# Early Access Concussion Recovery program guide

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# 1. Introduction

ICBC engages with an extensive network of service providers that deliver care to ICBC claimants injured in motor vehicle accidents ("**Customers**").

The purpose of the Early Access Concussion Recovery Program (the "**EACR Program**") is to:

- facilitate the early interdisciplinary assessment, education, and reassurance to support early recovery for Customers who have sustained a concussion during their motor vehicle accident; and
- when indicated, facilitate interdisciplinary intervention for Customers who have sustained a concussion during their motor vehicle accident.

The EACR Program is available for eligible Customers who present with a concussion within the first 12 weeks from the date of accident (the "**Early Access Period**"). The EACR Program is not intended for those Customers with a persistent concussion, where persistence is defined as a concussion that lasts longer than 12 weeks since the date of accident.

Services eligible for EACR Program funding are limited to those addressing the Customer's motor vehicle accident-related concussion symptoms. EACR Program funding is in addition to any other benefits the Customer may be entitled to pursuant to the Insurance (Vehicle) Act and its associated Regulations. Any accident-related injuries not resulting from the concussion should be treated outside of the EACR Program; funding for treatment of these other injuries will require separate treatment plans, invoices, progress reports and, if eligible for direct billing, must follow all other requirements outlined on the applicable ICBC Business Partners Page (the "**Partners Page**").

The goal of the EACR Program is to facilitate recovery from concussion-related limitations and symptoms, even if return to work, school, or other activities is not possible following discharge from the EACR Program due to other injuries.

For additional information, please contact ICBC at recoveryprograms@icbc.com.

## 1.1 EACR Program Participation

Members of the ICBC Recovery Network ("**Recovery Network**") may be eligible for the EACR Program. If approved for EACR Program participation, the service provider will be designated as an "**Approved EACR Clinic**" and is eligible to bill ICBC for services as outlined in this Guide. All Approved EACR Clinics must meet and maintain the standards and requirements outlined in this EACR Program Guide (the "**Guide**") and agree to the Health Care Direct Billing Terms. EACR Program billing is only permitted as outlined in this Guide. Approved EACR Clinics will be paid directly by ICBC for authorized services provided to ICBC Customers in accordance with the expectations outlined in this Guide. Only services provided by an Approved EACR Clinic and Provider Team are eligible for direct billing.

### 1.1.1 Roster

ICBC will maintain a roster of Approved EACR Clinics that will be published on the Partners Page (the "**Roster**").

The Roster is designed to assist in connecting ICBC Customers with Approved Clinics. The Customer is responsible for choosing the Approved Clinic they wish to attend; ICBC does not direct referrals.

**Note:** An Approved EACR Clinic that does not want to appear on the Roster must notify ICBC of such by contacting recoveryprograms@icbc.com.

## 1.2 ICBC's Expectations

Working cooperatively, the Approved EACR Clinic, Approved Provider Team and ICBC will create positive experiences for our mutual Customers by demonstrating our shared values of being collaborative, supportive, straightforward, and knowledgeable.

ICBC expects participants in the EACR Program to align themselves with the above objective and commit to providing high-quality, cost-effective, and outcome-oriented care. Approved EACR Clinics and Provider Teams must:

- behave in an ethical manner, observing the highest principles of integrity, respect, equality, fair practice, professional conduct, and excellence; and
- ensure that they do not operate or conduct business in a manner that adversely affects or that is harmful, detrimental, or disrespectful to the public image, reputation, or goodwill of ICBC or Customers.

Customers must be treated with respect and dignity, sensitivity, and empathy at all times.

# 2. Key Terms

"**Approved EACR Clinic**" means a clinic authorized by ICBC to participate in the EACR Program.

"**Approved Provider Team**" means health care practitioners authorized by ICBC to provide EACR Program services at the Approved EACR Clinic.

"**Core Provider Team**" means an (a) Occupational Therapist and (b) Physiotherapist or Chiropractor delivering services within the EACR Program.

"**Customer**" means an ICBC claimant injured in motor vehicle accident.

"**EACR Program**" means the Early Access Concussion Recovery Program.

"**Guide**" means the Early Access Concussion Recovery Program Guide.

"**Roster**" is the list of Approved EACR Clinics displayed on the Partners Page.

"**Supporting Provider Team**" means additional practitioners outside of the Core Provider Team that may deliver services within the EACR Program. Supporting Provider Team may include a Counsellor, Rehabilitation Assistant or Kinesiologist.

"**Treatment Block**" is the period during which the Customer receives funded treatment under the EACR Program.

"**Treatment Provider Lead**" means one of the Core Provider Team practitioners designated as the primary contact between ICBC and the Program Provider Team on a particular Customer's claim.

# 3. Approved EACR Clinic and Provider Requirements

## 3.1 Approved EACR Clinic Requirements

To become and remain an Approved EACR Clinic, clinics must:

- have and maintain a valid Recovery Network account in good standing;
- comply at all times with the Health Care Direct Billing Terms;
- meet and maintain the qualification requirements set out in any applicable discipline specific ICBC Recovery Network Program Guides;
- ensure EACR Program services are delivered only by an Approved Provider Team that meet the provider qualification requirements set out in this Guide; and
- have an appropriately equipped facility to support clinic-based treatment for Customers.

Clinics interested in participating in the EACR Program must complete and submit the EACR Program application form found here: EACR Program Provider Sign-up.

- Following the submission, the applying clinic will be contacted by ICBC Recovery Programs and be required to provide additional information if needed, which may include a resume for each clinician/provider referenced in the application form.
- Upon receipt of all requested information, ICBC will review the submission for a decision on whether to approve the clinic and provider team into the EACR Program.

Approved EACR Clinics must deliver EACR Program services by way of an Approved Provider Team consisting of practitioners that are members of the Recovery Network in good standing who have been expressly approved by ICBC Recovery Programs. At a minimum, the Approved Provider Team must consist of a Core Provider Team, with Supporting Provider Team members being optional, both as described in this Guide.

**Important:** Approved EACR Clinics must ensure their Approved Provider Team list remains current with ICBC. If an Approved EACR Clinic wishes to withdraw or add a specific practitioner from or to the Approved Provider Team, they must contact ICBC at recoveryprograms@icbc.com. Any EACR services delivered by practitioners outside of the Approved Provider Team authorized by ICBC may result in reversal of funding approvals and/or payments. Services provided by any practitioners before approval by ICBC are not billable under the EACR Program.

