

**Vocational Recovery** **Reference Manual**

***A worker centric approach***

*2022 Update*

“Workers’ compensation should be a detour, not a journey for life.” **Rosemary McKenzie-Ferguson**

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**Chapter 1: Vocational recovery**

A worker needs to recover from both their injuries and the disruption to their employment. They need more than just an assessment of their ability to work. Needlessly delayed return to work and recovery will

“Having someone there right away to help navigate through everything . . . helps my anxiety throughout the process

compound long-term work disability. Research has found prompt interventions focused on vocational recovery help workers heal and return to work, thereby avoiding unnecessary work disability. (Video: [*Work Disability Prevention 101*](http://apps-public.lni.wa.gov/training/work-disability-prevention-101/)*).*

In the first five years of making vocational referrals earlier in the life of claims, the vocational community has helped keep 900 workers from moving into long-term work disability. The effort has enabled L&I to reduce its long-term work disability costs by $2.3 billion dollars.

### Definition of work disability

The ***Handbook of Work Disability Prevention and Management*** defines *work disability* as: “Occurring when a worker is unable to stay at work or return to work because of an

injury or disease. **Work disability is the result of a decision by a worker** [emphasis

added] who for potential physical, psychological, social, administrative, or cultural reasons does not return to work. While the worker may want to return to work, he or she feels incapable of returning to normal working life. Therefore, after the triggering accident or disease has activated a work absence, various determinants can influence some workers to remain temporarily out of the workplace, while others return, and others may finally not return to work at all…” (Loisel & Côté, 2013, p. xi).

[**RCW 51.32.095**](https://apps.leg.wa.gov/RCW/default.aspx?cite=51.32.095) provides the legal framework to help injured workers heal and return to work, with the highest priority given to returning a worker to employment. A vocational recovery referral requires that return to work priorities (a) through (g) be attempted, and that includes employment with a new employer.

**Washington Administrative Code** [(WAC) 096-19A-050](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-050) helps guide vocational recovery services to ensure workers receive appropriate support while healing. VRCs should familiarize themselves with both the Revised Code of Washington (RCW) and the WAC regarding vocational recovery services. The goal is to prevent work disability and assist the worker in returning to employment.

### Listening to the workers

In 2017, L&I held two focus groups made up of workers seeking direct input on their experience with vocational services.

These workers identified four things they needed from the VRC:

1. **Purpose**. Why they are meeting with you?
2. **Understand everyone’s role**. Who is responsible for what?
3. **Follow up**. Keep the lines of communication open and clearly stating who will be contacting whom.
4. **Clear path**. How all the above fits together to provide a clear path to go back to work. This is the opposite of feeling overwhelmed.

*Purpose*

Workers need to understand the purpose of the first meeting and the referral. Explain to workers how L&I assigns VRCs to help them while they are receiving treatment and healing. Some workers will be ready to talk about their plans to return to work. Other workers may feel discussions about return to work are unsympathetic while they are still being treated and healing.

If the VRC sends a meeting confirmation letter, it should be short and simple. It is a  best practice not to overwhelm a worker at the first meeting with paperwork. VRCs should bring only was it essential. In addition to the usual professional disclosure information, explain the purpose of each form at the meeting. Never send a packet to be completed by the worker prior to the meeting. VRCs prevent a confusing process when the workers understand the purpose of the VR referral and the accompanying paperwork.

*Roles*

Workers need to understand how the VRC can help them navigate their claim. Counselors should explain their role in helping workers transition back to work. They should discuss how their collaboration with the worker, their employer (or possibly a new employer), their medical providers, and possibly other stakeholders will smooth this transition.

Some of the roles VRCs have in a VR Referral include:

* Answering a worker’s questions and assisting them in understanding the L&I workers’ compensation system.
* Helping worker’s doctor understand the physical demands of the worker’s job.
* Helping workers get what they need to recover from their injury.
* Helping workers and their employers understand options during recovery.
* Providing workers with information about helpful community resources.

*Follow up*

Be sure workers know the steps needed between contacts and who is responsible for doing them. VRCs can use the Vocational Recovery Plan to record who will contact whom, and by when. One of the keys to developing trust with workers is to demonstrate good follow through. When VRCs accomplish what they have agreed to do, a relationship that prevents unclear return to work plans can develop.

*Clear path*

One of the VRCs’ tools to reduce confusion is the Vocational Recovery Plan. Research shows motivational questions help to identify the worker’s risk factors, which VRCs need to properly develop an action plan and next steps.



Workers in the focus groups reported being confused about how completing long intake forms would help them return to work.

Furthermore, until the worker is ready to discuss returning to work, such conversations can at best seem premature, and at worst appear to reflect a lack of compassion.

Breaking up the intake in this way helps VRCs properly gauge motivation and assess risk factors so that both the worker and VRC are clear about next steps. By preventing a confusing process, workers understand their pathway for returning to work.

### Work disability prevention

If a person becomes work disabled, the chances of them effectively healing and returning to their job decreases. This not only influences the claim, but more importantly, this affects the actual wellbeing and, in some cases, the mortality of the worker.  “By changing the timing of the VRCs’ initial engagement, return to work outcomes have improved by about 125%” (IAIABC, 2021, p. 15).

Work disability must be treated as a separate condition. It is developmental in nature; it unfolds dynamically over time, has its own unique contributing factors, and requires its own unique intervention.  The worker centric approach is the evidence-based intervention to prevent work disability.

Research indicates there are four primary causes of work disability. These are often referred to as the principles of work disability:

“VRC seems to have helped the claim with forward momentum”

1. Unnecessary delays
2. Unnecessary duration
3. A confusing process
4. Unclear return to work plans

Various determinants influence the development of work disability. Below is an exploration of the four principles of work disability.

#### Prevent unnecessary delays

The department prevents unnecessary delays by getting the referrals out to VRCs earlier and thereby increase the effectiveness of their interventions. VRCs can further prevent unnecessary delays by quickly identifying hold ups in medical treatment or authorizations.

For example, the attending provider (AP) tells the worker they are referring him or her to physical therapy, but nothing happens. To prevent an unnecessary delay, either the worker or their VRC should check with the AP’s office to make sure the office sent the referral, and they can call the physical therapy (PT) clinic to schedule the evaluation. In the past, doctors have said that the PT clinic will call the worker, and so the worker waits for the call instead of following up.

#### Prevent unnecessary duration

We prevent unnecessary duration by keeping workers at work unless there is a medical risk. VRCs can help by encouraging workers to return to work as soon as it is medically safe. People can and do recover while working. Sometimes this is through a job modification such as a piece of assistive technology. It can also take the form of changes to some of the tasks the worker does, or even the number of hours they work.

#### Prevent a confusing process

The VRC plays a crucial role in preventing a confusing process. The workers’ compensation industry is steeped in insurance jargon.

* Describe the VRC’s role and the purpose of the referral to the worker.
* Help workers understand the L&I process.
* Explain the functions of the various stakeholders. (For example, medical providers and claim managers).

VRC has been awesome; she listens and helps to find solutions

* Help workers understand next steps.
* Provide only as much information as the worker can absorb.

#### Prevent unclear return to work plans

Workers may have unclear return to work plans. They may struggle to develop a practical return to work plan or pathway back to work.

We developed the Vocational Recovery Plan (VR Plan) template for VRCs to use with the workers. The VR Plan identifies the worker’s goals, [next](#_bookmark15) [steps](#_bookmark16), and commitments made by the worker and the VRC. If their goal is to be retrained, VRCs have the opportunity to discuss with workers how retraining is not automatic. If, on the other hand, the worker plans to return to the job of injury, VRCs can help the worker determine how that would or would not be possible depending on their injury and their job.

### Conclusion

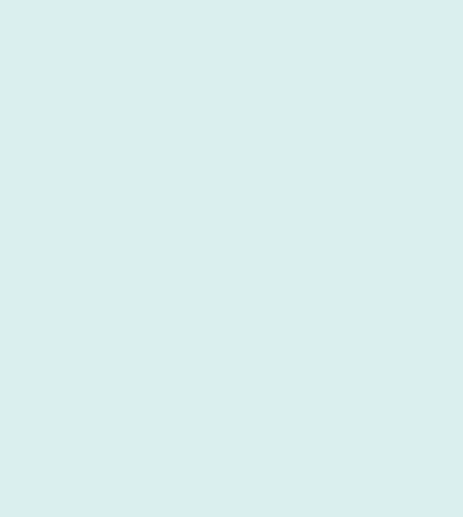
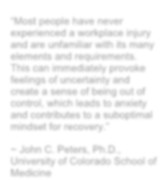
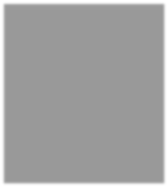
By addressing these four principles of work disability prevention directly with meaningful communication and engaging actions, VRCs and the Department can meet the needs of workers within the limits of our system. The VRC should use their professional judgement regarding how much information to provide and when. Providing too much information can also lead to a confusing process.

#### VRC Interventions:

* **Prevent unnecessary delays**. VRCs should take actions as soon as a need is identified. This includes delays from worker inaction (See [Is the Worker Stuck?](#_bookmark2)) as well as delays caused by others such as medical providers and the workers’ compensation system.
* **Prevent unnecessary duration**. Many people are unaware of how returning to work on

a part-time basis leads to a full RTW faster. VRCs should engage both the worker and the employer in creating a gradual RTW.

* **Prevent a confusing process**. The VRC should leverage their knowledge to reduce confusion created by the complexity of a workers’ compensation system and the medical labyrinth. A worker can become overwhelmed to the point of paralysis due to their anxiety. Check in with the worker often and to ensure they understand [next steps](#_bookmark15) for themselves and the various stakeholders.
* **Prevent unclear return to work plans**. The worker who believes they can perform the same job when it is not medically appropriate is equally unrealistic as the worker who believes they need to be retrained solely because they sustained a minor injury.



“Most people have never experienced a workplace injury and are unfamiliar with its many elements and requirements. This can immediately provoke feelings of uncertainty and create a sense of being out of control, which leads to anxiety and contributes to a suboptimal mindset for recovery.”

**~ John C. Peters, Ph.D.,**

**University of Colorado School of Medicine**

# Chapter 2: The worker centric approach

The definition of work disability states “. . . work disability is the result of a decision by a worker” (Loisel & Côté, 2013, p. xi). The degree to which a worker advocates for their own care and goals directly correlates with the likelihood of returning to work. By taking a worker centric approach, vocational rehabilitation counselors use their strategic position to guide the worker to see return to work as one of their recovery goals.

 Evidence- based studies show that the greater control and ownership a worker has over their recovery process, the more successful and satisfied the worker will be with the outcome. The more a worker understands the process, the better they can direct their own actions to achieve their goals. This is the service delivery foundation of the vocational recovery platform. Research shows there is a direct relationship between the  worker’s level of engagement and the satisfaction a worker experiences with their treatment and return to work outcomes (Franche et al., 2005).

### A mindset shift

Historically, VRCs tailored their services to our workers’ compensation system, rather than the needs of the worker. The worker centric approach is a major mindset shift for VRCs and requires a focus on the worker not the system. The VRC’s role includes assuring that everyone involved pays attention to the worker’s voice.



 Research shows that successful return to work happens when the worker decides they can return to work. The VRC must engage with the worker, put them in the center, and find out what the barriers are to moving forward with claim resolution. Barriers often have less to do with the injury and more to do with personal concerns.

The worker centric model requires a shift in approach.

* Address what workers believe they need to move forward.
* Assist the worker in creating their own return to work plan.
* Have a series of conversations rather than a one-time meeting.
* Concentrate on roles and clear pathways to both medical and vocational recovery.

*Note: More information about Vocational Recovery Plans appear in Chapter 9.*

Summary of additional changes in vocational recovery referral services and purpose

|  |  |
| --- | --- |
| New Vocational Recovery Referral | Traditional Ability to Work Assessment |
| Minimal paperwork | Heavy paperwork, forms, and process |
| Multiple meetings with the worker and appropriate stakeholders | One meeting with the worker |
| Developing and maintaining a vocational recovery plan with the worker | Determination of employability or eligibility for retraining |
| Education on return-to-work services and community  resources | Assessment of skills for arguments of  employability |
| Providing or facilitating resume writing and job  search services | Developing job analysis |
| Collaborative process with the worker, employer, and medical provider | Performing a labor market survey |
| Ongoing engagement with the worker, employer,  and medical provider | Writing a closure report and submitting a  recommended outcome code |
| A typical introductory explanation of the VRC role would be, “I am here to help you through your medical and vocational recovery, and want to help you plan for your return to work when medically ready.” | A typical introductory explanation of the VRC role would be, “I will looking at your work history, transferable skills, and determining if further services are needed to help you return to work.” |

#### Personal connection

According to communication research, there are unique neural differences in the way our brains process face-to-face communication and other types of communication (Jiang et al., 2012).

Sacco and Ismail (2014) compared students in two groups: face-to-face and virtual. Those who participated in face-to-face conversations reported less negative moods and increased feelings of belonging and self-esteem than those in the virtual group.  Both research studies concluded that people should take more time to communicate face-to-face.

**“VRC has been top shelf; we agreed on once a week contact, at least.”**

Not everyone will want to meet in person every time. However, face- to-face interaction is considered the gold standard. The assigned VRC should meet and engage with the worker as often as the worker needs it.

#### Instructions for Limited English Proficiency workers:

VRCs must ensure the worker receives meaningful access to our services through interpretation and translation. The vocational provider (or medical provider) determines the need for interpreter services and makes all arrangements. When referring the worker to another provider, please notify the provider of the worker's interpreter needs. Interpreter services are a covered benefit for all injured workers who have an open and allowed claim. Whenever possible, arrange in-person interpreting services for appointments through the scheduling system. Visit the [Interpreter Services](https://lni.wa.gov/patient-care/treating-patients/interpreter-services/) for more information and the [FAQs.](https://lni.wa.gov/patient-care/_docs/FAQVRCs.pdf) For assistance contact [interpretation@lni.wa.gov](mailto:interpretation@lni.wa.gov).

Engagement and activation

Activation starts with engagement. Engagement is both attitudinal and behavioral. An engaged worker is cooperative with their treatment plan. They keep appointments, ask questions, and successfully make positive behavior changes. However, engagement alone is not enough.

An activated worker goes beyond compliance and becomes able and willing to take independent actions to manage their recovery (Hibbard & Greene, 2013). The goal is to measure the extent to which a worker has a meaningful experience that translates into better activation and therefore better outcomes. Activation is the result of effective engagement. VRCs can help activate workers by encouraging shared decision making. VRCs can prevent unclear RTW plans by bringing to light the worker’s fears and concerns.

*Worker centric requires engagement*

Building relationships, establishing trust, determining expectations, uncovering motivation and risks, and setting direction all take time and multiple conversations. Ask the worker:

* “Why is it important for you to return to work?”
* “What are your plans for returning to work?”
* “What concerns you the most about going back work?”

*Worker centric requires activation*

Goal setting, goal attainment, and goal re-setting; these may take several meetings and conversations. Remember, goals that are small, early, and voluntary are the most likely for the worker to achieve. Ask the worker:

* “What needs to happen to move you towards successfully returning to work?”
* “Where are you in your return to work plan?”
* “What do you think needs to happen next for you to return to work?”

A worker centric approach doesn’t mean giving the worker everything they want. The goal of the approach is to put the worker in the position of choosing to return to work. VRCs should address practical as well as psychosocial barriers unique to the worker. They should provide a witness to the worker’s experience. Normalizing the experience for workers makes regaining control of the process and their life easier. Activated workers are more likely to participate in preventing unnecessary delays, duration, and the prevention of unclear return to work plan.

“VRC . . . let me know what resources she can provide and lets me take the lead when I need something.”

#### Worker centric in practice

What does worker centric look like in practice?

* + We put the worker in the lead role.
  + We make it easy for them to choose to return to work.
  + We engage workers using their goals and what they think needs to happen to make progress.

**The worker’s focus**

Behaviors often indicate a worker’s focus during their vocational recovery. The discussion below is offered as a shorthand for talking about this focus. VRCs should approach discussions about focus without judgement. Understanding the worker’s view is critical to providing a worker centric approach to vocational recovery.

Some people will focus on one aspect throughout their claim, while others may focus on different aspects at different times. These are not linear. Only a few workers will focus on all the aspects presented.

Focus aspects:

* Injury (Psychosocial barriers)
* Medical Treatment (Delays, denials, and approvals)
* Recovery (Ability, pain-free, and financial compensation)
* Return to work (Old versus New employer/job)
* Secondary goals

**Focused on injury.** Workers who focus on their injury are at highest risk to develop psychosocial barriers impairing their return to work. This worker may not want to pursue vocational services because they consider themselves too disabled to work. They will likely move to AWA sooner rather than later.

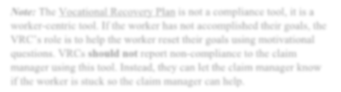
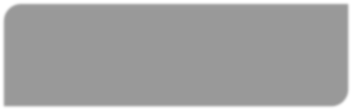
**Focused on medical treatment**. Workers who have complex injuries are at highest risk for a focus on their medical treatment. They may feel they have no voice, and others (family, doctor or attorney) may be making decisions for them. They believe that the medical treatment must be finished before they can even consider going back to work.

**Focused on recovery.** Similar to the worker focused on medical treatment, workers focused on a complete recovery from their injury are convinced that without 100% recovery, they cannot return to work. They believe they must be pain-free and without any limitations to do their job.

**Focused on return to work.** These workers will be self-motivated and focused on doing what needs to be done to get back to work, but can still be at risk for work disability. Even though the worker sees beyond their injury and understands that they can work while recovering, they may need to be encourage not to overdo, and to have patience with their recovery.

**Focused on personal goals**. These workers are seeking to procure a goal that may or may not include returning to work. It is important to refrain from making negative judgements about these workers. They are trying to achieve a goal they feel they deserve. The workers may resist returning to work because they are fulfilling a new role, such as caretaker, or they many believe they deserve a pension.

#### Is the worker stuck?



***Note:*** The Vocational Recovery Plan is not a compliance tool, it is a worker- centric tool. If the worker has not accomplished their goals, the VRC’s role is to help the worker reset their goals using motivational questions. VRCs **should not** report non-compliance to the claim manager using this tool. Instead, they can let the claim manager know if the worker is stuck so the claim manager can help.

Some workers struggle to see their path back to work clearly. They may be overwhelmed to the point of paralysis. They will require a bit more help to get unstuck and develop a return to work plan. Don’t confuse the stuck worker with one who is focused. Workers who are stuck may appear uncooperative, but they are simply inexperienced with the systems they must navigate to get back to work.

Being able to recognize these focuses can help a VRC understand why a worker may be struggling with their return to work plan. VRC can help workers return to work by talking about what motivates them and what they consider important in a judgement free manner.

#### Employer – employee relationship

VRCs should discuss the benefits of returning to the job where the worker was injured even if they want to work at another job. Often times, workers are more likely to get a new job if they have a job. The longer the worker is off work, the more red flags human resources will ascribe to the applicant.

#### Conversations with workers

A worker centric approach aimed at understanding what the worker needs in order to move forward is crucial. We must have meaningful conversations with an open mind to understand concerns and barriers. If a worker’s sole focus is getting back to work as quickly as possible, then VRCs should address administrative barriers that could demotivate them.

Workers can appear adversarial when they feel no one is listening to their needs or that their medical treatment was denied for unjust reasons. VRCs should listen to their concerns and explore appropriate solutions.

#### Work motivation questions

Here are several types of questions that VRCs can use to help understand the worker’s motivation and needs. Claim managers have been trained to ask some of these questions during their first call to the worker. (Check 1CALL document in claim file.)

Tan and colleagues found that “overall, RTW goal was the single best predictor of return to work outcome . . . The present study suggests that the  assessment of an individual's motivation as defined by goal-setting may be a key factor in predicting a favorable outcome in this typically refractory population of patients” (Tan et al., 1997, p. 161).

*“Why is it important for you to go back to work?”*

Does the worker want to:

* + *Earn their regular wage?*
  + *Keep their skills current?*
  + *Protect their seniority?*

Workers may benefit from a reminder of why it is important for them to go back to work.

*“What concerns you the most about going back to work?”*

Are the worker’s expectations about return to work positive or negative?

Ongoing pain and other symptoms from injuries can make it difficult for workers to return to work.

*“Are you concerned that you could risk further injury?”*

*“Will taking a modified job create tension between you and your co-workers?”*

*“What concerns you the most about not going back to work?”*

This could help the worker identify what they could lose if they don’t go back to work.

