

PLAN APPROVAL REQUEST REPORT

Do not use a cover or routing sheet

Worker Name		Claim #	
DOI	Worker Age	Job of Injury	

Vocational Firm	Provider # & Branch #	Report Date
Assigned VRC Name (<i>typed</i>) & Provider #		Assigned VRC Signature
VRC Phone # & Extension	VRC FAX #	

Recommended Outcome Code Narrative Request Plan Approval - Plan Attached	Recommended Outcome Code PLN1
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Refer to the attached [instructions](#) on how to complete this form.

Please do not copy and paste case notes, progress reports, occupational resource information, or entire medical reports in sections 1-5. Submit full reports related to the plan as attachments.

1. PROPOSED PLAN

1A. Plan Information

RTW Goal	Worker's Physical Capacity Level	Worker's Educational Level
DOT Title	DOT Code	O*Net Code
Position demand level per ESD: <input type="checkbox"/> In demand <input type="checkbox"/> Balanced <input type="checkbox"/> Not in demand <input type="checkbox"/> Unknown		
Training Site(s)		
Total Retraining Costs (Do not include Room and Board or Transportation)	Start Date	End Date

2. ENCUMBRANCE FORMS

When submitting vocational plans, use the following definitions to check the correct box:

- Original - A new vocational plan.
- Revised – Additional information to a temporarily denied vocational plan.
- Modified – Additional information to an approved vocational plan.
- Terminated-Plan ended early.

2A. Encumbrance Forms

Insert encumbrance forms as the first attachments.

3. RATIONALE

Briefly describe the proposed plan and indicate why this retraining goal is recommended. Summarize how worker's physical and psychological functioning, education, previous employment skills, vocational evaluations, labor market, and participation support the worker's ability to benefit from this plan. Include any previous training from this or other claims. Use Definition Key included after Section 6.

4. MEDICAL INFORMATION

Address the medical information supporting the worker's ability to participate in the plan including all medical barriers to employment, whether or not they are accepted as part of the claim. A complete medical history is not required in this section.

Identify the worker's physical capacities, citing source(s) and dates. Provide the name and specialty of provider(s) who approved the job analysis for the plan goal. Discuss how any conflicting opinions were resolved in 4A.

4A. Current Physical Capacities

Date JA Approved	Provider Specialty

Identify if the following conditions exist and any impact on the worker's job goal. Use narrative information to explain impacts of any physical/mental limitations/work restrictions attributable to each condition.

4B. Pre-existing

4C. Accepted

4D. Denied

4E. Post-injury

4F. Are any pre-job accommodations needed? Yes No

If yes, explain how these modifications will be accommodated during training and/or how they will be commonly and currently available in the labor market when the worker returns to work.

4G. Are the physical demands of the approved JA and current medical information consistent with the labor market survey? Yes No Explain reason if any discrepancies exist.

5. VOCATIONAL INFORMATION

Address vocational information impacting the worker's ability to participate in and complete the plan.

5A. Confirm if the following employability options were ruled out:

JOI Yes No
Light duty with the employer Yes No
All work history and transferrable skills jobs Yes No

5B. Did the worker previously participate in training on this claim? Yes No

5C. Did the worker previously participate in training on a different claim? Yes No

If yes, provide previous claim number

5D. Does the worker have a language barrier that could impact the plan? Yes No

Worker Name _____ Claim # _____

5E. If 5D is "Yes" identify native language and literacy (reading/writing) level. Address projected training needs.

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5F. If the program is limited entry, has the worker been accepted? Yes No

5G. Was On-the-Job Training (OJT) considered? Yes No

5H. Explain if the answer to 5F or 5G is "No"

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5I. Education

Last Grade Completed	Year Graduated from high school	GED Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year GED Completed
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5J. Other school or vocational training: (college, business school, military, OJT, etc.)

Dates Attended From/To	Name/Type/Location	Completed?	Certificate or Degree Issued Major/Subjects	Transcripts obtained?
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No

5K. Licenses, certificate and registrations

Type	Required: Number and Expiration Date
Driver's License	

5L. Summarize Aptitude/Achievement/Interest evaluations and results

Date	Name of Test/Inventory	Results/Academic Placement

5M. Compare the worker's tested/demonstrated aptitudes to those required for the goal

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Worker Name _____ Claim # _____

5N. Summarize school placement evaluation results

5O. List the sequential training schedule, date range, course number, and title. Identify prerequisites with an asterisk. Submit the program outline and course descriptions as an attachment including the # of credits per quarter/semester and total # of program credits.

5P. List the essential skills/abilities/qualifications required per the LMS and how the skills will be provided

Skills/abilities required per LMS	Identify courses/experience that will provide the required skills

5Q. Describe any other vocational concerns, issues, or barriers to retraining and the proposed resolution

6. ATTACHMENTS

Submit full reports cited in the plan as attachments. Submit only documents relevant to the plan.

