

# VOCATIONAL SERVICES

10/28/2008

The following guidelines should be followed when submitting documentation to the department in reference to vocational services.

Please see [WAC 296-15-4302 through WAC 296-15-4318](#), and [Chapter 296-19A WAC](#) for a detailed list of requirements for vocational services. For additional information about vocational services, please visit the L&I vocational website at <http://www.lni.wa.gov/ClaimsIns/Providers/Vocational/default.asp>.

## **A. When is there no action required?**

The self-insurer does NOT have to submit a report, vocational services assessment, or Self-Insurance Vocational Reporting Form when

1. The worker returns to work with the employer of injury at the job of injury as it existed at the time of injury, without accommodation or transitional work.

**OR**

2. The worker is released to return to the job of injury, without accommodation or transitional work.

## **B. What if the worker returns to**

1. **a modification of the previous job with the same employer, including transitional work?**

**OR**

2. **a new job with the same employer that meets any limitations or restrictions?**

In either situation, submit a [Self-Insurance Vocational Reporting Form \(F207-190-000\)](#), including a Job Analysis Report, with documentation of successful return to work.

## **C. When should the self-insurer submit a Vocational Assessment Report and supporting documents?**

A Vocational Assessment Report and supporting documents must be submitted to the department anytime a vocational assessment has been done to determine if a worker should receive a vocational rehabilitation plan.

A vocational assessment is required when there is

1. Modification of the previous job with a new employer; OR
2. A new job with a new employer or self-employment based on transferable skills; OR
3. Modification of a new job with a new employer; OR
4. A new job with a new employer or self-employment involving on the job training; OR
5. Short-term retraining and job placement; OR
6. The worker is able to work based upon transferable skills.

Vocational assessments should meet the requirements in [WAC 296-19A-070](#). The [Self-Insurance Vocational Reporting Form \(F207-190-000\)](#) and attachments must be sent to the department **within ten working days** by the self-insurer.

NOTE: If time loss benefits have been terminated and the department cannot make an employability determination based on the information provided, time loss benefits must be reinstated.

**D. What happens when the department determines that a worker is eligible for further services?**

1. The department initiates the vocational plan development referral.
2. The department sends the vocational counselor a referral letter notifying them of the **90-day plan development deadline**.
3. The department sends the employer a letter, with an attachment, advising of their right to make a valid job offer **within fifteen days** of receipt of the letter.
4. The department sends the worker a letter, with an attachment, advising the worker of their rights and responsibilities during plan development.
5. The assigned vocational counselor must have the initial plan development meeting face to face with the worker.
6. The vocational counselor must inform the worker regarding Option 1 and Option 2 benefits.

Note: When the worker is found not eligible for vocational services, notification must explain why services are denied.)

**E. What if the vocational plan is not received within 90 calendar days?**

If the vocational counselor has not completed the plan within 90 calendar days, the vocational counselor can request, from the self-insured employer/TPA, a time-limited extension if there is good cause. Non-cooperation will not be considered good cause.

If the employer/TPA agrees with the request, they must forward the request to the department

for approval. Only the department can approve plan development extensions.

**F. What requirements must a vocational rehabilitation plan meet?**

The plan must meet all the requirements in [WAC 296-19A-100 \(1\)](#). In addition, an [Accountability Agreement \(form F280-016-000\)](#) must be signed by the worker and the vocational counselor. The agreement must be attached to the plan.

**G. Who approves the vocational plan?**

Only the department can approve or deny a plan. The department must review a plan **within fifteen days** of receipt of the plan or it will be deemed approved. The worker has **fifteen days** from the date the department approves a plan to elect option 2.

**H. What if the plan is denied by the department?**

If the plan is denied, the worker remains eligible for a vocational plan. The department will explain what information is needed to correct the plan. The self-insurer must request an extension if the corrections cannot be made within the original 90-day timeframe.

**I. What must a vocational counselor do during plan implementation?**

Vocational providers should contact the worker and the trainer, or appropriate representative of the training program or school, regularly – in some cases as often as every fourteen days. The vocational provider must assist the worker with job search before the completion of the plan.

**J. What should the self-insurer do when the vocational rehabilitation plan is successfully completed?**

**Within ten working days** of time loss termination, submit a [Self-Insurance Vocational Reporting Form \(F207-190-000\)](#) to the department. Include the vocational closing report and documentation of program completion from the training site (transcript, certificate, etc.). The vocational closing report must meet the requirements in [WAC 296-19A-120](#).

**K. What if the vocational rehabilitation plan is not successfully completed? Does the self-insurer have to pay time loss?**

**Within five working days**, submit a [Self-Insurance Vocational Reporting Form \(F207-190-000\)](#) to the department. Include the closing vocational report and supporting documents.

1. If the closing report recommends the worker is eligible for further services, the self-insurer must continue paying time loss.
2. If the closing report recommends the worker is not eligible for further services because the worker has attained sufficient skills to be considered employable and able to work, time loss may be terminated.
3. If the closing report recommends the worker is not eligible for further services because of direct or combined effects, the self-insurer must continue paying time loss.

#### **L. What must the self-insurer do when terminating time loss?**

[WAC 296-15-420 \(9\)](#) states: “No later than the date of time loss termination, a self-insurer must notify the worker in writing of the reason for time loss termination. If termination is based on a release to work not received directly from the worker, attach a copy of the release to the notice.”

#### **M. What if the worker selects Option 2?**

1. Terminate time loss and notify the worker.
2. **Within five working days**, submit a [Self-Insurance Vocational Services Closing Cover Sheet \(Form F207-171-000\)](#) to the department. Include documentation of the worker’s declination of further services and their selection of Option 2 benefits. Attach the RETRAINING PLAN OPTION FORM (completed by the worker), documentation of the total amount of the Option 2 award the pay-out schedule, and a copy of the payment schedule
3. Begin payment of the Option 2 award **no later than 15 days** after the date time loss was terminated.
4. The self insurer should request claim closure.

Remember, the worker has only **fifteen days** from the date the department approves the plan to select Option 2.

#### **N. What must the self-insurer do after a claim is closed with Option 2?**

**Once per quarter for five years**, or until the available training benefit is exhausted, the self-insurer must submit, on a [Self-Insurance Vocational Services Closing Cover Sheet \(Form F207-171-000\)](#), the total retraining costs paid-to-date for the worker.