

**CHAPTER 4  
THE ROLE OF VOCATIONAL REHABILITATION  
IN OHIO WORKERS' COMPENSATION**

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## **Vocational Rehabilitation Definitions**

**Assessment Plan:** An individualized, written plan designed to evaluate the specific barriers to reemployment for an injured worker and to aid in establishing a return to work goal.

**Attorney of Record (AOR):** The legal representative authorized by the injured worker or other claimant, as evidenced by the most recently filed *Injured Worker Authorized Representative* (R-2).

**Comprehensive Vocational Rehabilitation Plan (“Comprehensive Plan”):** An individualized, written plan outlining all the vocational rehabilitation services and activities authorized for the injured worker in order to obtain employment.

**Disability Management Coordinator (DMC):** A rehabilitation professional employed by BWC, responsible for determining an injured worker’s eligibility for vocational rehabilitation services, overseeing the provision of such services, authorizing all living maintenance and living maintenance wage loss and acting as a liaison for BWC to the managed care organization and vocational rehabilitation service providers.

**Eligibility:** An initial step in evaluating a referral for vocational rehabilitation that determines if the injured worker meets the requirements of O.R.C. 4123-18-03

**Employer of Record (EOR):** The employer of the injured worker at the time of injury.

**Employment Specialist:** A provider that supplies one or more of the following services:

- Job Placement
- Job Development
- Job Seeking Skills Training
- Job Club
- Job Coaching

**Feasibility:** After determining an injured worker is eligible for vocational rehabilitation services, an initial and ongoing determination that there is a reasonable probability the injured worker will benefit from, and return to work because of, the services.

**Follow-up services:** Vocational rehabilitation services provided after the injured worker returns to work and prior to case closure, designed to ensure the stability of the return to work.

**Initial Assessment:** The phase at the beginning of the vocational rehabilitation process when the vocational rehabilitation case manager is reviewing and gathering additional vocational information, including contacting the injured worker, the employer of record, the physician of record and other individuals relevant to the injured worker’s vocational status.

**Initial Assessment Report:** The report created by the vocational rehabilitation case manager at the conclusion of the initial assessment that summarizes the current vocational factors and includes a recommendation for next steps.

**Job Development Services:** A vocational service that assists an injured worker in returning to work by uncovering the hidden job market (i.e., unadvertised positions) and/or creating a job that matches the injured worker’s vocational skills and abilities.

**Job Placement Services:** A vocational service that assists an injured worker in returning to work by matching the injured worker's vocational skills and abilities with jobs that may be available or modified for the injured worker.

**Job Retention Plan:** An individualized, written plan outlining the vocational rehabilitation services and activities authorized for the injured worker in order to retain the current employment.

**Job Retention Services:** Vocational rehabilitation services that a working injured worker may receive when the injured worker is experiencing a significant work-related problem as a direct result of the allowed conditions in the claim.

**Medical Hold:** A type of closure status that keeps an injured worker's vocational rehabilitation eligibility status open in an inactive status when the injured worker's vocational rehabilitation case has been closed due to a medical reason, related or unrelated to the injured worker's allowed conditions.

**Physician of Record (POR):** One of seven provider types holding a current and valid certificate of licensure under the laws of the State of Ohio, or the equivalent under the laws of another state, and chosen by the injured worker to direct treatment. The seven types of qualifying providers are:

- A doctor of chiropractic (D.C.);
- A doctor of dental surgery (D.D.S.);
- A doctor of mechanotherapy (D.M.);
- A doctor of osteopathic medicine (D.O.);
- A doctor of medicine (M.D.);
- A doctor of podiatric medicine (D.P.M.); and
- A psychologist (Ph.D or PsyD).

**Plan identification number:** A sequential means of identifying a plan and plan amendment (e.g., the original plan would be number 1. If there is an amendment to the plan, it would be number 2).

**Referral Date:** The first documented date of receipt of a vocational rehabilitation referral by BWC or the managed care organization.

**Return to Work (RTW) Hierarchy:** The research-supported priority outcomes for RTW that minimizes disruption in the injured worker's life and ensures the most cost-effective, efficient and permanent re-employment for that injured worker. The hierarchy in descending order of benefit is:

- Same job, same employer: The injured worker returning to the original employer in the original job;
- Different job, same employer: The injured worker returning to the original employer in a modified or different job;
- Same job, different employer: The injured worker obtaining employment with a different employer in the same or related industry;
- Different job, different employer: The injured worker obtaining employment with a different employer in another industry.

**Source claim:** The original claim through which an injured worker is participating in a vocational rehabilitation plan.

**Vocational Rehabilitation Case Manager (VRCM):** A BWC-certified rehabilitation professional, selected by the injured worker and assigned to the claim by the managed care organization, who is responsible for developing and coordinating a variety of services with the objective of returning the injured worker to work.

**Vocational Rehabilitation Plan:** A term that references an assessment plan, a comprehensive vocational rehabilitation plan or a job-retention plan.

**Vocational Rehabilitation Program Coordinator:** A rehabilitation professional assigned by the managed care organization to direct the managed care organization's management of vocational rehabilitation services.

**Vocational Rehabilitation Services:** A set of services offered to an eligible injured worker who, due to an industrial injury or occupational disease, needs assistance to return to work, retain employment or obtain new employment.

Policy and Procedure Name:	<b>Credentialing Requirements of Providers of Vocational Rehabilitation Services</b>
Policy #:	VR-03-03
Code/Rule Reference:	O.A.C. 4123-6-02.2
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding credentialing requirements of providers of vocational rehabilitation services that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. POLICY PURPOSE

The purpose of this policy is to define BWC's credentialing requirements for providers of vocational rehabilitation services.

## II. APPLICABILITY

This policy applies to the:

- BWC disability management coordinators (DMCs);
- Managed care organization (MCO) staff involved in the coordination and management of the vocational rehabilitation program; and
- Vocational rehabilitation providers.

## III. DEFINITIONS

See "Vocational Rehabilitation Definitions" in Chapter 4 of the MCO Policy Reference Guide.

## IV. POLICY

### A. Vocational Rehabilitation Case Manager (VRCM)

1. It is the policy of BWC that a VRCM must possess one of the following:
  - a. Certification for American Board of Vocational Experts (ABVE);
  - b. Occupational Health Nursing (COHN);
  - c. Certified Rehabilitation Counselor (CRC);
  - d. Certified Disability Management Specialist (CDMS);
  - e. Certified Vocational Evaluator (CVE);
  - f. Certified Rehabilitation Nurse (CRRN); or
  - g. Certified Case Manager (CCM).

2. Vocational rehabilitation case management services provided to the IW in a vocational rehabilitation plan shall be in accordance with the Ohio Revised Code, the Ohio Administrative Code, and BWC vocational rehabilitation policies and procedures.
- B. Vocational Rehabilitation Case Manager Intern
1. It is the policy of BWC that vocational rehabilitation case management services may be provided by a BWC certified intern under the supervision of a properly credentialed VRCM.
  2. To become a BWC certified intern the intern must:
    - a. Qualify to take one of the examinations required to become credentialed as a VRCM; and
    - b. Enroll with BWC as an intern using the *Provider Enrollment and Certification* (MEDCO-13) form.
      - i. Upon submission of the MEDCO-13, the intern will receive communication from the BWC detailing the additional documentation that must be submitted.
      - ii. BWC certification of an intern shall be for a period of four (4) years, at which time BWC will terminate the intern's provider number.
      - iii. BWC will not recertify an intern for any additional time-period beyond the initial four (4) years.
  3. Once the intern has acquired the required credentials, the intern must re-apply as a credentialed VRCM with BWC to provide services. The intern must receive his or her provider number prior to the provision of any services.
  4. Fees for interns are reimbursed by BWC at 85% of the rate associated with the applicable service codes, except for mileage, which is paid at the full rate.
- C. MCO Vocational Rehabilitation Program Coordinator
1. It is the policy of BWC that a vocational rehabilitation program coordinator hired by an MCO on or after January 1, 2007:
    - a. Has one of the following certifications:
      - i. American Board of Vocational Experts (ABVE);
      - ii. Occupational health nursing (COHN);
      - iii. Certified rehabilitation counselor (CRC);
      - iv. Certified disability management specialists (CDMS);
      - v. Certified vocational evaluator (CVE);
      - vi. Certified rehabilitation nurse (CRRN); or
      - vii. Certified case manager (CCM); and
    - b. Meets the standards for a case manager supervisor as required by the American Accreditation HealthCare Commission (also known as "URAC"); and
    - c. Has at least one year of field vocational rehabilitation case management experience.
  2. The MCO is responsible for ensuring the vocational rehabilitation program coordinator:
    - a. Is trained and proficient in:
      - i. The BWC vocational rehabilitation program policies as contained in the MCO Policy Reference Guide; and
      - ii. The applicable procedures contained in the Provider Billing and Reimbursement Manual; and
    - b. That the vocational rehabilitation program coordinator attends all BWC training sessions for the program coordinators.
  3. The MCOs shall submit to the BWC MCO Business Unit:

- a. The vocational rehabilitation program coordinator's name, contact information and resume or curriculum vitae documenting compliance with the certification and experience requirements; and
  - b. Any change to this information within two business days of when the change becomes effective.
- D. Employment Specialist - It is the policy of BWC that as of October 1, 2015, employment specialists must meet one of the criteria in section D.1 or D.2 below:
- 1. Possession of one of the following certifications or accreditation:
    - a. Certification for American Board of Vocational Experts (ABVE);
    - b. Certified rehabilitation counselor (CRC);
    - c. Certified case manager (CCM);
    - d. Global career development facilitator (GCDF);
    - e. Associate certified coach (ACC);
    - f. Professional certified coach (PCC);
    - g. Master certified coach (MCC);
    - h. Certified disability management specialist (CDMS); or
    - i. Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation for employment and community services in job development or employment supports; or
  - 2. Evidence of:
    - a. Completion of three (3) or more courses, seminars or workshops prior to application for BWC certification, totaling a minimum of eighty (80) hours and approved by BWC or an entity offering a certification referenced in paragraph D.1 above, in at least two domain areas:
      - i. Job development, job placement and career and lifestyle development;
      - ii. Vocational consultation and services for employers;
      - iii. Professional roles and practices, ethics, and utilization of community resources; or
    - b. BWC reimbursement to the provider for job placement, job development, job seeking skills training, job club, and/or job coaching services to I/Ws for dates of service on or before September 30, 2012.
- E. Vocational Evaluator - It is the policy of BWC that to conduct a comprehensive vocational evaluation, the provider must possess one of the following:
- 1. Certified Rehabilitation Counselor (CRC);
  - 2. Certified Vocational Evaluator (CVE);
  - 3. Certification for American Board of Vocational Experts (ABVE); or
  - 4. Licensed psychologist (Ph.D or PsyD).
- F. Remedial, Short and Long Term Training
- 1. It is the policy of BWC that to conduct short or long term training, the provider must be:
    - a. Designated by the Ohio Board of Regents as a college or university;
    - b. Identified as an Ohio Adult Workforce Education (AWE) provider;
    - c. Granted a certificate of authorization from the Ohio Board of Career Colleges and Schools;
    - d. Approved by the appropriate state licensing board, department or commission for training in a specific field;
    - e. Certified as an eligible training provider by state and local Workforce Investment Boards (WIB) and the Ohio Department of Job and Family Services;

- f. An apprenticeship provider identified as a Registered Apprenticeship by the U.S. Department of Labor or the Ohio State Apprenticeship Council;
  - g. A person who has achieved mastery of a particular field by certification, licensing or experience;
  - h. Chartered or certified by the Ohio Department of Education; or
  - i. Accredited by an accrediting body recognized by the U.S. Department of Education.
- 2. Short-term training may also be provided by:
    - a. An academic, business or trade school identified as an Adult Basic Literacy Education (ABLE) provider;
    - b. An instructor certified or licensed by the product's developer, manufacturer or distributor;
    - c. A teacher certified by the State of Ohio;
    - d. A person employed as an instructor by an accredited college or school; or
    - e. A provider accredited by CARF International.
  - 3. Remedial training may be provided by any provider listed in F.1. or F.2 above, other than the following:
    - a. An apprenticeship provider identified as a Registered Apprenticeship by the U.S. Department of Labor or the Ohio State Apprenticeship Council; or
    - b. A person who has achieved mastery of a particular field by certification, licensing or experience.
  - 4. A provider who does not meet the applicable criteria of F.1., 2., or 3. above but was reimbursed by BWC for remedial, short or long-term training for dates of service between September 1, 2009 and August 31, 2012 may continue to provide the same type(s) of training the provider was reimbursed for providing during this period.
- G. Ergonomic Study and Ergonomic Implementation - It is the policy of BWC that to conduct an ergonomic study and ergonomic implementation, the provider must possess one of the following :
- 1. Occupational Therapist (OT);
  - 2. Physical Therapist (PT);
  - 3. Certified Professional Ergonomist (CPE);
  - 4. Certified Human Factors Professional (CHFP);
  - 5. Associate Ergonomics Professional (AEP);
  - 6. Associate Human Factors Professional (AHFP);
  - 7. Certified Ergonomics Associate (CEA);
  - 8. Certified Safety Professional (CSP) with "Ergonomics Specialist" designation;
  - 9. Certified Industrial Ergonomist (CIE);
  - 10. Assistive Technology Practitioner (ATP); or
  - 11. Rehabilitation Engineering Technologist (RET).
- H. Career Counselor - It is the policy of BWC that to provide career counseling, the provider must possess one of the following:
- 1. Licensed Social Worker (LSW);
  - 2. Licensed Independent Social Worker (LISW);
  - 3. Licensed Professional Counselor (LPC);
  - 4. Licensed Professional Clinical Counselor (LPCC);
  - 5. Licensed Psychologist (Ph.D or PsyD);
  - 6. Doctor of Medicine (MD); or
  - 7. Doctor of Osteopathic Medicine (DO).



