

Information for allied health practitioners completing the Allied Health Recovery Request

The Allied Health Recovery Request (AHRR) is the primary communication tool between allied health practitioners and the insurer about the worker's recovery and the provision of services. It facilitates effective communication between all members of the support team and insurers to ensure workers obtain appropriate, cost effective treatment leading to the best possible outcomes.

All allied health practitioners requesting approval to deliver treatment services will be required to fully complete and submit an AHRR to the insurer managing the claim.

The AHRR allows you to:

- describe the impact of the injury on the worker in terms of reported and observed signs and symptoms and their capacity to engage in their roles at work, home and the community
- empower the worker to be actively involved in their recovery plan by engaging them in the setting of Specific, Measurable, Achievable, Relevant and Timed (SMART) recovery goal(s)
- outline an action plan for how the worker will achieve their recovery goal(s), listing actions the worker and you are responsible for
- demonstrate the effectiveness of treatment in contributing to the worker's recovery goal(s) based on measurable outcomes
- request approval of treatment services, including equipment needs and case conferencing, supported by rationale for services requested
- indicate the anticipated timeframe the recovery will take
- receive the insurer decision to your request.

Clinical Framework for the Delivery of Health Services

Allied health practitioners are expected to adopt the principles of the nationally endorsed *Clinical Framework for the Delivery of Health Services*¹ when providing services to clients in the workers compensation or compulsory third party systems in NSW. This framework reflects the most contemporary approach in the delivery of treatment, while clarifying expectations when treating an individual with a compensable injury.

The five principles in the clinical framework are:

1. Measure and demonstrate the effectiveness of treatment
2. Adopt a bio-psychosocial approach
3. Empower the injured person to manage their injury
4. Implement goals focused on optimising function, participation and return to work
5. Base the treatment on the best available research evidence.

The AHRR provides information to the insurer based on these principles, assisting the insurer to make a decision regarding approval of services for the compensable injury. The AHRR needs to be completed in a way that can be easily understood by the insurer making the decision, as well as the other members of the support team who may not necessarily have the same professional background or knowledge. You should write clearly and concisely, avoiding any profession-specific abbreviations or jargon.

¹ Transport Accident Commission and WorkSafe Victoria, 2012. Clinical Framework for the Delivery of Health Services.

All sections of the AHRR must be completed to avoid any delays in processing and to facilitate continuity or commencement of care for the worker. An insurer may decline an incomplete AHRR and ask you to resubmit.

Completing the form

You should complete the AHRR during a treatment session, or over consecutive treatment sessions, in consultation with the worker. Educating and actively involving the worker in their treatment is an important component of effective rehabilitation. You should ensure workers understand they should be actively involved in their recovery, including setting goals, planning steps and reviewing progress of their recovery.

You can complete the AHRR electronically (this is the preferred option) or you can print it out and fill it in by hand. The allied health practitioner who completes and signs the request is responsible for its content. It is inappropriate for an allied health practitioner to complete the AHRR and to insert the name and provider number of the practice principal or another allied health practitioner.

If completing the form electronically, sections can be expanded to include additional information. Completing the form electronically may save time if subsequent AHRRs will need to be submitted for the same worker. To create a new plan for the same worker, click 'Save as' and change the plan number. This will ensure you will only need to alter the fields that have changed since the previous AHRR.

A fee is payable to Tier 1 allied health practitioners for the completion of the first AHRR.

Section 1 – Client details

Insert the worker's personal details (*full name, date of birth and phone number*) and claim information (*insurer, claim number, date of injury/accident*). This information is available from the worker.

Section 2 – Clinical assessment

Document the assessment findings for the worker including:

- your diagnosis for the compensable injury as assessed at the time of submission
- your liaison with the treating medical practitioner and your opinion about consistency of diagnosis. If the diagnoses differ, it is recommended you contact the doctor to discuss the difference and any implications for management of the worker. Record your discussion in the last box of Section 2.
- current signs and symptoms for the compensable injury (include reported/observed & relevant objective measures)
- details of any pre-existing factor(s) directly relevant to the compensable injury
- details of any other provider(s) treating the worker for the compensable injury (with name, profession and contact details). You are encouraged to contact the provider(s) to facilitate coordinated recovery planning. Provide a brief summary of the outcome of any communication.
- whether you have a copy of the worker's position description/work duties (if not, contact the insurer for details)

The worker and insurer should inform you if they are aware of any other practitioners involved. Communication between practitioners will assist in planning and help you to work towards common goals with the worker.

