Self-insured Injury Management Standard Guideline – Catalogue of Changes

The following document has been created to capture the changes made to the Self-insured injury management standards and guidance notes – March 2024.

Overview:

ReturnToWorkSA (RTWSA) went through a restructure of the Injury Management (IM) Standards including the deletion of unnecessary sub-elements, further guidance based on evaluator focus areas and inclusion of new sub-elements.

The revised Standards have reduced from four to two Standards. The two Standards are:

- Standard 1 – Conditions of Registration as a self-insured employer (now include measure, monitor and review)
- Standard 2 – Claims Management

The elements have reduced from 18 to 16 and the sub-elements reduced from 62 to 58.

The Changes to the Injury Management Standards

Standard Element Sub-element	Revised Version	Rationale for Change
Standard 1 – Conditions of Registration as a self-insured employer		
1.1.1 Achieve the fundamental principles, rights, and obligations within section 13 of the Act.	Added to guidance notes: • 'Ensuring determinations are accurate, clear and concise'.	To support s13(2)(g) - minimising the risk of litigation.
1.1.2c Exercise the delegated powers and discretion set out in section 134 of the Act. - Determination of claim	Added to the guidance notes: • 'how the first date of incapacity will be determined'.	Noting case law 'Yacob' and s4(11) of the Return to Work Act 2014 (the Act).
	Removed from guidance notes: 'written notification process to the worker, including information required by regulation. Replaced with, 'how the worker will be notified in writing of the determination process.'	Note different interpretations of First Date of Incapacity (FDOI), we require employer position to be clear in procedures. FDOI is first day where there is an entitlement to weekly payment or is it some other definition of first incapacity. We require approach to be defined and followed consistently and equitably.

1.1.2d Exercise the delegated powers and discretion set out in section 134 of the Act. - Medical expenses	Amended guidance notes: • '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 at least 28 days prior to the cessation of entitlement to medical expenses.' • 'the process for services that are considered and approved pursuant to s33(20) and s33(21).'	The injury management documents are required to be clear on s33(17) and s33(21) as there can be confusion in the difference between the two sections of the Act. Also added minimum timeframe for notification prior to end of medical entitlement period.
1.1.2e Exercise the delegated powers and discretion set out in section 134 of the Act. - Weekly Payments	Amended guidance notes: • 'the Provision of written notification of a decision to the worker at least 28 days prior to the end of the first designated period informing them of the 80% adjustment to designated weekly payments.'	Changed from 14 days to 28 to align with best practice.
1.1.2j Exercise the delegated powers and discretion set out in section 134 of the Act. - Reduction/suspension or discontinuance of weekly payments	Amended guidance notes: • '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).' • '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.'	To clarify the requirement within the Act.
	Removed dot point from guidance notes: • 'How and when a non-serious injury worker will be advised of the two year period of income support and the dates on which the payments will commence and cease.'	This is a duplicate requirement to what is in 1.1.2 – weekly payments.
1.1.2m Exercise the delegated powers and discretion set out in section 134 of the Act. - Lump sum payments – non-economic loss	Added guidance notes: 'strategies to proactively assess whether a worker's injury has reached maximum medical improvement, and communication to the worker of their potential entitlement.' Amended guidance notes:	Pursuant to s13(2)(e), s15(1)(c) and Schedule 5, Part 2 – The standards (f) and (g), the self-insured employer needs to be able to show that they've made the workers aware of the entitlements that

	• '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, surgical intervention, ongoing need for medical treatment or indications that the worker has not returned to their pre-injury state.' • 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.' • 'notification of payments to ReturnToWorkSA, Medicare, Centrelink and any other agency with a statutory power to recover from the worker's entitlement.' Removed from guidance notes: • 'exclusion provision to any further assessments under the claim.'	are available to them and explained how those entitlements may be pursued. Also see practicing impacting IBNR with delayed access to lump sums.

1.1.3
Meet the "Service Standards" set out in Schedule 5, Part 2 of the Act
	Amended guidance notes:
	
	Injury Management documents explain:
	
	• 'process for making a claim, <u>including the requirements and/or assistance to make a claim</u>.'
	
