To best assist the individual who is disabled, the Vocational Rehabilitation Counselor needs to be both aware of the research literature and to be attentive to the person’s unique set of skills, personality, attitudes, motivation and general attributes. Success is accomplished one person at a time.

Aetna, 2016, p. 4
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This document contains references to vocational recovery rules. The proposed rules were published in August 2019 and public comment was taken through Oct. 4, 2019. The rules were adopted as proposed on Oct. 22, 2019 and are effective Jan. 1, 2020.
Chapter 1: The worker centric approach

This manual contains best practice information and tools developed during the Vocational Recovery Referral Pilot. The pilot began in February 2018 and included 35 claim managers and 35 vocational recovery counselors (VRCs).

As of August 2019, our claim managers have made over 1,800 vocational recovery referrals and about 600 are currently open. Return to work outcomes are 50 percent of all our outcomes when excluding any administrative (ADM) outcome from the total. Only 18 percent of the referrals have moved to the Ability to Work Assessment (AWA).

Work disability prevention principles

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.

(p. xi)

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. This is why the worker centric approach is the evidence-based intervention to prevent work disability.

I really appreciate the change we’re having right now in our industry. The pilot is helping us test new best practices that sets aside process and meets the worker where they are with the time. … That’s what I got into this field for. To work with the worker and help them with this process and return as quickly as possible.

-Pilot VRC
We can prevent work disability by knowing the causes.

**Prevent unnecessary delays**
We prevent unnecessary delays by getting the referrals out to VRCs earlier and thereby increase the effectiveness of the intervention. VRCs can further prevent unnecessary delays by quickly identifying hold ups in medical treatment or authorizations.

For example, the attending provider (AP) says they referred the worker to physical therapy, but nothing happens. Either the worker or their VRC can check with the AP’s office to make sure the office received the referral, and they can contact the physical therapy (PT) clinic to schedule the evaluation. We have found that doctors often say that the PT clinic will call the worker, so the worker waits for the call instead of following up — sometimes for months.

**Prevent unnecessary duration**
When we say we want to prevent unnecessary duration, we are not talking about claim duration or referral duration. We are talking about work disability duration. That is, the time the worker is off work.

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**
VRCs play a crucial role in preventing a confusing process. The workers’ compensation industry is steeped in insurance jargon. Helping the worker understand the process and roles of the various stakeholders is key to preventing someone from becoming passive or stuck.
Explaining your role and the purpose of the referral to the worker provides the worker with the information they need to understand what needs to happen next.

**Prevent unrealistic return to work plans or expectations**
Workers may have unrealistic return to work plans. We developed the *Vocational Recovery Plan* template to use with the worker. This plan identifies the worker’s goals.

If their goal is to be retrained, you have to opportunity to discuss with them how retraining is not automatic. If the worker plans to return to the job of injury, you can help the worker determine how that would or wouldn’t be possible depending on their injury.

**Worker centric model**

**What the workers say they need**

In August 2017, L&I held two focus groups made up of workers, seeking direct input on their needs during the vocational recovery process.

The participants identified four things they felt 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**: keeping 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.

**1. Purpose**
Workers need to understand the purpose of the referral and the first meeting. Let the worker know that L&I has asked you to help them while they are getting treatment and healing. Explain that at the first meeting you will be asking them questions about how you can best help them.

If you send a meeting confirmation letter, be sure to keep it short and simple.

**2. Roles**

Explain your role in helping them with their transition back to work. Discuss how you will work with them, their employer (or possibly a new employer), their attending provider, and possibly other stakeholders to assist with this transition.

---

The VR referrals are all about facilitating RTW while engaging the worker and encouraging a relationship to form.

- L&I claims manager
In addition to your usual professional disclosure information, make sure they understand the purpose of the referral and your role. Workers considered ‘understanding purpose and roles’ so important that we included a description of roles on the Vocational Recovery Plan template.

3. Follow up
Be sure the worker knows what you will do and what they need to do between contacts. Use the provided fields on the Vocational Recovery Plan to record who will contact whom, and when.

**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 claims manager using this tool. Instead, they can let the claims manager know if the worker is stuck, and the claims manager may be able to help.

4. Clear path
The Vocational Recovery Plan will reduce confusion because it outlines the worker’s clear path back to work. 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. To address this, we recommend breaking up the intake meeting into three conversations.

Breaking up the intake this way helps VRCs properly gauge motivation and assess risk factors so that clear next steps and actions can be taken. It also helps workers to understand their pathway for returning to work.

**Recommendations**
Based on the workers’ feedback, L&I is providing the following recommendations to help you embrace the worker centric approach.

**Establish trusting relationships**
Begin establishing a trusting relationship with the worker that includes a clear understanding of the VRC role, and what will happen next.

**Identify barriers**
Identify the physical and psychosocial barriers interfering with the worker going back to work.

**Identify actions**
Identify the actions that will help keep the employer/employee relationship healthy.
Identify importance of return to work
Identify if returning to work is important to the worker. Workers need to understand how returning to work is an important part of their recovery.

Document next steps
Use the “Next Steps” section on the Vocational Recovery Plan to document what actions both you and the worker have agreed to complete between meetings. Check in with the worker to make sure they understand where they are in the claim process.

Job description
Help the worker develop a description of their current job functions and tasks.

Discuss job modifications
Engage the worker in a conversation about transitional duties and job modifications. Use a functional job description or a job analysis to determine if the worker can perform modified work, a modified schedule, or a transitional return to work.

Show the worker the AskJAN website for ergonomic or assistive technology modifications. If the worker is able to identify equipment that they believe will allow them to fully — or partially — return to work, help them with how to present this option to their employer.

If the employer also agrees to the job modifications, then give the attending provider the job description/job analysis which includes the modifications and ask for a release, even if temporary.

Use clear language
Don’t use acronyms or abbreviations in these documents (examples: JOI, EOI, AP, APF). Review all documents for readability, including your disclosure statement, and aim for a sixth grade reading level. Check letters before you send them out.

Include a description of your role during the VR referral, not just rights and responsibilities.

Train everyone at your firm to avoid using jargon and talk to the worker with terms they know (example: use “doctor” instead of “AP”).

Check in
Don’t assume that the worker understands what’s going on, ask them questions to make sure that they do.
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.

Worker centric requires engagement.
Relationships, trust, determining expectations, motivation and risks, setting direction – this takes multiple conversations. We ask the worker:
- Why is it important for you to return to work?
- What are your expectations about returning to work?
- What concerns you the most about return to work outcomes?

Worker centric requires activation.
Goal setting, goal attainment, 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. We 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?

A worker centric approach doesn’t simply give the worker everything they want, but it helps the worker want to return to work.

Personal connection
Studies show that there is a unique neural difference between face-to-face communication and other types of communication (Jian et al., 2012).

Not everyone will want to meet in person every time. However, the assigned VRC should be meeting with the worker as often as the worker needs it.

Mindset shifts
The worker centric model requires a shift of approach.
- VRCs will focus on what the workers believe they need to move forward. This is the worker centric focus.
- In a Vocational Recovery Referral, VRCs will engage, empower and activate the worker rather than assess employability.
- The VRC gathers information and creates a trusting relationship, rather than conducting a one-time intake.
Meeting with the worker is a series of conversations, not a one-time event. Most people cannot deal with too much information at one time.

The assigned VRC should be the face of the referral. VRCs should give workers a secondary contact in case the assigned VRC is not available.

Emphasis is on roles and clear pathways to returning to work.

The Vocational Recovery Plan will identify goals, strategies, tasks, actions, next steps, and issues.

You do not need to know everything about the worker before being able to help.

Risk, capacity, and tolerance

Just because a worker has an impairment does not mean that a person is unable to work. A physician should not agree to support work disability simply because the patient feels that they should not have to work with the impairment or pain. Before documenting limitations or restrictions, a physician should determine consistency with the patient’s history, examination findings, test results, or activities observed by the physician. Unemployment and disability affect health and well-being, so 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 — 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, “The presence of specific risks may necessitate the use of work restrictions, which proscribe activities that affected workers can, but should not, do…” (Caruso et al., 2018, p. 9).

There are two types of risks: personal risk and risk to others. Gelfman and Hill (2019) illustrate both 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 risks to others in the workplace and 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? (p. 658).

This medically necessary work absence accounts for about 10 percent of work absences (Brassil, 2013, p.22).

