



Best Practice Guidelines for External Case Coordinators

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I. DEFINITIONS AND ROLES

a. CASE MANAGER

The Case Manager is responsible for the development of the Rehabilitation/Vocational Rehabilitation Plan. The Case Manager identifies, authorizes, and coordinates all services required in the plan. At SGI, the case manager is considered to be the Personal Injury Representative (PIR).

CASE MANAGER ROLES AND RESPONSIBILITIES

- Maintain responsibility throughout all stages of a claim; even at a stage when their involvement may not be very active, and another service provider's involvement is highly active.
- Secure medical information and reports to the vocational/medical file. Keep medical information current and provide copies to the health care providers and External Case Coordinators as required.
- Be proactive in coordinating and cooperating with the primary practitioner.
- Be directly involved in assisting customers in setting return to work/return to normal activities dates once functional abilities are defined by the primary practitioner and/or the treatment team.
- **Involve the customer in every stage of their own rehabilitation. Provide service with sensitivity, keeping in mind that the degree of the customer's motivation and influence will significantly impact the outcome.**
- Be aware of all relevant activities and progress and know who is coordinating the various aspects of the claim and rehabilitation process.
- Whenever the extent of treatment, disability, or duration of the injury requires a review, send the file to an appropriate medical consultant.
- Involve the customer in decisions that are related to health care services and the rehabilitation process.
- When contracting an External Case Coordinator, the Case Manager must complete the External Case Coordinator Referral form and forward it to the External Case Coordinator with specific directions. Sign and date referral.

- Ensure that all External Case Coordinator services are provided in a timely manner, in the right sequence, and without duplication.

b. CASE MANAGEMENT

Case management is the identification, authorization, monitoring, and coordination of the benefit payments, as well as goods and services, to an injured person to ensure an early return to normal activity and/or maximum medical improvement.

Case management in the rehabilitation process involves four phases:



c. CASE COORDINATION

Case Coordination is a function that is usually performed by the case manager, but it may also be delegated to Vocational Rehabilitation Consultants, Occupational Therapists, Physical Therapists, among others.

EXTERNAL CASE COORDINATOR ROLES AND RESPONSIBILITIES

- Consulted for the use of their specialized knowledge and expertise for coordination of services or simply for a specific task.
- Review, sign, and return the External Case Coordinator Referral Form to the PIR before providing services.
- May also be contracted to provide assistance with job search, job coaching, job development, transferable skills analysis, interest and aptitude testing, labour market surveys and discussions with stakeholders (For example, injured customer, employer, union, etc.) on return to work plans. However, their assistance is not limited to these services only.
- Ensure customers are accessing approved services in a timely manner.
- Ensure the outcomes of services are reported to the Case Manager in a timely manner.
- Where requested, to facilitate discussions between multiples groups.
- Facilitate communication between SGI and the employer.

NOTE: Any referrals for medical appointments and specific letters/questions must originate from the PIR, and not the ECC. PIR to seek assistance from the Medical Facilitator if necessary.

d. DESIGNATED PRIMARY PRACTITIONER

The Primary Practitioner oversees the treatment for the injured customer. The injured customer will designate who they want as their Primary Practitioner. The Primary Practitioner will either be a physician, chiropractor, physiotherapist or Nurse Practitioner.

DESIGNATED PRIMARY PRACTITIONER ROLES AND RESPONSIBILITIES

- Arrange necessary tests and appointment with medical specialists and other care providers.
- Direct all aspects of the injured customer's treatment.
- Where appropriate, make referrals for assessments within the timelines suggested in the Early Intervention Program.
- Coordinate, cooperate, and communicate with other care providers, the injured customer and SGI.
- Provide reports regarding the progression of rehabilitation within the timelines outlines in the Early Intervention Program, or as requested by the PIR.

