Guide: Completing SA CTP Allied Health Management Plans

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Introduction

Allied Health Management Plans are completed by allied health providers treating injured people with a SA CTP claim for physical and psychological injuries sustained in motor vehicle accidents. Management plans are sent to the CTP Insurer managing the injured person's claim and contain valuable information which assists the insurer in supporting the injured person's recovery. Management plans allow the insurer to make timely, reasonable and necessary funding decisions, and to proactively progress the claim to completion.

It is encouraged that allied health providers maintain up-to-date management plans at all times, or as requested by the insurer. This assists with facilitating the injured person's recovery and return to usual activities (including work, if applicable), and also ensures payment for services will be made. It is important that these management plans are developed with the injured person, and allied health providers are encouraged to communicate with the insurer and the injured person regarding their recovery progress.

The SA CTP Framework for Injury Recovery and Early Intervention, available at www.ctp.sa.gov.au/for-health-providers/, provides further guidance on the principles for supporting effective injury recovery, including reasonable and necessary treatment considerations and your responsibilities as the treatment provider. This Framework forms the basis on which the management plans are developed.

In recognition that the management plans are comprehensive, the Regulator provides a fee structure to adequately remunerate allied health providers for completing management plans. The fee schedule provides remuneration at a higher rate than the ReturnToWorkSA fee schedule and can be found on our website, www.ctp.sa.gov.au/for-health-providers/allied-health-management-plans.

Please note that the higher fee schedule rate relates to management plan fee items only, for all other services the ReturnToWorkSA fee schedule is still applicable.

Completing Allied Health Management Plans

Management plans can be completed and submitted online. Benefits of using online management plans include:

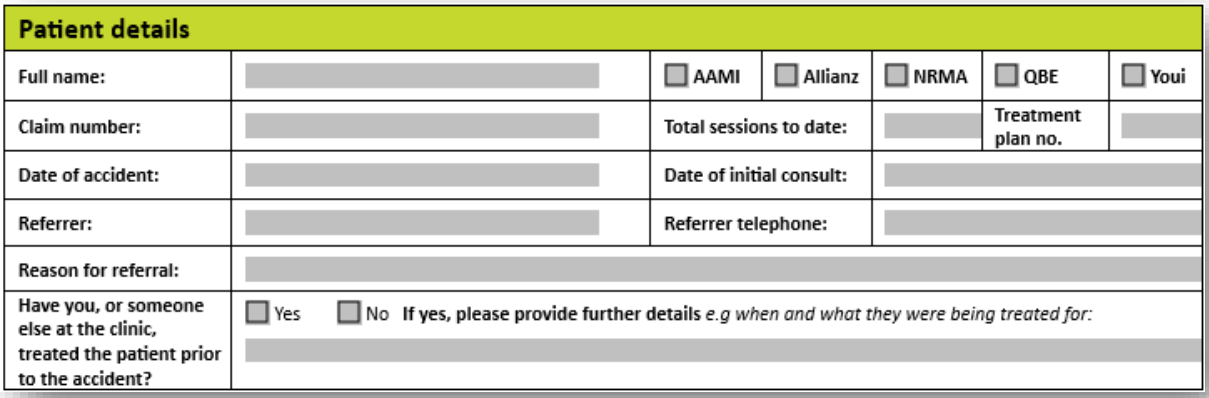
- early funding decisions to support improved recovery outcomes for injured people
- automatic email notification of the insurer's decision to the allied health provider and injured person
- quicker submission to the insurer, as the management plan is integrated into their claims management system, enabling a more streamlined process from submission to funding decision
- ability to upload supporting documents such as medical reports or referrals
- elimination of administrative steps such as scanning and faxing, and paper use.

There are also fillable Word versions of the management plans. Both the online and Word formats can be accessed from the Regulator's website at www.ctp.sa.gov.au/for-health-providers/allied-health-management-plans.

This document should be used only as a guide on how to complete management plans and explains what type of information is requested and why this information is beneficial for the injured person and the insurer. The guide is not exhaustive and focuses on key sections of the management plans where further guidance may be needed. If you need clarification on what specific information is required, speak with the insurer as they are best placed to advise what information or evidence is required.

Patient details

This section captures information about the patient, their claim details and a snapshot of their treatment at the clinic. Please ensure that all applicable fields are completed accurately.



