

IWA-FOREST INDUSTRY LTD
PLAN
&
EVERGREEN RMS

REHABILITATION
SERVICES

CONIFER – October 20, 2016



Steve Matovic, Director, LTD Benefits & Rehabilitation

Angeline Donald, Rehabilitation Counsellor

Who Are We?

Steve Matovic – Burnaby office: Director of LTD Benefits & Rehabilitation

Seven Rehabilitation Counsellors Serving B.C.

- Angeline Donald – Prince George office: Central Interior, Northeast & Big River SK
- Cliff Dundas – Southern Vancouver Island & the Highway 16 corridor from Vanderhoof to Houston
- Gordon Philip – Burnaby office: Southern Interior & Cariboo CPP Disability Appeals
- Lincoln Cundiff – Penticton office: Southern Interior and the Kootenays
- Gabriel Horvath – Burnaby office: Southern Interior & Quesnel
- John Kim – Burnaby office: Lower Mainland & Squamish
- Brian Lukyn –Comox office: Northern Vancouver Island, Central & North Coasts, CPP Disability Appeals

Rehab Counsellors: experienced, qualified, responsible & connected

- 7 rehab counsellors (100+ years of IWA-FI rehab service) with solid qualifications & values
- Hands-on case management, counselling, organization of rehab services & RTW
- The biopsychosocial model is used to address the whole person & the social/work context
- Regional counsellors to support relationships with: employers, USW, rehab providers, community resources & medical professionals

Research confirms Rehab Professionals are key to RTW Success

“Rehabilitation and occupational health professionals can be key to RTW success because they are a bridge between the workplace and the healthcare system. These professionals are able to communicate with health specialists, to visit worksites to assess RTW conditions, and to offer tailored advice that is sensitive to the workers’ immediate work environment.”

Franche et al, Institute for Work & Health, 2004

Solid LTD Administrative Support

- Excellent coordination of early rehab referrals to the counsellors
- Prompt early rehab contact letter sent with rehab brochure & member rights enclosed
- Efficient handling of rehabilitation expenses to support members’ recovery plans
- Supported transition from WI to LTD for members with a severe or extended disability

What Is Rehabilitation?

- Rehabilitation is a process to promote the recovery of a person disabled by illness or injury
- Rehabilitation aims to increase the readiness for a person affected by disability to return to important life roles including suitable work
- Each person is ultimately responsible for engagement with their own rehabilitation plan

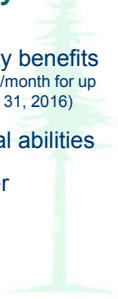
What is a Disability?

- A physical and/or mental impairment that prevents or restricts a person's normal activities and important life roles
- An impairment is a person's loss of normal psychological, physiological, or physical function



Some Effects of Disability for Members

- Less money when receiving disability benefits (WI \$2760/month, EI sickness amount max. \$2327/month for up to 15 weeks after WI, LTD \$2300/month since July 31, 2016)
- Limited/restricted work & recreational abilities
- Loss of the person's role as a worker
- Strain on the member's family
- Increased stress levels



Some Possible Long Term Effects of Disability for Members

- May develop a sense of loss of control over life
- Loss of privacy
- Reliance on the medical system which may include long delays and uncertainty
- Reliance on payments from disability plans



When do Rehabilitation Services get Involved?

- Rehabilitation services are offered to members during the short term disability (weekly indemnity) period, but their participation is voluntary
- During the LTD period the timing and extent of rehabilitation services offered to members depends on their level of recovery and the claim category. Member participation is required if rehabilitation is medically supported

Early Rehabilitation Services

- BC Life refers members of the NIFIBP for rehabilitation services after 4 weeks of WI (STD)
- NIFIB has contracted for services with the Evergreen RMS since January 2014
- Evergreen RMS is a society that is a subsidiary of the LTD Plan to deliver rehab services to members of H&W Plans on a cost recovery basis

Research supports early Rehab Involvement at 4 to 6 weeks

The start of the sub-acute stage of recovery is the “sweet spot” to assess members for rehab needs. Sub-acute: runs 4-12 weeks post-onset

“The connection of clinical interventions to a workplace goal in the sub-acute phase is critical for safe and timely return to work”

Brooker et al, www.qp.gov.bc.ca/vcwcr/research/brooker-disability.pdf

Why Early Rehab Contact at the Sub-Acute stage (4 to 6 weeks)?

