



Ohio Administrative Code

Rule 4123-18-05 Individualized written vocational rehabilitation plan.

Effective: March 1, 2020

(A) When surplus funds are used, the managed care organization (MCO) shall ensure that a vocational rehabilitation case management provider contacts the injured worker and prepares a written vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan for the injured worker's acknowledgment and approval. The vocational rehabilitation case management provider shall, where practical, consult with the injured worker's employer, the physician of record, and others considered appropriate. A vocational rehabilitation assessment plan may be prepared prior to the individualized written comprehensive vocational rehabilitation plan. The assessment plan may be up to four weeks in length, during which time the injured worker will be actively engaged in career exploration and assessment activities.

(B) Each written vocational rehabilitation assessment plan shall include, at a minimum, the following information:

- (1) The evaluation questions to be answered by the assessment;
- (2) The types of services required to complete the assessment, including:
 - (a) The estimated costs for the services;
 - (b) The estimated length of time required to complete the services;
 - (c) The provider for the services;
- (3) The estimated length of time required to complete the assessment.

(C) Each written comprehensive vocational rehabilitation plan shall include, at a minimum, the following information:



- (1) Identification of the injured worker's return to work goals and barriers to employment;
 - (2) The types of services required;
 - (3) The estimated costs;
 - (4) The estimated length of time required to attain the goals of the plan;
 - (5) An explanation of the specific strategies that will be employed to assist the injured worker in returning to work. The MCO must document that the return to work goal is addressed following the hierarchy of return to work objectives set forth in rule 4123-18-02 of the Administrative Code.
 - (6) The method of evaluating services.
- (D) Each written job retention plan shall include the following information:
- (1) The problems to be addressed by the plan;
 - (2) The specific services necessary for the injured worker to maintain current employment;
 - (3) The estimated costs for the services;
 - (4) The estimated length of time required to complete the services;
 - (5) The provider for the services.
- (E) The MCO shall oversee the development and implementation of the vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan by the assigned vocational rehabilitation case management provider. Once a comprehensive vocational rehabilitation plan is initiated, the MCO shall approve a change in the assigned vocational rehabilitation case management provider only for extraordinary circumstances.
- (F) The MCO, in conjunction with the bureau, shall close an injured worker's vocational



rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan for the following reasons:

- (1) The injured worker has completed a vocational rehabilitation assessment plan and it is determined further vocational rehabilitation services are not needed;
- (2) The injured worker has failed to fulfill the responsibilities outlined in the vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan;
- (3) The injured worker is unable to attain the goals of the vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan;
- (4) The injured worker has refused, without good cause, to accept an offer of employment within the vocational goal of the comprehensive vocational rehabilitation plan;
- (5) The injured worker is no longer living;
- (6) The injured worker does not agree with the MCO's or bureau's decision to approve or deny specific vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan services; or
- (7) The claim is subsequently disallowed by an order of the industrial commission, its district or staff hearing officers, or by an order of the court;
- (8) The claim is settled (medical and/or indemnity);
- (9) The injured worker has completed a comprehensive vocational rehabilitation plan;
- (10) The injured worker has completed a job retention plan;
- (11) The injured worker is determined to be no longer feasible for vocational rehabilitation services as defined in rule 4123-18-03 of the Administrative Code.



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(G) Appeals regarding vocational rehabilitation plan closure shall be governed by the alternative dispute resolution process provided for in rule 4123-6-16 of the Administrative Code.