Patient details						
Full name:		☐ AAMI	☐ Allianz	☐ NRMA	☐ QBE	☐ Youi
Claim number:		Total sessions to date:			Treatment plan no.	
Date of accident:		Date of initial consult:				
Referrer:		Referrer telephone:				
Reason for referral:						
Have you, or someone else at the clinic, treated the patient prior to the accident?	☐ Yes ☐ No **If yes, please provide further details** *e.g when and what they were being treated for:*					

Total sessions to date:

Provide the total number of sessions the patient has attended since the accident at the time of completing the management plan. You may break this down by type of session i.e. physiotherapy, hydrotherapy, group therapy. Providing this information allows you to keep track of how much treatment the patient has had and makes it easier for the insurer to identify and consider.

Referrer details:

Providing the details of the referrer will assist the insurer with identifying other treatment providers that they may be unaware of. Knowing all providers involved in the patient's care enables the insurer to obtain the relevant information needed to support the patient's recovery and progress their claim.

Prior treatment at the clinic:

If the patient has attended to any treatment at your clinic prior to the accident, provide brief details of that treatment here, including the periods they attended and for what they were being treated. Providing this information ensures that you are aware of any relevant pre-existing conditions that may not have been disclosed to you. It also provides the same information to the insurer so that they can proactively determine whether they need to obtain any additional information to manage the claim appropriately.

Injury details

This section captures information about the patient's injuries/ conditions, including those related to the accident, pre-existing conditions, biopsychosocial factors impacting the patient's recovery and concurrent treatment.

Injury details	
Patient reported injuries: *(as a result of the accident)*	
Provider's diagnoses:	
Pre-existing conditions:	
Relevant psycho-social factors impacting recovery:	
Actions taken for the above psycho-social factors:	
Other treatment being undertaken: (if known include type, duration and provider names)	

Patient reported injuries:

Provide details of **all** injuries reported by the patient **they** consider related to the accident. This will help the insurer understand the full extent of the injuries in a timely manner.
Note: this section is only relevant to the Physical management plan.

Provider's diagnoses:

Provide your clinical/provisional diagnosis for **all injuries you are treating**. If unable to provide a diagnosis, simply provide details of the nature of the injury.

Relevant psychosocial factors impacting recovery:

Provide details of all relevant biopsychosocial factors you consider are impacting on the patient's recovery, and any actions you have taken to address these factors. There is no need to include factors not impacting on the patient's recovery.

Providing this information assists the insurer with identifying any additional support the patient may need to assist with their recovery. This is in line with principle two (adopting a biopsychosocial approach) of the *Clinical Framework for the Delivery of Health Services*.

Other treatment being undertaken:

Provide details of all other current treatment being undertaken by the patient, **whether related to the accident or not.** If known, provide as much detail as possible, including how long they have been undertaking the treatment and the names of the treatment provider(s).

Obtaining these details from the patient will enable you to work collaboratively with other treatment providers and assist the insurer in identifying providers they may require additional information from to support the patient's recovery and progress the claim.

Clinical examination findings

This section captures valuable information about your most recent clinical examination of the patient, which may assist the insurer and other treatment providers to better understand how the patient's injuries/conditions are presenting to you.

Clinical examination findings	
Date of most recent examination:	
Most recent clinical objective findings: *e.g. range of motion, muscle testing, special tests etc.*	

Provide the date and details of the objective findings from your most recent clinical examination. This can include any physical testing you undertake to assess and monitor progress, such as range of motion, muscle testing and special tests, or observations about the presentation of a mental health condition (Psychological management plan only).

This information is helpful to the insurer and other treatment providers in understanding how the patient is presenting, what progress they have made over time and their functional ability to be able to support their recovery and progress their claim. Providing this information is in line with principle one (measure and demonstrate the effectiveness of treatment) of the *Clinical Framework for the Delivery of Health Services*.

Outcome measures

This section captures current and previous outcome measure scores, as well as a snapshot of whether the outcome measure score has improved. The *SA CTP Framework for Injury Recovery and Early Intervention* contains commonly used clinical outcome measures, refer to page 16.

In line with principle one (measure and demonstrate the effectiveness of treatment) of the *Clinical Framework for the Delivery of Health Services*, outcome measures that are reliable, valid and sensitive to change can assist with measuring and demonstrating the effectiveness of treatment.