“There should be a Gateway that a) identifies workers after about six weeks sickness absence, b) directs them to appropriate help, and c) ensures the content and quality of the interventions provided.”

From a U.K. based task force on vocational rehab that considered 450 scientific reviews & reports most published between 2000-2007
Waddell et al, Vocational Rehabilitation What Works, For Whom, and When?

Research: Timing & Continuity of Rehab

- Most workers within the first six weeks of sickness absence, need work-focused healthcare coupled with proactive workplace management.
- A minority of workers (5 to 10%), who are having difficulty returning to work after about six weeks sickness absence, need a structured vocational rehabilitation intervention.
- The long-term incapacitated, who are about 6 months out of work need an intervention that can address the substantial personal and social barriers, including help with re-employment.

Waddell et al, Vocational Rehabilitation

Current Rehabilitation Practices

- Non-adversarial rehabilitation promotes members' trust to work with rehab counsellors
- Members referred by WI plans at 4 weeks disability
- Rehab Guidelines: A legacy of best practices from CARF accreditation from 2012 to 2015 included in the LTD Trustee's Orientation Manual
- Seamless rehab contact for members from WI to LTD

Non-adversarial Rehabilitation

- Informed consent from members to participate in rehabilitation lays a foundation for trust
- Rehab Counsellors act in the member's best interest, within limits
- Commitment Agreements developed in cooperation with members during LTD
- *VRA Canada Code of Ethics*
- *Rights of Members Receiving Rehabilitation*

Rights of Members receiving rehabilitation services

- Be treated with dignity and respect
- Be informed of the rehabilitation benefits and services available to you
- Ask questions and receive appropriate and satisfactory explanations
- Be heard and listened to with understanding and encouragement
- Fully participate in developing and achieving an individual rehabilitation plan

Rights of Members receiving rehabilitation services cont.

- Have your records protected by confidentiality and know the limits of confidentiality
- Have access to your records with appropriate authorization
- Exercise freedom of choice and make informed decisions when electing to accept or decline services
- Be free to report complaints and appeal decisions and have access to advocacy

Activation of Members during STD

- Attending the recreation centre, pool or yoga
- Attending classes or courses for mental activation
- Reconnecting with the employer or union local
- Accessing the Employee Family Assistance Program or other counselling
- Developing a plan for a return to suitable employment appropriate for their abilities

Note: there is no age limit for early rehab referrals

Why is Early Activation Important?

- Workers need to continue to do what is in their control to stay active within safe limits
- Promotes overall health and wellness to have the best chance for recovery
- Activity is important to maintain both mental health and physical strength and function
- Rehabilitation can only be successful to the extent the worker engages and participates

Members Returning to Work

- Following medical recovery, members' return to work efforts are supported and encouraged
- The first priority is returning members to their own job and same employer in the forest industry
- Members are supported to work outside the forest industry only after options to return to their own employer have been ruled out

The Return to Work Hierarchy

- 1The member's pre-disability job and employer
- 2 An alternative/modified job at the same employer
- 3 A job with a different employer in the forest industry
- 4 A job with a different employer in any industry
- 5 Retraining for a new job outside the forest industry

Tools to Assist Members to Return to Work in the Forest Industry

- Functional Capacity Evaluations
- Job site evaluations
- Work conditioning or occupational rehabilitation programs
- Counselling for mental health problems
- Graduated return-to-work schedules
- Modified duties (temporary or permanent)

Rehab Contact with Employers

- Relationships build trust to support RTW
- Counsellors confirm job availability, job demands & identify concerns
- Counsellor needs to understand the shifts, transportation needs, job requirements, and procedures for clearance for RTW
- Familiarity with EFAP & extended health benefits available to support recovery

How can employers support RTW?