If a Core Provider Team member leaves or is terminated during a customer's treatment block, and there is not a replacement Core Provider Team Member, the clinic must contact recoveryprograms@icbc.com for instructions.

**Note:** Approved EACR Clinics and Provider Team members remain subject to any ICBC Recovery Network discipline specific Program Guides applicable to them. In the event of a conflict between this Guide and any relevant discipline specific ICBC Recovery Network Program Guide (with respect to EACR Program services and guidelines), this Guide will prevail.

## 3.2 Rural and Remote Clinic

At ICBC's discretion, clinics in rural, remote, or underserviced communities may be considered for participation in the EACR Program even if the provider qualification requirements are not fully met. Such clinics interested in participating in the EACR Program are encouraged to contact ICBC at recoveryprograms@icbc.com.

## 3.3 Core Provider Team

The Core Provider Team must consist of an Occupational Therapist ("**OT**") and a Physiotherapist ("**PT**") or Chiropractor ("**Chiro**") that meet the qualification requirements set out in this Guide.

The Core Provider Team is responsible for:

- Conducting the Intake Assessment;
- Completing and submitting the Intake Report, any Progress Reports and Discharge Report;
- Delivering treatment, where ICBC has approved funding for treatment; and
- Designating a Treatment Provider Lead for each Customer.

The Treatment Provider Lead must be:

- A member of the Core Provider Team;
- Identified at the time of the Intake Assessment; and
- The primary contact between ICBC and the Approved Provider Team.

Core Provider Team members must meet and maintain the qualification requirements set out in their respective discipline specific ICBC Recovery Network Program Guide, as well as the minimum experience and training requirements directly related to concussion management as follows. Approved EACR Clinics or Provider Team members may be required to provide proof of completion upon request by ICBC from time to time:

- **OT**: Within the three years immediately prior to application to the EACR Program, OTs must have:
  - a minimum of 12 months experience directly related to the assessment and treatment of concussion,
  - a minimum of 12 months experience with return-to-work (RTW) planning, and
  - completed a concussion management course.
- **PT**: Within the three years immediately prior to application to the EACR Program, PTs must have:
  - a minimum of 12 months experience directly related to the assessment and treatment of concussion and vestibular disorders, and
  - completed a concussion management course and vestibular rehabilitation course.

- **Chiro**: Within the three years immediately prior to application to the EACR Program, Chiros must have:
  - a minimum of 12 months experience directly related to the assessment and treatment of concussion and vestibular disorders, and
  - completed a concussion management course and vestibular rehabilitation course.

**Note:** Core Provider Team members must remain current on clinical best practice relating to concussion care, and must re-complete courses as indicated above at least every three years to maintain their participation in the EACR Program. Approved EACR Clinics or Provider Team members may be required to provide proof of completion upon request by ICBC from time to time.

## 3.4 Supporting Provider Team

When appropriate for the Customer's treatment needs, a treatment plan may also include services delivered by Supporting Provider Team members, which may include a Counsellor ("**CO**"), Rehabilitation Assistant ("**RA**") or Kinesiologist ("**KIN**") that meet the qualification requirements set out in this Guide.

KINs and COs must meet and maintain the qualification requirements set out in their respective discipline specific ICBC Recovery Network Program Guides. All Supporting Provider Team members must also meet the minimum experience and training requirements directly related to concussion management as follows:

- **CO**: Within the three years immediately prior to application to the EACR Program, COs must have:
  - a minimum of 12 months experience as an counsellor directly related to the treatment of concussion, and
  - completed a concussion management course.
- **KIN**: Within the three years immediately prior to application to the EACR Program, KINs must have:
  - a minimum of 12 months experience working in strengthening/conditioning, RTW, or the rehabilitation setting, and
  - completed a concussion management course.
- **RA**: Within the three years immediately prior to application to the EACR Program, RAs must have:
  - a minimum of 12 months experience working with an OT or PT in a rehabilitation setting.

**Note:** Supporting Provider Team members must remain current on clinical best practice relating to concussion care, and must re-complete courses as indicated above at least every three years to maintain their participation in the EACR Program. Approved EACR Clinics or Provider Team members may be required to provide proof of completion upon request by ICBC from time to time.

# 4. EACR Program Intake Services

## 4.1 Customer Eligibility Criteria

Prior to conducting an Intake Assessment, Approved EACR Clinics must confirm funding approval from the Customer's ICBC Recovery Specialist. To qualify for funding for the EACR Program Intake Assessment, the Customer must have:

- An active accepted ICBC Enhanced Care claim (i.e. a claim with an accident date of May 1, 2021 or later);
- At the time of Intake Assessment, a claim that is within the Early Access Period (i.e. within 12 weeks of the accident date); and
- Sustained a concussion as a result of their motor vehicle accident, and due to the functional impairments caused by their concussion, is either:
  - off work with no expected return to work date;
  - off school with no expected return to school date;
  - off caregiving duty with no expected date to resume this responsibility; or
  - not independent with essential activities of daily living.

## 4.2 EACR Program Goals

EACR Program goals fall into one or more of the following four primary categories (based on the Customer's limitations caused by concussion and their pre-injury functional status):

- to allow for an early and durable return to work
- to allow for an early and durable return to school
- to allow for an early and durable return to caregiving, or
- to allow for an early and durable return to activities of daily living

The EACR Program goal related to a specific treatment plan must be developed and agreed to by the Customer and the Approved Provider Team. The goal must address specific functional activity and have a timeline (e.g., return to work at regular duties by a specified date).

## 4.3 Intake Process

Intake Assessments must be authorized by ICBC in advance. An Approved EACR Clinic may request funding for an Intake Assessment by emailing the Customer's ICBC Recovery Specialist.

**Reminder:** Only Approved EACR Clinics are eligible for funding under the EACR Program. Clinics that are not an Approved EACR Clinic or who are unsure if they are an Approved EACR Clinic should review the Approved EACR Clinic and Provider Requirements section of this Guide, and send an email to recoveryprograms@icbc.com.

### 4.3.1 Intake Assessment

The Intake Assessment must be completed by the Core Provider Team over a maximum of three days and, unless otherwise authorized by ICBC, must take place within seven calendar days from receipt of funding authorization. In the event of any anticipated delays in completing the Intake Assessment, Approved EACR Clinics or the Provider Team must contact the Customer's ICBC Recovery Specialist by email, with a copy sent to recoveryprograms@icbc.com.

