

Treatment Notification Plan: Allied Health

EML is the claims management agent of ACT Government, a licensed self-insurer under the Safety, Rehabilitation and Compensation Act 1988 (SRC Act).

A Worker has been referred to you for treatment to assist in their recovery following their workplace injury.

Liability for medical treatment is considered under the provisions of Section 16(1) of the SRC Act, which notes:

Where an employee suffers an injury, the relevant authority is liable to pay, in respect of the cost of medical treatment obtained in relation to the injury (being treatment that it was reasonable for the employee to obtain in the circumstances), compensation of such amount as the relevant authority determines is appropriate to that medical treatment.

The Clinical Framework for the Delivery of Health Services is taken into consideration when reviewing treatment plans for approval. Please ensure that the treatment being requested and delivered addresses the following principles:

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

For further information regarding the Clinical Framework for the Delivery of Health Services, please visit the Comcare website [Clinical Framework for the Delivery of Health Services \(comcare.gov.au\)](https://www.comcare.gov.au)

What you can do to assist

- Complete all fields within the treatment plan in line with the Clinical Framework for the Delivery of Health Services. Providing detailed and well-reasoned treatment requests will assist to expediate the review process.
- Complete the treatment plan and email to EML prior to completion of the approved treatment sessions. Discussing the plan with EML and forwarding the new plan prior to completion of the last approved session may help to reduce unnecessary delays
- Review treatment with the referring doctor on a regular basis. Please ensure that correspondence sent to the referring doctor is also forwarded to EML
- Where there are multiple treatment providers involved, engage with all providers, ensuring treatment goals and expectations align
- Note that EML are not liable to pay any invoice associated with non-attendance of treatment or if prior approval has not been sought. You are able to bill for the completion of the treatment notification plan or a review treatment plan. Please invoice in line with rate for your state or territory. These payment rates are updated every year and can be found here [Rates for medical and allied health treatment | Comcare](#)
- Should further treatment be required beyond that outlined within this plan, please contact EML to discuss the ongoing treatment requirements prior to completing an updated plan
- When treatment finishes please provide a brief discharge report and your account for prompt payment
- If you have any questions, please contact EML on 1800 365 227 or email at actg@eml.com.au

Treatment Notification Plan: Allied Health

Initial Ongoing Final

Worker Details

Name: _____ Claim Number: _____
Date of Injury: _____ Date of Birth: _____

Provider Details

Plan number: _____ Date: _____
Number of treatments to date: _____ Date of initial treatment: _____
Name: _____ Contact: _____
Provider type: _____ Signature: _____

Other Treatment Providers Involved

Provider details: _____
Last clinical discussion and agreed actions: _____

Injury/Condition Details

Injury/Condition/Area being treated: _____
Self-reported presentation: _____
Clinician reported presentation: _____

Treatment Details

Treatments requested (max. 8 per TNP): _____
Frequency of treatment (weekly/fortnightly/monthly): _____
Type of treatment requested: _____
Anticipated discharge date: _____
Plan completed in consultation with Client _____ Date: _____
To assist with progressing treatment and recovery I would like to request a case conference Yes No

Goals and Barriers

Goal 1:

Expected timeframe for this goal to be achieved? Is there a stepped approach?

How is this goal being measured to show progress?

Barriers to achieving this goal:

Strategies proposed to address barriers:

Goal 2:

Expected timeframe for this goal to be achieved? Is there a stepped approach?

How is this goal being measured to show progress?

Barriers to achieving this goal:

Strategies proposed to address barriers:

Goal 3:

Expected timeframe for this goal to be achieved? Is there a stepped approach?

How is this goal being measured to show progress?

Barriers to achieving this goal:

Strategies proposed to address barriers:

Other Barriers and Strategies

Other identified barriers and strategies to address these barriers:

Details of any non work related or pre-existing factors directly relevant to the accepted condition/injury

What is your plan for moving toward independent management?

Capacity Details – outline capacity and improvements

	Pre Injury Capacity:	Capacity at initial assessment or last plan:	Current Capacity:
Work (occupation, tasks, days/ hours worked)			
Home (self-care, domestic, caring, leisure)			

Other comments:

Outcome Measures

Include results of any assessments, formal testing or investigations undertaken since referral or last plan (whichever is later):