Identify attached documents supporting the plan recommendation:

6A	<input type="checkbox"/>	F245-376-000 Plan Time Encumbrance	6M	<input type="checkbox"/>	Physical Capacities
6B	<input type="checkbox"/>	F245-374-000 Plan Cost Encumbrance	6N	<input type="checkbox"/>	Pre-Job/Job Mod Consultation Evaluation
6C	<input type="checkbox"/>	F245-375-00 Plan Transportation Cost Encumbrance	6O	<input type="checkbox"/>	Program Acceptance Document
6D	<input type="checkbox"/>	F245-372-000 Plan Room and Board Cost Encumbrance	6P	<input type="checkbox"/>	Proof of Insurance
6E	<input type="checkbox"/>	Curriculum and course descriptions	6Q	<input type="checkbox"/>	Signed OJT Agreement
6F	<input type="checkbox"/>	Driving Abstract	6R	<input type="checkbox"/>	Signed Ownership Agreement
6G	<input type="checkbox"/>	ESL Test Results	6S	<input type="checkbox"/>	Tool List
6H	<input type="checkbox"/>	GED Results	6T	<input type="checkbox"/>	School Transcripts
6I	<input type="checkbox"/>	IMEs or other medical info	6U	<input type="checkbox"/>	Vocational Evaluation/Testing Results
6J	<input type="checkbox"/>	Job Analysis (JA): Plan Goal	6V	<input type="checkbox"/>	Vocational Accountability Agreement
6K	<input type="checkbox"/>	Labor Market Contacts/Summary	6W	<input type="checkbox"/>	Retraining Attendance Policy
6L	<input type="checkbox"/>	Mileage Documentation	6X	<input type="checkbox"/>	Program Outline and Course Descriptions

Definition Key

ABE	Adult Basic Education
AP	Attending Physician
CAC	Claim and Account Center
DOI	Date of Injury
DOT	Dictionary of Occupational Titles
ESL	English as a Second Language
GED	General Education Development Test
GOE	Guide for Occupational Exploration
LMS	Labor Market Survey
JA	Job Analysis
JOI	Job At Time Of Injury
IME	Independent Medical Examination
OJT	On-the-job Training
O*NET	Occupational Information Network
SOC	Standard Occupational Classification System
SVP	Specific Vocational Preparation Time
VRC	Vocational Rehabilitation Counselor
WATCH	Washington Access to Criminal History

7. Instructions for Completing Plan Approval Request Report

Please do not copy and paste case notes, progress reports, occupational resource information, or entire medical reports in sections 1-5. Do not send the instructions back with the plan approval request. Submit full reports related to the plan as attachments.

Use copy and paste to create additional rows or boxes in this form. Each field is required. Enter N/A in any box that does not apply. Remember to provide an explanation when requested information is not obtained.

1. Proposed Plan

1A. Self-explanatory.

2. Encumbrance Forms

2A. Complete encumbrance forms and send a copy to each vendor. Include only totals on the encumbrance forms; submit additional calculations as an attachment.

- Submit any ownership agreements, tool lists, computer costs, or proposed childcare expenditures as attachments.
- Attach 1) An approved copy of encumbrance form to the Statement for Retraining and Job Modification Services form when submitting bill(s) 2) A copy of the form to the worker's Travel Expense Voucher when requesting reimbursement.
- If there are more than 4 vendors, submit a second encumbrance form. Do not submit page 2 of the encumbrance form if blank.

For reimbursement rates see: <http://www.gsa.gov/portal/category/100120>

- F245-372-000, F245-374-000, F245-375-000 and F245-376-000 contain auto calculations. After entering data, press any key to engage the auto calculation feature.
- If other than a quarterly tuition system, use installment payments by dividing the time and monies as evenly as possible.
- When using a second page, the total cost must be calculated manually: add the auto calculations from both pages.
- For more information on travel reimbursement consult WAC 296-20-1103

F245-376-000 Plan Time Encumbrance: Include the service provider number and branch number. When there has been a previous Option 2 award, see RCW on available cost and money: <http://www.lni.wa.gov/LawRule/default.asp>

F245-374-000 Plan Cost Encumbrance:

- Include lab, certification test and school fees under "Tuition".
- Tools, computers, software, or required calculators should be listed under "Equipment". An ownership agreement is required for all equipment.
- "Supplies" include consumable items such as pens, paper or folders.
- "Other" includes uniforms, internet services, and miscellaneous expenses.

When vendor funds are modified, contact the vendor to:

- Ensure all billings are submitted and paid.
- Notify the vendor that the amount authorized will be changed.
- Provide the vendor with a copy of the approved modified encumbrance form.

F 245-375-000 Plan Transportation Cost Encumbrance: When the worker is eligible for reimbursement:

- Enter parking fees on **F 245-375-000**.
- One round trip per day is reimbursable. If multiple locations are required for a single travel day, calculation should include only 1 return trip to the IW's home or starting point.
- To calculate the round trip, double the exact mileage and round up to the nearest number.
- The first 30 round-trip miles are not reimbursable.
- Request the full reimbursement because the department's computer system automatically subtracts 30 miles.
- Submit a copy of MapQuest, or other method used to compute distance, as an attachment.
- Do not submit fractions.