The Intake Assessment must include the following:

1. Customer education and reassurance;
2. Review of mechanism of injury and symptoms within initial 72 hours post injury;
3. Review of currently presenting symptoms;
4. Physical examination for the purpose of assessment, including confirmation of general fitness for participation in the EACR Program or return to work/school/caregiving/activities of daily living (as related to concussion);
5. Development of the EACR Program goal (see EACR Program Goals section of this Guide above);
6. Exertional testing;
7. Vestibular ocular assessment completed to assess oculomotor, vestibular, motion sensitivity and balance issues;
8. Cognitive screen to identify any areas of cognitive difficulty impacting current function, relative to the Customer's anticipated reported baseline and their pre-injury functional demands as related to their recovery goal;
9. A psychosocial screen, including the appropriate standardized test(s) to identify non-physical considerations that may impact development of an appropriate treatment plan;
10. A functional assessment of the Customer's current level of functional ability relative to the critical demands of the EACR Program goal (e.g., demands of the Customer's job, schoolwork, caregiving and/or activities of daily living);
11. Determination of the required Provider Team; and
12. Development of an appropriate treatment plan.

**Note:** If the required provider team includes practitioners that have not yet been approved into the EACR Program by ICBC Recovery Programs, such practitioners must apply to ICBC Recovery Programs at recoveryprograms@icbc.com for consideration in accordance with the Approved EACR Clinic and Provider Requirements section of this Guide. Services provided before approval by ICBC are not billable under the EACR Program.

### 4.3.2 Intake Report

The Intake Report must be submitted to ICBC via email to the Customer's ICBC Recovery Specialist and recoveryprograms@icbc.com within three business days following completion of the Intake Assessment.

The format of the Intake Report may be determined by the Approved EACR Clinic but must contain the following information:

- Customer's name and date of birth;
- Customer's ICBC claim number;
- Date of accident;
- Date of initial Customer contact to schedule Intake Assessment;
- Date(s) of Intake Assessment examination;
- Report date;
- Approved EACR Clinic name and Recovery Network account number;
- Core Provider Team (provider types and names);
- Treatment Provider Lead and contact information;
- Supporting Provider Team, if applicable, (provider types and names);
- Summary of mechanism of injury and symptoms experienced within initial 72 hours post injury;
- Summary of the physical, vestibular, cognitive, psychological, exertional and functional evaluation results;
- Proposed treatment plan;
- EACR Program goal; and
- Anticipated discharge date.

**Note:** Any incomplete or substandard reports will be returned to the Approved EACR Clinic for revision and may result in delays in obtaining a funding authorization for treatment.

Only treatment that takes place after a treatment plan has been expressly approved by ICBC is eligible for funding under the EACR Program. Billing for treatment that takes place before funding authorization will not be paid. Approved EACR Clinics and the Approved Provider Team are not authorized to and must not make commitments to the Customer relating to ICBC funding until authorization from ICBC has been received.

# 5. Treatment

The Approved Provider Team must deliver individualized treatment tailored to the Customer and that is aligned with EACR Program goal.

Treatment under the EACR Program is funded in blocks ("**Treatment Blocks**"). It is anticipated that the majority of Customers will not require treatment exceeding one Treatment Block. On rare occasions, total treatment may be extended to a maximum of one Initial and one Subsequent Treatment Block, as described below, if required and approved by ICBC.

If at any time during a Treatment Block the Approved Provider Team does not believe that the Customer will be able to reach their EACR Program goal due to their concussion or other factors, or may require a more comprehensive concussion program, the Treatment Provider Lead must contact the ICBC Recovery Specialist so that funding of other treatment options can be explored.

Treatment provided as part of the EACR Program does not take away from the Customer's pre-approved treatment sessions within the Early Access Period.

## 5.1 Treatment Block

A Treatment Block is the period during which the Customer receives treatment funded under the EACR Program.

It is the Approved EACR Clinic and Provider Team's responsibility to work collaboratively with the Customer to establish the appropriate treatment schedule during ICBC approved Treatment Blocks.

### 5.1.1 Initial Treatment Block

The Initial Treatment Block cannot commence until funding approval has been provided by the ICBC Recovery Specialist.

The Initial Treatment Block must be six weeks in duration. For the purposes of the EACR Program, a week is the seven day period running from Sunday to Saturday.

The first treatment session within the Initial Treatment Block must be scheduled within seven calendar days from the date of treatment funding authorization.

The Initial Treatment Block must include, at minimum:

- Three hours of direct care per week while the Customer is not engaged in a gradual return-to-work/school/caregiving/activity plan, including:
  - One weekly one-to-one session with each of the Core Providers, addressing individualized treatment needs, and
  - One weekly education session dedicated to topics related to concussion recovery

- Ongoing necessary direct care during the Customer's participation in a gradual return-to-work/school/caregiving/activity plan, as determined by the Approved Provider Team, to ensure successful reintegration to work, school, caregiving or activity;
- One weekly telephone or video conference contact with the Customer while they are engaged in a gradual return-to-work/school/activity plan to support the Customer in their return-to-work/school/caregiving/activity;
- Facilitating a successful return-to-work/school/caregiving/activity plan;
- Communication and collaboration within the Approved Provider Team, with the ICBC Recovery Specialist, and with any other health care providers involved in the Customer's recovery to ensure alignment of the treatment goals and plan;
- One Care Plan Meeting at least two-weeks before the Customer's anticipated discharge date;
- Any treatment sessions with the Supporting Provider Team that are deemed necessary for the Customer's successful recovery in the EACR Program; and
- Any group sessions that are deemed necessary for the Customer's successful recovery in the EACR Program.

If an extension to the discharge date is required due to special circumstances (e.g., Customer's time away from treatment due to a family emergency), the Treatment Provider Lead must obtain express written approval from the ICBC Recovery Specialist and must copy recoveryprograms@icbc.com on any request.

### 5.1.2 Subsequent Treatment Block

A Subsequent Treatment Block can be between one and six weeks in duration and will only be approved in exceptional circumstances (e.g., to support the completion of a gradual return to work or activity that has already commenced and is near completion).

**Note:** The maximum duration of treatment under the EACR Program cannot exceed 12 weeks from the date of treatment approval after the initial Intake Assessment.