*“Will you become “deconditioned” and lose strength in parts of your body?”*

*“Will you lose seniority at work or with your union?”*

#### Unmet needs

List any unmet needs under “What needs to happen before the worker can go back to work?” on the Vocational Recovery Plan.

*“What do you think needs to happen so you go back to work successfully?”*

Ask the worker about their relationship with the employer, and if they have any concerns about the VRC contacting the employer.

*“Does the worker think they need to avoid certain tasks altogether?”*

*“Do they feel they need to go back gradually?”*

*“Do they need their supervisor to be patient as they heal?”*

*“What are the hardest things about dealing with your injury?”*

Many people will focus on their pain perceptions. Help the worker identify the other implications of their injury such as their loss of work identity, loss of social connections with co-workers, feelings of inadequacy, or impacts to their families.

*“Is there anything else in your life that makes it difficult for you to work?”*

Since the injury, the worker may have taken on new roles at home, such as providing childcare. Going back to work may interfere with these new roles.

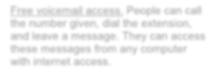
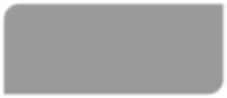
To some people, this question may seem intrusive. Use your professional judgement before asking this question.

#### Let the worker tell their story

 Research shows that workers need to been seen as a whole person, not just a worker. An injury can affect the individual’s entire life. Some people need a space where they can vent. VRCs can use “how are you doing?” to allow the worker to express how they are doing in various areas of their life.

If the worker expresses concerns with their physical, emotional, social, or financial well-being, try to provide a referral to a community resource or the local Washington 2-1-1 website. The website maintains a statewide database of community resources. You can call 2-1-1 for referral information, or visit the website with the worker at <https://win211.org/>.

Types of resources include:



[Free voicemail access.](http://www.simplevoicebox.com/) People can call the number given, dial the extension, and leave a message. They can access these messages from any computer with internet access.

* + Financial assistance and coaching.
  + Increase access to good jobs.
  + Increase healthcare and health insurance access.
  + Address and prevent homelessness.
  + Food assistance.

*“What do you most want to see happen with your claim?”*

Research shows that it is helpful to understand a worker’s motivations in returning to work. The VRC needs to know what risk factors could sabotage return to work, or if the worker plans to do something other than return to work in the job of injury.

### What workers want from their doctor

VRCs can help workers talk to their medical providers to feel understood.  The communication between the attending provider and worker is a key part of the return to work process. Assist the worker with understanding medical terminology and make sure their doctor is answering their questions. Being present at medical appointments enables the VRC to facilitate communication while maintaining awareness of where ongoing points of conflict may exist.

“Just this morning my VRC made me feel like I was his only client.”

Workers want their doctor to:

* + Recognize that their pain is real.
  + Understand their fears about returning to work.
  + Answer their questions in plain talk.

### Conclusion

The more complex and procedure-driven a claim becomes, the less control a worker will feel over his or her own goals. This is the main cause of workers becoming adversarial. Vocational recovery is focused on turning workers into self-advocates and pursue their own treatment and career goals. Various determinants such as loss of income, aggressive employers, psychosocial factors, and disability conviction can result in work disability.

#### VRC Interventions

 **Worker centric**

* + One of the best intervention a VRC can provide is validating the worker’s experience regarding pain, feelings, and worries about the future. This validation provides the

worker with an understanding that their reaction is normal under their circumstances.

* + Identify if and why returning to work is important to the worker.
  + Help the worker find resources for needs outside their workers’ compensation benefits.
  + Talk about the worker’s plans and help them identify clear steps in fulfilling their goals.
  + Check in with the worker to make sure they understand where they are in the claim process. Explain **what** will happen next, **when** it will happen, and **why**.
  + Ask specific questions about the process to gauge the worker’s understanding using professional judgement.
  + Talk to workers about their goals and co-develop the Vocational Recovery Plan.
  + Let workers know they can explore working with a new employer at any time.

#### Prevent unnecessary delays

* + Use the [Next Steps](#_bookmark15) section on the Vocational Recovery Plan to document what actions both the VRC and the worker have agreed to complete between meetings and document a time and date for the next appointment.
  + Engage the worker in a conversation about transitional duties, a graduated schedule, and

job modifications.

* + Use a functional job description or a job analysis to determine if the worker can perform modified work. Identifying return-to-work options includes different duties, a part-time schedule that systematically becomes full-time (gradual return to work), trials of work, and ergonomics solutions while the worker is recovering.

#### Prevent an unclear return to work path

* + Talk with workers about how potential limitations could affect their work.
  + Actively discuss types of jobs workers may be able to do within their permanent restrictions.
  + Help the worker identify actions that help keep the employer/employee relationship healthy.
  + Help the worker understand that returning to work is an important part of their recovery.
  + Workers want to know their VRC’s name and contact information. VRCs should also provide the worker a backup contact in case the assigned VRC is not available.

#### Prevent unnecessary duration

* + Debunk the myth that a worker needs to be ‘*medically fixed’* to work.
  + Do not assume the worker knows how to look for a new job.
  + Ask workers about how they got their last job.
  + Help workers determine a plan for reliable and convenient access to the internet.
  + Assist them with writing down their work history to make completing job applications easier.
  + Discuss how they will account for gaps in employment.
  + Help the worker practice interviewing skills using the most common interview questions.

#### Prevent a confusing process

* + - Don’t assume the worker understands what is going on with the claim or medical treatment.
    - Avoid using acronyms or abbreviations in documents (examples: JOI, EOI, AP, APF).
    - Review all documents for readability. Research indicates that written information should be between a sixth and eighth grade reading level (like newspapers). Check letters for readability before they are sent.
    - Avoid jargon. Talk to the worker with terms they know (ex. use “doctor” instead of “AP”).

L&I recognizes there are several factors that are beyond the VRC’s control. Not all workers can be engaged.

# Chapter 3: Psychosocial risk factors

[Psychosocial barriers](https://lni.wa.gov/claims/_docs/2018-12-14finaldpamsummaryforvrcs.pdf) differ from physical or mental health limitations. They can be more difficult to identify and workers may be less aware of them. At the same time, psychosocial barriers directly influence work disability and vocational recovery. Unlike medical treatment for physical disability, identifying, and addressing psychosocial barriers requires different approaches.

Anyone at any time can experience a psychosocial barrier in their lives; an industrial injury can trigger barriers the worker never experienced previously. (See video [Beyond the Injury, Beyond](http://apps-public.lni.wa.gov/training/beyond-the-pain/) [the Pain](http://apps-public.lni.wa.gov/training/beyond-the-pain/))

Psychosocial aspects of a person’s life can influence:

Thoughts Feelings Behaviors Health

Functions Well-being Quality of life

Workability

Each of these aspects are necessary to personal health and each can be disrupted by an injury. Identifying and reinforcing a workers’ ability to cope with their injury and their return to work is vital to supporting the person’s path to overall recovery.

#### Identification and discussion of psychosocial barriers

Psychosocial influences come from various sources, and can be central to the worker’s perceptions of their workability. They can come and go depending on the challenges the worker is facing. Effective engagement and activation of workers can bolster their confidence and lower the risk or impact of psychosocial barriers. Remember that not every worker will experience psychosocial barriers.

#### Indicators of psychosocial barrier talk

The opportunity to build a relationship with the worker starts at the first phone call. Talking to the worker provides the VRC an opportunity to build a relationship by setting the tone of the claim and building trust. It is an opportunity to identify any fears or concerns the worker might have.

* + Assess both the positive and negative beliefs of the worker regarding their vocational and physical recovery.
  + Uncover return to work risk factors. Ask the worker what concerns them the most about returning to work.
  + The worker may need less assistance if the VRC can talk through their concerns, reassure them, discuss next steps with them, and help coach them to attain their goals.

During subsequent phone calls, meetings, emails, or messaging check in with the worker to:

* + Review any unaddressed, new, or persistent return to work barriers.
  + Re-address *with* the worker what concerns them the most about returning to work. Circumstances can change unexpectedly. Return to work barriers can come and go.

|  |  |
| --- | --- |
| Listening to the worker | |
| Listen for: | Example(s): |
| Signs of catastrophic thinking | “I’ll never be able to work again.” |
| Expectations | “Everyone at work is angry with me for getting hurt.” “I don’t think I will be able to go back to that job.” |
| Fear/avoidance behavior | “I can’t do my job because I’ll injure myself again.”  “How do you expect me to exercise when I’m restricted to lifting no more than 10 pounds?”  “I’m worried that my boss will bring me back and then fire me.” |
| Financial Concerns | “I can’t pay my bills.”  “I’m worried about money all the time.”  Time loss does not pay the bills like my job did.” “I worry about providing for family.” |
| Not okay with the unknown | “I have no idea what’s going on?” “Nobody is talking to me.” |
| Defined by the job | “This is the only job I’ve known. I can’t do anything else.” |
| Type of social support | Living situation: Living alone or with another Family in the area  Maintaining relationship with the employer and co-workers |
| Poor interpersonal  relationships | “I argue with my spouse all the time.” |
| Feeling anxious, stressed, or sad | Tone of voice (e.g., monotone, flat)  Talk of sadness or hopeless feelings Feeling down or out of sorts |
| Perceived injustice | “Why did this happen to me?”  “Nothing will make up for what I’ve been through.”  “It’s so unfair. No one seems to believe me when I tell them about all the pain I’m in.” |
| Low recovery expectations | “What’s the use? It’s been weeks since the accident and I am not in any less pain.” |
| Substance abuse/opioid use | “The doctor won’t prescribe anymore pain meds or sleeping  pills.” |

Psychosocial barriers to recovery are often common, unrecognized, and unaddressed. When a VRC recognizes psychosocial barriers, they should address the barriers and consider connecting the worker to appropriate resources to address these hurdles. By acting to resolve psychosocial barriers, VRCs can prevent unnecessary delays, duration, and unclear return to work plans to remove barriers from the worker’s path forward and overall recovery.

Psychosocial barriers are different from mental health diagnoses. Workers may have a mental health condition, or psychosocial barriers, or both. The impacts of these barriers can depend on the number of barriers present, the severity and length of time of the barrier(s), and the worker’s individual support mechanisms to deal with barrier(s).

Although a psychosocial barrier can arise at any time, it is important to pay close attention to actions during the claim. Research has shown that psychosocial risk factors are significant determinants of work disability and that risk factor reduction contributes to positive return to work outcomes. The emphasis should be on how assistance for psychosocial barriers prevents work disability. For example, when the employer offers a temporary job that the worker perceives as low value, the result could be a sense of injustice or catastrophic thinking.

Here are a few more examples of events that could be challenging for workers, let alone a worker already coping with psychosocial barriers:

* + Surgery
  + Nearing claim closure
  + End of employer provided benefits
  + IME is scheduled
  + Loss of employee/employer relationship
  + Medical or treatment denial

#### Referral process for addressing psychosocial barriers

Depending on the number and severity of the psychosocial barriers, some VRCs may decide that they lack the skills to help the worker with these barriers. If that is the case, the VRC should involve the worker’s doctor. A VRC’s engagement with the worker may reveal psychosocial concerns, and meaningful conversations with the attending physician can help the worker get the services they need without unnecessary delays.

**When workers need additional help:**

VRCs can assist in identifying next steps, such as:

Activity Coaching  using the Progressive Goal Attainment Program

PGAP® is a voluntary activity coaching program that helps workers engage in healthy behavior changes, grade their activity involvement with the goal of reintegration into their normal life roles, and returning to work if feasible. It creates achievable reactivation goals away from patterns of inactivity that can contribute to long-term work disability. [**LNI PGAP video**](https://lni.wa.gov/claims/for-vocational-providers/transitioning-back-to-%20work/activity-coaching)

Similar to behavioral health interventions, support by the attending provider is required.

L&I accepts [a referral from the AP in many for](https://lni.wa.gov/forms-publications/F245-413-000.pdf)ms to include:

* + [Referral for Activity Coaching Program](https://lni.wa.gov/forms-publications/F245-413-000.pdf) form (F245-413-000) with AP signature.
  + VRC created questionnaire with AP signature.
  + AP chart note with recommendation for PGAP.
  + AP verbal consent to the VRC.

Additional resources may be found at [www.lni.wa.gov/activitycoaching or call 360-902-6261](http://www.lni.wa.gov/activitycoaching%20or%20call%20360-902-6261). The department expects the VRC to be responsible for collaboration with the PGAP provider in order to move treatment forward and prevent unnecessary delays and duration.

 Behavioral health interventions

Targeted brief interventions can help workers remove psychosocial barriers. The interventions may include emotion management/behavioral training and acceptance interventions. If the worker could benefit from this service, facilitate the conversation between them and their attending provider for a referral (required). Master’s level therapists (MLTs) and psychologists provide these services. Even though a referral is needed, claim managers do not need to pre-authorization BHI.

Progress notes are required to show progress and improvement from the first set of treatments. Obtaining a referral from the doctor is easier if the VRC has previously demonstrated their ability to keep the doctor informed. The doctor makes the referral decision, but the VRC is responsible for collaboration with the BHI provider in order to see that treatment moves forward to prevent unnecessary delays and duration.

For more information see [Behavioral Health](https://lni.wa.gov/patient-care/treating-patients/by-specialty/behavioral-health#behavioral-health) webpage which has billing and payment policy as well as other resources.

[Structured Intensive Multidisciplinary Program (SIMP)](https://lni.wa.gov/claims/_docs/2018-12-14finaldpamsummaryforvrcs.pdf)

A SIMP is a structured chronic pain management program to assist in the worker’s recovery, typically used after three months of chronic pain. Please discuss a referral with the attending provider and/or claim manager if the worker could benefit from this service. (Prior authorization is required.) VRCs should remain in contact with the worker, the interdisciplinary team at the SIMP program, the attending provider, and any other appropriate stakeholder to ensure all services are integrated. Make sure the worker understands the process. VRCs are responsible for collaboration with the SIMP provider to see that treatment moves forward to prevent unnecessary delays and duration.

The VRC is in a position to learn about the worker and determine if additional resources may be beneficial. Do not think of the additional resources as a checklist. Not all workers will need them.

Ideally, other less costly and intensive interventions are used prior to a SIMP (like activity coaching). VRCs should talk with the claim manager and AP when they believe a worker may benefit from this program. Consider SIMP program referrals for workers that are fixated on pain symptoms, or continue to experience significant pain, but are not recommended for further curative treatment. SIMPs focus on giving workers skills to cope and manage chronic pain and permanent functional limitations.

### Conclusion

Workers who are experiencing psychosocial barriers or exposed to psychosocial risk factors may appear non-cooperative when they are actually stuck. In addition to dealing with their injury and the medical system, the worker is trying to navigate a complex insurance system.

#### VRC Interventions

* + Focus on engaging the worker and acknowledging their experiences.
  + Build rapport to serve the worker’s needs.
  + Be mindful of interactions with workers that can uncover invisible barriers.
  + Reduce unnecessary suffering by preventing work disability.
  + Make sure to remain in contact with the worker, attending provider, the behavioral health intervention (BHI) provider, and any other appropriate stakeholder to ensure all services are integrated.
  + Make sure the worker understands the BHI process.
  + Before referring to activity coaching, talk to the worker and ask for their cooperation.
  + Be sure workers know if an activity coach may be calling them.
  + Earlier referrals to activity coaching and BHI is more effective than waiting until there are numerous psychosocial barriers.

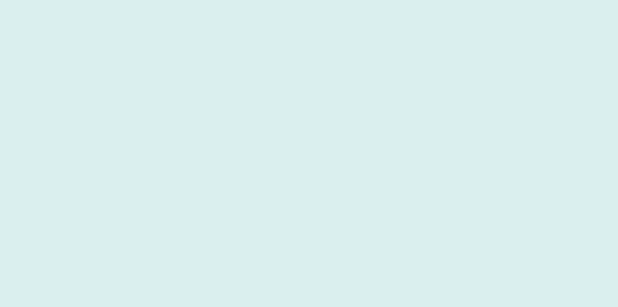
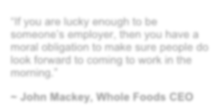
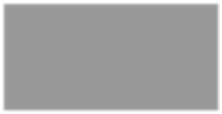
#### Additional Resources

The [Psychosocial Determinants Influencing Recovery (PDIR) i](http://www.lni.wa.gov/ClaimsIns/Files/OMD/MedTreat/2016PDIRResourceFinal.pdf)s a great resource to share with a provider to if they have questions. Be sure to point out specific pages where they can find the relevant information. Physicians are very busy, so please don’t expect the doctor to read the entire document.

# Chapter 4: Employer engagement

Engaged employers are an important part of the pathway to successful vocational recovery. To this end, encourage employers to have regular communication with their employee about healing and returning to work. VRCs assist employers in developing their understanding of what they can do to help injured workers get back to work. L&I’s public webpage for employers provides a wealth of useful information, including incentive programs. For information about how L&I can help VRCs interact with employers, L&I has a quick reference card entitled [Who’s on My Team](https://www.lni.wa.gov/claims/_docs/who'sonmyteam-07-2019.pdf).

Vocational rehabilitation counselors should attempt to build a trusting and productive working relationship with employers as well as with workers. By supporting the employer’s needs, the potential for successful return to work increases.  Appropriate communication that helps maintain the relationship between employers and their employee has a positive impact on a worker’s return to work experience (Butler, Johnson, & Côté, 2007).



“If you are lucky enough to be someone’s employer, then you have a moral obligation to make sure people do look forward to coming to work in the morning.”

**~ John Mackey, Whole Foods CEO**

In order to prevent unnecessary time away from work, VRCs should work with the medical provider and the employer to determine which activities the worker can safely perform at the worksite. Doctors are experts regarding a worker’s medical treatment and which actions workers can performed safely.

Employers are experts regarding the roles and functions of their employees and the needs of their business. VRCs can use their expertise to help bridge the communication gap between the doctor and employer.

#### Contact with L&I

WAC 296-19A-030(5)(b) For state fund claims, immediately inform the department orally if the worker:

1. Returns to work;
2. Is released for work without restrictions;
3. Returns to work and is unsuccessful; or
4. Fails to cooperate.

Note: Written notification and documentation must follow oral notification within two working days.

**Employer myths and countermeasures**

#### Top 10 myths about return to work — and the realities behind them

When working with employers, debunking myths about return to work is an important part of the VRC’s function. Employers who understand the realities behind these myths are more likely to offer return to work options to their workers, which reduces the impact of lost time and claim costs.

#### The “100% or nothing” myth

**Myth:** Workers must be able to do 100% of their job tasks before returning to work.

**Reality:** Unless otherwise constrained by medical risks, company policies, or labor agreements, a worker with an injury is often able to work. Workers regain their ability to work and transition back into the workplace gradually. In most cases, employers can modify work tasks for short periods without reducing the overall productivity of an organization. Most of the time, workers do not have to be off work while waiting for medical treatment.

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| --- | --- |
| ***What employers can do*** | ***What VRCs can do*** |
| Offer temporary, on-site transitional work options such as reduced hours or limited responsibilities. | Ask the worker what they feel they can do. |
| Keep transitional work programs 30 - 45 days in length. | Talk to the employer about the wages for modified duty (LEP and Stay at Work). |
| Let the workers know they are not expected to be 100 % recovered when they return to  work. | Explain the benefits of gradual return to work with the worker and other  stakeholders. |
| Assure workers their physician will be involved with all transitions back to work to  keep them safe. | Facilitate transitions by involving the worker, their doctor, and the employer. |

#### The “at risk” myth

**Myth:** Individuals who return to work in a transitional capacity are at risk to re-injure themselves and make their condition worse (workers may also believe in this myth).

**Reality:** As long as the employer places the worker in a position where they are working within their capacity (and not outside of their restrictions), this risk is minimal. Deconditioning by not returning to work would actually increase this risk. Research demonstrates that returning a worker with a physician’s approval in a temporary transitional capacity accelerates the employee’s recovery process and reduces expenses.

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| *What employers can do* | *What VRCs can do* |
| Coordinate with the AP how to help the worker avoid re-injury. | Ask the AP for a referral to activity coaching, work hardening, or work conditioning. If the worker is in physical therapy, a lift test may be helpful. |
| Create an effective plan designed to ensure the worker does not work outside their restrictions. | Facilitate communication between the workers, employers, and the attending provider. |

#### The “I have to wait for permission” myth

**Myth:** It is someone else’s responsibility — L&I, the attending provider, claim manager, or VRC

— to tell the employer when to bring the employee back to work.

**Reality:** The job of returning workers back to work is the result of a partnership between L&I, the employee, employer, vocational rehabilitation counselor, and physician. However, employers’ policies and programs must support the path back to work in a safe and timely manner.

