# Self-insured injury management standards & guidance notes

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Version 1

Return to *work*.
Return to *life*.

Government of South Australia

# Disclaimer

This publication is:

- for use by ReturnToWorkSA in assessing performance against some of the requirements of registration as a self-insured employer.
- a guide for use by ReturnToWorkSA Evaluators in assessing self-insured employer systems against the injury management standards (IM standards).
- a reference document for self-insured employers, or employers considering an application for registration as a self-insured employer and informs what ReturnToWorkSA will ordinarily consider when assessing performance against the IM standards.
- not intended as a substitute for the requirements of the *Return to Work Act 2014* (the Act*)* or the *Code of conduct for self-insured employers* (the Code).

Information produced by the 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.

# Introduction

Performance against the IM standards is one of the considerations ReturnToWorkSA has regard to when deciding whether to grant, renew, reduce or revoke a period of registration as a self-insured employer.

The primary objective of the IM standards is to provide a framework against which a self-insured employer's exercise of its delegated powers and discretions can be evaluated.

The IM standards focus on a self-insured employer's:

- maintenance of systems to ensure legal compliance.
- equitable management of claims for compensation and return to work activities.
- provision of effective early intervention and return to work processes.
- provision of 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.

ReturnToWorkSA will utilise the IM standards to protect the financial integrity of the scheme.

The IM standards follow similar design principles to that of a business management system.

A self-insured employer will (whilst maintaining legal compliance, administration of claims and management of recovery and return to work) need to:

- develop and implement policies, procedures, and other materials which provide direction on the achievement of obligations and responsibilities under the Act, the Code, and other relevant requirements.
- effectively implement claims and recovery and return to work processes and reasonably exercise the powers and discretions delegated under the Act.
- apply measurement, monitoring and review processes to its claims and recovery and return to work processes.

To be granted an initial registration, an employer must demonstrate readiness of systems and resources to meet the IM standards, this includes the development of policies and procedures that describe how these standards and other requirements of self-insurance are to be achieved. To obtain a maximum period of registration renewal, a self-insured employer must demonstrate to the satisfaction of ReturnToWorkSA, amongst other things, the requirements of the IM standards have been met.

This document provides ReturnToWorkSA and self-insured employers with guidance on the information and processes that would ordinarily be expected to be applied by a self-insured employer in the management of claims and recovery and return to work. Importantly, ReturnToWorkSA is not prescribing or mandating a particular way the self-insured employer meets these standards, but rather outlining what aspects ReturnToWorkSA will consider as part of its regulation of self-insured employers.

Scoping, sampling evaluation and reporting methodologies are detailed within the evaluation practice guideline available on ReturnToWorkSA's website.

**Leader Self-Insured Services**

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# Injury Management Standards

## Standard 1: Conditions of Registration as a Self-insured Employer

**Element 1.1 Policies and procedures**

A self-insured employer shall 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 of the Act.

1.1.3 Meet the 'Service Standards' set out in Schedule 5, Part 2 of the Act.

1.1.4 Manage pre-claim programs (if applicable).

1.1.5 Meet continuous disclosure requirements within the Code.

**Element 1.2 Resources**

A self-insured employer must have arrangements in place to ensure 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 and supported in their ability to administer the self-insured employer's delegated powers and discretions in a reasonable manner.

1.2.3 Ensuring the allocation of resources is appropriate for the organisation's 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 qualified Return to Work Coordinator (RTWC) is appointed.

1.2.6 A reconsideration officer is appointed, and the Registrar must be notified as per the Regulations of the details of the nominated officer.

**Element 1.3 External claims administration**

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 employer.

1.3.2 Data security and confidentiality.

1.3.3 Administrative arrangements.

1.3.4 Complaint processes.

**Element 1.4 Data**

A self-insured employer must provide all relevant data set out in Schedule 3, Part 5 of the *Return to Work Regulations 2015* (the Regulations) and ensure:

1.4.1 Data is provided monthly 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 ReturnToWorkSA are notified at least one month prior to the implementation of any change to the workers compensation data system.

1.4.4 Remuneration and labour hire data is provided annually by the designated due date.

**Element 1.5 Financials**

A self-insured employer shall provide to ReturnToWorkSA:

1.5.1 A copy of audited financial statements within five 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 three 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 clause 8 of Schedule 3 of the Regulations and written correspondence issued by ReturnToWorkSA.

1.5.4 A contract of insurance that meets all requirements set out in Clause 9 of Schedule 3, of the Regulations.

**Element 1.6 Information provided to employees**

A self-insured employer must, in writing, inform employees of relevant details of the injury management system including:

1.6.1 General claim information for all workers.

1.6.2 Detailed claim information for work injured employees.

**Element 1.7 Measure, monitor and review**

1.7.1 Processes are in place that monitor, measure and review the effectiveness of the injury management system with particular reference to sections 13, 134 and Schedule 5, Part 2 and 3 (the Service Standards) of the Act.

## Standard 2: Claims Management

**Element 2.1 General matters**

A self-insured employer shall conform with the following arrangements:

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 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 must be provided to the worker within seven 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 must provide this material within 45 days of receiving the request.

2.1.6 Complaints are managed in accordance with the Act and the designated complaints process.

2.1.7 Continuous disclosure requirements within the Code have been met.

**Element 2.2 Claims**

2.2.1 Claim forms are on file.

2.2.2 Appropriate transition from pre-claim program.

2.2.3 Claims for compensation are determined as expeditiously as possible.

2.2.4 Where claims are not determined within 10 business days, offer of interim benefits are made in accordance with section 32 of the Act.

2.2.5 Claims are considered and timely determinations (including redeterminations) are made in accordance with section 31 of the Act.

**Element 2.3 Medical expenses**

2.3.1 Payments 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, the grounds for the decision must be stated and the worker must be informed of their right to apply to have the decision reviewed.

**Element 2.4 Income support**

2.4.1 Average Weekly Earnings (AWE) are determined in accordance with section 5 and Part 4, Division 4 of the Act and supplementary income support for incapacity resulting from surgery determined in accordance with section 43(3) of the Act.

2.4.2 Where there is an incapacity for work, income support payments are paid, documented and calculated in accordance with the Act.

2.4.3 AWE adjustments and reviews are made in accordance with sections 45 and 46 of the Act.

2.4.4 Reduction/suspension/discontinuance of weekly payments is made in accordance with section 44, 48 or 50 of the Act.

2.4.5 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 must 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.

**Element 2.5 Early intervention, recovery and return to work**

2.5.1 Recovery and Return to Work Plans (Plan) comply with the standards and requirements prescribed by the regulations.

2.5.2 Plans are in place where the injured worker is or is likely to be incapacitated for work more than four weeks.

2.5.3 Plans detail the actions and responsibilities of key parties and are reviewed as required.

2.5.4 When preparing a Plan, consultation must occur and copies provided to relevant parties.

2.5.5 Where a worker has not returned to pre-injury employment within six 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.

2.5.6 Adherence to section 18 and 20 of the Act and the requirement to notify ReturnToWorkSA where required.

**Element 2.6 Seriously injured workers**

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

**Element 2.7 Permanent impairment – economic loss & non-economic loss**

2.7.1 Permanent impairment assessments have been completed in line with the Act and relevant guidelines.

2.7.2 Determinations issued in writing, include calculation applied and the worker's review rights.

**Element 2.8 Redemptions and deed of release**

2.8.1 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 sections 53 and 54 of the Act have been met and relevant documentation is held on the claim file.

**Element 2.9 Legal and dispute resolution**

2.9.1 Claims are managed and delegations administered in accordance with Return to Work Act 2014 and Regulations.

2.9.2 The reconsideration process must comply with Part 6, Division 4 of the Act.

2.9.3 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.

