



Stakeholder Feedback Recommendations for Vocational Rules OAC 4123-18-03, 4123-18-04, 4123-18-14

Line	Rule #/ Subject Matter	Stakeholder	Draft Rule Suggestions	Stakeholder Rationale	BWC Response	Resolution
1	OAC 4123-18-03	Tom Kinser MS, CDMS 3-hab Vocational Rehabilitation Coordinator	Proposes modifying this rule, which addresses referral and acceptance into vocational rehabilitation, to include a section that defines the credentials and conditions by which vocational rehabilitation plan services and plan closures may be staffed and approved. The proposed language would require approvals of vocational rehabilitation plans to be completed by a Vocational Rehabilitation Program Coordinator or person with equivalent credentials. Once approved by a credentialed person at the MCO, service authorizations could be monitored by a non-credentialed person.	This stakeholder believes that vocational rehabilitation plans should be approved and discussed with persons who have vocational credentials.	This rule addresses the guidelines for an injured worker to participate in vocational services. The role of the vocational rehabilitation (program) coordinator is defined within the MCO contract and the MCO Policy Reference Guide.	No change
2	OAC4123-18-03	Cathy Ambrose, M.Ed, LPC, CRC, CCM 1-888-OhioComp	Supports language as proposed by Tom Kinser to OAC4123-18-03.	Stakeholder indicates agreement with the proposed language as she thinks it would elevate the standards and keep rehab working.	This rule addresses the guidelines for an injured worker to participate in vocational services. The role of the vocational rehabilitation (program) coordinator is defined within the MCO contract and the MCO Policy Reference Guide.	No change
3	OAC 4123-18-04	Cathy Ambrose, M.Ed, LPC, CRC, CCM Manager	Stakeholder believes there is a discrepancy between OAC 4123-18-03 B (4) and OAC 4123-18-04 (A) and	The stakeholder believes that an assessment plan is also a type of feasibility determination and	Payment of living maintenance during an assessment plan was initiated 5 years ago to allow for more thorough	No change



Bureau of Workers' Compensation

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		Vocational Rehabilitation/ Quality Assurance 1-888-OhioComp	recommends that the bureau apply OAC 4123-18-03 B (4) beyond acceptance into the program so that living maintenance is not be payable during an assessment plan.	believes the bureau should apply the suggested revision to OAC 4123-18-03 (B) (4) to deny payment of living maintenance during an assessment plan. The stakeholder believes that payment of living maintenance during an assessment plan negatively impacts the MCO's MoD score and disincentivizes the use of vocational rehabilitation.	comprehensive plan development as part of the change in reimbursement methodology for vocational rehabilitation services. The concern presented reflects a misunderstanding of how MCO performance is measured in this area.	
4a	All three rules	Norma Main, CareWorks	No suggested changes	Stakeholder notes that the proposed changes require significant policy updates prior to implementation.	BWC agrees changes to several vocational rehabilitation policies and procedures are needed to implement the rule changes and we are working on these updates. Revised policy and procedures will be shared with the MCOs prior to implementation. A phone call was made to CareWorks and all their questions were answered.	No change
4b	OAC4123-18-03	Norma Main, CareWorks	No specific recommendation but questions about implementation	The proposed rule indicates that the MCO shall make a recommendation to the bureau regarding the injured worker's feasibility, does this mean that the bureau will make the feasibility decision.	The MCO continues to make a feasibility recommendation as addressed in this rule. The MCO will send their feasibility recommendation to the bureau to be included in the order. A phone call was made to CareWorks and all their questions were answered.	No change



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4c	4123-18-04	Norma Main, CareWorks	Consider allowing MCO and Vocational Rehabilitation Case Manager (VRCM) the ability to request a medical hold.	The stakeholder questions the reason the request for medical hold would be limited to the injured worker, the employer or their representatives. The stakeholder notes that providers and the MCO might be more aware of the need for the medical hold.	<p>Medical Hold is a request to maintain eligibility when services are interrupted for a medical reason and future eligibility could be at issue.</p> <p>The expectation is that requests for a benefit/service within the workers' compensation system come directly from an injured worker, employer or their representative. While the MCO and/or provider may be aware of the need for a medical hold, they should work with a party to the claim to make this request.</p> <p>A phone call was made to CareWorks and all their questions were answered.</p>	No change
4d	4123-18-14	Norma Main, CareWorksmeet	No specific recommendation but questions about implementation	The language related to BWC to be named as the injured worker's employer was removed if there is an injury during a rehab plan. Who becomes the employer? A new claim would continue to be filed in this case and no cost associated with the rehab injury claim would be charged to the EOR, correct?	<p>The change in language is being made to reflect statute changes that occurred several years ago. The charges for allowed rehab injury claims will be to surplus and not to the employer of record.</p> <p>A phone call was made to CareWorks and all their questions were answered.</p>	No change