Personal risk work restrictions present a danger to the individual. A housekeeper with recent shoulder surgery should not push or pull 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 or not the worker has the current ability to do a job – it does not measure capacity. Current ability can be increased with exercise and activity. Capacity will decrease with inactivity (a.k.a. deconditioning). A functional capacity evaluation only tells a physician whether or not 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 employee is able to do (instead of just imposing restrictions or describing limitations) encourages patients to think in terms of "ability" rather than "disability," and helps them 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 possibilities, it can be helpful if the employer provides a list of usual and/or proposed alternative tasks, so that the physician can check off those tasks that are currently medically appropriate. Examples of capacity questions to the physician for the truck driver:

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 she get in and out of the vehicle? Is ambulation affected to the point where it interferes with her ability to assist in loading/unloading activities? (Gelfman & Hill, 2019, p. 2).
**Tolerance**

“Tolerance is a psychophysiologic concept” (Brassil, 2013, p. 12) that describes 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).

Tolerance is in a large part dependent upon the rewards available for performing the activity of interest. Tolerance is not a scientifically verifiable concept, and cannot be measured.

**Types of work absences**

There are three types of work absences. When your worker is considering return to work, you need to know which type of work absence is occurring.

<table>
<thead>
<tr>
<th>TABLE 4 When is a Disability Medically Required, Medically Discretionary, or Medically Unnecessary?</th>
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<tbody>
<tr>
<td>Medically Required</td>
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<tr>
<td>Absence is medically required when:</td>
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<tr>
<td>• Attendance is required at place of care.</td>
</tr>
<tr>
<td>• Recovery requires confinement at home or in bed.</td>
</tr>
<tr>
<td>• Acute response to injury.</td>
</tr>
<tr>
<td>• Risk of contagion – quarantine.</td>
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</tbody>
</table>

**Medically required**

This type of absence is when being at work poses a risk to society, co-workers, or the worker. Return to work is not considered when it is medically necessary for the worker to be off-work.

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. If your worker is medically required to be off work, please continue to develop their *Vocational Recovery Plan*. Pulling away recovery resources from individuals who need them the most is a costly lesson learned and is not a best practice.

**Medically discretionary**
This type of leave is when the worker has a diagnosable condition, but is able to work within safety limitations. When physicians impose work limitations because of pain intolerances rather than risk of further injury, then the time off work is discretionary. Medically discretionary time off work can be at the discretion of the worker or their employer, if one or both of these parties make a decision not to return to work while recovering (Caruso et al., 2019).

**Medically unnecessary**
This leave is when the worker stays away from work because of non-medical issues.

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 had a more profound negative impact on their physical work capacity than did three decades of aging. (Jurisic et al., 2017, p. e126).

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Early referrals equals better communication and relationships for all parties. Workers are more motivated to return to work with their employers and employers are more open to it.

-Pilot VRC
Chapter 2: Worker activation

Activation starts with engagement. Engagement is both attitudinal and behavioral. However, engagement alone is not enough.

Activation is the person’s willingness and ability to take independent actions to manage their health and care (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.

Work motivation and worker needs
This section outlines several types of questions that you can use to help you understand your worker’s motivation and needs.

Work motivation questions
Why is it important for you to go back to work?
Ask for the worker’s list of the positive aspects of getting back to work. Identifying, discussing, and documenting how participating in a return to work plan will increase the likelihood of meeting the worker’s own goals, which in turn will enhance motivation.

I want to be earning my regular wage.
I need to keep my skills current.
I don’t want to lose my seniority.

What are your expectations about going back to work?
Explore what the worker thinks might happen after they go back to work. Does the worker think going back to work will be difficult or easy? Identifying and addressing expectations up front can help remove barriers and increase likelihood of a successful return to work

I don’t think I can ever go back to work.
My co-workers will be happy to see me come back.
My supervisor may give me a hard time if I am slower doing my job.
I think they will ask me to do more than my doctor says I can.

This Voc Recovery Pilot has given us the opportunity to have conversations about the true barriers on a claim. Our claimants are people who have thoughts, feelings, current and past situations that influence a claim. The pilot has allowed us to address these things and it has created more positive relationships among CMs, VRCs, and workers.

– L&I claims manager
What concerns you the most about going back to work?
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?

What do you think needs to happen so that you are going 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?

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 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.

“How are you doing” questions
Workers need to been seen as a whole person, not just an injured worker. An injury can affect the individual’s entire life. You can use “how are you doing questions” to find out how a worker is doing in all areas of their life.
How are you doing physically?
Workers often assume that this question is about their industrial injury. While that is one aspect of asking the question, you should explore other aspects as well. Stressed people are at higher risk of developing other problems. Pain in one part of the body can amplify pain perceptions in other parts as well.

How are you doing emotionally?
Emotional distress can accompany injuries. If the worker reports they are having trouble with anxiety or depression, consider talking to the claim manager about access to services to help workers cope with these issues. CMs may authorize sessions even if there is no psychological condition on the claim.

How are you doing socially?
Social isolation is common with injuries, and often puts a person at risk of developing emotional distress. Encourage workers to maintain their socialization with people who they know through their workplace or in their community.

How are you doing financially?
Time loss does not replace wages. Sometimes workers on time loss may need to apply for other community-based assistance, such as food stamps. This can be emotionally difficult for some people. Help the worker understand what their options are, and don’t forget to include going back to work on a part-time basis to move from time loss to loss-of-earning power. Not only is that financially better, the connection to the workplace will help prevent unnecessary workplace disability.

If the worker expresses any concerns with their physical, emotional, social, or financial well-being – try to provide a referral to a community resource such as Washington 2-1-1.

Washington 2-1-1
Washington 2-1-1 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 connections to:
- Financial assistance and coaching.
- Increase access to good jobs.
- Increase healthcare and health insurance access.
- Address and prevent homelessness.
- Increase early childhood and youth success.
- Reduce hunger.

Values questions
These questions help identify where the worker may experience conflicts about going back to work.

www.SimpleVoiceBox.com
For free voicemail access. People can call the number given, dial the extension, and leave a message. They can access these messages from any computer with internet access.
- Pilot VRC
What are you good at?
Help the worker identify skills or talents that may or may not be work related.

“If I were to ask a friend of yours, what you are especially good at, what would they say?”
For example, baking, decorating, fishing, working with others.

What kind of things do you like doing at work?
Help the worker recall positive work experiences.

“What is your favorite part of your job?”
For example, speaking to people, organizing events, being outside.

What are some of the things that have made you proud?
Again, this may or may not be work related.

“What have you done which made you proud, even if no one knew you did it?”
For example, helping someone, being thanked, or doing something for charity.

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.

Vocational recovery plan

When we developed the *Vocational Recovery Plan*, we included sections for next steps and follow up.

If the worker is not ready to set a goal, use the “Next Steps “and “Follow Up” arrangement. Short-term and intermediate goals are also fine. 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. Perhaps they 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.

Based on the first call communication between the workers and their VRCs, the workers are eager to participate.

– L&I claims manager
Example Vocational Recovery Plan

How to complete the plan
The vocational provider must engage the worker to develop a Vocational Recovery Plan. The plan should include the needs and goals of the worker and steps or strategies to address these.

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 you build rapport and trust by showing that you respect the worker’s goal.

You don’t need to create the plan at the initial meeting. However, research shows that setting small goals that the worker agrees to early in the process makes them more likely to be achieved. The worker may be too overwhelmed with getting medical treatment for their injury to think beyond that point. Instead, you can begin building rapport with the worker by letting them know one of the immediate next steps will be to set a date for the next meeting to discuss their goals and how they will achieve their goals.

Section instructions
Please use the following questions on to help complete this section.

Meets WAC 296-19A-060 requirement
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.
“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 is doing and what the VRC is doing to meet the stated goal. The worker can maintain contact with their employer and look on the AskJAN website for assistive technology. The VRC will talk to employer about modified duty and explain loss of earning power benefits at next meeting. 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 back to work may include 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?

“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.

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.

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, not to start a non-coop process.

Special instructions for Limited English Proficiency workers:
- In order to ensure that the worker receives meaningful access to our services, you must make special accommodations.
- As the vocational provider it is your responsibility to decide, together with the worker, if an interpreter is needed. If due to unforeseen circumstances, an interpreter is not available, use Language Link (see appendix).

- Once written, the interpreter should read the *Vocational Recovery Plan* to the worker and ask if they agree with the plan. If that is not the case, you 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.

**VRC feedback on the Vocational Recovery Plan**

We asked VRCs who participated in a pilot to tell us what they thought about using the *Vocational Recovery Plan*.

**Why?**

“Having a plan eases the worker’s fears of the unknown.”

“I think it’s very empowering for the clients who feel little control at times with what's going on in their lives after an injury.”

“My experience is that they do appreciate some concrete assignments, and dates. Helps to frame where we're headed, what we can do to move things vs. just ‘throwing themselves on the mercy of the system’."  

