

OWCP PROCEDURE MANUAL

PART 3 - REHABILITATION

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3-0100 - INTRODUCTION

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1. Purpose and Scope. The Office of Workers' Compensation Programs (OWCP) Rehabilitation Procedure Manual (PM) is a comprehensive guide for Rehabilitation Specialists (RSs) and other staff who carry out the OWCP rehabilitation program. This chapter, Introduction to the Rehabilitation Procedure Manual, describes the OWCP rehabilitation program, its purpose and organization; cites the legislative and regulatory authority under which it is carried out; indicates which program functions are assigned to OWCP national and field office components; and outlines the structure and content of the manual.

2. OWCP Rehabilitation Program. The purpose of the OWCP rehabilitation program is to assist disabled employees who are covered by the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA) to minimize their disabilities and return to gainful work. Rehabilitation helps injured workers to become self-supporting and productive, and saves money by eliminating or reducing workers' compensation payments.

OWCP Rehabilitation Specialists (RSs) and Claims Examiners (CEs) in the FECA and LHWCA district offices carry out the program with the assistance of private and public agency rehabilitation providers, physicians, and employers, making sure that eligible workers receive the rehabilitation services best designed to return them to suitable work, preferably with little or no loss of earnings. The emphasis of OWCP's program is on early referral and evaluation of all injured workers who need services; case management standards to ensure that plans are efficient and of good quality; flexibility to provide the widest range of services from private and public rehabilitation agencies; preference for reemployment with the previous employer; and placement of workers in jobs where disability does not prevent them from competing with non-disabled employees.

3. Legislative and Regulatory Authority. benefits are provided for Federal and Longshore injured workers under the following sections of the FECA, LHWCA, and Code of Federal Regulations.

a. Federal Employees' Compensation Act 5 U.S.C. 8101 et seq. and Code of Federal Regulations (CFR) Title 20, parts 1-25, establish a worker's right to rehabilitation benefits and responsibility to undertake a program when so directed.

(1) Section 8104 of the FECA provides that the Secretary of Labor may direct a permanently disabled beneficiary under the FECA to undergo vocational rehabilitation, and may furnish services from the Employees' Compensation Fund. The worker is entitled to compensation for total disability while in a

rehabilitation program.

(2) Section 8106 provides that an employee who refuses to seek suitable work or refuses or neglects to work after suitable work is offered is not entitled to compensation. Section 8113 (b) provides that a worker who refuses to participate in a rehabilitation program may have compensation adjusted to reflect a presumed earning capacity had the program been undertaken. The FECA regulations at 20 CFR 10.124 (c), (e) and (f) amplify these provisions.

(3) Section 8103 (a) provides for any medical care prescribed by a qualified physician which is considered likely by the Secretary to cure, give relief, reduce the degree or period of disability; or aid in lessening the amount of monthly compensation. The section permits the FECA claims examiner to authorize medical rehabilitation.

(4) Section 8111 provides compensation for the services of an attendant, in a case of severe disability, and for a maintenance allowance of up to \$200 per month for a worker who incurs additional expense in pursuing an approved rehabilitation program. (See also 20 CFR 10.305.)

(5) Section 8115 (a) provides for the reduction of compensation to reflect a worker's earning capacity. (See also 20 CFR 10.303.)

(6) OWCP has been authorized by language in its annual appropriation to provide a wage subsidy to employers who hire Federal injured workers under the Assisted Reemployment Program. (See PM 3-401.)

b. Longshore and Harbor Workers' Compensation Act and 20 CFR Chapter VI, parts 701-705.

(1) Section 7 (a) of the LHWCA states that the employer shall provide medical care for such periods as the nature of a covered work injury or the process of recovery may require.

(2) Section 39 (c) (2) provides that the Secretary of Labor shall direct the vocational rehabilitation of permanently disabled employees, and may use the Special Fund established by Section 44 to procure vocational rehabilitation services and appliances necessary for an injured employee to resume work. This fund is financed by an assessment on insurance carriers and self-insured employers.

(3) Section 8 (g) provides for a maintenance allowance of up to \$25 per week for an employee undergoing rehabilitation, to be paid from the Special Fund.

- (4) Section 8 (c) provides compensation for permanent partial disability.
- (5) Section 39 (c) (1) requires the Secretary of Labor to provide information on vocational rehabilitation services and assist covered employees in obtaining the best such services.
- (6) Regulations at 20 CFR 702.501-508 govern the rehabilitation process.

4. Organization of Rehabilitation Activities Within OWCP.

a. Office of Workers' Compensation Programs. OWCP is an agency within the Employment Standards Administration, United States Department of Labor, which is responsible for administering three Federal workers' compensation laws: the FECA, the LHWCA, and the Black Lung Benefits Act. While all three laws provide for rehabilitation services for eligible employees, OWCP's rehabilitation activities are mainly focused on FECA and Longshore beneficiaries. OWCP has four divisions, one for each of its three compensation programs, and the Division of Planning, Policy and Standards.

b. Division of Planning, Policy and Standards (DPPS). DPPS coordinates budget and program planning and develops medical and rehabilitation policy for the three compensation programs. The Branch of Medical Standards and Rehabilitation (BMSR) within DPPS supports the rehabilitation program. The functions of DPPS in carrying out the rehabilitation program are to:

- (1) Establish and disseminate criteria for rehabilitation programs under the Federal compensation laws by maintaining the OWCP Rehabilitation PM and issuing program directives on policy questions;
- (2) Oversee the certification of OWCP field rehabilitation counselors and procurement of rehabilitation services in compliance with Federal law;
- (3) Oversee the certification of field nurses and the procurement of nurse services in compliance with Federal laws;
- (4) Provide technical guidance to field office staff on nurse intervention and rehabilitation matters;
- (5) Develop national cooperative agreements for rehabilitation services with Federal and State agencies;

- (6) Establish performance standards and reporting requirements for rehabilitation work by field staff, and monitor quality and quantity of work through the quarterly review and analysis process and accountability reviews;
- (7) Maintain liaison with Federal agencies, private sector employers and interested private groups concerning vocational rehabilitation and the employment of injured workers, and pursue national reemployment agreements with employers;
- (8) Provide formal and informal training to field staff through courses and conferences;
- (9) Support the automated Nurse/Rehabilitation Tracking System (N/RTS) software;
- (10) Maintain statistical reports of rehabilitation activities and costs for the Director, OWCP.

c. OWCP Regional and District Offices. There are 13 Longshore and 12 FECA district offices, each headed by a District Director and responsible for adjudicating and paying claims filed within its area of jurisdiction. The District Directors report to OWCP Regional Directors in the OWCP regions, who are in turn responsible for the oversight of the programs and report to the Deputy Assistant Secretary for Workers' Compensation. The National Operations Office, in Washington, DC, has similar responsibility with respect to claims filed in its jurisdiction, and reports to the Deputy Assistant Secretary through the Director for Federal Employees' Compensation.

With the increasing emphasis on early intervention to prevent long-term disability and improve the chances of successful return to work, rehabilitation has become a central concern for district office staff in general. CEs in particular must ensure that cases are referred as soon as indicated by medical evidence, and that needed information is conveyed quickly to the RS.

The Regional Director oversees the vocational rehabilitation program for FECA and Longshore and may negotiate agreements with states for the provision of services by state rehabilitation counselors. The Regional Director adjudicates appeals of counselor terminations.

Within the district offices, OWCP RSs generally have responsibility for claims filed in a specific geographic area. District office staff, including managers, CEs and RSs, implement the rehabilitation program by identifying eligible injured worker and providing effective rehabilitation services to return them to work. District office

responsibilities are to:

- (1) Develop, implement and supervise rehabilitation programs for individual injured workers covered under the LHWCA, FECA, BLBA and other laws;
- (2) Establish and maintain contact with Federal and private employers to promote reemployment opportunities for injured workers; develop and assist in carrying out reemployment agreements with employers whose workers are covered by FECA and LHWCA;
- (3) Establish an early referral procedure and active case management, including management of medical care, to ensure that rehabilitation services are provided as promptly as possible if permanent disability is likely;
- (4) Obtain services for injured workers in compliance with Federal procurement law and regulation; and
- (5) Maintain familiarity with rehabilitation agencies and facilities in its area of jurisdiction so that rehabilitation plans for injured workers include the best available services.

d. Rehabilitation Specialists. Within the district office, the RS is particularly responsible for the following functions:

- (1) Provide professional direction to the district office's rehabilitation program;
- (2) Oversee the provision of services to individual injured workers, ensuring that quality and timelines standards are met;
- (3) Ensure compliance with OWCP contractual requirements on the part of Rehabilitation Counselors (RCs), issuing warnings and termination notices when violations occur and ensuring that changes in OWCP policy are communicated promptly to RCs;
- (4) In conjunction with DPPS, ensure that as far as possible an adequate number of qualified counselors are certified in the office's area of jurisdiction to provide good quality services to injured workers;
- (5) Maintain a complete and accurate N/RTS data base and provide data monthly and quarterly as required to DPPS.
- (6) Through CE referrals or using computer-generated lists, screen and open

cases in sufficient numbers to achieve program plan goals;

(7) Through personal visits and telephone contact, maintain a fruitful working relationship with employers in the office's jurisdiction to promote the reemployment of injured workers;

(8) Provide day-to-day direction to RCs on individual rehabilitation cases in the office's jurisdiction, ensuring timely and good quality services.

5. OWCP Rehabilitation Procedure Manual. The OWCP Rehabilitation Procedure Manual (PM) is meant to provide uniform, clear guidelines for the provision of rehabilitation services to eligible workers and the process of rehabilitation. It also establishes standards of quality and timeliness for rehabilitation activities, and procedures for procuring services which comply with Federal law and regulations. It is primarily designed for the use of RCs or CEs who are supervising the provision of rehabilitation services to injured workers, but also serves as a source of policy guidance for other OWCP staff who contribute to or direct the rehabilitation program.

- a. Chapter 3-100, Introduction, describes the nature and purpose of the OWCP Rehabilitation Program, the legislative and regulatory authority under which services are provided to eligible workers, the organizational functions of national and field offices in carrying out the program, and the structure and content of the Rehabilitation Procedure Manual.
- b. Chapter 3-200, Services introduces the benefits and services to which injured workers are entitled under the laws administered by OWCP, including medical and vocational rehabilitation services. Counseling and guidance, testing and work evaluation, training, maintenance, self-employment preparation, and selective placement are defined.
- c. Chapter 3-201, FECA Case Management, gives a brief view of the special case management procedures which apply to FECA cases. It describes the process for the typical case, emphasizing the special responsibilities of the RS and CE.
- d. Chapter 3-300, Referral Development. Rehabilitation begins with the selection of injured workers whose disability for regular work may persist and assessing their need for services. This chapter describes the process of reviewing the worker's file and making an initial assessment, interviewing the injured workers, determining what services are appropriate and what action to take, obtaining additional information if needed, and recording the case and the decision in the Nurse/Rehabilitation Tracking System (N/RTS).

- e. Chapter 3-400, Case Development describes vocational rehabilitation case development from opening for services until closure. The chapter includes selecting a provider of services, obtaining medical and other information, completing the proper authorization and documenting the compensation case file, recording status changes in the N/RTS, and closing the case. It describes typical aspects of rehabilitation programs: Plan Development, Selective Placement, Medical Rehabilitation and Training, and the timeliness and quality standards applied to cases in each status. It also covers authorization levels, retroactive plans, post-employment follow-up and services, and the standards for rehabilitated and other closures.
- f. Chapter 3-401, Assisted Reemployment, explains the program authorized by language in the annual appropriation from Congress which grants a temporary wage subsidy as an incentive to employers who hire Federal injured workers.
- g. Chapter 3-500, Funding contains guidelines and restrictions on the use of funds available for rehabilitation under the statutes administered by OWCP. It covers the types of services which may be provided to eligible workers, the method of authorizing services, the payment, and prompt payment requirements.
- h. Chapter 3-600, Administration covers various administrative topics, including maintaining records of rehabilitation activities, record disposition, compliance with the Privacy Act, reporting of rehabilitation closures to the national office and other reporting and logging requirements, training, and quality control through the accountability review process.
- i. Chapter 3-700, Rehabilitation Counselors covers the recruitment, training, and certification of private RCs to provide rehabilitation services to injured workers; monitoring of counselor activities by the RS; rotation of cases among certified RCs in a given geographic area; use of non-certified and State RCs; and the process for terminating certification of a counselor for violations of the contract.
- j. Chapter 3-800, Forms and Reports includes as exhibits the standard form letters, forms, and reports used in the rehabilitation process.
- k. Chapter 3-900, Glossary and Index defines common terms used in rehabilitation and contains an index to the PM.

6. Other Guidance Sources For the OWCP Rehabilitation Program.

- a. Vocational Rehabilitation Counselor Training Resource Book. The “red book” is published and maintained by the Division of Planning, Policy and Standards. It is given

to each OWCP-certified rehabilitation counselor as a training and resource manual, and covers the standards and requirements of services for the OWCP program.

b. DPPS Notices, issued by the Director, DPPS, are promulgated to the field offices and the RCs and FNs when a major change in program requirements takes place. These are incorporated into the PM within the next year.

c. Nurse/Rehabilitation Tracking System Users' Guide contains instructions for creating and changing records of cases in the N/RTS, producing letters and reports, and transmitting data to the national office. It is maintained by the Division of Planning, Policy and Standards.

d. Federal (FECA) Procedure Manual, Part 2, Claims and Part 5, Payments. This manual provides procedural guidance for FECA Claims Examiner and other staff responsible for adjudicating and paying claims. Part 2, Chapter 2-813 covers the rehabilitation process and loss-of-wage-earning-capacity determinations. Part 5, Chapters 5-400 and following cover the payment of FECA bills. The FECA PM is maintained by the Division of Federal Employees' Compensation.

e. Federal (LHWCA) Procedure Manual contains guidelines for Longshore CEs in handling cases. Part 3, Chapter 3-301, covers rehabilitation activities and funding. The LHWCA PM is maintained by the Division of Longshore and Harbor Workers' Compensation.

f. OWCP Bulletins and Circulars, issued by the Director, DPPS, are used to communicate new instructions and information. New procedures are usually incorporated into the Procedure Manual by the following year. FECA and Longshore Bulletins and Circulars, issued by the heads of those programs, may also, have application to rehabilitation staff.

3-0200 - SERVICES

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1. Purpose and Scope. This chapter describes the rehabilitation services available to assist permanently disabled injured workers to return to work. The Rehabilitation Specialist (RS) evaluates the available services and potential service sources that can accomplish this purpose, and monitors their effectiveness. In general, rehabilitation services can be separated into medical rehabilitation and vocational rehabilitation. Vocational rehabilitation services include guidance and counseling, training, self-employment, placement, and follow-up services. Each is discussed below.

- a. Medical rehabilitation refers to those medical services necessary to correct, minimize or modify the impairment caused by a disease or injury with the goal of returning the injured worker to an adequate level of function and employment. Thus, it is distinguished from actual medical treatment to cure or relieve the effects of the injury. Medical rehabilitation may include services such as physical, occupational or speech therapy, orthotics, prosthetics, psychiatric counseling, occupational rehabilitation programs (ORPs) and others.
- b. Vocational rehabilitation services can be defined as services which enhance the ability of an injured worker to return to gainful employment. These include testing, evaluation, counseling, guidance, training, placement and follow up.

2. Medical Rehabilitation Services and Occupational Rehabilitation Programs.

- a. Authority.
 - (1) Longshore and Harbor Workers' Compensation Act (LHWCA) provides the following authority regarding medical services:
 - (a) Section 7 (a) of the Act requires the carrier/employer to furnish

medical service. (See LHWCA Program Memorandum No. 9, March 4, 1965.)

(b) Section 7 (b) of the Act authorizes the Secretary to actively supervise the medical care rendered to injured employees.

(c) Section 7 (e) of the Act authorizes OWCP to appoint an impartial physician to resolve medical questions raised in a case and, when appropriate, to use the special fund in Section 44.

(2) Federal Employees' Compensation Act (FECA) provides the following authority regarding medical services:

(a) Section 8103 (a) of the Act requires the Federal government to furnish medical service.

(b) Section 8123 (a) of the Act authorizes OWCP to require a medical examination, and to appoint an impartial physician to resolve medical issues arising in a compensation case.

b. Medical Benefits. Medical benefits under the Acts include services which cure or give relief to the compensable condition. These services include diagnostic and professional services rendered by professionals as well as appliances, pharmaceuticals, and home health care. The claims examiner (CE) authorizes medical treatment, usually on the recommendation of the treating physician. The duration and overall cost, although not specifically limited, are expected to be in keeping with current medical practice and customary cost in the local geographic area. Under the FECA, medical professional services are subject to a schedule of maximum fees. Active medical treatment of a worker's injury-related condition is both authorized and supervised by the responsible CE.

(1) Serious Conditions Requiring Long-Term Medical Rehabilitation. Medical rehabilitation services can be used in a large number of conditions of varying severity and urgency. In cases of catastrophic conditions such as spinal or brain injuries, amputations, severe burns, etc., intensive medical rehabilitation services are required and are initially provided in a hospital setting. For injured workers covered under the FECA, the RS can recommend early referral of these cases to nurses familiar with rehabilitation who serve as liaisons between the injured workers, CEs and medical teams and who encourage return to work when appropriate. Since in the acute phase of a catastrophic injuries it is not possible to determine the level of permanent impairment, and the duration of this phase may be prolonged, the RS should not place the case in a medical rehabilitation status (see OWCP PM 3-400) at this point.

(2) Most injuries are not catastrophic in nature and do not require the intensive services provided in the hospital setting. Instead, most injured workers receive medical rehabilitation services on an outpatient basis. If there is reason to believe that these services will substantially improve the probability of a successful return to work, the RS seeks authorization from the CE for a specific course of treatment and, if this is authorized, places the case in Medical Rehabilitation status (Code M).

(3) Examples of medical rehabilitation supervised by the RS after CE authorization might be: an injured worker who has been bedridden for a prolonged period for a job-related fracture needs physical therapy to restore stamina and flexibility to return to work; a worker with a stroke precipitated by job stress is depressed and needs limited psychiatric counseling as well as physical therapy to adjust to a profound loss of function on the right side; a worker on total disability compensation for a long period needs physical conditioning to increase mobility.

c. Occupational Rehabilitation Programs, including work hardening. Physical therapy, work hardening programs and pain clinic treatment should generally not exceed a period of three months, and should be monitored closely by the RC. Procedures are covered in OWCP 2-400, paragraph 9.

d. OWCP is not responsible for medical costs associated with the diagnosis or treatment of conditions unrelated to the accepted condition, as determined by the CE. The RC should encourage the injured worker to get treatment for these through health insurance or publicly funded sources, and may assist the injured worker to find a source. However, if such a condition will have an effect on returning the worker to employment, the RC may ask the worker to release medical reports concerning it. RCs and rehabilitation agencies overseeing medical rehabilitation should contact the RS prior to the provision of any new service so that authorization may be obtained, since otherwise they will not be reimbursed.

e. *LHWCA medical screening is one of the medical rehabilitation responsibilities of the RS. The RC reviews the medical evidence in the compensation file every two months during active medical care and notifies the CE when a case is in posture to begin rehabilitation. The RS also reviews the medical evidence every six months when an injured worker has been referred to or is actively engaged in the rehabilitation effort. The RS should notify the CE of any medical treatment which seems to hinder or delay return to work.*

3. Counseling and Guidance. The purpose of counseling and guidance is to prepare the injured worker intellectually and emotionally for a successful return to work.

a. Definitions.

(1) Guidance consists in providing information to injured workers about looking for work, types of occupations, preparing applications and resumes, rehabilitation services and facilities, limitations and potentials created by their physical condition, interests and abilities, and other matters.

(2) Counseling is verbal interaction with the injured worker to help clarify alternatives regarding occupational, financial, social and emotional issues, focusing on the next step and providing support to injured workers as they move through the rehabilitation process. Counseling may assist injured workers to adjust to: loss of physical abilities, loss of the pre-injury occupation, a new occupation at a lower salary, selecting a realistic occupation for the future, problems with rehabilitation services or facilities, financial problems, family problems, and similar concerns.

b. Role of the Rehabilitation Specialist. The RS provides oversight as these services are provided to the worker during the development of the rehabilitation plan, and while the chosen plan is carried out. The RS may also provide services directly when retaining primary control, when adequate support is lacking to the injured worker, and, occasionally, for supportive counseling. In the oversight role, the RS ensures that:

(1) Services meet professional standards and are within the guidelines established by OWCP; and

(2) The injured worker gets adequate benefits from guidance and counseling, including: a realistic view of abilities and the possibility of success; an understanding of available choices and services; and incentives and encouragement to progress to the next phase and ultimately to return to work.

c. Roles of the Rehabilitation Counselor Assigned to Provide Services.

(1) The RC should have personal (face-to-face) contact with the injured worker. This is particularly important at transition points, such as the beginning and ending of training or placement programs, to reduce the chances of interruption of the rehabilitation process. Personal contact is also important when additional medical, financial or personal problems occur. Crisis is reduced at transition points if the injured worker is intellectually and emotionally prepared in advance.

(2) The RC should establish a supportive relationship, while at the same time keeping the goals and objectives of the OWCP rehabilitation program in focus for the injured worker. The objective should be to move steadily toward the goal established with the agreement of the RS.

(3) The quality of services is measured by the rate of progress of the injured worker, and the success of counselor in helping a worker overcome obstacles to completing the rehabilitation program.

4. Selective Placement.

a. Purpose. Placement is an integral part of a comprehensive rehabilitation program and represents the culmination of the rehabilitation efforts. Placement with the previous employer is often the preference of injured workers, and can often be achieved without extensive retraining. For Federal workers, it preserves valuable retirement and other benefits.

b. Definition. Selective placement is the matching of the experience, training, aptitudes, skills, and physical qualifications of the injured worker with the physical and mental requirements of the job, so that the abilities and interests of the worker are optimally matched in the job. Selective placement ensures that injured workers are placed in jobs where their disability does not limit their competing with non-disabled employees.

c. Previous Employer. Reemployment with the former employer should be the first option considered, and should be attempted whenever the previous employer indicates willingness to develop alternative light-duty positions for the injured worker. It is the quickest way to return a person to work; it usually involves less salary loss for the injured worker, when compared to the pre-injury salary, than placement with a new employer; it returns an experienced employee who is ready to be a productive part of the organization; and it reduces or eliminates workers' compensation payments.

(1) The RS should develop a close working relationship with former employers, particularly larger employers such as ship-builders, military bases, hospital, and post offices, to develop selective placement opportunities through job modification, work adjustment, or reassignment to another position, with on-the-job training, or retraining.

(2) The injured worker should be contacted early, since many Federal agencies separate employees, making reemployment more difficult, at the end of one year of disability.

(3) In the management of selective placement, the RS and RC follow the procedures given in PM 3-400.10.

d. Other Employers. If, usually after 90 days, the previous employer has stated that no job is available or has made no good faith effort to find a job, the RS can authorize placement with other employers. This is often the first option in a Longshore case, if time is limited by the imminent expiration of a schedule award or by the employer or carrier.

(1) A thorough vocational evaluation should be performed before jobs are identified. The goal is to identify jobs which can be successfully obtained by the injured worker using present skills and education, or with on-the-job training or short training programs, and which significantly reduce the loss of wage-earning capacity. Low-paying jobs which do not significantly reduce the compensation should be considered as a last resort, after training potential is considered.

(2) The RS and RCs should engage in job development where possible, building relationships with employers who will employ injured workers. OWCP can offer incentives, such as funding a training program tailored to the employer's needs, counseling services while the employee becomes adjusted to the workplace, short-term Assisted Reemployment, and consultant services to achieve a suitable physical accommodation to the worker's disability.

e. Services For Reemployed Workers. Rehabilitation services may be offered to reemployed workers to stabilize or keep them competitive in the labor market. Eligible workers are those in favored employee positions, positions with substantial loss of wage-earning capacity, positions that will be reduced because of labor market trends, or positions with skill levels offering relatively temporary employment. The worker must begin the rehabilitation program within three months of starting work, must have the interest and ability to handle a part-time rehabilitation program in addition to work, and must accept a rehabilitation program of no longer than two years duration.

5. Vocational Assessments. Good vocational rehabilitation planning is based on complete evaluation of an injured worker's vocational aptitudes, interests, learning ability, education skills, temperament, and the availability of employment opportunities in the local economy. It is necessary that comprehensive vocational evaluation services be provided to each injured worker to ensure realistic rehabilitation planning and eventual job placement.

a. Vocational testing/work sample evaluations should be completed before beginning training and self-employment programs, as well as in some cases of placement

with a new employer (PM 3-400.10-12). Usually, testing and work evaluation are not required in cases where the injured workers are referred for placement with the previous employer, and in cases involving placement with a new employer in a light-duty version of the pre-injury positions.

b. Testing must be completed by a qualified examiner, usually a psychologist or certified vocational evaluator. The assigned RC, or others in the RC's firm, cannot provide vocational assessment services to the injured worker, unless a waiver is granted by the RS. Such assessment must be completed by an independent evaluator even though the RC is professionally qualified to do so. Vocational assessment must be comprehensive enough to include measures of learning ability, vocational aptitudes and interests, and educational achievement. In some instances, it will be important to include measures of temperament and personality. A thorough evaluation will support the completion of a transferable skills analysis which will also include information from the injured worker's work history. The vocational evaluation report must contain information on raw scores, test norm groups, and percentile scores. Measures of educational achievement must be reported with grade equivalent scores. The report must include an interpretation of results, and should identify jobs recommended for further exploration.

c. Plan approval for the following kinds of training should not be given until the indicated requirements are met:

(1) College Training. Testing must consist of an assessment of the injured worker's general learning ability as measured by such tests as the WAIS-R, Slosson, and Raven Progressive Matrices. The injured workers' readiness for college level work should be assessed through the use of educational achievement tests such as the Woodcock Johnson Psychoeducational Battery, Gates-McGinnitie, and WRAT.