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| ***What employers can do*** | ***What VRCs can do*** |
| Create clear and consistent return to work expectations. | Help everyone understand their roles and how they can support return to work. |
| Prepare up-to-date job descriptions. | Provide resources for defining reasonable  accommodations. |
| Develop transitional work positions and schedules. | Ask the attending physician to provide an expected length of time for treatment. Assist in developing a return to work plan. |
| Work with the VRC to identify possible accommodations, transitional work, or alternative employment opportunities. | Facilitate the worker’s release to work from their physician. |
| Help coordinating the return to work process by providing L&I with appropriate contact  names. | Identify what the employer needs. |

#### The modified (light)-duty myth

**Myth:** Light-duty solves the problems in every claim.

**Reality:** Modified duty should be paired with a planned transition back to full productivity; otherwise, workers will not become re-conditioned or build up the tolerance they need to resume full job duties. Poorly managed modified duty can encourage an employee to remain in a reduced-productivity position too long, or indefinitely.

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| ***What employers can do*** | ***What VRCs can do*** |
| Offer modified-duty positions with planned increases every 3 to 6 weeks until back to full job capacity. | Explain L&I’s incentives to the employer. Do not simply send a brochure. Coordinate an LEP discussion with the CM. |
| Work with VRC to write job descriptions and work offers. | Help employers understand the differences between temporary and permanent modified duty. |
| Talk to the doctor about what the work can do, not just the restrictions. | Encourage communication between the employer and the attending provider. |

#### 

#### The malingering myth

**Myth:** Most workers want to stay out of work as long as possible.

**Reality:** Most workers can and do want to return to work. Sometimes this myth is misapplied to workers as unmotivated, but instead are fearful about resuming work after an injury or illness. The percentage of workers with low motivation who immediately return to work is small (1-3%).

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| ***What employers can do*** | ***What VRCs can do*** |
| Keeping in touch with your employee to understand how they are adjusting to the injury or illness. | Ensure the employer and worker are communicating with each other. |
| With proper communication and guidance, employers can keep workers motivated, interested, and on track to return to work in  a safe and timely manner. | Help employers understand the importance of providing modified duty. |
| Making sure supervisors and workers know you’ll work with them to find ways to temporarily modify an employee’s job or work site. | Approach the employer with accommodations the worker has identified as helpful to returning to work. |

#### The physician-as-the-occupational-expert myth

**Myth:** Physicians always offer work restrictions based on solid knowledge of job demands and of a patient’s readiness to return to work.

**Reality:** Physicians are experts in the field of diagnosis and treatment of disease and disability and may unnecessarily limit the patient’s work options when they don’t understand the employer’s abilities to offer return to work options. This is usually unintentional and the result of inaccurate, incomplete, or missing information. Employer – Physician collaboration is a  best practice to ensure return to work plans do not expose the worker to unnecessary risks and do not create a barrier for the employer.

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| ***What employers can do*** | ***What VRCs can do*** |
| Define the essential job functions that the worker must safely perform when creating a transition plan to full job duties. | Encourage the worker to talk to their employer about how they can modify their job to perform essential job functions. |
| Talk to the worker and the VRC about temporary as well as permanent job  modifications. | Explore modifications of the job that includes schedule adjustments, duties  adjustments, and assistive technology. |

#### The "we can’t afford it" myth

**Myth:** Return to work accommodations cost too much.

**Reality:** Workplace accommodations are usually not expensive and may be as simple as rearranging equipment. The Job Accommodation Network reports that 70% of accommodations cost less than $500 and 20% cost nothing at all. In addition to keeping an employee at work, workplace accommodations can reduce workers’ compensation and other insurance costs.

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| --- | --- |
| ***What employers can do*** | ***What VRCs can do*** |
| Work with the VRC to explore which accommodations may be eligible for L&I reimbursement. | Ask the claim manager to consider a referral to the employer’s account manager or risk manager. Explain to the employer that L&I will pay for many job modifications. |
| Meet with the worker to discuss accommodation options and ideas. | It is a  best practice to get the worker’s agreement first, then the employer, and present their agreement to the AP. |
| Consider Stay at Work and Preferred Worker benefits for temporary and permanently modified duty. | Talk to the employer about these incentives; do not simply send them a brochure. |

#### The “communication barrier” myth

**Myth:** HIPAA prevents employers from talking to the worker’s attending provider. If a worker has an attorney, the employer can’t talk to them.

**Reality:** “It’s different for workers’ comp.” See L&I’s website regarding Workers Compensation and HIPAA. Furthermore, L&I does not prohibit employers from direct communication with the worker. If there were any requirement regarding communication, it would originate with the worker’s legal representative.

#### The “worker cannot work until all the medical treatment is done” myth

**Myth:** Workers cannot come back to work until they have completed medical treatment.

**Reality:** People heal from illnesses and injuries incrementally. Getting back to normal daily activities, including work, is part of that process.

|  |  |
| --- | --- |
| ***What employers can do*** | ***What VRCs can do*** |
| Contact the attending provider to clarify physical capacities related to returning to work. | Set up a conference call (during an office visit to the attending provider) and include the employer to discuss return to work planning. |
| Ask providers for approval of job descriptions or job analyses. | VRCs can co-develop a return to work plan with the worker, employer, and attending  provider. |

#### The “I get nothing out of this” myth

**Myth:** It is better to cut your losses; this is going to get worse. Walk away while you can.

**Reality:** Early return to work of workers reduces the overall cost of claims. Bringing an employee back to the workplace can also reduce the amount of indemnity benefits paid to the employee, which aids in reducing overall injury costs. Return to work reduces chances of litigation and indirect costs associated with the injury management process. Using workers’ compensation to solve personnel issues is expensive.

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| ***What employers can do*** | ***What VRCs can do*** |
| Create a modified position so that the worker can continue to be productive while they are healing. | Explain the benefits of L&I’s Stay at Work and Preferred Worker programs |
| Reduce the financial impact by allowing the worker to do their job within their physical restrictions. | Talk to the doctor about the activities the worker can safely perform rather than focusing on restrictions. |
| Avoid creating an adversarial process with  the worker. | Encourage positive interactions between  the worker and the employer. |

Dispel myths with statistics regarding the benefits of workers returning to the workplace:

* 26% less employee turnover
* 20% less absenteeism
* 40% decrease in average claim costs
* 58% decrease in average duration days
* 31% decrease in medical claim costs

### Employer – employee relationships

 Research shows that the employer’s response to an employee’s back pain claim has an equally large impact on an employee’s work stability after injury as the severity of the back pain itself.

Help employers address common recovering workers’ fears:

*Are you going to fire me?*

*Will I have a job?*

*How will I be able to provide for my family?*

*How can I work in constant pain?*

*Will I be re-injured when I go back?*

*Will they replace me at work?*

*How do I adjust to physical limitations?*

*No one really cares about me.*

### Employer incentives

When helping a worker, the VRC should “assess the worker's potential preferred worker status, educating the worker and employer(s) on transitional and permanently modified work, the Washington Stay at Work program, and the Preferred Worker Program, if appropriate (WAC 296-19A-050 subsection 2 (c)).”

While the employer-of-record is part of return-to-work discussions and planning, conversations with the worker about other re-employment options can happen simultaneously. Do not exclude the employer-of-record from return-to-work discussions, but also do not limit return-to-work discussions with the worker to the employer-of-record. Remember to explain the Stay at Work program as well as the Preferred Worker program.

*Preferred Worker job development*

Vocational providers may assist the employer in developing a preferred worker job that meets the provider’s medical restrictions. The VRC should maintain an active role with both the worker and employer until the worker is hired. Once the provider approves the job, the VRC can assist the employer in developing the job offer in writing.

If the worker accepts the job, the VRC can assist the employer with completing “Part B” of the [Preferred Worker Request form](https://lni.wa.gov/forms-publications/F280-060-000.docx) (F280-060-000).

Connect the benefits to things they have said matters the most to them

* + What concerns you the most about bringing the worker back to work?
  + What do you expect about the worker returning to work and the impact to your premiums?
  + What do you have to gain or lose by bringing the worker back to work or not bringing the worker back?
  + What would it feel like to support the worker, show the rest of your workforce how important return to work is, and are paid to do the right thing?

“Having VRC on board helped facilitate everything with my employer; light duty working out great.”

### Job modifications

Typically, the worker is the best person to begin a modified duty conversation. However, if there is a question about the availability of modified work, it may be better to talk to the employer first. We don’t want to create unrealistic expectations for the worker about modified duty.

Restrictions can guide accommodations when medical risks are understood. Things to consider:

* + Employers may be upset that the claim is still open.
  + Talk to them without judgement.
  + Help them open up to creative solutions.
  + Help them know that they too can work to resolve barriers.
  + Listen and understand their concerns.
  + Help turn an adversarial relationship into one that mutually advocates for recovery and return to work.
  + Show employers what they can do to help the claim.
  + Work with their needs and motivations.

More information about [Types of modifications i](#_bookmark13)n Chapter 8.

#### Employers can (and should) talk to Attending Providers

The more people communicate during vocational recovery, the better. The worker is central, but everyone else can help forge the path to successful return to work. When working with an eager employer, VRCs can assist with putting together a viable return to work plan and aid their inclusion in conversations with the appropriate medical providers.

There may be times when medical privacy (different from HIPAA) must be maintained, but conversations about physical capacities and how to accommodate them during return to work may be quite helpful. By getting the employers and attending providers to talk with each other, VRCs alleviate some confusion and even expedite the return to work.

Communication between the employer and the AP is especially helpful when the doctor is determining the worker’s physical restrictions. Chapter 3 of the [Attending Provider’s Return to](https://www.lni.wa.gov/forms-publications/F200-002-000.pdf) [Work Desk Reference](https://www.lni.wa.gov/forms-publications/F200-002-000.pdf) explains to the AP how to work with employers. This is a great reference for VRCs as well. VRCs should be familiar with the publication and include it in their discussions with medical providers and employers.

There are different types of release to work. Employers and APs communicating about potential releases may need assistance with creative solutions. All too often, a job analysis is disapproved for a physical demand that is not actually necessary for the job. If the employer talks with the AP, the issue may be avoided by modifying the particular physical demand so that the worker could perform the work. Many times claims have stalled or gone backwards due to miscommunication and misunderstanding.

### Communication between the attending provider and employer

Interviews conducted by Kosny et al., (2015), found that employers expressed several areas of frustration when working with attending providers on return to work.

* + Employers described doctors as having considerable power and influence in the context of workers’ compensation.
  + Employers questioned the attending provider’s commitment and desire to participate in the return to work process.
  + Employers viewed attending providers as largely unwilling participants in the process of getting an employee back to work.
  + Employers also felt that doctors had a poor understanding of how worksites function or the day-to-day operation of a business. This resulted in unrealistic recommendations that were unattainable by employers.
  + For example, one employer described a doctor recommending that a lifeguard return to his pre-injury job, but restricted him to sedentary work.

 Pransky, Shaw, Franche, and Clarke (2017) identified several communication issues involving physicians:

* + Communication is often only in one direction and impersonal (doctor to patient only and on paper).
  + Statements provided by health professional are regarded highly by others.
  + Other stakeholders may credit doctors with making their decisions based on scientific knowledge even when those decisions discount the perspectives of workers and their employers.

#### VRCs have shared these additional concerns from employers:

* + Sometimes it appeared the doctor was “coddling” the worker. Some doctors might feel they need to appease the worker with unnecessary restrictions to keep their patient happy.
  + How will this affect my insurance rates?
  + Unclear medical status.
  + Knowing how to obtain the doctor’s approval.
  + Miscommunication due to differing terminology and definitions.
  + Inaccurate interpretation of the Activity Prescription Form.
  + Fears about return to work impressions on the worker, coworkers, customers, and others.

### New Job, New Employer Considerations

Return to work assistance during a Vocational Recovery Referral can go beyond seeking re- employment with the employer-of-record. Both the RCW and WAC currently require this exploration with *the highest return to work priority given to returning a worker to employment***.** VRCs should document their efforts regarding a new job with a new employer before requesting a move to AWA.

Seeking new employment can be a daunting experience for some workers. An exploration of the worker’s employment history often provides information about the types of employment for which they are best qualified.

Although a formal labor market survey can wait until after the vocational recovery referral, educate and help workers to research the labor market in their area. Help the worker with ideas they may have not considered. Vocational rehabilitation counselors are in the right position to provide immediate and direct job seeking assistance for workers during a vocational recovery referral.

 Remember to keep the medical provider involved in return-to-work discussions.  Encourage the worker to talk to their doctor about their employment interests. Medical release is required for temporary or transitional light duty work job offers with the employer-of-record. **However, the worker does not need a medical release to accept a new job with a new employer.** The VRC is responsible for ensuring that the doctor is involved with new employment considerations with the same employer. They should help provide clarity and keep return-to-work plans realistic. (This is a separate consideration from whether or not the new employer would qualify to receive incentives such as WSAW or PWP.)

WorkSource is the best resource for assisting workers with returning to work with a new employer.

### Conclusion

Good will and trust are essential to successful return to work (MacEachen et al., 2006). Effective engagement and activation of a worker includes them in the process, increases their sense of control, prevents confusing processes and ultimately facilitates (not adjudicates) return to work. Vocational rehabilitation counselors can assist employers in understanding the process and reducing their claim costs while assisting with return to work options for workers. By supporting both the employer’s and the worker’s needs, we increase the probability of the worker being able to return to work.

### VRC Interventions

#### VRC communication best practices between employers and doctors:

* + Stress the worker’s goals as the driving force in return to work planning.
  + Encourage everyone to view unsuccessful return to work trials as informative experiences that will help employers and doctors revise return to work plans.
  + Request that the employer join the worker at doctor visits (via phone, if necessary) so all parties have a clear understanding of the vocational recovery plan.
  + Use restrictions and limitations to inform accommodations not just time-loss eligibility.

*Additional recommendations by VRCs include:*

* + - Modify the worker [motivation questions](#_bookmark3) to fit employers. For example, ask the employer, “Why is it important for you to have the worker go back to work?”
    - Raise awareness for the attending provider and employer about the roles played by

each party.

* + - Help the employer identify alternative return to work options, light-duty, and job modifications, including a gradual return to work schedule. Be sure to include the worker in these discussions.
    - Emphasize to the employer the importance of accurate information going to and from the attending provider.
    - Teach employers how to read Activity Prescription Forms.
    - Assure that all employer contact information is up to date, and correct contacts are provided. For example, get the supervisor’s contact instead of the business owner’s when facilitating return to work.
    - Make sure that the worker, employer, and attending provider understand modified duty terminology the same way.
    - Assist both the employer and attending provider with paperwork and forms (especially

for the WSAW, PWP, LEP, and job modifications).

A VRC must be familiar with both the Stay at Work as well as the Preferred Worker well enough to be able to explain how the programs would benefit the employer. Don’t simply explain the program, talk about how it will help the employer with their bottom line.

# Chapter 5: Collaborating with attending providers

Similar to the worker’s focus, medical providers also have differing perspectives. Instead of assuming a negative view of a medical provider, dig down and find out the provider’s reasons. Maybe a solution can be found and the medical barrier resolved.

* Is anyone acting upon that referral the AP made several months ago?
* Does the doctor need help addressing the utilization review response?
* Does the doctor feel like their medical opinion is being trampled?
* Is the doctor concerned about billing for their time?

Unnecessary delays contribute to long-term work disability. Vocational rehabilitation counselors have access to important medical information. They are in the unique position to assist with ensuring that recommended treatments or referrals are followed. A simple phone call can go a long way to preventing unnecessary delays.

When an attending medical provider (AP) requests authorization for a treatment recommendation, the VRC can and should check to see that the authorizing agency received the request. If there is a referral to an ancillary provider, the VRC can and should check that the provider received the referral and they are handling it in a timely fashion.

### Risk, capacity, and tolerance

Being injured does not necessarily mean the person is unable to work. A physician should not agree to support work disability in the form of work absence simply because the patient feels that they should not have to work with the impairment or pain. Part of the attending physician’s role is to specify which activities associated with the job present a risk of harm to the worker (are contraindicated) given the worker’s injury.

For example, if a warehouse worker is limited to reaching or lifting overhead with their dominant arm, the attending provider may restrict them from their job of injury *due to the lifting requirements*. In this example, the attending physician should not restrict the worker from all work, only from overhead lifting and reaching with their dominant arm.

Blanket restrictions to work prevent other stakeholders from identifying specific barriers, trigger unnecessary concern, and may create unreasonable expectations for the worker.

Unemployment and work disability affect health and well-being, and a sound medical assessment of impairment is part of good medical care.

 The American Medical Association encourages physicians to recommend that their patients return to work as soon as it is safe and healthy to do so, and recognizes that physicians can, through their care, help facilitate patients’ return to work.

#### Risk

“Risk refers to the chance of harm to the patient [worker], co-workers, or the general public if the patient engages in specific work activities” (Brassil, 2013, p.9).

When there is a known risk to workers doing certain work activities, doctors should impose work restrictions. According to the American College of Occupational and Environmental Medicine, work restrictions should be related to the job tasks that are a possible risk to themselves or others, (Caruso et al., 2018)

Gelfman and Hill (2019) illustrate both a personal risk and a risk to others with this scenario:

Consider the case where a commercial semi-truck driver presents for work ability assessment after a crush injury of the right foot.

Risk: What is the risk of harm for the individual, the risk to others in the workplace, and risk to the public from allowing this person to do their normal job? Is there risk for sudden incapacitation? Does the current treatment (such as medications) impair performance?

Personal risk work restrictions present a danger to the individual. A commercial truck driver may present significant risk to others if the attending physician is concerned the worker’s injury may prevent them from maintaining full control of the tractor-trailer. A commercial truck driver is at personal risk if continual/repetitive twisting exacerbates their back condition (p. 658).

“Medically necessary work absence accounts for about 10 percent of work absences” (Brassil, 2013, p.22).

If the doctor wants to restrict a housekeeper with recent shoulder surgery from pushing or pulling more than 10 pounds, it is best to expressed with a task-based approach. Using housekeeping as an example, compare the restrictions of “no push/pull more than 10 pounds” versus “no vacuuming”; the “no vacuuming” restriction is unambiguous and does not lead to confusion or lend itself to misinterpretation. Poorly defined requests for accommodations and/or restrictions, such as the ubiquitous “light duty” restriction, result in inaction by the individual and the employer, putting the individual out of work (Gelfman & Hill, 2019. 659).

#### Capacity

“Capacity refers to concepts such as strength, flexibility, and endurance. These are measurable with a fair degree of scientific precision” (Brassil, 2013, p.11).

A functional capacity evaluation only tells a physician whether the worker has the current ability to do a job – it does not measure capacity. Current ability can increase with exercise and activity. Capacity will decrease with inactivity (deconditioning). A functional capacity evaluation only tells a physician whether the worker has the current ability to do a job – it does not measure capacity (Brassil, 2013, Gelfman & Hill, 2019).

In fact,  documenting what the worker is able to do instead of just imposing restrictions or describing limitations encourages patients to think in terms of "ability" rather than "disability." It helps workers recognize that they are actively improving. It also encourages the employer to find transitional job duties that are productive (Jurisic et al., 2017, p. e127).

Due to the enormous range of return to work possibilities, it can be helpful if the employer provides a list of proposed alternative tasks, so that the physician can review them and determine which ones are currently medically appropriate. Regarding the truck driver example, here are some possible capacity questions:

* + Does this person have adequate range-of-motion, strength, and endurance to exert enough force to operate foot pedals in routine and emergency settings?
  + Can [the person] get in and out of the vehicle?
  + Is ambulation affected to the point where it interferes with [the person’s] ability to assist in loading/unloading activities? (Gelfman & Hill, 2019, p. 2).

Restrictions due to capacity are not as common and are most appropriate when accompanied by an expected duration. Tolerance is in a large part dependent upon the rewards available for performing the activity of interest. The concept is not a scientific, verifiable, and can’t be measured.

For example, after a surgery, the worker regained full function of his arm. However, lack of use during the healing phase has prevented the worker from using their healed arm at work for more than four hours a day. With normal activity and time, the worker’s arm will strengthen and their capacity will increase. In this scenario, the worker’s arm reached maximum medical improvement, but lacks capacity of endurance.

#### Tolerance

*“*Tolerance is a psychophysiological concept” (Brassil, 2013, p. 12) that describes the affected workers’ willingness and motivation to sustain work or activity at a given level, particularly in the presence of pain and/or fatigue. Tolerance is similar to comfort, and is not an appropriate basis for work restrictions or limitations.

Although temporary restrictions for new symptoms such as pain, numbness, and fatigue may be appropriate for a few days or weeks after the onset of an injury or illness, they are often not medically appropriate or necessary for chronic symptoms of this type (Jurisic et al., 2017. p. e126).