**What?**

“Yes I make a copy and make sure they take it upon leaving the meeting. One claimant told me he really appreciated the plan as he had previously felt he should be “doing something”. This gave him clear direction of both his and VRC next steps which he indicated his appreciation.”

“Yes, what I do is usually do it at the end of the meeting and I go along reading the questions out loud and then discuss what we talked about and what needs to be done - and what to put down and say, does that sound right? or does that date work for you? and they agree - I find that a lot of times they want me to add things - dates etc.”

“What worked for me was we did the form at the end of the meeting, like a meeting wrap up as all of the topics are things I review/discuss with them during my meetings anyhow. So I approach it as a "okay, so you talked about that your goal is to do.....", etc.”

“I find myself jotting down items as we go through the meeting and then use the *Vocational Recovery Plan* at the end to recap and solidify the plan.”
Job modifications
Typically, the best person to begin a modified duty conversation with is the worker. 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 set up unrealistic expectations for the worker about modified duty.

Ask the worker which of their prior activities they can perform, and which ones would be problematic. Workers are often aware of other jobs at their worksite that are within their capacities. The employee has the most power to determine the eventual outcome of a work disability situation, because they decide how much they can tolerate discomfort in their efforts to get better and get life back to normal.

Let workers know they can heal while working.

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 is 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.

**WorkSource**

**Referral to L&I WorkSource vocational services specialist**

L&I has six vocational services specialists (VSS) located in WorkSource centers around the state. They provide specialized help to workers seeking employment. VSS staff coordinates the worker’s use of various WorkSource partners and resources, including:

- Resume’ writing and interviewing techniques.
- Internet based job searches.
- Identifying return to work options by assessing skills.
- Up-to-date labor market trends.
- Assistance with on the job possibilities.
- Referrals to additional WorkSource partners and programs.
- Access to community resources.
- Option 2 assistance.
- Job search assistance and training.

WorkSource VSSs accept referrals from a variety of stakeholders that can include, but are not limited to, vocational and medical providers, various staff at L&I, and walk-in self-serve customers.

Meeting with the client regularly at WorkSource has been very beneficial because it is helping him explore community resources that are vocationally related.

-Pilot VRC
### Regional WorkSource staff

<table>
<thead>
<tr>
<th>Name</th>
<th>WorkSource office</th>
<th>Contact information</th>
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</table>
| Michelle Lapointe, VSS| WorkSource Skagit Co.   | [Michelle.Lapointe@Lni.wa.gov](mailto:Michelle.Lapointe@Lni.wa.gov)  
Phone: 360-416-3591  
Fax: 360-428-3742     |
| Cathy Spak, VSS       | WorkSource King Co.     | [Catherine.Spak@Lni.wa.gov](mailto:Catherine.Spak@Lni.wa.gov)    
Phone: 206-305-0168  
Fax: 253-333-4901   |
| Gillian Fox, VSS      | WorkSource Pierce Co.   | [Gillian.Fox@Lni.wa.gov](mailto:Gillian.Fox@Lni.wa.gov)  
Phone: 253-593-7384  
Fax: 253-596-3881    |
| Jean Edwards, VSS     | WorkSource Thurston Co. | [Jean.Edwards@Lni.wa.gov](mailto:Jean.Edwards@Lni.wa.gov)   
Phone: 360-570-4233  
Fax: 360-704-6443    |
| Michelle Bishop, VSS  | WorkSource Kennewick    | [Michelle.Bishop@Lni.wa.gov](mailto:Michelle.Bishop@Lni.wa.gov)  
Phone: 509-734-5297  
Fax: 509-734-5957    |
| Ellen Nagourney, VSS  | WorkSource Spokane      | [Ellen.Nagourney@Lni.wa.gov](mailto:Ellen.Nagourney@Lni.wa.gov)   
Phone: 509-532-3077  
Fax: 509-532-3070    |

**Referral to WorkSource re-employment specialist**

These staff are located at our Tumwater building and help workers who are motivated to return to work. They provide services over the phone, statewide.

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.

### Re-employment specialist (RES)

<table>
<thead>
<tr>
<th>Name</th>
<th>WorkSource office</th>
<th>Phone</th>
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</thead>
<tbody>
<tr>
<td>Mike Freer</td>
<td>Statewide</td>
<td>360-902-6040</td>
</tr>
<tr>
<td>Beth Rokstad</td>
<td>Statewide</td>
<td>360-902-6040</td>
</tr>
</tbody>
</table>

Email Beth Rokstad or Mike Freer, Re-employment Specialists, at [RESWorkSource@Lni.wa.gov](mailto:RESWorkSource@Lni.wa.gov)

Referral form [https://lni.wa.gov/forms-publications/F280-046-000.pdf](https://lni.wa.gov/forms-publications/F280-046-000.pdf)
Chapter 3: Employer engagement

Introduction

Vocational rehabilitation counselors can assist employers in understanding the process and reducing their claim costs while assisting with return to work options for workers. VRCs should develop a relationship with the employer as well as the worker. By supporting both the employer’s and the worker’s needs, we increase the probability of the worker being able to return to work to the job of injury.

Encourage employers to have regular communication with their employee about healing and return to work. Educate the employer about the relationship between fear and claim duration. 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).

In order to prevent unnecessary time away from work, physicians and employers need your help understanding what activities the worker can perform at the worksite. While doctors are experts regarding medical treatment, employers are experts regarding the roles and functions of their employees and the needs of their business. “Employers cite poor communication with physicians as a primary obstacle to improved disability management” (Pransky et al., 2004, p. 626). The VRC can use their expertise to help bridge the gap between the doctor and employer.

Good will and trust are essential to successful return to work (MacEachen et al., 2006). Showing empathy to the worker helps them feel as though they are doing the right thing, which can lead to a shorter time away from work.

I staffed an extension with Vocational Recovery pilot VRC on their VR claim. The VRC indicated that she felt super supported by the department to think outside the box in trying to help the injured worker with barriers on their claim. She appreciated the ADMX and the staffing to discuss ideas with the VSS and truly tailor her services to this worker’s specific needs.

- VSS
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 your role. 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.

When helping employees return to work, the beliefs of their managers and supervisors influence employers’ decisions. While we wish that employers would always base their options on clear corporate policies and an understanding of lost-time research, the reality is that employers often base their decisions on misinformation and unfounded fears — myths. Some myths are easily corrected, others can become chronic problems in an organization.

We based much of the following information off Workforce Magazine (2002). We worked with pilot VRCs at a workshop on March 1, 2019, to come up with the interventions that VRCs can do. We are sharing their suggestions in this chapter.

1. The “100% or nothing” myth

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

Reality
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.

Getting back to normal daily activities, including work, is part of the incremental healing process. Recovery progresses quickly and successfully when there is a combination of early mobilization treatment and increasing transitions back to a normal way of living — making return to work the stated goal from the beginning of the recovery process.

What employers can do
Examine ways that workers can resume job activities in a safe manner, including:

- Temporary, on-site transitional work options such as reduced hours or limited responsibilities.
• Off-site work-conditioning/work-hardening programs when transitional work options are not feasible.
• A combination of transitional work and work conditioning to prepare workers to resume full work duties.
• Keeping transitional work programs 30 - 45 days in length.
• Ensure that your workers are not totally disengaged from work by:
  o Consulting with your managers and employees to identify ways workers can return to their jobs in an incremental fashion.
  o Letting them know you won’t expect them to be 100% recovered when they return to work, and that you’ll work with them and their physicians to find a way to transition back to work safely.

What VRCs can do
• Ask the worker what they feel they can do.
• Talk to the employer about the wages for modified duty (LEP and Stay at Work).
• Talk to the worker and other stakeholders about gradual return to work that begins minimally and increasing aligns with previous work.

2. 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.

What employers can do
The three most effective ways to prevent re-injury are:
• Create an effective plan designed to ensure the worker does not work outside their restrictions.
• Apply a work-hardening/work-conditioning program to establish a clearer profile of the functional capabilities of the worker.
• Coordinate with the attending provider about how to help the worker avoid re-injury.

**What VRCs can do**
• Recommend work hardening and work conditioning or a lift test if the worker is in physical therapy.
• Ask attending physician for a referral for activity coaching.
• Facilitate communication between the workers, employers, and the attending provider.
• Consider a referral to a risk manager.

3. 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.

   **What employers can do**
   Bring workers back to work as soon as safely possible by:
   • Creating clear and consistent return to work expectations.
   • Preparing up-to-date job descriptions.
   • Developing transitional work positions and/or programs.
   • Efficiently coordinating the return to work process by providing L&I with appropriate contact names.
   • Working with the VRC to identify possible accommodations, transitional work, or alternative employment opportunities.