	• 'process for lodging, recording, responding and resolving complaints <u>within 10 business days</u> and <u>resolve complaints against the service standards</u>, including:'
	  ○ 'where complaints and complaint outcomes/remedies will be recorded.'
	  ○ 'the process for considering 'wider issues' in line with schedule 5, part 4.'
		Expanded to be clearer on requirements to support Schedule 5, Part 2 – The standards (f) and (g).
		
		Expanded sub-element to include the timeframe from the Act as well as recording, monitoring, analysing, and transparency with workers and employers on steps taken to address concerns and prevent recurrence.

1.1.4
Manage pre-claim programs (if applicable)
	New Sub-element:
	'Injury management documents explain:
	• processes for communicating the 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 evidence options about any claim, entitlements, obligations and responsibilities have been communicated, as outlined in sub-element 1.6.2).'
	• roles and responsibilities for monitoring the program including:'
	  ○ adherence to defined services and limits
	  ○ monitoring of program usage
	  ○ monitoring of costs for each element of the program
	• processes following conversion to a claim including communications, records management and date entry requirements.
	•
		Gain oversight of program parameters and process when work injuries transition to a claim.
		Also ensure worker's receive adequate communication regarding employer's early intervention program (EIP), rights and entitlements, if work injury claim is lodged.
		Ensure employer is monitoring the EIP and if there are any delays on recovery due to late access to claim entitlements.

1.1.5 Meet continuous disclosure requirements within the code.	New Sub-element: '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.'	Reiterate requirement from the Code of Conduct (the Code). Provide clarity that deaths, changes to registration and systemic breaches of the Act must be reported to RTWSA.

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	Amended sub-element wording: '….and supported….'	Expanded to include personnel are also supported in their injury management role.
	Added to guidance notes: 'have the relevant skills and experience to undertake their role.'	It is important for employers to take into consideration the personnel's abilities, knowledge and experience in a specific area and not just relying on their education. Therefore, have expanded the sub-element to include personnel have the skills and experience as well as being supported to develop the skills and experience.
1.2.3 Ensuring the allocation of resources is appropriate for the organisation's type, volume, and complexity of the case load	Amended to guidance notes: Injury management documents explain: • 'how the allocation of injury management resources is reviewed, including how the adequacy and suitability of resources are determined.' • 'contingency arrangements covering conflict, planned and unplanned absence of delegated decision makers or service provider.'	Expanded to place more ownership on the expected level of resourcing and how the review compares to this.
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.	Added to guidance notes: '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.	Confidentiality breaches are serious. Significant additions have been made to outline minimum expectations for employers when managing potential or actual breaches of confidentiality.

	• 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.'	
1.2.5 A qualified RTWC is appointed.	Amended sub-element wording: '….is appointed….' Amended sub-element wording: 'A self-insured employer must appoint (and retain) a RTWC that is based in South Australia. The RTWC must be 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.'	Updated the sub-element and guidance notes so the requirement is detailed in both. Inserted RTWC requirements from RTWSA's Return to Work Coordinators: Guideline for employers.
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	The sub-element 1.2.6 is the current sub-element 3.1.1; Standard three has been deleted. Guidance notes:	There is no change to the IM Standard or requirement, but it has been moved from deleted Standard three and moved to Standard one.

	'Documents demonstrate the self-insured employer has applied its procedures to ensure: • a person(s) has been appointed as the Reconsideration Officer. • the Registrar at the SAET has been notified of the appointment of the Reconsideration Officer in the prescribed manner.'	
1.3.1 Exercise of Delegation by the self-insurer	Added to 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.'	Included the excerpt from 1.3 of the Code. Purpose is to be clear that the approved a self-insured employer has the delegated authority and is not transferrable to external third-party providers.
	Amended guidance notes: '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 the documents must clearly state: • notices include identity and contact details for self-insured personnel responsible for the decision. • 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.	The sub-element requirements are clarified regarding the level of visibility a self-insured employer must take when engaging a third-party provider and what role they will play with ongoing review of the service arrangement.
1.3.2 Data security and confidentiality	Amended 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 obligations that apply to both parties to the contract to maintain confidentiality of records and information to which section 185 applies; • 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.'	Included s185 of the Act.