- Focus on supporting the worker's recovery & maintain contact to encourage eventual RTW
- Encourage to work with the rehabilitation counsellor from Evergreen
- Focus on the worker's level of function and the key functional demands of the job
- Modified duties or graduated schedule help to support earlier and safer RTW

Employer Best Practices for Disability Management

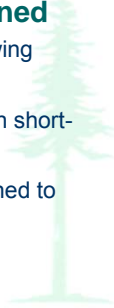
- Have a policy to support RTW practices with education for staff and workers on expectations
- Training for staff on issues such as mental health first aid, and respectful workplace behaviors
- Support awareness of your EFAP program
- Contact your rehab counsellor from Evergreen

Evidence of Successful Rehab

- Evergreen Rehab Outcomes Reports to H&W Plans confirm excellent RTW results: 75% of members RTW before 26 weeks of WI
- Reductions in the number of members on LTD
- Decreased rehabilitation costs for the LTD Plan
- Positive Rehab Member Satisfaction Surveys

Return to Work Outcomes 2015 Evergreen & LTD combined

- **517** members returned to work following referral for rehabilitation services
- **443 or 86%** returned to work while on short-term disability (WI) benefits
- **74 or 14%** were members who returned to work from LTD claims

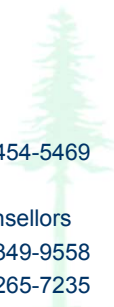


Rehab Contacts

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cliff.dundas@iwafibp.ca Ph. 778-265-7235
gordon.philip@iwafibp.ca Ph. 604-454-5487



Questions ?



What is the IWA - Forest Industry Long Term Disability (LTD) Plan?

➤ Jointly Funded Union & Multi-Employer Trust

- A negotiated legal arrangement where the member employees and employers have authorized the Board of Trustees to manage the assets (contributions and investment income) for the benefit of the eligible employees

➤ A Self-insured Plan, where the benefit payments to members are not insured by an insurance company

What is the Purpose of the LTD Plan?

- Provides monthly payments; with medical, extended health & dental benefits to members who have been disabled for at least 26 weeks
- Set up to cover illness and injuries on and off the job for members of the Plan (after completion of WI and/or WCB wage loss benefits)
- Rehabilitation services are provided to members during both WI (STD) & LTD periods

Who does the Plan Cover?

- The forestry workers who belong to the USW Wood Council and work for a BC*company that participates in the LTD Plan
- Approx. 11,300 active members participating in the Plan
- Approx. 730 members receiving LTD benefits (6.5% of the workforce)

* Note: Carrier Lumber, Big River, SK is the one exception

Application Procedures

- Members on WI should receive an LTD application package by mail in the 5th month
- When a member's WCB wage loss ends, it is the member's responsibility to contact the LTD Plan and to provide a copy of the WCB decision letter



EI Sickness Benefits

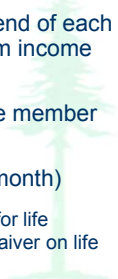
- LTD Plan requirement for a member to apply for EI sickness or confirm ineligibility
- Apply at a local Service Canada office or on-line (www.servicecanada.gc.ca)
- Normally paid for 15 weeks
- No LTD payments during this period, but collateral benefits are provided if approved
- Should apply 2 weeks before WI ends



Benefits for Members on LTD

- Maximum payment of \$2300* at the end of each month less any offsets (10% minimum income tax deducted)
- Extended Health, Dental, MSP for the member and eligible dependents
- IWA pension credits (125 hours per month)

Note: While on LTD, a member is covered for life insurance by their H&W Plan. There is a waiver on life insurance premiums during LTD.