(2) Vocational-Technical Training. This type of training can be supported by an assessment of the injured workers' vocational aptitudes as measured by the GATB, DAT, and appropriate work samples. General learning ability and educational achievement tests should be included as above.

(3) Placement With a New Employer. Educational and vocational aptitude testing should be completed to support a transferable skills analysis. Testing may be waived by the RS if the injured worker has demonstrated significant prior success in vocational training and/or college.

(4) Self-Employment. Testing must be as comprehensive and include a personality inventory such as the 16PF.

6. Training. Training should be considered whenever the previous employer is unable to place the worker, and the worker's experience and aptitude make it unlikely that private placement with minimal loss of earnings will be achievable.

a. General Characteristics.

(1) Training must fit the injured worker's abilities and limitations, in conjunction with the local labor market, and the specific type of training must be supported by a battery of tests as described in the previous section and PM 3-400.11.

(2) Short-term (six months to two years) training should be considered first, since it is more likely to be cost-effective, and requires a lesser commitment on the part of the worker. Training may also be directed toward the specific needs of the previous employer.

(3) Longer-term training, such as college training (usually limited to two years), should be considered only when the injured worker shows exceptional ability, there is a great probability of employment with minimal loss of earning capacity upon successful completion, and the injury is sufficiently severe so as to rule out other options.

(4) Either public or private training institutions may be used. The RS should look first for facilities receiving Federal or state funds. Among facilities which provide similar credentials, the time and cost of acquiring the needed skills or certificate should be compared. The location of the facility should be within commuting distance of the injured worker's residence. Only when the plan requires training not locally available, should the RS consider a distant facility, and the closer of two distant, suitable facilities should be chosen.

b. Types of Training.

(1) Pre-vocational training upgrades basic skills, such as reading or computation, to an appropriate level before beginning a vocational program. It is given when testing indicates a deficiency in an area necessary for the injured worker's success in a vocational rehabilitation program, or as a method of determining a vocational objective.

(a) Pre-vocational training may address literacy, mathematics, grammar, reading, language, high school equivalency, job finding, study skills, or work adjustment problems. Suitable facilities include

workshops, public schools, junior colleges, community-funded programs, potential employers, tutors and others.

(b) Pre-vocational training may be authorized for a period up to one year.

(2) Vocational training is any organized form of instruction that provides the knowledge and skills needed to perform the tasks involved in an occupation. It may be given through on-the-job facilities, business or trade schools, colleges, apprenticeship, or tutoring. It may be given for any occupation, be it professional, semi-professional, technical, clerical, agricultural, skilled, or semi-skilled. Most vocational training courses are designed to last two years or less.

(3) On-the-job training is a form of vocational training offered within the environment where the injured worker will be employed after developing necessary skills. It is primarily applicable to clerical and technical occupations and crafts. In managing this type of training, the RS should verify that the injured worker is receiving adequate instructions, that the training will result in employment within the institution offering the training, and that the financial arrangements are in keeping with OWCP procedures. A written plan and written progress reports are required, documenting the injured worker's progress in acquiring marketable skills.

c. Role of the Rehabilitation Specialist. The RS is responsible for ensuring the following:

(1) With respect to the trainees:

(a) The training objective is within the interest, aptitude and abilities of the injured worker.

(b) Employment can reasonably be expected after training and that the training facility can provide the knowledge and skills needed for success.

(c) The trainee is informed at the beginning of the training program of his or her responsibilities, including regular attendance, and an average performance reflected in a grade average of at least C during the entire training.

(d) The trainee is involved in a full-time, year-round program (where possible) to expedite the rehabilitation process.

(e) The trainee understands the extent and intent of the maintenance allowance provided by the FECA and LHWCA.

(2) With respect to the trainers:

(a) The cost, quality, and quantity of services provided to the injured worker will be the same as that provided to other students.

(b) Training reports are required at the end of each billing period and must accompany the semester, quarterly, or monthly bill.

(c) Reimbursement for tuition and other expenses is not made in advance of furnishing services or supplies. Therefore, a bill for tuition and fees should be made after the completion of the semester or other applicable period of training. An exception is training by colleges and universities, where OWCP has adopted the practice used by the Department of Veterans' Affairs, to ask institutions of higher learning to submit bills after the established refund date for the institution.

7. Self-employment. This is the process whereby an injured worker, in consultation with the RS and RC, develops and establishes a business. Because the success of small businesses is not assured, this option should be undertaken only when it is the best option available. In general, the first rehabilitation effort should be to identify jobs in the worker's commuting area which are suitable and available and which would provide a wage-earning capacity. This gives a standard of comparison against which potential earnings in self-employment can be measured.

a. Type of Business.

(1) The business selected fills a long-term need in the community. A business with seasonal demand or a business depending on specific seasonal changes such as the influx of tourists may not produce enough cash flow to remain open or reopen from year to year. If necessary the services of a consultant can be used to establish the market demand for the type of business selected.

(2) The business is not a venture in a highly competitive field in which specific talents or attributes are required for success (i.e., establishment of a musical group, formation of a theater company, etc.).

(3) The business is a single ownership business. Partnerships are not desirable because of the difficulties created by multiple ownership.

(4) The capital necessary to establish and maintain the business is not excessive, and the injured worker provides a significant portion of the total amount needed.

(5) The physical and intellectual demands of the business are within the limitations of the injured worker.

b. Characteristics of the Injured Worker.

(1) Injured workers who successfully complete a self-employment plan often show the following characteristics: self-confidence, independence, aggressiveness or enthusiasm, and above average intelligence. These characteristics should be demonstrable, at least in part, in some of the testing required prior to the authorization of a self-employment plan (see PM Chapter 3-200.5c (1) and (4), and PM 3-400.12).

(2) The past work history of the injured worker shows stability and perseverance and has provided some experience in administration and management.

(3) The injured worker's physical condition permits the performance of the tasks involved in the business without the need for physical assistance. This characteristic does not preclude the hiring of staff, but the success of the enterprise should not be totally dependent on the availability of performance of additional personnel.

c. Follow-Up. The RC should follow the self-employed worker for six months. The business should show a net income at the end of six months, at which time a wage-earning capacity determination may be made. If it does not, the RS should evaluate the information provided by the RC, and determine whether to withdraw support and recommend a loss of wage-earning capacity determination based on available salaried jobs in the community, or other closure.

d. Funding for a LHWCA Self-Employment Plan. *Under the LHWCA, rehabilitation funds should not be considered for a self-employment plan until the following sources of funding have been approached and have rejected the plan:*

(1) Insurance Carrier/Self-Insurer. *The injured worker should request an advance on the compensation due. An advance against the future settlement is a better method than settling the case because the injured worker is entitled to further rehabilitation services and some compensation if the business fails.*

(2) Small Business Administration.

(3) Banks. *The injured worker must make a positive effort to secure necessary financing.*

8. Employed Follow-Up. The entry of an injured worker into employment will be followed for a minimum of two months to ensure that the employment is appropriate. Some issues examined during this period are the following:

- a. Does the injured worker, job, general work environment or immediate supervisor present barriers to the injured worker's continued placement?
- b. Do other supervisors, co-workers or subordinates present barriers to the injured workers' successful placement?
- c. What must be done to remove any barriers?

9. Loss of Wage Earning Capacity (FECA). The loss of wage-earning capacity benefit insures that an injured worker will not be penalized for returning to a lower-paying job because of a disabling condition. It also permits the adjustment of compensation to reflect partial rather than total disability, if the requirements of the law are strictly met. The RS should refer to FECA PM 2-814 for additional information.

- a. LWEC Based on Actual Earnings. The worker's salary, after placement in a lower-paying position, may be used as a basis for LWEC determination if it fairly reasonably represents the worker's earning capacity (see FECA PM 2-814). The worker receives two-thirds (if there are no dependents) or three-quarters (if there are dependents) of the difference between the pre-injury and post-injury wage, calculated by the CE according to a formula.
- b. LWEC Based on Potential Earnings. If an injured worker does not return to work after the rehabilitation effort, OWCP may find that work suitable to the worker's physical condition, vocational abilities, and educational background was reasonably available in the worker's commuting area (or, in some cases, the area where the worker resided when injured). At the end of a rehabilitation program, if the claimant does not return to work, the RC is required, if possible, to provide two available and suitable jobs with the DOT numbers, salaries, and an explanation of how any specific vocational preparation requirements are met. Based on this information, the CE determines whether these jobs are suitable. The RS should use available non-private sources, including the state employment services, to provide this information.

Compensation may also be reduced following successful completion of training, to reflect the worker's earning capacity as a result of training. If the worker drops out of or refuses training without a good reason, compensation may be reduced to reflect likely earnings had the training been completed. In both cases, the suitability and availability of a specific type of position and the typical earnings must be documented.

3-0201 FECA CASE MANAGEMENT

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1. **Purpose.** This chapter gives a brief, general view, of the special case management procedures which apply to FECA cases. The chapter states the goals of early case management, provides a capsule description of the process for the typical case, emphasizes special responsibilities of the Rehabilitation Specialist (RS) and Claims Examiner (CE), and notes procedural areas which get special handling in FECA referrals, such as medical rehabilitation. Detailed steps for processing the cases are found in later sections of this manual, particularly PM 3-300 and 3-400.

2. **Goals of FECA Early Case Management.** In FECA cases, unlike Longshore cases, OWCP provides all benefits to the injured worker and makes all decisions on eligibility for benefits. Procedures have been designed to allow OWCP to accomplish early, beneficial

intervention in disability cases (which research shows is essential to success in rehabilitation) while making timely eligibility determinations. Two themes are basic to the rehabilitation portion of case management: (1) close coordination of claims and rehabilitation actions so that OWCP can meet these dual goals, and (2) a clear, consistent message to the injured worker that return to some kind of work is expected as soon as the worker is medically ready.

a. Returning the Injured Worker to work is a shared goal of the FECA CE and the OWCP RS. The CE systematically assesses the nature and extent of injury-related disability, then intervenes either directly or by referring the case for medical and vocational rehabilitation services. Benefit determinations by the CE, medical management by a field nurse, and vocational assessment by the RS should be closely coordinated to achieve the best outcome. Since the FECA (5 USC 8151 (b) (1)) gives each injured worker the right to the same or equivalent work if disability is overcome within the first year of wage loss, it is important to make certain determinations within that time so workers can make informed decisions about work.

b. OWCP must adjust compensation to reflect partial disability when the injured worker is able to return to work. The FECA provides vocational rehabilitation as a benefit to the injured worker, to improve skills and procure employment before a partial compensation determination is made, and to reduce the worker's reliance on compensation. It is in the injured worker's interest to cooperate with the nurse, CE and RS and receive this benefit. If the worker is uncooperative, however, OWCP may adjust compensation according to law and regulation.

3. Basis of Rehabilitation in FECA Case Management.

a. The goal when a case is referred to rehabilitation is to return the injured worker to work, preferably with the employer at time of injury. A secondary goal is to assess earning capacity, based on a vocational evaluation, within one to two years of the date on which wage loss began. This requires that the RS, Rehabilitation Counselor (RC), and CE each act promptly to move along the rehabilitation process.

b. Additional vocational services are provided if the previous employer cannot or will not make a suitable accommodation, to restore the worker's earning capacity more nearly to what it would have been had the injury not occurred. Thus, for example, training is provided if the worker's transferable skills are weak, to narrow the gap between pre and post-injury wages. Within two years, it is expected that the injured worker will be either working, receiving benefits adjusted to reflect a wage-earning capacity, receiving services designed to lead to employment, or determined to have no current wage-earning capacity and be so advised.

c. Each vocational rehabilitation plan is supported by two job goals, identified by the RC, which the injured worker can reasonably expect to achieve after the plan is completed. These represent the worker's present or target "wage-earning capacity" and can be the basis for adjusting benefits to reflect partial, rather than total, disability. The injured worker is eligible for the total disability benefit while cooperating with an authorized rehabilitation plan. The RC is required to report promptly if the injured worker is uncooperative.

4. Avoiding Delay and Miscommunication. For case management to be effective, the RS and the CE must have frequent and clear communication.

a. Since the evidence-gathering and negotiation which move a case to resolution will be done by contractors (RNs and RCs), timeliness and efficiency should not be a problem if their phone calls are answered and their reports are read and acted upon by the RS and CE. The system will be defeated, due to delay, if reports are set aside and decisions are not made.

b. The CE, charged with resolving the case within the time limit, has a legitimate concern if progress is not apparent from the RC's reports. The RS is charged with delivering timely services, and is legitimately concerned, for example, if requests for medical clarification from the CE are not answered. Good results will be achieved only if each party respects the other's need for information and prompt response. The district office manager will establish a method for dispute resolution, should the CE and RS not be able to reach a conclusion on a particular issue, which is impeding progress.

c. Because of the need to move promptly, the RS's discretion to extend the time allotted for various rehabilitation activities is limited in these "early intervention" cases. A single, limited extension for planning or placement, for instance, may be given if well-justified (see a fuller discussion in PM 3-400). If there are unusual circumstances after this period is exhausted, the RS must discuss the case with the CE before authorizing additional time.

5. Outline of Case Management Process. The case management process includes a nurse intervention phase, possible development of medical evidence by the CE, and a vocational rehabilitation phase, if needed. (Refer to OWCP PM 3-300 and 3-400 for specific rules and applicable time frames, and to FECA PM 2-600 and 3-201 for CE and nurse intervention procedures.)

- a. Nurse Intervention Phase. Typically, a new case is identified by the CE when the injured worker's first claim for wage loss compensation is approved with no expected return to work date. A staff nurse receives the case and assigns it to a field nurse. The field nurse works with the treating physician and the injured worker to achieve recovery and return to work with the Federal employing agency, at light duty if necessary.
- b. After 90-120 days in most cases the injured worker is back to work or the nurse has obtained work limitations and makes a recommendation for referral to the RS for initiation of vocational rehabilitation services. In some cases, the nurse might recommend an independent medical evaluation, additional treatment, or an Occupational Rehabilitation Program (ORP). In those instances when the injured worker is only released for part-time work, the nurse and CE should consider the potential benefits of an ORP.
- c. When the injured worker is able to work eight hours, the CE refers the case to the RS with work limitations obtained from the injured worker's attending physician. The RS opens the case and assigns an RC. The case is nearly always opened in the status Placement, Previous Employer, even though the nurse will have worked with the employing agency, since the employer may be able to provide a different position or a counselor may be able to suggest an accommodation. Testing and further planning begin after 30 days if the previous employer is not responsive.
- d. If the injured worker is restricted to less than eight hours of work, the CE must address the limitation. The CE may refer the case for an ORP, try to obtain a full time release from the attending physician, or refer the case for a second opinion. If the part-time limitation is confirmed, the CE refers the case to rehabilitation with a notation on an OWCP-14 or memorandum.
- e. The case is placed in Plan Development status for completion of testing if the agency has not taken positive steps after 90 days. (Just before that, the RC arranges a final meeting at the agency to emphasize the agency's responsibilities and explain what next steps will be taken.) Training is considered if the injured worker has limited employment potential. As soon as a rehabilitation plan can be approved in accordance with OWCP standards, supported by at least two specific job goals, the injured worker is advised that these represent a presumed wage-earning capacity, and that compensation will be adjusted at the completion of the program. Time frames are carefully observed, and lack of cooperation by the injured worker is promptly reported. In early intervention cases, after an initial extension for good cause, the RS must discuss the case with the CE before additional time or services are authorized.
- f. In virtually every case where the previous employer does not rehire, up to 90 days of placement is offered after any needed training. If the injured worker is placed, there is

a 60 day follow-up period, and an adjustment of the injured worker's benefits based on actual earnings. If not, an adjustment is generally made based on wage-earning capacity in the suitable and available work which was the basis of the rehabilitation plan. If the injured worker completed training, the job which was the training goal should generally be the basis for computing the actual earnings, and is a better indicator of earning capacity. The RS may extend placement for 90 days if the injured worker is cooperative to permit the additional contact needed for short-term Assisted Reemployment.

6. Responsibilities of Rehabilitation Specialists. In addition to regular responsibilities to manage the rehabilitation program, the RS has special responsibilities in FECA case management. (Specific times are given in the appropriate sections.)

- a. The RS must promptly screen and open cases referred with work limitations and provide the RC with instructions to reflect the posture of the case.
- b. The RS must be very careful to observe time frames for screening and opening cases, and monitor the timeliness of RCs very closely. Meeting the one-year goals depends on the contribution of all parties in the district office.
- c. The RS must defer to the CE on medical issues and make sure that RCs do so to avoid creating conflicts of medical evidence.
- d. The RS must share approved rehabilitation plans promptly with the CE so that the CE can advise the injured worker that payment of temporary total disability benefits depends on continued cooperation in the rehabilitation effort.
- e. The RS must keep the CE informed of case activity, and answer questions about the plan. OWCP-3 memos and Rehabilitation Action Reports (OWCP 44) must be used for any significant event or change, and QCM status codes must be updated when the worker returns to work.
- f. The RS must promptly instruct or warn the RC when problems arise or instructions are not followed.

7. The Claims Examiner's Responsibilities.

- a. The CE has overall charge of the case and makes decisions based on the professional recommendations of the RS and RC.

- b. The CE must promptly initiate referrals to an RN when disability is first reported, to coordinate medical care and ascertain the injured worker's ability to work. The CE will usually direct the RN to obtain work limitations and, probably, to arrange accommodation with the employing agency. (The RN may identify the need for a second opinion, additional medical treatment, or a transfer of medical care.)
- c. The CE must promptly refer the injured worker to the RS with approved work limitations and any special instructions as soon as the nurse's intervention is complete, work limitations have been obtained, and appropriate light duty has not been offered by the previous employer, or the employer needs help in finding alternative jobs the injured worker can do.
- d. The CE will critically evaluate RC reports and query the RS if progress is lacking or if it appears that the RC is focusing on vocational goals which will not support a wage-earning capacity determination.
- e. The CE will continue to review and develop the medical evidence while rehabilitation continues, and must advise the RS immediately if the injured worker is no longer eligible for wage-loss benefits.
- f. The CE must promptly address medical and vocational issues raised by the RS, RC, or injured worker that delay the development or continuation of a rehabilitation plan. In particular, the CE will act quickly when impediments to the rehabilitation process are reported.

8. Notifications to the Injured Worker. The injured worker will be made aware of OWCP's expectation that total disability benefits are temporarily granted, but that a return to suitable work is expected. The injured worker will also be given an early assessment of his or her long-term benefit status so that informed decisions about employment and retirement can be made.

- a. The CE will notify the injured worker before the first year of disability ends if a partial disability determination is likely. This puts the injured worker on notice that total disability will not continue, and warns the injured worker of expiration of the right to return to the former job.
- b. The CE will also write to the injured worker when a plan has been approved, giving a more specific notification that benefits will be adjusted on the basis of the injured worker's potential wage earning capacity.

9. **Sanctions for Lack of Cooperation.** The FECA and Federal regulations provide for the termination of compensation if the injured worker refuses suitable work when it is offered and for the reduction of benefits for as long as the worker fails to cooperate in the rehabilitation program. The RC is required to notify the office immediately of these events, so that warnings can be issued to the injured worker.

10. **Medical Issues During Rehabilitation.**

a. Work limitations will be provided to the RC (or obtained in the course of an ORP) and should be used as a basis for planning. Unless specifically authorized to contact the attending physician, the RC must refer any questions about work limitations to the RS or CE.

b. If the injured worker reports a recurrence or introduces more severe restrictions or other medical information that affects the plan, the RC must tell the injured worker to provide a medical report, and notify the office. Rehabilitation must proceed on schedule unless the CE agrees that the medical situation has changed.

c. The need for medical rehabilitation services will generally have been identified and met, if a nurse was assigned to the worker's case. The RS and RC will generally not supervise extensive medical programs, other than ORPs.

3-0300 - REFERRAL DEVELOPMENT

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1. **Purpose and Scope.** Referral development is the process through which the Rehabilitation Specialist (RS) determines whether vocational rehabilitation services are needed to return an injured worker to employment and productivity, and prepares the injured worker for the rehabilitation effort. Referral development has two related steps: the review of the compensation case file and the initial interview with the injured worker. This chapter explains these stages and describes the procedures for evaluation of injured workers for services, and for the closure of rehabilitation referrals. Procedures for opening a rehabilitation case are described in PM Chapter 3-400, Case Development.

2. **Early and Effective Referral of Injured Workers.** The Office of Workers' Compensation Programs (OWCP) encourages the identification and evaluation of injured Longshore and Federal workers in need of rehabilitation services at an early stage during the disability to enhance cooperation and the chances of a positive outcome. The chances of successful rehabilitation are much higher if the injured worker is approached soon after the injury. Generally, it is OWCP's policy to offer rehabilitation services to any claimant who is potentially permanently disabled for the job held at the time of injury, provided that the condition has stabilized sufficiently and a realistic goal can be identified.

3-0300-3 Referral Sources

3. **Referral Sources.** The Claims Examiner (CE) is the primary source of referrals, supplemented by other sources described below. A sufficient number of referrals must be maintained to reach program goals. If cases are not being referred in sufficient numbers or are being referred long after the medical condition stabilizes, the RS should use these sources and should notify the District Director of the problem.

a. **Federal Employees' Compensation (FECA).** Federal injured workers have a right to return to their original jobs if they recover within one year, and it is much easier for agencies to offer jobs to injured workers if they have not been separated from Federal service, which often happens routinely after one year of disability. For this reason, FECA has instituted intensive early medical management procedures for its disability cases. The responsibility for initiating rehabilitation referral of an injured worker rests primarily with the CE, who oversees the process, often with the help of a nurse, and is in the best position to act promptly when services are needed.

(1) Cases must be referred promptly when the injured worker is receiving compensation, there are work limitations on file, the worker is released to work eight hours a day, medical management activities by the nurse have been completed, and no light duty offer has been made by the agency. These cases are given immediate attention and must move promptly through the rehabilitation process. A plan should be in place within one year of the first day of compensable disability.

(2) Other cases should be referred if the injured worker has not returned to work four months after injury, has no firm date for return to the pre-injury job, and medical reports indicate that there is some ability to work. If the worker is limited to less than eight hours, the CE should refer the case for services limited to an Occupational Rehabilitation Program, or Placement Previous Employer, or should place a memorandum in the file stating that these limitation are permanent based on a second opinion evaluation or other evidence (See FECA-PM 2.813.5c).

(3) To initiate the referral, the CE completes Form OWCP-14, Referral to OWCP Rehabilitation (**Exhibit 11, Link to Image**), and forwards it to the RS with the compensation case file. The OWCP-14 should include the name of the attending physician, the date of the medical report which establishes the work tolerance limits, the date of first wage loss, and the name and address of the injured worker's representative, if applicable. The CE should identify the nurse's final report, if any, note which work tolerance limitations are to be used, and indicate whether the RC may contact the attending physician if further information is needed. The CE may request specific services; for example, the injured worker has returned to work part-time but medical reports indicate capacity for full-time work, and the CE wants an RC to work with the previous employer to obtain longer hours within the injured worker's work limitations.

(4) Some cases will be referred directly for ORPs if placement has not been achieved by the nurse, and work limitations have not been established.

b. Longshore and Harbor Workers' Compensation (LHWCA). In the LHWCA program, the RS receives referrals from carriers/employers as well as from CEs.

(1) Carriers and Employers. Carriers or employers review the nature of each injury to determine the probable need for rehabilitation at the time an injury is reported. Whenever the need for rehabilitation services is identified, or the injured work receiving compensation has not returned to work, the carrier or self-insurer may refer the injured worker to the attention of the DD or RS. The carrier may also refer the injured worker directly to an RC for services,

independent of the OWCP. The carrier may notify the RS of this action.