A Subsequent Treatment Block must include, at minimum:

- Three hours of direct care per week while the Customer is not engaged in a gradual return -to -work/school/caregiving/activity plan, including:
  - One weekly one-to-one session with each of the Core Providers, addressing individualized treatment needs, and
  - One weekly education session dedicated to topics related to concussion recovery
- Ongoing necessary direct care during the Customer's participation in a gradual return-to-work/school/caregiving/activity plan, as determined by the Approved Provider Team, to ensure successful reintegration to work/school/caregiving or activity;

- One weekly telephone or video conference contact with the Customer while they are engaged in a gradual return-to-work/school/caregiving/activity plan to support the Customer in their return-to-work/school/caregiving/activity;
- Facilitating a successful return-to-work/school/caregiving/activity plan;
- Communication and collaboration within the Approved Provider Team, with the ICBC Recovery Specialist, and with any other health care providers involved in the Customer's recovery to ensure alignment of the treatment goals and plan;
- One Care Plan Meeting at least two weeks before to the Customer's anticipated discharge date;
- Any treatment sessions with the Supporting Provider Team that are deemed necessary for the Customer's successful recovery in the EACR Program; and
- Any group sessions that are deemed necessary for the Customer's successful recovery in the EACR Program.

If an extension to the discharge date is required due to special circumstances (e.g., Customer's time away from treatment due to a family emergency), the Treatment Provider Lead must obtain express written approval from the ICBC Recovery Specialist and must copy recoveryprograms@icbc.com on any request.

## 5.2 Treatment Planning

As part of the Intake Assessment, the Approved Provider Team must develop a joint interdisciplinary treatment plan for each week of the Initial Treatment Block that is tailored to the Customer's needs.

**Note:** The 'treatment plan' referred to in this Guide does not refer to the Treatment Plan document found on the Partners' Page.

The treatment plan submitted to ICBC as part of the Intake or Progress Report must incorporate the minimum requirements for each Treatment Block as outlined above, and must include a breakdown of services being provided each week, including:

- treating practitioner(s) (provider types and names);
- session duration for each one-to-one and group session;
- explicit indication whether sessions will be provided in a one-to-one or group setting;
- description of treatment that will be provided; and
- frequency of treatment sessions occurring outside of the EACR Program with health care providers who are not a part of the EACR Program.

**Note:** It is the responsibility of the Approved Provider Team to obtain the appropriate authorizations from the Customer to directly engage with any health care providers the Customer may be seeing outside of the EACR Program. This contact is necessary to ensure that the treatment plan aligns with all other health care providers who are involved the Customer's care.

### 5.2.1 Group Sessions

Group sessions can be incorporated into the EACR Program treatment schedule if the Approved Provider Team feels they will provide additional benefit and support the Customer with successful completion of the EACR Program goal. Recommendation for these sessions must be outlined in the Intake Report outlining the treatment plan. Up to 12 group sessions can be delivered within a six-week Treatment Block (or up to two group sessions per week for a Subsequent Treatment Block less than six weeks in duration).

Group sessions must:

- be delivered by a PT, Chiro, OT, CO, KIN, or RA (with supervision from PT or OT);
- have a minimum duration of 30 minutes per session;
- consist of an educational component within context of concussion; and
- incorporate physical, vestibular, visual, balance, cognitive, or cardiovascular rehabilitation, as best suited for the Customer.

If delivered by one member of the Approved Provider Team, funded group sessions cannot involve more than 10 clients in a single session (with the exception of classroom-based group education sessions).

## 5.3 Return to Work/School/Caregiving/Activity Services

In order to promote effective coordination of return-to-work/school/caregiving/activity services and facilitate collaboration, the responsibilities of both the ICBC Recovery Specialist and the Approved Provider Team are outlined below.

### 5.3.1 ICBC responsibilities

ICBC Recovery Specialist responsibilities include:

1. Collaborating with the Customer and their Provider Team to evaluate progress toward recovery milestones and the overall recovery goal.
2. Working closely with health care providers and employers (when applicable) to make necessary funding decisions, as needed.

### 5.3.2 Approved Provider Team responsibilities

Approved Provider Team responsibilities include:

1. Collaborating with the Customer's employer (when applicable) to ascertain job demands and accommodations that allow the Customer to return to work.

2. Collaborative creation and sharing of a return-to-work/school/caregiving/activity plan with all required parties such as the Customer, their employer, their health care team (including the Customer's family physician, if applicable), and the ICBC Recovery Specialist.
3. Monitoring that the return-to-work/school/caregiving/activity plan end date does not exceed the approved EACR Program treatment end date. If the plan is anticipated to exceed this duration, the Approved Provider Team must contact the ICBC Recovery Specialist via email (and copy recoveryprograms@icbc.com) before creating a new plan or making changes to an existing plan.
4. Facilitating a successful return-to-work/school/caregiving/activity plan and tracking the progress of the plan.
5. Working collaboratively with the ICBC Recovery Specialist and Customer on the planning, implementation, and monitoring of the Customer's return-to-work/school/caregiving/activity plan.
6. Making a recommendation for a job site visit when indicated.
7. Supporting the adherence to established plans.
8. Providing telephone support to the Customer during the gradual return-to-work/school/caregiving/activity in order to ensure durability.

### 5.3.3 Job Site Visit (JSV)

Separate and specific authorization from ICBC in writing is required to obtain funding for a JSV. The Provider Team Lead must contact the Customer's ICBC Recovery Specialist to obtain funding authorization prior to initiating a JSV.

Only a JSV conducted during the Initial Treatment Block can be billed separately from the Treatment Block's funding allowance. A JSV carried out during a Subsequent Treatment Block is included and cannot be billed in addition to the funding approved for the Subsequent Treatment Block.

### 5.3.4 Job Demands Analysis (JDA)

Separate and specific authorization from ICBC in writing is required to obtain funding for a JDA. The Provider Team Lead must contact the Customer's ICBC Recovery Specialist to obtain funding authorization prior to initiating a JDA.

Authorization for a JDA will not be granted if the Approved Provider Team has not made a reasonable effort to obtain a copy of the Customer's job demands from their employer or if a copy of the Customer's job demands has already been provided by the ICBC Recovery Specialist or the Customer.

Only a JDA conducted during the Initial Treatment Block can be billed separately from the Treatment Block's funding allowance. A JDA carried out within a Subsequent Block is included and cannot be billed in addition to the funding approved for the Subsequent Treatment Block.

## 5.4 Treatment and Equipment Not Covered

Funding requests for experimental and other treatments/equipment, including but not limited to Botox, Vision Therapy, hormone therapy, AJOVY (fremanezumab) injections, Pons Therapy, Hyperbaric Oxygen Therapy, GyroStim, or prism glasses are not covered under the EACR Program and must not be included as part of the EACR Program treatment plan.

Separate and specific authorization from ICBC in writing is required to obtain funding for equipment. The Provider Team Lead must contact the Customer's ICBC Recovery Specialist prior to purchase or rental, with a copy of the request sent to recoveryprograms@icbc.com.