Outcome measures					
Outcome measures recommend >2	Previous (☐ tick if first plan)		Current		Improved from previous plan
	Date	Score	Date	Score	
1.					☐ Yes ☐ No
2.					☐ Yes ☐ No
3.					☐ Yes ☐ No

It is encouraged that you include at least two outcome measures and monitor the changes over time to assist with determining if current treatment is effective. This assists you and the insurer with proactively determining if and when the patient may benefit from alternative treatment or additional support with their recovery. Outcome measures also enable the patient to track their own recovery progress.

Capacity for activities

This section captures information about the patient's pre-injury and current capacity in relation to their employment (if applicable) and their usual activities. Understanding a patient's usual pre-injury activities and developing a treatment plan that actively works towards returning them to these activities is beneficial for their recovery outcomes.

Capacity for activities		
	Pre-injury capacity/status Describe what the person did prior to the injuries caused by the accident	**Current capacity/status** Describe what the person is doing now, with any limitations
Employment: *(if applicable)* Occupation, tasks, days/hours		
Usual activities: Activities of daily living, leisure activities, hobbies, etc.		

Employment (if applicable):

Obtain and provide information about the patient's pre-injury employment and their current capacity. Include details such as their occupation, hours of work and a brief summary of their tasks, as well as any current limitations to their pre-injury status.

When providing information about the patient's current capacity/ status, this should represent their actual capacity/status, not your recommendation about what they can/should be doing.

Obtaining and providing this information should assist with your rehabilitation planning and getting your patient back to their usual duties in a safe and sustainable manner. This information helps the insurer identify any areas the patient may require personalised support with in achieving their return-to-work goals. The patient's other treatment providers, such as general practitioner, may also benefit from having this information.

Usual activities:

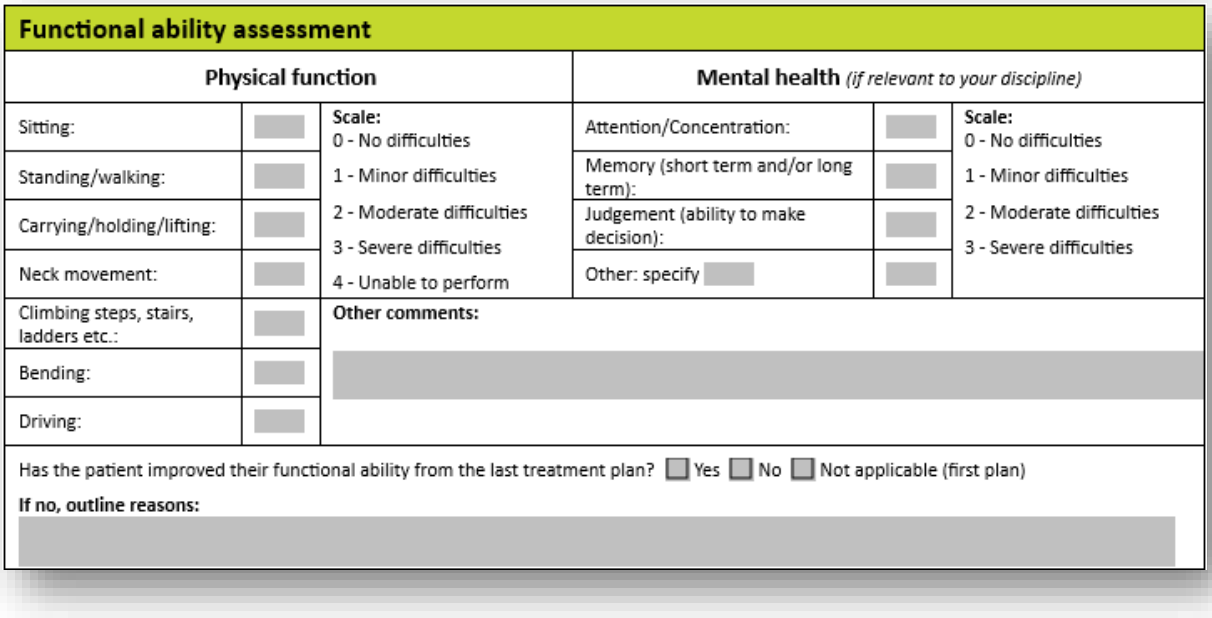
Obtain and provide information about the activities the patient was doing prior to the injury, that have been impacted. Activities may include activities of daily living, sports, hobbies, leisure and recreational. Include details of these activities and any current limitations to performing them.

When providing information about the patient's current capacity/status, this should represent their actual capacity/status, not your recommendation about what they can/should be doing.