(2) Claims Examiner. *The CE places a call-up on the case for 10 weeks from the date of injury when it appears the employee will not return to work within two months. The CE uses a Form OWCP-14 for referral. The form is forwarded to the RS with the compensation case file. The OWCP-14 should include the name of the attending physician, the date of the medical report which establishes the work tolerance limits, the date of first wage loss, and the name and address of the injured worker's representative.*

4. Other Referral Sources. Potential rehabilitation referrals can also be identified or brought to the attention of the RS by sources other than CEs, employers or carriers, such as attorneys, doctors, or vocational rehabilitation counselors. The RS should obtain the concurrence of the CE for FECA referrals obtained from any of these sources, since medical management activities may be in progress. The RS may send the file to the CE with an OWCP-14 for the CE's completion, placing a call-up for its return.

a. Computer-Generated Lists. FECA cases with rehabilitation potential can be identified from the RH-4, Rehabilitation Early Referral Report, listing cases in compensation status where the date of injury is less than six months ago; and Rehabilitation Other Referral Report, comprised of cases more than six months from injury date. Other printouts can be obtained from the Systems Manager. The RS can also use the Claims Examiner Tracking Report to identify cases which have been with a nurse for 120 days or more. The RS should also make use of the NI report, which list cases closed by the nurse without a return to work.

b. Registered Nurses. RNs who are monitoring the injured worker's medical care are also referral sources, able to offer pertinent and timely information regarding the condition of the injured worker from their contact with claimant and physician. The nurses' referrals will be transmitted by the CE.

c. Previous Employer. If the agency indicates its interest in the reemployment of the injured worker, the RS usually asks for a referral letter containing the worker's name, OWCP number and injury date, a statement that the agency wants to reemploy the injured worker, and a request for vocational rehabilitation services.

d. Physician and Other Health Professionals. If a physician notes that vocational rehabilitation services are warranted in a medical report to the CE, the CE sends Form OWCP-14 to the RS, initiating the referral process. Rarely, a physician may contact the RS directly requesting rehabilitation services for a particular injured worker. The RS should ask the physician to complete Form OWCP-5, Work Capacity Evaluation (Exhibit

3), giving the injured worker's capacities, with an accompanying statement that the injured worker is ready to undertake a vocational rehabilitation program.

e. The injured worker. Injured Worker may contact the RS or other district office staff to inquire about the availability of rehabilitation services.

f. Other Sources. Referrals or inquiries may also be initiated by attorneys, unions, or vocational rehabilitation counselors.

5. Logging of Rehabilitation Referrals.

a. All rehabilitation referrals must be reviewed and recorded in the Nurse/Rehabilitation Tracking System (N/RTS) within five days of receipt by the RS. Accurate and prompt recording of cases helps the RS to plan work and set priorities, respond to questions regarding individual cases, and assess the overall efficiency of the rehabilitation work flow in the district office.

b. Incoming referrals are logged in the N/RTS for both FECA and LHWCA. The RS accesses the ADD CASE Record and enters the case number. For FECA cases, the N/RTS pulls additional information from the injured worker's Case Management File (CMF) record. For a Longshore case, this information must be entered. The RTS will automatically assign a Current Status Code of R, signifying that the case is now in a referral status.

6. Rehabilitation Referral Development. This process consists of screening a compensation case and an initial interview with the injured worker. The goal of referral development is to confirm that the injured worker needs vocational rehabilitation services to return to employment and achieve a productive level of functioning, and to prepare the injured worker for the rehabilitation effort.

a. Referral development should be initiated in all other cases where the injured worker is receiving or is entitled to receive compensation benefits and has not returned to work, and medical reports in the compensation claim file indicate that the condition is such that return to work without significant assistance is not likely. Factors such as the age of the injured worker, the severity of the impairment, and the apparent lack of opportunities in the marketplace should not preclude referral development of a case.

b. Under FECA early case management procedures the CE will refer cases within six months to one year of the onset of wage loss. A nurse will often have followed the

injured worker's medical treatment and obtained complete work tolerance limitations. These cases must be opened and must be referred to an RC within five working days of receipt if work tolerance limitation are complete or the CE has authorized the RC to contact the physician. The initial interview may be omitted (see below).

c. In FECA early case management cases, because time frames are very short, the RS or RC-S should immediately contact the CE if any essential basic information is missing.

7. Role of Rehabilitation Counselor-Screener, or (RC-S). An RC-S may screen and evaluate referrals, make professional recommendations on providing services, complete initial interviews, and prepare referral documents. An RC-S works chiefly off-site, under the general oversight of the RS, who is responsible for ensuring screening is in keeping with OWCP program policy and standards.

a. RC-Ss must be professionals who hold valid OWCP certifications and have been selected in accordance with established procurement practices (see PM Chapter 3-700). While serving as a screener, the RC-S may not receive new referrals of injured Federal and Longshore worker for services. This last requirement includes case covered by the LHWCA which are referred to the counselor directly by the carrier or employer.

b. RC-Ss may conduct a systematic manual or automated search for referrals, screen case files, conduct interviews with the injured worker, and make a recommendation whether to open the case. (They may not open a case without RS approval and may not choose which private RC will receive a case.) If the RS agrees, the N/RTS is used to identify the next counselor in rotation, or the RS selects a counselor according to the rules (see PM 3-700). Form OWCP-35 (Initial Authorization Letter to the RC, **Exhibit 20 (pages 1-2, Link to Image), (pages 3-4, Link to Image)**) authorizing the counselor to provide services may be prepared by the RC-S but must be signed by the RS.

8. Screening. Screening a case provides the RS, or the RC-S, with basic information regarding the injured worker's medical condition, work capabilities, reemployment potential and other data which will determine the course of the rehabilitation effort. Screening must be completed within five working days from the date of receipt.

a. Medical Information. The major sources of medical information in the case file are OWCP standard forms and narrative medical reports submitted by the treating physician and other medical professionals involved in the case.

(1) In FECA cases, the CE's OWCP-14 will point to the physician's report which is accepted as defining the injured worker's work tolerance limitations. It may be from an attending physician, second opinion physician, or referee specialist. Other reports may give supplementary information, but work limitations which differ from those the CE has designated should not be used as the basis for the rehabilitation effort. The OWCP-14 will also indicate whether the physician may be contacted for clarification.

(2) Narrative medical reports contain information about the nature, extent and duration of the injury or illness, course of treatment recommended, and expected outcome. Standard forms provided by FECA and LHWCA may also serve this purpose. *For example, in the LHWCA program, Form LS-204, Attending Physician's Supplement Report, can provide information regarding the nature of the injury, the medical condition of the claimant, and the advisability of vocational rehabilitation.* In FECA cases, pertinent data may be on Form CA-1, Federal Employee's Notice of Injury and Claim for Continuation of Pay/Compensation, Form CA-2, Claim for Occupational Disease with submitted attachments, and Form CA-20a, Attending Physician's Supplemental Report. Form OWCP-5, Work Capacity Evaluation (Exhibit 3), used by both programs provides specific limitations recommended by the examining physician and an estimate of the number of hours per day the injured worker is able to perform certain activities.

b. Non-Medical Information. The RS or RC-S also needs information about the employer or agency, education and history of employment. Forms which may contain this information are the CA-1 and CA-2, cited above; Form LS-202, Employer's First Report of Injury or Occupational Illness; and Form CA-800, FECA Non-Fatal Summary. Form SF-171 provides the injured worker's work history and other pertinent data, while the position description gives the physical demands for the job.

c. Evaluation of Injured Worker Information. The RS or RC-S assesses the information in the case file, with emphasis on the present accepted medical and vocational condition of the injured worker and the feasibility of rehabilitation and reemployment. If the medical condition of the injured worker is not described or appears unstable, the RS uses Form OWCP-3 (**Exhibit 1, Link to Image**) to notify the CE of the issues that need to be clarified and asks that an updated report be obtained. The RS may use a Rehabilitation Action Report (OWCP-44) to obtain a prompt response. At the same time, the RS proceeds to the next step in the referral development, usually the initial interview with the injured worker. If non-medical evidence is incomplete, the RS notes this fact and obtains the missing information from the injured worker during the initial interview.

The RS should continue with the development process in all cases with the exception of injured workers who have successfully returned to work. These cases should be closed with status Code 8 (Returned to Work without Rehabilitation Services).

9. Initial Interview with the Injured Worker. The initial interview may be conducted by the RS or RC-S. It is an important part of the referral process and should be attempted with all workers except those who have successfully returned to work. However, it is optional with injured workers who have been referred following medical monitoring by a field nurse.

a. Objectives of Initial interview.

(1) During the initial interview, the interviewer should:

(a) Establish a supportive relationship with the injured worker and instill confidence that the rehabilitation effort can be successful;

(b) Explain the laws, regulations and procedures regarding rehabilitation;

(c) Obtain sufficient information about the injured worker's needs, motivations and abilities to properly determine the need for rehabilitation services and reach a decision as to the type and timing of a intervention best suited to bring the injured worker back to work.

(2) The interviewer should assist the injured worker to:

(a) Learn about the rehabilitation services available through OWCP;

(b) Understand his or her responsibility in the reemployment effort;

(c) Express feelings related to his or her disability and its consequences (e.g., loss of employment, family difficulties, etc.);

(d) Begin to think positively about and to plan the return to work.

b. Preparation for the Initial Interview. Prior to the initial interview, the interviewer should:

(1) Complete as many items as possible on the Form OWCP-9, Rehabilitation Case Record (**Exhibit 6, Link to Image**);

(2) Note the questions to be asked during the interview on the Form OWCP-9a (**Exhibit 7, Link to Image**);

(3) Determine if the previous employer is likely to offer reemployment to the injured worker, based on past experience or by contacting the employer.

c. The initial interview should occur immediately if possible, but not more than two working days from the date of the screening of the claim file. It should be conducted by telephone by the RS or RC-S. If the injured worker cannot immediately be reached by telephone, Form OWCP-6 (Initial Interview Letter, **Exhibit 4, Link to Image**) should be issued and a ten-day tickler placed for call up. Form OWCP-10, Initial Interview Follow-up Letter (FECA) (**Exhibit 8, Link to Image**) or Form OWCP-11, Initial Interview Follow-Up Letter (LHWCA) (Exhibit 9) may be sent to those injured workers who do not respond within the specified period of time or who fail to keep an appointment. For FECA injured workers, the CE should be asked to issue an appropriate warning letter.

d. Content of Initial Interview. The interviewer should lead the initial interview and retain control of the process at all times. In a professional manner, the interviewer should be able to establish rapport with the injured worker and communicate a sense of urgency and concern, while allowing the injured worker to express his or her own emotions and concerns. At the same time, the interviewer should be able to condense and summarize issues, present alternatives, and clarify misconceptions. The content of the interview may be tailored to the circumstances of the case, but should include these topics if they apply:

(1) Rehabilitation Services. The interviewer explains the services available to injured workers; the purpose of the rehabilitation effort, to return the injured worker to gainful employment; and the advantages of cooperating in the effort. Federal workers should be advised of the penalties imposed for not participating in the rehabilitation services under FECA. The RS also discusses the loss of wage-earning capacity (LWEC) provisions under the Acts.

(2) Injury or Condition. The interviewer allows the injured worker to discuss the injury, associated symptoms (pain, loss of motion), and medical treatment.

(3) Benefit Issues. If necessary, the interviewer refers the injured worker to the CE for resolution of issues regarding approval of medical treatment, payment of bills, and so on.

Each RS and RC-S should be well acquainted with benefit eligibility in FECA and LHWCA so that problems in receipt of correct compensation are identified and brought to the responsible CE's notice. However, since benefit decisions rest

with the CE, the RS or RC-S should not make commitments about payment without the explicit authorization of the CE, and should ask the CE to respond to all but basic questions about benefit eligibility.

(4) Loss of Occupation. The injured worker should be encouraged to discuss feelings regarding the loss of the pre-injury occupation and the prospect of future vocational opportunities. The interviewer establishes whether the injured worker has a clear idea as to when he or she will be able to return to work.

It is important to acknowledge that the injured worker's adjustment may be difficult, establish that the injured worker has capabilities and opportunities for employment, and point out that others have had similar problems and yet succeeded.

(5) Collection of Data. The interviewer obtains any information necessary to the rehabilitation process.

(6) Agreement on the Next Step. The interviewer obtains the agreement of the injured worker on the next step of the rehabilitation process.

e. Non-Cooperation with the FECA Rehabilitation Effort. If a Federal worker does not communicate or cooperate with the RS or refuses to participate in the rehabilitation effort, the RS must take the following steps:

(1) Inform the injured worker verbally of the pertinent section of the Act. Section 8113 (b) states that "If an individual without good cause fails to apply for or undergo vocational rehabilitation" after finding that "in the absence of the failure the wage-earning capacity of the individual would probably have substantially increased," the Secretary may reduce compensation prospectively in accordance with what would have been the injured worker's wage-earning capacity had he not refused, until the person "complies in good faith" with the Secretary's order.

(2) If the injured worker still refuses to participate, the RS completes Form OWCP-3 detailing the injured worker's failure to cooperate and recommending that the CE formally warn the injured worker. A Rehabilitation Action Report (Form OWCP-44) may be used for quick response. If the injured worker had partially completed the rehabilitation process, and suitable and available jobs were identified, the OWCP-3 should direct the CE to the counselor's report which includes this information.

(3) The CE evaluates the claimant's refusal and takes appropriate action (see FECA PM 2-813). The RS may be called upon to assist in this process by

providing additional information, clarifying events or rehabilitation terms for the CE, and recommending a course of action. If the rehabilitation case is being closed and labor market data is needed for the CE's decision, the RS, not the RC, must supply it.

f. Outcome of Initial Interview. With the completion of the initial interview, the RS or RC-S has established a rapport with the injured worker and has acquired enough information and understanding of the case to reach a decision as to its disposition.

10. Outcome of Initial Interview.

a. Opening a Case. If the injured worker has not returned to work, is unable to perform his or her usual work because of the compensable injury, and will benefit from rehabilitation services, the case can be opened. The procedures for opening a rehabilitation case are discussed in PM 3-400, Case Development.

b. Closing a Case from Referral. A case can be closed from referral if the injured worker has successfully returned to work or will return to work shortly without benefit of rehabilitation intervention; if the injured worker steadfastly refuses to cooperate with the rehabilitation effort; or if the injured worker is not able to work four hours per day and there is no possibility of improvement. For FECA cases, the CE should concur that this is what the medical reports show.

(1) Closure Codes. A case closure code must be assigned to all cases closed from referral after the initial interview. For this purpose, the RC uses Closed Status 1 (Closed from Referral) and one of the following Closed Reason Codes: A (Compensation terminated), B (Refused services), C (Medically infeasible per CE), D (Elected to Retire), Code E (Settlement, other), Code F (Transferred to another district) or Code G (Other). All Code 1 closures must be accomplished by a reason code.

(2) Procedure for Closing a Case. The RS or the screening counselor accesses the N/RTS, UPDATE CASE Record function and enters the screening and interview dated, if not done previously. The RS also enters the closure date, closure and reason codes. If the RS wants to re-screen or review the case after a period of time, a tickle date is introduced in the correct field.

The RS should notify the CE of closure, usually on Form OWCP-3, explaining why rehabilitation services were not offered. The RS may place a tickler on the case, and recommend that the CE refer the case at a later date.

(3) Short Deferrals. Code A, Initial Interview Held, is available if a case should be opened but an RC cannot be assigned immediately. Code C may be used if medical clarification has been requested from the CE. Neither should be used for more than 30 days; rather, the case should be closed and rescreened at some future time. The RS's supervisor (or, if designated, the Supervisory CE) should be notified if CEs are unresponsive to requests for medical clarification.

11. Re-referrals. A case may be referred to rehabilitation whenever, in the CE's judgment, rehabilitation services might assist the worker in obtaining employment which would reduce the amount of compensation payments. A case which was closed without rehabilitation should be re-referred if the relevant circumstances have changed since it was last screened. This might be because:

- a. The injured worker's medical condition has improved or stabilized;
- b. The employing agency is reviewing periodic roll cases, hoping to make accommodations for injured workers;
- c. The employment picture in the injured worker's area of residence has improved, making placement more likely.

3-0400 - CASE DEVELOPMENT

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1. **Purpose and Scope.** This chapter covers procedures for developing a rehabilitation case from case opening to closure, including assignment to a Rehabilitation Counselor (RC) or other case manager, development of a plan for returning the injured worker to employment, providing services, and follow-up after reemployment. It also includes the designation of Special Rehabilitation Procedures (SRP) cases; the authorization of services; the assignment and recording of rehabilitation status codes; and overall management of the rehabilitation effort.

2. **Special Rehabilitation Procedures (SRP).** By definition, all injured workers served by the OWCP rehabilitation program are disabled due to physical, mental or behavioral impairments and require rehabilitation intervention to return to work. However, the intensity and duration of the intervention may vary according to the worker's impairment. To identify cases with special requirements, provide the appropriate level of intervention, and assist in the evaluation of rehabilitation workloads, OWCP makes a distinction between general and special rehabilitation procedures cases.

a. **Definition.** Special Rehabilitation Procedures (SRP) cases are defined as those cases in which the injured worker is so disabled, or has such problems in addition to the disability, as to present difficult problems of motivation, training, placement and adjustment. These cases require intensive supervision, as well as the development of comprehensive, individualized programs for successful return to work. For this reason, the rehabilitation professionals managing these cases need particular competence, experience and knowledge.

Injured Workers with these types of disability may require special rehabilitation procedures:

- (1) Serious orthopedic impairments.

- (2) Psychiatric or emotional disorders in claimants with offender records or those requiring special supervision.
- (3) Disabilities about which there is public misunderstanding, such as blindness or epilepsy.
- (4) Disabilities accompanied by major deficiencies in basic education and job skills, with serious adjustment problems because of disadvantaged background.

b. A majority of the cases served by OWCP district offices typically fall into these categories. Some examples are:

- (1) Workers with serious orthopedic impairments such as a herniated disc and back surgery, with emotional overlay requiring outside counseling;
- (2) Workers with serious impairments and with a history of rugged physical labor and limited schooling who are required to make a radical change in career goals;
- (3) Workers whose severe back or leg pain requires medication and who have become dependent on pain relievers and must be helped through withdrawal before progress in rehabilitation can begin;
- (4) Older workers with disabling orthopedic injuries, long removed from the classroom situation, who must undergo very basic instruction before placement can occur;
- (5) Emotionally impaired workers requiring a rehabilitation program concurrent with psychiatric treatment and careful counseling.

Other typical examples include workers whose psychiatric or emotional conditions cause problems within the family structure which require additional counseling and outside assistance; or workers whose pre-existing diseases or conditions increase the severity of the work-related injury, requiring careful coordination of medical services during the rehabilitation program

c. Procedure.

- (1) The RS determines that the injured worker will require special rehabilitation procedures. This designation may be made during referral development, or at any time that the basis for such a designation becomes apparent.
- (2) As the point of classification, the Nurse/Rehabilitation Tracking System

(N/RTS) user will set the SRP flag at “yes” if special procedures are required. A justification should be placed on Form OWCP-9, (**Exhibit 6, Link to Image**) alerting the RC that special intervention may be necessary to achieve a successful return to work.

3. Recording of Rehabilitation Status Information. OWCP uses the N/RTS to record the major events and characteristics of a rehabilitation case, manage the rehabilitation effort and the private counselors, and obtain data about the effectiveness of the program. The progress of the person undergoing vocational rehabilitation is measured by the use of rehabilitation status categories. These categories are assigned by the RS and signified by alpha (for open cases) or numeric (for closed cases) codes. The RS makes sure that coding is accurate and timely for cases in his or her jurisdiction.

4. Establishing an Active Rehabilitation Case. Once the RS has determined that an injured worker is eligible for and will benefit from rehabilitation services (PM 3-300), the rehabilitation case may be opened.

a. Control of the Rehabilitation Case. When opening a case, the RS decides whether to refer a case to an outside rehabilitation counselor (RC) for services, or to retain direct control.

(1) Usually, the RS refers the injured worker to an OWCP-certified RC or a state RC for services. Methods for selecting the RC and for using other providers when necessary are covered in PM 3-700. The RC will work directly with the injured worker, and develop and implement a rehabilitation program. The RS authorizes services as required, approves or disapproves the recommended program, and evaluates the quality and timeliness of services.

(2) In some cases, the RS may choose to retain control of the planning and coordination of the rehabilitation effort. This should happen only when services are not otherwise available.

b. Procedures for Opening a Rehabilitation Case.

(1) Selecting a Counselor. The N/RTS user accesses the N/RTS UPDATE Case Record, Global/Major Events prompt, and enters the screening and interview dates (if not done previously) and the case open date. The user assigns the appropriate status code. After entering any new information, the RS selects a counselor by accessing the SELECT counselor screen. Geographic rotation (G) mode should be used unless the case will be assigned to a state RC; an RC with special skills is needed; a particular RC has been assigned to the worker's

employing agency; or there is some other justification for an exception. The reason for an exception to the rotation must be entered in the "notes" section.

(2) All services must be authorized in advance by the RS in writing. Form OWCP-35 (*Exhibit 20, (pages 1-2, Link to Image) (pages 3-4, Link to Image)*) is used to refer a case to an RC, authorize initial services, and give instructions. The form authorizes counseling, guidance, and testing by an outside vendor arranged by the RC, and placement services by the RC or by a placement professional supervised by the RC. Services provided by other professionals and medical rehabilitation services are not covered. The RC may authorize services for any amount up to \$5,000 and any period up to two years on the OWCP-35. The RC, RC-S or clerk completes Form OWCP-9 and may complete Form OWCP-3 (*Exhibit 1, Link to Image*) if needed, and copies the current Form OWCP-5 (*Exhibit 3*) Work Capacity Evaluation and pertinent medical and nurse's reports. Form OWCP-35 must be signed by the RS, and the package is sent to the selected RC. Copies of Forms OWCP-3 and OWCP-35 are distributed to the compensation file, injured worker, employer or carrier, and worker's representative, if any. Form OWCP-35 may be sent to the treating physician for information purposes.

(3) Opening a FECA Case. The OWCP-14 (*Exhibit 11, Link to Image*) should be reviewed for the "date wage loss began" (Item 3), from which the year begins to run for early case management purposes. The RC must pay special attention to timeliness, making sure that cases proceed promptly from one stage to the next, and must consult with the CE if activities do not proceed according to plan. At about ten months from the disability date, the CE will issue a letter notifying the injured worker that the right to return to the old job, or its equivalent, is about to expire. The RC completes Section 13 through 16 on the OWCP-14.

(4) FECA Compensation. FECA injured workers are entitled to compensation at the total disability rate while in a rehabilitation program. Compensation for a schedule award satisfies this requirement, but an injured worker who elects to receive an OPM annuity concurrently with the schedule award is not entitled to OWCP rehabilitation.

(5) Opening a LHWCA Case. *The OWCP-14 or LS-222 (Exhibit 22)(if used) and additional file data should be reviewed to determine whether the injured worker is receiving wage loss compensation, is about to receive wage loss compensation, or is referred to the Office of Administrative Law Judges with a recommendation from the CE to approve such wage loss payments. The RS completes Sections 13 through 16 on the OWCP-14, or uses the OWCP-3 to*

advise the parties of interest of follow-up action.

(6) Additional Authorizations. If for some reason a case is transferred to another RC, a new OWCP-35 should be issued. Services from other providers, such as training facilities, and RC services which exceed the initial authorization must be authorized using Form OWCP-16 (*Exhibit 12*) and Form OWCP-24 (*Exhibit 17, Link to Image*). Authorizing documents should not overlap; for example, counselor services already authorized on OWCP-35 should not be listed on OWCP-16.

5. Initial Status and Special Instructions.

a. The case is opened for Placement Previous Employer Services for up to 90 days, unless the RS instructs otherwise. *Longshore cases are usually opened in Placement Previous Employer or Plan Development*. If the injured worker's employer is no longer in operation, or if reasonable efforts to place the injured worker with the former employer have been exhausted, the RS instructs the RC on Form OWCP-9 or OWCP-3 to move to Plan Development for up to 90 days. A FECA Quality Case Management case should move to plan development after 30 days if the employer is not actively working to reemploy the worker.

b. If a FECA case is referred by the CE with incomplete medical information and the CE indicates on the Form OWCP-14 that the attending physician may be contacted, the RS may instruct the RC to obtain a completed OWCP-5, or arrange a Functional Capacity Evaluation (FCE).

c. A recommendation for change to another status must be explained in the RC's report, with justification, and approved by the RS on Form OWCP-3. Specific time limits and limits on professional hours are given below and in the Counselor Training Resource Book (Red Book) for each type of service or plan. Requests for an extension must be justified in writing in the RC's regular report. The RS must issue a Form OWCP-3 when denying an extension request, approving it with modification, or terminating a status. A memorandum may always be substituted for a Form OWCP-3, with copies to the case file and other parties.

6. Placement with the Previous Employer (Code N). It is the policy of OWCP to support employers who are willing to provide re-employment to their injured workers. In FECA cases, unless the employing agency is no longer in operation or the agency has firmly refused to rehire, the RS will place the worker in this status prior to considering training or placement with a new employer. *In Longshore cases, the status of the worker and employer will govern the RS's*

decision on initial status.

- a. Role of the RS. The RS ensures that OWCP re-employment standards and procedures are followed, and determines the length of the placement efforts considering the one-year window for FECA early case management activities.
- b. Role of the RC. Working under the guidance of the RS, the RC provides counseling and support to the injured worker, contacts the previous employer and physician as necessary to assist in the development of a job offer, provides current medical reports and OWCP-5 to the employer, and reports on progress to the RC. For FECA cases, the RC is responsible for providing documentation of a job offer. The RC may give the employer assistance in preparing a job description, identifying training which prepares the injured worker for available jobs, identifying equipment which can be purchased and will compensate for an impairment, and so on. The RC should take the initiative in volunteering assistance if needed, and should consult the RS promptly if the employer is not heeding the work limitations in offering positions.
- c. Role of the Injured Worker. The RC should make sure that the injured worker understands his or her responsibilities. In the re-employment effort, the injured worker is responsible for:
 - (1) Being flexible and realistic regarding adjustments necessary in the return to work effort, such as adaptation to different hours or shifts, variations in the pay scale, new work environment and travel requirements, and altered promotional prospects and benefits;
 - (2) seeking and accepting suitable work; and
 - (3) providing medical reports as needed.
- d. Role of the Previous Employer. The responsibilities of the previous employer are to make every reasonable effort to provide re-employment and to ensure that the positions offered are within the physical and mental abilities of the injured worker.
- e. Time and Costs. Up to 90 days is allowed for placement efforts, with 60 days for follow-up after employment. One extension of the placement period for up to 30 days is allowed if the agency is taking positive steps toward identifying a suitable position and an offer is expected within that time. The RS makes this determination based on the RC's reports. Twenty-five hours are allowed for counselor time during placement, with 10 additional hours for follow-up. In FECA early case management cases, additional extensions must be approved by the CE.

f. Procedure.

