

**Private Sector  
Vocational Technical Stakeholder Group (VTSG)  
March 16, 2015 Tukwila**

***VOCATIONAL REHABILITATION PROVIDERS***

**Attendees**

Robert Gaffney, Gaffney Consulting  
Brad Reckord, Rainier/Vocational Options Inc.  
April Poier, Ability Vocational Consulting  
Cory Turner, Vocational Connections  
Nicole Hernandez, Advanced Vocational Solutions  
Jan Veling, Pacific Rehabilitation Centers  
Bradley Ehrlich, Career Opportunities Group  
Scott Whitmer, Whitmer & Associates

**Absent**

Todd Martin, Martin Consulting  
Jennifer Bowes, Bowes Vocational LLC  
Kimberly North, Achieve Consulting Team  
Todd Gendreau, Strategic Consulting Services Inc.

***DEPARTMENT OF LABOR AND INDUSTRIES/RETURN TO WORK SERVICES***

**Attendees**

Vickie Kennedy, Assistant Director, Insurance Services  
Ryan Guppy, RTW Partnerships Chief  
Richard Wilson, RTW Program Manager  
Rheo Aieta, Private Sector Rehabilitation Services Supervisor  
Donna Spencer, RTW Services Management Consultant  
Kristine Ostler, Vocational Service Specialist Supervisor  
Melissa Sutherland, Vocational Service Specialist Supervisor  
Laurinda Grytness, Policy & Education Coordinator  
Jody Witham, Vocational Performance Measure Administrator  
Mary McEvoy, PSRS Customer Service Specialist II

**Absent**

Debra Hatzialexiou, Legal Services Program Manager

**Audience Members**

Kaethe Long, Grant & Associates  
Cathy Cottingham, People Systems  
Coreen Urrutia, People Systems  
Patti Kacz, J. Donley & Associates  
David Jordan, Office Careers  
Darisa Greene, Nelco Rehabilitation  
Chrissy Pierce, Favorite Associates

Earl Shimogawa, Dura Vocational

## **Welcome and Announcements**

### **Laurinda Grytness—Safety Tip**

#### Parking Lot Safety

For drivers:

- When parking, decide which method to use in this order: (1) pull-through (2) back in (3) nose in
- Avoid cutting across lots
- Don't race for a space

For pedestrians:

- Make sure you are seen by drivers
- Beware of hybrids or electric vehicles, they are quiet
- Make eye contact with approaching drivers before entering crosswalks

### **Kristine Ostler and Melissa Sutherland Announcements**

Aged AWA Project--- Vocational Services Specialist (VSS) staff from Claims as well as Private Sector Rehabilitation Services is currently reviewing AWA referrals that have been open for an extended duration, in order to develop an action and plan targeted at resolving the referral. The VSS staff will note the action and plan in RLOG as well as the Claim Manager's action and plan section in Orion.

A new department-only code has been developed as an additional outcome choice to be used by VSS staff. The outcome code of ADMX will be used when no other closing code applies and issues need to be resolved before Voc services can proceed. VSS staff began reviewing AWA referrals 400 days and older and are beginning to review referrals at 300 days of duration. A total of 201 aged AWA referrals have been reviewed as of 3/16/15.

### **Rich Wilson's Announcements**

Return to Work: Toolkit training—Evidence based skills and strategies for return-to-work is being offered at the upcoming L&I Vocational Spring conference. We believe that these techniques and strategies are powerful and that they are contributing to the return to work culture in our system. All of the department claims staff VSSs and ONCs have received this training. VRCs will find the training to be valuable and they are urged to attend.

The Structured Settlement Unit has created a new vocational closure code—ADSS to identify when referral closure is due to a structured settlement agreement.

### **Donna Spencer Announcement**

Plan Approval Request Report Update--We completed the 4 training videos for the new Plan Approval Request Report. Laurinda is getting ready to ask for CEU approval to review the videos and complete a 12 question quiz on the new report. However, we are not waiting for the one credit approval from the commissions to post the new report. We will notify providers on What's New when the quiz and credit are available.

The Cost Encumbrance form was changed to code books, equipment, and supplies as RO312. This new version of the form is currently being reviewed with our billing section before the statewide roll out of the new report.