IMPORTANT – PLEASE NOTE:

- The Case Manager and the External Case Coordinator are **not** responsible for the medical management of the customer. **The direction of health care services is the responsibility of the Primary Practitioner.**
- It is **not** the Case Manager's or the External Case Coordinator's role to override recommendations made by treatment providers, thus interfering with medical management.
- Discussing SGI Injury Benefits with the customer and health care providers is the responsibility of the PIR **not** the External Case Coordinator.

II. PROTOCOL FOR HIRING – EXTERNAL CASE COORDINATORS

The External Case Coordinator is an agent appointed by the PIR, to whom some of the case management functions are delegated. Final decision-making authority rests with the PIR.

a. WHO – *Individuals able to provide appropriate services?*

External Case Coordinators may specialize in certain injury types or have expertise with certain types of occupations. Both the company's and the specific External Case Coordinator's area of expertise should be considered when choosing who to hire.

b. WHY – *Under what circumstances should SGI consider hiring an External Case Coordinator*

- i. There are certain situations where it may be advantageous to hire External Case Coordinators. Some employers, either independently or in concert with their group life and disability insurers, hire External Case Coordinators to help in vocational rehabilitation of employees who have suffered from disabling illnesses. The External Case Coordinators generally become very knowledgeable about that employer's Human Resource policies and have developed effective working relationships with key staff in those firms. SGI should retain their External Case Coordinators when dealing with an individual whose injuries occurred in a motor vehicle crash.
- ii. External Case Coordinators may be hired to facilitate communications and implementation of Return to Work Programs between customers, PIRs, health care providers, treatment centers and employers.
- iii. The PIR will apply the preceding rationale when choosing which situations may best be served by an External Case Coordinator.

c. WHAT – *Services that can be Provided by External Case Coordinators*

- Facilitate communications between the customer, PIR, Vocational Rehabilitation Professional, health care provider(s), and/or the employer.
- **As requested by the PIR**, provide various specialized services such as:
 - Job Search
 - Transferrable Skills Analysis (TSA)
 - Labour Market Surveys
 - On-Site job monitoring
 - Occupational therapy assessments for home or the worksite
 - Other specific services
 - Coordinate return to work

Additional services of the External Case Coordinator may include the following:

- Monitor progress, and maintain communication with the customer, PIR and the customer's primary practitioner and/or other care providers.
- Reinforce realistic vocational goals.
- Promote customer responsibility in his/her vocational rehabilitation program.
- Provide support to the customer.
- Coordinate information gathering.
- Coordinate and document services.

The PIR must clearly communicate which specific services they are asking the External Case Coordinator to provide through instructions on the External Case Coordinators Referral Form. The External Case Coordinator will then review, sign and return the referral form to the PIR. Any further requests from the PIR should be followed by a "Confirmation of Instructions" by the External Case Coordinator.

d. WHEN – *The Best time to hire and External Case Coordinator*

Timing of when to hire an External Case Coordinator is case specific. However, there are some general guidelines of the most appropriate time to hire:

- When assistance is required for Return to Work planning. For example, employers often state that they did not plan to have employees return to work until they can complete 100% of duties. In these instances, External Case Coordinators negotiate return to work accommodations with employers and can educate the employer of any obligations they may have for workplace accommodation under existing and applicable provisions in the law for human rights."
- When a PIR identifies an employer, who hires a company for Case Coordination/Rehabilitation Services, the PIR should communicate with that employer, disability manager or occupational health nurse and make them part of the Rehabilitation Team. The PIR should also consider hiring the same External Case Coordinator generally hired by that employer.
- An External Case Coordinator should be hired for specific services only at the time when those services become necessary.

- When it becomes apparent that customer cannot return to their pre-MVC employment or will require assistance with accommodations at that workplace.