(1) Referral to the Previous Employer. To initiate the referral, the RS completes and sends the following documents to the employer: Form Letter OWCP-35, Referral Letter to Previous Employer; Form CA-800, Compensation Claim File Summary (if available); and a copy of Form OWCP-9. The RS sends copies of Form OWCP-35 to the injured worker and the CE.

(2) The RC meets with the employer and the injured worker within 10 working days of receiving the referral. The RC's initial report on these meetings is due on the 45th day.

(3) Referral Follow-Up. The employer should advise OWCP within 30 days of the referral whether reemployment is feasible. If there has been no positive response, the RS directs the RC to continue to pursue a placement, and at the same time to arrange for testing of the injured worker and initiate discussion of other alternatives.

g. When there is the possibility of a new position for the injured worker, the RC determines the counseling, guidance and testing needs of the worker and ensures that these are met, obtaining any needed authorizations from the RS. The RC acts as a resource to the employer regarding job modifications, work adjustment, etc. The RC should be alert to possibilities which may not occur to the employer, such as OWCP-funded training, short-term on-the-job training, physical accommodations at the work site, purchase of accessible technology, and so on, which widen the available options for reemployment.

h. If employer does not offer a new position at approximately the 85th day from the date of referral, the RC must conduct a final meeting with the employer advising that the rehabilitation process is to move onto the next phase, to include vocational testing, planning, and possibly training, placement or assisted reemployment. The RC points out that, costly in themselves, these activities are also likely to result in a permanent loss of wage-earning capacity benefit for the injured worker. At the 90th day, if there is still no activity, the case moves into Plan Development status (status Code D) and the RS notifies the RC and CE using Form OWCP-3

i. Job Offer.

(1) For FECA cases, an offer of employment must be made in writing to the injured worker. The RC obtains a position description, with specific job duties, salary, work schedule, and any accommodations made in order to meet the specific work restrictions of the worker, and submits them with a Rehabilitation Action Report (Exhibit 40) to the CE, copy to the RS. The Federal agency should

give a date for the employee to respond or report for duty.

(2) For FECA cases, the RS and CE review the job offer for suitability. The job must be within the physical capabilities of the worker, and the worker must have the skills and qualifications for the job, or the employer must offer to provide them. The job should be in the worker's commuting area, or OWCP should advise that relocation expenses are payable.

(3) For all cases, once the injured worker accepts re-employment, the RS or RC provides follow-up counseling and support. All such cases are placed in Employed status (code E) for a period of 60 days. After this period a case can be closed as rehabilitated (Code 4), if the worker is still employed. The CE must be promptly notified when the worker returns to work.

j. Refusal or Lack of Response. See FECA, PM-2-814.5.

(1) In FECA cases, should the injured worker refuse a position, or fail to respond to an offer, the RC submits a Rehabilitation Action Report to the RS and CE within two working days. The CE will notify the injured worker of the consequences of refusal in accordance with FECA PM 2-814 after consulting with the RS. (If the CE finds that the job was not in fact suitable, or that the worker's refusal was reasonable, the CE will contact the RS and the worker may be considered for other services.) If the injured worker persists in refusing the offer, the RS closes the case Code 5, Reason Code r and completes a Form OWCP-3 explaining the reason for closure.

(2) *For Longshore workers, the RS counsels the worker to accept the employer's offer, if it appears suitable. If the worker continues to refuse, the RS completes Form OWCP-3 documenting the refusal and closes the case Code 5, Reason r..*

(3) If the RS regards the job as unsuitable, the RS notifies the CE, RC and employer and recommends appropriate changes. The employer should respond as soon as possible to this request. Should the response be negative, the RS determines the feasibility of further services and proceeds to advance the case to another status. Form OWCP-3 is used to notify all interested parties.

7. Plan Development (Code D). During Plan Development, the RC, RS, and injured worker arrive at a realistic vocational goal and a series of steps which will lead to the re-employment of the injured worker. Vocational and other types of testing, work evaluations, and counseling of the injured worker are often needed to determine an appropriate course of action.

- a. Determining the Need for Plan Development. An extensive rehabilitation plan may not be needed if the former employer is interested in accommodating the employee or has an active re-employment program, and the worker is medically ready to work.
- b. Good Planning will help ensure a successful result. A plan must be presented prior to embarking on training, placement with a new employer, or self-employment programs.
- c. Unclear Medical Information. In FECA early referral cases, the CE will usually provide work tolerance limitations and the RC should not approach the attending physician unless the OWCP-14 authorizes this. If the CE has identified a second opinion or referee physician's restrictions as taking precedence, and they are not clear in some way, the CE should be asked to obtain clarification. If the medical restrictions on OWCP-5 are not clear or not current, and no restriction on contacting the attending physician appears on Form OWCP-14, the RS may instruct the RC to obtain clarification from the physician.
- d. Considering Medical Readiness to Work. If the injured worker has been away from the workplace for a long time, or if a long convalescence was required following the injury, medical or occupational rehabilitation may be recommended by the physician when work restrictions are described. In FECA cases, a plan for occupational rehabilitation may be undertaken by the RS, in accordance with OWCP guidelines. For Longshore cases, the employer or carrier may agree to fund medical rehabilitation. The RS may authorize medical rehabilitation only for cases being paid from the Special Fund.
- e. Role of the RS. The RS makes sure that planning is undertaken when needed, and actively supervises the development of the plan; directs the RC to consider medical rehabilitation, training, or Assisted Reemployment when appropriate; requires monthly reports and timely plans; and evaluates and approves or disapproves the completed plan. The RS should encourage informal consultation during plan development as needed to be sure that the RC arrives at a good rehabilitation plan and to avoid spending time on unrealistic or unacceptable plans.
- f. Role of the Rehabilitation Counselor. The RC should be responsive to the RS's guidance, submit a complete and well-supported plan in the time allotted, and refrain from initiating the planned services without the approval of the RS. Vocational and psychological testing should not be performed by the RC assigned to the case. The RC should obtain direction from the RS if the injured worker's goals are unrealistic.
- g. Participation of the Injured Worker. The Individual Placement Plan (IRP) (Exhibit 36) should be formulated with the participation and cooperation of the injured worker, to the extent possible. For training plans, it is mandatory for the IW to sign the

Form OWCP-16 to indicate full understanding and agreement. For Placement, New Employer, the RC and injured worker sign an Individual Placement Plan. As the plan is formulated, the RC should be sure that the injured worker understands that it is subject to the approval of the RS.

h. Time and Cost Limits. The time and costs for development of a plan are charged against the time and amount authorized on the OWCP-35. The time needed for plan development will vary with the difficulty of the case, but should not exceed 90 days. One extension of up to 60 days may be authorized by the RS, based on written justification from the RC, giving the reasons for needing additional time. The RS should assess whether the explanation is reasonable and whether additional time is likely to yield a workable plan. If a reasonable vocational objective cannot be identified, the case should be closed. If the RC is not capable of developing a plan within the allotted period, the case should be reassigned to another RC. During plan development, the RC can charge for a maximum of 20 hours of counseling and other services without additional written instructions from the RS.

i. Plan Development Activities. Together, the testing, vocational evaluation, counseling and guidance necessary to develop a rehabilitation plan comprise plan development. The goal is two-fold: first, to determine the current employment potential of the injured worker based on education level, transferable skills, personality, intellect, and the job market; second, to determine the injured worker's short-range (within two years) employment potential with training and other rehabilitation services. Plan development should be tailored to the injured worker's circumstances and abilities. In reviewing these activities, the RS should ensure that the following items are addressed by the RC during plan development as needed: vocational testing performed by a qualified examiner, discussion of the physical requirements of the program or job in relation to the medical restrictions, analysis of the injured worker's transferable skills, and labor market analysis.

8. Rehabilitation Plan. The rehabilitation plan is a map for the successful re-employment of the injured worker. In large measure, the evaluation and recommendations of the RC will determine the outcome of the rehabilitation effort. The plan must be submitted in writing for the RS's review. It should contain enough information regarding the attitude, interests, and transferable skills of the worker, supported by testing results as necessary, to justify the recommendations of the RC. In addition, it should contain an overall timetable and estimate of costs for reaching the vocational goal.

a. Plan Content. The plan should contain the following items:

(1) Injured Worker Factors.

(a) Social. Any information about the claimant's environment or family support which had a significant bearing on the course of action chosen.

(b) Medical. Occupational goals must be consistent with the IW's physical abilities. Non-work related conditions which will influence the course or direction of the rehabilitation effort, or significant information about the worker's adaptation to the work-related disability.

(c) Personality and Aptitude. Personal and emotional issues in the injured worker which will affect the rehabilitation effort. If vocational, psychological or other types of testing were performed, they should be discussed in this section, particularly as they affect the recommendations.

(2) Plan Goals. The RC describes the availability of at least two different positions which are within the current capabilities of the injured worker or achievable through training, in the commuting area of the injured worker. The RC must provide the Dictionary of Occupational Titles (DOT) titles and numbers for the selected positions, relating the physical requirements to the injured worker's work tolerance limitations as given in the medical report. Current starting salary information must be provided, and the source must be documented. Form OWCP-66 (*Exhibit 37*) should be used to supply this information.

(3) Documentation of Job Availability. In addition to professional experience and knowledge of the local job market, the RC must use one or more of the following sources to support the selection of jobs in the commuting area as goals for a rehabilitation plan, and to document salary information. The RC must cite the sources of the information relied on in the report in which the plan is submitted for RS approval, such as:

(a) Contact with a counselor from the local State Employment Service. The RC's report must include the name of the person contacted, the date, and the result of the contact

(b) The current edition of the Occupational Outlook Handbook, U.S Department of Labor. (The RC must add local current salary information.)

(c) Contact with the State Occupational Information Coordinating Committee in the injured worker's state. The name of the person contacted, date of contact, and content of the discussion must be identified

(d) Contact with the local Chamber of Commerce and various other

professional and business organizations in the area.

(e) State and county industrial guides.

(5) Does the injured worker agree with the plan as evidenced by his or her signature?

(f) Employer contacts verifying job openings.

Labor market data from a commercial source should be supplemented by one of the above sources.

The RS may require additional information to support availability. If the RC supplies employer contacts or newspaper or advertisements, the RS may require that a published source of employer information (such as an industrial survey, list of hospitals, etc.) be cited to establish the size of the universe from which employers were selected. The RS may also require the RC to broaden the search to identify other jobs that may require that a published source of employer information (such as an industrial survey, list of hospitals, etc.) be cited to establish the size of the universe from which employers were selected. The RS may also require the RC to broaden the search to identify other jobs that may present a better chance for success or a higher wage-earning capacity, or to identify employers interested in Assisted Reemployment. Before approving training targeted to a specialized field, the RS may instruct the RC to take further steps, such as specific inquiries to major employers in that field, to ensure that placement can be accomplished within a reasonable time after training is concluded.

(4) Plan Goals, Justification and Recommendation. The plan should describe the specific actions which are to be taken by the injured worker, the RC, and other professionals or facilities to reach the stated goals, and an estimate of time and costs required. If training is recommended, the difference between the injured worker's earning capacity with and without training should be discussed. If placement will result in a significant loss of earning capacity, the reason for not recommending training should be given.

b. Review of the Rehabilitation Plan. In evaluating a rehabilitation plan, the RES considers these questions:

(1) Is the plan based on a thorough vocational evaluation? Are transferable skills which make the injured worker employable identified? If not, has training been considered?.

(2) Are the goals of the plan in keeping with the characteristics of the injured worker and the availability of jobs in the area?

(3) Has adequate testing been performed? Does the testing support the goals and recommendations? If not, does the RC provide a reasonable explanation to justify his or her actions?

(4) Are the time and cost estimates reasonable? Are they in keeping with OWCP guidelines? Are public training institutions being used, or have facilities been compared for cost and quality? (See paragraph 10f below.)

(5) Does the worker agree with the plan as evidenced by his or her signature?

c. Approval or Rejection of the Rehabilitation Plan.

(1) A plan must be approved, disapproved, or modified by the RS within 10 work days of receipt in the office. If the RS concludes that the rehabilitation plan is in keeping with the injured worker's circumstances and OWCP's standards and procedures, he or she prepares a Form OWCP-3 approving the plan. If the plan requires additional funding beyond the OWCP-35, the RS reviews the Form OWCP-16 for completeness and accuracy, and signs it. Form OWCP-24 must also be completed to authorize payment to another vendor or facility. Code I is entered as the "Plan Approved" status.

(2) For FECA cases, an RS-approved plan is forwarded to the responsible CE for a medical suitability evaluation before release of the Form OWCP-3 authorizing the RC to proceed. The CE has five working days to review the plan for medical suitability. The CE should rely on the professional expertise of the RS and RC for labor market analysis, specific vocational preparation requirements, assessment of training options, and so on. However, the CE may ask the RS to explain his or her professional judgment on these issues. If the vocational goal is medically suitable, the CE releases a letter to the injured worker stating that the plan goals have been determined to represent the injured worker's likely earning capacity when the rehabilitation program is completed, and that compensation benefits will be adjusted to reflect that earning capacity.

(3) If the RS is not satisfied with its quality or appropriateness, or the content is not in keeping with OWCP policies and procedures, he or she disapproves the plan by sending Form OWCP-3, giving the specific reasons why the plan is denied. A copy of the form is forwarded to the RC and CE. If the RC has been conferring informally with the RS, formal disapprovals will be rare.

(4) The RS should explain the reasons for disapproving a rehabilitation plan to the worker if asked. The CE may issue a formal denial of rehabilitation services, or of a particular program, giving appropriate appeal rights, if the

injured worker requests this.

d. Rehabilitation Plans Requiring Special Approval.

(1) Level of Approval.

(a) Approval of the District Director (DD), FECA or LHWCA or his or her designee, is required for:

(i) any plan bringing total authorized costs of the worker's rehabilitation to \$20,000 or more, not including the initial OWCP-35 authorization.

(ii) any plan involving graduate-level education or training lasting more than two years.

(b) The approval of the District Director is required for retroactive approval of more than one year of a rehabilitation program. Occasionally, an injured worker may begin a rehabilitation plan without the approval of OWCP. If the action is reasonable, the worker is eligible to receive rehabilitation services, and the plan meets OWCP standards, the RS may retroactively approve reimbursement of tuition or services up to one year in the past.

(2) Calculation of Costs. In estimating whether a plan requires higher approval, the RS should calculate the total of all amounts authorized since the case was opened, not including the amount authorized by the initial OWCP-35, and should verify amounts already expended against the RH-7 for the most recent month. If total OWCP-16 authorized costs will reach or exceed \$20,000, higher level approval is required. The RS should not rely on the counselor's narrative report for an estimate of total costs expended to date. (The costs of a previous rehabilitation effort need not be included if the case was closed for one year or more before being reopened for the present effort.)

e. Changes in Rehabilitation Plans. The RC may recommend a change in the rehabilitation plan in a regular report (if the change does not require additional funding beyond that approved in the OWCP-35) or by submitting Forms OWCP-16 and OWCP-24 (if the change requires additional funding). The RS must carefully evaluate the justifications presented by the RC and issue OWCP-3 if the request is denied or approved with modification. A complete change of plan goal should be reviewed with the CE in FECA cases

9. Occupational and Medical Rehabilitation (Code M). The RC often recommends a

course of physical conditioning or psychological counseling to prepare the worker to succeed in a reemployment program. A severe disability may require continuing physical conditioning during and after the vocational program. Programs of physical conditioning are specifically focused on work activity or work readiness (Occupational Rehabilitation) and are discussed under paragraph c below. They are considered to be provided to FECA injured workers as part of a vocational program authorized by the RS. In Longshore cases, except those paid by the Special Fund, the employer or carrier is responsible for these programs and for any medical program. For FECA injured workers, medical and occupational rehabilitation may be paid from the compensation fund. In general, providers must be licensed or certified by the State, and must conform to FECA or LHWCA billing and reporting requirements.

a. Medical Services.

1. Longshore. Status M should be used if the injured worker will undergo medical rehabilitation for several weeks with an authorization from the carrier or self-insurer to pay for medical costs, before the formal vocational rehabilitation effort (plan development, training or placement) will begin. If medical services are administered concurrently with a vocational program, the status for that program should be assigned.

2. FECA.

(a) In FECA cases, the need for medical rehabilitation services will often have been identified and satisfied by the nurse before the case comes to rehabilitation.

(b) With the exception of ORPs, the CE's approval is required before medical rehabilitation services can be provided. If the need is identified when the case is in rehabilitation, the RS should forward the RC's report explaining the proposed course of treatment and any medical information with a Rehabilitation Action Report (Form OWCP-44) or Form OWCP-3 requesting the CE's prompt response. A tickler date may be set in N/RTS for a follow-up request.

(c) Depending on the circumstances, the CE may:

(i) refuse the authorization,

(ii) authorize care under the RS's supervision,

(iii) direct that the rehabilitation effort be interrupted while care is provided under the CE's or a nurse's supervision, or

(iv) direct that the rehabilitation case be closed until the medical condition has stabilized.

(d) A case may not be placed in medical status for more than six months.

(3) Role of the RS. After appropriate approval, the RS may notify the RC or provider and supervise the provision of services. The RS may retain direct control of the case during medical rehabilitation and coordinate services.

(4) Role of the RC or Other Professional. An RC or FN may sometimes be the coordinator of services. This professional acts as a liaison between the medical providers and OWCP and provides support and encouragement to the injured worker.

(5) Time and Costs. Physical therapy programs are probably not effective after three months, and extensions should not be granted without justification. If, at the end of such a program, the injured worker needs intensive medical services, the RS should close the case and place an appropriate call-up.

(a) FECA. Medical rehabilitation services should be billed on a Form OWCP-1500 (Exhibit 35) and paid as medical services through the FECA automated medical bill payment system. For services covered by the Current Procedural Terminology (CPT-4), the correct CPT code should be supplied. The FECA medical fee schedule governs the maximum which may be paid for some services.

(b) *LHWCA Special Fund. The FECA medical fee schedule is not applicable to LHWCA cases. Costs approved should be in keeping with the usual and customary charges in the geographical area. The FECA fee schedule or a survey of local providers may be used for this determination.*

(c) Costs of RC guidance, counseling and medical coordination are charged against the amount authorized by Form OWCP-35.

b. Substance Abuse Treatment. Inappropriate use of drugs, whether legal or illegal, may complicate recovery from other medical conditions and hinder a return to work. Substance abuse may come to light from medical reports, contacts with the RS or RC, or through direct communication with the injured worker by the CE. Actions to be taken when such use is identified are as follows, regardless of whether the office has accepted it as work-related.

(1) If substance abuse prevents an injured worker from participating in a rehabilitation plan, or returning to work, the RS may recommend participation in a drug treatment plan. The CE is responsible for authorizing such medical care as is necessary, based on the medical evidence of record. If the CE approves medical services for a substance abuse condition and the plan cannot continue, the RS must move the case status to Interrupted Status (Code X) and advise the RC.

(2) When monitoring substance abuse treatment, the RS prepares Form OWCP-3 advising the parties of interest of the change in status and instructing the RC regarding contact points and other responsibilities. To ensure the proper focus is maintained toward recovery from substance abuse at this time, with a postponement of vocational rehabilitation, the RS instructs the RC to maintain contact with the medical facility during this 30-day period in medical rehabilitation status.

c. Occupational Rehabilitation Programs (ORPs). There are now a great variety of rehabilitation services available to help the injured worker return to work, and to expedite the process through the use of abbreviated workdays or altered job duties. As a group, these services, which were previously known as work hardening or work conditioning, are now characterized as Occupational Rehabilitation Programs (ORPs).

(1) Identification of cases which could benefit from these services may arise from various sources:

(a) Cases in which a health care provider has recommended work hardening, unless the injured worker has already returned to full, regular duty.

(b) QCM cases in which the nurse services ended but the injured worker has not returned to work, and has been determined to have moderate to high physical limitations or deconditioning, or has not had an assessment of physical limitations.

(c) Cases in rehabilitation where, in the RS's judgment, the worker's readiness would be increased by an ORP.

(2) The RS initiates an ORP placement and notifies the responsible CE in any case already open for vocational rehabilitation which, in his or her opinion, may benefit from this type of service.

(3) The RS reviews cases referred by the CE and verifies that they meet OWCP criteria.

(4) To open these cases, the RS introduces the appropriate case information in the N/RTS, using status M (medical rehabilitation), assigns an RC, and may select an ORP facility that meets the provider criteria and is as close as possible to the injured worker's residence or direct the RC to select a facility from the approved listing. If the case is already in an open rehabilitation status, the RS changes the status to Code M.

(5) The RS refers the case to an RC for a screening interview and the scheduling of a Functional Capacity Evaluation (FCE) to determine the type and character of the ORP most suited to the injured worker's needs. As usual, the RS forwards pertinent claim documents and a completed Form OWCP-35 to the RC. A Form OWCP-3 with detailed instructions relating to the ORP is also forwarded, accompanied by a completed authorization form for a Functional Capacity Evaluation (FCE).

(6) The RC:

(a) Transmits all available information regarding job availability, job description(s), and current work tolerance of the injured worker and other relevant work site considerations,

(b) Advises the facility of the purpose of the FCE, reporting requirements and the necessity for a detailed description of any recommended ORP, including treatment schedules and cost,

(c) Communicates timeliness requirements and instructions for billing, and sends a copy of the ORP-FCE authorization form.

(7) Once the FCE is completed, the RC forwards the facility report with his or her own brief report, which should contain recommendations for action. Based on these documents, the RS decides to authorize the appropriate ORP for the injured worker or take other action. If the FCE shows that the injured worker can perform the duties of the pre-injury position, or if an ORP is not recommended for some reason, the RS consults the CE. If approving an ORP, the RS completes Forms OWCP-16 and OWCP-24 and advises the facility and the RC of the types of services authorized. Additionally, the RS or RC provides instructions on billing procedures and requirements, and informs the facility about the applicable price maxima.

(8) The RS enters the authorization for the ORP in the "notes" section of the Case Management File (CMF). To ensure the accurate processing of facility bills, the following information must be included: the approved ORP code, and the date range for the approved services. If additional services, are approved, a notation to

this effect must also be included.

(9) Once the particular program has been authorized and the injured worker is enrolled in the ORP, the treating physician, employer, the RC and the CE are notified using a Form OWCP-3.

(10) The RC continues to act as a liaison with the ORP facility and he or she works with the injured worker to ensure attendance and to resolve issues that arise during the ORP which may interfere with the completion of the program. Medical or other issues, which could delay or terminate the ORP, such as the appearance of non-work-related conditions, recurrences, complaints of high levels of pain, etc., have to be reported immediately to the RS and CE.

(11) The RC provides reports as established in the district office, including a brief summary of the ORP activities, the progress of the injured worker, problems awaiting resolution, and expected completion date. All requests for extension of services or the provision of additional services such as work-site visits, follow-up treatments and the use of modifiers, should be reviewed and decided by the RS.

(12) The RC must notify the RS immediately when an ORP is completed and forward the ORP final report to the RS as soon as this document is available. If vocational services are indicated, the RS changes the status as warranted.

(13) Where the results of the ORP indicate that the injured worker is not able to perform the duties of the previous employment or the targeted jobs, the RS may place the case in Plan Development, with the concurrence of the CE, to consider other rehabilitation solutions. If the result of the ORP indicates that the injured worker is able to perform the duties of the date-of-injury job, the RS should notify the CE immediately. In other circumstances, the RS may recommend the application of sanctions or the completion of a second opinion to the CE.

(14) When the ORP is interrupted before completion, the RC notifies the RS and CE immediately, carefully detailing the reasons for the interruption. The RS recommends an appropriate course of action based on the circumstances of the case. Failure to cooperate is treated as non-cooperation with a vocational program. He or she also includes mention of this event in the CMF "NOTES," and changes the approved last date of service to coincide with the date of the interruption.