   The workers are going back to work a whole lot faster and I see VERY few having to go into AWA. I want this to be a regular thing!

   — L&I claims manager
What VRCs can do

- Help everyone understand their roles and how they can support return to work.
- Assist in developing a return to work plan.
- Ask the attending physician to provide an expected length of time for treatment.
- Provide resources for defining reasonable accommodations.
- Facilitate the worker’s release to work from their physician.
- Provide vocational rehabilitation counseling.
- Identify what the employer needs.

4. The light-duty myth

Myth
Light-duty solves the problems in every claim.

Reality
Not all modified duty is the same and not all modified duty jobs are separate jobs. 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. Uncontrolled or poorly managed modified duty can encourage an employee to remain in a reduced-productivity position too long, or indefinitely. If appropriate expectations are not established on the front end, miscommunication between the employer and worker can occur.

What employers can do
Offer modified-duty positions, together with:

- Transitional work positions of limited duration.
- A planned series of three to six weeks of increased workload transitions back to full job capacity.

What VRCs can do

- Help employers understand the differences between temporary and permanent modified duty.
- Discuss the financial advantage of LEP with the worker.
- Explain L&I’s incentives to the employer.
- Encourage communication between the employer and the attending provider.
- Monitor the worker’s progress until the worker is fully released.
• Help the employer write job descriptions and work offers.

SMART resource at https://www.smartwa.org/
SMART is a Washington State non-profit trade association. The website will provide job descriptions and job offers in English, Spanish, and Russian.

5. The malingering myth

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

Reality
Don’t be a skeptic. Sure, there is a small percentage (1-3%) of workers with low motivation to immediately return to work. However, most workers can and do want to return to work. In addition to the economic incentive, work is a strong source of dignity and self-esteem.

Sometimes this myth is misapplied to individuals who aren’t unmotivated, but instead are fearful about resuming work after an injury or illness.

What employers can do
With proper communication and guidance, employers can keep workers motivated, interested, and on track to return to work in a safe and timely manner.

Employers can accomplish this by:

• Providing supervisor training that defines their roles and functions in the return to work process. This sets the expectation in your workforce that workers will return to work as soon as safely possible.
• Communicating this policy to employees in several ways: in their handbook, on the company intranet and when an employee goes out on leave.
• Making sure supervisors and workers know you’ll work with them to find ways to temporarily modify an employee’s job or work site.
• Keeping in touch with your employee to understand how they are adjusting to the injury or illness.
**What VRCs can do**
Ensure the employer and worker are communicating with each other.

**6. 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**
Employers hold essential information about specific workplace policies and job demands. Physicians are experts in the field of diagnosis and treatment of disease and disability, but need your cooperation in order to make well-informed return to work assessments.

A physician may unnecessarily limit the patient’s work options when they don’t understand the employer’s abilities to offer return to work options. Usually, this is unintentional and the result of inaccurate, incomplete, or missing information.

In some cases, a physician’s training and work focus may not provide the best skills and clinical setting to assess functional capacity and make return to work plans.

**What employers can do**
Make it possible to define the conditions under which an employee can resume a safe transition back to full job duties by:

- Informing physicians and L&I whether transitional work is available.
- Informing physicians and L&I about specific workplace conditions and job demands.
- Letting physicians know what support is available to their patients (for example, partial benefits during a part-time return to work).
- Focusing on essential functions and not marginal duties.

**What VRCs can do**

- Involve the worker. Encourage the worker to talk to their doctor about how they can modify their job.
- Ensure you are asking doctors the correct questions.
7. 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.

*What employers can do*

Facilitate workplace accommodations by:

- Setting up a company-wide accommodation/return to work fund to cover the costs of accommodations, including transitional work salaries.
- Meeting with your workers to discuss accommodation options and ideas.
- Contacting the Job Accommodation Network for low-cost accommodation solutions for transitional work salaries, such as applying a sliding scale to determine the percentage of salary covered by the fund and the percentage covered by the supervisor’s personnel budget. This sharing of salary costs eases the burden to the supervisor’s budget.

*What VRCs can do*

- Ask the claims manager to consider a referral to the employer’s account manager or risk manager.
- Talk to the employer about the ability to reuse job modifications.
- Explain to the employer that L&I will pay for many job modifications.
- Share statistics with employers. Bringing workers back to the workplace leads to:
  - 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

8. 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**

Attending providers are told, “It’s different for workers’ comp.”

From L&I’s website:

> When your patient signs the Report of Accident or the Provider’s Initial Report form, he or she is also signing a medical authorization permitting you to release, without liability, the worker’s medical records to L&I or the self-insured employer. This allows an exchange of information and eliminates the need for authorization forms if additional information is requested from you ([RCW 51.36.060](https://app.leg.wa.gov/RCW/codesection/51.36.060)). The authorization to release medical records extends to L&I’s representatives (such as the department’s utilization review vendor, medical case managers, and vocational counselors), and to your patient’s State Fund employer.

Employers are not prohibited by L&I regarding direct communication with the worker. If there is any requirement regarding communication, it would occur between the employer and the worker’s legal representative.

**What employers can do**

- Contact the attending provider to clarify physical capacities related to returning to work.
- Ask providers for approval of job descriptions or job analyses.

**What VRCs can do**

VRCs can co-develop a return to work plan with the worker, employer, and attending provider. Set up a conference call (during an office visit to the attending provider) and include the employer to discuss return to work planning.

**9. 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. Recovery progresses quickly and successfully when early
mobilization treatment is combined with gradually transitioning back to a normal way of living. Managers play a key role in the recovery process when they involve the physician and the employee in return to work planning and a discussion of the need for temporary modifications in the workplace.

**What employers can do**

Ensure that your workers are not totally disengaged from work by:

- Consulting with your managers and worker to identify ways workers can return to their jobs in an incremental fashion.
- Letting them know you won’t expect them to be 100% recovered when they return to work, and that you’ll work with them and their physicians to find a way to transition back to work safely.

**What VRCs can do**

- Foster good working relationships between the supervisor, worker and doctor, which demonstrates to the doctor that this employer really cares about the worker.
- Demonstrate the employer’s flexibility around the worker’s medical treatment appointments.
- Emphasize how important the worker is to the team.
- Remind others that people come to work all the time when they feel less than 100%.

10. 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 has also been proven to reduce chances of litigation, and reduces indirect costs associated with the injury management process. Using workers’ compensation to solve personnel issues is expensive.

**What employers can do**

- Create a return to work program before there is a claim.
• Create a modified position so that the worker can continue to be productive while they are healing.
• Reduce the financial impact by allowing the worker to do their job within their physical restrictions.
• Avoid creating an adversarial process with the worker.

What VRCs can do
Explain the benefits of L&I’s Stay at Work program and Preferred Worker program, outlined in the employer incentive section of this chapter.

Employer - employee relationships and PEARLS

“Workers’ satisfaction with their employer’s treatment of their workers’ compensation claim is more important in explaining RTW than satisfaction with health care providers or expectations about recovery” (Butler, Johnson, & Cote, 2007, p. 214).

Research shows that how an employer responds to an employee’s back pain claim has just as big of an impact on an employee’s work stability after injury as the severity of the back pain itself.

The results of Butler et al. (2007), showed that although satisfaction with health care is influential, it is a less important influence on patterns of employment than the worker's perception of their employer’s actions.

Help employers address common employee 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.

PEARLS
A simple method for employers to communicate empathy to their workers is to remember PEARLS.
The following statements demonstrate the PEARLS method:

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

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

**Acknowledging:** Your effort really shows here.

**Respecting:** Your expertise is always important to our work.

**Legitimizing:** Who wouldn’t be concerned about this?

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

---

**Job modifications – preferred methodology**

There is strong empirical evidence that work accommodation can significantly reduce work disability duration. Attending providers do not always consider these accommodations when making return to work decisions.

**Start the discussion 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.

Accommodation information is available from the Job Accommodations Network. 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](#) 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.

Create a job description for new or modified duties
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. Be sure the worker understands how loss of earning power will result in more income than time loss payments. Helping the worker and employer work collaboratively to develop job descriptions or job analyses is the most effective approach.

Present the job description to the attending provider
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. If the doctor is hesitant about releasing the worker to the modified duty, VRCs can ask key questions such as “what are the medical contraindications to the worker returning to work?”

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).

. . . They have assisted our farming business in the step-by-step process of getting a couple of our employees that were injured on the job back into the work force from light-duty work to full time work. They’ve connected with our farming business, the prescribing doctors and the injured employees on a regular basis and kept everyone in the loop. This assistance is truly genuine to us! Not only do we get a healthy employee back to work but the employee is given the satisfaction of being back in the work force as well, it’s a double win situation! Many thanks to my most recent work with [VRC] her communication and efforts were extremely timely and always on point!”