- I. "Occupational Rehabilitation – Comprehensive" (also referred to as Work Hardening) - It is the policy of BWC that to provide "Occupational Rehabilitation – Comprehensive" services, the provider must have valid CARF accreditation for Occupational Rehabilitation – Comprehensive services.
- J. Transitional Work - It is the policy of BWC that to provide transitional work services, the provider must be a licensed occupational or physical therapist.
- K. Job Analysis - It is the policy of BWC that to provide a job analysis, the provider must possess one of the following:
  - 1. Occupational Therapist (OT);
  - 2. Physical Therapist (PT);
  - 3. Certified Professional Ergonomist (CPE);
  - 4. Certified Human Factors Professional (CHFP);
  - 5. Associate Ergonomics Professional (AEP);
  - 6. Associate Human Factors Professional (AHFP);
  - 7. Certified Ergonomics Associate (CEA);
  - 8. Certified Safety Professional (CSP) with "Ergonomics Specialist" designation;
  - 9. Certified Industrial Ergonomist (CIE);
  - 10. Assistive Technology Practitioner (ATP);
  - 11. Rehabilitation Engineering Technologist (RET); or
  - 12. The credentials described in section IV.A.1, above.

Policy and Procedure Name:	<b>Referrals, Eligibility and Feasibility</b>
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Review date:	10/10/19

## I. POLICY PURPOSE

The purpose of this policy is to ensure that referrals and determinations for eligibility and feasibility are processed and determined consistently and appropriately.

## II. APPLICABILITY

This policy applies to:

- BWC staff;
- Managed care organization (MCO) staff; and
- Vocational rehabilitation case managers (VRCMs) assigned by the MCO.

## III. DEFINITIONS

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## IV. POLICY

### A. MCO and BWC Roles

1. It is the policy of BWC that the MCO shall designate a vocational rehabilitation program coordinator to direct the MCO’s management of vocational rehabilitation services. The vocational rehabilitation program coordinator’s role is to:
  - a. Increase accountability in the delivery of high quality vocational services; and
  - b. Enhance communication between BWC and the MCO.

2. It is the policy of BWC to assign a Disability Management Coordinator (DMC) to serve as the point of contact for the vocational rehabilitation program coordinator on case-specific vocational rehabilitation issues.

B. Referral

1. It is the policy of BWC to encourage and support a referral to vocational rehabilitation as soon as the need is identified and viable services may be delivered.
2. It is the policy of BWC that anyone may refer an injured worker (IW) for vocational rehabilitation services, including referrals for job retention services.
3. BWC and the MCO shall consider any information or statements received indicating the IW's need for vocational rehabilitation services, other than pre-referral staffing, as a referral for vocational rehabilitation services.
4. The first documented date of receipt of a vocational rehabilitation referral by BWC or the MCO becomes the official referral date.

C. Eligibility:

1. It is the policy of BWC that the DMC is responsible for determining the IW's eligibility for vocational rehabilitation services.
2. To be eligible for vocational rehabilitation services (other than as provided in section IV.C.4 and 5), the IW must:
  - a. Have a claim:
    - i. Allowed by BWC or the Industrial Commission (IC), with eight or more days of lost time due to a work related injury; or
    - ii. Certified by a state university or state agency; or
    - iii. Certified by a self-insuring employer.
  - b. Be experiencing a significant impediment to employment or the maintenance of employment as a direct result of the allowed conditions in the referred claim; and
  - c. Have at least one of the following present in the referred claim:
    - i. The IW is receiving or has been awarded temporary total, payments made in lieu of temporary total compensation (e.g., salary continuation), non-working wage loss, or permanent total compensation for a period of time that includes the date of referral; or
    - ii. The IW was granted a scheduled loss award under R.C. 4123.57(B) (e.g., loss of use of a finger or limb); or
    - iii. The IW received or was awarded a permanent partial award under R.C. 4123.57(A) and has job restrictions as a result of the allowed conditions in the claim for which that award was granted, documented and dated by the physician of record (POR) not more than 180 days prior to the date of referral; or
    - iv. The IW:
      - a) Has reached maximum medical improvement in the claim, as determined by an order of BWC or the IC, or documented in writing by the POR;
      - b) Is not currently receiving compensation; and
      - c) Has job restrictions in the claim, documented and dated by the POR not more than 180 days prior to the date of the referral; or
    - v. The IW is receiving job retention services to maintain employment, or satisfies the criteria for job retention services pursuant to section IV.C.4 of this policy, on the date of referral; or

- vi. The IW sustained a catastrophic injury claim and a vocational goal can be established; or
- vii. The IW was receiving living maintenance wage loss not more than ninety (90) days prior to the date of referral and:
  - d) Has continuing job restrictions documented by the POR as a result of the allowed conditions in the claim, and
  - e) Has lost his or her job through no fault of his or her own.
- 3. The IW must not be working on the date of referral, with the exception of a referral for job retention services.
- 4. Job Retention Services - An IW shall be eligible for job retention services when:
  - a. The IW is working and experiences a significant work-related problem as a direct result of the allowed condition(s) in the claim;
  - b. The IW has received temporary total compensation or salary continuation in an allowed claim with eight or more days of lost time due to a work related injury;
  - c. The POR provides a written statement in office notes or correspondence indicating that the IW has work limitations related to the allowed conditions in the claim that negatively impact the IW's ability to maintain employment; and
  - d. The IW's employer describes the specific job task problems the IW is experiencing to the MCO and the MCO documents these problems in the claim. The MCO shall include a statement describing why the IW needs job retention services to maintain employment.
- 5. Employees of State Agencies and State Universities
  - a. An employee of a state agency or state university shall be eligible for vocational rehabilitation services when:
    - i. The IW has a significant impediment to employment or the maintenance of employment as a direct result of the allowed conditions in the referred claim;
    - ii. The state agency or state university certifies the claim; and
    - iii. The employee and employer agree upon a program of vocational rehabilitation services.
  - b. Employees of a state agency or state university are not required to meet the eligibility criteria stated in section IV.C.2.c.
- 6. An IW is not eligible for vocational rehabilitation services-when:
  - a. The IW enters into a lump sum settlement (medical and/or indemnity); or
  - b. When the IC or a court order subsequently disallows the claim.
- 7. BWC will document the facts supporting an eligibility determination in its decision letter.
- 8. A party may appeal an eligibility determination to the BWC Rehab Eligibility Appeal Unit (address provided on the determination letter) within fourteen days of receipt of BWC's decision.

D. Initial and Continuing Feasibility

- 1. It is the policy of BWC that initial and ongoing feasibility will be decided by the MCO with input from BWC.
- 2. An IW is feasible for vocational rehabilitation services when a review of all available information demonstrates that the provision of vocational rehabilitation services is likely to result in the IW's returning to work.

3. The MCO will assess feasibility throughout the vocational rehabilitation process as further information becomes available and the IW's circumstances change.
4. Appeals of feasibility determinations shall be governed by the alternative dispute resolution process provided for in O.A.C. 4123-6-16 and the *Alternative Dispute Resolution* policy.

E. Immigration Status

1. The IW's immigration status, including status as an undocumented worker, is not a factor in determining eligibility and feasibility for vocational rehabilitation.
2. The VRCM shall not provide job development or job placement services if the IW does not have legal permission to work in the United States.

**V. Procedures**

A. Referral Processing by the MCO - Gathering Documentation, Initial Feasibility Determination and Eligibility Recommendation

1. The MCO shall be responsible for management of all referrals through case resolution, including those referrals submitted via a:
  - a. *Request for Medical Service Reimbursement or Recommendation for Additional Conditions for Industrial Injury or Occupational Disease (C-9)*;
  - b. *Physician's Report of Work Ability (MEDCO-14)*;
  - c. *Request for Temporary Total Compensation (C-84)*;
  - d. Recommendation pursuant to an independent medical evaluation (IME);  
or
  - e. Contact from an interested party.
2. Processing Referrals from Parties to the Claim, a POR, or Treating Physician
  - a. When the MCO receives a vocational rehabilitation referral from a party to the claim, the POR, or the treating physician, the MCO will begin the initial feasibility determination and eligibility verification process by:
    - i. Obtaining any needed medical documentation from the POR describing the IW's restrictions related to the allowed conditions;
    - ii. Providing a cursory review of whether the IW meets the eligibility criteria; and
    - iii. Evaluating any documented factors that may impact initial feasibility such as:
      - f) The IW's interest in returning to work;
      - g) The IW's past participation in vocational rehabilitation plans or other BWC-provided services;
      - h) Documentation of events that could impact the IW's ability to participate in vocational rehabilitation services (e.g., scheduled surgery, vacation, incarceration);
      - i) Documentation of medical and psychological issues, including pain issues, and medication or substance abuse issues, both related and unrelated to the allowed conditions in the referred claim;
      - j) Diagnostic evaluations.
  - b. If the IW clearly does not appear eligible based on the current circumstances or information available, the MCO shall communicate to the IW what additional information the IW may submit or what steps the

- IW may take to become eligible (e.g., obtain current physical restrictions from physician).
- c. The MCO shall use the *Vocational Rehabilitation Screening Tool* or an equivalent tool to assist in collating and documenting referral information.
    - i. When a screening tool other than the *Vocational Rehabilitation Screening Tool* is used, it must provide all the same information, in the same order, as the *Vocational Rehabilitation Screening Tool*.
    - ii. Screening tool information shall be password protected, consistent with the *BWC Sensitive Data Transmission* policy.
  - d. The MCO shall request medical documentation from the POR to establish the IW's current restrictions as needed.
    - i. If the requested medical documentation is not received within seven (7) days, the MCO shall send the request for eligibility determination to the DMC.
    - ii. The MCO shall note the request for medical documentation from the POR and the outcome on the vocational screening tool.
  - e. The MCO request for eligibility determination to the DMC shall include:
    - i. The vocational rehabilitation screening information;
    - ii. A written initial feasibility determination (if reasonably able to determine from the available information) which includes identification of the information utilized in making the determination; and
    - iii. An eligibility recommendation.
3. Processing BWC or MCO Initiated Referrals and Referrals from Other Sources
- a. If the MCO receives a vocational rehabilitation referral from a source not a party to the claim, or the MCO or BWC determines that an IW may benefit from vocational rehabilitation services, the MCO and DMC shall staff the case, as necessary, to discuss eligibility and initial feasibility.
  - b. The MCO shall contact the IW and POR to determine if the IW is interested and able to participate in vocational rehabilitation services.
  - c. If the IW and POR indicate that the IW is not interested or is unable to participate in vocational rehabilitation services at this time, the referral shall not be referred to BWC. The MCO shall indicate in MCO notes an explanation of the decision regarding the referral.
  - d. If the IW or POR indicate the IW is interested and able to participate in vocational rehabilitation services, the referral shall continue to be processed consistent with section V.A.2.
4. Special Categories of Referrals
- a. Referrals Received Via a C-84
    - i. If a C-84 is received and the IW has indicated an interest in vocational rehabilitation services, the MCO and DMC shall consult to determine if a referral is appropriate at this time.
    - ii. If a referral is appropriate at this time, the C-84 shall be treated as a referral and processed consistent with section V.A.2.
    - iii. If it does not appear to be an appropriate time for a referral, the DMC and the MCO shall make a note to review the claim in the future and the MCO shall notify the IW.
  - b. Referrals for Job Retention
    - i. The MCO shall process a referral for job retention services consistent with section V.A., including obtaining, if not received with the referral:

- a) A written statement from the POR, either in office notes or correspondence, indicating that the IW has work limitations related to the allowed conditions in the claim that negatively impact the IW's ability to maintain employment; and
      - b) A written or verbal statement from the employer describing the specific job task problems the IW is experiencing.
    - ii. The MCO shall include in the request for eligibility determination a description of why the IW needs job retention services to maintain employment.
  - c. Referrals When a Claim is Inactive
    - i. When a referral for vocational rehabilitation services is received by BWC or the MCO in an inactive claim, the referral shall be considered a request for claim reactivation.
    - ii. The DMC and MCO shall make the eligibility and feasibility determinations, and notify the assigned claims service specialist (CSS) of the determinations.
      - a) If the IW is determined to be eligible and feasible for vocational rehabilitation services, the CSS shall issue an order allowing reactivation of the claim, including the eligibility and feasibility determination and supporting justification.
      - b) If the IW is determined to not be eligible and/or feasible for vocational rehabilitation services, and there is no other justification for reactivating the claim, the CSS shall issue an order denying reactivation with the supporting justification.
  - d. Referrals When a Claim has Pending Issues Before the IC
    - i. If a claim has any issues pending before the IC that could affect vocational rehabilitation feasibility or eligibility, the DMC shall not take action on the referral until such matters have been resolved.
    - ii. Once the DMC is notified of resolution of all issues, provided the claim is still active, the DMC shall process the referral as described in this procedure.
- B. Eligibility Verification/Determination by the DMC
1. The DMC shall review the information provided by the MCO and other related documentation to determine if the IW meets the criteria for eligibility.
  2. The DMC shall request documentation of the IW's restrictions from the MCO or the IW's POR if the documentation is not already in the claim or included with the referral.
  3. Within two (2) business days of receipt of the request for eligibility determination, the DMC shall communicate the eligibility decision:
    - a. To the MCO via email. If the DMC requested the MCO to seek additional medical documentation from the POR, the eligibility decision shall be emailed to the MCO within:
      - i. Two (2) business days of receipt of the documentation; or
      - ii. Within seven (7) business days from the date of the request to the POR, whichever is earlier.
    - b. To the parties via letter. The letter shall contain language instructing the parties of their rights and the process for appealing the decision.