10. Training (Code T). A training program should be considered before placement with a new employer if there is reason to believe that placement will not be accomplished without training, or if training will significantly reduce the difference between the pre-injury salary and

the salary in new employment following direct placement. For FECA injured workers, whenever the worker lacks skills needed in the local labor market, or whenever minimum wage positions are the only placement options, training must be considered. PM 3-200 describes different types of training.

a. Role of the RS. The RS is responsible for the approval and overall management of the training and needs to ensure that:

(1) The training is realistic, no longer than needed, and within the injured worker's physical restrictions and intellectual ability. Training should be full time if the worker is capable of full time attendance. Appropriate testing and evaluations have been performed and support the training objective;

(2) Employment can reasonably be expected within commuting distance after the training is completed and the corresponding salary can be measured effectively;

(3) The training facility is selected according to OWCP policy;

(4) The CE understands the plan and how it compares to alternative courses of action for the injured worker.

b. Role of the FECA CE. The CE is required to issue a letter to the injured worker whose training plan is approved, telling the injured worker that OWCP has determined that at the end of the training plan, after a short period of placement assistance, benefits will be adjusted to reflect a new earning capacity in the jobs which are the goal of training. When the RS is ready to approve a plan for training, the plan is sent to the CE with a Form OWCP-3 so that the CE can satisfy him or herself that the vocational goal is medically suitable and can prepare the letter.

c. Role of the RC. After the training plan is approved, the RC assists the injured worker in registration and fulfilling admission requirements as necessary. When training has begun, the RC provides follow-up counseling and guidance to the injured worker, interacts with the training facility as necessary for problem-solving, and reports on progress. In carrying out these responsibilities, the RC is attentive to the directions of the RS. The RC also obtains a signed release for school transcripts from the injured worker, which are forwarded to OWCP each semester.

d. Role of the Injured Worker. The injured worker should attend sessions on a regular basis, maintain a C or higher average during the training period, and cooperate with the RC and the RS in the rehabilitation effort, supplying the necessary information and forms.

e. Role of the Training Facility. A training facility approved to provide instruction to an OWCP injured worker should meet the following standards:

- (1) The facility is certified or approved by the relevant State agency;
- (2) The cost, quality and quantity of services provided to the injured worker are the same as those provided to other students;
- (3) State or community colleges or training facilities that receive Federal or State funding should be used if they are available. Private facilities for vocational training are approved only where the particular type of training is not available from facilities funded by Federal or State agencies.
- (4) If private facilities are used, all the facilities in a given geographic area which meet OWCP's standards and whose charges are comparable should have the opportunity of providing rehabilitation services. The RS should not approve the same school repeatedly when other schools in the area are of comparable cost and quality.
- (5) Subject to the injured worker's signed form release, the facility supplies transcripts of the injured worker's course work to the RS on a regular basis.

f. Requirements for Testing and Evaluation. The vocational testing conducted prior to vocational or pre-vocational training shall include as a minimum: a standard, reliable intelligence test such as the Wechsler Intelligence Scale Adult-Revised (WAIS-R), an educational achievement test, such as the WRAT or Woodcock-Johnson, an interest inventory, an analysis of transferable skills and a labor market survey which addresses the availability of employment after the training has been completed. Additional tests may be included at the discretion of the RS.

g. Time and Costs.

- (1) Training. The overall limit for vocational training is two years. Exceptions can be made in very severe injury cases where prolonged training may be required to bring the worker back to productive function, or cases where a significant increase in earning capacity is quite probable. Exceptions must be clearly documented and justified by the RS. Prevocational training is limited to one year without extension.

Plans in which total cost of the rehabilitation effort, not including cost authorized on Form OWCP-35, will exceed \$20,000 require approval of the DD.

- (2) RC Intervention. During a vocational training program, the RC provides

up to 1.5 hours of services per month. This may include counseling of the injured worker as well as contact with the training facility.

During pre-vocational training, the RC may provide counseling and assistance in areas such as resume writing and other job-finding skills. The limit for this type of activity is one month and 10 professional hours. The cost is charged against the initial authorization (Form OWCP-35).

(3) Extensions. In FECA cases the RS may extend the training for one marking period for exceptional cause (non-work-related illness causing the injured worker to miss many classes, for example). The RC should provide documentation of the reason for extension. For longer extensions, the RS must consult the CE. The RS should be prepared to discuss alternatives to extending the training, such as placement in a lower-paying position.

h. Procedure.

(1) The RC formulates and submits a training plan for the RS's review, attaching the report of required testing. The RC must identify at least two jobs which the injured worker will be able to perform after training and supply the following information for each:

- (a) An explanation of the suitability of the job;
- (b) The DOT title and number;
- (c) The estimated salary on placement;
- (d) A statement to the effect that the recommended jobs are available for the injured worker upon completion of the training.
- (e) An Individual Placement Plan (see paragraph 12c) is completed at the time a training plan is submitted, signed by the RC and injured worker.

(2) The RC prepares Form OWCP-16, Rehabilitation Plan and Award (Exhibit 12), and the Form OWCP-24, Letter of Authorization (**Exhibit 17, Link to Image**), and obtains the injured worker's signature on Form OWCP-16. Only when the RS signs the forms and returns them to the RC may training begin. To ensure the timely review and decision of the RS, the RC must submit training plans at least three weeks before the actual training is scheduled to begin.

(3) The RS places the case in status Code T. Upon the successful completion

of the program, the case is moved to the appropriate status, according to the placement plan.

(4) Should the injured worker discontinue the training, the RS assesses the justification offered and takes appropriate action, notifying the CE and the RC on a Form OWCP-3 as needed. The FECA provides that if an employee is directed to undergo vocational rehabilitation and fails to do so, compensation may be reduced to reflect "what would probably have been his wage-earning capacity" had he completed the program, until he or she complies. The CE determines whether compensation should be adjusted, based on the RS's report. (See FECA PM 2-813.11.)

11. On-the-Job Training. The RS may approve on-the-job training while the injured worker remains on temporary total disability compensation if the training period is well-defined, not overly long, and will lead to a permanent position. Six months is usually a reasonable time. The RC should work with the employer to produce a written training agreement which identifies the skills and knowledge to be taught, the schedule and means for accomplishing this, and the employer's assurance that if the injured worker successfully completes the training, the employer intends to hire the worker. If the proposed training is ill-defined or overly long, or if the job guarantee is vague, the RS should consider whether the worker is better off in a formal training course from which a certificate or other accepted credential will be earned. The CE should be informed of salary to be paid so that a suitable offset can be made against compensation.

12. Placement with a New Employer With or Without FECA Short-Term Assisted Reemployment (Code P or J). Placement with a new employer is the process through which an injured worker is employed by a different employer, usually in the private sector. Often, this placement entails a significant change in vocational goals for the injured worker. Thorough planning and testing are recommended and a vocational evaluation is required. If the case has been previously placed in Plan Development (Code D) and the RS is satisfied with the scope and quality of the plan, the case may be placed in status Code P (Placement, New Employer) or Code J (Placement, New Employer with Short-Term Assisted Reemployment), and the placement effort may begin. However, if there is no previous plan or if the available plan is not adequate, the case should be placed in status Code D, and an appropriate plan developed. Placement, New Employer is usually offered after a training plan has ended. Assisted Reemployment is discussed in PM 3-401.

a. Plan Content. In evaluating a rehabilitation plan for placement with a new employer, the RS should consider the following factors in addition to those listed in paragraph 7 above:

(1) When the suggested placement involves a substantial change in vocational

goals, has adequate testing been performed? Do the results of the tests support the recommended placement?

(2) Does the plan recommend a placement that is readily available in the community, and is this placement in keeping with the physical and intellectual abilities of the injured worker?

(3) If the goals of placement will yield a substantial loss of wage-earning capacity, has training been considered? The RC should justify not recommending training.

(4) Does the injured worker meet the Specific Vocational Preparation (SVP) and physical requirements of the job goals as described in the Dictionary of Occupational Titles (DOT)?

(5) In FECA cases, the RC should include a recommendation for Short-Term Assisted Reemployment Services, unless the worker can be readily placed without them.

b. Vocational Testing Requirements. Vocational testing is required before approval of Placement, New Employer programs if the rehabilitation goal involves a substantial change in the vocational direction for the injured worker, or if there is a pre-existing condition or behavior which may conflict with the goal. For example, the RC recommends placement as a restaurant manager for a former letter carrier with no managerial experience.

(1) Testing must include a standard, reliable intelligence test such as the WAIS-R, an interest inventory, transferable skills analysis, and a labor market survey. An aptitude test and a personality evaluation may also be included.

(2) All vocational testing should be performed by a qualified examiner such as a psychologist or Certified Vocational Evaluation (CVE), unless an exception is permitted by the RS. The RC assigned to a particular case should not perform extensive vocational testing. Even where the RC is a qualified examiner, it is required that testing be done by a qualified examiner other than the RC, unless an exception is granted by the RS in writing.

(3) The vocational testing report should contain the examiner's clear recommendations as to the types of employment most suitable for the particular injured worker, and present rationale and test results in support of these conclusions. Actual testing data should be appended or included in the report.

(4) If the results of the tests are inconclusive or controversial, the RS will

assess the placement recommended by the RC in view of the actual test results, knowledge of the injured worker, and the availability and salary level of positions within the geographic area of the injured worker. To resolve disparities, the RS may request and study the raw scores for all tests performed and, if necessary, request a review of the scoring by the initial examiner or by another examiner. In rare cases, retesting by another examiner may be necessary to obtain valid results. All plans accepted where the job goals differ markedly from the results of the evaluations described above need written justification from the RS.

c. Individual Placement Plan (IPP). To be successful, a new employer placement program requires purposeful activity on the part of the employee and counselor. An Individual Placement Plan (IPP) is a good means of obtaining the worker's active engagement in a rehabilitation plan, and defining the responsibilities of the employee and counselor. It also shows the CE what specific cooperation is expected of the injured workers. An example of such a plan is shown in *Exhibit 36*. RCs must use an IPP for new employer placement. The plan should be tailored to the worker's vocational goal and community resources, but all plans should include a schedule of specific activities and responsibilities for the parties, and a signed agreement.

d. Role of the RS. The RS oversees the implementation of the placement plan, ensuring that all aspects are in accordance with OWCP standards and procedures; manages the RC by evaluating progress and requesting changes in the plan as necessary; reviews reports and bills submitted for reimbursement; and acts as a mediator should differences arise between the RC and the injured worker.

e. Role of the RC. The RC develops the placement plan in cooperation with the injured worker and under the guidance of the RS, and submits timely and adequate reports describing the progress of the injured worker.

(1) Job-Finding Phase.

(a) Employer Contact. The RC spends 75 percent of the allowed time in contacts with employers. He or she will contact all prospective employers prior to arranging an interview for the injured worker to ascertain that the position is within the physical and intellectual ability of the worker and that the job opportunity exists.

In addition, the RC may assist the prospective employer on issues such as job modifications, work adjustment and on-the-job training.

(b) Contact with Injured Worker. Counseling and guidance of the injured worker should account for 25 percent of the allowed time. Preferably, these activities should occur face-to-face and on a regular basis. The RC may increase

the number of contacts if needed to ensure the worker's successful transition to work.

(2) Employed Status Follow-Up (Code E).

(a) Employer Contact. The RC should spend 30 percent of the allowed time in contacting the employer at the end of the first and second months of employment, and more often if needed.

(b) Contact with the Injured Worker. The RC spends 70 percent of the allotted time giving counseling and support to the injured worker. At a minimum, this contact should be offered at the end of the first day, first month and second month after employment, and more often if needed.

f. Role of the Injured Worker. The injured worker must play an active role in any placement process, contacting employers and job services, scheduling and carrying out interviews, and presenting him or herself as work-ready and qualified. If necessary, the RC should counsel the injured worker on the importance of promptness and appropriate behavior for interviews, and on presentation.

g. Time and Costs. Placement, New Employer is approved for a period of up to 90 days. One extension of up to 90 days is permitted if the injured worker is cooperating in the placement and the RC is authorized to offer Assisted Reemployment. During this time, OWCP allows 60 professional hours for employer and injured worker contact. Sixty days and 10 professional hours are allowed for follow-up. In FECA cases, the RS must consult with the responsible CE before extending the status further.

Should the RC believe additional time or hours are necessary to achieve a successful rehabilitation, the RC must submit a request in writing to the RS with rationale. The RS will evaluate the request and communicate the decision to the RC. Under no circumstance should the RC exceed the allowed period without prior written approval from the RS.

h. Procedure.

(1) Job Goals. As part of the placement plan, the RC must identify at least two placement alternatives, providing the following information:

(a) The Dictionary of Occupational Titles (DOT), current edition, title and number for the placements suggested;

(b) The expected salary for each placement;

- (c) A statement that the jobs are performed in sufficient numbers so as to be reasonably available in the locality, and an explanation of the basis for the statement;
- (d) An explanation of how the Specific Vocational Preparation (SVP) requirements given in the DOT are satisfied by the injured worker; and
- (e) A statement that the jobs are suitable for the injured worker's restrictions.

(2) On approving the plan, the RS justifies the rehabilitation effort by including the following information in the comments section of the Form OWCP-3 and forwarding it to all interested parties:

- (a) The DOT titles of the suitable and available occupations approved;
- (b) A statement that the required testing was performed and confirms the suitability of the occupations chosen;
- (c) A statement to the effect that the injured worker agrees with the rehabilitation effort; and
- (d) A request for continuation of total disability payments or for increasing payments to the level of total disability during the approved rehabilitation program. *In LHWCA cases, this may involve requesting a conference with the carrier or employer.*

(3) The RC initiates employer contacts and provides a summary of all encounters to the RS. The summary must contain the date of the contact, the employer's name and address, the type of contact (telephone vs. personal), and the result of the contact.

(4) Each job interview attended by the injured worker must be documented and the following information made available to the RS: DOT title and number of the position, whether or not the position was offered, the salary offered, and reasons for the acceptance or refusal of the position by the injured worker.

(5) If the injured worker accepts the position, the RC uses a Rehabilitation Action Report (Form OWCP-44) to notify the RS and CE at once. The RS documents acceptance of the offer and enters an E (Employed) status and date in the N/RTS.

(6) Non-Cooperation or Job Refusal (see FECA PM 2-813.11). The injured worker may demonstrate non-cooperation with the placement effort in one of two

ways:

(a) The worker refuses to cooperate with the RC. For example, the worker may miss or postpone interviews without good cause, refuse to undergo testing, refuse to sign the IPP or Form OWCP-16, or behave in an unacceptable manner in the presence of the employer. If this occurs, the RC should promptly call the RS and in a FECA case, the issue a Rehabilitation Action Report (Form OWCP-44) to the RS and CE. The RS works with the RC and the injured worker to correct the problem, or, in a FECA case, recommends that the CE warn the injured worker formally of sanctions. If the behavior persists, the RS obtains a report from the RC that includes:

(i) a statement describing the specific examples of non-cooperation in the placement program; and

(ii) if jobs were identified for a FECA injured worker, the statement, "The following jobs are performed in sufficient numbers within commuting distance of the injured worker's home to be considered reasonably available," followed by at least two positions which are within the injured worker's physical restrictions, the DOT title and number, as well as the expected salary. (See Form OWCP-66, Exhibit 37, for optional format.)

The RS advises the CE of the situation via Form OWCP-3, including the information from the RC's report, instructs the RC to suspend services, and closes the case Code 5j.

(b) If a FECA injured worker refuses a job offer which was apparently compatible with the injured worker's physical restrictions and intellectual capacity, the RC promptly uses a Rehabilitation Action Report (Form OWCP-44) to advise the RS and CE. The RS determines whether further services will benefit the injured worker.

(7) Sometimes the injured worker is cooperative but placement does not occur. The RS should require the RC to explain the failure in placement and should study the rationale carefully before approving another action in the case. (Reasons such as the unavailability of jobs in the area or the need for additional training should have emerged during plan development in most cases.) The RS may give additional instructions to the present RC or assign the injured worker to another RC if there is real potential for employment. If there is none, the RS will close the case Code 5.

If a FECA rehabilitation case is closed without a placement, but the jobs remain suitable

and available, the RC must so state in the closing report, provide current information about availability and salary, documenting the source, and explain how the specific vocational preparation requirements listed in the DOT are met.

(8) In FECA cases, the RC's closing report should state (and document) whether at least two jobs (by DOT number and title) for which the worker is suited are performed in sufficient numbers in the community so as to be available. If additional information bearing on availability was uncovered during the placement effort, the RC should discuss it in the final report. Following a Longshore closure without reemployment, the RC should provide a statement of availability to be placed in the case file. The RS reviews the information, including the documented Form OWCP-66 used to report this information of availability, and make a recommendation to the CE.

(9) If an injured worker is employed with a new employer, the RS notifies the CE immediately using a Form OWCP-3 and enters an Employed status (Code E) in the N/RTS.

13. Self-Employment (Code S). OWCP recognizes that the establishment of a small business is a high-risk venture. See PM 3-200 for the elements which must be considered before such a plan is approved.

a. Role of the RS. The RS is responsible for the approval and overall management of the self-employment plan, considering the personal characteristics of the worker and the need for the business in the worker's community, as outlined in PM 3-200. The plan should be compared with other alternatives available for rehabilitating the injured worker. Self-employment plans should be considered only after considering other alternatives available. If possible, two jobs which are suitable and locally available should be identified to provide a basis for comparison. Other alternatives should be evaluated in the RC's proposal.

b. Role of the RC. Under the guidance of the RS, the RC assists the injured worker in the development of the plan. Once the plan is approved, he or she assists and counsels the injured worker.

c. Role of the Injured Worker. The injured worker is responsible for the development of the plan in accordance with the principles set forth in the OWCP "Claimant's Initial Proposal for Self-Employment Enterprise." The worker shows initiative in making all arrangements necessary to start the business and keep it open.

d. Time and Costs. Generally, the self-employment project should not require a great deal of capital, and the injured worker should be expected to provide a significant portion of the cost. OWCP's share of the cost is subject to the \$25,000 limit for RS

authorization without DD approval. The injured worker should be expected to draw a specified salary against the income of the business within six months of getting started. The RS should review progress after 90 days, and again after six months, and if progress is discouraging, may recommend to the CE that compensation be adjusted based on one of the two jobs identified by the RC as alternatives. The time for setting up and following the program should not exceed 12 months and 18 counseling hours.

e. Procedure.

(1) The injured worker prepares an initial proposal for self-employment enterprise, which is a business plan, and submits it to the RS for approval.

(2) The RS either approves the plan and places the case in status Code S, signing and distributing Form OWCP-16 to the parties, or disapproves the plan using Form OWCP-3.

(3) While an approved plan is being implemented, the RS communicates with the RC and injured worker as needed using a Form OWCP-3. The RS reviews progress at the end of each 90-day interval.

(4) Should the business close or fail to net sufficient money to pay the injured worker the expected salary at the end of one year, the RS will close the case as Code 5j, notify the CE, and recommend a reduction in compensation based upon previously identified jobs, if appropriate. (The RS should confirm the current availability of these jobs.)

14. Services Interrupted (Code X). This status is used when rehabilitation action is suspended temporarily, but is expected to resume in a short time. This might occur because the injured worker required medical treatment or has other problems which interfere with the plan, or because a school term does not begin when the plan is agreed upon. During interrupted status, the RC remains in touch with the injured worker to keep a focus on return to work.

a. The RS makes this determination according to the following criteria (the RC may not unilaterally interrupt services):

(1) There should be a significant probability of eventual rehabilitation. If not, the case should be closed Code 5.

(2) In a FECA case, changes in the medical condition must be reviewed with the CE. In cases handled under early case management procedures, any interruption must be approved by the CE, since it will affect the window for early resolution of the case. Code C may be used to keep the case open while the CE is evaluating the medical information and making a decision.

(3) The postponement is expected to be six months or less. If the interruption exceeds six months, the case should be closed Code 5 and a call-up date assigned for review based on an estimate of when the medical or other situation will resolve.

b. If, at six months, resumption of the rehabilitation program is still indefinite, the RS should close the case.

c. The RC may provide counseling or other professional services at a rate of one hour per month for the six month period. The time and costs incurred during this period are charged against the Form OWCP-35 authorized amount.

d. Recent medical reports defining the condition of the injured worker and the applicable work restrictions are forwarded to the CE, who is responsible for any adjudicatory decisions in the case.

15. Employed (Code E). This code is applied as soon as the worker has actually returned to work, and all cases where re-employment occurs must be placed in this status before a closure code is assigned. It allows OWCP to provide follow-up services, in recognition that the initial period of re-employment is a stressful period and often determines the success or failure of the rehabilitation effort.

a. Time and Costs. This follow-up phase will not exceed two months. Of the 10 hours allowed the RC in this status, three hours will be spent counseling and guiding the injured worker. At a minimum, the RC will contact the worker at the end of the first day, first month and second month of employment. The time remaining may be spent in employer contact and report writing.

b. Outcome. If the worker is still employed at the end of two months, the RS assigns one of the codes for successful rehabilitation and closes the case. However, should work be discontinued, the RS needs to re-evaluate the case and select the proper action according to the circumstances of the case. Among the possible actions are closure of the case as not rehabilitated (Code 5), and placement in an interrupted status (Code X).

16. Case Closure. The RS will close a case when the injured worker is rehabilitated and has returned to work, when no further services are judged to be useful, when the case is otherwise resolved through determination of an earning capacity, etc., or when, for a number of reasons, the rehabilitation effort has been unsuccessful. In Longshore cases, an injured worker's

eligibility for rehabilitation services ceases if a settlement is agreed upon.

a. Successful Rehabilitations (Codes 2, 4, and V). Injured workers are rehabilitated if they return to an appropriate occupation within their physical and vocational limits, after receiving substantial services from the RS. Occupations are appropriate when disability does not handicap the performance of the job requirements; employment is full-time when the injured worker's limitations are considered. The injured worker may not be considered rehabilitated until he or she has been employed for 60 days or more. Substantial services include professional counseling and guidance, placement assistance, training, medical rehabilitation, self-employment or any combination thereof. Injured workers returning to their pre-injury occupation are not considered rehabilitated unless medical rehabilitation, significant accommodation, or placement assistance was provided.

(1) Closed Rehabilitated-Previous Employer (Code 4). This code is used when the injured worker returns to work with the previous employer. Annual salary information must be entered in N/RTS at closure.

(2) Closed Rehabilitated-New Employer (Code 2). This code signifies that the injured worker has returned to work with a new employer. Successful self-employment placements should be coded as Code 2. Annual salary information must be entered in N/RTS at closure.

(3) Closed Assisted Reemployment (Code V). This code is assigned when an injured worker has successfully been employed through the Assisted Reemployment Program. These cases should be coded Code V for follow-up during the Assisted Reemployment Period. After 60 days, they may be closed Code 3.

b. Return to Work (Code 8). This code is used when that injured worker returns to work without rehabilitation assistance. It is designed to provide additional information regarding the return to work of injured workers.

c. Other Closures (Code 5). This code is used when rehabilitation services beyond referral screening have been provided, but for some reason, the injured worker does not return to work. This code must always be used in conjunction with the alpha reason codes which explain the closure. These are:

Code a - Compensation Terminated

Code b - Refused Services

Code c - Medical Not Feasible, per CE

Code d - Elected Retirement

Code e - Settled, Not Based on Services Case

(LHWCA) cases only

Code f - Transferred to another District Office

Code g - Other

Code h - Not able to work - Nurse Intervention

Code i - Not able to work - Assisted Reemployment Program

Code j - Suitable job selected - Not placed

Code r - Job Offer Refused

Code s - Settled, Based on Rehab Services (LHWCA) cases only

d. Procedure for Closure.

(1) Successful Rehabilitations. The RS documents the case file with the following information: date of employment, job title, salary at closure and employer. Form OWCP-25, Rehabilitated Closure Report (*Exhibit 18*) or Form OWCP-3 may be used. A description of the position should be placed in the compensation case file. The RS also enters the pre- and post-injury salary and compensation rates in the N/RTS.

c. Other Closures (All other closure codes). The RS details the reasons for closure and makes recommendations as appropriate on the Form OWCP-3. This form is distributed to all interested parties. For FECA cases, if the RS finds that the injured worker, although not employed, has a wage-earning capacity, two suitable and available jobs, with supporting information, (including Form OWCP-66) should be identified and documented in the case file.

17. Post-Employment Services (Code Z). The RS may authorize post-employment services within one year after a successful rehabilitation if the injured worker has adjustment difficulties and/or needs additional short term services to maintain the vocational goal. Services may include counseling, guidance, placement, training, medical rehabilitation and self-employment assistance. A maximum of two years is allotted.

3-0401- ASSISTED REEMPLOYMENT

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1	Cooperative Agreement for Assisted Reemployment	12/91	92-1
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1. **Purpose and Scope.** This is a four year demonstration project whose effectiveness will be evaluated and reported to Congress. Accurate assessment requires that OWCP personnel pay

careful attention to these procedures and keep a complete record of all pertinent outcomes.

The objective of Assisted Reemployment is to increase the number of permanently disabled workers who make a successful transition from the FECA compensation rolls to regular, unsubsidized, productive employment. The temporary wage subsidy incentive is intended to increase the number of job offers made by employers, in the public or private sector, to current FECA beneficiaries who have been difficult to place. Injured workers chosen for this program will have some history of difficulty in achieving job placement after good-faith effort; or will be from employing agencies whose records of returning injured workers to employment do not encourage your expectation for successful placement with the previous employer.

2. Funding Authority. Appropriations language for the Department of Labor for Fiscal Year 1992 provides "That such sums as are necessary may be used for a demonstration project under Section 8104 of title 5, United States Code, in which the Secretary may reimburse an employer, who is not the employer at the time of injury, for portions of the salary of a reemployed, disabled beneficiary..."

This language provides authority to use the Federal Employees' Compensation Act (FECA) fund to pay a portion of the salary of a newly reemployed Federal worker who was eligible for disability benefits under the Act. These reimbursements will be charged to the FECA fund, as are other costs of rehabilitating and arranging reemployment of FECA recipients. The incentive of Assisted Reemployment is intended to increase the number of job offers made to current FECA beneficiaries who have been difficult to place so these employees may return to useful work.