## 5.5 Telehealth (Counselling Only)

COs may provide their services via telehealth, which should include both audio and video technology when the Customer is able to access the required technology.

All other EACR Program treatment services must be provided in-person at the Approved EACR Clinic.

# 6. Customer Attendance and Program Compliance

The Approved Provider Team must communicate to the ICBC Recovery Specialist any issues related to the Customer's compliance to ICBC within one business day of identifying the issue. Such issues include but are not limited to:

- Any two or more rescheduled appointments;
- Any two or more late arrivals; or
- Any no-show to scheduled treatment/sessions.

# 7. Reports and Meetings

## 7.1 Coordination and Information Sharing

### 7.1.1 Provider Team Coordination

The Core Provider Team and any required members of the Support Provider Team (as determined by the Core Provider Team) are required to collaborate to create cohesive Intake, Progress and Discharge Reports.

The time required to support this collaboration is included in the Intake Assessment fee, Progress Report fee, and Discharge Report fee, respectively and may not be billed as additional time.

### 7.1.2 Information Sharing

The Provider Team is responsible for sharing Intake, Progress or Discharge Reports with the Customer's family physician (if applicable) and any other relevant health care providers the Customer may be seeing outside of the EACR Program.

It is the responsibility of the Provider Team to obtain the appropriate authorizations from the Customer to directly share information with health care providers the Customer may be seeing outside of the EACR Program. The time required to support this information sharing is included in the Intake Assessment fee, Progress Report fee, and Discharge Report fee, respectively, and may not be billed as additional time.

## 7.2 Progress Reports

A written Progress Report must be submitted to ICBC via recoveryprograms@icbc.com and the Recovery Specialist no later than four weeks (28 calendar days) into the Initial Treatment Block.

Only one Progress Report can and must be submitted during the Initial Treatment Block.

If a Subsequent Treatment Block is five weeks or less, no additional Progress Report is required, rather a Discharge Report must be submitted (see Discharge Report section of this Guide below).

In cases where the Subsequent Treatment Block is six weeks in duration, a second Progress Report must be submitted no later than two weeks into the Subsequent Treatment Block.

The Approved EACR Clinic can determine the specific format of the Progress Report. All Progress Reports must include:

- An estimated discharge date (with clear rationale if the anticipated discharge date is different than originally predicted);
- A statement indicating if progress is on track with the EACR Program goal;
- A statement regarding Customer's ability to return-to-work/school/caregiving/activities of daily living;

- A statement about notable functional changes;
- An updated proposed treatment plan, including a treatment plan for a Subsequent Treatment Block, if deemed necessary; and
- An updated return-to-work/school/caregiving/activity plan outlined on a daily basis for the duration of the Customer's participation in the EACR Program.

## 7.3 Care Plan Meetings

A Care Plan Meeting must be scheduled at least two weeks in advance of the expected discharge date.

The Treatment Provider Lead must reach out to the Customer's ICBC Recovery Specialist at least three weeks before the anticipated discharge in order to schedule the Care Plan Meeting, and should propose at least two options for meeting times/days (occurring between Monday and Friday, 8:30 a.m. and 4 p.m.). Subsequently, it is the responsibility of the ICBC Recovery Specialist to arrange and confirm the Care Plan Meeting.

The Approved Provider Team may request additional Care Plan Meetings with the ICBC Recovery Specialist, as may be required.

Care Plan Meetings should include all members of the Core Provider Team, the ICBC Recovery Specialist, and the Customer, unless there are concerns that the topics to be discussed could potentially hinder the Customer's recovery progress. Additionally, if required, other parties such as the Customer's employer may be invited to participate in the Care Plan Meeting by the ICBC Recovery Specialist.

The goal of the Care Plan Meeting is to discuss and align on the Customer's progress, return-to-work/school/caregiving/activity, EACR Program goals, and any further recommendations relevant to the Customer's recovery.

Care Plan Meeting agendas may include, but are not limited to, the following topics:

- actual functional progress made compared to anticipated progress;
- Customer's attendance and engagement with the EACR Program;
- whether the EACR Program is on track for the EACR Program goal outlined at the time of the Intake Assessment;
- review of ongoing, or the development of any new, barriers to recovery;
- treatment recommendations; and
- discharge planning.

## 7.4 Discharge Reports

A written Discharge Report must be provided to ICBC within three business days the Customer's discharge from the EACR Program. The Approved EACR Clinic can determine the specific format of the Report, which must include:

- Customer name and date of birth
- Customer's ICBC claim number
- Date of accident
- Discharge status, indicating if the EACR Program goal was met at the time of discharge. Status must be indicated as one of the following:
  - **Goal Achieved** — Customer has reached the EACR Program goal.
  - **Goal Partially Achieved** — Customer is able to return to activities related to the EACR Program goal but with modifications. The Discharge Report must specify the Customer's current abilities, ongoing restrictions and limitations, and any implemented work/school/caregiving/activity modifications.
  - **Goal Not Achieved** — Customer is not able to return to activities related to EACR Program goal in a meaningful way, even with modifications. The Discharge Report must indicate the reason for the EACR Program goal not being reached, outline current abilities and concussion related restrictions and limitations at discharge.
- Recommendations for any ongoing concussion related treatment beyond discharge date, if applicable. This must include:
  - Treatment/Program type
  - What functional limitations the treatment would be aimed at addressing
  - Anticipated number of sessions, and
  - Anticipated treatment end date.

# 8. Remuneration and Invoicing

## 8.1 Invoice Submission

All invoices related to the EACR Program must be billed manually and submitted to ICBC by emailing invoices@icbc.com.

Approved EACR Clinics are able to use their own invoices or the ICBC invoice template form *CL392 – Health Service Provider Invoice (icbc.com).

Invoices submitted must contain fees associated with one Customer only. The invoice must contain the following information, broken down by Treatment Block:

- Vendor/Clinic name and Recovery Network Account Number
- Customer name
- Claim number
- Identification as an Early Access Concussion Recovery Program invoice
- Itemized list of each service provided (including all treatments and sessions) that specifies the date, duration and providers (practitioner types and names) of each service.
- Fees as outlined in the Billable Services section of this Guide below.