### **Laurinda Grytness Announcement**

In January, L&I received a petition for rulemaking regarding travel expense. In response, the department filed a CR-101 Notice of Pre-Proposal with the Code Reviser's Office on February 17, 2015.

We are proposing to amend WAC 296-20-1103 Travel Expense to ensure workers can receive full reimbursement for travel associated with active participation in a retraining plan. This change will affect retraining – it is not intended to change the existing deductions for travel to medical treatment. In the past, VTSG members have expressed concern about the deductions from retraining travel mileage, so we are pleased to propose this change.

### **Vickie Kennedy's Announcements**

- L&I has initiated rulemaking to look at travel reimbursement for workers in a plan. The proposed change would eliminate the "15 mile exclusion."
- The Preferred Worker legislation has received tremendous support so far at the legislature.
- The department is recruiting a project manager to implement anticipated legislation for the enhancements to the Preferred Worker Program.
- The department will soon begin recruiting two additional unit VSS's.

### **VSS Scope of Work Project – Erich Hahn**

The purpose of the project is to better align the claims floor VSSs' roles with the department's goal of Helping *Injured Workers Heal and Return to Work*. The intent is to increase return to work outcomes.

If the claims VSS staff can influence the timeliness and quality of the information the VRC needs, the perception is that the injured workers will face less delays in returning to work.

VRCs were asked what information they need to work a vocational referral and what information they need and provided the following feedback.

### **What Do VRCs Need to Do Their Job?**

- Approved JA
- Complete Medical info
- Work history (ESD history if possible)
- Criminal history, driving abstract, valid contact info for the employer
- Collaborative relationship between the VRCs and VSSs
- Transcripts, qualifications, and credentials
- IW's feelings about RTW
- Citizenship info (important to the schools)
- Accurate AUTH screen
- Knowledge of prior RTW efforts
- A contact for determining employer experience factor
- If the worker is represented
- If the worker is on social security
- LMS data
- Drug and rehab history
- Education
- Computer skills
- VRC notification when a decision is made by VSS
- Voc testing and aptitudes
- Cooperation from TPA employer reps
- VSS review of JAs prior to closing reports (to determine if there are any concerns)
- Understand cultural, ethical, and language issues
- Resolution of conflicting medical
- Access to doctors and employers
- CM assistance with non-cooperative providers
- Information about legal decisions
- How to recommend a meaningful transferable skills job rather than the easiest

### **What Do VRCs Need from VSSs?**

- Option to schedule 3 way calls (CM/VSS, IW, VRC)
- Complete claim info
- Follow up from VSS when waiting on a decision
- Identification of trends (Provider Bulletin or on What's New)
- Identification of available resources

- Consistency between VSSs on emerging issues
- Early collaboration
- Ability to schedule phone time on-line
- Help understanding or resolving conflicts with CM etc.
- Ability to email
- Assistance working with non-traditional providers
- More user friendly LMS format
- Guidelines for when it is appropriate to call the covering VSS
- Self-insured processes for VDRO
- Clarification of roles (what goes to the CM; what goes to the VSS)
- Accepted work pattern on goal of teacher (is it part-time or full-time?)

This feedback will be evaluated to determine how the claims VSSs can influence the gathering of this information.

### **Submitting Feedback about Medical Providers—Cheryl D’Angelo –Gary**

Members were asked the following questions via email prior to the VTSG meeting:

1. Where do you send your complaints about medical providers? To the CM? To Provider Review? Somewhere else?
2. Does it matter what type of complaint it is? For example, it comes to your attention that the surgeon has operated on the wrong side of body. Does that complaint go to the same place as your concern over the provider who won’t respond to your requests for restrictions?
3. If the department were able to change only one thing about how we handle medical provider complaints, what would you want it to be?

VTSG feedback included the following comments:

- VRCs tend to give the provider a reasonable chance to do the right thing. They believe that, like all professionals, the provider should be approached first and given the option of self-correction.
- Next step would be to ask the CM or VSS to approach the medical provider.
- VRCs would like to see VSSs and ONCs get involved earlier in claims with issues. VRCs are largely unsure where to send their concerns if they’ve identified a potential pattern with a given medical provider, or provider-attorney combination, and would appreciate clarification of roles and pathways.
- They’d like the department to respond more quickly to unreadable/unusable APFs, extreme restrictions, self-serving referrals, conflicting restrictions from the same provider, high level or long-term opioid use, and providers who refuse to meet with vocational counselors.
- Better outreach, education, and reinforcement of positive behaviors were recommended.
- It would be helpful to have a single source to report concerns, with the understanding that the department is looking to identify patterns of problem

concerns, and will 1) reach out and educate the provider first, and 2) establish clear and fair levels of escalation for any documented problems that can't be solved by outreach.