# Guidance Notes

## Standard 1: Conditions of Registration as a Self-insured Employer

### Element 1.1: Policies and procedures

A self-insured employer must define how it will:

| 1.1.1 Achieve the fundamental principles, rights, and obligations within section 13 of the Act. | |
|---|---|
| **References** | s13 |
| **Guidance notes** | |
| Injury management documents must describe how to achieve the following:<br>• adopt a service-orientated approach that is focused on early intervention and the interests of workers and employers.<br>• seek to act professionally and promptly in everything that it does.<br>• be responsible and accountable in its relationships with others.<br>• without limiting the preceding paragraph, take reasonable steps to comply with any request made by a worker under section 15(2).<br><br>Plans, strategies and injury management documents must align to the following objectives:<br>• ensuring early and timely intervention occurs to improve recovery and return to work outcomes including after retraining (if required).<br>• achieving timely, evidence based decision-making that is consistent with the requirements of this Act.<br>• wherever possible, providing a face-to-face service where there is a need for significant assistance, support or services.<br>• ensuring regular reviews are taken in relation to a worker's recovery and, where possible, return to work.<br>• ensuring the active management of all aspects of a worker's injury and any claim under this Act.<br>• encouraging an injured worker and their employer to participate actively in any recovery and return to work processes.<br>• minimising the risk of litigation.<br>• ensuring determinations are accurate, clear and concise. | |
| **Evidence considered** | |
| Policy, procedures, standard letters, serious injury pro-forma, information kits, flyers, notice board displays | |

| 1.1.2a Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Seriously injured workers | |
|---|---|
| **References** | s21 |
| **Guidance notes** | |
| Injury management documents must explain:<br>• 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.<br>• 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.<br>• communication and steps to be taken to notify an injured employee whose whole person impairment (WPI) assessment in the case of a physical injury is 35% or more and in the case of a psychiatric injury is 30% or more that they have been taken to be 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).
- when an interim decision is made under section 21 will have effect until and the processes for bringing an interim decision to an end.
- what happens when a seriously injured worker makes an election under section 56A.
- what happens when an interim seriously injured worker is finally assessed if they fail to meet the relevant threshold.

**Evidence considered**

Policy, procedures, standard letters, serious injury pro-forma, information kits, flyers, notice board displays

| 1.1.2b | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Early Intervention, recovery and return to work |
|---|---|

| **References** | s13, s18, s19, s20, s23, s24, s25, Act – Sch 5, Reg 15, Reg 16, Reg 17 |
|---|---|

**Guidance notes**

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 Plan. (which must meet the requirements set out in the Regulations).
- the process for review of Recovery and Return to Work Plans (Plans) at the expiration of the six month period from the date on which incapacity for work first occurred and where the worker is not working to his or her full capacity.
- the steps to be implemented to determine whether other return to work options need to be considered.
- methods for consultation with and involvement of the worker in these reviews.
- the processes and considerations to be taken into account when developing Plans for seriously injured workers.
- 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 and continue recovery and return to work services for workers including anticipated timeframes for commencement of those services.
- how recovery and return to work strategies will be applied and monitored to maximise recovery and return to work outcomes prior to the expiry of 104 weeks of incapacity.
- how restoration to the community, and recovery and return to work strategies will be applied and monitored to maximise recovery and where applicable return to work outcomes for seriously injured workers.
- 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 and 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.

**Evidence considered**

Rehabilitation assessment, pro-forma, service agreements, memorandum of understandings, return to work templates, injury management manuals/procedures, administrative forms/checklists

| 1.1.2c | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Determination of claim |
|---|---|

| References | s4, s5, s7, s8, s10, s31, s32, s37, s38, s39, s42, s44, s49, s55, s56, s56A, s58 |
|---|---|

**Guidance notes**

Injury management documents explain:

- how the first date of incapacity will be determined having regard to s4(11) and s39.
- arrangements for investigation and determination of a claim.
- arrangements for communicating to workers on decisions relating to their claim.
- when and how the worker's view will be sought prior to determination of an entitlement.
- notification to the worker, including the right to lodge an application for expedited decision.
- where the investigation involves a request for the worker to be examined by a recognised health practitioner, how the worker will be provided written notification of the appointment including information about the consequences of failing or refusing to provide information or submitting 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 a claim cannot be determined within ten business days of receipt.
  - how the worker will be notified in writing of the determination process.
- 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 the Federal minimum wage is considered in the calculation of entitlement to income support where relevant.
- how entitlement to income support will be calculated taking into account prior redemptions or deeds of release.
- the process for calculating entitlement to income support taking into account the effect of adjustments as a result of the passage of time, any 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, investigating, and determining and applying all economic loss and non-economic loss lump sum entitlements.
- the process and form for electing to take an economic loss payment pursuant to s56A of the Act.

**Evidence considered**

Policy, procedures, standard letters, investigation pro-forma/reports, interim pro-forma, AWE calculation tools, monitoring/alert tools (i.e. step downs)

| 1.1.2d | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Medical expenses |
|---|---|

| References | s33, s34, s35, s62, s63, Reg 21, Reg 22, Reg 23, Reg 24, Reg 25 |
|---|---|

**Guidance notes**

Injury management documents explain:

- the process for assessing, approving and rejecting a medical expense.
- the timeframe that can ordinarily be expected for reimbursement or payment 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 pursuant to s33(17).

- the provision of written notification to the worker prior to the cessation of entitlement to medical expenses.*
- the process for services that are considered and approved pursuant to s33(20) and (21).
- how and when an injured worker will be informed of the end of an entitlement period relating to medical expenses.
- the process for:
  - claiming and assessing entitlements to compensation for property damage.
  - making payment of funeral benefits.
  - making payment for counselling services.

*Whilst the Act does not require notification prior to the cessation of an entitlement to medical expenses, it is expected the employer provide workers with sufficient notice to confirm future medical needs. Notification should occur at the commencement of the 12 month period (i.e. when accepting for medical expenses only or when discontinuing income payments) and again prior to cessation (as a minimum 28 calendar days prior to the cessation of entitlement to medical expenses).

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials

| 1.1.2e | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Weekly payments |
|---|---|
| **References** | s39, s41, s42, s44, s59, Reg 27 |

**Guidance notes**

Injury management documents explain:

- how entitlement periods will be monitored and changes to entitlements communicated to a worker (serious and non-seriously injured claims).
- the Provision of written notification of a decision to the worker prior to the end of the first designated period informing them of the 80% adjustment to designated weekly payments.*
- the Provision of written notification to the worker prior to the end of the second designated period informing them of the date weekly payments will cease.*
- how weekly payments are calculated, reviewed, and terminated in consideration of the worker reaching retiring age.
- in relation to death claims, the process steps involved in assessing the entitlements of a dependent spouse or domestic partners or children, including:
  - the review of weekly payments.
  - The process for determining any supplementary allowances.
  - The notification process that informs the dependent spouse and/or child of the application process seeking commutation of weekly payments.

*Whilst the Act does not require notification prior to the cessation of the first and second designated periods, it is expected the employer provide workers with sufficient notice to financially prepare. Notification should occur at least 28 days prior to the end of the first and second designated periods.

**Evidence considered**

Policy, procedures, calendars, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials

| 1.1.2f | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Income support for incapacity resulting from surgery |
|---|---|

| References | s40, Reg 26 |
|---|---|

**Guidance notes**

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 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.

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials

| 1.1.2g | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Adjustments due to change from original arrangements |
|---|---|

| References | s45 |
|---|---|

**Guidance notes**

Injury management documents explain:

- the process steps involved when undertaking an adjustment to weekly payments.
- how a worker is advised of their right to seek a review of the calculation of their AWE (or notional 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.

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials

| 1.1.2h | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Review of weekly payments |
|---|---|

| References | s46, s60 |
|---|---|

**Guidance notes**

Injury management documents explain:

- the process steps involved when undertaking a review of weekly payments.
- the 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.