Section 3 – Capacity

The information in this section should focus on what the worker can do, not what they cannot do.

Report on the worker’s capacity with an emphasis on activity and participation at work, home and the community. For example, an activity could be ‘ability to lift and carry up to 20kg’, and participation may be ‘to be able to perform role at work as a store person’. Include what the worker was doing prior to the injury, their capacity (or function) at the time of assessment or the last AHRR and their current capacity. Use the worker’s position description/work duties and consider what the worker is capable of doing at work. Where possible, the allied health practitioner should discuss the health benefits of work with the worker and consider whether recovery at/return to work is an option.

This information provides a picture of how the worker is recovering from the injury and their capacity for work and/or other activities. It provides a current comparison of capacity against a baseline capacity so improvements can be demonstrated.

The early identification and management of risk factors help to address issues that can impact on an optimal rehabilitation outcome. The *Clinical Framework for the Delivery of Health Services* classifies risk factors according to the ‘flags model’. Consider the biological, psychological and social factors that can impact recovery and independence in your assessment and treatment interventions. These need to be reviewed during the recovery period. Examples are provided according to the ‘flags model’ in the table below:

Biological	Mental health	Psychological	Social	Other factors
<ul style="list-style-type: none"> • Serious pathology • Other serious medical conditions • Failure of treatment 	<ul style="list-style-type: none"> • Mental health disorders • Personality disorders 	<ul style="list-style-type: none"> • Unhelpful beliefs about injury • Poor coping strategies • Passive role in recovery 	<ul style="list-style-type: none"> • Low social support • Unpleasant work • Low job satisfaction • Excessive work demands • Non-English speaking • Sense of justice • Problems outside work 	<ul style="list-style-type: none"> • Threats to financial security • Litigation • Compensation thresholds

Provide details about any factors you believe may be impacting on return to work/recovery and include recommendations to address these barriers. It is helpful to include an objective example. For instance, ‘unhelpful beliefs (fear avoidance)’ could be recorded as ‘Mrs X reported she avoids heavy lifting because she is concerned she will re-injure her shoulder.’ You are expected to include your plan to address any barrier identified.

Where you have used a specific tool to identify risk factors/barriers, this information can be included in this section. Scales for identifying key risk factors may include but are not limited to:

- persisting pain (for example measures of catastrophising, fear-avoidance beliefs, and self-efficacy)
- disability and pain measures (for example Multidimensional Pain Inventory, Örebro Musculoskeletal Pain Questionnaire (ÖMPQ)), and
- psychological measures (Beck Depression Inventory (BDI-11), Beck Anxiety Inventory (BAI), Depression, Anxiety, Stress Scale (DASS), Symptom Checklist (SCL9OR), FACTORWEB checklist).

Section 4 – Recovery plan

Record the date your services commenced for this compensable injury (if you are a Tier 1 allied health practitioner, this date will be before the submission of the first AHRR). Indicate the number of sessions you have provided before submitting this AHRR. Note the timeframe covered by this AHRR. This information will assist the insurer with their decision making.

Client goal

This section provides information about the worker's goal(s) and outlines the worker's steps for how they will progress to the goal and the action plan of both you and the worker to achieve the goal(s). The worker may have just one overall goal of treatment, or they may have several goals. Click on the 'ADD' button if the worker wishes to include more than one goal.

Goals may be longer than the AHRR period. Steps and actions included for each goal are aimed to be achieved within the AHRR period indicated.

In the NSW workers compensation system, goals must focus on work or functional outcomes to provide direction for treatment and recovery (this is explained in more detail below). They should be developed by the worker in collaboration with the allied health practitioner.

