained by the WCB medical and health-care services and the CAOT-SK.
2. Where occupational therapists want to provide input about the care of WCB customers that is not file specific, they should contact the regional director of the CAOT-SK or the CAOT-SK's third-party payers committee, who will then request to meet with the manager of the WCB's health-care services.

Return to work

1. Within the first week of treatment, the occupational therapist will contact the employer of any worker not at full work to determine the availability of transitional return-to-work (work suitable to the worker's occupational findings as he transitions from work restrictions to full fitness for work).
2. Where transitional return-to-work is available, the occupational therapist will make reasonable effort to coordinate a return-to-work plan, with the co-operation of the primary care provider, involving the worker, the employer and the WCB.
3. The duration of the return-to-work plan will be based on:



Saskatchewan
Workers'
Compensation
Board

Health Care Services
200-1881 Scarth St.
Regina SK S4P 4L1
wcbask.com/care-providers

Phone: 306.787.4370
Toll free: 1.800.667.7590
Fax: 306.787.4311
Toll free fax: 1.888.844.7773
internet_healthcare@wcbask.com

- a. Clinical judgment regarding type and severity of injury,
 - b. The stages of tissue healing,
 - c. The occupational requirements of the pre-injury job, and
 - d. The availability of transitional return-to-work.
4. Where any return-to-work partner is not co-operative with return-to-work planning, the occupational therapist will advise the WCB that a barrier to recovery has occurred, asking the WCB to make contact with the individual. The resultant return-to-work plan will be forwarded to the WCB through a [Practitioner Return to Work \(PRTW\) Report](#) form document and will be resent should revisions to the original plan occur.