This can be a sensitive topic with workers. It is important to work with medical providers to manage worker’s expectations, when it comes to their recovery and limitations. VRCs are encouraged to be mindful of any claim when the worker is not expected to make a full medical recovery from their injury and help ensure the medical provider has enough information to determine if time off work is medically required – meaning, ‘there a risk of harm.’

### Types of work absences

When a worker is off work unnecessarily, the absence can cause needless but significant harm to the person’s well-being. Workers can lose social relationships with coworkers, self-respect that comes from earning a living, as well as a major component of their identity— what they do for a living.  Return to work is in the worker’s best interest. Doctors may allow a worker to be off work even when the injury does not medically preclude the worker from being at their job (Guideline, 2006). One of the common challenges for vocational rehabilitation counselors is collaborating with the medical community.

Physicians play an integral role in treating workers who have sustained an injury or illness. Typically, they do one or more of the following:

* Assess impairment.
* Provide treatment and care.
* Communicate with third parties (Denne, Kettner, & Ben-Shalom, 2015).

Different opinions about the appropriateness of return to work sometimes lead to assumptions about the motivations of both the VRCs and the APs. According to Russell and Kosny (2018), attending providers “predominantly held confusion about how the system functioned, who made decisions, who was responsible for rehabilitation and return to work planning, and so on” (p. 8). This chapter provides information about improving the collaboration among workers, attending physicians, vocational rehabilitation counselors, and other stakeholders.

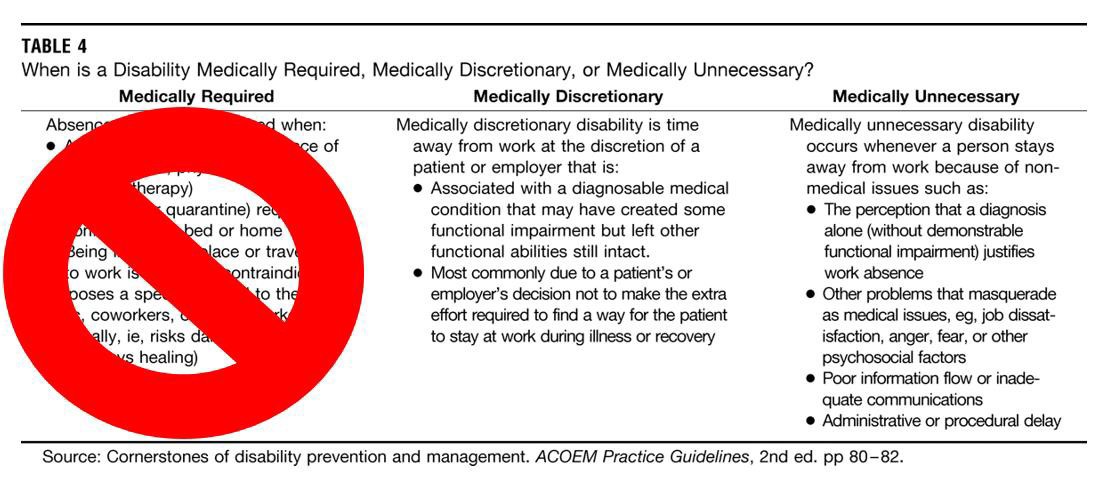
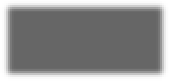
There are three types of work absences: Required, Discretionary, and Unnecessary. When the worker is considering return to work, the VRC needs to know which type of work absence is occurring.

“VRC has been very helpful addressing my concerns about returning to work.”

#### Medically required absence

This type of absence should occur when the work poses a risk to society, co-workers, or the worker.

Return to work must wait when it is medically necessary for the



worker to be off work or away from the workplace. There are few instances when these actually occur. Examples include:

* + Attendance is required at place of care.
  + Recovery requires confinement at home or in bed.
  + Acute response to injury.
  + Risk of contagion – quarantine.
  + Need for protected environment.
  + Work or commute is medically contraindicated.
  + Will worsen medical condition or delay recovery.

We are not concerned with medically required time away from work. We are concerned about discretionary and unnecessary time off work because the research clearly shows that the longer a person is away from work, the less likely they will be successful in returning to work. Keep in mind, the department has moved away from “medical unstable” as a rationale for discontinuing vocational services. Pulling away recovery resources from individuals who need them the most is a costly lesson learned and not a best practice.

#### Medically discretionary

This type of leave can occur when the worker has a diagnosable condition. When physicians impose work limitations because of pain intolerances rather than risk of further injury, then the time off work is discretionary. Pain does not always signal a medical risk. Medically discretionary time off work can also be a choice made by the worker or their employer.

Examples include a convenience store cashier with a significant shoulder injury, who cannot reach overhead to stock cigarettes in the rack above the counter, but could return to cashiering if another shift took over the restocking (Caruso et al., 2019).

Again, a goal for the VRC is to make it easy for a worker to choose to return to work. Make it easy for an employer to choose to offer return to work. Make it easy for the medical provider to determine risks associated with return to work options by identifying those activities that are medically contraindicated given the worker’s injury.

#### Medically unnecessary

Medically unnecessary decisions take place when the worker is kept off work because of non- medical reasons. Gradual resumption of activity sometimes means that patients will return to work while they still have some symptoms and before they have reached the healing plateau. This often requires careful planning and discussion with the worker, employer, and physician.

Deconditioning makes return to function slower and more difficult. A classic study started in 1966 with a follow-up 30 years later showed that 3 weeks of bed rest in healthy 20-year-old men resulted in more deconditioning than did three decades of aging. (Jurisic et al., 2017, p. e126).

### Communication between the VRC and attending provider

The role of a medical provider is fundamentally different from the role of the VRC. A significant gap can exist between the physician treating their patient and the VRC who is assisting their worker. Carefully framing communication to assist the physician with relating their medical recovery plan to their patient’s vocational recovery plan and work disability issues is key to a cohesive recovery team. In this section, we will discuss best practices for VRCs in their communication with attending providers.

According to Kosny et al., (2018), the literature is full of messages aimed at physicians about the benefits of work for their patients. Even with these messages, physicians face a multitude of challenges as they engage with workers and employers in the return to work process:

* Lack of emphasis on relevant training.
* The view that return to work is outside a physician’s job description.
* Privacy concerns.
* Worker attitudes and behaviors.
* Wide variation in RTW programs.

Experienced VRCs also hear other concerns from attending providers:

* Fears worker will re-injure.
* Health of employee often due to unrelated issues.
* Unrelated issues in workplace or worker’s personal issues.
* Not aware of return to work options with the employer.
* It is difficult to connect with the VRC for discussions regarding ability to work, timeframe for recovery, and rehabilitation.
* Differing terminology, definitions, and acronyms from VRCs.
* Unclear role in the return to work process.
* Inaccurate completion of the Activity Prescription Form.

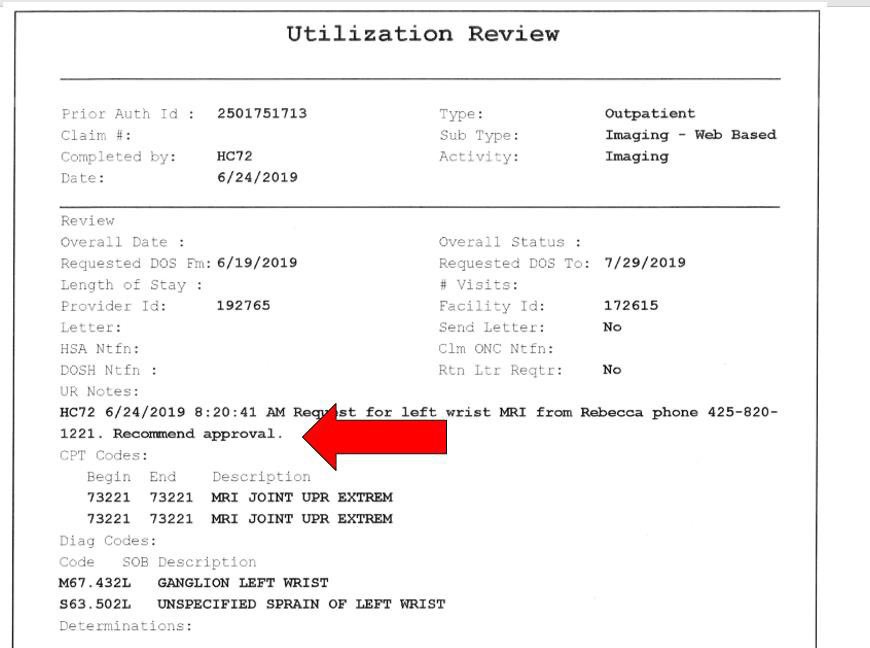
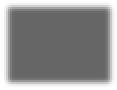
### Utilization review

To help VRCs understand the return to work process from the perspective of the attending provider, here is an outline of the utilization review process with Comagine. L&I contracts with Comagine to compare requests for medical services (utilization) to [treatment guidelines](https://lni.wa.gov/patient-care/treating-patients/treatment-guidelines-and-resources/) deemed appropriate for such services. The [Utilization Review Program](https://lni.wa.gov/patient-care/authorizations-referrals/authorization/utilization-review) only applies to State Fund claims, and applies to both physicians and facilities. The provider submits requests through Comagine’s portal and the VRCs best resource for checking on a request is with the requesting provider’s office. These documents will appear in the claim file under “URRPT.” |

The request cannot be viewed while it is “in process” by L&I staff. Providers can find the correct request form on the [Comagine website](https://comagine.org/program/washington-labor-industries/provider-resources).

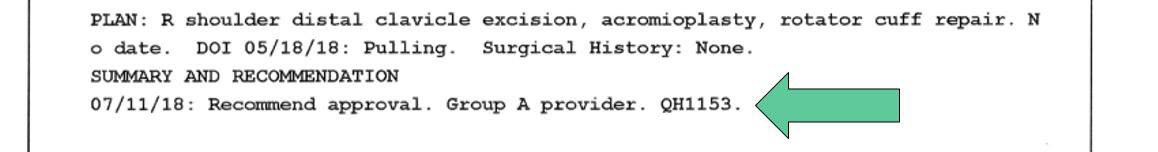
The referring doctor’s office is the best place to contact if the documents are missing and more than a few weeks have passed. The VRC or the worker can call the office and ask the date when the request for the utilization review was sent to Comagine. Some authorizations take less than 2 weeks, but others take slightly more time.

VRCs are able to track the outcome of the utilization review process in the worker’s claim file. This is what the utilization review (UR) looks like in a claim file:

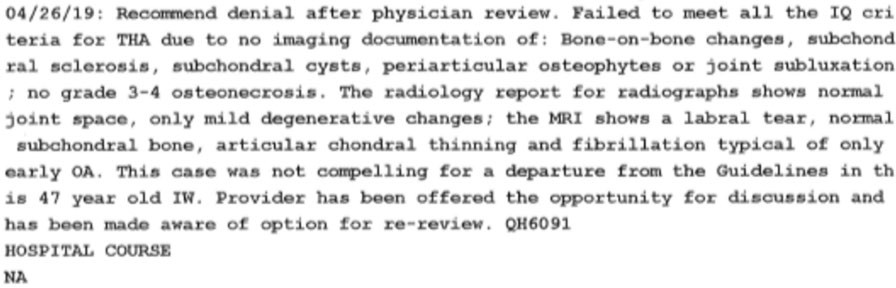


A recommendation by utilization review is not a guarantee of approval by the claim manager.

Certain providers receive a recommendation for approval with review. An example of that type of recommendation is below.

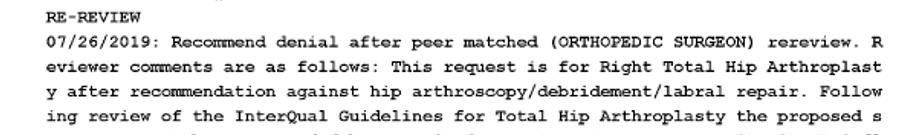


Sometimes, the recommendation will include the offer of a re-review:

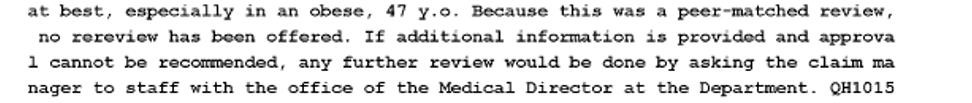


When Comagine recommends re-review, it is imperative the VRC ensures the requesting provider is aware of this response. The provider needs to include diagnostic testing Comagine requires. In the example above, the UR states what imagining documentation needs to provide.

When Comagine will not accept any more reviews, the VRC may see something like the following:



At this point, the decision is up to the L&I Office of the Medical Director.



The language below is an example of an RLOG for the following types of service:

#### When Comagine selects

|  |  |  |
| --- | --- | --- |
| **the status type:** | **the resulting RLOG says** | **this means** |
| **I’m following up on an existing request,** | (MM/DD/YYYY) Utilization Review The department's utilization review contractor has accessed this claim file. | A provider has requested authorization for (review type), and the utilization review contractor is checking to see if additional requested information is available. |
| **I’m re-reviewing a previous recommendation** | (MM/DD/YYYY) Utilization Review The department's utilization review contractor has  accessed this claim file. | They are re-reviewing their recommendation on a previous request for  (review type) services. |
| **I’m reviewing this claim in connection to a request on another claim for this same worker** | (MM/DD/YYYY) Utilization Review The department's utilization review contractor has accessed this claim file. | They are reviewing this claim in connection to a request received on another claim for this worker. |

For more information, visit [L&I’s Utilization Review](https://lni.wa.gov/patient-care/authorizations-referrals/authorization/utilization-review#%3A%7E%3Atext%3DUtilization%20Review%20supports%20our%20mission%2Cto%20both%20providers%20and%20facilities) web page.

#### Physical Medicine Progress Report (PMPR)

The physical medicine progress report (PMPR) form (F245-453-000) is a standardized monthly progress report completed by the treating outpatient occupational and physical therapist.

Besides a progress report requirement by Washington Administrative Code, it is also a communication tool and helps promote the use of best practices by therapy providers.

Useful information on the PMPR includes:

* + Achieved progress and current functional level (Section 2, c.).
  + Identified barriers you may be able to help address (Section 2, d.).
  + Worker’s expectations/concerns (Section 2, e).
  + Engagement in care (Section 4, a).
  + Information to guide the attending provider with updating the Activity Prescription Form.

Physical and occupational therapists have been instructed to use the updated [Physical Medicine](https://lni.wa.gov/forms-publications/f245-453-000.pdf) [Progress Report](https://lni.wa.gov/forms-publications/f245-453-000.pdf) (PMPR) form, [Instruction Sheet](https://lni.wa.gov/patient-care/_docs/pMPRinstructionsheet.pdf), and  [Physical Medicine Best Practices Card](https://lni.wa.gov/forms-publications/f245-464-000.pdf) when treating workers covered by the state workers’ compensation fund.

The PMPR provides valuable information about the worker’s progress, potential barriers, and concerns about returning to work. VRCs can use this information to prepare for conversations with attending providers, treatment providers, workers, and employers. At the same time, VRCs should not rely solely on the PMPR. Phone discussions between the PT/OT provider and VRC may yield additional information that provides insights for both professionals and can contribute to helping the worker achieve their goals.

* + Is the job of injury and work status listed correctly?
  + Does the therapist need a copy of the job description/job analysis to guide the treatment plan?

Learn more by visiting the [Therapy Resources](https://lni.wa.gov/patient-care/treating-patients/helping-workers-get-back-to-work/physical-occupational-massage-therapy#resources) page for additional information and answers to frequently asked questions. You can also contact the project team with questions at [therapy@Lni.wa.gov](mailto:therapy@Lni.wa.gov) or 360-902-9115.

#### Surgeons

The surgeon is responsible for the preoperative diagnosis of the patient, for performing the operation, and for providing the patient with postoperative surgical care and treatment. While the surgeon is treating workers, they may become the attending provider. Few surgeons will remain as AP after the worker has recovered from their surgery. The [best practices for VRCs](#_bookmark10) that are tabled in the following chapter will apply to surgeons as well.

### Conclusion

VRCs will most likely need to explain the new worker centric approach L&I is taking with the vocational recovery referral. Understand that medical providers may have had bad experiences in the past and it may take some time to build a better relationship.

At the beginning of the referral, it is a  best practice for VRCs to introduce themselves to the doctor. Start with calling the doctor’s office and inquiring about the office policy on communication with social workers, case managers, advocates, and rehabilitation counselors.

Avoid asking the doctor to “prove” their decision by providing their “objective medical findings.” This type of language does not facilitate return to work. That is language used for legal framework and claims adjudication. It is reflective of the impairment-based insurance model.

Remember, only medically required situations should keep a worker off work.

### VRC Interventions

  Incorporate the worker’s goals, personal circumstances, and psychosocial barriers (if present), into the discussion with the AP.

  Keep correspondence brief.

* + Visit the doctor with the worker to express support and ensure appropriate communication and updates take place.
  + Be sure the doctor knows when the VRC plans to attend an appointment. The office may need to schedule extra time during these visits.
  + Agreeing to the facts of a claim in person and memorializing discussions with official documentation afterward shows commitment to transparency and results in timely responses.

  Frame motivations on helping the doctor’s patient (worker).

* + Provide updates and status reminders regarding psychosocial influences. Attending physicians report that understanding the relationship between worker and employer, worker’s return to work goals, and availability of light-duty work, is valuable to their treatment planning.

  Build the doctor’s awareness of the worker centric approach.

* + Provide functional job descriptions when job analyses are not needed.
  + Ask specific questions that are within the doctor’s expertise (see [Risk, capacity, and tolerance](#_bookmark7)).

#### VRCs can prevent unnecessary delays by:

* + Checking that the CM is aware of Comagine approvals.
  + Alerting doctors to responses from Comagine that require additional action (i.e. request for re-reviews).
  + Being proactive when workers are referred to another provider (i.e. PT, surgeon, Specialist) that an appointment is made. No one should wait for the clinic or new provider to contact the worker.
  + Talking with the worker to stress the importance of their attendance at the appointment.
  + Checking for the report after the worker has attended the appointment.

#### Among the recommendations surgeons provided are:

* + Understand that surgeons and their office staff are busy and that workers’ compensation patients usually represent a small percentage of their patients.
  + Do not show up to an appointment without the permission of the surgeon. If there is paperwork that needs to be discussed, let the scheduler know that extra time is needed.
  + Job descriptions and job analyses should provide an estimate of the amount of time spent performing job functions rather than terms such as rarely, occasionally, etc.
  + Include hours per day or hours per week, as appropriate.
  + Provide information pertaining to the job site when appropriate.
  + Do not request information that is in the L&I file.
  + Never disagree with a treatment plan in front of the worker.
  + Concerns regarding a treatment plan should come from the claim manager or the worker.

# Chapter 6: Integrating vocational and medical recovery

During a vocational recovery referral, in addition to the attending provider, the most common medical providers a VRC will work with include one or more ancillary medical professionals such as occupational therapists, physical therapists, specialists, and mental health providers.