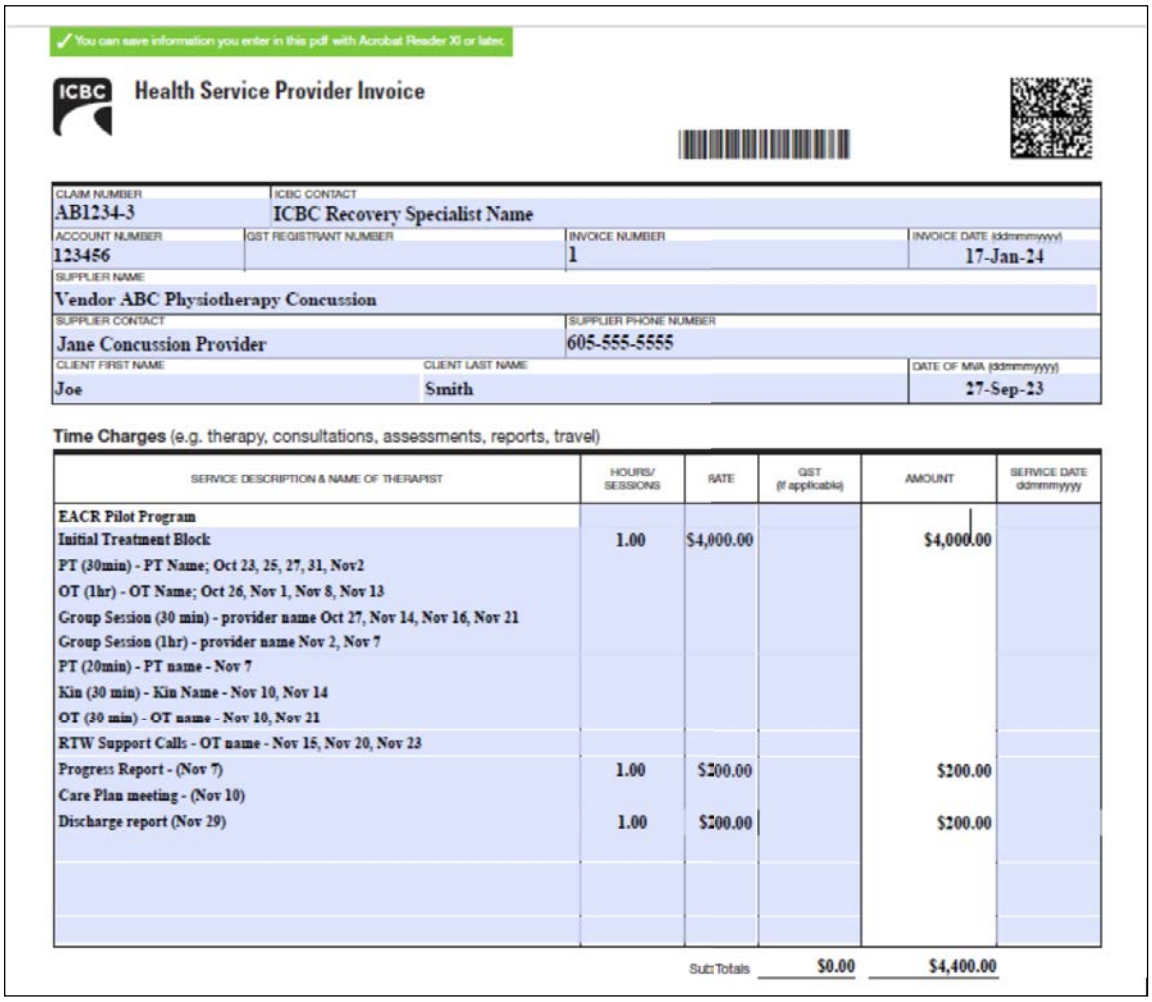
Invoices for the Intake Assessment and Report may be submitted separately from other billed services and must be sent to ICBC within 45 days of report submission.

Approved EACR Clinics must submit a single invoice for services delivered during the Initial Treatment Block, including the Progress Report and Discharge Report, as well as a JSV and JDA when authorized. This invoice must be sent to ICBC within 45 days of either the Customer's discharge date or the date of the last treatment in the Initial Treatment Block, whichever occurs earlier.

Approved EACR Clinics must submit a single invoice for services delivered during the Subsequent Treatment Block, including the Progress Report (when applicable) and Discharge Report. This invoice must be sent to ICBC within 45 days of the Customer's discharge date.

**Important:** Invoices submitted outside of the 45 day timeframe may not be paid, at ICBC's sole discretion.

Invoice Example:



You can save information you enter in this pdf with Acrobat Reader XI or later.

ICBC **Health Service Provider Invoice**

| CLAIM NUMBER | ICBC CONTACT | | |
|---|---|---|---|
| AB1234-3 | ICBC Recovery Specialist Name | | |
| ACCOUNT NUMBER | GST REGISTRANT NUMBER | INVOICE NUMBER | INVOICE DATE (ddmmmyyyy) |
| 123456 | | 1 | 17-Jan-24 |
| SUPPLIER NAME | | | |
| Vendor ABC Physiotherapy Concussion | | | |
| SUPPLIER CONTACT | | SUPPLIER PHONE NUMBER | |
| Jane Concussion Provider | | 605-555-5555 | |
| CLIENT FIRST NAME | CLIENT LAST NAME | | DATE OF MVA (ddmmmyyyy) |
| Joe | Smith | | 27-Sep-23 |

**Time Charges** (e.g. therapy, consultations, assessments, reports, travel)

| SERVICE DESCRIPTION & NAME OF THERAPIST | HOURS/ SESSIONS | RATE | GST (if applicable) | AMOUNT | SERVICE DATE ddmmmyyyy |
|---|---|---|---|---|---|
| EACR Pilot Program | | | | | |
| Initial Treatment Block | 1.00 | $4,000.00 | | $4,000.00 | |
| PT (30min) - PT Name; Oct 23, 25, 27, 31, Nov2 | | | | | |
| OT (1hr) - OT Name; Oct 26, Nov 1, Nov 8, Nov 13 | | | | | |
| Group Session (30 min) - provider name Oct 27, Nov 14, Nov 16, Nov 21 | | | | | |
| Group Session (1hr) - provider name Nov 2, Nov 7 | | | | | |
| PT (20min) - PT name - Nov 7 | | | | | |
| Kin (30 min) - Kin Name - Nov 10, Nov 14 | | | | | |
| OT (30 min) - OT name - Nov 10, Nov 21 | | | | | |
| RTW Support Calls - OT name - Nov 16, Nov 20, Nov 23 | | | | | |
| Progress Report - (Nov 7) | 1.00 | $200.00 | | $200.00 | |
| Care Plan meeting - (Nov 10) | | | | | |
| Discharge report (Nov 29) | 1.00 | $200.00 | | $200.00 | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | Sub Totals | $0.00 | $4,400.00 | |

## 8.2 Remuneration

Lump-sum payments for services provided as part of the EACR Program will be issued to the Approved EACR Clinic in accordance with the Billable Services section of this Guide. ICBC's payment to the Approved EACR Clinic will represent full compensation for the provision of EACR Program services by the Approved EACR Clinic and Provider Team, and no further amount will be payable by ICBC or the Customer in relation to EACR Program services.