**MCO Vocational Rehabilitation  
Screening Tool**

**MCO Name** \_\_\_\_\_ **MCO Number** \_\_\_\_\_

**MCO Vocational Rehabilitation Coordinator** \_\_\_\_\_  
**Phone Number** \_\_\_\_\_

**MCO Contact:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Injured Worker Name** \_\_\_\_\_ **Claim #** \_\_\_\_\_

**Referral:**       **Internal**       **External**

**Referral Source:** \_\_\_\_\_

Is injured worker medically stable to actively participate in vocational rehabilitation services geared toward return to work?  
(FROM A FILE REVIEW PERSPECTIVE)

Are there opportunities for transitional work or does alternative work exist at the injured worker's employer?

What is this injured worker's significant impediment for return to work?

Is this a re-referral for vocational rehabilitation? (Yes/No) If yes, what are the new or changed circumstances now making the injured worker feasible for vocational rehabilitation services geared toward return to work?

Other relevant information including:

- Has the injured worker's current (or previous) MCO ever denied physical restorative or vocational services in this claim? (specify)
  
- Has the Industrial Commission or BWC ever denied any related services?
  
- Are there specific independent medical examination recommendations given for the related services?
  
- Briefly list any physical or vocational services provided in previous referrals:

Does it appear this injured worker is eligible for vocational rehabilitation. Yes/No  
Please verify eligibility or ineligibility.

*NOTE: Upon completion of initial feasibility review and receipt of positive eligibility verification, the MCO must contact the injured worker to determine interest in vocational rehabilitation. An email will then be sent to the DMC outlining the results of the contact and/or case manager assignment or closure.*



Policy and Procedure Name:	<b>Assignment of the Vocational Rehabilitation Case Manager</b>
Policy #:	VR-01-01
Code/Rule Reference:	O.A.C. 4123-18-01
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding the assignment of the vocational rehabilitation case manager that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. Policy Purpose

The purpose of this policy is to ensure that:

- The injured worker (IW) has a choice in the selection of a vocational rehabilitation case manager (VRCM);
- The VRCM is promptly assigned; and
- The VRCM is provided with, or can otherwise obtain, the information necessary to fulfill his or her responsibilities.

## II. Applicability

This policy applies to the:

- BWC disability management coordinators (DMC);
- Managed care organization (MCO) staff involved in the coordination and management of the vocational rehabilitation program; and
- VRCMs assigned by the MCO.

## III. Definitions

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## IV. Policy

- A. It is the policy of BWC to ensure the IW is provided information regarding the provision of vocational rehabilitation services and has the opportunity to select a VRCM of his/her choice.

- B. It is the policy of BWC to ensure the prompt assignment of a VRCM and that the VRCM is provided with all relevant information necessary for vocational rehabilitation planning and service delivery to the IW.

## V. Procedure

- A. Within three (3) business days of the MCO's receipt of the eligibility verification from the DMC, the MCO shall contact the IW and verify the IW's interest in vocational rehabilitation. If the IW's interest was verified within 10 business days prior to the referral date, additional verification of interest is not required.
  - 1. If the IW or the IW's attorney of record (AOR) has previously indicated a choice of provider, the MCO shall confirm this choice.
  - 2. If no previous choice has been made by the IW, the MCO shall discuss with the IW available providers and agree on a selection.
- B. The MCO may close the vocational rehabilitation case, consistent with the *Vocational Rehabilitation Case Closure* policy, prior to assigning a VRCM if:
  - 1. The IW does not respond within 10 business days of the latest documented contact attempts from the MCO; or
  - 2. The MCO finds the IW is clearly not feasible for services; or
  - 3. The IW does not wish to participate.
- C. Within three (3) business days of the verification of the IW's interest in vocational rehabilitation and selection of a provider, the MCO shall assign the case to the VRCM.
  - 1. It is the responsibility of the VRCM to decline an assignment if he or she is not reasonably able to provide appropriate and timely services.
  - 2. The MCO shall notify the DMC by email of the VRCM assignment and provider number. The date of the email becomes the assignment date.
- D. Once a VRCM has been assigned, the MCO shall forward to the VRCM a referral packet containing the following information, as applicable, to the VRCM:
  - 1. Claim demographics
    - a. Claim number;
    - b. Allowed conditions (narrative and ICD code);
    - c. Date of injury (DOI);
    - d. Last date worked;
    - e. Occupation;
    - f. Date of birth;
    - g. Average weekly wage;
    - h. Full weekly wage;
    - i. Temporary total rate; and
  - 2. Claim documents
    - a. *First Report of an Injury, Occupational Disease or Death (FROI)*;
    - b. Most recent *Request for Temporary total Compensation (C-84)*;
    - c. Most recent *Physician's Report of Work Ability (MEDCO-14)*;
    - d. Most recent *Mental Health Notes Summary (Non-Psychotherapy Note) (MEDCO-16)*, if applicable; and
    - e. Most recent independent medical examination to determine the extent of disability;

- f. Job description(s) the IW held on the date of injury and/or the most recent job;
  - g. Vocational rehabilitation screening tool;
  - h. *Complexity Factors Reporting Form* (an electronic blank EXCEL format);
  - i. All vocational rehabilitation initial assessments;
  - j. All vocational rehabilitation closure reports; and
  - k. All vocational evaluations and functional capacity exams;
3. Complete contact information for each of the following (e.g., cell phone, fax number, email address):
- a. IW;
  - b. AOR or other authorized representative, if applicable;
  - c. DMC;
  - d. MCO name and contact at MCO;
  - e. Physician of record (POR) and contact at POR's office;
  - f. Employer of record (EOR) name and contact at EOR; and
  - g. EOR third party administrator (TPA) name and contact at TPA if applicable.
4. Vocational rehabilitation information
- a. The date the MCO is forwarding the referral packet to the VRCM;
  - b. The date of referral, name of the person who initiated the referral and the reason for the referral;
  - c. The basis for IW's eligibility determination; and
  - d. The basis for IW's initial feasibility determination.
- E. The VRCM shall promptly review the referral packet and request any missing information from the MCO.

Policy and Procedure Name:	<b>Initial Assessment and Initial Assessment Plan</b>
Policy #:	VR-09-01
Code/Rule Reference:	O.A.C. 4123-18-02; O.A.C. 4123-18-04; O.A.C. 4123-18-05
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding initial assessments and initial assessment plans that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. Policy Purpose

The purpose of this policy is to ensure that a thorough initial assessment is completed, including an initial assessment report and an assessment plan, when needed.

## II. Applicability

This policy applies to the:

- BWC disability management coordinators (DMCs);
- Managed care organization (MCO) staff involved in the coordination and management of the vocational rehabilitation program; and
- Vocational rehabilitation case managers (VRCMs) assigned by the MCO.

## III. Definitions

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## IV. Policy

It is the policy of BWC that a thorough initial assessment will be conducted to develop information and make recommendations to best serve the vocational needs of the injured worker (IW).

## V. Procedure

### A. Contacts

1. To begin the initial assessment phase, the VRCM shall contact the IW, the employer of record (EOR), the physician of record (POR), the MCO and the

DMC as provided in section V.A.2-7, below. The VRCM may contact other people, as needed, that may provide information related to the IW's vocational needs.

- a. The VRCM shall use all contacts as a means of establishing a good working relationship that will aid in the sharing of information and generally contribute to the IW's successful vocational outcome.
  - b. The VRCM shall ensure that a proper authorization to release information is signed by the IW before contacting the POR or any other provider.
  - c. The VRCM shall document the time and date of each contact or attempted contact, the name of the person contacted and the information received.
  - d. If, for any reason, a required contact cannot be made (e.g., the EOR is out of business), the VRCM shall clearly document the circumstances.
2. IW Contact – The VRCM shall contact the IW within five (5) days of case assignment to schedule a face-to-face initial interview. The VRCM shall gather the following information and/or documents, if not already in the vocational documents, during this interview (not an exhaustive list):
- a. The IW's hard copy signature on the *Rehabilitation Agreement* (RH-1) acknowledging the IW's interest in vocational rehabilitation services;
  - b. Any medication usage, prescribed or over-the-counter, frequency, dose and prescribing source;
  - c. Demographics (e.g., age, marital status, number of dependents, transportation issues);
  - d. Education;
  - e. Employment history (e.g., previous employment, job descriptions, reasons for leaving any prior employment, union affiliations, military service);
  - f. Legal considerations (e.g., arrests, convictions, pending legal matters, non-citizen work status);
  - g. Medical concerns (e.g., abilities and limitations, unrelated medical or mental conditions, medical insurance);
  - h. Financial disincentives (e.g., other financial benefits, other household income);
  - i. BWC Information (e.g., any previous claims, pending hearings); and
  - j. Vocational rehabilitation participation information (e.g., any previous vocational rehabilitation including participation through other agencies).
3. Employer Contact
- a. The VRCM shall, whenever reasonably possible, visit the EOR or current employer's worksite and meet with the employer representative responsible for decisions regarding the IW's work status.
  - b. If a visit to the employer is not reasonably possible, the VRCM shall make telephone contact.
  - c. The VRCM shall:
    - i. View and/or obtain a detailed description of the work environment and job tasks performed by the IW in order to determine if job modifications or alternative jobs may be available to the IW;
    - ii. Discuss opportunities for transitional work, RTW and/or other services with the employer representative; and
    - iii. Obtain information about the IW's work strengths.
4. POR Contact – The POR shall be contacted, preferably in person.
- a. The VRCM shall obtain from the POR any documentation of:

- i. The IW's current physical restrictions related to the allowed conditions;
      - ii. Current medications; and
      - iii. Any needed prescription for plan services.
    - b. The VRCM shall discuss with the POR:
      - i. The IW's medication usage and specifically how this may impact the IW's ability to perform specific work tasks (e.g., operate machinery, drive);
      - ii. The IW's restrictions as they relate to the IW's targeted job goal, using the job description or job analysis;
      - iii. The RTW options available through the employer, including transitional work or other early RTW services; and
      - iv. The IW's ability to participate in vocational rehabilitation services.
  - 5. MCO Contact – The VRCM shall contact the MCO to:
    - a. Obtain any recent information received in the claim, especially any recent treatment requests and their status;
    - b. Obtain feedback regarding vocational rehabilitation services for the IW;
    - c. Obtain assistance with gathering information from medical providers or the EOR, if needed; and
    - d. Staff current strategy and recommendations.
  - 6. DMC Contact – The VRCM shall contact the DMC to:
    - a. Obtain any information from the source claim or other claims, if necessary;
    - b. Obtain feedback regarding vocational rehabilitation services for the IW;
    - c. Obtain any wage or compensation information; and
    - d. Staff current strategy and recommendations.
  - 7. Attorney of Record (AOR) Contact – The VRCM shall contact the AOR, if applicable, to:
    - a. Update the AOR on the status of the initial assessment and recommendations;
    - b. Provide contact information;
    - c. Obtain AOR input; and
    - d. Enlist AOR assistance with the IW, if necessary.
- B. Complexity Factors: Throughout the initial assessment phase, the VRCM shall begin identifying the barriers and issues that create complexity in the case and noting these issues on the *Complexity Factors Reporting Form*.
- C. The Initial Assessment Report
- 1. Job Retention: The VRCM is not required to complete an initial assessment report for job retention services. The VRCM will proceed directly to a job retention plan (See the *Job Retention Plan Development and Implementation* policy and procedure for further information).
  - 2. Except for job retention services, the VRCM shall, within twenty-one (21) days of an assignment, complete and submit to the MCO and the DMC an initial assessment report using the *Vocational Rehabilitation Initial Assessment Report* (RH-42). The report shall:
    - a. Summarize and document the current vocational factors identified by the VRCM;
    - b. Identify vocational barriers and strengths;
    - c. Identify additional vocational questions, if any; and

- d. Include a recommendation for:
  - i. Case closure; or
  - ii. Development of an assessment plan to answer any identified questions and/or obtain additional information; or
  - iii. Development of a comprehensive vocational plan.
- 3. The MCO shall ensure that the initial assessment report is provided on the current form and submitted within 21 days of assignment.
- 4. If the report cannot be completed within the 21-day timeframe, the VRCM shall submit to the MCO a written justification for the delay, the current status and the projected submission date for the report.
- 5. The MCO shall confirm that:
  - a. The initial assessment report is reasonably based and that any subjective inferences are substantiated with an objective behavioral description;
  - b. Appropriate authorizations for the release of information were signed by the IW before the VRCM contacted the POR and any other providers;
  - c. The VRCM submits the initial assessment report before any plan services are authorized or delivered; and
  - d. The *Rehabilitation Agreement* (RH-1) and the authorization for release of information are submitted no later than the submission of the initial assessment report.