#### Best Practices for VRCs

#### Educate

|  |  |
| --- | --- |
| **Do this (What)** | **Not this** |
| VRCs should be able to articulate the contents of a vocational recovery plan and how it was developed via the worker centric model. | Don’t assume that providers understand the differences in referral types or the worker centric model. Refrain from using acronyms such as  VRR, AWA, PD, PI, etc. |
| Emphasize the common goal of returning the person back to work and how the worker’s  goals are aligned contrary to system goals. | Don’t assume that the provider understands your role or purpose. You may be the first VRC that  the provider has encountered. |
| VRCs can share the information regarding HIPAA in the workers’ compensation context. | Don’t expect ancillary medical providers to know what information they can share with the VRC  under HIPAA. |
| VRCs should inform the treating therapist that talking to a VRC is billable and the available billing code for 1-30 minutes is 98966-68. | Don’t simply ask for a return call. If they are unavailable when you call, leave a time when they can return your call and be available to receive that call. |

**Communicate**

|  |  |
| --- | --- |
| **Do this (Why)** | **Not this** |
| Check with the provider’s clinic about the services offered in that location. Not every provider will offer the same services or interventions. | Don’t assume work hardening and work conditioning are available in all clinics. They are more likely to be offered by larger clinics. |
| Explain to the provider how to make recommendations regarding additional interventions and services L&I offers workers. | Don’t assume that the provider knows about additional treatments available from L&I (i.e. PGAP). They may only be aware of the services  their clinic provides. |
| Check to ensure that the provider understands both the current limitations and the therapy goals for the worker’s job. | Don’t expect the therapist to look for the APF in the claim file on the Claim and Account Center (CAC). Some providers may not even know the form exists. |
| Inform the provider they can ask the CM for access to the worker’s claim file. | Do not assume the therapist is aware of the online access or that they have the time to read the entire file. |

**Discuss**

|  |  |
| --- | --- |
| Do this (How) | Not this |
| Discuss the workers abilities in functional terms as they relate to the job. | Terms such as “seldom,” “occasionally,” and “rarely” may mean different things to different disciplines and to VRCs. The VRC should check with the therapist regarding their definitions of the various frequencies used. Often times the best approach is to use specific timelines such as, “10 minutes at a time, no more than 60 minutes in a day.” |
| Include discussions of timelines for RTW that include modified duty while working toward a full release. | Don’t assume the provider is aware of the types of modified duty, alternative jobs, assistive technology, or schedule adjustments. |
| When discussing the worker’s progress toward treatment goals, be sure to reference the job analysis or job description. Treatment goals and worker’s goals should fit together. | Do not wait until treatment has ended to discuss whether the worker can meet the treatment goal. |
| Ask about the worker’s reaction to treatment, barriers they have observed, or reports from the worker. Encourage the therapist to include  this information on the PMPR. | Don’t rely only on the PMPR section regarding the worker’s reaction to treatment. This is a new form and the provider may not understand the  importance of recording this information. |

**VRC and other (ancillary) provider collaboration**

During a vocational recovery referral, the most common medical providers a VRC will work with include the attending provider and one or more ancillary medical professionals.

Here are some considerations to keep in mind:

* + Medical providers may be unclear what information they can share with the VRC under HIPAA.
  + Each clinic may have a different level of understanding about the workers’ compensation system.
  + Most medical clinics work with a large number of insurance carriers – most of which may provide workers’ compensation insurance in other states.
  + There can be a wide variety in what services each clinic location offers.
  + The job description or job analysis should be sent in a timely manner, usually before treatment begins.
  + The number of L&I patients can vary dramatically from clinic to clinic.

Ancillary medical providers may have gaps in their understanding of:

* + Referral types.
  + The role of vocational rehabilitation counselors.
  + L&I’s abbreviations and jargon.
  + Activity prescription forms.
  + Job analyses and job descriptions.
  + Available L&I programs.

 Best practices for communicating with ancillary medical providers

* + Call and talk to the treating therapist or leave a time when they can return the call.
  + Let the treating therapist know that talking to a VRC is billable and the available billing code for 1-30 minutes is 98966-68.
  + Emphasize the common goal of returning the individual back to work.

**Health Services Coordinators**

#### What is a Health Service Coordinator?

A Health Service Coordinator (HSC) is an administrative professional who acts as a non-clinical extension of the provider’s office. The HSC coordinates between the worker, provider(s), employer, and claim manager, and bills L&I for services using L&I provider IDs. HSCs are employed by one of the health care systems that has a contract with L&I to run a program such as the Centers of Occupational Health and Education (COHE), the Surgical Quality Program, or the Provider Recognition Program. (For more information [visit their webpage](https://lni.wa.gov/patient-care/provider-partnership-best-practices/health-services-coordination#standard-work).)

[**Ergonomists**](https://lni.wa.gov/safety-health/preventing-injuries-illnesses/sprains-strains/get-help-with-ergonomics)

Communication with ergonomics practitioners (ergonomists) is often indirect through the worker. Collaboration between an ergonomist requires the VRC to understand:

* + Roles of both the ergonomist and the VRC.
  + Check with the ergonomist about how to collaborate on meeting the needs of the worker.
  + Privacy considerations in sharing information and funding issues for the consultation.

 Research regarding participatory job modifications has shown that the worker should be the first person who should approve the modification followed by the employer. When both of these parties agree to the modification, the VRC should forward the recommendation to the [AP.](#_bookmark17)

 Shaw et al., 2008 provides the following advice for working with ergonomists:

* + Let the ergonomist know about the business’ cultural climate regarding job modification acceptance.
  + Ergonomists reported they would prefer more information about the job and the worker prior to conducting an assessment and providing advice.
  + Confirm that the ergonomist includes the worker in the recommendations they submit.

#### Psychologists

Psychologist with either a Ph.D. or a Psy.D. may provide mental health treatment and evaluations. They can also provide behavioral health interventions. They follow the same HIPAA guidelines as other providers.

The following are some tips for VRCs when they are working with psychologists:

* Psychologists cannot certify time-loss or complete an ROA.
* Phone calls are better than letters.
* Ask the psychologist about the vocational recovery or return to work plan.
* Ask the psychologist, “What are the barriers from a psychological standpoint?”
* Discuss treatment plans.

#### Master’s Level Therapists (MLTs)

Master’s level therapists also provide some mental health services. These professionals include:

* Licensed independent Clinical Social Workers (LICSWs).
* Licensed Marriage and Family Therapists (LMFTs).
* Licensed Mental Health Counselors (LMHCs).

#### Psychologist and MLT comparison

Although some requirements, such as needing a referral from the attending provider, are the same for MLT and psychologists, there are some important differences as well.

|  |  |  |
| --- | --- | --- |
| **Master’s Level Therapist** | **Psychologist** |  |
| May provide Behavioral Health Intervention (BHI) with referral from AP. No CM authorization required. | Same as MLTs. | |
| May provide mental health (MH) treatment. Referral from AP and authorization from CM required. | Same as MLTs. | |
| Not allowed to perform mental health evaluations. | May perform mental health evaluations. | |
| Cannot address JAs, including psychological JAs. | May comment on psychological JAs. | |
| All other mental health treatment requires prior authorization. Ongoing treatment may be approved for up to 90 days at a time. Provide BHI with referral from the AP and provide up to 16 visits with a focus on addressing psychosocial barriers. | Same as MLT for BHI but no cap on number of visits. | |
| MLTs providing BHI use CPT codes 96156, 96158, and 96159. No more than one hour may be billed on  a single date of service/visit. | BHI codes are the same. Additional codes see  [Mental Health Services Fee Schedule](https://lni.wa.gov/forms-publications/F245-422-000.pdf) | |
|  |  |
| Use MLT Pilot Forms. | Use treatment notes. | |
| May bill for care conferences and phone calls, but not correspondence with VRC. | May bill for care conferences, phone calls, and correspondence with VRC. | |
| Access to claim documents must be requested. | Same as MLTs. | |

L&I expects the VRC to be responsible for collaboration with psychologists and MLTs to see that treatment moves forward and unnecessary delays and duration are prevented.

Catastrophic claims considerations

Labor and Industries defines catastrophic claims as hospitalized, open and closed head injuries, spinal cord injuries with paralysis, hospitalized burns, multiple trauma/fractures, major crush injuries, major de-gloving injuries, amputated limbs, severe chemical exposure requiring hospitalization If the worker loses (or loses the use of) both legs, both arms, an arm and a leg, or total eyesight, they are eligible for a statutory pension by law, even if they can return to work.

If the worker is hospitalization for psychiatric issues, the claim may also be classified as catastrophic. There may be numerous psychological problems associated with rehabilitation for a worker with a catastrophic claim, and the claim manager (CM) should assist the worker in dealing with these issues. Each worker will respond differently to an injury and trauma.

Reactions may include alarm, pain, anxiety, loss, grief, denial, and anger. In addition to these reactions, amputees may experience psychological factors, such as stress and depression, which could influence the severity of phantom limb pain.

A worker may go through a period of grief over the loss of a limb or loss of function. The grief process can be very disruptive to vocational services and to the claim, in general. One reaction to grief may be blaming others, such as the employer or department staff. The grief process is often mistaken for non-cooperation. VRCs who work with catastrophic claims should be familiar with the grief process.

How to view authorizations

By clicking on “What is Covered Under this Claim,” VRCs can view which codes are authorized for the worker including vocational services (voc. billing codes) as well as medical procedures.



**How to View Authorized Services**

Click on “**Diagnoses & types of drugs**” to view what the Department has authorized for treatment on the claim including medications.

Click on “**Treatment & services**” to view all the vocational billing codes and worker’s approved treatment requests. To avoid unnecessary delays, VRCs should check this section before calling the Claim Manager regarding whether a code has been loaded. This is also helpful for checking if any fee cap exceptions have been authorized prior to any calls to the VSSs or the Department.

Click on “**Hospital & surgery decisions**” to view approvals for an overnight stay for a procedure and/or any outpatient services authorized.

### Conclusion

Workers and their VRCs may work with a team of providers including behavioral health professionals, ergonomists, physical therapists, speech-language pathologists, occupational therapists and their assistants in addition to medical specialists such as surgeons. In addition, the worker may receive services from an activity coach (also known as a PGAP provider.) If the attending physician is required to make a referral, chances are the VRC will be working with one of these other medical providers.

#### VRC Interventions

When communicating with ancillary medical providers:

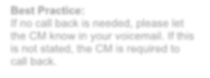
* + Use functional terms instead of restriction labels.
  + Discuss potential timelines for return to work as appropriate.
  + Discuss job modifications including duty job options and schedule options.
  + Ask about progress toward treatment goals.
  + Ask about the worker’s reaction to treatment.
  + Ask about barriers they have noted.

For out of state providers, please see information regarding [out of state claims.](https://lni.wa.gov/claims/for-medical-providers/out-of-state-care-coordination#resources-for-providers)

# Chapter 7: L&I members of the rehabilitation team

Claim managers and vocational services specialists are not the only L&I employees who can assist a VRC with return to work. Although some of the L&I team members are contacted through these roles, VRCs can request a referral when needs are identified.

### Claim managers



**Please remember:**

If no call back is needed, please let the CM know in your voicemail. If this is not stated, the CM is required to call back.

* Claim managers have large caseloads and only have time for crucial reading.
* When VRCs send an EVOC secure message to the claim file, they should limit the information to what is pertinent to the action requested.
* VRCs should state action requests in the beginning of the communication, not buried towards the end among the explanation of circumstances.

#### Reasons to contact a claim manager include:

|  |  |
| --- | --- |
| **Purpose** | **Rationale** |
| Staffing to address barriers | Medical barriers are best handled by the CM, ONC, or field ONC. The CM makes the request for ONC assistance. |
| Determining if a job offer is valid | CMs decide job offer validity, as this is an  adjudicative action. |
| Questions or concerns about time loss benefits | Initial and continuing eligibility for time loss benefits is a question for the CM. |
| Questions about Loss of Earning Power (LEP) | CMs calculate and administer LEP payments, and they are best equipped to answer questions that may be coming from the worker to the VRC. |
| Arranging an authorization | Some treatment authorizations require review by a third party (currently Comagine. See  section on [Utilization Review i](#_bookmark8)n Chapter 5). |
| Questions about contended conditions | Questions about contended conditions should be addressed with the CM by EVOC. If action has not been taken, a VRC should contact the  CM directly. |

|  |  |
| --- | --- |
| Requesting an IME and/or an addendum | An IME report is flagged as confidential when it is imaged into the claim file. A CM must review it before removing the confidentiality flag. If a VRC needs to review the IME and it is not yet available, the VRC can request the CM make the report available for the VRC to review. This  is typically done via EVOC. |
| Determining if a worker is non-cooperative | Workers are not identified as “non-cooperative” during a vocational recovery referral. |
| Concurrence | Before sending a letter requesting concurrence, VRCs must staff with the claim manager. |

**NOTE:** If a VRC believes for good reason they should continue providing vocational recovery services to a worker who has been fully released to work, the VRC must discuss the situation with the CM. The claim manager determines whether further vocational services will be authorized.

### Vocational services specialists: 3 different purposes and customers

#### Claims VSS

Vocational services specialist assist with the progression of referral phases, consultations regarding barriers, as well as answering questions or concerns that arise throughout vocational services. A VSS is assigned to support individual claim units, sometimes up to three different units. It is important to contact the assigned VSS to the unit the claim is in. For a [list of VSS](https://lni.wa.gov/claims/for-vocational-providers/working-with-li/contact-us-about-vocational-services) phone numbers per claims unit, visit the L&I webpage for vocational counselors in the Claims tab.

Every claim and referral is unique. What applies and works with one, may not be applied or work with another claim. As the information about the situation changes, the guidance may change accordingly. As a result, guidance may at first blush appear inconsistent. The department is committed to respecting the VRC’s professional judgement to the extent possible while ensuring the needs of L&I’s customers, statues, rules, and regulations are met.

Some of the reasons to contact a VSS include:

* + VSSs are available to discuss next steps and vocational referral barriers. Staffing internally before reaching out to a VSS is ideal. Colleagues may be the best resource for barrier resolution.
  + VSSs can help with understanding rules, policies and options certain scenarios. For simple issues, an EVOC may be easier and quicker, whereas a more complicated staffing may require a phone conversation.
  + Requesting a fee-cap exception or an ADMX via EVOC.
  + VSSs can help with coordinating activities with L&I, for example, when the VRC needs help from the CM, and action is delayed.

#### What to do when your Claims VSS is out

Expect voicemails to be returned within two business days. If the assigned VSS is out, their outgoing message will explain when they expect to be back in the office. The VSS team provides coverage when a VSS is absent. Leave a voicemail and the covering VSS will review the message and return the call.

Here are some pointers for seamless communication when a VSS is away:

* + To avoid delays and confusion, VRCs are asked not to contact multiple VSSs or leave multiple voicemail messages.
  + Once a VRC has begun working with a VSS on a particular issue, it is best to work with the same VSS regarding all follow-up questions or concerns. **Example:** John is the assigned VSS for the unit, but while John was out Bailey provided coverage. The VRC should continue to work with Bailey until the issue with the claim or report is resolved.
  + If resolution of an issue is not reached while working with a VSS, the VRC may request a joint staffing with the VSS and a VSS supervisor or call the VSS supervisor directly.

VRCs can check to see who is assigned to each unit by going to our [Contact Us About](https://lni.wa.gov/claims/for-vocational-providers/working-with-li/contact-us-about-vocational-services) [Vocational Services](https://lni.wa.gov/claims/for-vocational-providers/working-with-li/contact-us-about-vocational-services) web page.

#### Vocational services specialist supervisors: Claims

VSS supervisors are available when the unit VSS has been unsuccessful at resolving the issue. Sometimes VSS supervisors provide coverage for absent VSSs.

Other reasons to contact a VSS supervisor include:

* + There is a concern about a VSS.
  + The VSS has not responded to communication attempts within 2 business days.

VSS supervisors track VSS work and actions, so it is rare that a VSS will fail to review a request timely. In some cases, the recommendation is lost in imaging or is never received by the department. It is best to try to sort issues out with the unit VSS prior to contacting a VSS supervisor.

#### WorkSource VSS

Labor & Industries and the WorkSource system have partnered to assist injured workers to heal and return to work. Vocational services specialists are L&I employees located onsite at WorkSource centers to provide specialized job search assistance and career planning services to all individuals seeking employment. There are [12 VSSs located in WorkSource centers](https://lni.wa.gov/claims/_docs/worksource-contact-list.pdf) around the state.

#### Early Return to Work (ERTW) VSS

ERTW staff work directly with employers to help build and implement a return-to-work program.

An ERTW consultation focuses on employer systems, not individual cases. Sometimes ERTWC may receive a referral or request for services while there is an open vocational recovery (VR)

referral. When this happens, the efforts of the regional VSS during the ERTWC will not overlap or conflict with the work of the vocational rehabilitation counselor (VRC).

#### Occupational nurse consultants (ONCs): Roles and functions

The Department of Labor & Industries employs occupational nurse consultants (ONC). Their work can help VRCs in the return to work process when there is a medical barrier. Requests for ONC assistance goes through the claim manager. VRCs may need to contact the unit VSS if they are not getting needed assistance from the CM.

[Occupational nurse consultants](https://lni.wa.gov/patient-care/authorizations-referrals/authorization/occupational-nurse-consultant-authorization):

* + Respond to requests from claim managers related to the medical care of workers.
  + Help attending providers with denials from Comagine (For more details, see Utilization Review).
  + Partner with our regional ONCs, nurse case managers, and Health Care Coordinators to focus on early recovery and return to work.
  + Help explain or clarify confusion around requeste4d diagnostic procedures. For example, an MRI requires utilization review approval, but an X-ray does not.
  + Address contended conditions or recommend treatment related to accepted conditions. In most cases, the claim manager can only authorize treatment if the diagnosis has been accepted on the claim.
  + Field ONCs may accompany a VRC to meet with an attending provider to assist in asking and fielding medical questions.

#### WorkSource re-employment specialist (RES)

RES staff WorkSource employees who are located at L&I’s Tumwater building. They help workers who are motivated to return to work. Their statewide services are provided by phone only.

Please consider making a referral to an RES when:

* + Return to work with the employer of record is no longer possible.
  + The worker indicates a willingness to be engaged in job search activities.

When you refer to a re-employment specialist, please include:

* + The worker’s name, claim number, and phone number.
  + The name and phone number of the vocational rehabilitation counselor.
  + Any additional information you want to share.

Email [RESWorkSource@lni.wa.gov](mailto:RESWorkSource@lni.wa.gov) for more information.

#### Account managers and Risk managers

The account manager from Employer Services and the risk manager from DOSH (Department of Safety and Health) will emphasize return to work as a cost effective and expedient way to impact time loss, which may help the employer in seeing the value in return to work. Their goal is to minimize workplace injuries and the impact of any resulting work disability while helping employers control claim costs by returning a worker back to light duty or modified work.

#### Only the employer or claim manager should contact an account manager or risk manager directly.

Both the account manager and the risk manager can provide education to employers. A risk manager will provide the education onsite whereas the account manager will provide education over the phone on the following:

* + Claim-free discount (if the employer is eligible).
  + Discuss long-term impacts of time loss on the employer’s experience factor.
  + Provide data specific to employer’s business and show how claims can affect premiums.
  + The availability and benefits of light duty jobs and options to obtain cost reimbursements through the Stay at Work program.
  + Help employers to sign up and use My L&I and the Claim and Account Center (CAC).
  + Can make a referral to Risk Management for a Safety and Health Consultation for accident prevention.

L&I will not fine an employer because of a consultation. However, they are required to correct any serious hazards in a timely manner.

### Conclusi[on](https://lni.wa.gov/patient-care/billing-payments/marfsdocs/2021/2021MarfsChapter30.pdf)

Vocational rehabilitation counselors have several resources to help employers bring their worker back. The department does not expect VRCs to be experts on time loss, or to explain to an employer about how a claim will affect their experience rating. Those resources are available to [the employer to assist with thes](https://lni.wa.gov/claims/for-vocational-providers/working-with-li/#billing-for-vocational-services)e issues.

It is often helpful to hear other people talk about their experience and what has and hasn’t worked for them. The department encourages VRCs to seek assistance within their firm’s policy before reaching out to L&I. If the VRC needs assistance from the department, please ask.

VRCs can use [Payment Policies from MARFS Chapter 30](https://lni.wa.gov/patient-care/billing-payments/marfsdocs/2020/2020MarfsChapter30.pdf) regarding the vocational billing codes as well as fee cap exceptions, travel wait time versus professional mileage, vocational evaluation codes, and 30-day progress reports.

#### VRC Interventions

* + If the worker is not receiving time loss benefits or loss of earning power benefits, the VRC should assist them in contacting the CM.
  + If an ONC may be needed, the VRC should discuss the specific situation with the CM.
  + If a [work status form](https://lni.wa.gov/patient-care/billing-payments/marfsdocs/2020/2020MarfsChapter30.pdf) (imaged as WVF) or LEP is in the file and the VRC notices that benefits have not been paid, then a phone call to the CM would be appropriate.
  + VRCs don’t need to know the specifics of how LEP calculations are made, only how LEP is different from time-loss. VRCs are encouraged to staff LEP questions with the CMs so they can better assist the worker.

# Chapter 8: Vocational Recovery Tools

In this chapter we review tools identified as  best practices in collaboration with VRCs and from return to work research studies. A complete list of the research literature reviewed is available in the Bibliography near the end of this manual.

The most effective tool a VRC possesses is their ability to create a relationship with the worker. Research shows that when a worker trusts their VRC, they are less likely to experience fear of the unknown, and more likely to create their own clear path back to work.

### Motivational interviewing

Motivational interviewing (MI) is a conversational tool used to help people cope with change. This is not counseling. Specifically, MI helps people who are resisting change or unmotivated or stuck. Motivational interviewing involves creating a safe space for the worker to discuss their challenges freely and without judgement. This type of discussion is often necessary for someone to process their circumstances and move forward.