F245-372-000 Plan Room and Board Cost Encumbrance:

- Use current per diem rates to calculate total monthly costs. Remember: costs = daily rate x 10 if the request is equal to or **over** 45 days. Use the full per diem if the request is for **less than** 45 days. Room and Board can be authorized up to 29 days before the plan start date.
- Food is only reimbursable when a worker temporarily resides away from their family.
- Per Diem for housing, R0370 is calculated based on the county of the training site.
- Inform vendors that if the billing includes refundable cleaning fees and/or start-up fees, all of the refund should be returned to the Department of Labor and Industries; and that they should include a copy of this approved form with the refund.
- Submit the renter's lease agreement with the plan as well as information about any required fees if the lease is broken early.
- Map of Per Diem Rates: <http://www.gsa.gov/portal/category/100120>

2B. Provide an explanation of the costs requested on the encumbrance forms including how and why equipment or "other" costs are needed.

3. Rationale

Using sections 4 and 5 provide a brief analysis of why this training goal is recommended for the worker. Summarize how worker's physical and psychological functioning, education, previous employment, interests, aptitudes, labor market and participation support the ability to benefit from this plan. Please do not copy and paste case notes, progress reports or entire medical reports in sections 1-5.

Refer to [WAC 296-19A.100 \(1\) \(a\)](#) and [WAC 296-19A-070 \(4\) \(b\) ii D](#)

4. Medical Information

Address the medical information supporting the worker's ability to participate in the plan.

Remember to address all barriers to employment, whether or not they are accepted as part of the claim, since all conditions are considered when assessing the worker's ability to benefit.

Before submitting the plan, use the CAC contact screen to verify the current AP. A complete medical history is not required in this section.

- 4A Identify the worker's current physical capacities. Include the source(s) and indicate how any conflicting opinions were resolved. Identify who approved the job analysis for the plan goal and state their specialty.
- 4B–4E Address the impact of existing conditions on worker's ability to participate in and complete the plan. Use narrative information to explain impacts of any physical/mental limitations/work restrictions attributable to each condition.
- 4F If pre-job accommodations are needed, explain how these modifications will be accommodated during training and/or in the labor market when returning to work. Document that the attending provider verified the requested items are medically necessary for the accepted condition (s) of the claim. For accommodations needed at the start of the retraining plan, send the request as soon as the plan is approved. Submit pre-job accommodation requests **separately** on Form F245-350-000. <http://www.lni.wa.gov/FormPub/Detail.asp?DocID=1638>
- 4G The physical demands of the approved JA and current medical information should meet or exceed the labor market survey.

5. Vocational Information

Address vocational information impacting the worker's ability to participate in and complete the plan.

- 5A Use the check boxes to address the Return-to-Work Priorities per [RCW 51.32.095 \(2\)](#). Confirm that Return-to-Work Priorities with the employer of injury and transferable skills jobs were ruled out.
- 5B Use the check box to address previous vocational plan information from this claim.
- 5C Use the check box to address previous vocational plan information from prior claims. If prior claims exist, contact the claim manager to obtain CAC access.
- 5D Use the check box to indicate if the worker has an ESL barrier. Include the worker's current ESL level. If a GED is required for employment, include the time frame for completion.
- 5E-5J Self-explanatory
- 5K Examples of certification or registration include, but are not limited to: food handler permit, forklift operator, or certified nurse's aide. Include the driver's license #, proof of insurance and driving abstract if the proposed goal involves driving.
- 5L Summarize vocational tests, interest inventories, and placement results. Useful information for this section includes: aptitude scores with Standard Error of Measure,

and demonstrated critical plan goal aptitudes. Include details such as grade level. Submit charts or the full report as an attachment. Aptitude testing may be unnecessary if the worker already demonstrated the ability to participate in retraining. Link to vocational evaluation guidelines:
<http://www.lni.wa.gov/ClaimsIns/Files/Vocational/VocEvalGuidelines.pdf>
See [WAC 296-19A-100 \(h\)](#) .

- 5M Compare the worker's tested/demonstrated aptitudes to those required for the goal.
- 5N Self-explanatory
- 5O List the sequential training schedule, date range, course number, and title. Include prerequisites. Include # of credits per quarter/semester and total # of program credits. Submit the program outline and course descriptions as an attachment.
- 5P Self-explanatory
- 5Q Examples of barriers include, but are not limited to: transportation, ESL, lack of GED/ABE, or having a criminal history. (Summarize the criminal history and cite the source used; but do not submit the official criminal record.)

6. Attachments

Insert the encumbrance forms into the report as the first attachments. Submit reports cited in the vocational plan as attachments. Cite reports in the order referenced in the plan. Do not include raw data or disclaimer forms.

- 6A–6I Self-explanatory.
- 6J When multiple parties review the same JA, provide the whole JA only once, but include all signature pages. If there is more than one JA, match each signature page to the correct JA. Include the job title and DOT number on each page. Ensure the JA includes the doctor's printed or typed name and signature.
- 6K–6P Self-explanatory
- 6Q Include signed OJT agreements by the OJT provider.
- 6R–6U Self-explanatory
- 6V Submit the current Accountability Agreement with both your signature and the worker's.
- 6W-6Y Self-explanatory