#### D. Assessment Plan

- 1. The VRCM, DMC and MCO shall staff any recommendation for an assessment plan.
- 2. Within 28 days of assignment and upon agreement of the DMC and MCO, the VRCM shall develop and submit the assessment plan, using the BWC form *Vocational Rehabilitation Assessment Plan* (RH-43).
- 3. The VRCM shall ensure all sections of the RH-43 are complete.
- 4. The VRCM shall:
  - a. Describe in detail each service needed;
  - b. The rationale for that service; and
  - c. The specific questions to be answered by the service, as applicable.
- 5. The VRCM may include in the assessment plan, as appropriate, the following reimbursable services and activities (not an exhaustive list):
  - a. Vocational evaluation;
  - b. Evaluation of functional and physical capacity;
  - c. Multi-disciplinary evaluation;
  - d. Evaluation by a physical medicine and rehabilitation physician;
  - e. Psychological evaluation;
  - f. Work conditioning evaluation;
  - g. Vocational screening;
  - h. Situational assessment;
  - i. Career counseling;
  - j. Informational interviews;
  - k. Pre-test for GED;
  - l. Job analysis;
  - m. Ergonomic study;
  - n. Transferable skills analysis (this may be conducted by the VRCM during the initial assessment);
  - o. Labor market survey;

- p. Vocational rehabilitation case management for assessment and plan development (W3000-W3040);
  - q. Travel; and
  - r. Other services as authorized by the MCO.
6. The following are not appropriate services for an assessment plan:
    - a. Employment services;
    - b. Work adjustment;
    - c. Actual training;
    - d. Therapy;
    - e. Conditioning;
    - f. Job modifications; and
    - g. The provision of tools and equipment.
  7. The DMC shall authorize any of the following special assessment plan types prior to the beginning of services (See the *Special Vocational Plan Types* policy and procedure for further information):
    - a. Plans developed by a vocational rehabilitation case management intern - The DMC shall be notified of the assignment of an intern at the time of assignment or transfer.
    - b. Extension of reimbursable service guidelines - The DMC shall enter a claim note indicating approval or denial of a service that exceeds the service code limit or exceeds the fee schedule.
    - c. Plans requiring interpreter services - The DMC shall be responsible for arranging and authorizing interpreter services at critical junctures in the rehabilitation case, as necessary. See the *Interpreter Services* policy and procedure for additional information.
    - d. Plans with services paid "by report" (plans that include service codes that have no established fees for the identified service) See the Provider Billing and Reimbursement Manual for information on "by report" services.
  8. The VRCM shall design the assessment plan to be completed within 28 days.
  9. The MCO and DMC shall review the assessment plan and, if in agreement, the VRCM shall proceed with services.
  10. If unusual circumstances exist and the VRCM determines that additional assessments are needed:
    - a. The VRCM shall submit an amended assessment plan with justification for the additional services to the MCO.
    - b. The MCO shall consult with the DMC and approve or disapprove the amended assessment plan.
  11. Signature Requirements
    - a. On an RH-43 (both the original assessment plan and an amended assessment plan), the MCO shall require a hard copy signature from the:
      - i. VRCM;
      - ii. MCO; and
      - iii. The IW within thirty (30) days.
    - b. When the VRCM initially receives verbal approval from the IW, the VRCM shall:
      - i. Initial and date the appropriate "Plan of service approval" section, which serves to attest the verbal approval was received from the IW awaiting the approval of the MCO; and
      - ii. Within 30 days of the assessment plan start date, obtain and submit the IW's hard copy signature to the MCO and DMC.



- c. The MCO shall not accept an email-generated (i.e., typed) signature as a hard copy signature. The MCO shall accept a scanned document sent via fax or email which reflects a hard copy signature.

E. Living Maintenance (LM)

1. The DMC shall evaluate and facilitate, when appropriate, payment of LM to the IW during the IW's participation in an assessment plan.
2. LM shall start on the first day of the IW's participation in the assessment plan and continue throughout the period the IW is participating in the assessment plan.
3. The IW may continue to receive LM for up to 14 days following completion of the assessment plan if a comprehensive vocational rehabilitation plan is being developed.
4. For further information on LM, refer to the *Living Maintenance Compensation* policy and procedure.

F. Employability Recommendation

1. Within seven days of the IW's completion of active services in an assessment plan, the VRCM shall complete a written employability recommendation to the MCO. (This step occurs during the time allotted on the assessment plan for comprehensive plan development).
2. The employability recommendation shall summarize and integrate results from all the assessments completed and outline vocational rehabilitation service options including:
  - a. The type of assessment;
  - b. The provider; and
  - c. Recommendations as to whether the IW is a viable candidate at this time for participation in a comprehensive vocational rehabilitation plan for purposes of RTW.
    - i. If the VRCM determines that the IW is not a viable candidate and therefore not feasible for vocational rehabilitation services, the MCO shall follow the procedures for case closure (See the *Vocational Rehabilitation Case Closure* policy and procedure).
    - ii. If the VRCM determines the IW is a viable candidate, the VRCM shall outline the service options and staff the recommendations, preferably via telephone, with the MCO and the DMC.

G. Reopened Cases

1. Cases closed during or after the assessment plan may only be reopened with justification of significant changes in the IW's circumstances.
2. If a comprehensive vocational rehabilitation plan is reopened within two months of closure due to a rescinded closure or claim transfer, another initial assessment is not necessary.

Policy and Procedure Name:	<b>Comprehensive Vocational Rehabilitation Plan and Progress Reports</b>
Policy #:	VR-03-02
Code/Rule Reference:	O.A.C. 4123-18-05
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding comprehensive vocational rehabilitation plan and progress reports that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## **I. Policy Purpose**

The purpose of this policy is to ensure that an injured worker (IW) who is eligible and feasible for vocational rehabilitation services has a plan of services developed that will best enable the IW to obtain employment.

## **II. Applicability**

This policy applies to the:

- BWC disability management coordinators (DMC);
- Managed care organization (MCO) staff involved in the coordination and management of the vocational rehabilitation program; and
- Vocational rehabilitation case managers (VRCM) assigned by the MCO.

## **III. Definitions**

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## **IV. Policy**

It is the policy of BWC that when an IW is eligible and feasible for vocational rehabilitation services, the vocational rehabilitation case manager (VRCM) will develop a comprehensive plan and collaborate with the MCO and DMC to assist the IW in obtaining employment.

## **V. Comprehensive Plan Development and Expectations**

### **A. Timeframes**

1. The VRCM shall submit the comprehensive plan to the MCO for review and approval:

- a. Within seven (7) calendar days of submission of the initial assessment report (where no assessment plan was needed); or
    - b. Within ten (10) days of completion of the services in an assessment plan.
  2. If the VRCM determines that it will not be possible to develop a comprehensive plan within the required timeframes, he or she shall:
    - a. Submit written justification for the extension to the MCO within the seven (7) or ten (10) day time frame (whichever is applicable); and
    - b. Staff the issue with the MCO and DMC.
  3. Justifiable reasons for an extension may include (but are not limited to):
    - a. Pre-plan information is not received following a timely request (e.g., physician of record (POR) or employer information, functional capacity or vocational evaluations); or
    - b. An unexpected situation prevents the IW from participating in the vocational rehabilitation process (e.g., a family emergency).
- B. Comprehensive Plan Components and Expectations
  1. The VRCM shall use the *Vocational Rehabilitation Comprehensive Plan* (RH-44) to complete the comprehensive plan.
  2. The comprehensive plan must reflect that the IW's participation in services will approximate the IW's pre-injury workweek or, if applicable, the number of hours the IW is medically released for participation.
  3. The VRCM shall ensure all the requested information on the RH-44 is provided, including:
    - a. Plan of Service Approvals:
      - i. Verification of verbal approval by the IW, initials of person verifying the verbal approval (typically the VRCM) and the date;
      - ii. MCO authorization or denial, with a signature and date (a denial shall only be generated following reasonable negotiation and clarification);
      - iii. Signature of the VRCM that prepared the comprehensive plan and date;
      - iv. Signature of IW indicating acceptance of the comprehensive plan and date (a hard copy signature must be received within 30 days of the first date of plan service); and
      - v. Printed name and signature of VRCM accepting the comprehensive plan for implementation of services.
    - b. Narratives:
      - i. Vocational considerations – A brief summary of the vocationally relevant work and training history, including:
        - a) Job history;
        - b) Transferable skills;
        - c) Job analysis information;
        - d) Academic history; and
        - e) Military service.
      - ii. Medical considerations: A brief summary of vocationally relevant medical information (i.e., those factors which are currently or potentially impacting a return to work) including:
        - a) Medical issues to be addressed for return to work;
        - b) Co-morbidities and non-allowed conditions impacting return to work; and
        - c) Surgeries and other treatment.
      - iii. Other considerations: A brief summary of other vocationally relevant factors including:

- a) Personal factors;
  - b) Legal factors;
  - c) Strengths upon which the comprehensive plan relies; and
  - d) Barriers to employment and plans to overcome them.
- iv. Justification of return to work level and job goal: The rationale for the return to work level (a.k.a. "return to work hierarchy") and job goal selected as well as relevant labor market information supporting the job goal if a change in employers is necessary.
  - v. Comprehensive plan of services with justification:
    - a) A description of the services to be provided and the rationale for the services (not simply a listing of the definition of the services);
    - b) The reason the services are included specific to the IW and the specific barriers to employment or needs to be addressed by the service; and
    - c) The expectations of the IW's participation in the services.
- c. Plan of services grid, including:
    - i. Vocational rehabilitation case management for comprehensive plan implementation;
    - ii. Provisions for living maintenance compensation;
    - iii. Provider travel, wait time and mileage as a single summary entry;
    - iv. A minimum of 30 days of vocational rehabilitation case management for return to work follow-up;
    - v. The service provider - This may be a company rather than an individual, particularly if the exact assignment is anticipated later in the comprehensive plan;
    - vi. The estimated number of weeks of a particular service;
    - vii. Estimated service dates (from and to);
      - a) Services shall overlap and run concurrently, when possible.
      - b) Estimated service dates may vary as the comprehensive plan progresses.
    - viii. Estimated cost of each service;
    - ix. Total weeks - Calculated from the first approved comprehensive plan with a begin date on or after 2-1-2015 for this vocational referral through the estimated end date of the most recent comprehensive plan; and
    - x. The total estimated cost of all services and living maintenance.
  - 4. The VRCM shall ensure that the IW has a prescription or a medical release from the POR for vocational rehabilitation services, as necessary. See Appendix A to this policy and procedure for a list of services that require a physician prescription or release.
  - 5. The DMC is responsible for authorizing comprehensive plans that qualify as special plan types prior to implementation. See the *Special Vocational Plan Types* policy and procedure for further information.

## **VI. Amending the Comprehensive Plan**

- A. The VRCM may amend the comprehensive plan to continue or redirect vocational rehabilitation services when:
  - 1. There is a significant change in the job goal; or
  - 2. The VRCM identifies a significant new barrier and/or service need.

- B. The VRCM shall amend a comprehensive plan using the RH-44, identifying it as amended and providing a plan identification number.
- C. The VRCM shall staff the amended comprehensive plan with the MCO and the DMC.
- D. If additional assessments are needed prior to amending the comprehensive plan, the VRCM shall:
  - 1. Submit a progress report and authorization request outlining the needed assessment services; and
  - 2. Once the needed assessments are completed, submit the amended comprehensive plan to the MCO.
- E. The VRCM shall ensure that all sections on the RH-44 are completed with updates, as needed.
  - 1. The amended comprehensive plan shall outline all the services necessary to progress an IW from the current situation through return to work.
  - 2. An updated complexity factor form may also be submitted with the amended comprehensive plan, if needed.
- F. To ensure there is no interruption in the IW's living maintenance payment, the VRCM shall submit the amended comprehensive plan to the MCO so that it is received by the DMC no later than three (3) business days prior to the end of the previous comprehensive plan.

## **VII. Reopened Comprehensive Plans**

- A. When a comprehensive plan is reopened (e.g., the IW has successfully appealed a case closure) the VRCM shall submit an amended comprehensive plan (if needed pursuant to section VI.A, above) within twenty-one (21) days from the date the case is reassigned to the VRCM.
- B. If a comprehensive plan is reopened and there is no need to amend the comprehensive plan, the VRCM shall continue the services that were authorized before closure.

## **VIII. Progress Reports**

- A. For every IW participating in a comprehensive plan, the VRCM shall:
  - 1. Complete written updates of progress using the *Vocational Rehabilitation Progress Report* (RH-46), for every 30 day period of comprehensive plan participation, or more frequently if necessary; and
  - 2. Submit the progress report to the MCO and DMC, no later than five (5) business days from the end of the reporting period.
- B. The VRCM shall ensure all the requested information on the RH-46 is provided including:
  - 1. Adequate information about the current status of the IW's progress towards return to work or remain at work;
  - 2. Justification for service authorization requests and minor changes in services; and

3. Requests for any necessary assessments when a significant change in direction in the comprehensive plan is required.
- C. The MCO and DMC are responsible for reviewing the progress reports as part of oversight of the comprehensive plan.

#### **IX. Authorization of Services**

- A. The VRCM shall use an *Authorization Request for Vocational Rehabilitation Plan* (RH-45) for services on the comprehensive plan or an amended comprehensive plan. The RH-45 shall be submitted:
1. With the comprehensive plan or amended comprehensive plan to ensure the first period of services are authorized at least three (3) business days prior to initiation of services; or
  2. With a progress report, to authorize the next set of services at least five (5) business days prior to the end of the current authorization.
- B. The VRCM shall ensure that all the information requested on the RH-45 is provided.
- C. The MCO shall not deny any service on an RH-45 prior to staffing with the VRCM. Denial of comprehensive plan services may result in a closure of the comprehensive plan. See the *Vocational Rehabilitation Plan Closure* policy and procedure for more information.