#### Why?

Injury and work disability are discouraging circumstances. It is natural for workers to dwell on what they may have lost, or are no longer able to do. This is a grief process that all of us can relate to when we think about losing the activities and relationships we enjoy. While this happens in various degrees, these tools can be used whenever someone is expressing catastrophic thinking or has resentment toward the process. We all use these skills intuitively in our own lives, but using motivational interviewing deliberately can make a significant difference in a worker’s perspective.

#### How?

It is important to build rapport and approach these conversations gently. Individuals who are stuck often feel misunderstood or overlooked. If a VRC comes across as forceful or preachy, the worker will likely resist these efforts as well as continue to resist the process. Be prepared to accept this resistance without pushing back. Instead, focus on validating their feelings and experience until they have been able to share their side of the story. Then, ask open-ended questions around the factors the worker is able to control or they appear to be avoiding. If the worker is able to recognize factors within their control, they will be much more likely to assert themselves independently.

#### What?

Validation, affirmation, and encouragement are the tools of motivational interviewing. The stages of change shown below provides more information on how to identify where the worker is in their progress and how to provide support to move forward in each specific stage. Coping skills are the leading indicator of a successful recovery. Practicing motivational interviewing is a simple and effective means to support workers that have become stuck. It can be a delicate balance to validate the worker’s experience without creating unrealistic beliefs.

#### Summary

When using these skills, remember that the main objective is make the worker feel seen, heard, and understood. Whatever resistance they have toward the process may never resolve if they continue to feel dismissed. By removing that simple barrier, motivational interviewing aims for people to arrive at their own conclusions.

The PDIR contains additional information about motivational interviewing.

### Next Steps tool: Backward planning

#### An example of backward planning for a worker with a back injury.

Goal (why): Work until I can comfortably retire.

7) Return to my previous job where I have a retirement plan.

6) Obtain doctor’s release to return to work.

5) Meet physical therapy goals.

4) Attend PT and adhere to home exercise program.

3) Obtain a referral to physical therapy.

2) Request a PT referral from AP.

1. Make an appointment to see attending physician.

Each of the steps above should have a **target date**. Target dates are more flexible than deadlines, and some of the steps are dependent on the actions of others (for example, getting an appointment with the doctor.)

Backward planning starts with the end result in mind. The person starts with where they want to end up. The Vocational Recovery Plan can be used in this manner. The worker’s goal (desired outcome) is at the beginning of the plan. Here are basic steps for anyone to implement this technique.

#### Setting the Goal.

What does the worker want to accomplish? Help the person define their goals as specifically as possible. Ask the worker *why* their goal is important to them. Talk to them about whether it is realistic.



While it may be necessary for the worker to have surgery on their shoulder in order to return to work, their goal could be either the surgery or returning to work. This is the worker’s goal, not the VRC’s. In many ways, backward planning a goal is similar to the motivational interviewing process. Both tools start with where the worker is currently.

#### Identify the steps and sequence needed to achieve the worker’s goals.

Starting with the end result, list what needs to happen in reverse order. Help the worker write out the steps and timeframes for accomplishing their goal.

Group the steps into clusters and sequence them. VRCs might find it useful to write each step on a sticky note and place them on a table or wall. This makes it easy to move them into clusters. Once the steps are categorized, sequence them in chronological order and write a timeline.

**Create a timeline** by committing the worker’s plan to paper with specific due dates assigned to both the major goal and each of the supporting steps. It is much easier to create a calendar by working backwards – keeping the end result in mind.

* + Identify the date by which the worker’s goal should be completed.
  + Identify the last step the worker must do before the goal’s due date.
  + Identify the next to the last step; the third to the last, and continue until all the steps have been put in reverse order. Some of the steps will include actions by the VRC. Be sure to include these in the plan.
  + This process can also help in answering the question on the Vocational Recovery Plan about what needs to happen before the worker can return to work.

**Provide support.** Encourage the worker to get feedback or input from someone to make sure they aren’t overlooking something critical.

VRC planned for backup when out of town just a couple days. Outstanding!

Check to see if identified resources are available. Even though goals and steps may change, backward planning can prevent unnecessary

delays, duration, a confusing process, and unrealistic plans. The technique engages the worker to move forward toward achieving his or her goals rather than waiting for things to happen.

**PEARLS**

PEARLS is a simple method to communicate empathy to the workers. The acronym is broken down below followed by statements that demonstrate PEARLS in action:

**P**artnering: (I know) we can figure this out together.

**E**mpathizing: I can clearly hear your concern *or* your concern is clear (to me).

**A**cknowledging: Your effort really shows here.

**R**especting: Your expertise is always important to our work.

**L**egitimizing: Who *wouldn’t* be concerned about this?

**S**upporting: I’d like to help (you) with this.

### Best practice for job modifications

There is strong empirical evidence that work accommodation can significantly reduce work disability duration (van Eerd, et al. 2018, and others). Attending providers do not always consider these accommodations when making return to work decisions. In the words of Professor Nortin Hadler, “Work should be comfortable when we are well and accommodating when we are not.”

#### Start with the worker

The  best practice in temporary job modifications is to start the discussion with the worker. Most workers know which of their duties they can or cannot perform. Many workers are aware of other duties they can perform that may not be part of their current position. At the same time, VRCs should use their professional judgement as to whether they need to check with the employer about their acceptance of a temporary modification so the worker is not set up to be disappointed and add to their sense of injustice.

Accommodation information is available from the [Job Accommodations Network.](https://askjan.org/contact-us.cfm) The Job Accommodation Network (JAN) is a national consulting service sponsored by the U.S. Department of Labor’s Office of Disability Policy. JAN’s mission is to provide information regarding workplace accommodations in an effort to promote the hiring and retention of people with disabilities. [AskJan](https://askjan.org/contact-us.cfm) operates a toll free phone number for individual consultations with difficult accommodations.

**Let workers know they can heal while working** Go over all of the types of job modifications with the worker so they understand their return to work options. Discuss other instances when they have worked while healing from a non-work related injury or while recovering from an illness.

#### Next: Employer participation

Once the worker agrees that the modifications can safely allow them to return to work, the VRC and worker should create a job description for the new or modified duties and discuss the modifications with the employer. Explain to the employer how modification of this duty may allow a worker to heal at work. This is a good time to discuss L&I’s assistance with job modifications, how bringing the worker back will affect the cost of the claim, and how incentive programs work. Sometimes it is a matter of frequency. At other times, the worker may need a piece of assistive technology. To prevent a confusing process, workers should discuss with their claim manager the differences between loss of earning power (LEP) and time loss.

One of the most effective approaches is to help the worker and employer collaboratively develop job descriptions or job analyses.

#### Finally: Present to the attending provider for approval

Once the worker and employer agree to the new job descriptions/job analyses, the VRC can present the job description to the attending provider. Present the physician with information about the worker’s desire to return to work; the employer’s ability to offer and support modified or transitional work; along with job descriptions or job analyses to make it easier to address safe return to work options.

This methodology maintains transparency, trust, a clear process, reduces unnecessary delays and duration, and ensures all parties stay in their appropriate roles.  Research supports this approach.

Studies have shown that doctors are most willing to release a worker to modified duty if both the employer and worker agree on the duties. The amount of work involved in this new approach is neither time-consuming nor costly (Schartz, Henricks, & Blanck, 2006).

#### Types of modifications

Here is a list of some of the ways in which workers can heal while continuing their employment. Workers can combine any, or all, of the following four modifications:

*Ergonomics/assistive technology*

At one time, there was a distinction in the rehabilitation literature between ergonomics and assistive technology (assistive technology was JAWS, but curved keyboards were ergonomic). That distinction has all but disappeared in the last 10 to 15 years. Currently, Ergo/AT is used to describe any device, workplace adjustment, or method of completing a work task, which compensates for a person’s limitation or restriction. [ASKjan.org i](https://askjan.org/)s an excellent resource to learn more.

*Modifying duty/light duty*

This is when a worker performs a substantially different job than their job of injury. Example: a construction worker provides administrative support in the office.

*Transitional duty*

This refers to reducing some tasks to less frequency or no frequency until the worker has reestablished their ability to perform the task. The idea is that the worker is *transitioning* back to their job of injury while healing.

We want VRCs to ask employers for specific adjustments to the worker’s job. “Can Joe Carpenter get help with any lifting over 30 pounds?” Or, “do you have any carpentry positions that Joe can do while his back is healing? He needs to start with only lifting up to 30 pounds.”

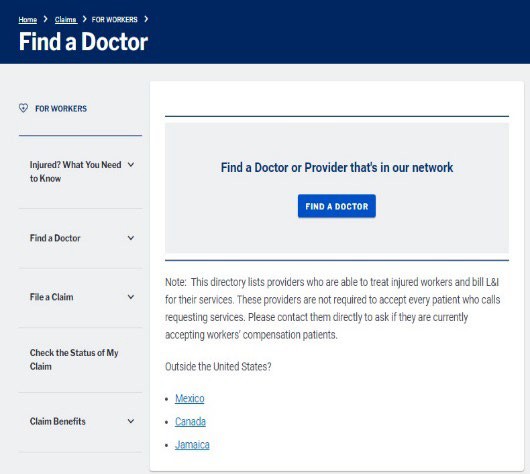
*Graduated return to work*

Here the focus is on hours or schedule. Joe will begin with working two hours a day, five days a week for two weeks. In the third week, Joe will work three hours a day, and so on until he has resumed his previous work pattern.

A variation on schedule would be that Joe will start with four hours on Monday, Wednesday, and Fridays. Depending on the injury, it may be better to wait until Joe can work eight hours in one day before adding more days. In some cases, adding more days before increasing the number of daily hours makes more sense.

* [SMART i](https://www.smartwa.org/)s a non-profit trade association helping employers to build and maintain a safety based culture in workplaces throughout Washington State. Their website offers two tools:
  + [Employer’s Job Description Wizard](https://ejd.smartwa.org/ejd/page_1/)
  + [Job Offer Letter](https://ejd.smartwa.org/offerLetter/) (Temporary/Transitional and Permanent) in English, Spanish, and Russian.

#### Find a doctor



VRCs can also help an injured worker with preventing unnecessary delays by assisting the worker in following up on Department resources for potentially locating a provider. For many workers, finding a physician to become the attending physician is overwhelming. The [Find a Doc](https://lni.wa.gov/claims/for-workers/find-a-doctor/)tor tool is available online for VRCs and workers to help identify providers.

This is a search tool for health-care providers that L&I has approved to care for injured workers in Washington State and beyond. If the worker is seeing an out of network provider, the claim manager may insist that they transfer care to a network provider. VRCs can encourage a provider to sign up to be a network provider and/or help the worker locate a network provider. The search tool allows anyone to look for primary care providers, all providers, or health care facilities such as hospitals, clinics, or pharmacies within the worker’s geographic area.

*NOTE: Find a Doctor is not a tool that lists medical providers who are open and willing to take on new patients. It only reflects those providers who have done business with L&I in the past. Injured workers may need help in accessing this site to search for a provider in their area. VRCs have access to this same tool in case a worker in unable to access the* [*website*](https://lni.wa.gov/claims/for-workers/find-a-doctor/).

VRCs can assist a worker in preparing and submitting the [Transfer of Care form.](https://lni.wa.gov/forms-publications/f245-037-000.pdf)

#### Working with attorneys

Attorneys refer to workers as “clients” and they have an ethical obligation to represent their client’s best interests. Unfortunately, many are not aware of the impact that failure to return to work has on their clients. As a result, they may not spend time or effort ensuring their client gets back to work. This can be further aggravated by reliance on consulting physicians who may maximize the disability, rather than focusing on return to work (IAIABC, 2021).

When a worker has an attorney, this may be an indication that the worker has had prior conflict in the process or feels a lack of control and understanding. Pay particular attention to transparency and documentation to earn the claimant’s trust and build professional rapport with the attorney. When discussing next steps of the claim during these meetings, be sure to explain outcomes fully and accurately. It is perfectly appropriate to return with a firm answer after the meeting should the VRC feel unclear on how to respond to a question. A VRC should not be the source of any unexpected actions. Clearly set expectations of what is being done and why before taking action to prevent anxiety.

VRCs can use guidance from the research literature regarding how opposing counsels develop a working relationship to inform how they too can work with attorneys involved in the worker’s vocational services.

 If the counterparts have a good relationship, they are more likely to:

* + be able to exchange information informally
  + agree on procedural matters
  + take reasonable negotiation positions that recognize both parties' legitimate expectations, resolve matters efficiently
  + satisfy their clients and enjoy their work

On the other hand, if the lawyers have a bad relationship, the case is likely to be miserable for everyone involved (Lande, 2011, pp. 107-108.)

The same civility that engages workers in vocational recovery apply to interactions with the worker’s legal representative. Lande (2011) offers the following advice, modified to reflect the role of the VRC:

#### Description of their client and the claim

* + Ask the attorney how their client sees the problem.
  + Ask the attorney what their client really wants in the matter.
  + Ask about ways that the VRC and legal representative might work together to make the claim go as smoothly as possible.
  + Discuss any problems that they anticipate might arise and how you might work together to avoid or deal with these problems.
  + Ask about any "hot buttons" of their client that you should try to avoid pushing.

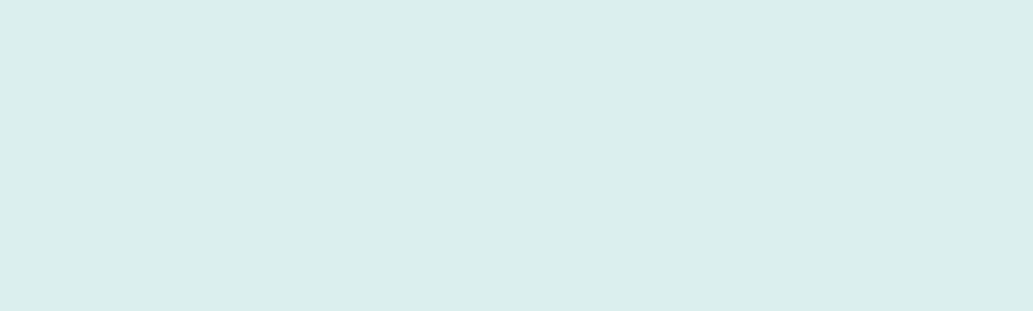
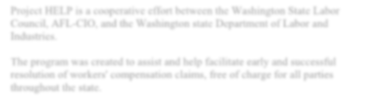
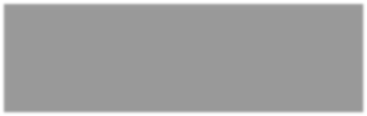
#### Plans for working together

* + Ask what you can do to help them ensure their client has a satisfactory outcome.
  + Ask what information they will want. Offer to share information informally (if the worker has authorized this) or to seek worker's permission to provide the information.
  + Ask them for information you will want and whether they will provide the information informally (with their client's permission).
  + Ask for face-to-face meetings with the worker early in the case.
  + Ask what types of activities warrant a phone call to avoid doing anything the attorney would consider as an unwelcome surprise.

 Khami, M. (2017) suggests that if an attorney is being difficult, do not respond in the same fashion. Keep your focus on the worker’s goals and helping them understand that returning to work is in their best interest. VRCs may find they need to develop a thick skin while dealing with some attorneys. It takes time and practice to be patient and not get frustrated. Treat each situation as a challenge so you learn and develop your skills for next time.

Most lawyers who are perceived as generally being ‘difficult’ usually act that way for a reason. Often, it is because their clients have extreme, unrealistic expectations and the counterparts have problems managing the relationship with their clients. (Lande, 2011, p. 118).

Remember, nothing is “off the record” when meeting with an attorney present. Services and conduct should not differ based on a worker having legal representation, but being confidently prepared and speaking deliberately to the facts of the claim are  best practices when working with an attorney.



Project HELP is a cooperative effort between the Washington State Labor Council, AFL-CIO, and the Washington state Department of Labor and Industries.

The program was created to assist and help facilitate early and successful resolution of workers' compensation claims, free of charge for all parties throughout the state.

## WorkSource

A  best practice for VRCs is accompanying workers to a WorkSource office and introducing workers to WorkSource personnel.

* + VRCs can attend virtual meetings as requested.
  + WorkSource is a great resource for helping workers who want to get a new job with a new employer, as well as providing skills training separate from L&I retraining benefits.
  + WorkSource can provide vocational testing without cost, which is restricted during a vocational recovery referral.
  + This is a statewide partnership of state, local and nonprofit agencies that provides an array of employment and training services to job seekers and employers in Washington.
  + Customers access services electronically through WorkSourceWA.com and through a network of more than 60 WorkSource centers, affiliates and connection sites.

For more information and videos about services they offer, visit [WorkSource](https://seeker.worksourcewa.com/microsite/content.aspx?appid=MGSWAOFFLOC&pagetype=simple&seo=officelocator).

### Conclusion:

The tools listed in this chapter were identified in the research literature by the Best Practices workstream and tested by VRCs during the pilot phase. This is not an exhaustive list of tools. L&I will continue to research and test tools from research and those from the vocational community that promise to improve the services VRCs can provide. The goal is to continuously improve through collaboration with our return to work partners.

#### VRC Interventions

* + The most important tool for preventing work disability is the relationship between the VRC and the worker.
  + Motivational interviewing is a conversational tool used to help people cope with change.
  + Backward planning can help workers identify next steps and milestones.
  + Research has demonstrated that one of the best tools for preventing unnecessary delays and duration is developing job modifications with the worker, employer, and attending provider.
  + VRCs can assist workers in finding medical providers in their area.
  + VRCs will not be held accountable for the actions of worker advocates. Often the best course of action is to provide education regarding work disability prevention and the worker centric approach.

# Chapter 9: Vocational recovery referral requirements

This chapter covers the two required reports for Vocational Recovery Referrals: the [Vocational](https://lni.wa.gov/claims/_docs/vrprogressreport-for%20office%20use.pdf) [Recovery Progress Report](https://lni.wa.gov/claims/_docs/vrprogressreport-for%20office%20use.pdf), and the two [Referral Closing Reports](https://lni.wa.gov/claims/for-vocational-providers/vocational-services/vocational-recovery-services). In addition, information about the vocational recovery plan is discussed. Keep in mind, the vocational recovery plan must be sent to the department and any updates if anything changes must be sent as well. The Vocational Recovery Referral guideline, and the out-of- state addendum are also included.

### Vocational recovery plan

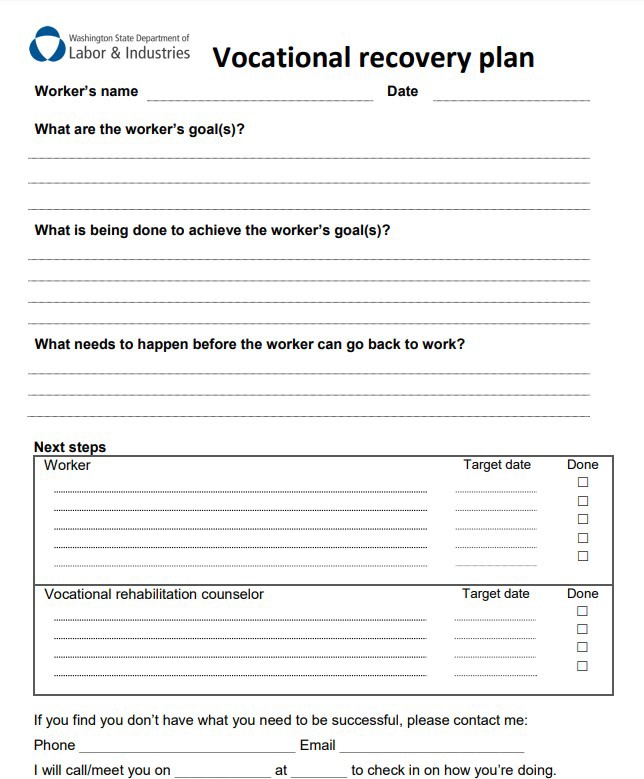
When L&I developed the [Vocational Recovery Plan](https://lni.wa.gov/claims/_docs/vocationalrecoveryplan-forofficeuse.pdf), we included sections for [next steps](#_bookmark16) and follow up. For non-English speaking workers, the interpreter should read the written Vocational Recovery Plan to the worker and ask if they agree with the plan. If the worker does not agree, the VRC should work with them to make changes. Additionally, the VRC should ask the worker to take their own notes (if possible) so the next steps are clear.

#### The worker’s goals

The first consideration on the Vocational Recovery Plan is the worker’s goals. The worker centric approach is a person-centered approach. The worker’s vocational recovery goal should eventually lead to a return to work goal, however, it is a  best practice for the VRC to meet the worker where he or she is at the time.