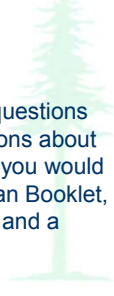


For Additional LTD Information

You can visit our website at:

www.iwafibp.ca

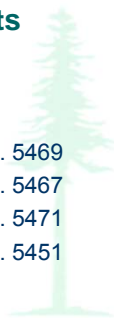
Our website has a frequently asked questions (FAQ) section with answers to questions about LTD benefits. From the LTD website you would be able to download a copy of the Plan Booklet, the Rehabilitation Services pamphlet and a number of commonly used forms



LTD Administration Contacts

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DISABILITY MANAGEMENT

Making a difference with disabilities

A look at 3 key steps crucial to successful disability management

By Dan Licoppe and Samia Jarjoura

Most human resources professionals are fairly familiar with the concept of disability management, probably because of increasing disability and absence-related costs. In 2013, the Conference Board of Canada estimated absenteeism expenditures in the Canadian economy were \$16.6 billion annually, and rising, and of course there are indirect costs related to absence and disability.

Trying to measure costs and implement best practices can be a complicated process, involving numerous steps and several stakeholders. The good news is there are three key steps that will improve results, along with the experiences of employees and managers involved in the disability management process:

- Expand your understanding of disability.
- Assist employees in a safe return to work, as opposed to trying to prove whether they're disabled.
- Create a culture where workers feel they're able to return to work.

Disability not a medical concept
This can be a difficult concept to grasp. When this information is shared with HR professionals during presentations, they typically respond with incredulous looks and challenging questions. This is completely understandable as, on the surface, this statement seems incongruent. To understand this, we need to differentiate between impairment and disability.

Impairment is a loss of a body part, function or an alternation of health status, which is assessed by medical means, usually through a physician. In addition, physicians diagnose and treat medical conditions or illnesses.

Disability is essentially an alteration in an individual's ability to meet personal, social or occupational demands due to impairment. Disability is a complicated psycho-social problem that extends far beyond the illness or impairment.

Many factors contribute to this complexity including an individual's self-efficacy, his values or beliefs, his relationship with the employer, economic factors, the availability of modified work, as well as an employer's policies and practices, cultures and values.

Viewing disability from this perspective is particularly critical to ensure a disability management program avoids an over-reliance on a "medical case management" model. In this model, stakeholders (employers, workers' compensation boards and disability insurers) rely on physicians to determine whether an employee is disabled or not.

Thus begins an endless loop of having to write physicians for updates and "clearance" as to when an employee will be able to return to work in some capacity. It can be frustrating and typically correlates to longer durations of disability.

Research has shown physicians' perspectives on disability echo this frustration. And the Ca-

nadian Medical Association has said it believes it is the employer's responsibility to supervise an employee who is away from work. The association also objects to being asked to police absenteeism and act as truant officers.

Expanding the understanding of disability also means seeking greater insight into absence management. Most employers only have a general sense of how they are doing with respect to absence trends and costs. Tracking this type of information and taking stock of where they are at takes some effort, but is well worth it.

ing or refuting disability, which creates a resistance to a return to work.

In other words, when an employee is absent from work, the first question an organization should ask is: "How can we help her return to work as quickly and safely as possible?" versus "Is she disabled?"

Assistance also means organizations need to ensure employees, direct supervisors or managers, case managers and human resources collaborate and communicate on developing safe, early return to work plans. Several studies

take action in situations where an employee's absence is complicated or due to personal or family conflicts, job performance issues, skill deficits or workplace conflicts.

Culture of accommodation

Does your workplace culture support return to work and accommodation for employees with physical and mental health disabilities? If you went off work due to a disability, would you feel supported and optimistic about your organization's ability to accommodate you in a modified return to work? These blunt questions must be asked because they hold the potential to significantly impact the health, well-being and productivity of workers. Often, if an employee doesn't feel his presence is valued and his employer is willing to facilitate his return to work, he may be less motivated to return.

This also illustrates why organizations need to have a clearly defined, early return to work program for employees across all absence types. They shouldn't wait until someone is away from work to explore potential accommodations. They should be proactive.