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| • in relation to a death claim, define the review of weekly benefits payable on a claim where the worker is deceased. |
| **Evidence considered** |
| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials |

| 1.1.2i | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Economic adjustment to weekly payments for seriously injured workers |
|---|---|
| **References** | s47 |
| **Guidance notes** | |
| Injury management documents explain:<br>• the process steps involved when undertaking a review of weekly payments made to seriously injured worker including:<br>  ○ provision of notification to the worker.<br>  ○ how to inform the worker of the proposed review.<br>• how the worker can make written representations regarding this review and when this information is required.<br>• 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. | |
| **Evidence considered** | |
| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials | |

| 1.1.2j | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Reduction/suspension or discontinuance of weekly payments |
|---|---|
| **References** | s44, s48, s50, s51, s193, Reg 28 |
| **Guidance notes** | |
| Injury management documents explain:<br>• the process steps to reduce or discontinue weekly payments being made to a worker.<br>• arrangements for communicating to workers decisions relating to reduction, suspension or discontinuance of weekly payments.<br>• the provision of written notification to the worker setting out the decision to reduce or discontinue weekly payments, the grounds for the decision, reference to the provision of the Act and regulation, when the decision takes effect (prescribed notice), and the worker's right to seek a review of the decision.<br>• the 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 and the decision has already taken effect (excluding any period exceeding 104 weeks).<br>• the process for applying interest to any payment made after the review application is resolved.<br>• the process and considerations when seeking recovery of any weekly benefits paid to which the worker was not entitled.<br>• the process steps for determining entitlements during periods of leave, which includes how worker makes an application, and how the worker is notified of suspension of weekly payments for periods of leave.<br>• the process steps involving the suspension of weekly payments to a worker who is absent from Australia for a period greater than 28 days, including: | |

- the 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 grounds for the decision, when the decision takes effect.

- the process for discontinuance of weekly payments where the worker reaches retiring age.
- the process steps involved in making a determination regarding suspension of weekly payment where a worker is convicted of an offence and committed to prison.

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials

| 1.1.2k | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Redemption of liabilities associated with weekly payments |
|---|---|

**References** s49, s53, s54, Reg 31, Reg 32

**Guidance notes**

Injury management documents explain process steps involved in reaching an agreement and entering into an arrangement to redeem the liability to make future 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 section 49(2).
- notification of payments to ReturnToWorkSA (via EDI), and where required, Medicare, Centrelink and any other agency with statutory power to recover from the workers payment.
- process steps involving reaching an agreement and entering into an arrangement to redeem the liability to make payment of medical expenses.

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials, financial delegation document

| 1.1.2l | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Permanent impairment – economic loss determination |
|---|---|

**References** s55, s56, s56A, Reg 33

**Guidance notes**

Injury management documents explain process steps involved determining permanent impairment, including:

- the method used to determine the workers' entitlement taking into account the workers age factor, prescribed sum (WPI and injury year) and hours worked factor.
- notifying the worker of their right to seek a review of the decision.
- notification of payments to ReturnToWorkSA (via EDI), and where required, Medicare, Centrelink and any other agency with statutory power to recover from the workers payment.
- notification of a seriously injured worker's ability to elect under section 56A to receive a lump sum payment under section 56 and the manner and form in which the election is to be made.
- notification of a seriously injured worker's requirement to obtain the relevant advice in line with section 56A(8) of the Act (i.e. professional, financial and medical).
- notification of the requirements for an election under section 56A to be referred to the SAET where the worker's WPI is 50% or more.

| Evidence considered |
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| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials |

| 1.1.2m | Exercise the delegated powers and discretion set out in section 134 of the Act.<br>- Lump sum payments – non-economic loss |
|---|---|
| **References** | s58, s61, Reg 34, Reg 35 |

**Guidance notes**

Injury management documents explain process steps involved in making a non-economic loss lump sum determination for permanent physical impairment, including:

- For injuries that are likely to exceed the minimum WPI threshold, strategies for timely communication to the worker of their potential entitlement and to proactively assess maximum medical improvement. These may include injuries with intermittent or extensive time lost (i.e. greater than 6 months), surgical intervention, ongoing need for medical treatment or indications that the worker has not returned to their pre-injury duties.
- the calculation methodology considers minimum thresholds, injury type, the number of work injuries and the medical reports (or reports) bearing the worker's whole person impairment assessment.
- the calculation methodology for lump sum payments to a worker's 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, and the worker's right to seek a review of the decision.
- consideration of requirements under the relevant version of the Impairment Assessment Guidelines published under subsection 22(3) of the Act.
- notification of payments to ReturnToWorkSA (via EDI), and where required, Medicare, Centrelink and any other agency with statutory power to recover from the workers payment.

| Evidence considered |
|---|
| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials |

| 1.1.3 | Meet the 'Service Standards' set out in Schedule 5, Part 2 of the Act. |
|---|---|
| **References** | Act - Sch 5 |

**Guidance notes**

Injury management documents explain:

- processes for making a claim, including the requirement to provide all relevant information regarding entitlements and/or assistance to make a claim.
- processes for lodging, recording, responding within ten business days and resolving claim related complaints or complaints against the service standards, including:
  - communication arrangement to inform employees about how to lodge a complaint.
  - where complaints and complaint outcomes/remedies will be recorded.
  - 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 process for considering 'wider issues' in line with Schedule 5, Part 4.
- the role of managers and supervisors in the development and review of Plans.
- 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 employee'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.

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, handbooks/pamphlets, pro-forma, notice board displays, intranet, training materials, complaints tracker/register

## 1.1.4 Manage pre-claim programs (if applicable).

| **References** | Act - Sch 5 |
|---|---|

**Guidance notes**

Injury management documents explain:

- processes for communicating the pre-claim program to employees including the types of services included in the program including any limits that apply.
- processes for providing accurate and complete information that is consistent and easy to understand (including requirement to issue information about any claims entitlements, obligations and responsibilities, as outlined in sub-element 1.6.2) and how evidence it was issued will be recorded on file.
- roles and responsibilities for monitoring the pre-claim program including:
  - adherence to defined services and limits.
  - monitoring of pre-claim program usage.
  - monitoring of costs for each element of the pre-claim program.
- processes following conversion to a claim including communications, records management, and date entry requirements.

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, handbooks/pamphlets, pro-forma, notice board displays, intranet, training materials

## 1.1.5 Meet continuous disclosure requirements within the Code.

| **References** | Code - 1.17 |
|---|---|

**Guidance notes**

Injury management documents explain the process for notifying ReturnToWorkSA (self-insured@rtwsa.com) of:

- a systemic breach* or failure to comply with the Act identified via the employer's measure, monitor or review activities (including but not exclusive to s13, s14, s17, s18, s19, s20, s25, s26, s32, s132, s134, s179, s180, s185, s186 or s191) or a term or condition of registration.
- any change to its circumstances or the registration, which may cause the self-insured employer to be in breach of a term or condition of registration (within 30 days from the occurrence of any such change).
- any death where there is a connection, or potential connection with the self-insured employer's workplace or the activities associated with the self-insured employer's operations.

*A systemic breach is considered a failure to correctly apply a provision of the Act or a regulation which impacts not only the file under consideration, but other files across the portfolio.

