



Ohio Administrative Code

Rule 4123-18-04 Living maintenance allowance.

Effective: September 1, 2020

The bureau shall make living maintenance payments from the surplus fund to an injured worker approved to participate in vocational rehabilitation pursuant to rule 4123-18-03 of the Administrative Code, in accordance with the criteria set forth in this rule. Living maintenance payments are compensation under Chapters 4121. and 4123. of the Revised Code.

(A) Living maintenance payments shall begin on the date that the injured worker actually begins to participate in an approved vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan as defined in rule 4123-18-05 of the Administrative Code. Living maintenance is not payable on the date of referral for vocational rehabilitation services, nor the date the injured worker signed the rehabilitation agreement. Activities performed prior to the injured worker's active participation in the approved vocational rehabilitation assessment plan and/or comprehensive vocational rehabilitation plan are considered pre-plan activities for which living maintenance is not paid.

If salary continuation is offered by the employer of record, an injured worker maintains the right to choose to receive either salary continuation or living maintenance during vocational rehabilitation. However, if temporary total or living maintenance has been paid in the claim, the injured worker shall be paid living maintenance when participating in an approved vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan. Whenever salary continuation is paid by the employer, it must be paid at the injured worker's regular (full) salary level.

(B) The bureau shall order suspension of living maintenance payments at such time as it becomes evident that the injured worker will not be able to participate actively in their vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan for a period of thirty days or more due to the medical instability of the injured worker. The suspension of living maintenance shall not affect an injured worker's right to compensation or benefits under the Revised Code for which the injured worker otherwise qualifies.



(1) The bureau shall assist the injured worker in obtaining the payment of other workers' compensation benefits to which the injured worker would normally be entitled absent involvement in a vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan upon the cessation of living maintenance payments.

(2) Medical hold and eligibility.

The injured worker, the employer, or their representatives may make a request to the MCO for a medical hold. The MCO shall forward the request, along with any necessary information, to the bureau. The bureau shall determine whether, based on adequate medical documentation, the injured worker's vocational rehabilitation plan should be closed with a medical hold.

(a) A medical hold will retain the injured workers eligibility for vocational rehabilitation services for up to a maximum of two years from the date of vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan file closure. The bureau and the MCO shall thereafter monitor the injured worker's medical status with the attending physician.

(b) When the bureau becomes aware of the re-stabilization of the injured worker's medical condition, the injured worker's vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan shall be reactivated and, absent any extenuating circumstances, appropriate rehabilitation services shall begin as soon as possible.

(C) The bureau shall not pay living maintenance benefits for any period during which an injured worker has returned to work while the injured worker's vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan remains open, other than as part of a gradual return to work plan.

However, the bureau may resume living maintenance payments if the injured worker subsequently stops working while the vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan is still open and the injured worker resumes services in said plan.

(D) The bureau shall terminate living maintenance payments upon the closure of the injured worker's vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan



pursuant to paragraph (F) of rule 4123-18-05 of the Administrative Code.

The termination of living maintenance shall not affect an injured worker's right to compensation or benefits under the Revised Code for which the injured worker otherwise qualifies.

(E) The bureau may order deduction from any living maintenance payment an amount equal to:

(1) One-seventh of the weekly payment to which an injured worker is entitled for each full day during which the injured worker fails, without good cause, to participate in their approved vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan.

(2) Any wages or other remuneration received by the injured worker while participating in an approved vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan and receiving living maintenance must either be endorsed over to the bureau, or will be deducted from the injured worker's living maintenance payments or from future awards of compensation.

(F) Living maintenance payments shall not be paid by the bureau for a period or periods exceeding six months in the aggregate, unless the bureau determines that the injured worker will benefit from an extension of vocational rehabilitation services.

(G) Bureau orders regarding suspension of, or deduction from an injured worker's living maintenance payments may be appealed to the industrial commission pursuant to section 4123.511 of the Revised Code.