1.3.4 Complaint processes	Added to guidance notes: 'Complaints must be referred to and managed by assigned self-insured personnel.'	It is important that the employer to whom the powers have been delegated, take carriage of any complaints.
1.4.1 Data is provided monthly, unless an alternative arrangement has been agreed to by ReturnToWorkSA	Amended sub-element wording: 'monthly' timeframe instead of 'fortnightly'	Data is now provided monthly.
	Amended guidance notes: • 'the process for providing accurate Schedule 3 data to ReturnToWorkSA. Include roles and responsibilities of key personnel.'	Onus is on employer to provide data that is accurate at the time of submission.
1.4.2 All errors at batch and line level shall be resolved within one month of receiving the data transmission return file.	Added to guidance notes: • • 'Errors must be rectified in line with procedures'	To assess practice against procedure.
1.4.3 A self-insured employer must notify ReturnToWorkSA at least one month prior to the implementation of any change to the workers compensation data system.	Added to guidance notes: • 'The employer has notified ReturnToWorkSA in advance of any changes to the workers compensation data system. • 'ReturnToWorkSA must be notified in line with procedures'	To assess practice against procedure.
1.4.4 Remuneration and labour hire data is provided annually by the designated due date.	New sub-element: 'Injury management documents explain: • 'the process for providing annual remuneration and labour hire data by the timeframe requested in writing by ReturnToWorkSA via the Self-Insured fee process. • the roles and responsibilities of key personnel responsible for registering and providing this information to ReturnToWorkSA including notification of any changes.	This has been a requirement but not documented in the Standards, therefore included to manage compliance with the request.

	• • Remuneration and labour hire data has been provided in line with procedures.'	
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.	Amended guidance notes: 'Audited financial statements are provided within five (5) months after the end of the financial year or as agreed by ReturnToWorkSA.'	More clarity over what is expected.
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.	Amended guidance notes: 'Actuarial reports are provided within three (3) months after the end of the financial year or as agreed by ReturnToWorkSA.'	More clarity over what is expected.
1.5.3 A financial guarantee that meets all the terms and conditions set out in clause 8 of Schedule 3 of the *Return to Work Regulations 2015* and written correspondence issued by ReturnToWorkSA.	Amended sub-element wording: '….set out in clause 8 of Schedule 3 of the *Return to Work Regulations 2015* ….' Amended guidance notes: • 'A Financial guarantee is provided within the timeframe specified by ReturnToWorkSA.'	More clarity over what is expected.

1.5.4 A contract of insurance that meets all requirements set out in clause 9 of Schedule 3 of the *Return to Work Regulations 2015*.	Amended sub-element wording: '….clause 9…..' Amended 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.'	More clarity over what is expected.
1.6.1 General claim information for all workers	Sub-elements 16.1, 1.6.2, 1.6.3 combined into 1.6.1. Guidance notes: 'Injury management documents are made available to all employees explaining: • how to report a work-related injury. • the process for lodging a claim for compensation. • location of claim forms. • injury reporting process.'	Sub-elements 1.6.1 to 1.6.9 consolidated into two sub-elements, split by (1) information for all workers and (2) information relevant for injured workers. Timeframe and further information added.
1.6.2 Detailed claim information for work injured employees.	Sub-elements 1.6.4, 1.6.5, 1.6.6, 1.6.7, 1.6.8, 1.6.9 combined into 1.6.2. 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: • overview of the claims administration process. • 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. • injured worker rights and responsibilities. • information about interim payments. • Information about entitlement periods relating to income support, medical expenses, economic and non-economic loss payments.	

	• rights and responsibilities of the employer. • Information on the obligation to provide suitable employment including section 15 application to ReturnToWorkSA and section 18 review rights. • 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 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."	
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.	Currently Standards 4 - Measure, monitor review. 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 average duration from date of injury to conversion or alternate metrics agreed with the Evaluator to effectively monitor the program.'	Elements of what was previously Standard 4 remain, however the three sub-elements (4.1.1, 4.1.2, 4.1.3) have been consolidated into one (1.7.1). Evidence obtained for evaluating measure, monitor and review practices often spanned across sections 13, 134 and the Service Standards. Due to the extreme differences in size and risk of self-insured employers, it was challenging to be too prescriptive on what processes must be in place to ensure oversight of the system. The changes have been made to help clarify the minimum expectation for measures and internal checks, as well as how self-insured employers must monitor and control for issues, they or RTWSA identify.