- Employer
Employer incentives

Stay at Work program
Labor & Industries will reimburse employers for some of their costs when they provide temporary, modified-duty jobs for workers while they heal through the Stay at Work program.

Eligible employers can be reimbursed for:
- 50% of the base wages they pay to the worker.
- Some of the cost of training, tools or clothing the worker needs to do the light-duty or transitional work.

Preferred Worker program
The Preferred Worker program is one of our return to work incentive programs. We may certify a worker with permanent medical restrictions as a "preferred worker." This certification enables an employer to receive financial incentives when they hire the worker for a medically approved, long-term job. More information about Preferred Worker is addressed in Chapter 5.

We recommend that you tell the employers about the benefits of working with their employees, instead of focusing on the programs. Help them understand “how does this help to solve their problem or support their business?”

Connect the benefits to things they have said matter the most to them.
- What concerns you the most about Johnny’s claim?
- What are you expectations about what Johnny’s claims will do to your premiums?
- What do you have to gain or lose by not bringing Johnny back to work?
- What would it feel like to support your worker, show the rest of your workforce how important return to work is and to top it all off – get paid to do the right thing?
- How would you like to save money on this claim?

Chapter 4: Collaboration with medical providers
Introduction
When a worker is off work unnecessarily, the absence can cause needless but significant harm to a person’s wellbeing. Workers can lose social relationships with coworkers, self-respect that comes from earning a living, and their major identity component — 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 vocational rehabilitation counselors and the attending providers. 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.

Communication between the VRC and attending provider
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 employees 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.

Clear communication and best practices from the VRC can help address some of these concerns.

**Best practices for vocational rehabilitation counselors:**
• Introduce yourself to the doctor at the beginning of the referral. Start with calling the doctor’s office and inquiring about the office policy on communication with social workers, case managers, advocates and rehabilitation counselors.
• Visit the doctor with the worker to express your support and to ensure appropriate communication and updates take place – even when you do not need anything from the attending provider.
• Keep your correspondence brief.
• Frame your motivations on helping the doctor’s patient (your worker).
• Ask specific questions that are within the doctor’s expertise (see “Risk, capacity, and tolerance”).
• Build the doctor’s awareness of the worker centric approach.

It isn’t just return to work, it’s return to life activities. Often one motivates more than the other. Or simply improves the provider-patient relationship.

-Occupational medicine physician
• Explain the new direction L&I is taking with the vocational recovery referral.
• Understand that doctors may have had bad experiences in the past see “Attending provider myths”.
• Provide functional job descriptions when job analyses are not needed.

Other tips for communicating with medical providers:
• Keep the conversation worker first focused.
• Use terminology such as “is it medically contraindicated” or “what is the risk?” instead of “what are the restrictions?”
• Make sure the medical provider is aware that consultations and meetings with the VRC and employer of record are billable services with unique codes.
• Remember that providers have motivations and history that color their perceptions about working with VRCs:
  o Fear of litigation.
  o Fear of harm to the worker.
  o Protect the surgery they just performed.

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 providers’ 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 an injured 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, for example the courts, as final and authoritative even when there is a high degree of scientific uncertainty surrounding the information.
- 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 shared these additional concerns from employers*:

- Is the doctor is “coddling” the worker?
- 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.
- Fear about return to work effects on the worker, coworkers, customers, and others.

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

- Stressing 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 them revise return to work plans.
- Request that the employer join the worker at doctor visits (via phone, if necessary) so that all parties have a clear understanding of the vocational recovery plan.
Additional recommendations by VRCs include*:

- Raise awareness of 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.
- Emphasize to the employer the importance of accurate information going to and from the attending provider.
- Teach them how to read Activity Prescription Forms and assure that the attending provider has given all of the necessary information for safe return to work with the employer.
- 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 both the employer and attending provider understand modified duty terminology.
- Assist both the employer and attending provider with paperwork and forms (especially for the WSAW, PWP, LEP, and job modifications).

Communication between the worker and attending provider

The communication between the attending provider and worker is a key part of the return to work process. Complications include:

- Doctors’ appointments are usually less than 10 minutes long.
- The doctor’s ability to determine what is wrong and how to treat it depends almost entirely on communication between the doctor and patient.
- The doctor’s decision to order a test or prescribe a medication depends on the information provided by the patient.

According to Ospinia et al. (2018) the landmark clinical communication study (Beckman et al., 1984) found that in 69% of the visits to a doctor, the physician interrupted the patient within 18 seconds on average. Later studies found 75% interrupted patients within 23 seconds. Help your
worker understand that when they meet with their doctor, they may want to have written down their questions and concerns so that they can bring the doctor back to what is important to them.

Don’t be part of the barriers to return to work. Do help facilitate return to work in an appropriate fashion. Sometimes that means thinking more broadly or working with other people (team work).

-Occupational medicine physician

The claim file
Utilization Review (UR)
To help VRCs understand the return to work process from the perspective of the attending provider, we have provided an outline of the utilization review process with Comagine, formerly known as Qualis. L&I contracts with Comagine to compare requests for medical services (utilization) to treatment guidelines that are deemed appropriate for such services. The Utilization Review Program only applies to State Fund claims, and applies to both physicians and facilities.
VRCs are able to track the status of the worker’s claim in the utilization review process. This is what the utilization review (UR) looks like in a claim file:

![Utilization Review Form]

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

VRCs can prevent unnecessary delays by:

- Alerting the doctor who submitted the request regarding the approval.
- Requesting the doctor to make the appropriate referral (if different from the requesting doctor).
- Ensuring that after the doctor sends the referral an appointment is scheduled.
- 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.

Certain providers receive automatic approval. An example of that type of recommendation is on the following page.
Sometimes, the recommendation will include the offer of a re-review:

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

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

*New Physical Medicine Progress Report (PMPR)*


*Occupational nurse consultants roles*

The Department of Labor & Industries employs occupational nurse consultants. Their work can help VRCs in the return to work process.
Occupational nurse consultants:

- Respond to requests from claims managers related to the medical care of workers. **All requests go through the claims manager.**
- Assess complex injury and illness cases, identifying needs to assist the worker to move toward independence within the limitations of their disabilities.
- Promote necessary health care for workers and assess the quality and quantity of health care services provided.
- Obtain medical consults when needed.
- Partner with our regional ONCs, nurse case managers, and clinical coordinators to focus on early recovery and return to work.
- Help attending providers with denials from Comagine. When Comagine denies a request, they will state why they denied the request, and outline the next steps to request another review. It is **not** the claims manager’s job to check with the attending provider about next steps. Attending providers do not always read past the word “denied” in the claim screen.
- Process issues, such as how to request medical services.
- Diagnostic procedures. For example, an MRI requires utilization review approval, but an X-ray does not.
- Finding a specialist in a rural area.
- In-home care such as wound dressing and home-based physical therapy.
- Authorization of durable medical equipment (DME).
- Check for the correct diagnosis. Something may be related to the injury, but if the diagnosis has not been accepted on the claim, the claims manager cannot authorize treatment.
- Help sort out which medical specialty should be helping the worker with the worker’s specific concern when there is a medically complex head injury.
- Accompany a VRC to meet with an attending provider to assist in asking and fielding medical questions (field ONCs only).
Understanding ancillary medical providers (occupational therapists, physical therapists, and speech pathologists)

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 such as occupational therapists, physical therapists, and speech-language pathologists. Here are some factors to keep in mind:

- They may be unclear what information they can share with the VRC under HIPAA.
- Each clinic may have a different understanding about the workers’ compensation system.
- There is a wide variety in what services each location offers.

Ancillary medical providers may have minimal understanding of:

- Referral types.
- Your role as a vocational rehabilitation counselor.
- 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, and leave a time when they can return your 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.
- Discuss:
  - Functional terms instead of restriction labels.
  - Potential timeline for return to work.
  - Job modifications including duty job options and schedule options.
  - Progress toward treatment goals.
  - Worker’s reaction to treatment.
  - Barriers they have noted.
  - Send the job analysis or job description in a timely manner.
Chapter 5: Vocational Recovery Referral requirements

Introduction
In this chapter, you will learn about the two required reports for Vocational Recovery Referrals: the Vocational Recovery Progress Report, and the Referral Closing Report. In addition, there is information about the Vocational Recovery Referral guideline, the out-of-state addendum, and Preferred Worker Applications.

Note: Vocational Recovery Plans are covered in Chapter 2. These plans will be submitted through a new type of EVOC in the Claim and Account Center (CAC). VRCs should submit initial and updated Vocational Recovery Plans through this new EVOC.