It's about taking a team approach involving multiple stakeholders (including direct supervisors, unions and occupational health and safety) to develop policies and procedures to accommodate employees in modified return to work programs. Review what you are doing for workers' compensation claims and integrate best practices. Spend some time soliciting feedback from employees about factors they identify as obstacles to modified return to work. Be open to reconsidering the status quo.

Employers might need to review the functional demands for some jobs to identify potential, modified return to work opportunities. Does the health and wellness program support a commitment to helping employees stay at work? Maybe attendance policies should be reviewed. Ideally, policies and procedures should: support injury and disability prevention; outline stay-at-work practices for those needing accommodation before absence; identify potential, modified duties throughout the organization; and define roles and responsibilities in transitional return to work programs.

An effective disability management program requires organizational commitment, collaboration and the active participation of all stakeholders involved in the process and from senior management. The results will be an improved experience for all involved and significant costs savings from lower absence durations.

Dan Licoppe is a Winnipeg-based senior disability consultant and Samia Jarjoura is the Montreal-based national lead consultant for disability management at Aon Hewitt. For more information, visit www.aon.ca.

Supervisors and leaders are essential to creating a supportive culture.

Ideally, an employer wants to adopt an integrated approach to this across all absence types (occupational and non-occupational), pre- and post-absence. Often, organizations may track information and have processes for workers' compensation absence, but not for non-occupational absence.

Assistance versus resistance
Organizations need to regularly assess their climate to determine whether they support return to work and accommodation. An assistance model moves away from the traditional medical model, where the employee and employer devote most of their time to prov-

have found supervisory support and behaviour is an important predictor of return to work of individuals with any type of disorder. Supervisors and leaders are essential to creating a supportive workplace culture facilitating return to work and accommodation, particularly for employees with mental health disabilities.

It's normal for leaders to feel anxious at the prospect of talking to an employee about this. But what if they receive vague information from a physician, such as: "Employee should avoid heavy lifting?" They could request further information from the physician but this may delay the return to work process. The better approach would be to talk to the employee about what he feels his capabilities are, and to the direct supervisor about what the actual job duties are. They'll likely be able to obtain more detailed information.

Most information on functional abilities from physicians is based on an employee's self-report. Physicians typically do not have a patient do any kind of functional capacity testing during a 15-minute appointment. They typically ask about their activities of daily living, their perception of their functional abilities, and then document and report that information. Plus, a physician is acting as the patient's advocate. Why not at least start a discussion with the employee about what she feels she can and cannot do?

This approach is also more effective in identifying and strategizing in situations where there are factors contributing to the employee's absence that may not be entirely related to impairment or illness. And it implies that as an organization, there is a level of acceptance pertaining to the employee's absence.

This is not to be confused with a belief or acceptance of the reasons contributing to the absence but as recognition the employee is in fact away from work, regardless of the reason. This establishes a less adversarial approach where employers can better identify and

HR VENDORS GUIDE

Attention HR vendors and suppliers

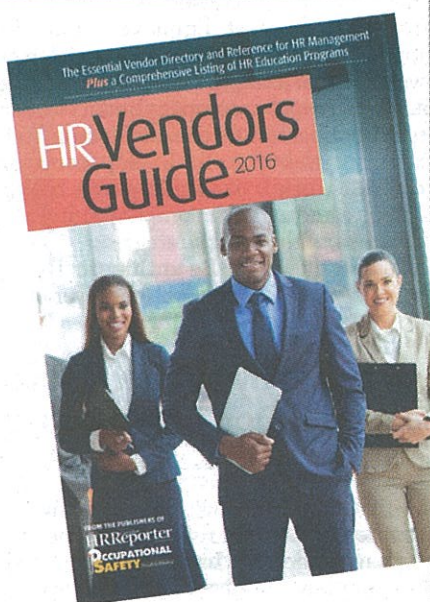
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THOMSON REUTERS