	‘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.’	
	Guidance notes: ‘Documents on file demonstrate the self-insured employer has retained all relevant records on designated records management system. Documents include: • statutory notices (i.e. lump sum returns, Medicare, Centrelink).’	
Standard 2 – Claims Management		
2.1.2 (deleted) In all instances, notices and information are provided in accordance with return to work	Deleted from the IM Standard: • ‘Sub-element 2.1.2 - In all instances, notices and information are provided in accordance with return to work requirements including rights to review and are given within required timeframes.’	

requirements including rights to review and are given within required timeframes	Current sub-elements 2.1.1, 2.1.3, 2.1.4 and 2.1.5 remain in the IM Standard. Sub-element 2.1.1 remains unchanged. The following sub-element numbers have changed: • From 2.1.3 to 2.1.2 - The rights and needs of injured workers, including cultural and linguistic diversity are appropriately considered. • From 2.1.4 to 2.1.3 - Confidentiality is maintained. • From 2.1.5 to 2.1.4 - A copy of all reports prepared by a health practitioner detailing the findings made or opinions formed by the health practitioner shall be provided to the worker within seven calendar days. • From 2.1.6 to 2.1.5 - Where a worker provides a written request, under section 180 of the Act, for a copy of all documentary material (hardcopy and electronic) relevant to their claim, the self-insured employer shall provide this material within 45 days of receiving the request.	
2.1.3 Confidentiality is maintained	Added to guidance notes: • 'requests for claims information under s185 by ReturnToWorkSA are appropriately managed and information provided in the required timeframe.' • 'potential and actual breaches are managed in accordance with documented procedures (as per sub-element 1.2.4).'	Sets expectation to manage s185 requests in a timely manner. Incorporates changes from 1.2.4 for practice against procedure.
2.1.4 A copy of all reports prepared by a health practitioner detailing the findings made or opinions formed by the health practitioner shall be provided to the worker within seven calendar days.	Added definition to guidance notes: '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.'	This clarifies what we will look for during an evaluation, in line with the Act.

2.1.5 Where a worker provides a written request, under section 180 of the Act, for a copy of all documentary material (hardcopy and electronic) relevant to their claim, the self-insured employer shall provide this material within 45 days of receiving the request.	Amended guidance notes: 'Documents on file demonstrate the self-insured employer has applied its procedures to ensure: • A response to the worker's request within 45 days after the date of the request. • Response to request including notification of review rights, obligation under s180(15) and if applicable, specifies exclusions (decisions made under s180(3)). • If relevant, response to complaints to the Ombudsman. • Confidentiality is maintained.'	Updated to reflect best practice for evidence to include what has been excluded, rationale and why.
2.1.6 Complaints are managed in accordance with the Act and the designated complaints process.	New sub-element added: Guidance notes: 'For complaints about breaches of the service standards, documents on file demonstrate the self-insured employer has applied its procedure(s) to ensure: • Employees have been informed about how to lodge a complaint. • Complaints including the outcome/remedy are recorded in the designated register. • Complaints are responded to within 10 business days. • 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.'	Inconsistencies have been observed with the quality of which complaints are tracked and managed by self-insured employers. The previous Standards provided some detail on what is expected where external claims administration was in place, however RTWSA have now extended requirements for all arrangements. This section allows for measurement of practice against procedure for changes to sub-element 1.1.3.
2.1.7 Continuous disclosure requirements within the Code of Conduct have been met.	New sub-element added: 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: • A breach or failure to comply with the Act (in particular s14, s18, s20, s132, s134, s185, s186 or s191) or a term or condition of registration.	The Code for self-insured employers under clause 1.17, outlines the circumstances where a self-insured employer has an obligation to notify RTWSA of any change to its circumstances or conditions. The requirement has been incorporated into the Standards to further highlight the

	• Any change to its circumstances or the registration, which may cause them to be in breach of a term or condition of registration. • 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. • Any significant change in labour hire arrangements.'	obligation and support the evaluation of performance. This section allows for measurement of practice against procedure for changes to sub-element 1.1.5.
2.2 - Claims	New sub-element added, therefore current sub-element numbers changed: • From sub-element 2.2.2 to 2.2.3 - Where reasonably practicable claims are determined within 10 business days. • From sub-element 2.2.3 to 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. • From sub-element 2.2.4 to 2.2.5 - Claims are considered and timely determinations (including redeterminations) are made in accordance with section 31 of the Act.	
2.2.1 Claim forms on file	Amended sub-element wording: • 'Claim forms held on file.' Amended guidance notes: 'Claim forms or evidence of a claim being made are held on file, including: • date of receipt of claim is acknowledged. • evidence of applicable information being provided to injured worker in line with Standard 1.6. • timely lodgement following date of injury.'	Expanded to be clearer on requirements.
2.2.2 Appropriate transition from pre-claim program	New sub-element added. 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:	Capture Schedule 5, Part 2 – The standards (f) & (4)(g) and support practice against procedure for sub-element 1.1.4.