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, handbooks/pamphlets, pro-forma, notice board

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|---|
| displays, intranet, training materials |

## Element 1.2: Resources

A self-insured employer must have arrangements in place to ensure adequate resources to administer claims and provide effective return to work services to injured employees. These arrangements must include:

| 1.2.1 | Documented job descriptions for all injury management personnel and, where relevant, management, supervisors, and employees. |
|---|---|
| **References** | s129(11), s26, Reg 18 |
| **Guidance notes** | |
| Document(s) define roles, responsibilities, and delegation for:<br>• claims decision makers covering financial and liability decisions.<br>• RTWCs<br>• Managers and Supervisors.<br>• any other relevant person.<br>Injury management documents explain:<br>• arrangements to identify and manage any conflict of interest issues that may arise.<br>• arrangements to identify and manage disagreements between the delegated decision maker and other officers of the self-insured employer. | |
| **Evidence considered** | |
| Policy, procedures, standard letters, information kits/sheets, handbooks/pamphlets, pro-forma, notice board displays, intranet, training materials, delegation document | |

| 1.2.2 | Ensuring injury management personnel are competent and supported in their ability to administer the self-insured employer's delegated powers and discretions in a reasonable manner. |
|---|---|
| **References** | s129(11) |
| **Guidance notes** | |
| Injury management personnel, including delegated decision makers:<br>• have the relevant skills and experience to undertake their role.<br>• are provided with appropriate training/professional development and access is provided to specialist expertise as and when required. | |
| **Evidence considered** | |
| Policy, procedures, standard letters, information kits/sheets, handbooks/pamphlets, pro-forma, notice board displays, intranet, training programs and materials | |

| 1.2.3 | Ensuring the allocation of resources is appropriate for the organisation's type, volume, and complexity of the case load. |
|---|---|
| **References** | s129(11) |
| **Guidance notes** | |
| Injury management documents explain:<br>• how the allocation of injury management resources is reviewed, including how the adequacy and suitability of resources are determined.<br>• contingency arrangements covering conflicts, planned and unplanned absence of delegated decision makers or service providers. | |
| **Evidence considered** | |

| |
|---|
| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials |

| 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. |
|---|---|
| **References** | s185, s186, Act - Sch 5 |

**Guidance notes**

Injury management documents explain:

- the standard of facilities to be provided to ensure confidentiality of information, covering hardcopy documents, electronic documents and oral communication.
- the process for receiving, recording and investigating potential breaches of confidentiality under s185/s186 of the Act.
- the process for documenting investigations and outcome of confirmed breaches, including:
  - the date the breach occurred.
  - the date the self-insured employer became aware of the breach.
  - who identified the breach (the notifier).
  - who disclosed the information in breach of section 185 of the Act.
  - who the information related to (worker, employer etc.).
  - to whom the information was disclosed.
  - what information was disclosed in breach of section 185 of the Act.
  - how the breach occurred.
  - actions taken to remedy the breach.
  - actions taken to address the breach of section 185 of the Act.
  - corrective actions taken to prevent reoccurrence.

**Serious confidentiality breaches**

Injury management documents must explain the process for reporting serious breaches of section 185 or section 186 of the Act to ReturnToWorkSA as soon as practicable. The employer must use its discretion in determining whether a breach is serious and should seek advice from ReturnToWorkSA if required. In making that determination, the employer should consider the following questions:

- Are multiple individuals affected by the breach or suspected breach?
- Is there (or may there be) a real risk of serious harm to the affected individual(s)?
- Does the breach or suspected breach indicate a systemic problem in employer processes or procedures?
- Could there be media or stakeholder attention as a result of the breach or suspected breach?

ReturnToWorkSA monitors confidentiality breaches and may request further information from or actions by the employer at its discretion.

**Evidence considered**

Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials

| 1.2.5 | A qualified RTWC is appointed. |
|---|---|
| **References** | s26, Reg 18, RTWC Guidelines for Employers |

**Guidance notes**

A self-insured employer must appoint (and retain) a RTWC that is based in South Australia. The RTWC must be

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| appointed and have undertaken the RTWC certification training, with a ReturnToWorkSA approved training provider, within six months of reaching 30 employee threshold and three months of a vacancy occurring.<br>Injury management documents explain:<br>• the functions of the RTWC.<br>• the approach to appointment of a RTWC(s) and how training and new appointments will be managed.<br>• the appointment of a contact person at each workplace to assist the RTWC to perform their functions.<br>• the process for notifying ReturnToWorkSA of the appointment of a RTWC(s). |
| **Evidence considered** |
| Policy, procedures, standard letters, information kits/sheets, handbooks/pamphlets, pro-forma, notice board displays, intranet, training materials, RTWC Certificate (issued by a ReturnToWorkSA approved provider) |

| 1.2.6 | A reconsideration officer is appointed, and the Registrar must be notified as per the Regulations of the details of the nominated officer. |
|---|---|
| **References** | s102, Reg 43 |
| **Guidance notes** | |
| Documents demonstrate the self-insured employer has applied its procedures to ensure:<br>• a person(s) has been appointed as the reconsideration officer.<br>• the Registrar at the SAET has been notified of the appointment of the Reconsideration Officer in the prescribed manner. | |
| **Evidence considered** | |
| Policy, procedures, SAET records | |

## Element 1.3: External Claims Administration

Where external administration services are contracted, a self-insured employer must ensure those arrangements are clearly documented covering:

| 1.3.1 | Exercise of Delegation by the self-insured employer. |
|---|---|
| **References** | s134, Code - 1.3 |
| **Guidance notes** | |
| At all times, a self-insured employer must have available an employee (or employees) authorised to exercise delegated powers and discretions pursuant to s134 of the Act. These powers and discretions cannot be further delegated to any person or to an unrelated body corporate.<br>Where a self-insurer enters into a contract with a third party provider for the provision of claims administration services, the contract and/or other suitable documents must clearly state:<br>• roles and responsibilities of the contractor and self-insured employer.<br>• how delegated power and discretions will be directly exercised by the self-insured employer.<br>• notices include identity and contact details for self-insured personnel responsible for the decision.<br>• evidence regarding the assessment of a suitable level of external claims management support required and the criteria to be applied in determining suitability and adequacy. | |
| **Evidence considered** | |
| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials, service contracts (in the absence of alternative evidence). | |

| 1.3.2 Data security and confidentiality. | |
|---|---|
| **References** | Act - Sch 5 |
| **Guidance notes** | |
| Where a self-insured employer enters into a contract with a third party provider for the provision of claims administration services documents clearly state:<br>• the obligations that apply to both parties to the contract to maintain confidentiality of records and information to which section 185 applies.<br>• the arrangements that are to be implemented to ensure confidentiality of documents, records and information to which section 185 applies exchanged through oral and electronic communication. | |
| **Evidence considered** | |
| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials | |

| 1.3.3 Administrative arrangements. | |
|---|---|
| **References** | Act - Sch 5 |
| **Guidance notes** | |
| Where a self-insured employer enters into a contract with a third party provider, for the provision of claims administration services, documents clearly state:<br>• roles and responsibilities of the contractor and self-insurer.<br>• how the self-insured employer's policies and procedures are to be administered in accordance with its legislative obligations.<br>• how claim files are to be maintained and returned to the self-insured employer once inactive. | |
| **Evidence considered** | |
| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials | |

| 1.3.4 Complaint processes. | |
|---|---|
| **References** | Act - Sch 5 |
| **Guidance notes** | |
| Where a self-insured employer 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.<br>The complaint management arrangements state the roles, responsibilities, and delegations that apply to the parties to the contract.<br>Complaints must be referred to and managed by assigned self-insured personnel. | |
| **Evidence considered** | |
| Policy, procedures, standard letters, information kits/sheets, pro-forma, notice board displays, intranet, training materials | |

## Element 1.4: Data

A self-insured employer must provide all relevant data set out in Schedule 3, Part 5 of the Regulations and ensure:

| 1.4.1 | Data is provided monthly unless an alternative arrangement has been agreed to by ReturnToWorkSA. |
|---|---|
| **References** | Reg – Sch 3 |
| **Guidance notes** | |
| Injury management documents explain:<br>• the process for providing accurate Schedule 3 data to ReturnToWorkSA. Include roles and responsibilities of key personnel.<br>• where the timeframe for the provision of data cannot be complied with, the procedure(s) must explain how ReturnToWorkSA will be notified and the arrangements to conform to an alternative arrangement agreed to by ReturnToWorkSA.<br>Schedule 3 data has been provided within the designated timeframe.<br>Accurate and up to date data is required each month and self-insured employers are encouraged to supply data as early in the month as practically possible. | |
| **Evidence considered** | |
| Policy, procedures, technical manuals, ReturnToWorkSA data | |

| 1.4.2 | All errors at batch and line level must be resolved within one month of receiving the data transmission return file. |
|---|---|
| **References** | Reg – Sch 3 |
| **Guidance notes** | |
| Injury management documents explain:<br>• errors with data reporting are rectified within one month.<br>• where the correction cannot be made within one month, the process for informing and seeking an alternative arrangement agreed to by ReturnToWorkSA.<br>Errors must be rectified in line with procedures. | |
| **Evidence considered** | |
| Policy, procedures, technical manuals, ReturnToWorkSA data | |