At the highest level of engagement, the worker will create some or all of their own goals. These goals are what the worker wants to achieve; that is, why the worker is undertaking the rehabilitation program and why allied health practitioners are providing intervention.

Participation-focussed goals are considered best practice in rehabilitation. They describe involvement in a life situation, the activities and behaviours the worker engages in or performs in relation to their roles and context in which they work/live.

Activity-focussed goals describe an execution of a task or action by the worker and do not take into account roles or the context in which the person works or lives.

Impairment-focussed goals describe an improvement in a body function (for example range of motion, DASS score), but not necessarily a capacity or functional ability. They may be useful as a step toward a goal and are more likely to be generated by the allied health practitioner. They are objective and clinical, but often not meaningful to the worker.

If the worker is having trouble moving beyond impairment-focussed goals, you should ask the worker, 'What do you want this treatment to help you do?'

Goals should also be SMART:

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| S | Specific | Names the particular variable of interest. For example, distance able to walk, hours at work in suitable employment, social outings with friends. |
| M | Measurable | Has a measurement unit (metres, hours, 0-10 scale). |
| A | Achievable | Likely to be achieved given the diagnosis and prognosis for the person's injury and any environmental constraints. |
| R | Relevant | Information must be relevant or important to the injured person and other stakeholders. |
| T | Timed | Timeframe within which the goal is expected to be achieved. |

Client steps

Client steps describe the activity/behaviour the worker needs to be able to do to achieve the goal. Each goal is likely to have a number of steps and each step needs to describe one behaviour/activity only. The completion of all the steps leads to the achievement of the overarching goal. It is your responsibility to assist the worker to identify the steps they need to achieve and to highlight the importance of these steps to achieving the overarching goal. For example, to achieve the goal of getting back to work, a worker would first need to be able to walk without assistance, be able to sit for up to 30 minutes at a time, be able to catch a bus and coordinate travel to arrive on time.

Some goals may be straightforward and achievable in the AHRR and not require the worker to progress through steps to achieve them.

Allied health practitioner interventions are not steps, they are actions.

Action plan

The action plan outlines how the worker's goal will be achieved. It specifies actions that need to be completed to achieve each step. Each step may require a number of actions to be completed. These actions include all aspects of required intervention, such as services, equipment and assistance from family.

There is a section for the client action plan and a separate section for the allied health practitioner's action plan. You should emphasise that client actions are self-management strategies and the worker is expected to complete them independently to support the rehabilitation process. You should encourage the worker to manage their symptoms and learn to function despite these symptoms. The key measure of treatment effectiveness is the ability of the worker to manage their condition as independently as possible. For example, to achieve the step of lifting a weight of 20kg, the worker would need to complete their home exercise program comprising of strength training with the correct lifting posture and stretching exercises daily for five minutes prior to sitting down for all meals.

The service provider's action plan usually describes what needs to be done and by when, often referring to the type of intervention to be delivered.

Indicate if the request was completed during a consultation and the client agreed with the recovery plan, along with the date of agreement.

If you are hand-writing the form, you can add additional rows to section 4 and 5 **before** printing out the form if required.

Section 5 – Services requested

State the type of service being requested, whether it is a standard or group session, treatment of two (2) distinct areas, treatment using work related activity, reduced supervision treatment, complex treatment etc. This should also cover any equipment or aids required, and any request for case conferencing.

Indicate the number of each type of consultation you propose to provide in this AHRR up to a maximum of 8 consultations, as well as the frequency/timeframe for the delivery of that service type. This should reflect the service provider's action plan listed in section 4.

If you are requesting time for case conferencing, enter the time in whole numbers and decimals in half hour increments for example 0.5, 1.0, 1.5 hrs.

If you are a SIRA workers compensation approved allied health practitioner, provide the SIRA code relevant to the service and enter the unit cost of the individual service based on the relevant Fees Order.

The Total column will auto populate.

