



Ohio Administrative Code Rule 4123-18-04 Living maintenance.

Effective: October 1, 2025

The bureau will 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 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 or comprehensive vocational rehabilitation plan are considered pre-plan activities for which living maintenance is not paid.

If salary continuation is offered and continues to be offered by the employer of record during participation in an approved vocational rehabilitation plan assessment or comprehensive vocational rehabilitation plan, an injured worker may choose to receive either salary continuation or living maintenance unless temporary total or living maintenance has been paid in the claim. In those cases, the injured worker will be paid living maintenance. Whenever salary continuation is paid by the employer, it must be paid at the injured worker's regular (full) salary level.

(B) The bureau will 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 does 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 will assist the injured worker in obtaining the payment of other workers'



compensation benefits to which the injured worker would otherwise be entitled, absent involvement in a vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan.

(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 will forward the request, along with any necessary information, to the bureau. The bureau will 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 worker's approval to participate in vocational rehabilitation services for up to a maximum of six months from the date of vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan file closure.

(b) Upon request of the injured worker and with medical documentation indicating the stabilization of the injured worker's medical condition, the injured worker's vocational rehabilitation assessment plan or comprehensive vocational rehabilitation plan will be reactivated and, absent any extenuating circumstances, appropriate rehabilitation services will begin as soon as possible.

(C) The bureau will not pay living maintenance 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 will 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 does 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. In the alternative, the injured worker may endorse the wages or other remuneration over to the bureau, or the bureau may deduct the amount from future awards of compensation.

(F) Living maintenance payments will 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 or future awards of compensation may be appealed to the industrial commission pursuant to section 4123.511 of the Revised Code.