| 1.4.3 | ReturnToWorkSA are notified at least one month prior to the implementation of any change to the workers compensation data system. |
|---|---|
| **References** | Reg – Sch 3 |
| **Guidance notes** | |
| Injury management documents explain:<br>• where a change or upgrade to the system is planned, ReturnToWorkSA is notified of this proposed change.<br>• the employer has notified ReturnToWorkSA in advance of any changes to the workers compensation data system.<br>ReturnToWorkSA must be notified in line with procedures. | |
| **Evidence considered** | |
| Policy, procedures, technical manuals, ReturnToWorkSA data | |

| 1.4.4 | Remuneration and labour hire data is provided annually by the designated due date. |
|---|---|
| **References** | Reg – Sch 3 |
| **Guidance notes** | |
| Injury management documents explain:<br>• the process for providing annual remuneration and labour hire data by the timeframe requested in writing by ReturnToWorkSA via the Self-Insured fee process.<br>• the roles and responsibilities of key personnel responsible for registering and providing this information to ReturnToWorkSA including notification of any changes.<br>Remuneration and labour hire data has been provided in line with procedures. | |
| **Evidence considered** | |
| Policy, procedures, technical manuals, ReturnToWorkSA data | |

## Element 1.5: Financials

A self-insured employer must provide to ReturnToWorkSA:

| 1.5.1 | A copy of audited financial statements within five months of the self-insured employer's financial year end date, or within an alternative timeframe approved by ReturnToWorkSA. |
|---|---|
| **References** | Reg – Sch 3 |
| **Guidance notes** | |
| Audited financial statements are provided within five months after the end of the financial year or as agreed by ReturnToWorkSA. | |
| **Evidence considered** | |
| Policy, procedures, technical manuals | |

| 1.5.2 | An actuarial report on the outstanding workers compensation liabilities of the employer within three months of the self-insured employer's financial year end date or within an alternative timeframe approved by ReturnToWorkSA. |
|---|---|
| **References** | Reg – Sch 3 |
| **Guidance notes** | |
| Actuarial reports are provided within three months after the end of the financial year or as agreed by ReturnToWorkSA. | |
| **Evidence considered** | |
| Policy, procedures, actuary reports | |

| 1.5.3 | A financial guarantee that meets all the terms and conditions set out in clause 8 of Schedule 3 of the Regulations and written correspondence issued by ReturnToWorkSA. |
|---|---|
| **References** | Reg – Sch 3 |
| **Guidance notes** | |
| A financial guarantee is provided within the timeframe specified by ReturnToWorkSA. | |
| **Evidence considered** | |
| Policy, procedures, financial guarantee | |

| 1.5.4 | A contract of insurance that meets all requirements set out in Clause 9 of Schedule 3, of the Regulations. |
|---|---|
| **References** | Reg – Sch 3 |
| **Guidance notes** | |
| A contract of Insurance required by ReturnToWorkSA is in force at all times. Evidence of changes to policies are provided to ReturnToWorkSA prior to the period of insurance end date. | |
| **Evidence considered** | |
| Policy, procedures, Excess of Loss Policy | |

## Element 1.6: Information Provided to Employees

A self-insured employer must, in writing, inform employees of relevant details of the injury management system including:

| 1.6.1 | General claim information for all workers. |
|---|---|
| **References** | Various |
| **Guidance notes** | |
| Injury management documents are made available to all employees explaining:<br>• how to report a work-related injury.<br>• the process for lodging a claim for compensation.<br>• location of claim forms.<br>• injury reporting process. | |
| **Evidence considered** | |
| Procedures, standard letters, information kits/sheets, notice board displays, intranet, complaints processes | |

| 1.6.2 | Detailed claim information for work injured employees. |
|---|---|
| **References** | Various |
| **Guidance notes** | |
| Within 10 business days of an employer being made aware of a potential entitlement due to a suspected or confirmed work injury, the following injury management information is issued to the injured employee:<br>• overview of the claims administration process.<br>• overview of the early intervention and return to work process. This must include the need for consultation, that Plans set actions, responsibilities and obligations for all parties and are reviewable.<br>• injured worker rights and responsibilities.<br>• information about interim payments.<br>• Information about entitlement periods relating to income support, medical expenses, economic and non-economic loss payments.<br>• rights and responsibilities of the employer.<br>• Information on the obligation to provide suitable employment including section 15 application to ReturnToWorkSA and section 18 review rights.<br>• The right of a worker or an employer to be supported by another person and to be represented by a union, advocate or lawyer. | |

- Information about complaints management processes (including those reported to the Ombudsman and the right to escalate complaints about the obligations of a self-insured employer to ReturnToWorkSA's complaints team complaints@rtwsa.com).
- Any standardised information or materials to be provided to employees as directed by ReturnToWorkSA.

Provision of documents must be evident on the claims file.

**Evidence considered**

Procedures, standard letters, information kits/sheets, notice board displays, intranet, complaints processes, determination letters, claim file

## Element 1.7: Measure, monitor and review

A self-insured employer must ensure:

| | |
|---|---|
| 1.7.1 | Processes are in place that measure, monitor and review the effectiveness of the injury management system with particular reference to sections 13, 134 and Schedule 5, Part 2 and 3 (the Service Standards) of the Act. |

**References** | All

**Guidance notes**

The self-insured employer has documented and undertaken activities to confirm the effective implementation of its planned arrangements for the injury management system.

As a minimum, the self-insured employer has undertaken planned activities to confirm the effective implementation of its arrangements for monitoring and reporting to executive the following measures:

- the number of claims received.
- the number of psychological claims received.
- the number of claims open by some form of status.
- claims costs.
- current and future programs or strategies including status.
- results of any relevant surveys or complaints.
- if using a pre-claim program – Monitoring of the pre-claim program including uptake, costs, conversion rate to claim and duration from date of injury to conversion or alternative metrics agreed with the Evaluator to effectively monitor the program.

Employers with greater risk (liability greater than the minimum guarantee) are expected to have more sophisticated measure monitoring and review practices including the use of monthly reporting and KPIs, claim checklists, internal audits, surveys, file review or QA programs.

Where issues or negative trends have been identified internally or by ReturnToWorkSA (or other means), it is expected the self-insured employer will implement effective measure, monitor, and review practices to monitor, control and remediate these issues.

Internal checks are in place to review claim files to ensure adherence to legislative requirements in line with delegations. As a minimum, a sample of the following should be reviewed:

- records management.
- interim and claim determination timeliness.
- Recovery and Return to Work Plan compliance.
- accuracy of weekly payments.
- payment of entitlements, (both accuracy and timeliness) in particular payments under sections 56, 56A, 58.

Frequency of these activities occur at least twice in a renewal period unless varied by a term or condition of registration.

**Evidence considered**

System reviews, internal audits, performance reports, management reports, external audit reports, surveys,

| |
|---|
| claim file reviews |

# Standard 2: Claims Management

## Element 2.1: General matters

A self-insured employer must conform with the following arrangements:

| 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. |
|---|---|
| **References** | Various |

**Guidance notes**

Documents on file demonstrate the self-insured employer has retained all relevant records on designated records management system. Documents include:

- claim forms (or designated lodgment record).
- investigations.
- authorisation by delegated person(s).
- general correspondence (including emails).
- file notes.
- determinations.
- legal correspondence.
- medical, treatment and rehab reports.
- Work Capacity Certificates (WCC).
- AWE Calculations (including evidence).
- payroll records.
- Plans, progress reports.
- s56A elections.
- agreements (i.e. redemptions or deeds of release).
- statutory notices (i.e. lump sum returns, Medicare, Centrelink).
- determinations for pre-approval of services under section 33(17).
- applications and determinations to approve services under 33(21).
- determinations are issued by the approved decision maker (particularly in the instance where a third party administrator is used).
- any other documentation relevant to the claim/return to work process.