3. Eligible Employers. The salary reimbursement incentive may be offered to new employers in the Federal, State or local government or in the private sector. However, Federal intra-Departmental salary reimbursements will be limited to agencies with a separate appropriation number from that of the injured worker's employing agency. Also, where an agency comprises more than one appropriation but hiring is controlled at a higher organizational level, it is not appropriate to utilize the assisted reemployment approach for transfers within the agency.

4. Reimbursements. The rate and duration of wage reimbursements offered under this demonstration project are to be negotiated separately with each employer, subject to these limits:

- (a) the period of the subsidy for any injured worker may not exceed 36 consecutive months,
- (b) the rate of reimbursement may not exceed 75% of gross wages paid to the injured

worker,

- (c) at no time may the wage subsidy paid to the employer, plus any LWEC compensation payment paid to the claimant, exceed the amount of compensation for total disability which would be paid to the claimant in the absence of employment,
- (d) the subsidy is not transferrable from one employer to another, and
- (e) no subsidy may be offered to the agency which was the employer at the time of the injury.

Wage reimbursements made to non-federal employers will be treated as taxable income, and a Form 1099-G will be issued to each employer at the end of each calendar year.

5. Selection of Claimants. A Claims Examiner, a Rehabilitation Specialist or a private Rehabilitation Counselor may propose Assisted Reemployment for a claimant. However, since this project is intended to increase the number of successful rehabilitation placements, it is expected that most proposals will be initiated by the RS or RC most familiar with previous placement efforts. Use of wage subsidies under the Assisted Reemployment demonstration project should be considered as the next logical step when a plan for placement with a new employer has not resulted in employment after good-faith efforts by the injured worker over a 90-day period. Assisted Reemployment may be appropriate when an injured worker has completed training in a field which has become highly competitive due to area economic conditions. Assisted Reemployment may also be appropriate if the injured worker has significant transferrable skills but will be difficult to place because of a tight job market in that specialty.

At the outset of the program, all rehabilitation cases closed within the previous six months because the worker was not placed after a suitable job was selected (cases closed Code 5,G or 5,J), and still receiving total disability compensation, should be reviewed to identify possible candidates for Assisted Reemployment. Particular attention should be given to the vocational evaluation and the final report from the RC to determine whether a case presents circumstances which warrant reopening for assisted reemployment. If a case is to be reopened with a view toward assisted reemployment, the RS will prepare a short memorandum to the file explaining the circumstances which make the injured worker a good candidate for salary reimbursement assistance. Salary assistance under this demonstration project should always be considered before a case is closed with Code 5,G or Code 5,J.

6. Referral and Authorization of Services. When a Referral and Authorization to Provide Services, Form OWCP-35, is in effect, the RS refers the case to the RC for placement in Assisted Reemployment by preparing an Injured Worker's Rehabilitation Status Report, Form OWCP-3,

with instructions. Where an OWCP-35 is not yet in effect, one should be prepared and forwarded with the OWCP-3 instructs the RC to propose a wage subsidy to qualified employers as an incentive to provide a bona fide job offer to the claimant. The form OWCP-35 (or OWCP-16) authorizes counseling, guidance, testing and placement services by the RC.

Levels of approval authority are unchanged. These are covered in the OWCP Rehabilitation Procedure Manual Chapter 3-500-5.

The RS will ensure that a Form OWCP-16 is used to extend the original authorization beyond the initial period and/or amount, or to approve additional services. The RS should review the most recent RH-7 report to determine actual expenses to date on the case prior to approving the OWCP-16.

The Form OWCP-24, Rehabilitation Service Authorization Form, must be used to authorize any vendor other than the RC to provide testing, training and other specific services and equipment, except where the RC subcontracts testing under the initial OWCP-35 authorization.

As with any placement with a new employer, a thorough vocational evaluation should be performed before jobs under Assisted Reemployment are identified. Procedures to be followed in securing appropriate vocational evaluation and testing are covered in the OWCP Rehabilitation Procedure Manual Ch. 3-200.5 and Ch. 3-400-12. The goal of vocational evaluation and testing is to identify jobs which can be obtained by the injured worker using present skills and education, on-the-job training or short training programs, and which can reduce significantly the loss of wage-earning capacity. Low-paying jobs, which do not significantly reduce the compensation, should be considered as a last resort after plans for further training have been considered and rejected.

7. Placement Plan. If the case has been placed in Plan Development or was in Placement with a New Employer, and the RS is satisfied with the scope and quality of the plan, the case may now be placed in active status code "G" in the RTS indicating placement in the Assisted Reemployment Program, and the placement effort for Assisted Reemployment may begin. The RC develops the Assisted Reemployment plan in cooperation with the injured worker and under the guidance of the RS. In general, the RC proceeds as with any placement with a new employer. The RC must provide the labor market survey information necessary for a Loss of Wage Earning Capacity Determination, in the event this becomes necessary. The survey should identify at least two placement alternatives and the following should be provided for each:

- a. a description of the physical requirements of the jobs selected;
- b. a job description taken from the Dictionary of Occupational Titles (DOT), current edition, title and number for the suggested placements;

- c. an explanation of how the Specific Vocational Preparation requirements given in the DOT are satisfied by the injured worker;
- d. the expected salary (before subsidy) for each placement, along with certification that this pay level is commensurate with that offered elsewhere in the community for similar work; and
- e. a statement that the jobs are suitable for the injured worker's restrictions.

8. Plan Approval. The RS will justify the Assisted Reemployment effort by including the following information in the comments section of the Form OWCP-3 or in a signed memorandum to the rehabilitation file. The RS will distribute copies to the compensation file, the rehabilitation file, the injured worker, the former employer, and the worker's representative (if any):

- a. the DOT titles of the suitable occupations approved;
- b. a statement that required testing was performed and confirms the suitability of the chosen occupations;
- c. a statement that the injured worker agrees with the rehabilitation effort; and
- d. a statement that previous good-faith efforts by the injured worker to gain employment were not successful, or that thorough vocational evaluation indicates that further unassisted reemployment efforts are unlikely to succeed.

9. Time and Costs. The placement process for Assisted Reemployment will not exceed three months. During this time, OWCP allows forty professional hours for employer and injured worker contact. Thirty professional hours should be devoted to employer contact, job development and job finding. The remaining ten professional hours should be assigned to counseling and coaching the injured worker for job readiness and job interviews, and to writing reports.

Because the Assisted Reemployment program is a demonstration project, special post-employment follow-up procedures are required. The post-employment follow-up process may extend for the life of wage subsidies to the employer (not to exceed three years). During this time, OWCP allows up to 38 professional hours for contact with the employer and the injured worker. Required services are detailed in a separate section below.

Should the RC believe additional time or hours are necessary to achieve a successful rehabilitation, the RC must submit a request in writing to the RS with rationale. The RS will

evaluate the request and communicate the decision to the RC using the Form OWCP-3. Under no circumstance will the RC exceed the allowed time and cost limits without prior, written approval from the RS.

10. Placement Phase: RC Actions. The RC spends 75% of the allowed time in contacts with employers. Face-to-face counseling and guidance of the injured worker and report writing should account for the remaining 25% of allowed time.

The RC initiates employer contacts, verifies that available positions are within the physical and intellectual abilities of the worker, and arranges interviews for the injured worker. The RC informs the employer of all pertinent aspects of the Assisted Reemployment demonstration project including: details of the Cooperative Agreement, information needed by OWCP to assure prompt processing of wage reimbursement submissions, and the fact that reimbursement payments to non-federal employers must be reported as taxable income on Form 1099-G. The RC may assist the prospective employer on issues such as job modifications, work adjustments and accommodations, including structural modifications in the workplace.

The RC provides a summary of each encounter to the RS. The summary must contain the date of the contact, the employer's name and address, the type of contact (mail, phone or personal), details of the wage subsidy offered, and the result of the contact.

Each job interview attended by an injured worker must be documented along with the following information: DOT title and number of the position, whether a written job offer was made, and for any job offer, the specific job duties, salary, work schedule, and any accommodations made to meet the specific work restrictions of the injured worker. The RC should also indicate whether the injured worker accepted or refused the position, and if refused, the reasons for refusal.

The RS will review each job offer for suitability. Should the injured worker refuse a suitable position, or fail to respond to an offer, the RS will proceed according to OWCP Rehabilitation PM Ch. 3-400.9.f(4)(a).

For each injured worker who participates in the Assisted Reemployment demonstration project, the RC will draft a written Cooperative Agreement for Assisted Reemployment (Exhibit 3-0401-1) to record the terms of the wage subsidy and the methods of reimbursement to the employer. All steps which an employer must take to assure accurate and timely reimbursement must be specified in the Cooperative Agreement. The Cooperative Agreement is used in lieu of the Rehabilitation Services Authorization Form, OWCP-24, and must be authorized by the District Director. The Agreements must include the following elements:

- a. claimant's full name and claim number;

- b. employer's name, address and E.I.N.;
- c. a description of the procedures for claiming reimbursement and the payment schedule, including the method and maximum amount of wage reimbursement payments from DOL to the employer for each employee hired under the project;
- d. a job description and specification of the claimant's starting wage rate; and
- e. an agreement by the employer to comply with the procedures and all applicable Federal, State and local laws.

11. Placement Phase: Claimant Actions. The injured worker must play an active role in any placement process: contacting employers, scheduling and carrying out interviews, and maintaining a work-ready and qualified appearance. As necessary, the RC will counsel the injured worker on the importance of punctuality, appearance and appropriate behavior and will help with presentation. If the injured worker fails to cooperate with the rehabilitation effort, the RS should proceed as directed at OWCP Rehabilitation PM Ch. 3-400.12(h)7.

12. Placement Phase: RS Actions. The RS should use the Rehabilitation Plan and Award, Form OWCP-16 to calculate and authorize payments to employers made under this demonstration project. OWCP's share of the cost is subject to the \$15,000 limit for RS authorization without District Director approval. Due to the length of wage subsidy, most Assisted Reemployment placements will require this authorization, and the OWCP-16 should be presented to the District Director along with the Cooperative Agreement (Exhibit 3-0401-1) when a placement has been completed and the injured worker has accepted the job offer. When the injured worker accepts a position, the RS must notify the CE at once and document this using the Form OWCP-3. The RS gives a copy of the signed Cooperative Agreement to the Fiscal Officer and enters appropriate notes in the CMF.

The RS then enters an "E" (Employed) status code and date in the RTS. The newly employed rehabilitant will be kept in "E" status for 60 days. This coding both allows OWCP to provide follow-up services, and helps the RS to recognize claimants who are in the initial period of return to work, which is often a stressful period during which the future success or failure of the rehabilitation effort will be determined.

13. Case Closure. Normally, the RS will close a case when the injured worker is rehabilitated and has returned to work successfully, or when the rehabilitation effort has been unsuccessful. The same principle applies to cases in the Assisted Reemployment demonstration project, except that wage reimbursement payments will be made on the claimant's behalf for up to three years after the return to work, and post-employment services may be provided

throughout this period.

a. Successful Rehabilitation Through Assisted Reemployment Program (Code V). A worker may be considered rehabilitated when employed for more than 60 days without interruption (due to the disability). If the injured worker is still employed at the end of two months, the RS enters a Code "V" (Post Employment Services - Assisted Reemployment Program) status code and date in the RTS. This special active status code was created for the Assisted Reemployment demonstration project to allow post-employment follow-up services by the RC (discussed below), as well as wage reimbursement payments to employers. Cases in active status code "V" will be counted against the Assisted Reemployment Goals enumerated in the Vocational Rehabilitation Operational Plan for the FEC Program for Fiscal Year 1992.

b. Other Closures (Code 5). This code is used when rehabilitation services beyond referral screening have been provided but, for some reason, the injured worker does not return to work. As with all Code 5 closures, this code must be used in conjunction with the alpha reason codes which explain the closure. For cases in the Assisted Reemployment demonstration project, the reason codes are:

- A Compensation Terminated
- B Refused Services
- D Elected Retirement
- F Transferred to Another District Office
- I Not Able to Work - Assisted Reemployment Program
- J Suitable Job Selected - Not Placed

c. Procedures for Closure.

(1) Successful Rehabilitations. When the wage reimbursement period has ended, and the injured worker remains employed, the case is closed Code 3 (Returned to Work - Assisted Reemployment Program). Code 3 would also be used for an injured worker who leaves the demonstration project for other employment. The RS uses Form OWCP-3 to document the case file with the following information: date of employment, job title and position description, salary at closure, rate of wage reimbursement, and employer. The RS also enters the pre- and post-injury salary and compensation rates in the RTS.

(2) Other Closures. The RS details the reasons for closure and recommendations as appropriate in the Form OWCP-3. This form is distributed to all interested parties. If the RS finds that the injured worker, although not employed, has a wage-earning capacity, two suitable and reasonably available jobs, with supporting information, should be identified and documented in the case file.

14. Post-Employment Follow-up Services. Both because this is a pilot project and because these are especially difficult cases, certain post-employment services are called for. For Assisted Reemployment cases, the RS may authorize post-employment services throughout the period of wage reimbursement if the injured worker has adjustment difficulties and needs additional short term services to maintain the vocational goal. Services may include counseling, guidance, additional training, and medical rehabilitation as well as contact with the new employer.

a. During the first two months of reemployment the RC will be authorized to provide up to eight hours of service, half of which will be spent counseling and guiding the injured worker. At a minimum, the RC will contact the worker at the end of the first day, first week, first month, and second month of employment. The time remaining may be spent in employer contacts and report writing.

b. The RC will be authorized to provide up to 30 hours of professional services during the remaining period of Assisted Reemployment (up to 11 calendar quarters). The RC should contact the injured worker once per quarter as needed to provide counseling and guidance, to determine progress and continued suitability of the job. Special attention should be given to contacts prior to each reemployment anniversary.

c. The RC must make quarterly reports to the RS describing the claimant's work status and progress made during the period, and noting all incidents or problems which may affect successful rehabilitation.

15. Summary of RTS Codes Used For Assisted Reemployment Demonstration Project.

a. Active Status Codes.

G - Placement New Employer, Assisted Reemployment Program (is used during the placement phase; is equivalent to code P - Placement New Employer)

E - Employed
(is used during the first 60 days of employment)

V - Post Employment Services, Assisted Reemployment Program (is used during the remaining period of wage reimbursement to allow payments under the demonstration project)

b. Closed Status Codes.

- 3 - Returned to Work, Assisted Reemployment Program (is entered when the injured worker has successfully completed the program under the demonstration project)

- 5, I - Closed Other, Not able to work - Assisted Reemployment Program (is entered when the injured worker begins but does not successfully complete the program under the demonstration project)

16. Processing Claims for Wage Reimbursement under the Assisted Reemployment Demonstration Project.

All steps which employers must take to assure their accurate and timely reimbursements will be specified in the Cooperative Agreements.

Employers participating in this demonstration project will submit claims on a quarterly basis for reimbursement of wages paid to injured workers. Federal agencies using the U.S. Treasury GOALS/OPAC (On-Line Payment and Collection) system will be handled by the District Office Fiscal Officer. All other Federal agencies, State or local government agencies, and private sector employers will be reimbursed via check issued through the Bill Payment System. These requests for reimbursement will be processed as Prompt Pay bills.

- a. Mail Processing. Requests for reimbursement from private sector firms, from non-Federal agencies, and from Federal agencies not using GOALS/OPAC will be submitted on Form CA-2231 (Exhibit 2), and will include the following:
 - (1) full name, FECA claim number, and Social Security number of the injured worker;
 - (2) hours worked, hourly rate, amount of gross wages paid, amount to be reimbursed, and the period covered;
 - (3) employer's Federal tax identification number (EIN or SSN);
 - (4) employer's name, phone number and full mailing address for remittance;
 - (5) name and signature of the authorized official certifying that information submitted is correct.

When submissions for wage reimbursement arrive in the district office they are date stamped, attached to the compensation case file, and forwarded to the Rehabilitation Specialist. The RS will verify the information submitted against quarterly reports from the RC working on the case, and if all is in order, will forward the CA-2231 to the Fiscal

Officer for payment. Separation of functions requires that the person who approves the bill for payment be someone other than the person who authorized the Cooperative Agreement for Assisted Reemployment, but the District Director remains primarily responsible for ensuring timely reimbursements to employers.

b. Approval or Denial. On receiving a request for wage reimbursement, the Fiscal Officer will compare the amount requested with the terms of the Cooperative Agreement, notes in FECS Bill Pay Query, and the history of payments made to that employer for the injured worker. The service period and amounts must agree with those specified in the Cooperative Agreement. If the employer is not authorized, if the amount claimed exceeds the amount scheduled in the Cooperative Agreement, or if a payment has already been made for the listed service period, the case file and request for reimbursement will be returned to the RS for clarification, approval or disapproval.

c. Markup. The Fiscal Officer marks an approved claim for reimbursement according to district office procedures and indicates the correct provider type: Markup

" J " - Wage Reimbursement, Asst. Reemployment

The claim for reimbursement is batched and forwarded for keying. Denied claims are returned to the sender with appropriate explanation.

d. Prompt Payment. Claims for wage reimbursement to employers are treated the same as bills covered under the Prompt Payment Act. Claims must be paid (check dated) within 30 days of receipt unless the provider was notified of a defect within seven days.

(1) Approved claims must be keyed for payment by the 20th day after receipt to ensure timely issuance of the check.

(2) Claims not paid must be returned with appropriate advice within seven days of receipt.

(3) The RS must take immediate action on any claims forwarded from the Fiscal Officer for proper authorization or disapproval.

17. Worker's Compensation Payments During Assisted Reemployment. After a claimant has returned to work, wage loss compensation may be adjusted to reflect the wage earning capacity, based on actual earnings if they fairly and reasonably represent earning capacity. It is extremely important that the CE be notified promptly when reemployment begins so that compensation is paid at the correct rate.

18. Closure. When any rehabilitation case is closed, the Fiscal Officer's reference should be annotated to that effect so that services will not be paid beyond the closure date. The notation "RH case closed (date)" should be placed on the CA-800A or in the CMF notes field. The date should be calculated to allow for final bills for approved services to be paid. The Fiscal Officer should refer bills for services after the closure date to the RS for approval.

19. Special Reports for the Demonstration Project. Evaluation of this demonstration project will depend on accurate and timely entries to the Rehabilitation Tracking System (RTS) for each claimant involved. In addition, each Regional Director will submit quarterly progress reports on the same time schedule as the CA-80 forms. These reports will include the following items:

- a. a list of claimants employed through this project, along with the date of employment, pre-injury job title, new job title, salary, employer, amount of subsidy and amount of LWEC for each.
- b. number of claimants referred during the quarter to the Rehabilitation Specialist, from all sources (CE, RC, employing agency, RS initiative, etc.), to be considered for inclusion in this demonstration project. These numbers should be itemized by source of referral.
- c. number of claimants in Placement New Employer under the Assisted Reemployment demonstration project at the end of the quarter.
- d. number of claimants in Employed status under the Assisted Reemployment demonstration project at the end of the quarter.
- e. number of claimants successfully rehabilitated under the Assisted Reemployment demonstration project during the quarter.

Finally, each Regional Director will be asked to report periodically on the success of the project, the average level of subsidies negotiated, and to describe any impediments which arose and the solutions you have found.

COOPERATIVE AGREEMENT FOR ASSISTED REEMPLOYMENT

{ District Office return address }

{ today's date }

{ employer's name }

{ employer's street address }

{ city, state zip }

phone: { employer's phone # }

Dear { employer's name }:

This letter constitutes the agreement between your { firm/agency } and the U.S. Department of Labor, Office of Workers' Compensation Programs (OWCP) explaining the terms and procedures whereby OWCP will reimburse you for wages paid to { claimant's full name }, whose OWCP file number is { claim number }.

{ claimant's last name } will work for you as a { job title }; the duties of this job are attached. Please notify OWCP of any substantial change in M. { claimant's last name }'s job duties.

OWCP will reimburse you for part of the wages you pay to M. { claimant's last name } according to the following schedule:

{ here describe the reimbursement schedule, to be negotiated subject to the maximums established under the Assisted Reemployment Program: total period not to exceed 36 months; rate of reimbursement not to exceed 75% of wage; at no time may reimbursement plus the LWEC payment exceed the amount of compensation for total disability which would be paid to the claimant in the absence of employment }

{ claimant's last name }, including the hours worked and rate of pay, the amount to be reimbursed, and the time period covered. Your statement must also include the employee's full name and OWCP file number as listed in the first paragraph above, your complete remittance address, your tax identification number (EIN or SSN), and the name and signature of your authorized official certifying that information submitted is correct. **{ include here all necessary language related to GOALS/OPAC procedures for participating Federal employers; or complete instructions and all information needed by other employers to assure their timely reimbursement, including language related to Form CA-2231, PROMPT PAYMENT, submission dates or deadlines. }**

OWCP will make these reimbursement payments to you on a quarterly basis. To facilitate timely reimbursement, you must submit a quarterly statement of the gross wages paid to M. { claimant's last name }, including the hours worked and rate of pay, the amount to be reimbursed, and the time period covered. Your statement must also include the employee's full name and OWCP file number as listed in the first paragraph above, your complete remittance address, your tax identification number (EIN or SSN), and the name and signature of your authorized official certifying that information submitted is correct. **{ include here all necessary language related to GOALS/OPAC procedures for participating Federal employers; or complete instructions and all information needed by other employers to assure their timely reimbursement, including language related to Form CA-2231, PROMPT PAYMENT, submission dates or deadlines. }**

For non-federal employers, reimbursement payments will be treated as taxable income, and a Form 1099-G will be issued at the end of each calendar year.

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14	State Agencies	6/92	92-5

1. **Purpose and Scope.** This chapter explains the authority under which rehabilitation services and maintenance payments are provided under the Federal Employees' Compensation Act (FECA) and the Longshore and Harbor Workers' Compensation Act (LHWCA). It specifies the services which can be funded under each act and the method of billing, describes the procedures for paying for services, and includes other funding-related information.

2. **Authority.**

a. **FECA.** 5 U.S.C. 8104(b) states that injured workers directed to undergo vocational rehabilitation shall have the cost of services paid from the Employees' Compensation Fund, except that states are not reimbursed for services already covered by other Federal funding. Section 8104(b) states that injured workers directed to undergo vocational rehabilitation shall receive compensation for total disability. 20 CFR 10.123(f), published in 1987, provides that OWCP may pay relocation expenses for an injured worker who is offered suitable employment at a place other than where he or she resides. 5 USC Section 8111(b) allows injured workers to receive additional compensation for maintenance of up to \$200 a month for expenses while participating in a rehabilitation program. Finally, Section 8103(a) authorizes payment for medical services, appliances, and supplies that are likely to cure, give relief, reduce the degree or period of disability or aid in lessening the amount of compensation.

Both medical services, usually authorized by the claims examiner, and rehabilitation services and maintenance, authorized by the Rehabilitation Specialist, are paid from the Employees' Compensation Fund.

b. **LHWCA.** Section 7(a) of the LHWCA states that injured workers shall receive medical, surgical and other attendance and treatment for the period of the injury or the process of recovery. Section 39(c) (1) of the Act states that injured workers receiving compensation shall receive information and assistance in obtaining the best medical and vocational rehabilitation services available. Section 39(c) (2) states that permanently disabled workers may have necessary rehabilitation services, not available otherwise, paid from the Special Fund. Section 8(g) states that workers who undergo rehabilitation under Section 39(c) may receive up to \$25 per week in additional compensation for maintenance.

Medical payments are generally made by the insurer or self-insured employer. Rehabilitation services may be paid from the Longshore Trust Fund if other sources are

not available.

3. Types of Services Which May Be Funded. For both Longshore and FECA workers, services which are expected to improve the skills and knowledge of a disabled worker to assist him or her in obtaining and keeping employment and restore the former earning capacity may be authorized.

a. Vocational Services. The following are the general types of vocational rehabilitation services (they are more fully described in PM Ch. 3-200):

- (1) counseling and guidance;
- (2) vocational evaluation and testing;
- (3) pre-vocational training up to a maximum of 1 1/2 years;
- (4) training, including tuition, fees, books, tools, equipment and supplies;
- (5) transportation (Transportation may be authorized when rehabilitation plans require evaluation, training or placement activities that are at a distance sufficient to require the injured worker to live away from home. Sufficient distance to permit authorization of transportation beyond the maintenance allowance would usually be more than 35 miles in a metropolitan area and 50 miles in a rural area, or more than 1 1/2 hours of one-way travel time. Payments for return trips between school semesters are authorized. GSA rules govern mileage in a privately owned vehicle.);
- (6) self-employment (In a self-employment program, payments may be authorized for initial inventory, supplies, equipment, improvements, modifications, rent and employee wages.);
- (7) placement, including counselor contacts with employers and counseling with the injured worker;
- (8) room and board, as a separate expense, are authorized only to the limits of the maintenance allowance. A residential facility authorized to provide training may include room and board in its tuition billing.

b. Medical Rehabilitation. Medical rehabilitative services, such as work hardening, physical conditioning, or psychological counseling, are provided to FECA injured workers under 5 U.S.C. 8103. The claims examiner's authorization is required. For Longshore injured workers, medical services are provided by the employer of carrier

unless the case itself is being paid by the Special Fund. If the case is not a Special Fund case, and medical rehabilitation is needed, the RS should notify the employer or carrier. The RS should not authorize medical services.

c. Relocation. If the previous employer makes a job offer to a Federal injured worker which is judged to be suitable but requires the employee to move, relocation expenses may be paid from the Employees' Compensation Fund. Procedures are found in FECA PM 2-813 and 5-604.