This information will be added to feedback from other customer and user groups, and will help form the base for improvements in our processes.

## Early AWA Update — Erich Hahn

From January 2014 to January 2015, 497 early referrals have been made and 239 of the referrals have closed. The average duration of the closed EAWA referrals is 127 days compared to an average duration of 129 days for the other AWA referrals closed during the same time period.

The distribution of the EAWA closure outcomes is:

Outcome Groups	AWAs	% of Total
ATW	94	39%
RTW	83	35%
Med Unstable	34	14%
Other	13	5%
Eligible	12	5%
Not Eligible	3	1%
Total	239	100%

Referrals should not be closed under the EAWA Project as medically unstable unless it is staffed in a Gemba Walk. The ADM1 closures are made on a case by case basis only if serious medical issues are present, where the VRC can't effectively counsel the IW, or the IW will be completely restricted from all work for many months. The goal is to have the VRC work with IW to keep them focused on RTW and to reduce delays caused by getting new referrals made after ADM1 closures.

VRCs provided the following feedback for ADM1 closures:

### Why Do VRCs Close a Referral ADM1?

- CM request (AWA barriers; non-coop)
- VSS request (Conflicting medical issues)
- Eleventh hour surgery (treatment)
- Attorney request...asked the doctor to "do something"
- CMs been trying to get better duration data since November with ADM1 closures?

- Updated training guidelines for new claim managers?
- Unaccepted medical factors interfering with management of claim (diabetes with infection)
- Psych condition has been added to the claim
- Fear of fee cap audits
- Fee cap doesn't allow for monitoring IW and providing counseling
- Services are process-oriented rather case-management oriented
- Some VRCs are experienced enough to make an action plan; some aren't

### **What Services Could VRCs Provide Instead of Closing ADM1?**

- Career counseling
- Allow 90 more days for counseling process with documentation of what the VRC will do
- Provide Voc testing and discuss options with IW
- Help worker know where they are in the process
- Attend medical appointments with the worker (if the Dr. will allow VRC visits)
- Provide medical management
- Maintain contact with the employer to help them know where IW is in the process
- Coordinate a referral to WS or DVR (if the attorney approves and isn't adversarial)
- Refer IW to a computer skills course
- Provide Voc testing and discuss options with IW

Recommendations were also suggested to make going from 810 to 812 criteria based, and to remove fee caps for 812.

This feedback will be evaluated to further explore the development of new services that the VRCs may be able to provide in the future.

Please contact Erich Hahn at [HAHE235@LNI.wa.gov](mailto:HAHE235@LNI.wa.gov) with any additional information.

### **Functional Capacity Summary Form Review – Sarah Martin**

L&I is changing from PBPCE to FCE -Functional Capacity Evaluation with a soft start March 23<sup>rd</sup>. This updates us with national terminology. We are currently piloting the new step of L&I calling the clinic directly with FCE approval but asking for the next scheduled date with the expectation of having it within 21 days.

On March 23<sup>rd</sup>, a new automated system goes into effect which will issue a FCE approval letter with Fact Sheet and Travel Reimbursement form to the worker. Clinics will get Time limited access.

The current draft Capacities Form and Report Summary Template was reviewed and feedback was provided for possible updates and clarification.

### **Testing credentials – Scott Whitmer**

The American Board of Vocational Experts (ABVE) is creating an International Psychometric Evaluation Certification (IPEC). The following topics were presented:

- Historical overview of testing certification
- Why ABVE is sponsoring IPEC
- Benefits the Department of Labor and Industries and its Stakeholders receive by adopting the IPEC
- List of reasons why it is critical to adopt Standards of Practice for Psychometric Assessment

For more information regarding IPEC certification process, please contact Scott Whitmer at [www.whitmerandassociates.com](http://www.whitmerandassociates.com), or go to the ABVE website and click on the Membership link to find a page dedicated to IPEC.