Care must be taken to avoid hiring External Case Coordinators in circumstances where the customer's disability and employment would resolve without intervention.

e. TIME TO STOP- *Knowing what's enough*

- i. When conflict or personality differences are identified between the External Case Coordinator and the customer; and a solution cannot be found.
- ii. When the External Case Coordinator is providing additional services that are not requested by the PIR, without prior approval. The PIR is to advise the Medical Facilitator prior to stopping their services.
- iii. When the External Case Coordinator is not performing up to the expectations of the PIR. The PIR is to advise the Medical Facilitator.
- iv. When the External Case Coordinator advises they do not have any further services to provide to the customer.
- v. Inappropriate billing may result in the termination of services with that specific External Case Coordinator. The PIR is to advise the Medical Facilitator prior to stopping their service.
- vi. The PIR must constantly evaluate whether goals are being met or if the plan is working. If the plan is not working or if goals have not been met, then the PIR must assess what, if any, additional services are required and whether the PIR or the External Case Coordinator will be coordinating these services.

III. PERFORMANCE STANDARDS

- The External Case Coordinator is obligated to maintain technical/professional competency at a level where the customer receives the highest quality of service.
- The ultimate objective of the External Case Coordinator should be to provide individualized, reasonable and cost-effective rehabilitation measures to SGI customers.
- External Case Coordinator services should be provided with the highest ethical standards, in the shortest time frame and in the most cost-effective manner.
- Due to a recommendation received from the Automobile Injury Appeal Commission, the External Case Coordinator must retain all internal notes (formal and informal) and records on all SGI files for such a period of time as the External Case Coordinator maintains their own files before destruction of the same.
- Before providing services to the customer, the External Case Coordinator must review, sign, and return the External Case Coordinator Referral Form to the PIR.
- The External Case coordinator shall render only those services that he/she is competent and qualified to perform, and which SGI has approved. When an External Case Coordinator sees a need for additional assessment, testing, or consultation, they shall clearly demonstrate the basis for this by way of verbal and written request.
- The External Case Coordinator may be required to provide comprehensive rehabilitation services for some customers, while only specific services may be required for others. The External Case Coordinator must be committed to recognize and address changing customer's needs, wants, and preferences and communicate this with the PIR.
- Release of medical, legal, or any other documentation is to be at the discretion of SGI. All information supplied to SGI is confidential and should be used by the External Case Coordinator for the assessment and development of a rehabilitation plan.
- Reports which reflect an objective, independent opinion based on observed behavioural performance and factual determinations within the coordinator's area of expertise shall be submitted in a timely fashion in the format prescribed by SGI.

- The rehabilitation plan must:
 - Be developed in collaboration with the customer, PIR, Primary Practitioner, and the treatment team.
 - Be realistic and specific; including clear time frames and estimated costs.
 - Identify barrier/problems to be addressed.
 - Contain stated and measurable goals.
 - Identify strategies and services needed to reach the goal.
- **Functional restrictions/goals are to be developed by the Primary Practitioner and/or treatment team. The External Case Coordinators must include all the restrictions/goals set out by the treatment team in the development of the Return to Work Plan. The External Case Coordinator may be utilized to facilitate, communicate, and monitor the return to work plan with the employer.**
- The PIR will determine the frequency of monitoring in consultation with the External Case Coordinator, based on the phase of the rehabilitation plan and the needs of the customer.
- Any reports or testing that is completed or obtained by the External Case Coordinator must be disclosed to SGI.
- External Case Coordinators must advise SGI PIRs of a “no-show” or a cancelled appointment on the same day that the appointment was scheduled.
- The External Case Coordinator shall discharge the customer in a timely fashion and in accordance with guidelines and expectations as provided by SGI.
- The External Case Coordinator only shall bill for authorized rendered services.
- The External Case Coordinator shall adhere to *SGI’s Conflict of Interest Guidelines* (APPENDIX 1).