#### **X. Signature Requirements**

- A. On an RH-44 (both the original comprehensive plan and an amended comprehensive plan), the MCO shall require a hard copy signature from the:
1. VRCM;
  2. MCO; and
  3. The IW (within 30 days pursuant to Section X. B., below).
- B. When the VRCM initially receives verbal approval from the IW, the VRCM shall:
1. Initial and date the comprehensive plan in the appropriate "Plan of service approval" section, which serves to attest the VRCM has discussed the comprehensive plan services with the IW and the IW agrees with the services; and
  2. Within 30 days of the comprehensive plan start date, obtain and submit the IW's hard copy signature to the MCO and DMC.
- C. On an RH-46 the MCO shall require:
1. A hard copy signature from the VRCM; and
  2. If the progress report reflects changes to the types or overall duration of services, a hard copy signature or verbal approval from the IW.
    - a. The VRCM may submit a verbal signature from the IW.
    - b. The VRCM shall submit a hard copy signature of the IW no later than 30 days after submission of the progress report.
- D. The MCO shall not accept an email-generated (i.e., typed) signature as a hard copy signature. The MCO shall accept a scanned document sent via fax or email which reflects a hard copy signature.

## APPENDIX A

Services Requiring a POR Prescription or C-9		Services Requiring a POR Release Documentation from POR that IW may return to work with restrictions MEDCO 14, or office notes, etc		Services Not Requiring a POR Prescription or Release	
Code	Service	Code	Service	Code	Service
No code	Gradual return to work	No code	Employer Incentive Contract	CPT codes	Adjustment Counseling
CPT	Functional Capacity Evaluation	W0660 W3260	Job Placement	W0647	Auto Repairs
W0750	Nutritional Consult	W0659 W3259	Job Development	W0674	Child Care
CPT	Occupational or Physical Therapy	No code	Job Search	W0644	Ergonomic Study
W0637	Transitional Work Services	W0694	Long term training	W0645	Job Analysis
W0648	Physical Reconditioning Unsupervised	No code	On-the-job training	W0650 W3257	Job Seeking Skills Training
W0710	Work Conditioning	W0692	Short term training	W0690	Training-Books, Supplies and Testing
W0702 Initial 2 hr: W0703 Each add. hr:	Work Hardening/ Occ. Rehab	No code	Work Trial	W0663	Job Modifications
				Z0700	Relocation Expense
		W0672	Job Coach	W0635	Situational Work Assessment
		W0641 W3258	Job Club	W0665	Tools & Equipment
				W3000-3040 W3200-3240	Vocational Case Management
				W0610	Vocational Eval. Comprehensive
				W0631	Vocational Screening
				W0662 W0620	Work Adjustment
				W0523-0524	Career Counseling

Policy and Procedure Name:	<b>Job Retention Plan Development and Implementation</b>
Policy #:	VR-10-01
Code/Rule Reference:	R.C. 4121.61; O.A.C 4123-18-05
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding job retention plan development and implementation that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. POLICY PURPOSE

The purpose of this policy is to ensure that an appropriate job retention plan is developed for an eligible and feasible injured worker (IW) in a consistent, timely and efficient manner.

## II. APPLICABILITY

This policy applies to the:

- BWC disability management coordinators (DMC);
- Managed care organization (MCO) staff involved in the coordination and management of the vocational rehabilitation program; and
- Vocational rehabilitation case managers (VRCM) assigned by the MCO.

## III. DEFINITIONS

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## IV. POLICY

It is the policy of BWC that when an IW is found eligible and feasible for job retention services needed to maintain employment and the VRCM has completed an appropriate initial assessment, the VRCM will develop and implement a job retention plan.

## VI. PROCEDURE

### A. Job Retention Plan Development

1. Prior to development of the job retention plan:



- a. The IW must have been found eligible and feasible for job retention services pursuant to the *Referrals, Eligibility, and Feasibility* policy and procedure; and
    - b. The VRCM must have completed the contacts as required for job retention services pursuant to the *Initial Assessment and Assessment Plan* policy and procedure.
  2. The VRCM shall prepare the written job retention plan, utilizing the *Vocational Rehabilitation Job Retention Plan* (RH-47) form, as soon as possible but no later than 28 days after being assigned the case.
  3. The VRCM shall staff the job retention plan with the MCO and DMC, either before or after the written job retention plan is completed. Staffing may occur via telephone, email or face-to-face.
  4. The DMC is responsible for authorizing job retention plans that qualify as special plan types prior to implementation. See the *Special Vocational Plan Types* policy and procedure for further information.
- B. Amended Job Retention Plan
1. The VRCM shall complete an amended job retention plan using the RH-47 when it is determined that additional services are necessary.
  2. The VRCM shall submit an amended job retention plan to the MCO so that it is received by the DMC within three (3) business days prior to the end of the previous plan.
- C. Progress Reports
1. The VRCM shall submit progress reports for every 30-day period of plan participation, or more frequently if necessary, using the *Vocational Rehabilitation Progress Report* (RH-46), unless an amended plan has been submitted for the period.
  2. The VRCM shall ensure the progress report is received by the MCO and DMC no later than five (5) business days from the end of the reporting period.
- D. Signature Requirements
1. On an RH-44 (both the original job retention plan and an amended job retention plan), the MCO shall require a hard copy signature from the:
    - a. VRCM;
    - b. MCO; and
    - c. The IW within 30 days.
  2. When the VRCM initially receives verbal approval from the IW, the VRCM shall:
    - a. Initial and date the appropriate "Plan of service approval" section, which serves to attest the verbal approval was received from the IW awaiting the approval of the MCO; and
    - b. Within 30 days of the job retention plan start date, obtain and submit the IW's hard copy signature to the MCO and DMC.
  3. On an RH-46 the MCO shall require:
    - c. A hard copy signature from the VRCM; and
    - d. If the progress report reflects changes to the types or overall duration of services, a hard copy signature or verbal approval from the IW.
      - i. The VRCM may submit a verbal signature from the IW.
      - ii. The VRCM shall submit a hard copy signature of the IW no later than 30 days after submission of the progress report.

4. The MCO shall not accept an email-generated (i.e., typed) signature as a hard copy signature. The MCO shall accept a scanned document sent via fax or email which reflects a hard copy signature.

Policy and Procedure Name:	<b>Special Vocational Rehabilitation Plan Types</b>
Policy #:	VR-19-01
Code/Rule Reference:	R.C. 4121.61
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All Vocational Rehabilitation policies, procedures, directives and memos regarding special vocational rehabilitation plan types that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. POLICY PURPOSE

The purpose of this policy is to ensure that in addition to appropriate managed care organization (MCO) authorization, the disability management coordinator (DMC) also authorizes special types of vocational rehabilitation plans prior to the implementation of services.

## II. APPLICABILITY

This policy applies to the:

- BWC disability management coordinators (DMCs);
- MCO staff involved in the coordination and management of the vocational rehabilitation program; and
- Vocational rehabilitation case managers (VRCMs) assigned by the MCO.

## III. DEFINITIONS

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## IV. POLICY

It is the policy of BWC to ensure the appropriateness of the following types of vocational rehabilitation plans by requiring the DMC, in addition to the MCO, to authorize the plans prior to implementation:

- Plans developed by a vocational rehabilitation case management intern (hereinafter, intern);
- Plans that require an extension of reimbursable service guidelines;
- Plans involving rehabilitation injury claims;

- Plans requiring interpreter services;
- Plans using return to work incentive services;
- Plans that include service codes that have no established fees for the identified service (i.e., services paid “by report”); and
- Plans developed in collaboration with the Opportunities for Ohioans with Disabilities (OOD) agency.

## V. PROCEDURE

- A. The VRCM shall notify the MCO and the DMC when a vocational rehabilitation plan includes services or otherwise meets the criteria of a special vocational rehabilitation plan type.
- B. The VRCM shall not implement services until the DMC has authorized, via email, the vocational rehabilitation plan.
- C. The DMC’s authorization shall not replace appropriate authorization by the MCO, as required by the applicable policy (i.e., *Initial Assessment and Initial Assessment Plan, Comprehensive Vocational Rehabilitation Plan and Progress Reports and Job Retention Plan and Implementation*).
- D. Plans Developed by an Intern:
  1. The DMC shall be notified of the assignment of an intern at the time of assignment or transfer.
  2. Prior to submitting a vocational rehabilitation plan, the intern shall staff the plan with the DMC.
- E. Extension of Reimbursable Service Guidelines
  1. The DMC, VRCM and MCO shall staff vocational rehabilitation plans that include a service that exceeds the service code limit or exceeds the fee schedule.
  2. The DMC shall enter a claim note indicating approval or denial of the service.
- F. Rehabilitation Injury Claims: The initial staffing of a rehabilitation injury claim shall include the DMC and the MCO.
- G. Plans Requiring Interpreter Services
  1. The initial staffing regarding the need for interpreter services must include the DMC and the MCO designee.
  2. Once the VRCM is assigned, the VRCM shall staff the case with the DMC prior to developing the vocational rehabilitation plan and any amendments.
  3. The DMC shall be responsible for arranging and authorizing interpreter services at critical junctures in the rehabilitation case, as necessary, based on on-going communication with the MCO and assigned VRCM.
  4. The DMC shall reference the *Interpreter Services* policy and procedure for additional information.
- H. Plans Using RTW Incentive Services - Employer Incentive Contract (EIC), Gradual RTW, Work Trial, Job Modifications, On the Job Training, and Tools and Equipment:

1. The DMC shall verify that negotiated services comply with the requirements for return to work incentive services.
  2. See the Provider Billing Reimbursement Manual (PBRM) for further information.
- I. Plans with Services Paid “By Report”
1. When including a “By Report” code in a vocational rehabilitation plan, the VRCM shall:
    - a. Research the service that is needed and the available provider for that service;
    - b. Document in the vocational rehabilitation plan narrative the justification for the service and the associated costs; and
    - c. Include the service and cost of the service on the plan grid.
    - d. “By Report” codes include the following:
      - ii. W0647 Automobile repairs
      - iii. W0648 Physical reconditioning-unsupervised
      - iv. W0663 Job modifications
      - v. W0665 Tools/equipment
      - vi. W0674 Child/dependent Care
      - vii. W0690 Training-books, supplies and testing
      - viii. W0691 Remedial training
      - ix. W0692 Short-term training-up to one year
      - x. W0694 Long term training –over one year
  2. The VRCM shall staff the proposed service and costs with the DMC and document the outcome of the staffing in the narrative of the vocational rehabilitation plan.
  3. The DMC shall enter a note in the claim summarizing the staffing with the VRCM and indicating DMC support or lack of support for the service.
  4. When the DMC receives an MCO-approved authorization request with a “By Report” code from the MCO, the DMC shall enter a rehabilitation note titled “BR code [insert appropriate code] approval”. The note shall indicate:
    - a. That the service code listed on the plan is correct;
    - b. The date range for the services from the plan grid;
    - c. The DMC’s authorization of the code and fee; and
    - d. That the code will be payable when the MCO receives all required reports and billing documents showing services were completed.
    - e. See the PBRM for further information.
- J. Plans Developed in Coordination with the Opportunities for Ohioans with Disabilities (OOD) Agency
1. When the IW will be receiving vocational rehabilitation services through BWC and OOD, the VRCM shall:
    - a. Collaborate with OOD in the development of each agency’s vocational rehabilitation plan, including reaching agreement on the specific services for which each agency will be responsible;
    - b. Prepare the final vocational rehabilitation plan for BWC;
    - c. Submit the plan to the MCO and DMC with a copy of OOD’s Individualized Plan for Employment (IPE), reflecting the services each agency is providing;
    - d. Staff the vocational rehabilitation plan with the MCO and DMC.

2. Throughout implementation of the vocational rehabilitation plan, the MCO shall reference OOD's IPE to ensure coordination and appropriate payment of services.

## Vocational Rehabilitation By Report Code Template

This is the preferred template for requesting review of BR codes for Vocational Rehabilitation, rather than using the Medical Policy BR/NC Code Template.

*Note: If there is already a **BR Code Wxxx DMC Approval** note for the service requested and the amount authorized in the DMC note is greater than the amount of payment the MCO is authorizing, you would simply ask to have the claim placed on review and send the date of the DMC BR Code note to MBA with your request.*

*If there is already a BR Code Wxxx DMC Approval note for the service requested and the amount authorized in the DMC note is less than the amount of payment the MCO is authorizing, you will need to complete the template below and include the MCO's explanation of its approval of the greater amount. This information would be part of "Please explain any special conditions that apply to the current request".*

When requesting vocational rehabilitation policy review of a retrospective or RAW Service By Report code, please be sure to include the following:

Date of the request:

IW Name:

Claim Number:

Servicing Provider Name:

Service Code:

Dates of Service:

Amount Billed:

Amount MCO authorizes:

CIN #: (If the service has already been billed this should also be included.)

Date the MCO authorizes the plan:

Location of the authorization: (original plan or plan amendment)

Please explain any special conditions that apply to the current request for a "by report" note.

These requests should be submitted to the Rehab Policy Mailbox ([Policy.R.1@bwc.state.oh.us](mailto:Policy.R.1@bwc.state.oh.us)).

Policy and procedure Name:	<b>Interruptions to Assessment or Comprehensive Plan and Medical Hold</b>
Policy #:	VR-09-02
Code/Rule Reference:	OAC 4123-18-04
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding interruptions to assessment or comprehensive plans and medical hold that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. POLICY PURPOSE

The purpose of this policy is to ensure interruptions to an assessment plan or to a comprehensive plan and medical holds are handled in a consistent, reasonable and efficient manner.