**Evidence considered**

Claim files

| 2.1.2 | The rights and needs of injured workers, including cultural and linguistic diversity are appropriately considered. |
|---|---|
| **References** | Act - Sch 5, Reg – Sch 3 |

**Guidance notes**

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/return to work process (i.e. requirements for interpreter).
- information provided, for use in the workplace, is in a language and form appropriate for those expected to make use of it.

| Evidence considered |
|---|
| Claim files |

| 2.1.3 | Confidentiality is maintained. |
|---|---|
| **References** | s185, s186 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• restricted access to files.<br>• requests for claims information under section 185 by ReturnToWorkSA are appropriately managed and information provided in the required timeframe.<br>• meeting minutes and reports that are broadly disseminated do not reflect claimant names/identifiers.<br>• interviews with injured workers and employees support confidentiality is maintained (i.e. not openly discussed).<br>• information relating to the claims and entitlements of other injured workers is not stored on other workers' claims.<br>• potential and actual breaches are managed in accordance with documented procedures (as per sub-element 1.2.4). | |
| **Evidence considered** | |
| Claim files | |

| 2.1.4 | A copy of all reports prepared by a health practitioner detailing the findings made or opinions formed by the health practitioner must be provided to the worker within seven calendar days. |
|---|---|
| **References** | S182 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer ensures:<br>• medical/health practitioner reports obtained at the request of the self-insured employer or their representative are provided to worker (or worker's representative) within seven calendar days.<br><br>*Health practitioner as defined in section 4 of the Act includes a medical practitioner, dentist, psychologist, optician, physiotherapist, chiropractor, podiatrist, occupational therapist, osteopath, speech pathologist or a person of a class prescribed by the regulations for the purposes of this definition.* | |
| **Evidence considered** | |
| Claim files | |

| 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 must provide this material within 45 days of receiving the request. |
|---|---|
| **References** | s180, Reg 63 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• a request for access to a claim file is documented.<br>• a response to the workers' request within 45 days after the date of the request.<br>• provision of information (hardcopy and electronic records) subject to s180(3) of the Act. | |

| |
|---|
| • response to request including notification of review rights, obligation under s180(15) and if applicable, specifies exclusions (decisions made under s180(3)).<br>• if relevant, response to complaints to the Ombudsman.<br>• confidentiality is maintained. |
| **Evidence considered** |
| Claim files |

| 2.1.6 Complaints are managed in accordance with the Act and the designated complaints process. | |
|---|---|
| **References** | Act - Sch 5 |
| **Guidance notes** | |
| For claim related complaints or complaints against the service standards, documents on file demonstrate the self-insured employer has applied its procedure(s) to ensure:<br>• employees have been informed about how to lodge a complaint.<br>• complaints including the outcome/remedy are recorded in the designated register.<br>• complaints are responded to within ten business days.<br>• written notification provided to the person who lodged the complaint, notifying them of the outcome of the complaint, and any rights of review that may exist. | |
| **Evidence considered** | |
| Claim files | |

| 2.1.7 Continuous disclosure requirements within the Code have been met. | |
|---|---|
| **References** | Code - 1.17 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure continuous disclosure obligations to notify ReturnToWorkSA have been followed, including if the following has occurred:<br>• a systemic breach or failure to comply with the Act identified via the employer's measure, monitor or review activities (including but not exclusive to s13, s14, s17, s18, s19, s20, s25, s26, s32, s132, s134, s179, s180, s185, s186 or s191) or a term or condition of registration.<br>• any change to its circumstances or the registration, which may cause them to be in breach of a term or condition of registration.<br>• any death where there is a connection, or potential connection with the self-insured employer's workplace or the activities associated with the self-insured employer's operations. | |
| **Evidence considered** | |
| Claim files | |

## Element 2.2: Claims

| 2.2.1 Claim forms are on file. | |
|---|---|
| **References** | s30 |
| **Guidance notes** | |
| Claim forms or evidence of a claim being made are held on file, including:<br>• date of receipt of claim is acknowledged. | |

| |
|---|
| • evidence of applicable information being provided to injured worker in line with Standard 1.6.<br>• timely lodgment following date of injury. |
| **Evidence considered** |
| Claim files |

## 2.2.2 Appropriate transition from pre-claim program.

| | |
|---|---|
| **References** | Act - Sch 5 - Service Standards (f) & (g) |
| **Guidance notes** | |
| Where applicable, claims are managed in accordance with schedule 5, Part 2 of the Act and the documented pre-claim process to ensure:<br>• communication of details of the pre-claim program to employees including the types of services included in and any limits that apply.<br>• provision of accurate and complete information that is consistent and easy to understand (including requirement to issue information about any claims entitlements, obligations and responsibilities, as outlined in sub-element 1.6.2) and evidence it was issued is on file.<br>• evidence the claim has:<br>o adhered to defined services and limits of the pre-claim program or, if not, rationale exists to support decision to provide services in excess of program limits.<br>o relevant pre-claim records and transactions have been appropriately saved* in the claims system post transition to claim.<br>• references to RTW Act are only made to inform workers of the claim process and the right to make a claim or highlight that a pre-claim program does not constitute a claim under the Act. Employers must not attempt to rely on powers or sections of the Act in the absence of a claim.<br>* Pre-claim payments prior to claim receipt do not need to be individually made in the system or transmitted via EDI. | |
| **Evidence considered** | |
| Claim files | |

## 2.2.3 Claims for compensation are determined as expeditiously as possible.

| | |
|---|---|
| **References** | s31 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• necessary activities are undertaken to ensure claims for compensation are determined as expeditiously as possible.<br>• necessary activities are undertaken to ensure claims for compensation by way of income support are determined, wherever practicable, within 10 business days after the receipt of the claim.<br>• notice includes rights to apply to the SAET for an expedited decision.<br>• This also applies to determinations after the initial determination. | |
| **Evidence considered** | |
| Claim files | |

| 2.2.4 | Where claims are not determined within 10 business days, offer of interim benefits are made in accordance with section 32 of the Act. |
|---|---|
| **References** | s32 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• interim payments are offered where claims are not determined within ten business days in accordance with defined procedures including for medical expense only claims.<br>• details of the rate and extent of interim payments are outlined in the interim offer letter.<br>• notices advising of the offer of interim payments include the potential of recovery in cases where benefits are paid that the claimant, ultimately by determination, is not entitled to receive.<br>• interims are offered in accordance with the relevant procedures.<br>• the worker is notified of the investigations and inquiries to be undertaken to determine the claim. | |
| **Evidence considered** | |
| Claim files | |

| 2.2.5 | Claims are considered and timely determinations (including redeterminations) are made in accordance with section 31 of the Act. |
|---|---|
| **References** | s31, s113, Reg – Sch 3 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• determinations are evidence based and in accordance with the Act's requirements.<br>• determinations are supported by a certificate in the designated form by a designated person.<br>• all claims are promptly and efficiently investigated and determined.<br>• where there is clear evidence that the worker's incapacity is ongoing, a determination of entitlement to weekly payments reflects this and avoids a series of closed period determinations.<br>• redeterminations are only undertaken in circumstances allowed by the Act.<br>• the worker is advised of their right to apply to the SAET for an expedited decision or seek review of a decision (where permitted under the Act).<br>• notice includes contact details for the SAET.<br>Where a third party administrator is used to determine claims:<br>• evidence is on file of approval by an authorised representative of employer.<br>• notice includes identity and contact details for authorised representative of employer responsible for the decision. | |
| **Evidence considered** | |
| Claim files | |