Obtaining and providing this information assists with rehabilitation planning and getting your patient back to their usual activities in a safe and sustainable manner. This information helps the insurer identify any areas the patient may personal further support in returning to their usual activities. The patient's other treatment providers, such as general practitioner, may also benefit from having this information.

Functional ability assessment

This section captures information about the patient's functional abilities to perform everyday physical and mental tasks in a way that can make it easier to track progress over time. Understanding a patient's functional abilities and limitations can assist with treatment planning and restoring their function.



Functional ability assessment

Physical function			Mental health *(if relevant to your discipline)*		
Sitting:		**Scale:** 0 - No difficulties 1 - Minor difficulties 2 - Moderate difficulties 3 - Severe difficulties 4 - Unable to perform	Attention/Concentration:		**Scale:** 0 - No difficulties 1 - Minor difficulties 2 - Moderate difficulties 3 - Severe difficulties
Standing/walking:			Memory (short term and/or long term):		
Carrying/holding/lifting:			Judgement (ability to make decision):		
Neck movement:			Other: specify		
Climbing steps, stairs, ladders etc.:		**Other comments:**			
Bending:					
Driving:					

Has the patient improved their functional ability from the last treatment plan? ☐ Yes ☐ No ☐ Not applicable (first plan)

If no, outline reasons:

Physical function:

Provide your assessment of the difficulties the patient has performing the various functional activities, using the provided scale of 0-4. Providing this information may be beneficial for the insurer and the patient's treatment providers in identifying areas where the patient may need additional support and ensure they can complete their work and/or daily activities in a safe manner.

The 'other comments' section allows you to provide additional information or further clarification.

Mental health (if relevant to your discipline):

This section may only be relevant if your discipline involves treating the mental health aspect of the patient's recovery i.e. Psychologist, Neuro-Physiotherapist, Occupational Therapist. Provide your assessment of the difficulties the patient has performing the various mental

functions, using the provided scale of 0-3. Providing this information may be beneficial for the insurer and the patient's treatment providers in identifying areas where the patient may need additional support and ensure they can complete their work and/or daily activities in a safe manner.

The 'other comments' section allows you to provide additional information or further clarification.

Functional ability improvement:

If this is not the first management plan, indicate whether the patient's functional abilities have improved. This information enables the insurer to easily identify whether treatment is beneficial and if the patient is making functional improvements in their recovery. If improvement has not been made, provide your reasons. Providing reasons gives the insurer insight into additional support requirements the patient may need for their recovery.

Goals, self-management and discharge

This section captures information about the patient's treatment goals, progress with their goals, and how and when they are going to be achieved. Setting and working towards achieving SMART goals with the patient ensures they are involved and engaged in their recovery, ultimately leading to improved outcomes.

Goals

Has the patient achieved the goals from the last treatment plan? ☐ All goals achieved ☐ Some goals achieved ☐ No goals achieved ☐ Not applicable (first plan)

If *Some* or *No* goals achieved, outline reasons:

SMART Goals *Include functional employment and/or usual activity goals*	**Estimated date of achievement**	**Specific in clinic treatment type** *e.g. soft tissue therapy, exercise, needling, education etc.*
1.		
2.		
3.		

Self-management strategies provided to the patient *e.g. home exercises, ADL management, return to work recommendations etc.:*

Estimated discharge date:

Goal progress:

If this is not the first management plan, indicate whether the goals from the previous management plan have been achieved. If goals have not been achieved, provide reasons why. This information allows all stakeholders to easily track progress with the goals, as well as whether current treatment is beneficial and identifying any barriers achieving the goals. If goals have not been achieved within the initial timeframe, providing reasons gives the insurer insight into additional support requirements the patient may need for their recovery.

SMART goals:

With the patient, identify and set SMART (specific, measurable, achievable, relevant, timed) goals that focus on optimising function and participation in work and/or usual/leisure activities. Provide details about in-clinic treatment and self-management strategies provided to the patient that will assist with achieving their goals and managing their recovery.

This information enables all stakeholders to clearly see there is a treatment plan in place, what the goals are and how the patient is being supported. Providing this information is in line with principles three (empower patients to manage their injuries) and four (set clear goals to optimise function, participation and return to work) of the *Clinical Framework for the Delivery of Health Services*.

Discharge date:

This is the date you estimate the patient will be discharged from your care. Providing this estimated date assists the insurer with future planning, estimating, and other important claims management functions, which may help streamline the claim process for the patient.

