

## **4123-18-08 Payment for rehabilitation services and related expenses from the surplus fund.**

### **(A) General principles.**

- (1) Vocational rehabilitation services and living maintenance when appropriate, shall be paid from the surplus fund, established by section 4123.34 of the Revised Code, so long as such costs are incurred in a lost time claim pursuant to an approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan.
- (2) Vocational rehabilitation services, as mentioned in paragraph (A)(1) of this rule, can include but must not be solely directed toward medical management and allied medical treatment of the injured worker in an approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan.
- (3) Notwithstanding paragraph (A)(1) of this rule, any period of treatment relating to the allowed condition(s) of the claim which has been prescribed and provided prior to the approval of the vocational rehabilitation plan by the physician of record in the claim, by a specialist to whom the injured worker has been referred by the physician of record, the injured worker's employer, the MCO, or the bureau of workers' compensation, and which extends into the calendar period of the injured worker's approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan shall continue to be charged to the risk of the employer.
- (4) Vocational rehabilitation case management costs incurred in the development and preparation of an approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan, including costs for necessary medical, psychological, and vocational evaluations, are vocational rehabilitation services and are paid from the surplus fund. On-going vocational rehabilitation case management professional services and travel are also paid from the surplus fund while the approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan is open.

### **(B) Nonallowed conditions.**

- (1) The MCO and bureau shall authorize payment for treatment of a condition which is unrelated to the injury or occupational disease as long as it is clearly evident that the unrelated condition is aggravating the industrial injury or occupational disease, preventing healing, impeding vocational rehabilitation, or is a barrier to returning to work. The payment for these conditions shall not exceed two thousand dollars for each claim.
- (2) The MCO shall fully document the rationale for these expenditures in both the approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan and the MCO's rehabilitation case file.
- (3) Payment for such treatment shall not constitute a recognition of the unrelated condition as a part of the disability in the claim.
- (4) As soon as the unrelated condition is no longer affecting the industrial injury or occupational disease, the responsibility for its treatment ceases and payment for any subsequent treatment that may be given will be injured worker's own responsibility.

(C) Expenses incurred by injured workers.

Travel expenses shall be paid in an approved vocational rehabilitation plan in accordance with rule 4123-6-40 of the Administrative Code, except as additionally provided under the following circumstances:

- (1) The bureau may authorize and prepay approved travel expenses.
- (2) All bureau approved expenses under this rule shall be paid from the surplus fund established by section 4123.34 of the Revised Code.
- (3) Relocation expenses may be paid from the surplus fund. The MCO shall determine the reasonable and necessary costs. These payments may be authorized up to two thousand dollars per injured worker. These costs may be approved when all of the following criteria are met:
  - (a) Job opportunities for which the injured worker is qualified do not exist within a reasonable commute on a daily basis.
  - (b) The injured worker has secured a job at the new location as determined by the MCO.
  - (c) When the criteria under paragraphs (C)(3)(a) and (C)(3)(b) of this rule are satisfied, the bureau may pay relocation expenses with temporary lodging for up to sixty days to find a new residence if the injured worker must sell the injured worker's last place of residence. The relocation expenses may include temporary lodging for up to sixty days.

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