## II. APPLICABILITY

This policy applies to the:

- BWC disability management coordinators (DMC);
- Managed care organization (MCO) staff involved in the coordination and management of the vocational rehabilitation program; and
- Vocational rehabilitation case managers (VRCM) assigned by the MCO.

## III. DEFINITIONS

See "Vocational Rehabilitation Definitions" in Chapter 4 of the MCO Policy Reference Guide.

## IV. POLICY

It is the policy of BWC to evaluate an interruption of an injured worker's (IW's) participation in an assessment plan or comprehensive plan and to determine the most appropriate action.



## V. PROCEDURES

- A. Non-Medical Interruption: The VRCM shall notify the DMC within 24 hours of becoming aware that an IW will not be participating in the assessment plan or the comprehensive plan for one or more days. Notification to the DMC shall be by phone, fax, or email.
1. If the interruption is expected to be five (5) working days or less, the DMC shall consider the circumstances and determine if living maintenance compensation (LM) will continue.
  2. If the interruption is expected to be more than five (5) working days, the VRCM, MCO and DMC shall staff the plan to consider if closure is appropriate.
  3. When the IW is participating in a training plan, and through no fault of the IW courses are not available for a one-term period and the plan will be interrupted, the DMC shall communicate with the claim service specialist (CSS) to ensure:
    - b. LM is discontinued during the plan interruption; and
    - c. Any other form of compensation for which the IW is eligible is reinstated.
- B. Medical Interruption
1. During an assessment plan: When it appears the IW's medical instability (which may or may not be related to the allowed condition) will cause the IW to be unable to participate in the assessment plan for less than 30 days, the VRCM shall prepare and submit to the MCO an amended assessment plan using the RH-43 and a request for the medical interrupt with continuation of LM if appropriate.
  2. During a comprehensive plan: When it appears the IW's medical instability (which may or may not be related to the allowed condition) will cause the IW to be unable to participate in the comprehensive plan for less than 30 days, the VRCM shall prepare and submit to the MCO a progress report and an authorization request for the medical interrupt with payment of LM, if appropriate.
  3. The MCO shall notify the DMC within 24 hours of being notified by the VRCM of the medical interruption. Notification to the DMC shall be by phone, fax, or email.
  4. The DMC shall:
    - a. Review and evaluate the diagnosis, prognosis and the medical condition's expected impact on participation in the assessment or comprehensive plan; and
    - b. Determine the reasonableness of maintaining the vocational rehabilitation case in a medical interrupt while the medical condition resolves or further information about the condition is gathered.
  5. If the DMC determines it is appropriate, the vocational rehabilitation case may be maintained in medical interrupt for up to 30 calendar days. In exceptional situations, the DMC may approve the medical interrupt for an additional 30 calendar days.
  6. LM during a medical interruption (regardless of the approved duration of the medical interruption) is limited to 30 calendar days per vocational rehabilitation case. See the *Living Maintenance Compensation* policy and procedure for further information.

7. At the end of the medical interruption, the VRCM shall submit an amended plan, as appropriate, consistent with the *Initial Assessment and Initial Assessment Plan* policy or the *Comprehensive Vocational Rehabilitation Plan and Progress Reports* policy, as applicable.
8. The VRCM shall require a medical release for participation in a scheduled service as needed.

C. Plan Closure

1. If at any point it appears likely the IW's medical condition or other circumstances will prohibit a return to active plan participation within a reasonable time, the MCO shall close the case.
2. Any closure due to interruption, whether medical or non-medical, shall be completed consistent with the *Vocational Rehabilitation Case Closure* policy.

D. Medical Hold Closure

1. The IW, POR or any party to the claim may make a request to the MCO for a medical hold.
2. If the medical condition for which the hold is being requested is not an allowed condition, the MCO shall ensure that:
  - a. The IW has signed a consent form permitting the MCO and DMC to communicate with the relevant treating physician about the stability of the medical condition as it relates to a return to active rehabilitation; and
  - b. The claim file contains documentation of the diagnosis and prognosis of the medical condition.
3. Upon receipt of the request for a medical hold, the MCO shall forward the request along with any necessary information to the DMC.
4. The DMC shall determine if a medical hold status is appropriate.
5. The DMC may deny a request for medical hold for the following reasons:
  - a. The IW was not participating in a plan at the time of case closure;
  - b. The request for medical hold was not made at the time of case closure;
  - c. The IW did not sign a consent form for both the DMC and the MCO to communicate with the treating physician (if the medical condition for which the hold is being requested is not an allowed condition);
  - d. There is no documentation of diagnosis or prognosis of the medical condition;
  - e. The treating physician did not indicate the IW's medical condition would interfere with participation in a plan; or
  - f. The medical evidence indicates the medical treatment the IW is considering is cosmetic and/or recovery is short-term only.
6. The DMC shall communicate to the MCO, IW and other parties to the claim the decision to allow or disallow a medical hold using the "Medical Hold - Eligible" or "Medical Hold – Not Eligible" letter available on COR.
7. The MCO shall monitor the IW's medical status and communicate that status to the DMC on a monthly basis for the first six months of the medical hold and bi-monthly thereafter, up to two years.
8. Whenever the MCO or DMC receives information that the IW's medical condition has stabilized, the MCO or DMC shall notify the other.
9. Following the medical hold, the MCO shall review the IW's feasibility for vocational rehabilitation services and advise the DMC.

10. If the MCO finds the IW is currently feasible for vocational rehabilitation services, the IW shall resume participating in plan services as soon as possible.

Policy and Procedure Name:	<b>Case Management Follow-Up Services</b>
Policy #:	VR-03-01
Code/Rule Reference:	O.A.C. 4123-18-08
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding case management follow-up services that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. POLICY PURPOSE

The purpose of this policy is to ensure the requirements for providing follow-up vocational rehabilitation services are clearly detailed.

## II. APPLICABILITY

This policy applies to the:

- BWC disability management coordinators (DMC);
- Managed care organization (MCO) staff involved in the coordination and management of the vocational rehabilitation program; and
- Vocational rehabilitation case managers (VRCM) assigned by the MCO.

## III. DEFINITIONS

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## IV. POLICY

- A. It is the policy of BWC to provide follow-up services to an IW that has returned to work as the result of participating in a comprehensive vocational rehabilitation plan.
- B. BWC will only reimburse for follow-up services when the IW returns to work as a result of the vocational rehabilitation plan, whether or not the plan was completed.

- C. It is the policy of BWC that follow-up services may be provided, as needed, when the return to work occurs during pre-plan or during an assessment plan, or following a job retention plan.

## V. PROCEDURES

- A. The VRCM shall provide follow-up services in a comprehensive plan for as long as needed, but for not less than 30 calendar days after an IW returns to work. Follow-up services may be provided concurrent with other services (e.g., on the job training, gradual return to work).
- B. If the VRCM determines that post-return-to-work services are needed beyond 30 calendar days after the IW returns to work:
  - 1. The VRCM shall include a justification in the narrative section of the *Vocational Rehabilitation Progress Report* (RH-46); and
  - 2. The time shall be submitted on the *Authorization Request for Vocational Rehabilitation Plan* (RH-45).
- C. If the VRCM determines that follow-up services are appropriate following a return to work, during assessment plan or a job retention plan, the VRCM shall amend the assessment or job retention plan and provide justification.
- D. The VRCM shall instruct the IW who is returning to work to immediately contact the VRCM concerning any problems that might affect maintaining employment. The VRCM shall take prompt action to resolve such issues.
- E. If employment is not maintained during the follow-up period the VRCM, the MCO and the DMC shall staff the case to determine plan direction.
- F. The DMC shall ensure the IW is aware of provisions for living maintenance wage loss if the IW appears eligible. (See the *Living Maintenance Wage Loss* policy).
- G. For additional information regarding case management follow-up services and outcome payments refer to the "Provider Billing and Reimbursement Manual."

Policy and Procedure Name:	<b>Vocational Rehabilitation Case Closure</b>
Policy #:	VR-22-01
Code/Rule Reference:	O.A.C. 4123-18-05(G)
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding vocational rehabilitation case closure that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. POLICY PURPOSE

The purpose of this policy is to ensure that vocational rehabilitation cases are closed for consistent reasons in a consistent manner.

## II. APPLICABILITY

This policy applies to the:

- BWC disability management coordinators (DMCs);
- Managed care organization (MCO) staff involved in the coordination and management of the vocational rehabilitation program; and
- Vocational rehabilitation case managers (VRCMs) assigned by the MCO.

## III. DEFINITIONS

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## IV. POLICY

- A. It is the policy of BWC to close a vocational rehabilitation case when vocational rehabilitation services will not be provided or are no longer being provided.
- B. Closure of a Referral:
  1. Closure of a vocational rehabilitation referral occurs after:
    - a. The injured worker (IW) has been found not eligible;
    - b. The IW has been found eligible but is not feasible for services; or
    - c. The IW has been found eligible and feasible but the IW does not participate in services.

- C. Closure After Participation in a Vocational Rehabilitation Plan - After the IW has participated in a vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan (“vocational rehabilitation plan”), closure occurs when:
1. The IW has completed an assessment plan and it is determined further vocational rehabilitation services are not needed;
  2. The IW has failed to fulfill the responsibilities outlined in the vocational rehabilitation plan;
  3. The IW is unable to attain the goals of the vocational rehabilitation plan;
  4. The IW has refused, without good cause, to accept an offer of employment within the vocational goal of the comprehensive vocational rehabilitation plan;
  5. The IW dies;
  6. The IW does not agree with the decision of the MCO or BWC to approve or deny specific vocational rehabilitation plan services;
  7. The claim is subsequently disallowed by an order of the Industrial Commission or by order of the court;
  8. The claim is settled for medical and/or indemnity;
  9. The IW has completed a comprehensive vocational rehabilitation plan;
  10. The IW has completed a job retention plan;
  11. The IW is determined to be no longer feasible for vocational rehabilitation services; or
  12. The IW has returned to work and the case follow-up period has ended.

## V. PROCEDURES

- A. The MCO shall notify the DMC by phone, fax or email of a return to work or other case closure event within one business day.
- B. Within ten (10) business days of case closure:
1. For all cases in which the IW has been determined eligible, whether or not assigned to a VRCM, the MCO shall prepare and send a vocational rehabilitation closure letter to all parties to the claim, including a copy to the DMC, which includes:
    - a. The specific reason for closure;
    - b. The IW’s appeal rights; and
    - c. The timeframes for appeal using the established closure date.
  2. For referrals that have been assigned to a VRCM:
    - a. The VRCM shall complete and provide to the MCO a *Vocational Rehabilitation Closure Report* (RH-21);
    - b. The MCO and VRCM shall complete the *Complexity Factor* form; and
    - c. The MCO shall forward the report and *Complexity Factor* form to the DMC.
- C. The DMC shall assign the closure code. If the MCO believes the closure code does not correspond with the information submitted, the MCO shall contact the DMC to resolve.
1. A closure may be rescinded during the closure appeal period if the MCO, employer and IW all agree to keep the vocational rehabilitation case open.

2. If the employer is out of business or no longer doing business in Ohio, the employer's agreement is not required, consistent with the *Due Process* policy.
  3. The MCO shall send a letter to all parties documenting the agreement to rescind a closure.
- D. Lump Sum Settlement (LSS) and Closure of a Case
1. When the DMC becomes aware that a *Settlement Agreement and Application for Approval of Settlement Agreement (C-240)* is filed in a claim where the IW is participating in a vocational rehabilitation plan:
    - a. The DMC shall ensure the MCO and VRCM are aware of the LSS application.
    - b. The DMC shall communicate with the LSS CSS, monitor the status of the claim and keep the MCO and VRCM apprised.
    - c. Vocational rehabilitation services may continue until the day before the claim enters "Settled-Pending" status (i.e., the day the "*Approval of Settlement Agreement*" letter is mailed).
    - d. Services provided on or after the effective date of settlement shall not be reimbursed.
  2. If settlement is reached and no prior notice was given to the provider, a closure report shall not be completed. BWC shall reimburse authorized services provided prior to the effective date of the settlement.
  3. Refer to the *Lump Sum Settlement* policy and procedure for further information.



Policy and Procedure Name:	<b>Disputes Regarding Vocational Rehabilitation Decisions</b>
Policy #:	VR-04-01
Code/Rule Reference:	R.C. 4121.441; O.A.C. 4123-6-16; O.A.C. 4123-18-03
Effective Date:	10/10/16
Approved:	Deborah Kroninger, Chief of Medical Operations (Signature on file)
Origin:	Vocational Rehabilitation Policy
Supersedes:	All vocational rehabilitation policies, procedures, directives and memos regarding disputes of vocational rehabilitation decisions that predate the effective date of this policy and procedure.
History:	New
Review date:	10/10/19

## I. POLICY PURPOSE

The purpose of this policy is to ensure disputes related to vocational rehabilitation services are handled appropriately.

## II. APPLICABILITY

This policy applies to:

- BWC staff;
- Managed care organization (MCO) staff; and
- Vocational rehabilitation case managers (VRCMs) assigned by the MCO.

## III. DEFINITIONS

See “Vocational Rehabilitation Definitions” in Chapter 4 of the MCO Policy Reference Guide.