The Approved EACR Clinic is fully responsible and liable for payments to the Approved Provider Team, as well as the remittance and payment to the relevant authorities in a timely and proper manner of all federal, provincial, and municipal taxes, duties or charges related to the EACR Program services. ICBC has no obligation to any individual member of the Approved Provider Team.

## 8.3 Billable Services

### 8.3.1 Core Services

| Fee | Amount | Details |
|---|---|---|
| **Intake Assessment and Report** | $650 | Intake Reports must be submitted within three business days of completing the Intake Assessment. The Intake Assessment and Report fee can only be invoiced after the Intake Report has been sent to ICBC.<br>**Important:** Delayed Intake Report submissions will result in a 10% fee reduction for each business day the Report is overdue, up to a 50% reduction. ICBC will not pay the Intake Assessment and Report fee if the Intake Report is incomplete when submitted (as determined by ICBC) or if it is submitted more than 21 business days after completing the Intake Assessment. An incomplete Intake Report must be completed and resubmitted within this 21-day time frame in order to qualify for payment.<br>The Intake Assessment and Report fee includes all activities related to the Intake Assessment, including creation and submission of the Intake Report and consultation among and by the Approved Provider Team. |
| **Initial Treatment Block** | $4,000 | Invoices for the Initial Treatment Block must be submitted during 45 days from the date of discharge, or the date of last treatment during the Initial Treatment Block, whichever is earlier. The Initial Treatment Block fee includes all services delivered during the Initial Treatment Block, including all consultations and administrative activities, but excludes a Progress Report, Discharge Report, JSV and JDA.<br>The invoice must include an itemised list of services as set out in this Guide. |

| Fee | Amount | Details |
|---|---|---|
| **Progress Report** | $200 | A Progress Report must be submitted no later than four weeks into the Initial Treatment Block. For a Subsequent Treatment Block that is six weeks in duration, a second Progress Report must be submitted within two weeks of the beginning of the Subsequent Treatment Block.<br><br>**Important:** Delayed Progress Report submissions will result in a 10% fee reduction for each business day the Report is overdue, up to a 50% reduction. ICBC will not pay the Progress Report fee if the Progress Report is incomplete when submitted (as determined by ICBC) or if it is submitted more than 21 business days after the due dates described above. An incomplete Progress Report must be completed and resubmitted within this 21 day time frame in order to qualify for payment.<br><br>The Progress Report fee is inclusive of all activities related to creation and submission of a Progress Report to ICBC, including communications and consultation among the Approved Provider Team. |
| **Discharge Report** | $200 | Discharge Reports must be submitted within three business days of Program Discharge.<br><br>**Important:** Delayed Discharge Report submissions will result in a 10% fee reduction for each business day the Report is overdue, up to a 50% reduction. ICBC will not pay the Discharge Report fee if the Discharge Report is incomplete when submitted (as determined by ICBC) or if it is submitted more than 21 business days after Program Discharge. An incomplete Discharge Report must be completed and resubmitted within this 21 day time frame in order to qualify for payment.<br><br>The Discharge Report fee is inclusive of all activities related to creation and submission of Discharge Report to ICBC, including communications and consultation among the Approved Provider Team. |

### 8.3.2 Other Billable Items

| Fee | Min/Max Time Limits | Amount | Details |
|---|---|---|---|
| **Subsequent Treatment Block** | | $500 per week, up to a maximum of $3,000 for six weeks | Invoices for the Subsequent Treatment Block must be submitted within 45 days from the date of discharge, or the date of last treatment within the Subsequent Treatment Block, whichever is sooner.<br>The Subsequent Treatment Block fee includes all services delivered during the Subsequent Treatment Block including all consultations, administrative activities, JDA and JSV, but excludes a Progress Report (when applicable) and Discharge Report.<br>The invoice must include an itemised list of services as set out in this Guide. |
| **OT Job Site Visit (JSV)** | All time spent must be billed rounded to the next tenth of an hour (i.e. 6 minute increments). Limited to the time authorized by the Recovery Specialist.<br>Only a JSV conducted during the Initial Treatment Block can be billed separately. A JSV carried out within a Subsequent Block cannot be billed in addition to the funding allocated for the Subsequent Treatment Block. | $126/hour | The Approved Provider Team must request separate authorization from the ICBC Recovery Specialist prior to providing this service.<br>This service must be provided by the OT that is part of the Core Provider Team.<br>Indirect care activities (such as charting or session preparation) are not funded as they are considered a part of the Initial or Subsequent Treatment Block, as applicable. |

| Fee | Min/Max Time Limits | Amount | Details |
|---|---|---|---|
| **OT Job Demands Analysis (JDA)** | All time spent must be billed rounded to the next tenth of an hour (i.e. 6 minute increments). Limited to the time authorized by the Recovery Specialist.<br>Only a JDA conducted during the Initial Treatment Block can be billed separately. A JDA carried out within a Subsequent Block cannot be billed in addition to the funding allocated for the Subsequent Treatment Block. | $126/hour | The Approved Provider Team must request separate authorization from the ICBC Recovery Specialist prior to providing this service.<br>This service must be provided by the OT that is part of the Core Provider Team.<br>Authorization for a JDA will not be granted if the Provider Team has not made a reasonable effort to obtain a copy of the Customer's job demands from their employer or if a copy of the Customer's job demands has already been provided by the ICBC Recovery Specialist or the Customer.<br>Indirect care activities (such as charting or session preparation) are not funded as they are considered a part of the Initial or Subsequent Treatment Block, as applicable. |
| **Travel Time (for JSV or JDA)** | Maximum 90 minutes round trip per JSV or JDA.<br>All time spent must be billed rounded to the next tenth of an hour (i.e. 6 minute increments).<br>Specific pre-authorization from ICBC must be obtained if additional time beyond the 90 minutes is required, with a clear rationale provided. | $126/hour | Travel time is only billable in limited circumstances and must be specifically authorized in advance by the ICBC Recovery Specialist.<br>Travel time may only be billed by OTs for actual travel time between the Approved EACR Clinic location and the Customer’s workplace, when required for a JSV or JDA.<br>Mileage is not funded by ICBC and cannot be charged to the Customer. |

## 8.4 OT Services

OT services provided as part of the EACR Program must be provided in accordance with the ICBC Occupational Therapy Program Guide, but must be billed as set out in the Remuneration and Invoicing section of this Guide. When providing services under the EACR Program, OTs may not bill additional OT hours for services delivered as part of the EACR Program. In the event of a conflict between this Guide and the Occupational Therapy Program Guide with respect to EACR Program services and guidelines, this Guide will prevail. If any clarification is required about services provided outside of the EACR Program, the OT should contact either recoveryprograms@icbc.com or the Recovery Specialist.