IV. REPORTS AND SERVICE TIME FRAMES

- The Vocational External Case Coordinator must make telephone contact with a customer within two business days of referral or as otherwise directed by the PIR.
- Initial Assessment reports must be submitted within two weeks of the initial visit unless otherwise indicated by PIR.
- All reports that are submitted to SGI must be submitted through the Electronic Document Exchange.
- All reports shall contain claim/case identification information, date and reason for referral and date of report preparation.
- Assessment reports should contain the evaluation process and methods that are used to arrive at the conclusions and recommendations.
- Progress reports must be submitted at SGI's request. The frequency of reporting is at the sole discretion of the PIR. Frequency of reports should be determined at the onset of the referral and included on the External Case Coordinator referral form. It is understood that active rehabilitation cases should have regular progress reports.
- In general, progress reports should not repeat the information that has already been supplied to SGI, such as detailed medical history and details of the accident. **Reports should be compact, concise, and contain only relevant information.**
- Progress reports shall contain indications of customer's attendance, motivation and behaviour, as well as, any special skills or problems that the injured person may have that were not previously identified. The progress report should also relate progress to be expected and the outcome.
- The Case Coordinator must identify all sources of information (for example, reports, consultations, personal interviews, etc.) and include it in these reports.
- Release of any reports or documents to any other party shall be done only with prior approval from SGI.

V. BILLING, ACCOUNTS AND FEE SCHEDULE

a. INVOICES AND DISEMBURSEMENTS

- All invoices are to be itemized by date, type, and amount of time of service, and should include the name of the External Case Coordinator. This must include a break down of travel time and kilometers listed separately. The invoice should be accompanied by a customer activity sheet containing the required information. Vocational and Occupational Therapy invoices should be separate.
- Invoices are to be submitted monthly; SGI will pay a satisfactory invoice **within seven days** of receipt of that invoice. All invoices must include the SGI payee number.
- At the request of SGI, the External Case Coordinator will provide copies of the original invoices for any disbursements billed to SGI (for example long distance charges). However, copies of invoices for any adaptive aides must be included with all invoices submitted to SGI.
- The External Case Coordinator will submit all invoices to the SGI PIR for payment, including outside services rendered.
- The External Case Coordinator may bill up to one hour of professional time as a cancellation fee, when a “no show” or cancelled appointment occurs within 48 hours of appointment. This information should be relayed to the PIR as soon as possible.

b. REPORTS, CORRESPONDENCE, AND HOURLY RATES

- Professional hourly rates for Saskatchewan are based on the attached fee schedule.
- Any request to change the rates must be made in writing to the Director, Rehabilitation Services, SGI.
- Professional time for initial review of file material may be charged on a one time only basis and **should not exceed one hour** unless otherwise previously agreed upon with the SGI PIR.
- Report and correspondence preparations are to be billed by **actual** time spent. As a general guideline, **up to two hours** for the initial assessment and report and **up to 1.5 hours** for a progress report, is acceptable.

NOTE: Exceptions for particularly complex cases may be discussed with the PIR prior to services being carried out and will be based on the actual time spent.

Exceptions also apply for OT services such as PDA's, WSA's, HSA's, etc.

- Billings for case consultation or telephone calls must include the names of parties that are involved and the actual time that is spent.
- A telephone call that is made, where the party being sought, does not answer, is considered an unsuccessful or attempted phone call. No charge is to be made for unsuccessful or attempted phone calls. Actual long-distance charges on calls which are completed, may be billed as incurred. A copy of the telephone account will be provided upon request.

c. MILEAGE, MEALS, AND TRAVEL TIME

- SGI will pay the full professional hourly rate for travel time. However, where possible, the External Case Coordinator should pro-rate travel costs between customers.

Mileage will be reimbursed for travel at the approved SGI staff rates which are the current Public Service private vehicle rates. Mileage for travel beyond the home community will be billed at the Public Service Commission rate. It reviews the mileage rates twice a year and announces rate changes in April and October. The changes are then posted on the following website:

<http://applications.saskatchewan.ca/601-1>. Any questions on rates can be directed to the Medical Facilitators.

