



Ohio Administrative Code

Rule 4123-18-08 Payment for rehabilitation services and related expenses from the surplus fund.

Effective: October 1, 2024

(A) General principles.

(1) Vocational rehabilitation services and related expenses, as set forth in this rule, are paid from the surplus fund established by section 4123.34 of the Revised Code, so long as such costs are incurred in a lost time claim pursuant to an approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan.

(2) Vocational rehabilitation services can include but cannot be solely directed toward medical management and allied medical treatment of the injured worker in an approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan.

(3) Any period of treatment relating to the allowed condition(s) of the claim which has been prescribed and provided prior to the approval of the vocational rehabilitation plan by the physician of record in the claim, by a specialist to whom the injured worker has been referred by the physician of record, the injured worker's employer, the managed care organization (MCO), or the bureau of workers' compensation, and which extends into the calendar period of the injured worker's approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan will be charged to the risk of the employer.

(4) Vocational rehabilitation case management costs incurred in the development and preparation of an approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan, including costs for necessary medical, psychological, and vocational evaluations, are vocational rehabilitation services and are paid from the surplus fund. On-going vocational rehabilitation case management professional services and travel are also paid from the surplus fund as part of the approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan.

(B) Nonallowed conditions.



(1) The MCO may authorize payment for treatment of a condition which is unrelated to the work related injury or occupational disease as long as it is clearly evident that the unrelated condition is impeding vocational rehabilitation or is a barrier to returning to work. The payment for treatment of these conditions will not exceed three thousand dollars for each claim.

(2) The MCO will fully document the rationale for these expenditures in both the approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan and the MCO's rehabilitation case file.

(3) Payment for such treatment does not constitute a recognition of the unrelated condition as a part of the claim.

(4) As soon as the unrelated condition is no longer affecting the work related injury or occupational disease, or payment for treatment of the condition has reached the three thousand dollar maximum, payment for any subsequent treatment is the responsibility of the injured worker.

(C) Expenses incurred by injured workers.

The following expenses may be paid when authorized as part of an approved vocational rehabilitation assessment plan, comprehensive vocational rehabilitation plan, or job retention plan.

(1) Travel expenses may be reimbursed consistent with the provisions of paragraph (B) of rule 4123-6-40 of the Administrative Code.

(2) Reasonable and necessary relocation expenses may be authorized up to a maximum of four thousand dollars per injured worker.

(a) Relocation expenses may be approved when, as determined by the MCO, the following criteria are met:

(i) Job opportunities for which the injured worker is qualified do not exist within a reasonable commute on a daily basis, and



(ii) The injured worker has secured a job at the new location.

(b) Relocation expenses may include temporary lodging.