## IV. POLICY

- A. It is the policy of BWC to resolve disputes related to vocational rehabilitation services in a fair, timely and efficient manner.
- B. Appeals
  1. It is the policy of BWC that MCO vocational rehabilitation feasibility or case closure decisions may be appealed pursuant to the alternative dispute resolution (ADR) process contained in O.A.C. 4123-6-16.
  2. Appeals to a BWC Vocational Rehabilitation Decision:

- a. It is the policy of BWC that decisions made by BWC related to vocational rehabilitation may be appealed to the BWC Rehabilitation Eligibility Appeals Unit.
- b. The types of appealable vocational rehabilitation decisions BWC typically makes include:
  - i. Eligibility for vocational rehabilitation;
  - ii. Medical hold closure;
  - iii. Eligibility for living maintenance or living maintenance wage loss; and
  - iv. Travel reimbursement related to vocational rehabilitation services.
3. An appeal or dispute to a BWC vocational rehabilitation decision must be filed within 14 calendar days of receipt of the decision.

## **V. Procedures**

- A. The MCO shall inform the disability management coordinator (DMC) if an appeal is filed with the MCO.
- B. The MCO shall follow the ADR procedures for processing an appeal as provided in O.A.C 4123-6-16.
- C. The BWC Rehabilitation Appeals Unit shall review, investigate and respond to any appeal received regarding a BWC vocational rehabilitation decision.

## I. Recommendation Process

- A. The DMC is responsible for monitoring surplus fund usage, discussing feasibility concerns, and reviewing the appropriateness of and timeliness of rehabilitation interventions on all vocational rehabilitation cases, as needed. When issues arise, the DMC will staff the issues with their Team Leader and other service office personnel as needed and then contact the MCO to attempt to resolve the issues. The MCO Vocational Coordinator and BWC Rehab Policy may also be involved in these discussions. If the issue is not resolved, the issue must then be staffed with the Service Office Manager (SOM). The SOM should attempt to resolve any professional differences with the MCO at the administrative level. In most cases, these staffings will help resolve the issue and eliminate the need for the Service Office to submit written Rehab Recommendations to the MCO. However, if no mutual resolution is achieved at the conclusion of the Rehab Recommendation process, BWC may begin vocational management of the claim and levy a financial set-off on the MCO pursuant to Rule 4123-6-04.6. Written Rehab Recommendations must be emailed to the MCO from the SOM and include the information listed in section 4 below. If the MCO does not agree with the Rehab Recommendations, the MCO may appeal them by email to the Rehab Administrative Designee e-mail box within 5 working days from receipt of the Recommendations.
- B. The Rehab Administrative designee will make a determination and send the decision to the MCO. The MCO has five working days to implement the decision or respond via email to the designee that they desire a review by BWC Administration. If a further appeal is requested, BWC Administration will review the case within five working days. BWC Administration will notify the MCO, Service Office Manager and DMC of the results of the review.
- C. If BWC Administration upholds the Rehab Recommendations, the BWC Customer Care Team may be requested to begin management of the vocational portion of the claim and a financial set-off will be imposed on the MCO.
- D. Information to be included in the Rehab Recommendation email:
  1. Rehab Recommendation from Service Office;
  2. Injured Worker Name;
  3. Claim number;
  4. Age;
  5. Date of Injury;
  6. ICD Codes;
  7. Rehab Eligibility Status;
  8. Medical Stability Status;
  9. Job at Time of Injury;
  10. Summary of Case;
  11. Potential Vocational Barriers;
  12. Coordination Efforts;
  13. Suggested Recommendation and Intervention; and
  14. The following appeal language: *If you do not agree with these recommendations you have 5 working days from the receipt of this email to appeal.*

## **II. Reports for Job Placement and Job Development Services**

- A. A comprehensive narrative report for job placement and/or job development services is required weekly. The report must include the injured worker's experience in job search and constructive advice provided by the provider. The following features must be included in the report:
1. Barriers to job search and strategy proposed to overcome them;
  2. Changes being made to job search;
  3. Timeframes of meetings, contacts;
  4. Dates and locations of services and session length with injured worker should be noted;
  5. Legible RH-10s;
  6. All job leads provided to the injured worker, including the source, and verification that the leads were for specific injured worker (If searches are conducted for multiple injured workers, time should be prorated across claims);
  7. Terms like "good faith" should be backed up with specific examples;
  8. Homework assignments must be clear and results documented;
  9. Results of follow ups on RH-10 must be specific;
  10. Next steps and future needs must be outlined as each week progresses;
  11. Content should be factual and professional and be specific to the particular stage of job search, not repeated information from the past;
  12. Consequences to injured workers not completing assignments or contacts; and
  13. Injured worker's success as well as need for remediation
- B. If the job placement and job development services are supplied by the same provider, the provider shall submit a single weekly report that identifies the activities in both areas using separate headings for the unique activities. The provider shall record the specific units of activity on their activity log (whether that is incorporated in the report or submitted on a separate sheet is up to the provider and the MCO).
- C. The following activities are considered job placement and will be recorded under W0660 Job Placement or W3260 Employment Services – Job Placement:
1. Internet job search;
  2. Newspaper job search;
  3. ODJFS search for posted jobs;
  4. Other advertised jobs;
  5. Direct meeting with the injured worker to review leads and activities; and
  6. Direct contact with employers about jobs identified in activities 1 through 5 of this section
- D. The following activities are considered job development and will be recorded under W0659 Job Development or W3259 Employment Services – Job Development
1. Cold calling employers who do not have advertised positions;
  2. Contacting known employers in a particular field;
  3. Searching for employers specific to a field;
  4. ODJFS search for hidden job market;
  5. Meeting with employers to develop a position specific to an injured worker;
  6. Developing and OJT; and
  7. Contacting the injured worker regarding leads developed in activities 1

through 7 above

- E. All job placement and job development providers must be enrolled and bill under their individual provider number, not the company they work for. They should provide information about billing activity and units of service for each date of service. No bundling of services by week.

### III. Surplus Fund Expenditures

- A. The following are appropriate Surplus Fund expenditures:
  - 1. Vocational rehabilitation case management professional time is reimbursable:
    - a. after the eligible rehabilitation case is assigned to the vocational rehabilitation case manager;
    - b. through the progression of the rehabilitation program and through vocational rehabilitation case closure.
    - c. During the 10 business days after case closure, only the time spent in case management report writing duties and phone calls may be reimbursed.
  - 2. Compensation to the injured worker and employer reimbursements.
  - 3. Vocational rehabilitation plan services. These services must directly answer referral questions or relate to the specific vocational goal identified in the plan and be developed in accordance with the return to work hierarchy outlined in Rule 4123-18-05.
  - 4. The costs of treatment of non-allowed conditions.
- B. The following are NOT appropriate Surplus Fund charges:
  - 1. The injured worker has been determined not eligible for rehabilitation according to Rule 4123-18-03;
  - 2. The service or program has no strong vocational component and is primarily medically focused, such as passive therapy, transcutaneous electrical nerve stimulation (TENS) units, ultrasound treatment, massage and chiropractic manipulation and medically invasive procedures including nerve block injections;
  - 3. The physical or occupational therapy or treatments are primarily passive modalities or they are aimed at maintaining current level of functioning, instead of increasing overall physical capacities for return to work;
  - 4. The service or program is provided while the injured worker is not medically stable, or is still in the acute or post-operative phase of recovery;
  - 5. The active physical or occupational therapy in the plan is not provided in conjunction with services that simulate the injured worker's job or job goal;
  - 6. The service is a drug detoxification program for prescription or non-prescription drugs;
  - 7. The service is provided to increase quality of life or independent living rather than returning the injured worker to work;
  - 8. The service is a pain management program;
  - 9. Job retention services are not reimbursable when provided to the injured worker only to maintain levels of function achieved in a previous rehabilitation program or the current problems do not appear to represent a significant impediment to maintaining employment as outlined in Rule 4123-18-03(E), eligibility for job retention services.
- C. A significant impediment to maintaining employment means that the functional problems would cause the worker to lose the current job without receipt of services. Ongoing chiropractic manipulations are medically directed and are not considered appropriate for job retention services.

#### IV. Reimbursable Service/Job Search (no billing code used)

- A. Job Search is an individualized self-directed program monitored by the rehabilitation case manager. Its purpose is to expedite employment in a position that can/will provide a reasonable standard of living. It is developed for an injured worker who can't return to the original employer and has the transferable skill and physical capacities to return to the labor force. The injured worker conducts a self-directed job search monitored by the vocational rehabilitation case manager (VRCM). It is important that the VRCM and the injured worker, with input from the DMC and MCO, establish ground rules for job search. When job search is included in plan in conjunction with Job Placement and Job Development services, the Job Placement and Job Development Specialist should also help to develop the ground rules. The ground rules should address the following:
1. • The job goal;
  2. • The number of contacts to be made;
  3. • The minimum amount of time the injured worker is expected to engage in job search activities each week;
  4. • The type of contacts to be made (i.e. in person, phone, fax, internet, US mail, etc.). The job goal should help to determine the number of job contacts and the type required per week;
  5. • The method for documenting contacts;
  6. • When the documentation of contacts will be submitted;
  7. • To whom the documentation of contacts will be submitted; and
  8. • How often the injured worker will meet with the VRCM and / or the job placement and development specialist
- B. When a job search is not going as planned, barriers will be discussed and expectations will be documented on the vocational rehabilitation plan (RH-2). The vocational rehabilitation case manager and MCO are responsible for assuring that the injured worker is actively participating in a full-time job search program, as described in the vocational rehabilitation plan. As the job search progresses, care must be given to the quality of contacts versus the number of contacts. Although the injured worker must fulfill their obligation to participate in job search, it is most important that the contacts they make are appropriate and represent jobs they can actually perform based on their physical capacities, skill and aptitudes.
- Average Duration:** up to 20 weeks  
**Suggested Forms:** Injured Worker Report of Employer Contacts (RH-10)
- C. An injured worker is ready to participate in job search/job placement when all medical treatments that could interfere with a successful return to work have been completed. The injured worker must have a clearly defined, workable job goal that is supported by the restrictions set forth by the physician of record and available in the geographic area. The injured worker must have the skill and/or aptitudes to perform the chosen goal. Personal issues must be addressed and /or resolved such as transportation, child care, telephone availability, wage expectations, etc. The injured worker must be able to legally work in the United States. It is also important to consider the injured worker's feelings as to whether they are ready to begin the work of returning to gainful employment. It is the vocational rehabilitation case manager's responsibility to document the above.

## **V. Return to Work Incentives**

- A. Return to Work Incentives include: Employer Incentive Contract, Gradual Return to Work, Job Modifications, On the Job Training, Tools and Equipment, and Work Trial.
- B. A case manager may use these services when negotiating a return to work. The intent of incentives is to offer them where needed, but not to offer them unless needed. It is expected that the employer will retain the injured worker at the successful completion of the incentive as long as business conditions allow. The vocational rehabilitation case manager is responsible for these negotiations with the employer, the injured worker and other parties where appropriate.
- C. It is important to note that incentives negotiated by the vocational rehabilitation case manager that do not meet policy guidelines and are not approved by the DMC may not be paid. It is therefore important, when there may be a doubt, for the case manager to staff the case with the MCO and DMC prior to negotiating terms with the injured worker or employer.
  - 1. • Changes to the incentive must result in an amended plan and an amended contract (when applicable) which must be signed by all concerned parties.
  - 2. • The case manager is responsible for maintaining contact with the employer and the injured worker to insure the appropriateness of the chosen incentive.
- D. Notes
  - 1. The conditions and maximum limits for Return to Work Incentive Services in this section cannot be exceeded.
  - 2. RTW Incentive services for State Agency employers must be carefully assessed due to their payment of workers' compensation expenses on a "dollar for dollar" basis. There may be circumstances in which they may be used to enhance the return to work process, e.g. agency budget monies may not be readily accessible for unexpected expenses or the injured worker is returning to a different job/different employer, etc. These circumstances must be documented.
  - 3. These types of miscellaneous payments have recently been included in the logic for reserve suppression so no notification for manual reserve suppression is necessary.
- E. Employer Incentive Contract (EIC) (no billing code used)
  - 1. An EIC is a method of returning an injured worker to work, while compensating an employer for a loss in productivity and hours worked due to the allowed conditions in the claim.
  - 2. EIC can be used for injured workers with temporary restrictions trying to return to regular job or to overcome fear of RTW and/or can it be used for injured workers with permanent restrictions who are learning how to perform a new job. Living maintenance payments are terminated prior to the start of the Employer Incentive Contract (RH-19).
  - 3. The contract is set up so that as the injured worker's productivity increases, the payments to the employer decrease over the course of the entire incentive program. Reimbursements will include no overtime hours to be worked by the injured worker.
  - 4. The total reimbursement to the employer cannot exceed 50 percent of the injured worker's weekly wages and will not be extended beyond 13 weeks total per vocational rehabilitation referral. When negotiating an EIC, the



vocational case manager must appropriately account for and document in the contract, the injured worker's use of holiday, vacation, personal or other leave. During the EIC, the vocational case manager is responsible for submission of the injured worker's wage information.

5. An EIC requires the following be submitted to the DMC by the case manager:
  - a. A specific release from the POR to the identified job;
  - b. Documentation of how the injured worker's restrictions will result in a loss of productivity;
  - c. A vocational rehabilitation plan narrative which includes:
    - i. Written restrictions from the POR
    - ii. Whether the restrictions are felt to be temporary or permanent
    - iii. Discussion as to how the restrictions will affect the employer's operations (as per the employer)
    - iv. Discussion as to how the restrictions are being accommodated with this plan.
    - v. Documentation regarding the employer's intent to maintain employment with the injured worker at the successful completion of the vocational rehabilitation plan.
6. If the injured worker is in a job retention status, an EIC can be offered to the employer for the loss of productivity. An EIC will not be offered when:
  - a. An injured worker has a full release to return to work and is returning to the original employer in the original job; or
  - b. A Gradual Return to Work program is in place.