When applied in the workers’ compensation scheme, a person-centered approach involves the worker being at the center of decision-making, where they have a say in the goals they want to achieve and the services they wish to receive (Moo et al., 2021). There may be times when the worker’s goals are not consistent with L&I’s rules and policies. In those instances, VRCs are encourage to coach workers how to achieve their goals with help from outside their workers’ compensation benefits.

If the worker is not ready to set a goal, use the “Next Steps” and “Follow Up” sections until the first goal has been set. Short-term and intermediate goals are acceptable. Perhaps the worker is only concerned with getting their MRI approved. Therefore, the worker’s goal is “getting my MRI approved.” Or perhaps they already know that they want to return to their job as soon as possible. They might have a list of goals: MRI approval, surgery consult, surgery, back to work. VRCs are encouraged to list as many goals as the worker identifies. (See video [Vocational](http://apps-public.lni.wa.gov/training/vocational-recovery-plan/) [Recovery Plan](http://apps-public.lni.wa.gov/training/vocational-recovery-plan/))



The vocational provider must engage the worker to develop a vocational recovery plan. The vocational recovery plan should include the needs and goals of the worker and steps or strategies to address these. The plan may change as appropriate for the worker's needs and goals. A copy or copies of the vocational recovery plan must be provided to the worker and to the department.

WAC 296.19A-060 (1)

Completing the Vocational Recovery Plan requires a collaborative effort between the worker and their VRC. This is a good tool for engaging the worker in a conversation about their work future, and helps the VRC build rapport and trust by showing respect for the worker’s goal.

While the department wants counselors to develop a recovery plan early in the referral, counselors are not required to create a plan at the initial meeting. The worker may be too overwhelmed with other concerns at that point. The worker does not need to identify returning to work when creating a plan. Workers can be so focused on getting medical treatment for their injury they struggle to think beyond that point. VRCs should begin building rapport with the worker by letting them know one of the immediate next steps will be setting the date for the next contact.

#### Section instructions

The vocational recovery plan must answer the following questions:

*“What are your goals?”*

Write the worker’s goals in their own words, if possible. Short-term goals are fine, such as getting a referral to see a surgeon or securing a modified duty position. Use your professional discretion to determine how much detail is relevant.

*“What is being done to achieve your goals?”*

This includes both what the worker and the VRC are doing to meet the stated goal. Examples include what actions the worker is taking to maintain contact with their employer and looking on the AskJAN website for assistive technology. The VRC can talk to employer about modified duty and explain loss of earning power benefits at next meeting. When sending the plan into the department, do not list completed actions.

*“What needs to happen before you can go back to work?”*

This list can include anything from medical treatment to resolving barriers. Remember that getting back to work may include a gradual return to work, or other modified duty.

Another way to think about this question is, “Why isn’t the worker able to be at work today?” Can the attending provider release the worker to modified duty? Can the employer accommodate the worker’s restrictions for modified duty? Has the worker committed to returning to work?

*“Next Steps”*

At the first meeting with the worker, the VRC can identify next steps, even if the worker has not identified their plan goals. The idea is to help the workers find their own path to vocational recovery. Research shows that setting small goals the worker agrees to early in the process makes them more likely to be achieved.

Commitments are strongest when they satisfy three criteria:

*  **Small leads to big.** Getting agreement and voluntary compliance with small commitments can pave the way to making and keeping big commitments.
* **Voluntary.** When it is their idea.
* **When it is early**. Establishing small commitments (from both parties) early in a process can help build trust to set the stage for a positive working relationship.

Short-term goals of the vocational recovery plan should evolve over time. Revisit the vocational recovery plan as next steps and current barriers change during the claim. This will allow the vocational recovery plan to serve as a living document the worker can use as an action plan over the course of the claim. This will also serve the counselor in being able track current barriers in their discussions with the claimant.

 Best practices include:

* Tailor the size of the steps to the worker.
* Write down (or email) agreements.
* Provide the worker with a copy [required by WAC].

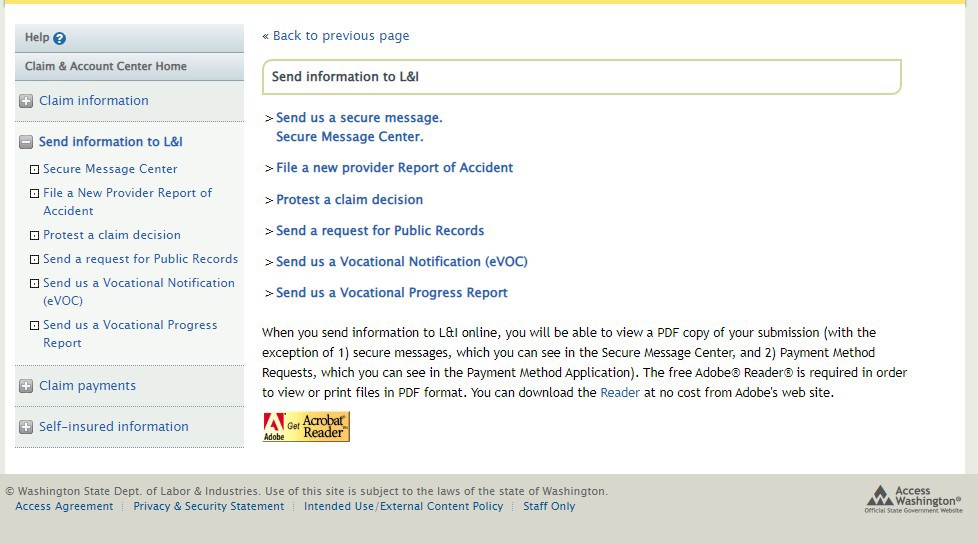
The overall goal is to list short-term, attainable goals that the worker can take on their own. The vocational counselor clarifies what is needed to resolve the claim and regularly checks in with the worker to support and coach them in achieving their goals. This is not a compliance tool. If a worker does not follow up on their next steps, this is an opportunity to have a conversation with the worker to find out what the barrier is or how they are stuck. Do not start the non-coop process.

If the worker doesn’t take action by target dates, use that information to delve deeper with the worker on what they feel is the most significant barrier to the claim. Perhaps a worker does not feel they understand their treatment plan. Perhaps they feel it is too soon to interview for a job if they are still receiving treatment. Perhaps they are worried they will reinjure themselves even if their treatment is successful. Allowing the worker to process and discuss these issues will help them clarify their own steps forward, and help the counselor understand what barriers are most significant to the worker.

Vocational counselors can assist the worker’s with setting their own goals by focusing their conversations on what the worker says they need most. VRCs should focus on getting worker’s to advocate for themselves, while making it clear they can come to the counselor for assistance.

### Progress reports

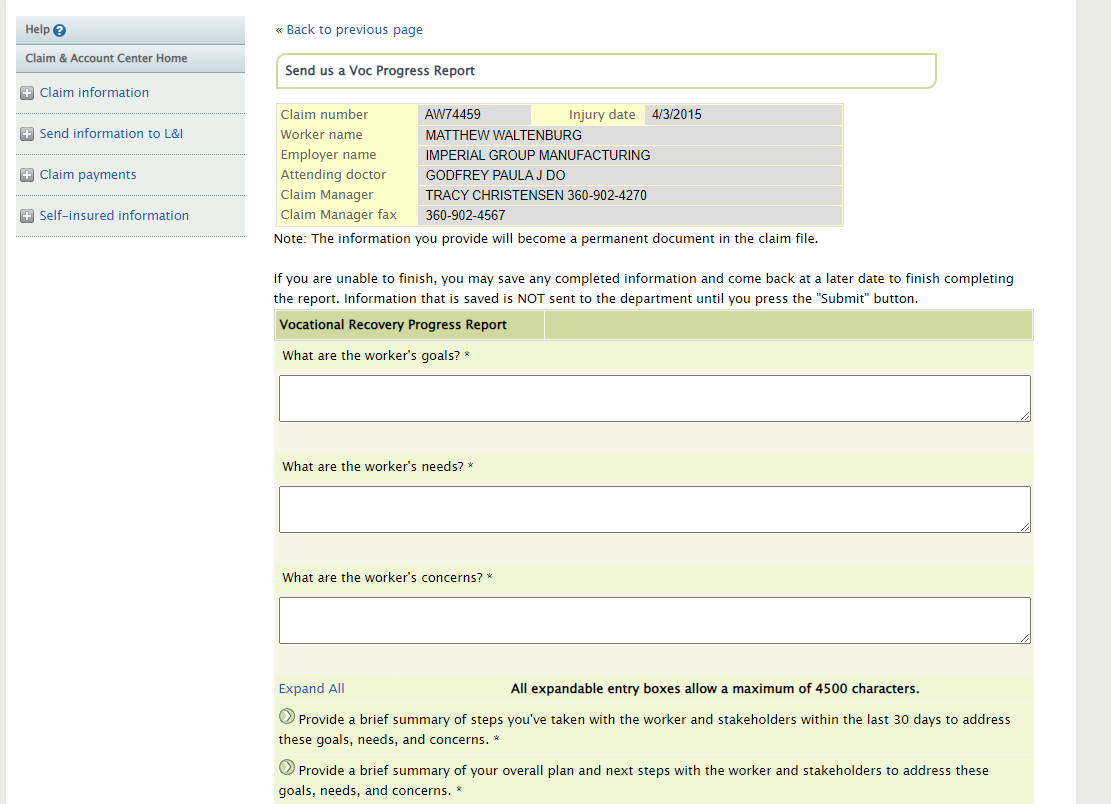
When the VRC sends a progress report, they enter the information by selecting “Send us a Vocational Progress Report.”



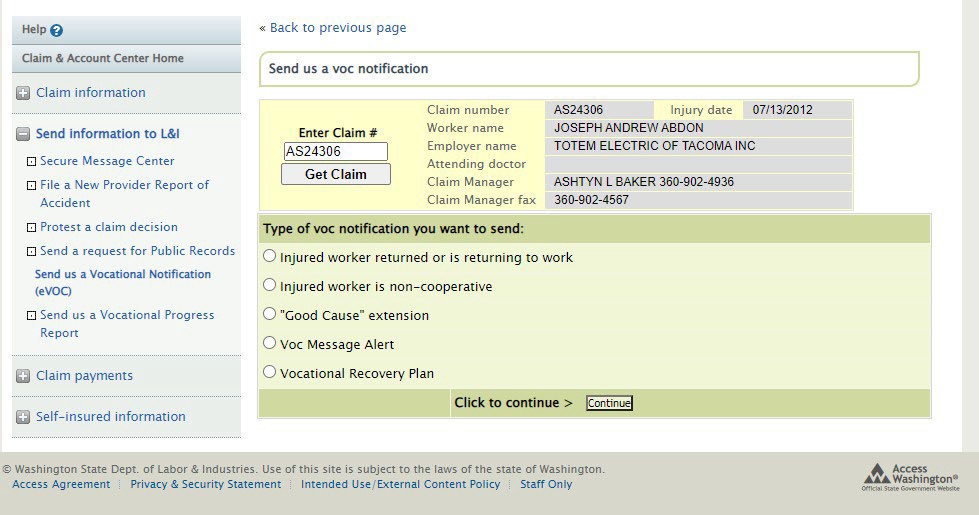
#1 example below

#2 example below

EXAMPLE #1 After selecting the VR Progress Report the following screen will appear.



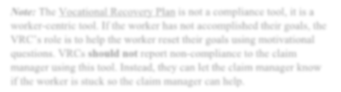
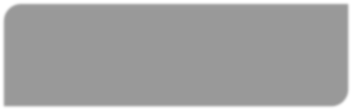
Example #2 If the VRC selects “Send us a Vocational Notification (EVOC), the following screen will appear.



When summarizing “steps taken to engage the worker and other stakeholders and address their goals, needs and concerns,” VRCs should only report on activities that occurred or were planned *within the prior 30 days*. When possible, condense information to keep the report useful. It is better to say, “VRC left eight phone messages on the worker’s cell phone before she called back on April 10, 2021,” than it is to list the dates of each call and each message left.

Only provide those details if the claim manager requests them.

When summarizing the “overall plan and next sets to engage the worker and other stakeholders and address their goals, needs and concerns,” describe the



Claim managers decide which medical information will be used for closing a claim. This is an adjudicative decision, not a vocational opinion.

action plan.

* + What do you expect to do?
  + By when do you expect it to be done?
  + What will you do if this cannot be accomplished?

### Vocational Recovery closing report

There are two Vocational Recovery closing templates. One report is for [further services](https://lni.wa.gov/forms-publications/F280-070-000.docx) (also known as SAS1), and the other is for [all other outcomes](https://lni.wa.gov/forms-publications/F280-069-000.docx).

The new VR closing reports refer VRCs to the appropriate Revised Code of Washington (RCW) and Washington Administrative Codes (WAC) to document actions taken to assist the worker in returning to work. For the SAS1 VR closing report, VRCs must document their efforts to provide the services outlined in [WAC 296-19A-050](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-050) subsection (3)(a)(i) through (viii) and (b)(i) through (ix), including offers of employment and the worker's response(s), before requesting a referral for an ability to work assessment described in WAC 296-19A-065.

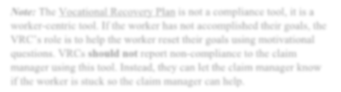
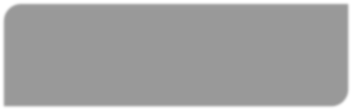
VR closing reports should not include case notes or refer readers to prior progress reports. Rather, they should be completed as stand-alone documents. They should be concise summaries, citing unique services provided for the worker based on their individual needs and the relevant details supporting the closing recommendation.

The SAS1 VR closing report has “CLSAW index” on the bottom, automatically routing it to the vocational services specialist mailbox. This eliminates the need for the VRC to send an EVOC and avoids unnecessary delays.

### Closing report requirement

The law requires VRCs to complete the closing report (See [WAC 296-19A-060](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-050) for more details).

#### Closing medical closes a claim



One of the primary purposes of Vocational Services in Washington State is to enable the injured worker to become employable at gainful employment….including job placement….with the highest priority given to returning a worker to employment…

**RCW** [**51.32.095**](http://app.leg.wa.gov/RCW/default.aspx?cite=51.32.095)

When a VRC assists a worker with looking for another employer, it is important to keep the claim manager appraised of the worker’s efforts. If the claim manager has all the necessary elements to close a claim, they will need to close it. There is no magic number of days or weeks that a VRC can expect to use pursuing new employment with a worker.

**When to move from VR to AWA**

There are nuanced considerations regarding when to move from a Vocational Recovery Referral to an Ability to Work Assessment (AWA). At the same time, moving to AWA does not mean that the VRC cannot continue to assist the worker with job seeking or that they should stop using the worker centric approach. In addition to the Vocational Recovery Guideline, several factors regarding this decision are discussed in this section.

#### The worker refuses to participate in vocational services.

If the VRC is unsuccessful at engaging and activating the worker (different from being stuck) then moving to AWA is often the only means to prevent the claim for stalling. If the worker will not respond to the VRC during a VR referral, there is little the VRC can do to assist the worker. If the legal representative is creating a barrier to providing vocational recovery services, the VRC may recommend moving to AWA in order to provide more structure for vocational services participation.

Not all workers who become passive are being adversarial. Some workers become stuck. They are stuck because they do not know how, or do not have the capacity, to solve the health and productivity predicament he or she is in; and are slowed or even paralyzed by ambivalence and resistance to return to work. (Mitchell, K., 2012, p. 95)

#### Is the worker stuck?

Moving a stuck worker to AWA will not necessarily get them unstuck. One of the methods of helping a worker get unstuck is through a discussion of their return to work motivation. This manual provides VRCs with multiple methods for assessing motivation.

* + [Motivation questions](#_bookmark3)
  + Physical medicine progress report
  + [Next Steps](#_bookmark16)

Gaining insight into how a worker is stuck is critical to helping them move forward. After the worker gains insight into their own beliefs and motivations, the VRCs can help the worker align these with behaviors supporting vocational recovery.

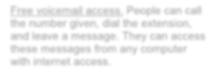
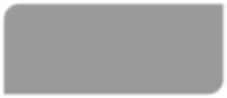
The worker’s motivation may be difficult to assess when their legal representation prohibits the VRC to meet with the worker separately.

#### When the worker’s path to return to work requires retraining

Workers with a clear path toward returning to work are more likely to do so (Fleten et al., 2004). However, some workers may require retraining. In those cases, the VRC needs to assess whether retraining fits within our legal framework through an ability to work assessment. The VRC should only consider retraining after precluding the worker’s ability to return to employability and working through return to work priorities A through G as specified in the WAC.

#### Medical landscape

The worker does not need to be at maximum medical improvement before they can move into AWA. If it is apparent that the worker cannot go back to their previous employment, and there are no viable options based on work history (transferable skills), then further assessment may be appropriate.



“Workers do NOT need to be at MMI to move from VR to AWA.”

When surgery has been scheduled, VRCs should consider whether the procedure would allow RTW at job of injury, as well as the worker’s goals. Keep in mind that RTW can still occur in AWA.

#### The worker’s focus

Workers who advocate for their own care and goals are more likely to return to work. These workers are able to assess their employability within their current skills and physical capabilities. The focus of the worker provides the VRC with additional information for identifying how to help workers choose to return to work. Remember, the focus of the worker is modifiable.

#### Employer – employee relationship

When an employer is unwilling or unable to provide return to work options to a worker, ruling out the job of injury does not necessarily mean that the worker should move to an AWA referral. The new [WAC](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-050) provides for finding a new job with a new employer during the vocational recovery referral.

**Note:** Contended conditions are concerns that are adjudicated by the claim manager and are outside the scope of this manual.

### Vocational recovery referral guideline

Return to Work Partnerships created this guide to help you comply with changes to Washington State law. The guide is based on statutory language ([RCW 51.32.095](https://apps.leg.wa.gov/RCW/default.aspx?cite=51.32.095)), new language in the Washington Administrative Code ([WAC 296-19a- 050](https://apps.leg.wa.gov/WAC/default.aspx?cite=296-19A-050)), and best practices designed to address key areas of work disability prevention. This guideline will help counselors improve the quality and effectiveness of statewide vocational rehabilitation services by using worker centric principles.

#### How to use this guide

Check this guideline often for reminders of vocational recovery services you can offer that are within your control. Remember to coordinate/collaborate with your claim manager and vocational services specialist to work on strategies and have your questions answered.

#### Preventing work disability

Based on the unique needs of the worker, have you provided them with what they need to:

* + Understand the claim and vocational process?
  + Identify and build on their current strengths?
  + Address psychosocial and other barriers they have returning to work?
  + Understand the various job modifications for safely returning to work while they heal?
  + Actively participate in creating a vocational recovery plan and identifying [next steps](#_bookmark16)?
  + Be able to access community resources and available programs?
  + Proactively participate in and take responsibility for their medical treatment?
  + Commit to returning to work?
  + Make it easier for them to choose to return to work?

#### Return to work with the employer of injury

You must document all of the work you do to enable the worker to return to work with their employer.

Have you provided the employer with what they need to:

* + Understand claim processes and their role in vocational recovery?
  + Become an active participant in the vocational recovery plan?
  + Understand the benefits of transitional or modified duty and the incentives that may be available to them such as WSAW, PWP, and Job Mods?
  + Access L&I staff who can explain the financial impact of their claim?
  + Make it easy for them to offer return to work opportunities?
  + Make sure to follow up to see if they have what they need to maintain successful employment.

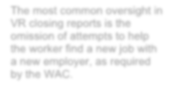
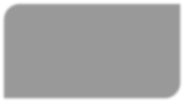
#### Return to work with a new employer

You must document all of the work you do to enable the worker to return to work with a new employer.

If the worker cannot go back to work with their employer, or wants to work for a different employer, in the same or a new position, have you provided them with what they need to:

* Be job search ready?
* Identify and build on their current strengths?
* Understand how to:
  + Access WorkSource.
  + Develop a resume.
  + Look for a new job.
  + Prepare for interviews.

*If the worker identifies a possible new job*



The most common oversight in VR closing reports is the omission of attempts to help the worker find a new job with a new employer, as required by the WAC.

Have you provided them and the new employer (worker’s consent needed) with what they need to understand that preferred worker and job modification benefits may be available if the new employer hires the worker?

Make sure to follow up to see if they have what they need to maintain successful employment.

#### Able to work job of injury

If the worker is released to the job of injury and they cannot find employment, have you provided them with what they need to:

* + Create a Secure Access Washington (SAW) account with Employment Security to apply for unemployment benefits if needed?
  + Access unemployment and other benefits/services they may need/be eligible for?

#### Further assessment needed

If the worker will need an Ability to Work Assessment, have you provided them with what they need to:

* + Understand the process and the possible outcomes?
  + Continue to look for a job with or without your help?