(Note: Certain items, such as aids, require a "0" to be included in the number of sessions column (see example below))

Service type (including consultation type and other services – eg aids/equipment)	Number of sessions	Frequency/timeframe (eg 1 x week for six weeks)	Service code (if applicable)	Unit cost/specify	Total
Eg Standard consultation (Physical)	4	1/per week/ 4 weeks	PTA002	\$73.00	Auto fill \$292.00
Eg Standard consultation (Psychological)	3	1/fortnight/ 6 weeks	PSY002	\$171.20	Auto fill \$513.60
Eg Theraband	0	N/A	OAD001	\$25.00	Auto fill \$25.00
Total number of sessions	Auto fill 7				

Case conferencing only	Number of hours	Frequency/timeframe	Service code (if applicable)	Unit cost/specify	Total
Case conferencing (this cell already populated – not editable)	2.5	1/fortnight/ 2 months		\$84.00	Auto fill \$210.00
Total number of sessions	Auto fill 7				

Overall total Auto fill \$1047.80

SIRA workers compensation claims only – Independent Consultant

Indicate if you would like to consult an Independent Consultant (IC) to help develop a course of action to facilitate the worker's recovery. You are encouraged to request involvement of an IC when barriers to recovery, return to work or active participation to rehabilitation are evident and you consider specialised advice is likely to be beneficial in the future management of the worker's injury and return to work.

We support the proactive involvement of an IC in these circumstances to help achieve optimal outcomes for workers. The practitioner should provide the reasons for referral in the section on rationale for services requested. The insurer will need to approve the request and arrange the referral by completing the standard referral template found on the SIRA website with the information provided from any third party.

Rationale for services requested

Briefly explain why you have requested these services to assist the insurer to make a decision. Provide your clinical reasoning using language suited to an insurer without specific knowledge in your discipline of practice.

It is possible that treatment might conclude while the worker has residual symptoms.

Explain how your requested treatment:

- is informed by the best available evidence, as this will optimise the worker's health outcomes and ensure the treatment offered has the best chance of success (that is evidence based practice)
- reflects only the amount of sessions required to meet the worker's needs in the AHRR period (for example why you have chosen the number of sessions you have, or why a case conference is required)
- is designed to achieve the expected outcomes within the frequency of sessions you have requested (for example why you have chosen weekly/fortnightly/monthly sessions)
- is consistent with the accepted management of the injury sustained and builds capacity for work
- demonstrates a notable transition of therapy from passive to active as part of the recovery process.

SIRA recognises costs that have not been anticipated at the time of submitting the AHRR may arise, for example additional case conferencing initiated by another member of the support team. In this situation you should contact the insurer to obtain prior approval for these additional costs.

Anticipated date of discharge

Indicate the anticipated date of discharge from your service. This provides clear expectations to the worker, the support team and the insurer regarding the anticipated timeframes for recovery.

Section 6 – Service provider details

Fill out all the requested fields or use a provider stamp if available. If you are a SIRA workers compensation approved allied health practitioner include your approval number in this section. The SIRA workers compensation approval number is specific to the individual allied health practitioner and should not be used by another allied health practitioner.

Please also indicate the best time of day and day(s) to contact you, to facilitate contact by the insurer.

Sign the completed AHRR, and once signed, click on the button to lock the service provider section of the AHRR. Before locking the document, it is helpful to save a copy of the AHRR so that you can use it as the basis of any subsequent AHRR.

Section 7 – Insurer decision

The insurer will complete this section and return the form to you via fax or email.

The insurer will outline any reasons for declined or partially approved services.

The insurer may make a referral to an IC where recovery progress has been delayed, or to provide guidance regarding treatment management options. If the insurer intends on making a referral to an IC, they will indicate this by ticking the box on the form.

The decision maker will provide their name and telephone number so that you are able to contact them to discuss or clarify any information.

Disclaimer

This publication may contain information about the regulation of workers compensation in NSW. It may include some of your obligations under some of the legislation that the State Insurance Regulatory Authority administers. To ensure you comply with your legal obligations you must refer to the appropriate legislation.

Information on the latest laws can be checked by visiting the NSW legislation website legislation.nsw.gov.au

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