



Instructions

- Please print or type.
Make sure to enter four digits for the year in all date fields.
You must include Narrative justification. Use a blank sheet and attach to this plan.
Follow distribution list at bottom of page 2.
Prior to injured worker signature, the managed care organization (MCO) must approve the plan.

Form with fields for Injured worker name (Last, First, MI), Claim number, Date recommended for vocational rehabilitation services, Return to work goal (check one), Allowed injury, Targeted job/job group, Type of plan (check one), Type of service table, Total length of services to date, Total cost of all services to date.

Plan of Service Approval

I have received a copy of the Rehabilitation Agreement (RH-1) and Individualized Vocational Rehabilitation Plan (RH-2) and understand and accept its conditions. By signing this plan of service, I agree to participate in all planned services as scheduled and to the attached narrative justification. My attendance is necessary to achieve the goal of returning to work. My attendance and active participation will be viewed as an example of my work behavior and my return to work effort. Unexcused absences from scheduled services may result in a reduction of living maintenance or possible discontinuation of rehabilitation plan services.

Warning: Any person who obtains compensation from BWC or self-insuring employers by knowingly misrepresenting or concealing facts, making false statements or accepting compensation to which he/she is not entitled, is subject to felony criminal prosecution for fraud.

Approval signature table with fields for MCO representative, injured worker, vocational rehabilitation case manager, and employer, each with a signature line and date field.

Required narrative justification should include medical and vocational history; level of hierarchy for return-to-work (RTW), and rationale; barriers to RTW, including unallowed conditions; plan strategies and services for injured worker's RTW; and in amended plans, rationale for additional services and/or change in plan direction. See the vocational rehabilitation plan element section in Chapter 4 of the MCO Policy Guide.

Note: Injured workers name, claim number and date must be on each page of narrative and justification.

Distribution: BWC claim file, injured worker, injured worker representative, employer, employer representative, MCO