Progress reports
Below is a template for the Vocational Recovery Referral Progress Report. This is sent to the claim file in the same way VRCs currently submit progress reports.

In order for the report to be helpful to the claims manager, VRCs should only report on activities which occurred or were planned within the prior 30 days. When possible, summarize information to keep the report concise. It is better to say, “VRC left eight phone messages on the worker’s cell phone before she called back on April 1, 2020” than to list the dates of each call and each message that was left. Only provide those details if the claims manager requests them.

“\n\nVocational Recovery Progress Report-DRAFT

<table>
<thead>
<tr>
<th>Goals: What are the worker’s-</th>
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<tbody>
<tr>
<td>Needs-</td>
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<tr>
<td>Concerns-</td>
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</tbody>
</table>

Brief summary of steps taken to engage the worker and others stakeholders and address their goals, needs, and concerns?

Brief summary of your overall plan and next steps to engage the worker and other stakeholders and address their goals, needs, and concerns?

“The vocational recovery progress report reminds me to put the worker’s goals, needs, and concerns front-and-center as I am thinking about the next steps for vocational services.”

- Workstream VRC
**Preferred Worker program**
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 benefits, if appropriate,” (WAC 296-19A-050 subsection 2 (c)).

Vocational rehabilitation counselors should submit a completed *Preferred Worker Application* as soon as there are permanent work restrictions that prevent the worker from returning to their previous job.

**Certification**
Workers can be certified for a period of 36 months within a five-year period. The 36 consecutive-month period begins the first day the certified preferred worker actually returns to work at a medically approved job.

The certification period starts on the worker’s first workday after L&I has received all required paperwork from the first employer who hires the worker as a preferred worker. The certification period ends after 36 consecutive months or five years after claim closure (whichever date comes first).

**Changes to the program**
In January 2016, there were major changes to the Preferred Worker program:

**Incentive eligibility**
- Now all employers in Washington State who hire a State Fund certified-preferred worker can get the incentives. This includes the employer of injury and self-insured employers. This change opened up a whole new realm of possibilities for employment for preferred workers.

**Expanded incentives**
- The incentives for employers have been greatly expanded. Now, when an eligible employer hires a certified-preferred worker under the rules of the expanded program, the hiring employer can be reimbursed for a number of incentives:
  - Half of the base wages paid to the preferred worker, up to 66 days or $10,000 within a consecutive 24-month period.
  - Financial protection against subsequent claims.
  - Premium relief.
  - Up to $2,500 for tools and equipment.
  - Up to $400 for worker clothing.
• An incentive payment equal to 10% of the worker's wages or $10,000, whichever is less, is available to employers who provide 12 months of continuous employment for a preferred worker.

**Job analysis or job description**

• Vocational providers have an active role to play in supporting both the preferred worker and employer. This can be done by completing a job analysis or an employer’s job description that outlines the physical requirements of the proposed job.

• The job offered by the employer must be approved by both the workers' health care provider and a credentialed vocational rehabilitation professional. The VRC can help the employer develop a job description that meets the worker’s permanent work restrictions.

• You can help the worker by filling out “Part A” of the *Preferred Worker Request Form* (F280-060-000) as soon as the medical provider has permanently restricted the worker from returning to the job of injury.

**Job development**

• Vocational providers now assist the employer in developing a preferred worker job that meets the providers' medical restrictions for the worker at the beginning of permanent disability notification, and keep 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 the “Part B” of the *Preferred Worker Request Form*. The new [Preferred Worker Request form](#) (F280-060-000) can be downloaded from the L&I website and used to help a worker apply for preferred worker certification and/or help an employer apply to hire a certified preferred worker.

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“The vocational recovery closing report helped me boil-down the key items that are needed to communicate the outcome of vocational services, or what is needed as we move forward to assessment.”

- Workstream VRC
VR closing report

**Department of Labor and Industries**

**VOCAATIONAL**

**RECOVERY REFERRAL CLOSING REPORT**

<table>
<thead>
<tr>
<th>Report Date</th>
<th>Worker Name</th>
<th>Claim Number</th>
</tr>
</thead>
</table>

**Recommended Outcome Code and Code-Narrative**

**Assigned VRC Name and Provider Number**

**Phone Number**

**Signature**

The purpose of this report is to communicate the referral outcome in accordance with RCW 51.32.095, WAC 296-19A-050 and 060(2), and the Vocational Recovery Referral Guideline.

Depending upon the outcome, complete ONE of the following three tables below.

1. **For RTW Outcomes**
   - Date of RTW
   - Wage
   - Date of Medical Release
   - Date CM Contacted RE: RTW

2. **For ATW Outcomes**
   - Date Worker Contacted RE: ATW
   - Date of ATW or Medical Release
   - Date CM Contacted RE: ATW

3. **For an SAS1 Outcome**
   - Date Worker Contacted RE: SAS1
   - Date RTW Options Ruled Out
   - Date EVOC Sent to VSS RE: SAS1

**Section 1: Address the Return-to-Work Options with the Employer of Injury or New Employer**

Identify the return to work job (RTO or alternate work) or describe explanation of options with the worker and employer. Include exploration of worker of alternate work, SAW and Preffered Worker, and job modification with the employer.
Closing report legal requirement

The law requires VRCs to complete the closing report (WAC 296-19A-060):

(2) Closing reports.
The vocational provider must submit a vocational recovery closing report at the conclusion of services. In the report the provider must include or address:

(a) Whether a return to work outcome was achieved and, if so, whether the return to work is considered temporary, permanent, modified, or transitional;

(b) If a return to work outcome was not achieved, an outline of the vocational provider’s efforts as required in WAC 296-19A-050(4).

(3) The provider must notify the department orally and in writing within two working days after learning of an unsuccessful return to work by the injured worker. (4) The provider must notify the department orally and in writing within two working days after learning of a return to work by the injured worker.

“A bit of a mind shift but not overwhelming; involves an analysis not just recording what happened.”
- Workstream VRC
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), new language in the Washington Administrative Code (WAC 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 your client, 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?
- Be able to access community resources and available programs?
- Proactively participate in and take responsibility for their medical treatment?

Return to work with the employer of injury

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

If your client 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.
  - Look for a new job.
  - Develop a resume.
  - Prepare for interviews.

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?

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

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:
- 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 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 that the RTW Priorities in RCW 51.32.095 and the new adopted Vocational Recovery WAC have been ruled out.

RCW: https://apps.leg.wa.gov/RCW/default.aspx?cite=51.32.095
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?
- Helped them 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 that the RTW Priorities in RCW 51.32.095 and the VR WAC have been ruled out?

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This is why I’m a counselor, to help people get back to work, move on with their lives, and recover from their injuries. This is why I’m doing what I’m doing.

- Pilot VRC
Final thoughts

From the Chief of Return to Work Partnerships

The foundational influences of my current vision for vocational recovery started years ago when I began my career in workers’ compensation as a vocational intern. I have always been attracted to the helping professions and I was disappointed, at best, when I realized what becoming a vocational provider actually meant back then – paper shuffling and process with little, if any, room to help – let alone permission to do so! I quickly realized, and became quite frustrated with, the vast number of needless barriers that were in my way of actually helping workers, employers, physicians, and other stakeholders. My hands were tied with the suffocating elements of a regulatory compliance-based model. Today, I would characterize how I felt back then as being paralyzed by bureaugenic disability. I soon learned that other vocational providers and stakeholders felt the same way.

So, I took a huge personal risk and dedicated the last six years of my life as chief of Return to Work Partnerships, to completely reshape our vocational system to make it easy for those who help L&I help injured workers heal and return to work. I remain honored and privileged to continue this work.

Vocational recovery is the initial lens (and formal referral type) through how our vocational partners will usher in a worker centric work disability prevention era. Now, our vocational partners are more fulfilled than ever before by being administratively supported to authentically help workers, employers, medical providers and other stakeholders. I know these changes have been long sought after by most, and for some, may be scary or “not what you signed up for.” I encourage all of you to learn and share as much as possible, try as much as possible, and practice as much as possible the seemingly endless approaches you now have. You are saving workers’ lives (figuratively and sometimes quite literally), rescuing their families, bolstering our economy and are making our system healthy. Congratulations and thank you for your hard work and dedication!

Ryan Guppy, CDMS
Chief of Return to Work Partnerships
**From the Assistant Director of Insurance Services**

I believe Vocational Recovery is the innovation through which we will support our workers and employers in ways they have never imagined, well beyond their expectations. The acknowledgement of the worker’s role in return to work and of work disability as a separate condition puts Washington ahead of the game when it comes to return to work interventions. Within the workers’ compensation industry, there is no greater satisfaction than improving the quality of life for injured workers while reducing costs to employers. It is simply inspiring.