## Element 2.3: Medical expenses

| 2.3.1 | Payment of medical expenses are promptly paid. |
|---|---|
| **References** | s33, s34, s35, Reg 22, Reg 24, Reg 25 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• accounts are paid within timeframes defined by the self-insured employer's policy and procedures.<br>• 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 a necessary cost reasonably incurred.<br>• the costs associated with immediate transportation to a hospital or health practitioner for initial treatment are paid.<br>• costs associated with property damage are paid. |
| **Evidence considered** |
| Claim files, payment systems (i.e. internal processing system or outsourced externally) |

| | |
|---|---|
| 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, the grounds for the decision must be stated and the worker must be informed of their right to apply to have the decision reviewed. |
| **References** | s33 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• applications made under s33(17) for services within the medical entitlement period have been managed appropriately and a decision made within one month of the making of the application.<br>• workers are informed of the right to apply for future services under s33(21)(ii) and (iii) at least four weeks in advance of the entitlement end date.<br>• applications for pre-approval of services under s33(17) are determined within one month of receipt in accordance with regulation 22(3).<br>• decisions to reject services contain review rights and SAET contact details.<br>• evidence of approval is evident on file and approved by an authorised representative of the employer.<br>• notice includes identity and contact details for authorised representative of employer responsible for the decision. | |
| **Evidence considered** | |
| Claim files | |

## Element 2.4: Income support

| | |
|---|---|
| 2.4.1 | AWE are determined in accordance with section 5 and Part 4, Division 4 of the Act and supplementary income support for incapacity resulting from surgery determined in accordance with section 43(3) of the Act. |
| **References** | s4, s5, s37, s38, s39, s40, s41, s42, s44, s47, Reg 27, Reg 26 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• calculation and determination of AWE has been conducted in accordance with the requirements of the Act.<br>• weekly payments are not less than the federal minimum wage.<br>• weekly payments have considered retirement age.<br>• overtime has been considered and if relevant, added as a component.<br>• the calculation of AWE and its components (including non-cash benefits) are communicated to a worker.<br>• entitlements have, where relevant, been calculated taking into account prior redemptions or deeds of release.<br>• prescribed benefits are included within the calculation of weekly earnings.<br>• prescribed allowances are excluded from the calculation of weekly earnings.<br>• first date of incapacity has been accurately determined in line with documented procedures and communicated to the worker. | |

- determination of entitlement to weekly payments at the commencement and cessation of the second designated period is accurate and communicated prior to the change taking effect.
- supplementary income support payments are communicated.
- supplementary income support payments are adjusted by the CPI.
- weekly payments are adjusted for seriously injured workers in the course of each year of incapacity and the option to align to an award or EBA has been communicated.
- evidence of approval by an authorised representative of employer.
- notice includes identity and contact details for authorised representative of employer responsible for the decision.

**Evidence considered**

Claim files, payroll records, determination letters

| 2.4.2 | Where there is an incapacity for work, income support payments are paid, documented and calculated in accordance with the Act. |
|---|---|
| **References** | s5, s37, s38, s39, s40, s41, s42, s44, s47 |

**Guidance notes**

Documents on file demonstrate the self-insured employer has applied its procedures to ensure:

- income support entitlements have been calculated in accordance with the Act; calculations are clearly documented.
- where there is lost time, income support payments have been accurately paid for the duration of the period of incapacity.
- where there is clear evidence that the worker's incapacity is ongoing, a determination of entitlement to weekly payments reflects this and avoids a series of closed period determinations.
- for closed period determinations, subsequent determinations have been accurate, timely and include review rights.

**Evidence considered**

Claim files, payroll records, determination letters

| 2.4.3 | AWE adjustments and reviews are made in accordance with sections 45 and 46 of the Act. |
|---|---|
| **References** | s45, s46 |

**Guidance notes**

Documents on file demonstrate the self-insured employer has applied its procedures to ensure:

- AWE are adjusted in accordance with section 45 of the Act to take into account:
  - a change in a component of a worker's remuneration used to determine the AWE.
  - a change in the equipment or facilities provided or made available to the worker (if relevant to the AWE).
- reviews of the amount of the weekly payments made to a worker who has suffered a work injury are made in accordance with section 46 of the Act.
- where adjustments or reviews are initiated by the employer, appropriate notice has been provided.
- where applicable, rights of review have been provided.
- evidence of approval by an authorised representative of employer.
- notice includes identity and contact details for authorised representative of employer responsible for the decision.

**Evidence considered**

Claim files

| 2.4.4 | Reduction/suspension/discontinuance of weekly payments is made in accordance with section 44, 48 or 50 of the Act. |
|---|---|
| **References** | s44, s48, s50 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure in appropriate cases:<br>• evidence to support discontinuance of weekly payments due to retirement age in line with section 44 of the Act.<br>• reduction or discontinuance of weekly payments in accordance with section 48 of the Act.<br>• suspensions due to annual leave are in line with section 50(7) of the Act.<br>• evidence of approval by an authorised representative of employer.<br>• notice includes identity and contact details for authorised representative of employer responsible for the decision. | |
| **Evidence considered** | |
| Claim files | |

| 2.4.5 | 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 must 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. |
|---|---|
| **References** | s48, s65, Reg 28, Reg38 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure in appropriate cases, where the worker's weekly payment, or part of a weekly payment is not paid as and when required under the Act or is delayed pending resolution of a dispute, the entitlement to payment of an amount of interest at the prescribed rate has been made. | |
| **Evidence considered** | |
| Claim files | |

## Element 2.5: Early intervention, recovery and return to work

| 2.5.1 | Plans comply with the standards and requirements prescribed by the regulations. |
|---|---|
| **References** | s25, Reg 15 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure all Plans:<br>• are in writing.<br>• specify the following details:<br>  ○ the worker's full name.<br>  ○ the worker's date of birth.<br>  ○ the claim number.<br>  ○ the employer's name.<br>  ○ the nature of the injury.<br>  ○ the date that the injury was suffered.<br>• contain one of the following objectives: | |

- the worker's return to the pre-injury employment with the pre-injury employer.
- the worker's return to different employment with the pre-injury employer.
- the worker's return to the pre-injury employment but with a different employer.
- the worker's return to different employment with a different employer.
- the worker's return to independence within the community.

- contain the important notices to employers and injured workers in Regulation 15(h).
- contain evidence of approval by an authorised representative of employer.

**Evidence considered**

Claim files

| 2.5.2 | Plans are in place where the injured worker is or is likely to be incapacitated for work more than four weeks. |
|---|---|
| **References** | s25 |

**Guidance notes**

Documents on file demonstrate the self-insured employer has applied its procedures to ensure:

- a Plan is in place where it appears that a worker is (or is likely) to be incapacitated for work by a work injury for more than four weeks.
- Plans must continue to be in place where there is ongoing total or partial incapacity.
- A Plan may be prepared:
- even if the period of incapacity is or may be less than four weeks.
- for a worker who may not be returning to work in the short or medium term to focus on a return to the community at the beginning.

A Plan need not be prepared if considered, due to the severity of the injury, the focus should be on other forms of support and services. Rationale for this should be evident on file.

**Evidence considered**

Claim files

| 2.5.3 | Plans detail the actions and responsibilities of key parties and are reviewed as required. |
|---|---|
| **References** | s24, s25, Reg 15, Reg 16, Reg 17 |

**Guidance notes**

Documents on file demonstrate the self-insured employer has applied its procedures to ensure:

- Plans clearly explain the actions and responsibilities of the key parties involved in supporting the worker's recovery and return to work and the achievement of the objective(s) of the Plan.
- the status of the worker's return to work goal is considered and accurate.
- Plans contain any obligations of the key parties involved in supporting the worker's recovery and return to work and the achievement of the objective(s) of the Plan.
- contact is maintained with the worker during any absence.
- Plans promote early intervention; and recovery and return to work services (s24); and the provision of suitable employment for which the worker is fit, as per a current WCC.
- where relevant, Plans include or reference return to work schedules or any consideration of work assessments or support with activities of daily living.
- Plans are reviewed when:
  - the objectives have been completed/satisfied.
  - there are significant changes in:

- the nature of the worker's capacity for work.
- the issues that need to be addressed.
- a change in the return to work objective being sought (due to a change in capacity or any other reason).

- extensions of Plans are noted in the claim system or the plan and the worker is informed of the extension.