4. Maintenance.

a. Additional compensation for maintenance is provided to assist with actual costs associated with pursuing vocational rehabilitation; as an extra incentive for injured workers to enter and continue rehabilitation for a successful return to work; and as a sign of OWCP's commitment to the rehabilitation process. The RS should inform injured workers of their eligibility for maintenance and issue Form OWCP-23 when appropriate. The injured worker completes Form OWCP-17 and the RC endorses it and forwards it to the RS each month for payment to the injured worker.

b. Expenses for which maintenance may be authorized are: room and board, baby-sitting, day care, lunches, laundry, transportation and other expenses incurred exclusively as the result of participation in an approved rehabilitation effort.

c. Exclusions. An injured worker may not receive maintenance while enrolled in another vocational program with rules precluding payments from other sources, or if a program entails no expenses, as with a correspondence course. A worker may not receive maintenance while working in full-time employment or receiving a stipend for on-the-job training.

d. Maintenance may be terminated by the RS for lengthy unexcused absences from training or other required attendance. A maximum of five days during each 28-day maintenance period may be excused for illness or compelling personal business. Maintenance may be continued during vacation periods and semester breaks, if the injured worker is enrolled on a 12 month basis, and for unscheduled breaks and emergency closings of up to two weeks.

5. Types of Services Which May Not Be Funded.

a. Under the FECA the CE authorizes dentures, dental work, contact lenses, and eyeglasses only if these are related to the compensable condition. The RS should not authorize these services.

b. *Under the LHWCA neither the CE nor the RS may authorize any medical services including dentures, dental work, contact lenses, eyeglasses, prostheses and medical evaluations. These may be provided by the employer or carrier in most cases.*

c. *Under the FECA and the LHWCA other services that may not be authorized by the RS (unless as part of a self employment plan) include automobile, truck, and motorcycle repairs; housing rental or purchase (except in connection with an approved relocation); hotel/motel accommodations above the maintenance allowance; costs of meals above the maintenance allowance; travel unrelated to the rehabilitation plan; and referrals for the sole purpose of a job market survey to support a LWEC. Clothing, consisting of uniforms, safety shoes, etc., may not be purchased unless required as the result of an approved training plan. Additional clothing, such as business suits, and dress shoes may not be purchased unless the injured worker is moving from a blue collar position to one requiring office attire, and offered at a modest price.*

6. Authorization of Services.

a. Levels of Approval Authority. The RS may approve rehabilitation costs for an injured employee for amounts up to a total of \$15,000. Plans or service authorizations which will bring the cost to more than \$15,000 are subject to the approval of the District Director of the Longshore or FECA district office. The initial amount authorized by OWCP-35 (usually \$5,000) should be included when the total eventual cost of the program is estimated. The RS should review the most recent RH-7 report to determine actual expenses to date on the case. Thus, in most cases, plans which require \$10,000 over and above the counselor costs authorized by OWCP-35 require DD approval. Training plans of up to two years and below graduate level may be approved by the RS; post-graduate training plans and those lasting more than two years are subject to the approval of the District Director. Any plan for medical school, law school, or similar professional school which does not require an undergraduate degree for admission also is subject to the approval of the DD. Approvals are indicated by signing a completed Form OWCP-16.

b. Authorizing Forms.

(1) The RS signs and releases Form OWCP-35 to authorize initial services from a private rehabilitation counselor, including initial interviewing and counseling, placement with the previous employer, and testing. The same authorization also covers plan development, if needed, and other services, but the RC must receive approval to begin placement with a new employer or training. The usual limit of authorization is \$5,000 and two years, but shorter periods and amounts may be specified by the RS.

(2) Form OWCP 16 must be used to extend this authorization beyond the initial period and amount, or to approve additional services, such as training, self-employment, equipment purchases and so on.

(3) Form OWCP-24 must be used to authorize a vendor other than the RC to provide training and other specific services and equipment, except where the RC subcontracts testing under the initial OWCP-35 authorization.

(4) Travel to a residential facility, if approved, should be shown as a separate line on the OWCP-16.

c. When services are authorized by issuing one or more of these forms to a provider, the RS prepares a CA-800A headed "Vocational Rehabilitation" (FECA) or Vocational Rehabilitation Services Disbursement Sheet (VRSDS) (Longshore) and writes the name of the authorized vendor at the top, together with the dates and amount for which an alternative method is to enter the authorized vendors and amounts into the "Notes" field in the CMF, so that it is available in the Bill Pay Query program. In the case of an RC, the approved hourly rate should be noted. The CA-800A, if used, is then placed in the case file for the use of the bill examiner. The VRSDS is forwarded to the rehabilitation bill processor in the Longshore district office. A VRSDS for a training plan should indicate the separate amounts available for books, tuition, supplies, tools, and other items.

7. Submission of Bills for Rehabilitation Services. An individual bill must be submitted for each claimant. An original and a duplicate copy of each bill must be submitted.

a. Facilities and Private Agencies must include the following information on their monthly, bimonthly, or semester bill:

- (1) name and claim number of the injured worker;
- (2) purchase order number, if applicable;
- (3) dates, types and cost of each service or item provided;
- (4) itemized receipts signed by the injured worker for tools, books and supplies (tools and books should be listed individually);
- (5) provider's Federal tax number;
- (6) information as to the amount of any grants, scholarships or stipends

received by injured workers.

Private counselors should include their report with their bill when practicable. Reports are required within 15 days of the last date of service for which a bill is submitted.

b. Injured workers must include in their requests for reimbursement:

- (1) the injured worker's name, address, claim number and Social Security Number at the top of the page;
- (2) dates, types and cost of each service or item;
- (3) cancelled checks or stamped receipts for each service or item;
- (4) itemized receipts for tools, books and supplies;
- (5) information as to the amount of any grants, scholarships or stipends received;
- (6) original bill and duplicate copy, including duplicate copy of each receipt.

c. State Agencies must submit bills on their official stationery and include the following:

- (1) name and claim number of the injured worker;
- (2) purchase order, if applicable;
- (3) total amount to be reimbursed;
- (4) name and signature of the authorized official certifying that all the attached itemized services and items were paid; if there is no covering agreement with OWCP, the official must also certify that payment will not duplicate other Federal funding;
- (5) Federal tax identification number;
- (6) payment mailing address;
- (7) list of services and items paid by date, type and cost;
- (8) original and one duplicate.

Progress reports should only be enclosed if bills are submitted at least bimonthly or at the end of each semester; otherwise reports should be submitted directly to the RS at the end of each reporting period to ensure proper monitoring of rehabilitation programs.

8. Processing Bills for Payment.

- a. Mail Processing. When rehabilitation bills arrive in the district office they are date stamped, attached to the compensation case file, and forwarded to a bill examiner. Separation of functions requires that the person who approves the bill for payment be someone other than the person who authorized the provision of service (the RS).
- b. Bill Approval and Markup.
 - (1) On receiving a rehabilitation service bill, the bill examiner will compare the services for which payment is requested with the notes in FECS Bill Pay Query and the history of bills paid for that EIN (FECA), Form CA-800A (FECA) or the VRSDS (LS) to see if they fall within a prior authorization. The BE should enter each bill approved for payment on Form CA-800A (if used) or VRSDS in ledger format, and keep a running total of disbursements against the authorization. If a provider is not authorized, the bill exceeds the balance remaining, or a payment has already been made for that service or service period, the case file and bill will be forwarded to the RS for approval or disapproval.
 - (2) Bills for maintenance are authorized on Form OWCP-16, a copy of which is in the case file, and are usually submitted by the RC on Form OWCP-17. Maintenance may be paid for the authorized amounts and periods to the maximum of \$46.15 each week, corresponding to the statutory limit of \$200 each month (FECA), or \$25.00 each week (LS).
 - (3) Travel expense s are to be submitted on standard forms, and Federal travel regulations apply. The RS must notify all certified counselors whenever the mileage rate changes. The BE should check to see if travel is to and from an authorized facility by reviewing the Bill Pay Query note screen or Form CA-800A (FECA), the VRSDS (LS) and, if necessary, Form OWCP-16 (Rehabilitation Plan and Award).
 - (4) Training Plans. The separate limits for tuition, books, supplies, and so on in a training plan should be observed, and RS approval should be sought for bills which exceed the ceiling in any category. Slight increases in tuition cost over plan to reflect a cost-of-living increase may be approved by the RS, who should annotate the OWCP-16 and make an entry in the applicable screen or form. Larger increases, or additional credit hours, require the submission of a new Form

OWCP-16 for approval by the RC.

c. Approval or Denial; Markup.

(1) FECA. The bill examiner marks an approved bill for payment according to district office procedures and indicates the correct provider type:

U	Plan Development
V	Training
W	Placement
Q	Maintenance

The letter R, for reimbursement, is added if the payment is made to the injured worker in reimbursement of out-of-pocket expenses. Maintenance bills are always marked QR. The bill is batched and forwarded for keying. Denied bills are returned to the sender with appropriate explanation.

(2) LHWCA. *The bill processor's approval is indicated by placing his or her signature, the initials RBP, and the date on the front of the bill. Approval confirms that the bill is mathematically correct, was not previously paid, and does not exceed the limits of authorization for that provider. The rehabilitation bill processor circles the following items on the bill with a yellow felt-tip pen: injured worker's name and case number, bill date, total to be paid, payee's name and address, Federal tax ID or SSN, and date stamp of receipt in district office.*

d. Prompt Payment. All rehabilitation bills, except reimbursements to claimants, are covered by the Prompt Payment Act and subject to penalties for late payment. To avoid penalties, bills must be paid (check dated) within 30 days of receipt unless the provider was notified of a defect within seven days.

(1) Longshore bill processors must ensure that the approved bills leave the office so as to reach the National Office within 15 days of the date of district office receipt indicated by the date stamp.

For disapproved bills, appropriate advice must be mailed within seven days.

(2) FECA approved rehabilitation bills must be keyed for payment by the 20th day after receipt to avoid penalty. Bills not paid must be returned with appropriate advice within seven days of receipt.

(3) The OWCP RS must take immediate action on any bills forwarded from the bill examiner for proper authorization or disapproval.

e. Bill Retention. Each district office must retain accurate invoices supporting the rehabilitation payments it makes or authorizes. If an invoice is incorrect, the RC should be directed to submit a revised invoice to support payment. Bills must be retained on file in the district office for the period specified in the current retirement schedule.

9. Supplementing Vocational Program Funding from Other Sources. OWCP may supplement funds from the Veterans Administration, Employment and Training Administration, Social Security and others up to the amount the injured worker would have received if OWCP had been the sole sponsor of the injured worker's program. OWCP may not duplicate funding already provided by other sources.

10. Worker's Compensation Payments During Rehabilitation.

a. FECA. The claimant is entitled to compensation at the rate for total disability during the course of an approved vocational rehabilitation program, including full-time vocational evaluation, training, or placement. A schedule award satisfies this requirement, and may continue uninterrupted unless the injured worker is concurrently receiving OPM retirement benefits, in which case the claimant is not entitled to FECA vocational rehabilitation benefits. After the claimant has returned to work, wage loss compensation may be adjusted to reflect the wage earning capacity, which is based on the claimant's actual earnings if they fairly and reasonably represent earning capacity.

It is extremely important that the CE be notified promptly when a rehabilitation program begins, so that compensation is paid at the correct rate. Good, prompt communication must be maintained between the CE and the RS throughout the rehabilitation effort so that adjustments are made promptly to reflect earnings or other events. Both parties are responsible for this relationship.

b. LHWCA. The LHWCA has no provision requiring an employer to pay compensation while an injured worker undergoes a rehabilitation effort. The RS should do everything possible to encourage the interested parties to ensure that the injured worker receives compensation for temporary total disability during the program and should make sure that the injured worker knows what the payments will be during rehabilitation.

11. Closure. When a rehabilitation case is closed, the bill examiner's reference should be annotated to that effect, so that services will not be paid beyond the closure date. The notation "RH case closed (date)" should be placed on the VRSDS, the CA-800A or in the CMF notes field. The date should be calculated to allow for final bills for approved services to be paid. The bill examiner should refer bills for services after the closure date to the RS for approval.

12. Sampling. Bills should be sampled by the RS or another designated staff member to insure that the content of the bills is proper and corresponds to the services approved. The reviewer should keep a list of bills reviewed, including the name of the injured worker, RC facility, dates of services, and findings. A two per cent sample should be reviewed each quarter. A report should be submitted to the RS's supervisor each quarter, and warning letters should be sent to counselors if improper billings are found.

13. Third Party Litigation. An injured worker may receive vocational rehabilitation services during litigation in a third party case. OWCP will use standard procedures for recovering money paid for vocational rehabilitation services from the third-party settlement.

14. State Agencies. State Vocational Rehabilitation divisions receive money from the Federal government in the form of grants under the Rehabilitation Act of 1973. They are required by Federal regulation to provide services to Federal employees on the same basis as to other employees. Testing to determine eligibility for state services is covered by Federal matching funds at no cost to OWCP. The state may charge OWCP for services not already funded, including vocational evaluation to identify an appropriate vocational program, training, and other services.

3-0600 - ADMINISTRATION

<u>Paragraph</u>	<u>Subject</u>	<u>Date</u>	<u>Trans. No.</u>
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1. Purpose and Scope. This chapter covers administrative topics not covered elsewhere in

the PM. These include: rehabilitation performance goals, rehabilitation record-keeping, record retention, and privacy of records; reference materials to be maintained by the district office; reporting requirements; rehabilitation specialist training and development; and quality evaluation of the district office rehabilitation program.

2. Performance Goals. The Office of Workers' Compensation Program (OWCP) operational plan is formulated prior to the start of each Fiscal year, with participation by the OWCP Regional Directors. The operational plan includes performance standards for such things as timeliness of initial case adjudication and goals for other activities, such as amount of debt resolved. The plan includes separate goals for the number of FECA and Longshore injured workers rehabilitated. Each FECA and Longshore district office has a share of the national goal calculated by formula from data about its incoming caseload. Details of the formula and goal allocation can be found in the plan. Performance is measured against plan goals at the end of each quarter and discussed with the regional manager in the Quarterly Review and Analysis (QR&A) conference call.

3. Record-Keeping.

a. Rehabilitation Tracking System.

(1) The Rehabilitation Tracking System (RTS) is designed to be an integral part of the enhanced Federal Employees' Compensation System, and has been expanded to be an independent support for the Longshore Case Management System. It is resident on personal computers in the FECA and Longshore district offices, which are connected to the office's minicomputer through a Local Area Network. The RTS component contains information about the history of individual injured worker's rehabilitation programs, including successive stages of the program, counselor assignments, and closure information. Each Rehabilitation Specialist (RS) is responsible for maintaining complete and accurate RTS data for cases within the RS's jurisdiction, and for transmitting record changes and new records monthly to the national office.

(2) RTS records may be archived on the following schedule: records for rehabilitation cases closed more than two quarters prior may be archived and stored on a diskette, as needed for efficient operation of the system. Historic records are maintained indefinitely by the National Office on a mainframe computer.

(3) The Federal Employees' Compensation System (FECS) Case Management File (CMF) includes fields for rehabilitation status code and date in each claimant record. This field is not affected by changes in the RTS, but data from the field is

pulled and compared with RTS data each time the rehabilitation reports are run. The CMF code and date may be maintained at the discretion of the district office.

b. Compensation Case File. Narrative records of the course of each rehabilitation program are maintained with other case documents in the FECA or LHWCA compensation case file. This includes copies of rehabilitation forms and reports of rehabilitation counselors. It is essential that all authorizations for services (Forms OWCP-35, OWCP-16, and OWCP-24) be maintained. Case files are retired according to the program's retirement schedule. (See FECA and LHWCA PM).

c. Bills. Rehabilitation bills are maintained according to the Longshore or FECA program procedures for national and district offices, and are retired according to the appropriate schedule. There is no requirement that additional copies of bills be maintained by the RS or in the compensation case file.

d. Counselor Records. Warnings, terminations, and other documents related to RC contracts are maintained by the Rehabilitation Specialist. Records should be maintained for one year after the expiration of the counselor's contract if the counselor is not recertified.

e. Rehabilitation Files. The RS maintains Form OWCP-9, and OWCP-9a if desired, on each open case. All other original documents should be placed in the compensation case file. If an injured worker requests records maintained by the office, both the compensation case file and the rehabilitation file should be provided. Rehabilitation case files should be maintained three years after closure date.

4. Privacy of Records. Documents which are collected or generated as part of the rehabilitation effort for a FECA or Longshore injured worker are covered by the privacy regulations of the program under which the worker is receiving benefits. The RS should refer to the specific procedures issued by the programs. For FECA these are found in FECA PM 1-700, FOIA and Privacy Act Requests. For LHWCA, they are found in LS PM 1-600, FOIA and Privacy Act Requests. Some general information is given here.

a. Privacy Act of 1974. The Privacy Act is meant to assure the private citizen's rights to confidentiality and secrecy of personal information, including financial and medical history. It guarantees the claimant's access to case file and rehabilitation file information collected under the FECA and LHWCA. At the same time, it prohibits disclosure of such material to anyone unless the claimant consents to disclosure or the request falls under a specific exception. Each agency which maintains records on a person must list, in regulations, the uses for which the information was collected and "routine uses" under which it will be shared. The employer receives claimant information for such purposes as developing a light duty assignment, under such a

routine use. There are also some routine uses which apply to every system of records, such as disclosure of a constituent's records to a Member of Congress assisting the constituent at his or her request.

b. Disclosure of the claimant's medical reports and other records to rehabilitation counselors for the development of a plan is made under a routine use. The RC may share records with rehabilitation subcontractors and the previous employer as necessary for the same purpose, but must otherwise maintain confidentiality.

c. Freedom of Information Act (FOIA). The Freedom of Information Act was designed to give members of the public a defined procedure for obtaining records from the Federal government. Each office has a Disclosure Officer responsible for acknowledging FOIA requests, determining whether they shall be granted and providing the material or advising the requester why the request cannot be allowed and the avenue of appealing the denial. The Disclosure Officer is responsible for ensuring that case record and other personal information is disclosed only in accordance with the Privacy Act.

5. Resource Materials. The following books and periodicals should be available to the Rehabilitation Specialist in the district office:

- (a) Dictionary of Occupational Titles, U.S. Department of Labor, current edition.
- (b) Directory of Medical Specialists, Marquis Who's Who, Inc.
- (c) Dorland's Illustrated Medical Dictionary, W. B. Saunders Co.
- (d) Federal Employees' Compensation Act, as amended by Public Law 93-416, enacted 1974.
- (e) FECA Regulations, 20 CFR 10.1-624.
- (f) Longshore and Harbor Workers' Compensation Act, as amended by Public Law 92-5, enacted 1972.
- (g) LHWCA Regulations, 20 CFR 701-704.
- (h) Manual for the General Aptitude Test Battery, Sections II and IV, U. S. Department of Labor.
- (i) Merck Manual, Merck and Company.

- (j) Occupational Outlook Handbook, U. S. Department of Labor, current edition.
- (k) Occupational Outlook Quarterly, U. S. Department of Labor.
- (l) Federal (OWCP) Procedure Manual.
- (m) Rehabilitation Medicine, Howard A. Rusk, M.D., C.V. Mosby Company.
- (n) Selected Characteristics of Occupations Defined in the Dictionary of Occupational Titles, U. S. Department of Labor, current edition.
- (o) A Guide to Rehabilitation, Paul M. Deutsch and Horace W. Sawyer; Matthew Bender and Co., Inc.

6. Reporting.

a. Reporting to National Office.

(1) FECA and Longshore data are transmitted monthly to the National Office from a district office RTS terminal. Transmission should occur on the next work day after the end of the month. In the week following data transmission, RTS and FECS data are compiled to produce the RH reports of FECA cases which are transmitted to each district office and DPPS for use in managing the rehabilitation program.

(2) LHWCA data is also reported quarterly using Form OWCP-12. All information in the section headed "This Quarter" is required. In a district office with more than one RS handling Longshore cases, a combined report should be submitted.

b. Reporting to District Office Management. Each quarter, the Rehabilitation Specialist should report the status of the district office rehabilitation program to the designated supervisor in the office. At the supervisor's option, the report may include: number of rehabilitations achieved against plan goal; explanation or corrective action if goal was not met; special accomplishments or activities, such as reemployment agreements with individual employers; other issues in rehabilitation.

c. Quarterly Review and Analysis. The National Office prepares a report based on RTS and manual submissions which is used to evaluate district office rehabilitation performance each quarter. In addition to the cases rehabilitated as compared to the office's plan, the report includes number of cases referred to rehabilitation and opened

within the quarter; number of cases in training, placement, and other statuses; total number of open cases; number of closures from screening; and closures without rehabilitation after services were provided. The report is shared with the field shortly after the end of the quarter.

7. Rehabilitation Specialist Training and Development. The Division of Planning, Policy and Standards (DPPS) in the National Office provides training to the RS to ensure consistency and quality in the provision of rehabilitation services. Training is provided on-site for new Rehabilitation Specialists jointly by regional management and staff of the DPPS Branch of Medical Standards and Vocational Rehabilitation (BMSVR), and in-service training is given at the annual conference sponsored by the National Office. The district office may supplement the OWCP-delivered training with other training, including professional training, from local sources.

New Rehabilitation Specialists receive training as follows:

- a. The Regional Director will provide training in the following areas:
 - (1) organization of ESA, OWCP, the Divisions of FEC and LHWC, and the regional and district office.
 - (2) basic provisions of the Federal Employees' Compensation Act and regulations and the Longshore and harbor Workers' Act and regulations;
 - (3) structure and content of Rehabilitation management Reports, and familiarity with local employers and sources of training and other services in the local area;
 - (4) physical layout of the district office; handling of mail and bills in the office; access to ADP equipment;
 - (5) characteristics of the region's rehabilitation program; relationships with large employers, progress in achieving program goals, special issues;
 - (6) any special practices of the office with respect to the identification, initial screening, and referral of cases for rehabilitation services, and the pattern of communication between claims and rehabilitation staff.
- b. The new RS should become familiar with the Rehabilitation PM, the FECA PM, particularly Chapter 2-813, and the Longshore PM, particularly Chapter 3-301.
- c. DPPS training will focus on the following topics:

- (1) Development and maintenance of an effective early referral system for accepted compensation cases; referral sources in the FECA or LHWCA district office;
- (2) FECA and LHWCA claims adjudication issues, such as:
 - (a) FECA case management and early intervention strategies;
 - (b) evaluation and weighing of medical evidence by FECA claims examiner; establishing accepted work restrictions;
 - (c) loss of wage-earning capacity determinations in FECA;
 - (d) effect of settlements in Longshore rehabilitation; structured settlements;
- (3) Employer issues, such as:
 - (a) maintaining productive relationships with Federal and Longshore employers;
 - (b) employer-sponsored rehabilitation;
- (4) Procurement and use of counselors; supervision of counselors;
- (5) Providing professional services to injured employees, by:
 - (a) assessing motivation and capability through screening the case and interviewing the employee;
 - (b) assigning an appropriate counselor, giving direction, and monitoring quality and timeliness;
 - (c) using work evaluation and testing;
 - (d) assessing training and placement plans developed by counselors;
 - (e) using of OWCP forms to authorize services under FECA and Longshore;
 - (f) maintaining a productive relationship with the claims examiner;

- (g) conforming to the standards for rehabilitated closures.
 - (h) documenting refusal to participate, refusal of employment, injured worker's earning capacity when rehabilitation plan is not successful.
- (6) Performance and quality, including:
- (a) District office rehabilitation program plan goal; QR&A process;
 - (b) Accountability review standards; accountability review and FECA management review process;
 - (c) Quality and timeliness standards for rehabilitation closures;
- (7) Record-keeping, including:
- (a) Maintenance of Rehabilitation Tracking System;
 - (b) Periodic reports to district management;
 - (c) Quarterly Longshore reporting;
 - (d) Authorization and billing procedures;
 - (e) Verbal and written warnings for breaches of rehabilitation counselor contracts.

8. Accountability Review. OWCP reviews the quality of work of district offices in the accountability review process. Each district office is reviewed every other year, as a rule. The review team, composed of personnel from the national office and other field offices, visit the district office and sample case files, using the guidelines published annually in the ESA Manual, and hold discussions with field office managers and staff. A written report of findings, including error rates for the various standards, is issued. Corrective action on the part of the office is required if the error rate exceeds 25% on a standard.

3-0700 - REHABILITATION COUNSELORS

<u>Paragraph</u>	<u>Subject</u>	<u>Date</u>	<u>Trans. No.</u>
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1. Purpose and Scope. This chapter describes Office of Workers' Compensation Programs (OWCP) procedures for recruiting, selecting and working with rehabilitation counselors (RCs). OWCP recruits and trains professional counselors in private practice to help injured Federal and Longshore employees recover and return to work. OWCP also refers cases to state vocational rehabilitation agencies for services, under agreements signed by the OWCP Regional Director with the appropriate state official. RCs directly provide, or arrange for the provision of, all approved services listed in OWCP PM 3-200. Private counselors may also work in OWCP's district offices (DOs), screening cases and interviewing claimants under the supervision of the OWCP Rehabilitation Specialist (RS), as described in PM 3-300.

2. RC Recruitment. OWCP recruits, certifies and pays RCs to provide rehabilitation services to injured workers who are covered by OWCP programs.

a. Recruitment of Private Rehabilitation Counselors.