Vickie Kennedy  
Assistant Director of Insurance Services

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**The last word from the Director of Labor & Industries**

Calling this the “Vocational Recovery Project” doesn’t adequately capture the effort that’s underway – that all of you have committed so much time and energy to support. Vocational Recovery is a transformation of our business, not just a referral type. It’s a mindset shift. Vocational Recovery has become the movement in which we will prevent work disability. This is a complex and multi-layered revolution, with significant staff, stakeholder, and customer impacts. It is our “why”. It is our just cause. It is our ideal. People are inspired and the nation is watching.

Joel Sacks  
Director of Labor & Industries
**Who’s on my team**

Support available to VRCs in dealing with employers’ return-to-work issues

<table>
<thead>
<tr>
<th>L&amp;I program or staff type</th>
<th>How to contact</th>
<th>How they can help</th>
</tr>
</thead>
<tbody>
<tr>
<td>Claims manager</td>
<td>Go to <a href="http://www.Lni.wa.gov">www.Lni.wa.gov</a> and search for Claims public phone list</td>
<td>▪ Staffing to address barriers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Arranging an authorization.</td>
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<td></td>
<td></td>
<td>▪ Requesting an IME and/or an addendum.</td>
</tr>
<tr>
<td>Vocational services specialist</td>
<td>Go to <a href="http://www.Lni.wa.gov">www.Lni.wa.gov</a> and search for VSS coverage</td>
<td>▪ Staffing to address barriers.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Requesting an extension, fee-cap exception, or an ADMX.</td>
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<tr>
<td></td>
<td></td>
<td>▪ Developing ideas about how to engage the worker, employer, or AP.</td>
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<td></td>
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<td>▪ Feeling unsure of next steps, even after staffing with colleagues.</td>
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<tr>
<td></td>
<td></td>
<td>▪ Coordinating activities with L&amp;I, for example when the VRC needs help from the claims manager or ONC and has tried, but no action.</td>
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<tr>
<td>Therapy services</td>
<td>360-902-5481</td>
<td>▪ Job modification questions or concerns.</td>
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<td></td>
<td></td>
<td>▪ Work hardening for special situations.</td>
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<tr>
<td></td>
<td></td>
<td>▪ Activity coaching.</td>
</tr>
<tr>
<td>Language Link</td>
<td>1-844-303-7212 [contracted vendor to L&amp;I]</td>
<td>▪ When workers have limited skills in English, VRCs can get help communicating during phone calls.</td>
</tr>
<tr>
<td></td>
<td><a href="mailto:StayAtWork@Lni.wa.gov">StayAtWork@Lni.wa.gov</a></td>
<td>▪ Helpful with foreign languages or in remote area where arranging an in-person interpreter is difficult.</td>
</tr>
<tr>
<td>Stay At Work program</td>
<td>1-866-406-2482 <a href="mailto:StayAtWork@Lni.wa.gov">StayAtWork@Lni.wa.gov</a></td>
<td>▪ For temporary, transitional employment at the EOR.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ To determine if specific incentives apply to the employer or situation.</td>
</tr>
<tr>
<td>Preferred Worker program</td>
<td>1-800-845-2634 <a href="mailto:PrefWorkerProg@Lni.wa.gov">PrefWorkerProg@Lni.wa.gov</a></td>
<td>▪ For assistance in determining if a worker qualifies for preferred worker status.</td>
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<td>▪ To determine the information needed when an employer submits a hiring application.</td>
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<td></td>
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<td>▪ For permanent employment at the EOR or a new employer.</td>
</tr>
<tr>
<td>Re-employment specialist</td>
<td>1-360-902-6040 <a href="mailto:RESWorkSource@Lni.wa.gov">RESWorkSource@Lni.wa.gov</a></td>
<td>▪ When returning to the employer of injury is no longer possible.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ When the worker expresses interest in RTW, but doesn’t know where to start.</td>
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<tr>
<td></td>
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<td>▪ Connects worker with community resources.</td>
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<td>▪ Available by phone, statewide.</td>
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<td></td>
<td></td>
<td>▪ Will refer to the WorkSource VSS, if needed.</td>
</tr>
<tr>
<td>WorkSource VSS</td>
<td>Go to <a href="http://www.Lni.wa.gov">www.Lni.wa.gov</a> and search for Regional WorkSource staff</td>
<td>▪ Six L&amp;I vocational services specialists work in WorkSource Centers around the state.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Offers specialized help in person or by phone to injured workers seeking employment.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Provides assistance with resumes, jobs search, and transitioning out of L&amp;I.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Connects worker with community resources.</td>
</tr>
</tbody>
</table>
## Support available for employers

<table>
<thead>
<tr>
<th>L&amp;I program or staff type</th>
<th>How to contact</th>
<th>Employer support or benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stay At Work program</td>
<td>1-866-406-2482 <a href="mailto:StayAtWork@Lni.wa.gov">StayAtWork@Lni.wa.gov</a></td>
<td>• Incentives to employers for offering temporary, modified jobs for workers while they heal.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provides outreach to employers</td>
</tr>
<tr>
<td>Preferred Worker program</td>
<td>1-800-846-2631 <a href="mailto:PrefWorkerProg@Lni.wa.gov">PrefWorkerProg@Lni.wa.gov</a></td>
<td>• Helps an EOI or a new employer in providing a permanent job to a worker who can no longer perform their JOI.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Explains qualifying reimbursements, how to apply for benefits, how preferred worker status affects claims.</td>
</tr>
<tr>
<td>Account manager</td>
<td>Go to <a href="http://www.Lni.wa.gov">www.Lni.wa.gov</a> and search for Contact employer accounts</td>
<td>• Contact employers by phone and explains:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• How claim duration and costs affect premiums.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Risk classes, rates, experience factors</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Kept on Salary (KOS) versus Time Loss (TL).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Educates employers on their rights to protest.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Sets the stage for Stay at Work (SAW) and Preferred Worker (PWP) programs.</td>
</tr>
<tr>
<td>Risk manager</td>
<td>Go to <a href="http://www.Lni.wa.gov">www.Lni.wa.gov</a> and search for Request consultation, then look down the page for Consultants near you</td>
<td>• Involving a risk manager early in the claim will help the employer understand the roles and responsibilities of the claim manager and VRC as well as the impact of the claim on future premiums. This can help VRCs do their job quickly and efficiently.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• If needed, a risk manager can meet in person.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Provides safety overview.</td>
</tr>
</tbody>
</table>

## Support available for attending providers

<table>
<thead>
<tr>
<th>Procedure description</th>
<th>Limits*</th>
<th>Procedure codes</th>
<th>Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job descriptions or analysis (first one reviewed) or, Job offer or analysis: each additional review</td>
<td>AP, per insurer, employee or vocational provider (VRC) request</td>
<td>1038M</td>
<td>Limit of one per day</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1028M</td>
<td>Each additional review, up to five per worker, per day</td>
</tr>
<tr>
<td>Team conference, patient present</td>
<td>Physician only</td>
<td>**</td>
<td>Varies by code</td>
</tr>
<tr>
<td></td>
<td>Non-Physician</td>
<td>99366</td>
<td>1 unit=Up to 30 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2 unit=Up to 60 minutes</td>
</tr>
<tr>
<td>Team conference, patient not present</td>
<td>Physician only</td>
<td>99367</td>
<td>1 unit=Up to 30 minutes</td>
</tr>
<tr>
<td></td>
<td>Non-Physician</td>
<td>99368</td>
<td>2 unit=Up to 60 minutes</td>
</tr>
<tr>
<td>Telephone calls with employer, claim manager, VRC or other providers</td>
<td>Physician</td>
<td>99441</td>
<td>1-10 minutes</td>
</tr>
<tr>
<td></td>
<td>Non-Physician</td>
<td>99442</td>
<td>11-20 minutes</td>
</tr>
<tr>
<td></td>
<td></td>
<td>99443</td>
<td>21-30 minutes</td>
</tr>
<tr>
<td></td>
<td>98966</td>
<td>1-10 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>98967</td>
<td>11-20 minutes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>98968</td>
<td>21-30 minutes</td>
<td></td>
</tr>
</tbody>
</table>

*AP: Attending Provider: A person limited to practice as: MD, DO, ND, DC, DM, PAC and ARNP’s (PAC are paid at a maximum of 90% of the allowed fee.) Non-Physician: ARNP, PAC, PhD, PT and OT must bill using non-physician codes. **Check MARFS Chapter 10 for procedure code.