- Meals will be reimbursed (as incurred) where departure is before 7 a.m. and return is later than 7p.m. Meals should be prorated between customers where possible.
- Hotel accommodation will be reimbursed with prior approval from the PIR

d. SUPPLIES AND EQUIPMENT

- Purchasing of supplies and equipment in bulk is permitted. In that regard:
 - A photocopy of the receipt of purchase must be attached to each invoice.
 - The External Case Coordinator will be required to keep track of claim numbers for each item purchased in bulk.

- Medical Facilitators may periodically request the list of claim numbers for items purchased
- Travel time will not be permitted for the purpose of purchasing supplies or equipment in bulk.

e. BUSINESS/OVERHEAD COSTS

- The following activities are considered costs of doing business and/or overhead costs and are not to be billed as additional expenses:
 - Clerical: including file set up, confirmation of instructions, and file closure
 - Postage for report transmittal to SGI
 - Facsimiles: long distance charges may be billed as incurred
 - Photocopying
 - Supervisory/consultation conference for case discussion, supervision, or staffing.

VI. TERMINATION AND CLOSURE

- The Personal Injury Representative has the option to conclude/terminate the services of the External Case Coordinator at any given time to accommodate the best interest of the customer.
- Upon the PIR's decision to conclude/terminate services, the External Case Coordinator will be notified immediately, followed by written confirmation from the PIR.
- When requested by the PIR, a closing report must be completed by the External Case Coordinator **within 14 days** of terminating/closing services.
- External Case Coordinator services will be monitored and evaluated through SGI's Quality Assurance Review.

Any questions regarding these guidelines and/or fees should be directed to the Medical Facilitators or Director, Rehabilitation Services, SGI

SGI PERSONAL INJURY PROTECTION PLAN CONFLICT OF INTEREST GUIDELINES

Intent:

Saskatchewan is a relatively small province in terms of the number of facilities and services available to treat and rehabilitate persons injured in automobile accidents. Services are provided by a limited number of health care providers at a limited number of assessment and treatment facilities. As a result, there may be cases where health care providers refer injured persons to facilities where health care providers may have a financial interest. These referral practices may result in potential conflicts of interest, which in turn may further result in over utilization of health care services, may increase costs to the health care system, and may adversely affect the quality of the health care.

Health care providers recommend treatments which they perform themselves and they can profit from this. This is how the provider earns a living and is not considered a conflict of interest. Referral for profit is considered a conflict of interest and occurs through a business arrangement that increases a health care provider's income when they refer a client to other providers in separate facilities or when they buy or sell client referrals, which result in profit. When a health care provider profits financially from selling, buying or making a referral over and above their fee, it could result in the provider acting in his/her own best interests rather than that of the client.

SGI recognizes that it may be appropriate for health care providers to refer clients to facilities in which they have a financial interest, as long as certain safeguards are present in the arrangement. It is the intent of these guidelines to provide direction to SGI and health care providers regarding conflicts of interest in order to ensure that the best possible rehabilitation is provided to injured persons at the least possible cost.

Definitions:

"Facility" means any facility pertaining to the assessment, treatment, or rehabilitation of injured persons and includes any entity, organization, or proprietorship which provides goods and supplies recommended in the treatment or rehabilitation of an injured person.

"Financial Interest" means:

- Ownership of a facility, either personally or through a corporation, in whole or in part, by a health care provider or a member of his or her immediate family
- Any direct or indirect benefit received by or promised to a health care provider or his or her immediate family for a referral to any facility. Such benefits include any form of remuneration, commissions, rebates, gifts, profit sharing and expectation of cross-referral.

"Health Care Provider" means a physician, surgeon, chiropractor, physiotherapist, occupational therapist, vocational therapist, exercise therapist, massage therapist, dentist, psychiatrist, social worker, speech pathologist, recreation therapist or any other provider of rehabilitation care.

"Immediate Family" means a health care provider's spouse, common-law partner, same sex partner, child, child's spouse, grandchild, grandchild's spouse, parent, parent-in-law, sibling, sibling's spouse or sibling's parent-in-law.