	• communication of details of the pre-claim program to employees including the types of services included in and any limits that apply.
	• processes for providing accurate and complete information that is consistent and easy to understand (including evidence options about any claim, entitlements, obligations and responsibilities have been communicated).
	• evidence the claim has:
	  ○ adhered to defined services and limits of pre-claim program or, if not, rationale exists to support decision to provide services in excess of program limits.
	  ○ relevant pre-claim records and transactions have been appropriately saved in the claims system post transition to claim.
	• pre-claim communications do not include RTW Act references.'	

2.2.3 Where reasonably practicable claims are determined within 10 business days.	Amended guidance notes: 'Documents on file demonstrate the self-insured employer has applied its procedures to ensure: • where determination does not occur within 10 days the self-insured employer undertakes activities necessary to determine the claim as expeditiously as possible. • notice includes rights to apply to the South Australian Employment Tribunal (SAET) for an expedited decision. This also applies to determinations after the initial determination.'	To clarify that timeliness is important for all determinations, not just the first one.
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.	Added dot points to guidance notes: • 'details of the rate and extent of interim payments are outlined in the interim offer letter.' • 'interim medical payments are offered for medical expense only claims.' • 'the worker is notified of the investigations and inquiries to be undertaken to determine the claim.'	Updated to clarify expectations from auditors. The Act states interims must be offered, so for medical expenses only (MEO) claims, some form of interim must be offered. Also updated to ensure appropriate information is communicated to the worker.

2.2.5 Claims are considered and timely determinations (including redeterminations) are made in accordance with section 31 of the Act.	Amended sub-element wording: • '…timely…..' Amended guidance notes: 'Documents on file demonstrate the self-insured employer has applied its procedures to ensure: • determinations are evidence based and in accordance with the Act's requirements'. Added to guidance notes: • '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).' • 'notice includes contact details for the SAET.' • 'determinations are supported by a certificate in the designated form by a designated person.' • 'all claims are promptly and efficiently investigated and determined.' • '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.' 'Where a third party administrator is used to determine claims: • evidence is on file of approval by an authorised representative of employer. • notice includes identity and contact details for authorised representative of employer responsible for the decision.'	The wording 'promptly and efficiently' has been added to the guidance notes to align with schedule 3 of the Regulations. Reference to the case law for closed periods in line with the decision of 'Brooks'. Added requirements for third party administrators' decision making.
2.3.1 Payment of medical expenses are promptly paid	Amended guidance notes: 'Documents on file demonstrate the self-insured employer has applied its procedures to ensure: • accounts are paid within timeframes defined by the self-insured employer's policy and procedures. • where services are disallowed or reduced notification is undertaken in accordance with the legislation.	Clarifies RTWSA will evaluate against procedures. 'Reasonable' deleted as this does not apply as not relevant to immediate hospital or transportation costs.

	• where further investigation is required, the self-insured employer seeks any information necessary to determine if an expense is a necessary cost reasonably incurred. • the costs associated with immediate transportation to a hospital or health practitioner for initial treatment are paid. • costs associated with property damage are 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.	Added to guidance notes: • '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.' • 'workers are informed of the right to apply for future services under s33(21) at least four weeks in advance of entitlement end date.' • 'applications for pre-approval of services under s33(21) are determined within one month of receipt in accordance with legislation.' • 'decisions to reject services contain review rights and SAET contact details.' • 'evidence of approval is evident on file and approved by an authorised representative of employer.' • 'notice includes identity and contact details for authorised representative of employer responsible for the decision.'	There was confusion between s33(17) s33(21) identified during evaluations, therefore the guidance notes detail a requirement for the self-insured employer to be clear on what section of the Act is being applied. Important any s33(21) decisions are recorded and available should the claims transfer.
2.4.1 AWE (Average Weekly Earnings) 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.	Current Standard has consolidated the requirements for 2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.4.5 and 2.4.6. The revised Standards has separated the requirements, specific to each sub-element. Added to the guidance notes: • 'overtime has been considered and if relevant, added as a component.' • 'first date of incapacity has been accurately determined in line with documented procedures and communicated to the worker.' • '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.'	Merged duplicate sub-elements. Sub-elements divided now by activity and more detail added on what Evaluators look for. The process to determine FDOI must be defined as per standard 1.1.2 – determination of claim. Also added requirement to consider EBA for serious injury reviews.