Injury recovery interventions funding request

This section captures information about the treatment you are recommending and requesting pre-approval from the insurer for. Utilising the management plan to obtain approval for treatment funding not only provides confidence that the insurer will pay for the treatment but also provides the insurer with most of the information they need to determine whether the request is reasonable and necessary, thus streamlining the process.

To find out more about reasonable and necessary considerations, refer to page 7 of the *SA CTP Framework for Injury Recovery and Early Intervention* and principle five (based treatment on the best available evidence) of the *Clinical Framework for the Delivery of Health Services*.

Injury recovery interventions funding request			
Service type *e.g. standard consult, group sessions etc.*	**Number of sessions**	**Timeframe** (estimate)	**RTWSA fee schedule item no**
		Start date: End date:	
		Start date: End date:	
		Start date: End date:	
Aids & equipment type	**Cost**	**Clinical reasoning**	

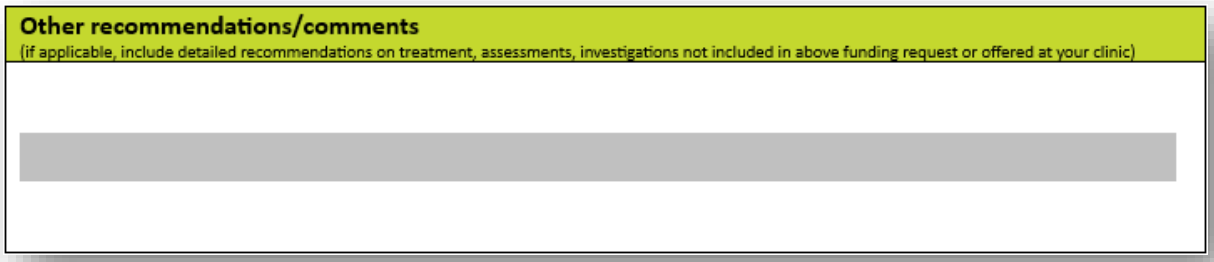
In this section, provide details of the treatment you are requesting funding for, including:

- the type of service e.g. standard/extended consult, group, hydrotherapy, exercise sessions etc.
- the number of sessions for each service type
- the estimated timing over which you expect to use these sessions. If you are unsure, speak with the insurer about how often they would like an updated plan
- the RTWSA fee schedule item number - https://www.rtwsa.com/service-providers/provider-registration-and-payments/fee-schedules
- details of any aids/equipment requested, along with their cost and how it will assist with the patient's recovery.

Providing this level of detail aims to improve invoicing and payment processes so that you and the insurer are clear about which services and associated fees are being requested/ funded. This will avoid any confusion or ambiguity around what services are requested and the costs involved. It also helps insurers with claims management functions that support the patient with their injury recovery.

Other recommendations/comments

This section allows you to provide any further information to the insurer for attention and consideration. Use this section to make any additional recommendations or comments you wish to flag with the insurer that would assist with the patient's recovery e.g. other treatment, care or support not offered at your clinic, case conference etc.



Allied health provider details

This section captures your details, as well as acknowledgements and declarations. It is important to involve the patient in the development on the management plan so that they are engaged and kept informed of their treatment outcomes, progress and plans. A copy of the management plan should also be provided to the patient if requested.

The end of this section includes the emails for each insurer. Ensure the management plan is sent to the right insurer and include the patient's CTP claim number in the subject line to ensure it gets directed to their claim.

CTP INSURANCE REGULATOR

Allied health provider details

Provider name:			
Practice name & address:			
Profession of provider(s):			
Registration number (if applicable):			
Contact details	Phone:	Fax:	Email:
The patient has been involved in the development of this management plan			☐ Yes
A copy of this plan has been provided to the patient			☐ Yes

☐ I declare that I am a registered health practitioner and that the information provided here is true and correct to the best of my knowledge.
☐ I agree that CTP Insurers may contact me should any of the above information require clarification.

Date:

Please forward the completed plan, copies of medical referrals/correspondence and outcome measures directly to the relevant CTP Insurer below and ensure the patient name and claim number are included in the subject line:

Insurer:	AAMI	Allianz	NRMA	QBE	Youi
Email:	sactpclaims@aami.com.au	claimssactp@allianz.com.au	piclaims@iag.com.au	myctpclaim@qbe.com	ctpclaims@sa.ctp.youi.com