For additional information, the provider may call the Provider Hotline at 1-800-848-0811

Note: This is a draft resource, as part of the Vocational Recovery pilot.
Arranging telephonic interpretation for vocational services

How to access services

For workers covered by L&I, here’s how you can access over-the-phone interpretation services:

**Step 1:** Call 1-844-303-7212 [for vocational providers only]

**Step 2:** Tell the Customer Service Representative:
- Language(s) needed
- Claim number
- Worker’s full name
- Vocational provider name

Need a third-party call?

Ask the Customer Service Representative for this service.
- A third-party call is when you need Language Link to call your LEP client and then bridge the call together with you and the interpreter.
- We are happy to help you with a third-party call at no additional charge. Our interpreters are not able to make a third-party call directly.
- If you need to leave a voicemail, ask the Customer Service Representative to give you a moment to share your message with the interpreter.

Language Link features these services:
- 240+ languages and dialects
- Access 24 hours a day, 7 days a week, 365 days a year
- Online Client Portal to access your account and services
- Personalized service and custom toll-free numbers
- Support materials for your staff, offices, and locations
- Full suite of language solutions offered in-house

Questions?

Contact Language Link’s Client Relations Team:
- clientrelations@ctslanguagelink.com
- Toll-free: 1-855-579-2704
Weights of Common Household items

Weights of Common Items

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hammer</td>
<td>2 lbs.</td>
</tr>
<tr>
<td>Toaster</td>
<td>3 lbs.</td>
</tr>
<tr>
<td>Traffic cone</td>
<td>4 lbs.</td>
</tr>
<tr>
<td>Two quarts of juice</td>
<td>4.5 lbs.</td>
</tr>
<tr>
<td>Two liter bottle of pop</td>
<td>5 lbs.</td>
</tr>
<tr>
<td>Drill</td>
<td>5 lbs.</td>
</tr>
<tr>
<td>Ream of letter-size paper</td>
<td>5 lbs.</td>
</tr>
<tr>
<td>Grass trimmer</td>
<td>7 lbs.</td>
</tr>
<tr>
<td>Bag of charcoal</td>
<td>8 lbs.</td>
</tr>
<tr>
<td>One gallon of milk</td>
<td>9 lbs.</td>
</tr>
<tr>
<td>2’x4’ stud (8’)</td>
<td>9 lbs.</td>
</tr>
<tr>
<td>Metal folding chair</td>
<td>10 lbs.</td>
</tr>
</tbody>
</table>
10 lbs. — Blower (gas)
12 lbs. — Heavy electric guitar
16 lbs. — Five-gallon shrub (dry)

17 lbs. — Infant (4 months)
20 lbs. — Thanksgiving turkey
25 lbs. — Aluminum ladder

25 lbs. — Fertilizer
26–28 lbs. — Toddler (2 years)
30 lbs. — Kitty litter

30 lbs. — Metal hand cart
36 lbs. — Child (4 years)
47 lbs. — Water tank jug

50 lbs. — Dog food
65 lbs. — Five gallons of paint

Upon request, foreign language support and formats for persons with disabilities are available. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.

PUBLICATION F245-415-000 [10-2019]
Frequently Asked Questions about Job Modifications

What is a job modification?
A job modification is an adjustment or alteration to the way a job is performed. The modification may be temporary during recovery or permanent. Employers can make job modifications independently of the Department of Labor & Industries (L&I). Some workers may be eligible for an L&I benefit assisting with a job modification.

Why should a job be modified?
Modifying a job helps an injured worker return to work more quickly. It typically decreases time-loss and long-term disability.

Can you give me some examples of job modifications?
A worker developed carpal tunnel syndrome as a result of frequently gripping small pliers during mechanical work. His restrictions include reducing the amount of force he uses to grasp tools. Using pliers designed with larger and longer handles will reduce the force.

A worker with a back injury who has lifting restrictions has to manually lift boxes off of a conveyor onto a pallet. The worker may benefit from a mechanical lifting device.

When does L&I offer financial assistance with job modifications?
For eligible workers, L&I will provide financial assistance with job modifications. For these workers, L&I may pay for a consultation and special equipment or tools so that the worker can return to their job or a new job.

Who is eligible for the L&I benefit?
A worker may be eligible for the L&I benefit if:
- The worker has an open and allowed claim, and
- The worker is off work or was taken off work in the past, and
- The attending health-care provider placed restrictions on the worker that prevent them from doing their regular or new job.

What is the process for requesting the L&I benefit?
Contact the claim manager to request a consultation on the job modification. Any existing work restrictions must be identified at the time of the request.

A number of involved parties may request a job modification consultation: the attending health-care provider, employer, consulting health-care or vocational service provider, claim manager, third-party administrator or the worker.

Who decides what type of modification L&I will pay for?
If the request for a consultation is approved, a consultant will work with the worker, employer, and attending health-care provider as needed to identify an appropriate job modification.
Who is the consultant for job modifications?

Typically, the job modification consultant is a physical or occupational therapist, a vocational service provider, an ergonomic consultant, or a member of the employer’s staff. Vendors who supply equipment for the modification may not provide the consultation without prior approval from the claim manager.

How does L&I pay for job modifications?

For eligible workers, L&I pays up to $5,000 per claim per job site. The benefit is paid out of the Second-Injury Fund. Use of the job modification benefit does not directly affect the employer’s industrial insurance (workers’ compensation) premiums.

Self-insured employers may request reimbursement for equipment and tools from L&I’s Self-Insurance section.

Who owns equipment purchased by L&I as part of a job modification?

Either the employer or the worker may own the equipment or tools L&I purchases as part of a job modification. Both parties must sign an agreement specifying ownership. Typically the employer will own non-portable items and items that are bolted to the work site.

How can I get more information about L&I’s job modification benefit?

- Visit L&I’s Web site at www.Lni.wa.gov/ClaimsIns/Providers/Vocational/Tools/PreJob/default.asp
- Call the assigned claim manager, or
- Call the L&I office nearest you and ask to talk with the Regional Supervisor.

L&I Regional Offices

<table>
<thead>
<tr>
<th>Northwest Washington (Region 1)</th>
<th>Southwest Washington (Region 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellingham 360-647-7300</td>
<td>Aberdeen 360-533-8200</td>
</tr>
<tr>
<td>Everett 425-290-1300</td>
<td>Longview 360-575-6900</td>
</tr>
<tr>
<td>Mount Vernon 360-416-3000</td>
<td>Tumwater 360-902-5799</td>
</tr>
<tr>
<td></td>
<td>Vancouver 360-896-2300</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>King County (Region 2)</th>
<th>Central Washington (Region 5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bellevue 425-990-1400</td>
<td>E. Wenatchee 509-886-6500</td>
</tr>
<tr>
<td>Seattle 206-515-2800</td>
<td>Kennewick 509-735-0100</td>
</tr>
<tr>
<td>Tukwila 206-835-1000</td>
<td>Moses Lake 509-764-6900</td>
</tr>
<tr>
<td></td>
<td>Yakima 509-454-3700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pierce County/Peninsula (Region 3)</th>
<th>Eastern Washington (Region 6)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bremerton 360-415-4000</td>
<td>Colville 509-684-7417</td>
</tr>
<tr>
<td>Port Angeles 360-417-2700</td>
<td>Pullman 509-334-5296</td>
</tr>
<tr>
<td>Tacoma 253-596-3800</td>
<td>Spokane 509-324-2600</td>
</tr>
</tbody>
</table>

馾 On the Web: Visit the L&I Web site at www.Lni.wa.gov

Other formats for persons with disabilities are available on request. Call 1-800-547-8367. TDD users, call 360-902-5797. L&I is an equal opportunity employer.
Other L&I resources

- Attending Provider’s Return-to-Work Desk Reference
- HIPAA and L&I
- Job modification FAQ
Bibliography


Attending provider communication


Documenting next steps


Mitchell, K (2010). Unmotivated? or just stuck! *Disability Management Employer Coalition @ Work*


**Emphasis on roles rather than rights and responsibilities.**


**Emphasis on worker needs, not employability and system needs.**


**Employer engagement**


Job analysis and functional job descriptions

Motivational interviewing

Next steps
Mitchell, K (2010). Unmotivated? or just stuck! Disability Management Employer Coalition @ Work

Participatory job modifications

**PEARLS**


**Person-centered planning**


**Quotation on cover**


**Risk, capacity and tolerance**


Jurisic, M., Bean, M., Harbaugh, J., Cloeren, M., Hardy, S., Liu, H., ... & Christian, J. (2017). The personal physician’s role in helping patients with medical conditions stay at work or return to work. Journal of occupational and environmental medicine, 59(6), e125-e131.

**Roles rather than rights and responsibilities**

Motivation questions

Vocational Recovery Plan

Worker centric

Worker engagement