(1) OWCP recruits private counselors to fill its needs from an advertisement prepared in the OWCP national office and submitted to appropriate national publications. The DOs mail a copy of the advertisement to all RCs who have expressed interest in joining the program, or who are currently certified.

(a) The Chief, Branch of Medical Services and Rehabilitation (BMSR), places the advertisement in the Commerce Business Daily and in other selected publications that focus on vocational rehabilitation. The advertisement contains the minimum required qualifications, the geographical region(s) for which RCs are needed, instructions for responding and a response due date.

(b) Counselors are usually certified for two years, with three additional years at the option of OWCP. Therefore, national certification drives are normally conducted each five years.

(c) BMSR distributes responses to the advertisement to the DO which covers the respondent's geographical location. Only responses postmarked on or before the due date are processed further; BMSR informs late respondents that they will be notified when the next advertisement is placed. The DO RSs maintain alphabetically organized late response files for this purpose.

b. Supplementary Recruitment Method.

(1) A DO may determine that additional RCs are necessary because RCs have left the program in an area. To request supplemental certification, the RS writes to the Chief, BMSR giving the proposed dates and geographic areas.

(2) If the request is approved, the Chief, BMSR, determines a schedule, based on availability of support resources, notifies the RS and releases an advertisement.

3. RC Selection. The RS staff in each DO determines the number of RCs needed for each geographical area during a recruiting cycle and reports the number to BMSR. The Chief, BMSR may make a change if an increase or decrease is warranted. Then panels of RSs for each DO, selected by the Chief, BMSR, evaluate applications and invite the number of qualified applicants that coincides with each district office's needs to participate in the district office certification training programs. Like recruitment, selection and certification occur at five year intervals. Regional workshops are spaced over a 12-month period, with dates agreed on between the DO and the national office.

a. Selection Method.

(1) The RS Coordinator. An RS in each DO acts as a coordinator for the selection process. The coordinator follows an established planning schedule:

(a) Ten weeks prior to the scheduled Certification Training Workshop the coordinator determines the number of RCs that the DO will certify, required number of training workshops and geographical distribution of RCs needed; presents a geographical distribution plan showing the ideal number of RCs for cities, counties and states within the DO geographical area to district, regional and national office management; coordinates the date and location of the certification training workshop(s) with district,

regional, and national office management; prepares and sends to those RCs who responded to the advertisement within the specified time frame and who appear on the list supplied by the national office Forms OWCP-37, "Explanation of Supplement to SF-18" (Exhibit 25), and OWCP-53, "Workshop Application Supplement to SF-18" (Exhibit 36).

(i) completes items 2, 5, 8, 10, and 11 on Form OWCP-37 prior to mailing, making sure that item 10 shows a date that is seven weeks prior to the earliest certification training workshop date and that item 11 includes the workshop date(s) and latest selectee notification date;

(ii) receives, and date-stamps each Form OWCP-53, and attaches a Form OWCP-38, "Workshop Application Evaluation" (Exhibit 26).

(b) Nine weeks prior to the scheduled Certification Training Workshop, the coordinator confirms workshop attendance with those members of district and regional office management who will deliver the welcome, explain the FECA and LHWCA programs and deliver closing remarks; selects the DO RS who will explain the Rehabilitation Counselor Agreement; confirms workshop date(s) with BMSR; reserves space for two days, preferably in a Federal building, in which to conduct the certification training workshop; makes sure that the necessary furniture, equipment and supplies will be available for the workshop.

(c) Eight weeks prior to the scheduled Certification Training Workshop, the coordinator confirms space, furniture, and equipment arrangements as well as all scheduled speakers; provides BMSR with a progress report.

(d) Seven weeks prior to the scheduled Certification Training Workshop, the coordinator reviews all returned forms OWCP-53 and

(i) rejects and returns those that are incomplete, unsigned, or are from RCs located outside the district office's geographical boundaries;

(ii) refers the complete application forms to the RS panel (see (2) below) for evaluation, ranking and selection;

(iii) after the RS panel completes the evaluation, ranking and selection process, creates a folder for selected RCs which contains

all the relevant application materials (Forms OWCP-53, OWCP-38, letter expressing interest in the program, etc.); creates a folder entitled Workshop, Qualified but not Selected, which contains all relevant application materials for qualified but not selected RCs as well as a copy of the Form OWCP-39, "Log of Qualified RCs for Workshop" (Exhibit 27. See PM 3-700.3a(2)(b) below); prepares Form OWCP-40, "Log of Disqualified RCs for Workshop" (Exhibit 28), listing the names of all RCs who failed to return application materials and of RCs whom the RS panel found disqualified, noting the reasons for disqualification in each case; creates a folder entitled Workshop, Disqualified Applications, which contains all the relevant application materials for disqualified RCs and a copy of Form OWCP-40.

(iv) provides a copy of Forms OWCP-39 and OWCP-40 to the District Director and to BMSR.

(e) Five weeks prior to the scheduled Certification Training Workshop, the coordinator completes sections of Form OWCP-41, "Workshop Acceptance Letter" (Exhibit 29), giving the date, time and location of the workshop and indicating by when and to whom the form should be returned (the forms should be returned no later than three weeks before the certification training workshop); sends one to each RC selected by the panel; sends Form OWCP-42 (Exhibit 30) to all unqualified and qualified but not selected RCs and advises them that they may discuss the decision with the RS coordinator or may file a written appeal with the Chief, BMSR if they are dissatisfied; and may waive certification training workshop attendance in writing for selected RCs who have attended a workshop within the last year and are seeking recertification as necessary.

(i) may waive attendance completely in instances where there have been no significant training program revisions since the previous workshop and the RC's performance is acceptable;

(ii) requires attendance for those agenda items that cover areas of change in the training program since the previous workshop in cases where the RC's performance is acceptable.

(f) Two weeks prior to the workshop, the coordinator compiles folders for the attendees with information about the FECA and LHWCA programs, the OWCP Rehabilitation Program and any other areas of interest; draws up the final agenda, making copies for all attendees and

guests; makes sure that all available spaces for the workshop are filled; and prepares an alphabetical list of the attendees on Form OWCP-43, "Workshop Attendance and Certification Log" (Exhibit 31). The coordinator:

(i) telephones all RCs who did not return their acceptance form and determines whether or not they will be attending; removes the "selected" check for each non-attendee from Form OWCP-39, "Log of Qualified RCs for Workshop" (Exhibit 27; see PM 3-700.3a(2)(b) below), notes the reason for their non-attendance on their Form OWCP-53 and files all non-attendees' Forms OWCP-53 in the Workshop, But Not Selected folder (see PM 7-300.3a(1)(d)(iii) above);

(ii) chooses RCs to replace all non-attendees from the Workshop, Qualified but not Selected folder (see PM 3-700.3a(1)(d) (iii) above) until all workshop spaces are filled, working below the cut-off line on Form OWCP-39 down from the highest ranked but unselected RC; after confirming the new RC's attendance by telephone, and well as with written notice confirming the location and dates of the workshop, notes the name of the non-attending RC who is being replaced and the attendance confirmation on the back of the new attendee's Form OWCP-38 and places each new attendee's Form OWCP-38 in a folder.

(g) One day prior to the scheduled Certification Training Workshop the coordinator checks the workshop location to make sure that all the necessary furniture, equipment and supplies are available and set up properly; telephones speakers to remind them of the schedule and prepares name tags for the attendees.

(h) During the Two-Day Certification Training Workshop, the coordinator supervises the sign-in procedure for attendees; distributes the information folders and the agendas; acts as a speaker and as a resource person.

(i) At the Completion of The Certification Training Workshop, the coordinator assigns a certification number to each RC who has successfully completed the certification training workshop, recording the number on Form OWCP-36, "Rehabilitation Counselor Agreement with OWCP" (the RC has, on the final day of the certification training workshop, already signed, dated, and filled in his or her agency name and

home address on Form OWCP-36, (see **Exhibit 21, Link to Image**), and on Form OWCP-43. A copy of the Form OWCP-36 as well as a Certificate of Attendance is given to the RCs at the completion of the training session. The coordinator mails a copy of Form OWCP-43 to BMSR and files a copy in a Workshop, Attendance folder; places a copy of the completed form OWCP-36 on file. RCs may seek recertification by applying to attend another certification workshop. (See PM 700.3a(1)(e) above.)

(2) The RS Panel evaluates applications from RCs who wish to participate in the OWCP rehabilitation program and selects qualified candidates to attend the certification training workshop. They receive the applications from the DO coordinator seven weeks prior to the scheduled workshop. The Chief, BMSR, selects a panel for each DO, usually consisting of a DO RS, an RS from BMSR, and as many RSs from surrounding regions' DOs as necessary to process the applications. Panel members evaluate each application independently locally, and then, via telephone, reach a consensus regarding the ranking of the RC candidates. The panel:

(a) uses Form OWCP-38 to score each application, considering the applicant's educational background, experience in vocational rehabilitation counseling, licenses and certifications, as described in the application. Determines which applicants are qualified to attend the certification training workshop.

(i) Section 1 on Form OWCP-38 addresses educational background and experience in vocational rehabilitation counseling. Panel members score the appropriate number of points based upon information contained in sections 7, 8, 9, 14 and 15 of the applicant's Form OWCP-53.

(ii) Section 2 on Form OWCP-38 addresses experience with workers' compensation cases. Panel members score the appropriate number of points based upon information contained in Section 15 of the applicant's Form OWCP-53.

(iii) Section 3 on Form OWCP-38 addresses licenses and certifications. Panel members score the appropriate number of points based upon information contained in Section 6 of the applicant's Form OWCP-53.

(iv) Panel members total the number of points awarded in sections 1, 2 and 3 and enter this figure in section 4.

- (v) Panel members sign Form OWCP-38 below Section 5.
- (b) Uses Form OWCP-39 to rank each qualified applicant and to select those who will be invited to attend the certification training workshop.
 - (i) Panel members rank the qualified applicants by the number of points awarded on Form OWCP-38, placing the applicant with the most points at the top of the list (in cases where applicants receive identical scores, each is selected for certification).
 - (ii) Panel members list the names of the applicants in rank order on Form OWCP-39.
 - (iii) Panel members draw a cut-off line on Form OWCP-39 so that the number of applicants above the line corresponds to the number of RCs that the district office wants to certify.
 - (iv) Panel members place a check in the "selected" column on Form OWCP-39 for all applicants whose names appear above the cut-off line.
 - (v) Panel members return the application materials and Form OWCP-39 to the RS coordinator for further processing (see PM 3-700.3a(1)(d)(iii) above).

4. RC Management. District office RSs manage RC case referrals and performance within their geographical jurisdiction, even when the referral originates from an attending physician or, as can happen with Longshore and Harbor Workers' Compensation Act claimants, from an insurance carrier or a former employer. They maintain all RC-related manual and automated records, generate most of the RC case referrals, closely supervise RC development and performance and provide RCs with periodic reviews and evaluations, reserving the authority to terminate those RCs whose performance is not in keeping with OWCP policies and procedures or whose actions are no longer consistent with the best interests of the disabled worker.

5. Standard Referrals. The district office RS uses an automated data processing system to make and manage RC case referrals. He or she:

- a. maintains the Rehabilitation Tracking System (RTS), an automated data processing record-keeping system, by entering the names of all certified and non-certified RCs from both the geographical area of jurisdiction and other areas who receive case

referrals;

b. uses the RTS "Counselor" sub-menu to assign cases to RCs, to maintain and update the list of certified and of non-certified RCs available, and to view the RC information contained in the RTS database (see RTS User Guide);

(1) adds the names of those RCs who complete the certification training workshop to the RTS;

(2) adds the names of currently certified RCs who have moved into the geographical area of jurisdiction to the RTS after those RCs send a written request to their prior servicing office to transfer their certification and folder; notifies the RC in writing after receiving the folder and adding his or her name to the RTS;

(3) removes the names of those RCs from the RTS whose certification has expired, who request removal either verbally or in writing, and who are terminated (see PM 3-700.10c(1)(c) below).

(4) makes sequential referrals to certified RCs in a particular geographic area (identified by a zip code cluster) by using the "geographical rotation" feature of the RTS and making excepted referrals where necessary, noting the exception in the notes section of the RTS.

6. Excepted Referrals. At times, the RS may need to deviate from sequential referrals on the RTS. The RS may also need to refer cases to RCs whose names are not listed. All exceptions should be coded and annotated appropriately in the RTS (see the RTS User's Guide). Except as described below, the RTS "geographic" mode of referral should be chosen in every case.

The RTS will display the five RCs who have the least recent referral dates, and one of these should be selected. If a counselor is temporarily not available, another counselor from this group should be selected, and so on. Each certified counselor should receive a roughly equal share of the referrals in the cluster to which he or she is assigned. The RS will make an exception:

a. When the disabled worker's geographical location makes it necessary. Ideally, the RC should be located within 25 miles of the disabled worker's residence but may be located as far away as 50 miles. If there are no available RCs within the 50 mile limit, the RS will refer the case to the RC who has the best method of access to the disabled worker's location, even if that RC has been certified to work in a different geographical region.

b. When the case situation requires special skills or knowledge that the next

certified RC in the rotation does not possess. Exceptions may be made:

- (1) when the injured worker's command of English as a second language is poor, and an RC has good command of the workers' primary language;
- (2) when sign language ability is needed for a hearing-impaired worker;
- (3) in cases of severe spine or head trauma, to use an RC with special experience.

c. When specific RCs are providing exclusive rehabilitation services to a disabled worker's former employer. The agency must request this in writing over a supervisor's signature. The RS should adjust periodically to equalize the case loads for other certified RCs in the area. For example in a cluster with two or more large employers, the RCs can be assigned proportionally to two groups, so all RCs receive a roughly equal share. Or, a few counselors can be assigned to receive new referrals for a major employer in a cluster for a period of six months, after which two others are assigned. A third possibility is to adjust the cluster definitions to give RCs an equitable share. The RS should prepare a memo to the file describing the approach. Name requests for an individual counselor should not be granted.

d. When it appears advantageous to use state vocational rehabilitation services under the terms of an agreement, reached between the OWCP and the state agency, to provide for the rehabilitation needs of disabled workers. The Regional Director (RD) is authorized to negotiate and sign such agreements. Certified counselors in the state should receive some referrals, but strict rotation is not required.

e. When an employer or insurance carrier makes a direct case referral under the terms of the Longshore and Harbor Workers' Compensation Act.

f. If an RC is unable to accept referrals for a period of time, a code I for inactive in the counselor status field will prevent the RC from appearing in the rotation.

7. Documentation of Excepted Referrals. The RS must document all exceptions from the rotation by selecting the correct RTS assignment type when assigning the counselor in the RTS:

- G - Geographic rotation - Zip Cluster
- B - Same zip cluster, bypassed next counselor
- A - Employing agency affiliation
- S - Special Skills
- R - Rehabilitation Specialist handling case personally
- T - State agency counselor

and by a notation in the case notes field where special RC skills were required to adequately serve the injured worker. The counselor's special qualifications should also be documented, either in the counselor file or in notes in the RTS counselor record.

8. An uncertified rehabilitation counselor or a counselor certified by another region

may receive a referral under certain circumstances. For example, the disabled worker may live in an area where there are no RCs certified by the district office RS, the certified RCs in the area may already have as many referrals as they can effectively handle; or the injured worker's case may require an unusual skill not found among the certified RCs.

a. Uncertified RCs. If uncertified RCs are needed in a particular area, the RS should memo the Chief, BMSR, through the DD or RD, giving the reasons for using uncertified RCs and listing the persons to be used and how they were chosen. Preference should be given to RCs who were near but below the scoring cutoff and RCs who meet OWCP requirements.

(1) The RS must supervise the counselor's work closely and should if possible provide a half-day training session in OWCP procedures in the district office.

(2) The RS must have on file the uncertified RC's resume.

(3) The uncertified RC is added to the RTS counselor file with counselor status U (Uncertified).

(4) The RS may discontinue referrals to a non-certified RC at any time. The decision to discontinue referrals is not appealable.

(5) An uncertified RC should be used for not more than two years or until the next workshop, whichever occurs first. Every effort should be made to certify a sufficient counselor group so that uncertified referrals are unnecessary.

b. The RS may make an excepted referral to a RC who is certified in another district office in cases where geographic accessibility or special case requirements make it necessary to do so. The RS in that region should be advised.

9. Screening RCs. As discussed in PM 3-300, the DO may use one or more certified RCs as screeners (RC-Ss) to review and evaluate referrals to the RS, recommend injured workers for services or for closure, conduct initial interviews, and prepare referral documents. The RS is responsible for overseeing the activities of the counselor-screener.

a. Limitations on RC-S activities.

(1) The RC-S may not select counselors to receive referrals. Selection of the RC who will provide services on each case must be done by RTS rotation or by the RS using the procedures described in this chapter.

(2) The RS must review all open cases being served by a newly selected RC-S, and close or transfer them where possible. Only cases in which the injured worker's progress would be adversely affected by a transfer should be retained by the RC-S. A list of those cases should be kept on file by the RS. The RC-S may not receive any new referrals while serving in this capacity.

(3) The RC-S may prepare letters authorizing the selected RC to provide services, but may not sign them. The RS or another DOL employee must sign the OWCP-35 and other authorizing documents.

(4) The RC-S is paid at the hourly rate for professional services, not to exceed \$24,999 for screening activities in a given fiscal year. The fiscal year begins on October 1 and ends on September 30.

(5) For each case on which the RC-S conducts an initial interview, a report or an OWCP-9A documenting the results of the interview and the RC-S's recommendation should be placed in the compensation file. The RC-S should maintain a log of cases reviewed and whether an interview was conducted.

b. To procure RC-S services the RS must obtain the approval of the DD, and then:

(1) send a letter to all certified RCs within the local area, describing the services required, training requirements, hours and location of work, work documentation requirements, \$24,999.00 annual earnings limitation, the requirement that the RCS accept no referrals in which OWCP shares an administrative responsibility while performing contract services in the district office, and the continuing OWCP contractual obligation;

(2) choose one or more counselors from the responses to this announcement;

(3) provide training for the RC-S in the district office;

(4) provide supervision for the RC-S and ensure that payments are recorded so that the maximum annual amount is not exceeded. Tracking of payment should be done using the RC Screening Program or some other documentation system. The RS must be able to show that every bill the counselor-screener submits for screening and referral development activities is being charged again

the \$24,999.00 annual limit.

10. Case Development Management.

a. The RS is responsible for managing the counselors. The RS must make sure that RCs adhere to timeliness and quality standards and that the injured worker receives high quality services.

(1) The instructions on Form OWCP-35 establish the working relationship between the RS and the RC. They specify the parameters within which the RC must work and the RS's supervisory role.

(2) The RS authorizes (in writing, using OWCP-35, OWCP-16, and OWCP-24) all services, and reviews and evaluates all products and reports.

(3) The RS acts on violations of the OWCP-36 contract by issuing verbal and written warnings and terminations.

(4) The RS makes sure that bills and reports are timely and accurate.

(i) The RC's initial bill and report should be received no later than 15 days following the end of the month in which the referral is made.

(ii) Subsequent bills and reports should be received no later than 15 days following the close of the reporting period, usually every month or every other month, depending on the requirements of the DO.

(5) The RS manages the case by monitoring rehabilitation progress through the RC's reports and providing information, instructions, authorizations and guidance to the RC, using Form OWCP-3. The RS reviews and approves or rejects in writing RCs' requests to undertake placement, new employer, or training plans, again using the Form OWCP-3.

c. RC Development and Performance Management.

(1) The RS oversees the development of and supervises the RCs within his or her area of geographical jurisdiction. The RS should work to develop effective RCs who provide quality rehabilitation services and who expedite the disabled worker's return to gainful employment.

(a) The RS conducts the certification training workshops during the recruitment process (see PM 3-700.4a(1) above) and other periodic

training activities for RCs as the need arises. He or she promptly notifies the RCs in writing about program changes that affect them.

(b) The RS reviews and evaluates RC performance, maintains written performance records and identifies performance areas that need improvement.

(i) The RS reviews and evaluates RC performance using the RH-8, "Counselor Performance Report," memos regarding case closings in the files, Form OWCP-46, "Record of Breaches of OWCP Agreement" (Exhibit 32), and other available records regarding RC performance.

(ii) The RS meets with or conducts a telephone conference with any RC whose poor performance has created a potential services termination situation, recording the results of the meeting or conference, and filing this material in the RC's folder.

(c) The RS terminates the services of those RCs in his or her geographical jurisdiction whose performance fails to meet OWCP standards (including those standards enumerated on Form OWCP-36. See PM 3-700.3a(1)(i) above). The process involves up to five steps: up to two verbal warnings, up to two written warning letters, and termination letter except in cases where RCs falsify documents. In those cases, termination is immediate. The RS also documents each stage of the termination warning process by entering the date and type of violation and the date and type of RS response (first verbal warning, second termination warning letter, etc.) on Form OWCP-9A, "Rehabilitation Case Record Continuation Sheet" (**Exhibit 7, Link to Image**), and on Form OWCP-46 (Exhibit 32).

(i) Verbal Warnings. The RS may issue a verbal warning when the RC demonstrates a lack of professionalism or violates standards 1-5, 7-9 or 12-14 on Form OWCP-36. These warnings are different from the meetings or telephone conferences in PM 3-700.4c(1)(b)(ii) above. Two verbal warnings within a twelve-month period will result in a first termination warning letter.

(ii) First Termination Warning Letter. The RS will send Form OWCP-48, "First RC Termination Warning Letter" (Exhibit 33, Link to Image), after two verbal warnings within a twelve-month period when an RC continues to demonstrate a lack of

professionalism or violates the standards a third time. The RS will also immediately send a first termination warning letter if the RC violates standards 6, 10, 11, or 15 on Form OWCP-36. Copies of this letter are distributed to the RC's supervisor, any other RSs using the RC, the RC's file and the rehabilitation case file.

(iii) Second Termination Warning Letter. The RS will send Form OWCP-49, "Second RC Termination Warning Letter" (Exhibit 34), when the RC continues to demonstrate a lack of professionalism or violates the standards again within twelve months after receiving the first letter. Copies of this letter are distributed to the same parties and files that receive copies of the first warning letter.

(iv) Termination Letter. The RS will send Form OWCP-50, "RC Termination Letter" (Exhibit 35), when the RC continues to demonstrate lack of professionalism or violates the standards again within twelve months after receiving the second termination warning letter. The RS should call the RC advising that, as of the date of mailing, no further services should be provided or billed. Open cases should be promptly transferred to another RC. The RS will also immediately send a termination letter if the RC violates standard 16 on Form OWCP-36. Copies of this letter are distributed to the same parties as listed above as well as to the RD and to the Chief, BMSR.

(v) Reconsiderations and Appeals. The RC may request reconsideration by the RD within 30 days of a letter of termination. The request must be in writing and must include reasons for disputing the termination. The RD will respond within 30 days with a decision. If the termination is upheld upon reconsideration, the RC may appeal the decision in writing to the Director, DPPS within 30 days. The Director, DPPS will respond within 90 days of receiving the request.

3-0800 - Forms and Reports

Under Development

3-0900 - Glossary and Index

Under Development

Exhibits

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Exhibit 2: Form OWCP-4 (Link to Image)

Exhibit 4: Form OWCP-6, Initial Interview Letter (Link to Image)

Exhibit 5: Form OWCP-8 (Link to Image)

Exhibit 6: Form OWCP-9, Rehabilitation Case Record (Link to Image)

Exhibit 7: Form OWCP-9a, Rehabilitation Case Record Continuation Sheet (Link to Image)

Exhibit 8: Form OWCP-10, Initial Interview Follow-up Letter (FECA) (Link to Image)

Exhibit 10: Form OWCP 13 (Link to Image)

Exhibit 11: Form OWCP-14, Referral to OWCP Rehabilitation (Link to Image)

Exhibit 13: Form OWCP-17, Rehabilitation Maintenance Certificate ([Link to Image](#))

Exhibit 15: Form OWCP-21, Letter Requesting Reemployment ([Link to Image](#))

Exhibit 16: Form OWCP-23, ([Link to Image](#))

Exhibit 17: Form OWCP-24, Letter of Authorization ([Link to Image](#))

Exhibit 19: Form OWCP-34, Incomplete Rehabilitation Bill Letter ([Link to Image](#))

Exhibit 20: [Form OWCP-35, Initial Authorization Letter to the RC](#)

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Exhibit 21: Form OWCP-36, Rehabilitation Counselor Agreement with OWCP ([Link to Image](#))

Exhibit 32: Form OWCP-48, First RC Termination Letter ([Link to Image](#))

Exhibit 33: Form OWCP-49, Second RC Termination Warning Letter ([Link to Image](#))

Exhibit 34: Form OWCP-50, RC Termination Letter ([Link to Image](#))

Exhibit 35: Form OWCP-1500, Health Insurance Claim Form ([Link to Image](#))

Exhibit 37: Form OWCP-66, Job Classification ([Link to Image](#))

Exhibit 38: Rehabilitation Counselor Certificate ([Link to Image](#))

Exhibit 39: Form OWCP-22 Letter Referring Claimant for Vocational Rehabilitation (Link to Image)

Exhibit 40: Form OWCP 44, Rehabilitation Action Report (Link to Image)

Exhibit 45: Form CA-2231 Claim For Reimbursement Assisted Reemployment (Link to Image)