**Requirements:** completed Employer Incentive Contract (RH-19), wage documentation (C94-A), and the employer's signature on the Vocational Rehabilitation Plan (RH-2). This service requires the employer's signature at the time the plan is submitted.

**Maximum:** 13 weeks total per vocational rehabilitation referral

7. Reimbursement Method
  - a. VRCM and DMC verify that gross wages indicated on pay stubs or C94 match the amounts indicated on the EIC contract (RH-19). If gross wages match, the DMC sends an e-mail to the Claims Service Specialist to pay the reimbursement to the employer under "Miscellaneous" payments in V3.
  - b. If the amounts do not match: VRCM contacts the incentive employer and injured worker for an explanation of the discrepancy. This explanation must be discussed with the MCO and DMC who will determine what amount, if any, should be reimbursed to the employer. At that time it will also be decided if the employer incentive program should continue.
    - i. If the decision is that the incentive contract should continue, the RH-19 must be revised and VRCM must submit a plan amendment to the MCO and DMC.
    - ii. If the MCO and DMC decide that the incentive contract should not continue, they will discuss whether an amended plan for other services should be developed or the rehabilitation file should be closed.

#### F. Working Wage Loss

1. If the injured worker experiences a wage loss during the incentive plan, the DMC must help the injured worker apply for Working Wage Loss and work with the Claims Service Specialist to pay the injured worker during

- the contract period.
2. If the rehabilitation plan was closed successfully and the injured worker was hired by the incentive employer for less than the higher of his or her AWW or FWW, and the injured worker received working wage loss during the incentive program, the DMC must approve Living Maintenance Wage Loss to begin the day after the incentive plan stopped.
  3. These instructions assume that before the injured worker started an employer incentive contract, current (within the last 6 months) POR restrictions were on file.
- G. Living Maintenance Wage Loss
1. If the rehabilitation plan was closed successfully and the injured worker was hired by the incentive employer for less than the higher of his AWW or FWW, and the injured worker did not receive wage loss during the incentive plan, the DMC must approve Living Maintenance Wage Loss retroactively to the date the incentive program started.
  2. These instructions assume that before the injured worker started an employer incentive contract, current (within the last 6 months) POR restrictions were on file.
- H. Unsuccessful Employer Incentive Contract: If the employer incentive contract did not result in employment for the injured worker, the DMC and MCO shall decide whether to approve the development of an amended plan or close the rehabilitation file.
- I. Gradual Return to Work (GRTW) (no billing code used)
1. This program allows an injured worker to return to work on a graduated basis typically building up from the POR-specified hours per day to regular work status within 13 weeks total per vocational rehabilitation referral date. If the final job goal is a return to work at a position that is less than or greater than a 40-hour per week position, the work schedule may be adjusted proportionately, when necessary. The prescription from the POR must always specify the maximum number of hours per day and per week the injured worker can work. The POR must also review the vocational rehabilitation plan to ensure the process will be within the injured worker's restrictions and to provide the release to return to work.
  2. A GRTW plan must include documentation of the scheduled work hours and be signed by both the employer and the injured worker. The employer must agree to provide wage statements that specifically indicate the days and hours worked per pay period. The vocational rehabilitation case manager must provide the injured worker and employer with a clear understanding of their responsibilities during the GRTW plan, as outlined in these guidelines. The injured worker must immediately notify the vocational rehabilitation case manager if there are changes in the hours worked/wages earned as identified in the GRTW plan. Since reimbursements may be affected by these changes, the case manager must notify the DMC within 24 hours by fax, phone, or email and make corresponding changes to the RH-24 form.
  3. Reimbursement for this service will not exceed the injured worker's initial living maintenance rate. Documentation of wages paid and hours worked per day must be submitted to the DMC.
  4. There are two types of gradual return-to-work reimbursement methods:
    - a. Living maintenance method: The employer will pay the injured worker according to the hours worked as specified in the GRTW plan. The

injured worker will receive living maintenance for hours not worked after submission of wage statements.

b. Employer reimbursement method: The employer will pay the injured worker's full salary and be reimbursed for hours not worked as specified in the GRTW plan. The reimbursement type must be identified on the vocational rehabilitation plan and coordinated with the DMC.

**Requirements:** employer's signature on the rehabilitation plans (RH-2) and completed RH-24 form. This service requires the employer's signature at the time the vocational rehabilitation plan is submitted.

**Maximum:** 13 weeks total

5. Reimbursement Method: There are two types of GRTW reimbursement:
    - a. Living Maintenance (Injured Worker Payment) Method: The employer pays the injured worker for actual hours worked a full gross wage per hour and BWC pays the injured worker for hours not worked, not to exceed the injured worker's regular LM rate.
      - i. Example: The injured worker's LM rate is \$352 and the goal is a 40 hour week. The first week, the employer pays injured worker \$10.00/hour x 20 hours or \$200.00. BWC then pays the injured worker \$10.00/hour x 20 hours (not worked) or \$200.00.
      - ii. The DMC computes the LM amount to be paid to the injured worker, based on wage statements provided by rehabilitation case manager and injured worker. The DMC then sends that information to the CSS by e-mail so the CSS can pay it.
    - b. Employer Reimbursement Method: The employer pays the injured worker's full salary and is reimbursed by BWC for hours the injured worker did not work as specified in the GRTW plan.  
Example: The injured worker's LM rate is \$352.00 and the goal is 40 hour week. The first week, the employer pays the injured worker's full salary or \$400.00. The DMC asks the CSS to pay the employer \$200.00 out of miscellaneous payments on V3.
  6. Working Wage Loss: If the injured worker experiences a wage loss during the GRTW plan, the DMC must help the injured worker apply for Working Wage Loss and work with the Claims Service Specialist to pay the injured worker.
  7. Living Maintenance Wage Loss
    - a. Injured workers cannot retroactively get LMWL for the period during which they participated in a GRTW program, even if no LM is paid during the GRTW. However, if the rehabilitation plan was closed successfully and the injured worker was hired by the incentive employer for less than the higher of his or her AWW or FWW, the DMC will approve Living Maintenance Wage Loss to begin the day after the incentive plan stopped.
    - b. These instructions assume that before the injured worker started a GRTW plan, current (within the last 6 months) POR restrictions were on file.
  8. Unsuccessful Gradual Return to Work plan: If the GRTW plan did not result in employment for the injured worker, the DMC and MCO shall decide whether to approve the development of an amended plan or close the rehabilitation file.
- J. Job Modifications (W0663\*)
1. A Job Modification is the removal or alteration of physical barriers that

may prohibit an injured worker from performing the essential job functions and prevent the worker from returning to work or maintaining current employment. It may change the physical demands of the job thus allowing the worker to perform their essential job functions without restrictions. Coordination among the employer, injured worker, physician of record and other professional is required to ensure the suitability of the modification. Job modifications require prior approval by BWC. A Job Modification is generally used for a permanent position and is not to be used with a Work Trial unless the modification is portable.

2. The vocational rehabilitation plan must justify in the narrative the need for the Job Modification program and the anticipated costs. The assessments must also be available to justify the costs. Job Modifications must be staffed and authorized by DMC prior to final negotiations with the employer.

**Requirements:** employer's signature on the vocational rehabilitation plan at the time the plan is submitted. The W0663 code is used when reimbursing a Job Modification provider. The W0663 code is not used when reimbursing the employer for a Job Modification. When the employer provides the Job Modification, the DMC facilitates payments directly to the employer. 50% of the costs are reimbursed to the employer upon completion of the Job Modification. The remaining 50% is reimbursed after 90 days provided the injured worker continues working with that employer.

3. Reimbursement Method:
  - a. Preferred Method: When the employer provides the Job Modification, the DMC facilitates payments directly to the employer in this way:
    - i. The DMC sends an e-mail to the CSS asking that 50% of the costs are reimbursed to the employer upon completion of the Job Modification.
    - ii. The DMC reimburses the other 50% after 90 days provided the injured worker continues working with that employer.
  - b. If reimbursing a Job Modification Provider, the W0663 code is used and the MCO processes the payment.

K. On-the-Job Training (OJT) (billing codes for the specific services provided in the OJT may be used)

1. On-the-Job training allows an injured worker to obtain or upgrade vocational skill through actual work experience. This training will be provided under the close supervision of an experienced person skilled in the job. The vocational rehabilitation plan narrative must be very specific as to the responsibilities of each participant and include:
  - a. An explanation of the job goal and skill necessary to perform it;
  - b. The POR's release;
  - c. The training outline, a schedule of training costs and equipment;
  - d. Signatures of the injured worker, the MCO, case manager and the employer/trainer.
2. As a guideline, the On-the-Job Training program must not exceed the SVP (Specific Vocational Preparation) timeframes identified in the COJ (Classification of Jobs). The reimbursement to the employer must not exceed 50% of the injured worker's weekly wages when averaged over the OJT period.
3. The Trainer's Report form (RH-5 must be completed by the trainer every

- two weeks, shared with the injured worker and copied to the DMC.
4. Requirements:
    - a. Employer's signature on the vocational rehabilitation at the time the plan is submitted;
    - b. On-the-Job-Training Agreement (RH-6);
    - c. Wage documentation or a Wage Documentation form (C-94-A); and
    - d. Completed RH-5 every two weeks.
  5. Reimbursement Method:
    - a. The DMC checks the terms of On-the-Job Training Agreement (RH-6) against the Trainer's Report and the injured worker's pay stubs weekly or bi-weekly to make sure there are no discrepancies and that reimbursement does not exceed 50% of injured worker's weekly wages (while in the OJT). If there are discrepancies, these must be worked out by the vocational rehabilitation case manager and employer. The On-the-Job Training Agreement may have to be revised.
    - b. If there are no discrepancies regarding the plan, the DMC computes the amount and sends an e-mail to the CSS to pay the employer out of "Miscellaneous".
- L. Tools and Equipment (W0665)
1. This service provides tools and / or equipment (i.e., chairs, etc.) necessary for employment to the injured worker once he or she has obtained a job or has an approved rehabilitation plan that requires specific tools and equipment.
  2. Prior to including the purchase of tools and equipment, the Vocational Rehabilitation Case Manager contacts the DMC and requests the DMC to determine if the requested item is available on the Tools and Equipment Tracking list. (List is located on the DMC page in COR. See process below.)
  3. The Vocational Rehabilitation Case Manager and injured worker sign the Loan/Release Agreement for Tools and Equipment (RH7) when the equipment is loaned to the injured worker during a rehabilitation plan and at the time of a successful return to work closure. A copy of this form is then submitted to the DMC along with the other closure documents by the MCO. The injured worker must be informed by the Vocational Rehabilitation Case Manager that the Tools and Equipment are the property of BWC and may be reclaimed should vocational rehabilitation plan prove to be unsuccessful
  4. If the injured worker is not working 90 days after return to work, the MCO determines the reason for the injured worker is not working and may reclaim the equipment. If the injured worker is seeking employment and needs the equipment to become employed, the MCO should discuss with the DMC, who may provide a loan extension.
  5. Reclaiming Tools and Equipment from an injured worker:
    - a. If the injured worker does not remain employed for 90 days (non-successful return to work), the MCO is responsible for retrieving the equipment from the injured worker and transporting it to the local service office.
    - b. The MCO notifies the assigned DMC via email that the equipment will be recovered. The e-mail must include:
      - i. Model/serial numbers, size, weight, etc.;
      - ii. Anticipated date of arrival; and

- iii. Contact name and number (must be familiar with the item)
    - c. The equipment must be packaged and labeled (contents and delivery location) and delivered to the local service office. There it will be accepted by the DMC who ships it to the BWC warehouse. In some situations it may be more convenient for the MCO to return an item to a different service office. The assigned DMC must make arrangements for processing the item with the DMC at the receiving service office. This should be done prior to the MCO's shipping of the item.
    - d. A database will be maintained by BWC for returned equipment. Prior to the purchase of any new Tool/Equipment, the DMC must go to "BWCWEB", "Tasks and Tools", "Claims tools", "COR", "DMC", "Tools and Equipment Processing", "Tools and Equipment Tracking" to see what is available in the warehouse. If the item needed is listed the DMC can contact Rehab Policy who will make arrangements for the item to be delivered to the DMC.
    - e. Forms Required: Tools and Equipment Loan Agreement (RH-7)
- M. Work Trial (no billing code used)
1. A Work Trial program permits an injured worker to attempt a return to work in the original job, or at a new job with either the same employer or a new employer. It allows an employer to test, evaluate and observe the worker at the actual job prior to hiring. BWC pays the injured worker living maintenance during this time.
  2. The case manager will monitor and document the injured worker's progress based on reports from the injured worker's direct supervisor at the workplace.
  3. Unless the modification is portable, Job Modification services cannot be used with Work Trial.
  4. Requirements: Trainer Report Form (RH-5), Rehabilitation Plan (RH-2) with employer's signature at the time the plan is submitted.
  5. Maximum: 4 week total per job, per plan
  6. Reimbursement Method:
    - a. There are no reimbursements for this service unless portable job modifications are provided. If the work trial results in employment with the employer who offered the work trial, then the job modifications are reimbursed according to the guidelines for job modifications.
    - b. If the work trial does not result in employment with the employer who offered the work trial, then the job modifications are removed according to the Tools and Equipment Policy and kept in the BWC warehouse until an injured worker needs them to RTW.
    - c. Injured worker is paid Living Maintenance during a Work Trial and no wage loss payments are made.