**Evidence considered**

Claim files

| 2.5.4 | When preparing a Plan, consultation must occur and copies provided to relevant parties. |
|---|---|
| **References** | s25 |

**Guidance notes**

Documents and evidence on file demonstrate the self-insured employer has applied its procedures to ensure:

- in preparation of the Plan, consultation occurs with the worker in line with section 25(5) of the Act.
- insofar as is reasonably practicable, medical records relevant to the worker's condition should be reviewed; or consultation should occur with any health practitioner who is treating the worker for a relevant injury.
- the worker is provided with a copy of the Plan.
- Other relevant parties required by the Act are provided with a copy of the Plan.

**Evidence considered**

Claim files

| 2.5.5 | Where a worker has not returned to pre-injury employment within six 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. |
|---|---|
| **References** | s25 |

**Guidance notes**

Documents on file demonstrate the self-insured employer has applied its procedures to ensure:

- 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 been agreed with the worker in accordance with s25(10) of the Act).
- evidence of s25(10) on file - detail of review & date occurred.

**Evidence considered**

Claim files

| 2.5.6 | Adherence to section 18 and 20 of the Act and the requirement to notify ReturnToWorkSA where required. |
|---|---|
| **References** | s18, s20, Code |

**Guidance notes**

Documents on file demonstrate the self-insured employer has applied its procedures to ensure:

- adherence to the requirements of section 18 and 20 of the Act.

- a self-insured employer must on informing a worker of an inability to provide suitable employment, ensure the worker is notified of rights under s15(2) and s18(3) of the Act and notify ReturnToWorkSA of the non-provision of suitable employment.
- self-insured employers are also encouraged to proactively report situations where their compliance with section 18 and/or section 20 may potentially come into question.
- within seven 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 been agreed with the worker in accordance with s25(10) of the Act).
- termination of employment and notice of termination forwarded to RTWSA.

**Evidence considered**

Claim files

## Element 2.6: Seriously injured workers

| 2.6.1 | Seriously injured workers are assessed, and determinations made in accordance with section 21 of the Act. |
|---|---|
| **References** | s21, s56A, Reg 13 |

**Guidance notes**

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 the worker for interim assessment.
- where there is potential for an injury to exceed the serious injury threshold, but the worker's condition has not stabilised or reached maximum medical improvement, further investigations must be made by the employer to verify whether an interim serious injury assessment should be made.
- on evidence of the worker having met the relevant serious injury 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.
- seriously injured workers are informed of their ability to elect for an economic loss payment under section 56A.
- evidence of approval by an authorised representative of employer.

**Evidence considered**

Claim files

## Element 2.7: Permanent impairment – economic loss & non-economic loss

| 2.7.1 | Permanent impairment assessments have been completed in line with the Act and relevant guidelines. |
|---|---|
| **References** | s22, s56, s56A, s58 |

**Guidance notes**

Documents on file demonstrate the self-insured employer has applied its procedures to ensure:

- Timely communication of a worker's potential economic loss & non-economic loss entitlement for injuries that are likely to exceed the minimum WPI threshold. These may include injuries with intermittent or extensive time lost (i.e. greater than 6 months), surgical intervention, ongoing need for medical treatment or indications that the worker has not returned to their pre-injury duties.

- WPI Assessments are undertaken where injury has stabilised.
- pre-existing conditions have been appropriately considered.
- consultation occurs with the worker with respect to assessment.
- worker provided with the list of accredited assessors.
- worker or legal representative given opportunity to comment on instruction letter to assessor.
- prior to closure, where there remains potential for entitlement under section 58 of the Act, the self-insured employer identifies and acknowledges potential for future entitlements under section 58 of the Act.

**Evidence considered**

Claim files

| 2.7.2 | Determinations issued in writing, include calculation applied and the worker's review rights |
|---|---|
| **References** | s22, s56, s56A, s58 |

**Guidance notes**

Documents on file demonstrate the self-insured employer has applied its procedures to ensure:

- economic and non-economic loss entitlements calculated correctly (file notes, prior relevant lump sum payments identified and taken into consideration, calculation spreadsheet) and included in determination letter.
- the determination made for economic and non-economic loss and letter sent reflects entitlement and includes reference to appropriate section of the Act and review rights.
- notification of payments to ReturnToWorkSA (via EDI), and where required, Medicare, Centrelink and any other agency with statutory power to recover from the workers payment.
- payments are provided promptly.
- where an election has been made under section 56A, the worker has received advice in line with s56A(8) (i.e. professional, financial and medical).
- the lump Sum is recorded in EDI transmission.
- evidence of approval by an authorised representative of employer.
- notice includes identity and contact details for authorised representative of employer responsible for the decision.
- notification of the requirements for an election under section 56A to be referred to the SAET where the worker's WPI is 50% or more.

**Evidence considered**

Claim files

## Element 2.8: Redemptions and deed of release

| 2.8.1 | 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 sections 53 and 54 of the Act have been met and relevant documentation is held on the claim file. |
|---|---|
| **References** | s49, s53, s54, Reg 31 |

**Guidance notes**

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 redemption is recorded in EDI transmission.
- the worker has received:

| |
|---|
| ○ competent professional advice about the consequences of redemption.<br>○ competent financial advice about the investment or use of money to be received on redemption.<br>• 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.<br>• notification of payments to ReturnToWorkSA (via EDI), and where required, Medicare, Centrelink and any other agency with statutory power to recover from the workers payment.<br>• payments are provided promptly to the relevant party.<br>• evidence of approval by an authorised representative of employer.<br>• notice includes identity and contact details for authorised representative of employer responsible for the decision.<br>• lump Sum recorded in EDI transmission. |
| **Evidence considered** |
| Claim files |

## Element 2.9: Legal and dispute resolution

| 2.9.1 Claims are managed and delegations administered in accordance with the Act and Regulations. | |
|---|---|
| **References** | All |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• The self-insured employer is meeting any other obligation, responsibility or other requirement under the Act or regulations not specifically referenced within the IM standards.<br>• If applicable, appropriate management of death claims will be assessed under this sub-element. | |
| **Evidence considered** | |
| Claim files | |

| 2.9.2 The reconsideration process must comply with Part 6, Division 4 of the Act. | |
|---|---|
| **References** | s102, Reg 43 |
| **Guidance notes** | |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• reconsideration processes are conducted by a person nominated to the registrar of the SAET within the stipulated timeframes.<br>• the person conducting the reconsideration reviews the decision and the evidence used as a basis for the decision. This must not be the person who made the decision.<br>• notice of dispute actioned and reconsideration notice sent within specified timeframe (within 10 business days).<br>• payments reinstated as per section 48(9). | |
| **Evidence considered** | |
| Claim files | |

| 2.9.3 Where a determination has been made by the SAET and an Order or direction issued, the self-insured employer must comply with the Order within the timeframe specified by the SAET. | |
|---|---|
| **References** | s99, s100, s101, s102, s103, Reg 43 |

| Guidance notes |
| --- |
| Documents on file demonstrate the self-insured employer has applied its procedures to ensure:<br>• Orders of the SAET are actioned within stipulated timeframes (where stated).<br>• any other requirement of the SAET (including Tribunal rules) is met. |
| **Evidence considered** |
| Claim files |

# Change Log

| Date | Version | Change Type | Change Description |
| --- | --- | --- | --- |
| August 2024 | 1.0 | Document creation | Restructure of the standards including deletion of unnecessary obligations, further guidance based on Evaluator focus areas and inclusion of new sub-elements. Consolidation of standards and guidance notes documents. |

The following free information support services are available:

If you are deaf or have a hearing or speech impairment, you can call ReturnToWorkSA on **13 18 55** through the National Relay Service (NRS) **www.relayservice.gov.au**.

For languages other than English call the Interpreting and Translating Centre on **1800 280 203** and ask for an interpreter to call ReturnToWorkSA on **13 18 55**.

For braille, audio or e-text of the information in this brochure call **13 18 55**.