## 8.5 Prohibited Disbursements

No fee in excess of the above outlined expenses may be charged to ICBC or the ICBC Customer in relation to EACR Program services relating to an ICBC claim.

The following activities are considered by ICBC as included in the EACR Program fees, and will not be paid by ICBC as additional expenses/disbursements:

a) Additional OT services within the context of the EACR Program that are beyond what is outlined within this Guide;
b) administration fees;
c) supplies used during in-person sessions (e.g., ultrasound gel, taping, acupuncture needles, etc.);
d) postage, courier, or copying fees for reports, including attachments, and records (other than clinical records) provided to ICBC;
e) supervision or staffing (e.g., administrative support, mentorship) required for normal business operations;
f) telecommunication and long distance charges;
g) parking fees;
h) mileage;
i) transportation fees (e.g., bus passes) excluding allowable travel as authorized;
j) gym, community centre or other user or admission fees for use of facilities;
k) interest or late fees;
l) user fees; and
m) communication/correspondence time for the purpose of seeking funding decisions or for the purpose of providing feedback regarding the EACR Program.

If ICBC has rejected a funding request, the item or treatment must not be requested again unless there has been a material change in circumstances or the reason for the rejection has been addressed.

Prohibited expenses/disbursements may not be charged to ICBC Customers for ICBC Claims.

In addition, Approved EACR Clinics may not bill ICBC for EACR Program services provided without or prior to ICBC's funding authorization.

Under no circumstances can ICBC Customers be billed for unpaid or recovered fees relating to a breach of this Guide or the Health Care Direct Billing Terms.

## 8.6 Accuracy

Approved EACR Clinics and Provider Team members are all responsible for ensuring that invoices accurately represent services provided to the Customer.

# 9. Termination

## 9.1 Treatment Block Termination

ICBC retains the right to discontinue funding for a Treatment Block at any point due to Customer non-compliance. Approved EACR Clinics will be given notice of the termination of previously approved Treatment Blocks.

Payment for a terminated Treatment Block will be prorated based on the date notice is provided to the Approved EACR Clinic, and compensation for any Reports completed up to that point will also be provided. Additionally, ICBC will request a Discharge Report from the Approved Provider Team, for which compensation will be issued as outlined above the Billable Services section of this Guide.

## 9.2 Removal of Approved Clinic or Provider Team Member(s) from the EACR Program list

At its sole discretion, ICBC may remove an Approved EACR Clinic or Provider Team member from the EACR Program at any time, including but not limited to circumstances where there is a failure to adhere to this Guide. If an Approved EACR Clinic or Provider Team member is removed from the ICBC Recovery Network or their direct billing privileges are otherwise suspended or terminated, they are no longer approved to provide EACR Program services, and their participation in the EACR Program is automatically terminated.

If ICBC removes a member of the Approved Core Provider Team, when feasible, the Approved EACR Clinic should replace them with an Approved Core Provider Team Member, unless otherwise authorized by ICBC.

If an Approved EACR Clinic wishes to withdraw either themselves or a specific Provider Team member from participation in the EACR Program, they must contact ICBC at recoveryprograms@icbc.com.

Unless otherwise directed by ICBC, in the event of termination from the EACR Program, Treatment Blocks commenced prior to termination must be completed in accordance with this Guide and may be billed accordingly.

## 9.3 EACR Program Termination

ICBC reserves the right to terminate the EACR Program at any time. Any Treatment Blocks approved prior to EACR Program termination will be paid upon completion, in accordance with this Guide.

# 10. Program Feedback and Monitoring

## 10.1 Program Feedback

Approved EACR Clinic and Provider Team member's expertise and firsthand experience with the EACR Program are invaluable to ICBC. ICBC would greatly appreciate feedback and insights on various aspects of the EACR Program including, but not limited to:

- the ability to provide effective services within the EACR Program;
- the clarity of this Guide;
- how to make the EACR Program more accessible in remote and rural communities;
- types of services covered under the EACR Program;
- development of service quality standards;
- development of performance and outcome durability standards; and
- timeliness of service.

Approved EACR Clinic and Provider Team member input will play a crucial role in helping ICBC identify areas of improvement and implement changes that will benefit our mutual Customers as we develop the EACR Program.

Please email feedback to recoveryprograms@icbc.com.

Time spent providing feedback is not billable.

## 10.2 Program Monitoring

As part of the EACR Program, ICBC is tracking and monitoring EACR Program results in order to inform future changes and opportunities.

Approved EACR Clinics may be requested to disclose clinical records and Customer appointment reservation details for the purpose of ICBC garnering additional insights into the outcomes of the EACR Program. Kindly note that no compensation will be provided in exchange for this data. The gathered information will not be disclosed to the Recovery Specialist, nor will it be utilized for claim management purposes.

# 11. General

## 11.1 Email Notifications

The Approved EACR Clinic agrees to receive updates by email and notifications relating to policy, process, fees, and any other information deemed by ICBC to be appropriate for distribution and related to the EACR Program.

## 11.2 Notification of Amendments

ICBC may, at its sole discretion, amend the Health Care Direct Billing Terms, this Guide or the Partners Page, in the manner outlined in the Health Care Direct Billing Terms. The Approved EACR Clinic and Provider Team members are responsible for regularly reviewing the Partners Page to be up to date with any amendments. The provision of EACR Program services after any amendments become effective constitutes agreement to be bound by the amendments without limitation or qualification. The Approved EACR Clinic is responsible for notifying ICBC in a timely manner of any contact information changes. ICBC is not responsible for any communication that was not received for any reason. Amendment(s) will apply regardless of whether the Approved EACR Clinic receives the communication or has knowledge of the amendment(s). The Approved EACR Clinic and Provider Team members are responsible for contacting Recovery Programs if they have any questions or need clarification with respect to any amendment.