If you are recommending an Ability to Work Assessment, have you clearly documented attempts to address RTW Priorities in RCW [51.32.095](https://apps.leg.wa.gov/RCW/default.aspx?cite=51.32.095) and the new[ly adopted Vocational Recovery](https://lni.wa.gov/rulemaking-activity/AO19-11/1911Adoption.pdf) [W](https://lni.wa.gov/rulemaking-activity/AO19-11/1911Adoption.pdf)AC?

References: [RCW](https://apps.leg.wa.gov/RCW/default.aspx?cite=51.32.095) [WAC](https://lni.wa.gov/rulemaking-activity/AO19-11/1911Adoption.pdf)

**Vocational Recovery Referral guideline Addendum for out-of-state (OOS) workers**

Use this guide for injured workers who are no longer in Washington.

**Medical treatment**

#### Worker

Have you:

* Provided your client with what they need to coordinate their medical treatment?
* Helped your worker plan for going back to work as soon as it is medically safe?

#### Medical provider

Have you helped the medical provider’s office with resources to become an L&I provider? This will reduce needless delays and barriers to accessing care, and will make it easier for the provider to do business with L&I.

Have you given the medical provider what they need to:

* Understand the claim and vocational processes?
* Understand *their* role in the claim process and vocational recovery?

**Psychosocial and other barriers**

#### 

#### Medical provider

Have you given the medical provider what they need to address psychosocial and other barriers the worker may have returning to work?

#### Worker

Have you:

* Helped your worker address psychosocial and other barriers?
* Researched local area resources to help your worker with psychosocial barriers?
* Shared this information with them and their medical provider?
* Provided a clear outline of the process and expectations while helping to reduce needless delays?
* Are you aware of local area resources, such as the state version of WorkSource, and other federal/state programs?
* Have you discussed these local area or online job search resources with your worker?

**Return to work**

#### Worker

Have you:

* Developed enough rapport to effectively engage the worker?
* Helped them develop a Vocational Recovery Plan and next steps based on what they think needs to happen for them to successfully return to work?
* Be able to access community resources and available programs?
* Discussed job modifications and pre-job modifications?
* Discussed the Washington Stay at Work and/or Preferred Worker programs? Even if the worker is out of state, the employer has the right to offer them a job.

#### Employer

Have you provided the employer with what they need to:

* Know and understand all of the options possible for bringing your client back to work?
* Discuss return to work options and/or concerns?

**Job search**

If your client can’t go back to work with their employer, have you:

* Provided them with what they need to know how to look for a new job and prepare for interviews?
* Offered to develop a resume or prepare for interviews?
* Asked the worker why returning to work is important to them, and if they are prepared to look for a new job?
* Helped identify local area or online job search resources?

#### If your client identifies a possible new job

Have you provided them and the new employer (client’s consent needed) with what they need to understand that preferred worker and job modification benefits may be available if the new employer hires your client?

#### Able to work job of injury

If your client is released to the job of injury and they cannot find employment, have you provided them with:

* What they need to be prepared to access unemployment and other benefits and services they may need?
* Local area resources?

**Further assessment needed**

If your client will need an *Ability to Work Assessment*, have you provided them with what they need to:

* Understand the process and the possible outcomes?
* Continue to look for a job with your help?

If you are recommending an Ability to Work Assessment, have you clearly documented attempts to address RTW Priorities in RCW [51.32.095](https://apps.leg.wa.gov/RCW/default.aspx?cite=51.32.095) and the new[ly adopted Vocational Recovery](https://lni.wa.gov/rulemaking-activity/AO19-11/1911Adoption.pdf) [W](https://lni.wa.gov/rulemaking-activity/AO19-11/1911Adoption.pdf)AC?

# Glossary

**Ability**: Expertise or talent to do something physical or mental. A natural or acquired skill or talent.

**Account manager**: An L&I employee who creates and services workers’ compensation accounts for employers. All incoming claims are routed through Account Managers to ensure each has an accurate employer/employee relationship and they assign employers the proper risk classification, process new account applications and close accounts.

**Accommodation**: Modified or alternative work that allows an injured employee to work within his/her physical restrictions while injured.

**Activation**: A person’s willingness and ability to take independent actions to manage their health and care (Hibbard & Greene, 2013). [Related term: Engagement]

**Activity coaching**: A reactivation program to help a worker: (1) Increase their quality of life. Resume activities that once gave their life a sense of meaning and purpose. Recover from an injury or illness. (See also PGAP.)

**Activity prescription form** (APF): The form used to communicate expectations of the patient/worker to be physically active during recovery, work status, activity restrictions, and treatment plans. Health providers complete this form by stating what the worker can safely do. Providers or employers may have their own specific forms but the basics of the information required are the same.

**ADA**: See “Americans with Disabilities Act of 1990.”

**ADM**: Administrative outcomes.

**ADMX**: “Referral closed at department discretion.” Closure used when additional funds are needed to continue with necessary vocational services.

**Americans with Disabilities Act** of 1990 (ADA): The federal civil rights law that prohibits discrimination against people with disabilities in everyday activities including work.

**Ancillary medical providers**: Ancillary services fall into three broad categories: diagnostic, therapeutic and custodial. A provider of laboratory, radiology, pharmacy or rehabilitative services, physical therapy, occupational therapy, or speech therapy, home health services, dialysis, and durable medical equipment or medical supplies dispensed by order or prescription of a provider with the appropriate prescribing authority.

**AP**: See “Attending provider/attending physician.”

**APF**: See “Activity prescription form.”

**Assistive technology**: Assistive technology (AT): products, equipment, and systems that enhance learning, working, and daily living for persons with disabilities.

**Attending provider/attending physician**: The primary medical provider treating the worker. Under industrial insurance law "physician" refers to medical, surgical and osteopathic doctors.

**Barriers**: Those elements, real or perceived, that block or hinder the worker’s ability to work.

**BHI**: Behavioral health intervention.

**Best practice ** : A procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.

**BIIA**: See “Board of Industrial Insurance Appeals.”

**Board of Industrial Insurance Appeals**: An independent 3-member body created by the legislature to settle cases in which the worker, the employer or the worker's doctor disagree with the decisions of the department.

**Bureaugenic disability**: “Lost time created by corporate or insurer policies and practices” (Mitchel, 2010a, p. 231).

**Catastrophic claim**: Work-related injuries where inpatient hospitalization began within 24 hours of date of injury and initial hospitalization was at least 4 days.

**CAC**: See “Claim and account center.”

**Claim and account center** (CAC): The department’s CAC system allows authorized, external customers to access claim information from a remote location via a secure internet connection. An authorized user is able to view medical and vocational information, claim log notes, information on authorized and denied conditions, and other claim file documents received and imaged into our system.

**Claim manager** (CM): Claim managers authorize or deny benefits and ensure eligible workers receive benefits within statutory limits. The Claim Manager will also determine the need for vocational rehabilitation services and will manage medical matters on claim. The Claim Manger is responsible for making decisions on the claim.

**CM**: See “Claim manager.”

**Center of Occupational Health & Education** (COHE): A program funded by L&I to improve outcomes for workers and to prevent disability. The program employs continuing Medical Education, professional consultation, coordination of health care services, and provider financial incentives to improve outcomes for injured and ill workers.

**CEU**: See “Continuing education unit.”

**Capacity**: Refers to scientifically measurable physical abilities, such as strength, flexibility, and endurance.

**COHE**: See “Center of Occupational Health & Education.”

**Confusing process**: A confusing process creates uncertainty in the mind of the worker, which in turn can lead to getting stuck or hiring an attorney. [Related terms: Unnecessary delays; Unnecessary duration; Unclear return to work plans.” and Work Disability Prevention.]

**Continuing education unit** (CEU): Refers to required continuing education programs for licenses, certifications, and membership in some professional associates to ensure members stay current with their knowledge in a specific field or discipline.

**CPT**: Current Procedural Terminology is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations.

**Date of injury** (DOI): Refers to the date in which the industrial injury occurred. [Related term DOM.]

**Date of manifestation** (DOM): Refers to the date the [occupational] disease required medical treatment or became totally or partially disabling, whichever occurred first, without regard to the date of the contraction of the disease or the date of filing the claim. [WAC 296-14-350(3)] [Related term DOI.]

**Division of Occupational Safety and Health** (DOSH): DOSH Consultants provide technical assistance to employers in workplace hazard identification, hazard control recommendations, verification of the correction of serious hazards identified during on-site consultations, assessment of workplace safety and health programs, and training and education for both employers and employees to help reduce injuries and occupational hazards.

**DOI**: See “Date of injury.”

**DOM**: See “Date of manifestation.”

**DOSH**: See “Division of Occupational Safety and Health.”

**Employability**: A complex set of interrelated factors that determines whether a worker can be placed on a job and whether he or she can keep the job once placed.

**Employable**: Having the skills and training that are commonly and currently necessary in the labor market to be gainfully employed on a reasonably continuous basis, when considering the claimant's age, education, experience, physical and mental capacity.

**Employer of injury** (EOI): Entity where the worker was employed at the time of their injury.

**Employer of record** (EOR): The employer for whom the employee worked at the time he or she experienced a work-related injury.

**Enable**: To give someone the authority or means to do something. Avoid confusing this term with the meaning given in the substance abuse literature, which has a negative connotation.

**Engagement**: Worker engagement is a concept that combines a worker's knowledge, skills, ability and willingness to manage his or her own health and care with interventions designed to increase activation and promote proactive behavior (Hibbard & Greene, 2013). [Related term: Activation]

**EOI**: See “Employer of injury.”

**EOR**: See “Employer of record.”

**Ergonomics**: Adapting the work environment to fit the worker instead of requiring the worker to adapt to the environment. The study of work environment, job tasks and equipment design to reduce worker/operator fatigue and discomfort.

**eVOC** (Electronic Vocational Notification): Used by VRCs to report the worker has returned to work, is non-cooperative, requests a good cause extension for plan development, or request L&I action.

**Find A Doctor**: An application that assists people in finding a medical facility or provider.

**FCE**: Functional capacity evaluation.

**Graduated return to work**: A temporary job modification in which the health care provider authorizes gradual increases in the hours worked and the tasks performed.

**HIPAA** (Health insurance portability and accountability act of 1996.) See [HIPAA Privacy Rule Exceptions and L&I](https://www.lni.wa.gov/claims/for-medical-providers/hipaa-and-lni).

**Independent Medical Examination** (IME): A medical examination requested by the department or a self-insured employer to establish medical facts about the worker’s physical or mental condition and ability to return to work. May be performed by an approved individual or panel of physicians. (Also called “special exams or panel exams.”)

**Injured worker** (IW): Jargon common in the workers’ compensation field to refer to the person who has incurred an occupational injury or disease rising out of the course of their employment. Please refer the worker by name or as a "worker" when speaking to the customer, other staff, or in written communication with stakeholders.

**Job analysis** (JA): A document that identifies and describes in detail what a worker does in terms of activities or function for a job. Essential functions focus on why a job exists, whereas usual duties focus on how a job is performed.

**Job description** (JD): Summarizes the essential responsibilities, activities, qualifications and skills for a role. An organized presentation of the facts about a job that distinguishes it from other jobs, including its purpose, tasks, responsibilities, and worker characteristics.

**Job modification**: Job modification is a process designed to adjust work conditions, alter duties and functions, and/or reestablish job protocol to fit the abilities of the worker.

**Language link**: Provides over the phone, video remote, and in-person interpretation services for non- English speakers.

**LEP**: See “Limited English proficiency” or “Loss of earning power.”

**Light duty**: Previously used term for work that is physically or mentally less demanding than normal job duties on a temporary or permanent basis. According to the research, “modified duty” is the preferred expression.

**Limited English proficiency** (LEP): A term used to describe language learning programs in the U.S. for individuals for whom English is not their first or native language. Also known as English as a Second Language.

**Loss of earning power**: Payments made to a worker who is restricted to light duty or reduced hours due to the industrial injury or occupational disease and earning at least 5% less than they made at the DOI/DOM.

**MARFS** (Medical aid rules and fee schedules) Policies, payment methods and maximum fees used to pay health care and vocational providers who treat workers.

**Maximum medical improvement** (MMI): Maximum medical improvement occurs when no fundamental or marked change in the condition can be expected, with or without treatment. The term “maximum medical improvement” is equivalent to “fixed and stable” and is sometimes referred to as “medical fixity.”

**Medically discretionary** (work absence): When a worker has a diagnosable condition, but is able to work within safety limitations. Limitations may be related to pain tolerances, rather than concerned about making the injury worse.

**Medically required** (work absence): When being at work poses a risk to society, coworkers or the worker themselves, return to work is not considered when being off work is medically necessary.

**Medically unnecessary** (work absence): When the worker stays away from work because of nonmedical issues.

**MMI**: See “Maximum medical improvement.”

**Modified duty**: Temporary light duty, trial work or part-time work that a worker is physically able to perform while continuing medical care until full recovery.

**Motivational interviewing** (MI) “A collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion*”* (Miller & Rollnick, 2013, p. 29).

**Next steps**: Part of the Vocational Recovery Plan that identifies who is responsible for taking what actions by a specific date. One of the key methods of preventing a confusing process, unnecessary delays, and unnecessary duration.

**Occupational nurse consultant** (ONC): A registered nurse who provides consultation regarding medical and/or nursing issues on individual worker claims.

**Occupational therapist** (OT): Occupational therapists focus on adapting the environment and task to fit the worker and the worker is an integral part of the therapy team.

**ONC** (See Occupational nurse consultant.)

**OT** (See Occupational therapist.)

**PEARLS**: A communication technique that uses statements to convey: Partnering, Empathizing, Acknowledging, Respecting, Legitimizing; and Supporting.

**PGAP**: See “Progressive goal attainment program” and “activity coaching.”

**Physical Medicine Progress Report** (PMPR) [form (F245-453-000)](https://www.lni.wa.gov/forms-publications/F245-453-000.pdf) is a standardized monthly progress report completed by the treating outpatient occupational and physical therapist.

**Physical therapist**: Physical therapists are movement experts who improve quality of life through prescribed exercise, hands-on care, and patient education.

**PMPR**: (See Physical Medicine Progress Report.)

**PR** (Progress report): A report that is required periodically during a vocational referral.

**Preferred worker program** (PWP): A financial incentive program to encourage new, prospective employers to hire workers previously injured on their jobs who cannot return to their usual positions.

**Progressive goal attainment program** (PGAP): Trained coaches meet regularly with workers to help them increase activity and improve psychosocial issues, such as fear and catastrophic thinking. Workers are assessed at the beginning, middle, and end of PGAP to see how these psychosocial issues have changed. (See also Activity coaching.)

**PT**: See “Physical therapist.”

**PWP**: See “Preferred worker program.”

**Revised Code of Washington** (RCW): Laws adopted by the legislature to govern the conduct of employers, employees, state agencies, etc. [Related term: WAC.]

**Re-employment specialist**: WorkSource employees assigned to a partnership with L&I who provide one-to-one individualized mix of Return to Work Services to assist motivated workers in returning to the work force.

**Restrictions**: The health care provider may restrict an injured employee’s work during recovery. Restrictions may limit work activities (no lifting, for example) or temporarily reduce the number of hours the employee can work.

**Risk**: Risk refers to the chance that a worker will cause harm to self or others when performing work.

**Risk management consultant**: A team, consisting of loss-control consultants, retro coordinators, and designated claims specialists, that provides support services to employers to help them create safer workplaces and reduce claims costs. VRCs should ask the CM to refer the employer to the risk manager rather than making a direct referral.

**ROA**: Report of accident.

**RTW**: Return to work.

**SAW** (Secure Access Washington) Secure Access Washington is a central login that lets you access the online services of multiple state agencies. It's often referred to as SAW, and is a service provided by Washington's Consolidated Technology Services.

**SI** (Self-insurance): Employers who provide their own workers’ compensation coverage.

**SIMP** (Structural Interdisciplinary Management Program): Inpatient or outpatient treatment program designed to restore physical functions impaired by chronic pain, to decrease the pain, and the need for pain medication.

**SLP** (Speech-language pathologist) Ancillary health professional who work to prevent, assess, diagnose, and treat speech, language, social communication, cognitive-communication, and swallowing disorders. (Sometimes referred to as a Speech Therapist.)

**Stakeholder**: A person, business, agency or organization having an interest or concern in a department project, process or document.

**Stay at Work/Washington Stay at Work** (WSAW): Voluntary program that partially reimburses participating employers for the wages of workers who return to work on light duty as soon as medically possible.

**Tolerance**: Tolerance refers to the ability to tolerate performing sustained work or work at a certain level. This factor can be positively or negatively affected by psychosocial or psychological factors, such as motivation to return to work, and therefore defies scientific measurement or verification.

**Transitional duty**: Temporary work that is available to the worker when permanent restrictions are unknown at this point and transitional work may also be called “light-duty”.

**Unclear return to work plans**: “There is clear evidence that a perceived lack of control is at the center of the “Web of Disability” (Aurbach, 2014) and in particular when there is no clear path or plan to return to work” (Kennedy et al., 2021, pp. 5-6).

**Unnecessary delays**: Unnecessary delays refer to delays in returning to work. These delays are often caused by system problems due to delay in notification of the absence, delay in identification of referrals, delay in early intervention. [Related terms: Confusing process, unnecessary duration, and unclear return to work plans, and Work Disability Prevention.]

**Unnecessary duration**: Unnecessary duration refers to time away from work that is not medically necessary. Medically discretionary and medically unnecessary work absence are common causes of unnecessary duration. [See also unnecessary delays, confusing process, and prevent unclear return to work plans.]

**Utilization review** (Comagine, formally Qualis) The utilization review (UR) process compares requests for medical services to appropriate treatment guidelines and includes a recommendation based on that comparison. The assessment of a worker's medical care to assure that it is medically necessary and of good quality. This assessment typically considers the appropriateness of the place of care, level of care, and the duration, frequency or quantity of services provided in relation to the accepted condition being treated (WAC 296-20-01002). Utilization review supports L&I’s mission to purchase only proper and necessary care for workers.

**VRC** (Vocational rehabilitation counselor): A consultant from a private firm who provides a range of vocational rehabilitation services designed to help workers successfully re-enter the work force. Also called vocational rehabilitation consultant, vocational counselor, or voc rehab counselor.

**Vocational Recovery Plan**: The document where VRCs record the worker’s identify goals, strategies, tasks, actions, next steps, and issues. The plan addresses the four principles of work disability and provides the worker with a clear path back to work.

**Vocational Recovery Referral Pilot Project**: The vocational recovery referral pilot started in early 2018 and included 35 claim managers and 35 vocational recovery counselors (VRCs). In January 2020, the new vocational recovery referral was launched statewide supported by changes in administration rules and statutory language.

**Vocational services specialist:** Claims Vocational Services Specialists provide professional and technical expertise to the department staff, private vocational counselors, employers, health care professionals, and workers and their representatives to effectively interpret and implement the statutes, administrative codes, department policies and procedures associated with vocational rehabilitation services.

**VSS** (See Vocational services specialist.)

**WACs** (See Washington administrative codes.)

**Washington administrative codes**: Department regulations, authorized by statute and holding the force of law, adopted to enforce the various RCWs.

**Work absence**: Time away from work.

**Worker centric model**: The model of vocational recovery that puts vocational service providers in the role of proactively facilitating services and interventions, in conjunction with the worker. This allows the worker to not only take the lead role, but also take the necessary steps in their own recovery.

**Work conditioning**: A rigorous conditioning program designed to help patients regain their pre-injury work capacity. In addition, the goals of a work conditioning program includes restoration of the worker’s functional abilities, to prevent the recurrence of the same injury, and to decrease their fear of returning to work.

**Work disability**: Work disability is the unnecessary absence from work that is not due to the underlying medical condition.

**Work disability prevention**: “. . . the goal of work disability prevention and management is not to fix a disorder or take care of an illness. It is identifying and effectively addressing the determinants of work disability at the personal (physical and psychological), workplace, and societal levels through evidence- based interventions.” (Loisel, Anema, Feuerstein, MacEachen, Pransky, & Costa-Black, (2013) p.ix-x) [Related terms: unnecessary delays, unnecessary duration, confusing process and unrealistic return to work goals.]

**Work hardening**: A highly structured, goal-oriented, individualized treatment program designed to return a person back to work. This program addresses musculoskeletal exercises, functional activities, and worker performance.

**WorkSource VSS**: Vocational Services Specialists (VSS) located in WorkSource Centers around the state. They provide specialized help to workers seeking employment.

**Work status form**: The most widely used claim form at L&I used by workers regularly to qualify for continued time-loss benefits.

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