**IWA-FOREST INDUSTRY LTD PLAN REHABILITATION SERVICES / EVERGREEN R.M.S.
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Evergreen RMS: Southern Interior H&W Plan & Quesnel (NIFIBP & West Fraser/USW)	<i>Southern Interior:</i> Canoe, Clearwater, Heffley Creek, Merritt, Nicola, Quesnel, Salmon Arm, Vavenby
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Evergreen RMS: Southern Interior H&W Plan & West Fraser/USW	<i>Southern Interior & Cariboo:</i> 70 Mile House, 100 Mile House, 108 Mile House Barriere, Clinton, Chasm, Kamloops, Lillooet, Savona, Williams Lake
<i>Back-up Coverage</i> – TBD by Steve Matovic	
CPP Disability Benefit Applications & Appeals	All CPP cases, <u>except for</u> Vancouver Island, Sunshine Coast, Central & North Coast and Haida Gwaii
John KIM	Rehabilitation Counsellor, Burnaby and home offices: Phone 604-338-8484
Evergreen RMS: Coastal H&W Plan	<i>Fraser Valley and Metro Vancouver, Sea to Sky</i> Abbotsford, Aldergrove, Boston Bar, Burnaby, Chilliwack, Clearbrook, Coquitlam, Cultus Lake, Delta, Deroche, Fort Langley, Garibaldi, Harrison Hot Springs, Hatzic, Highlands, Hope, Ladner, Langley, Maple Ridge, Mission, Mount Currie, New Westminster, Pitt Meadows, Port Coquitlam, Port Moody, Richmond, Sardis, Squamish, Surrey, Vancouver, North and West Vancouver, Whonnock, Yale
<i>Back-up Coverage</i> – TBD (contact Steve Matovic)	

**IWA-FOREST INDUSTRY LTD PLAN REHABILITATION SERVICES / EVERGREEN R.M.S.
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Evergreen RMS: Northern Interior H&W Plan & Canfor/USW H&W Plan	<i>Central Interior:</i> Burns Lake, Fort Fraser, Fort St. James, Fraser Lake, Granisle, Houston, Smithers, Telkwa, Topley, Vanderhoof,
<i>Back-up Coverage</i> – Brian Lukyn	
Brian LUKYN	Rehabilitation Counsellor, Comox Office: Phone 250-339-5567
Evergreen RMS: Coastal H&W Plan	<i>Central & North Vancouver Island:</i> Black Creek, Campbell River, Coal Harbour, Comox, Courtenay, Cumberland, Gold River, Marriot Bay, Powell River, Port Alberni, Royston, Sproat Lake Tahsis, Tofino, Ucluelet, Zeballos, Islands off North Vancouver Island, Alert Bay, Holberg, Port Alice, Port Hardy, Port McNeill, Sayward, Winter Harbour, Woss <i>Central & North Coast, and Haida Gwaii :</i> Bella Bella, Bella Coola, Haida Gwaii Islands, Hagensborg, Kitimat, Kitwanga, Massett, New Hazelton, Port Clement, Prince Rupert, Queen Charlotte City, Sandspit, Skidegate, Terrace <i>Sunshine Coast :</i> Egmont, Gibsons, Powell River, Roberts Creek, Sechelt,
CPP Disability Benefit Applications & Appeals	Vancouver Island, Sunshine Coast, Central & North Coast, Haida Gwaii
<i>Back-up Coverage</i> – Cliff Dundas	
Angeline DONALD	Rehabilitation Counsellor, Prince George Office: Phone 778-349-9558
Evergreen RMS: Northern Interior H&W Plan & Canfor/USW H&W Plan	<i>Prince George and Surrounding Areas, North Cariboo:</i> Carrier Lumber (Saskatchewan), Hixon, Isle Pierre, Mackenzie, Prince George, Willow River,
Evergreen: Canfor/USW H&W Plan	<i>Peace and Northern Interior :</i> Cecil Lake, Chetwynd, Dawson Creek, Fort Nelson, Fort St. John, Hudson's Hope, Tumbler Ridge
<i>Back-up Coverage</i> – TBD – Contact Steve Matovic	