	• 'notice includes identity and contact details for authorised representative of employer responsible for the decision.'	
2.4.2 Where there is an incapacity for work, income support payments are paid, documented and calculated in accordance with the Act.	Sub-element was not detailed separately in the existing Standards. Current guidance notes applied to sub-elements 2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.4.5 and 2.4.6. Added to guidance notes: • '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.'	Focus is on payments being made as determined. Expectations updated based on case law for closed period determinations, in line with the decision of 'Brooks' and that subsequent determinations are made in a timely manner so worker is aware of dispute rights and what their entitlements are.
2.4.3 AWE adjustments and reviews are made in accordance with sections 45 and 46 of the Act.	Sub-element was not detailed separately in the current Standards. Current guidance notes applied to sub-elements 2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.4.5 and 2.4.6. Sub-element 2.4.3 includes the current sub-element 2.4.4 - AWE adjustments are made in accordance with section 45 of the Act and sub-element 2.4.5 - Reviews are made in accordance with section 46 and 47 of the Act. Added to guidance notes: • '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, the appropriate notice has been provided. • where applicable, rights of review have been provided.' • 'evidence of approval by an authorized representative of employer.' • 'notice includes identity and contact details for authorised representative of employer responsible for the decision.'	As above, restructured and more clarity added.
2.4.4 Reduction/ suspension /discontinuance of weekly payments is made in	The sub-element 2.4.4 is the current sub-element 2.4.7. Sub-element 2.4.4 and guidance notes have changed to include s44 and s50. Added to guidance notes:	As above, restructured and more clarity added.

accordance with section 44, 48 or 50 of the Act.	• 'evidence to support discontinuance of weekly payments due to retirement age in line with section 44 of the Act.' • 'suspensions due to annual leave are in line with section 50(7) of the Act.' • 'evidence of approval by an authorised representative of employer.' • 'notice includes identity and contact details for authorised representative of employer responsible for the decision.'	
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 shall calculate and apply interest at the prescribed rate to the amount in arrears within one month and issue a written notice to the worker setting out details of the interest applied to the amount in arrears.	The sub-element 2.4.5 is the current sub-element 2.4.8. Amended guidance notes: • '……..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.'	More clarity added. Separates out both interest for disputes (s44) and interest for delayed payment (s65).

2.5.1
Plans comply with the standards and requirements prescribed by the regulations.
	The sub-element 2.5.1 is the current sub-element 2.8.1.
	Removed from the guidance notes:
	• 'Fields to record all relevant information considered and arrangements agreed to support the achievement of the objective(s) of the recovery and return to work plan.'
	Added to the guidance notes:
	'……all Plans:
	• are in writing.
	• specify the following details:
	  ○ the worker's full name.
	  ○ the worker's date of birth.
	  ○ the claim number.
		Updated to insert specific requirements from the Return to Work Regulations 2015.

	○ the employer's name. ○ the nature of the injury. ○ the date that the injury was suffered. • 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.'	
2.5.2 Plans are in place where the injured worker is or is likely to be incapacitated for work more than four weeks	The sub-element 2.5.2 is the current sub-element 2.8.2. Added to the guidance notes: • '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 4 weeks.' • 'plans must continue to be in place where there is ongoing incapacity.' • 'A plan may be prepared even if the period of incapacity is or may be less than 4 weeks.' • 'A plan may be prepared 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.'	Updated to insert more direct legislative requirements.
2.5.3 Plans detail the actions and responsibilities of key parties and are reviewed as required.	New sub-element added. 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.	Quality requirements added in from the Act and Return to Work Regulation 2015, including requirements for when to review Plans.