Guidelines:

It is considered a conflict of interest for a health care provider to refer or direct an injured person to a facility where the health care provider has a financial interest. It is also considered a conflict for a health care provider to buy or sell referrals for profit.

Policy:

- *Health care providers must disclose to SGI any conflict of interest that exists with a facility where they refer the injured person for diagnosis, treatment, assessment, goods, or other services.*
- *When a conflict of interest is disclosed, SGI may request the health care provider to provide another referral. Alternatively, SGI may have such referral reviewed by an impartial expert in the appropriate field.*
- *If SGI is satisfied that no alternative referral is reasonably available, or if the necessity of the referral is confirmed following the review by an impartial expert, SGI will accept the original referral.*
- *SGI will report a health care provider to his or her respective regulatory body in cases where a health care provider fails to disclose a conflict of interest.*
- *SGI will ask all facilities and SGI consultants to disclose all potential conflicts of interest with referring health care providers. Such disclosure shall be made to the Manager, Rehabilitation Services, SGI.*

SGI EXTERNAL CASE COORDINATOR REFERRAL FORM

Referral to:

Vocational Rehabilitation Company: _____

Attention: _____

Phone: _____ Fax: _____

Referral from:

P.I.R.: _____

P.I.R. Phone number: _____

Fax number: _____

Referral for:

Customer Name: _____

Address: _____

Phone (H): _____ (W): _____

Date of Birth: _____

SGI Claim Number: _____

Date of Loss: _____

M.V.A. Injuries: _____

Designated Primary Practitioner: _____

Other Practitioners: _____

Treating Facility: _____

Vocational status of the customer at the time of the M.V.A.: _____

Contact person: _____ Phone: _____

Personal Injury Representatives instructions to the External Case Coordinator:

Report Frequency: _____

Any additions/changes to the above instructions require written authorization of the Personal Injury Representative.

(External Case Coordinator)

(Date)

(Personal Injury Representative)

(Date)

EXTERNAL CASE COORDINATOR QUALITY ASSURANCE REVIEW

External Case Coordinator/Company: _____

Date of Review: _____ Date of Loss: _____

Customer Name: _____ D.O.B.: _____ File # _____

Personal Injury Representative: _____

<p>SERVICES REQUESTED</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>

<p>KEY: Met Not Met Not Applicable</p>

1. VOCATIONAL REHABILITATION REFERRAL FORM	MET	NOT MET	NOT APPLICABLE
Was it signed and returned?			
Were the instructions of PIR adhered to?			
<p>COMMENTS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			

2. CONTACT WITH CUSTOMER	MET	NOT MET	NOT APPLICABLE
VRC - Was initial contact within 2 business days of referral? OT – Was initial contact within the time requested by the PIR?			
Appropriate follow-up as discussed with PIR?			
COMMENTS: _____ _____ _____ _____ _____			

3. REPORTS	MET	NOT MET	NOT APPLICABLE
Was initial assessment provided within two weeks of initial visit?			
Was all pertinent information provided?			
Were goals clearly stated?			
Were progress reports provided within time frames specified by PIR?			
Did the progress reports include attendance, motivation, behaviour and other changes etc.?			
COMMENTS: _____ _____ _____ _____ _____			

5. RETURN TO WORK PLANS	MET	NOT MET	NOT APPLICABLE
Were RTW plans developed in consultation with: * case manager (PIR) * Primary Practitioner * employer * customer * rehabilitation/treatment team Were RTW plans approved by each person?			
Did the RTW plan incorporate all functional recommendations and findings?			
Was the return to work appropriately monitored?			
COMMENTS: _____ _____ _____ _____ _____ _____			
6. VOCATIONAL PLANNING	MET	NOT MET	NOT APPLICABLE
What tests/assessments were used? _____ _____ _____			
Was approval obtained prior to any services, additional assessment/testing/consultants, etc?			
COMMENTS: (NOTE: Who performed the recommended services?): _____ _____ _____ _____ _____ _____ _____			