	• 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.'	

2.5.4 – When preparing a Plan, consultation must occur and copies provided to relevant parties	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, 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.'	
2.5 – Early intervention, recovery and return to work	New sub-element 2.5.3 added, therefore current sub-element numbers changed: • From 2.5.3 to 2.5.4 - When preparing a Plan, the worker must be consulted and provided with a copy of the Plan.	

	• From 2.5.4 to 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.	
2.5.5 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.	The sub-element 2.5.5 is the current sub-element 2.8.4. Deleted from guidance notes: 'Status of the worker's return to work is documented on each occasion the recovery and return to work plan is reviewed.' This has been moved to sub-element 2.5.1. Added to 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.'	Updated to include requirement for evidence of s25(10) of the Act review on system.
2.5.6 Adherence to section 18 and 20 of the Act and the requirement to notify ReturnToWorkSA where required.	The sub-element 2.5.6 is the current sub-element 2.8.5. Previously only requiring to notify RTWSA of non-provision of suitable employment. Added to guidance notes: • '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 also 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.' • 'termination of Employment and Notice of Termination forwarded to RTWSA.' •	This has been expanded to include s20 of the Act and the requirements in the Code.

2.6.1 Seriously injured workers are assessed and determinations made in accordance with section 21 of the Act.	The sub-element 2.6.1 is the current sub-element 2.5.1. Added to guidance notes: • '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.' • 'evidence of approval by an authorised representative of employer.'	Updated to require proactive assessment of whether an interim decision is appropriate.
2.7.1 Permanent impairment assessments have been completed in line with the Act and relevant guidelines.	New sub-element added. The following guidance notes were included in the current sub-element 2.6.1 and have been incorporated in the new sub-element 2.7.1: • 'WPI Assessments are undertaken where injury has stabilised.' • 'consultation occurs with worker with respect to assessment.' Added to the guidance notes: • '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, surgical intervention, ongoing need for medical treatment or indications that the worker has not returned to their pre-injury state.' • 'pre-existing conditions have been appropriately considered.' • '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.'	Updated to cover identification and referral process only. Also conscious of appropriate reserving and IBNR for actuaries.
2.7.2 Determinations issued in writing, include calculation	Sub-element 2.7.2 is the current sub-element 2.6.1 (in part). The dot points that are not bold, were previously listed. Added to the guidance notes:	Updated to cover determination and payment processes and what Evaluator looks for.

applied and the worker's review rights.	• '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.' • 'appropriate notices provided to Medicare, Centrelink and any other agency with statutory powers.' • 'payments are provided promptly.' • '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.' Amended guidance notes: • '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.'	
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.	Removed the current sub-elements 2.7.2 and 2.7.3. Added to the guidance notes: • 'the redemption is recorded in EDI transmission.' • 'appropriate notices provided to Medicare, Centrelink and any other agency with statutory powers.'.' • 'payments are provided promptly to the relevant party.' • 'evidence of approval by an authorised representative of employer.' • 'notice includes identity and contact details for authorised representative of employer responsible for the decision.' 'lump Sum recorded in EDI transmission.'	Updated to include specific details Evaluator look for in the redemption process.
Element 2.9 - Legal and dispute resolution	Changed Element 2.9 from 'Legal Compliance' to 'Legal and dispute resolution'. Element includes 3.1 – Dispute resolution and 3.2 SAET Orders.	

2.9.1 Claims are managed and delegations administered in accordance with *Return to Work Act 2014* and Regulations.	Added to guidance notes: • 'If applicable, appropriate management of death claims will be assessed under this sub-element.'	Updated to include detail that this is where we would assess death claims, if applicable.
2.9.2 The reconsideration process must comply with Part 6, Division 4 of the Act.	Sub-element 2.9.2 is the current 3.1.2. Added to guidance notes: • 'Notice of dispute actioned and reconsideration notice sent within specified timeframe (within 10 business days).' • 'Payments reinstated as per section 48(9).'	Updated to include requirement to reinstate payments where necessary.
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.	Sub-element 2.9.3 is the current 3.2.1. No change to the guidance notes.	
Standard 3 Dispute Resolution Deleted - Incorporated with Revised Standard 2		
Standard 4 Measurement, Monitoring and Review Deleted - Incorporated with Revised Standard 1		