

Attendees

<i>Vocational Rehabilitation Providers</i>	<i>Department of Labor and Industries/Return to Work Partnerships</i>
<ul style="list-style-type: none"> ❖ April Poier, Ability Vocational Consulting ❖ Heidi Trisler-Ballew, Sound Vocational ❖ Cherie Smith, Vocational Connections Inc. ❖ Sybil Evans, SCA Pacific Case Management ❖ Earl Shimogawa, Dura Vocational Services ❖ Leslie Miller, Peninsula Vocational Services ❖ Leslie Weaver, Disability Management Consulting ❖ Sandra Holman, Strategic Consulting ❖ Ken Smith, Rainier Case Management, Inc. ❖ Laurel Creek, Rainier Case Management, Inc. ❖ Craig Bock, Bock Consulting ❖ Robert Gaffney, Gaffney Consulting ❖ Rolando Rodriguez, Sol Case Management 	<ul style="list-style-type: none"> ❖ Ryan Guppy, RTW Partnerships Chief ❖ Erin Moncada, PSRS Supervisor ❖ Melissa Sutherland, Vocational Service Specialist Supervisor ❖ Kristine Ostler, Vocational Service Specialist Supervisor ❖ Brianna Peterson, Administrative Assistant ❖ Richard Wilson, Private Sector Compliance Manager ❖ Amanda Fisher, RTWP Operations Manager ❖ Lara Drabek, Vocational Service Specialist Supervisor ❖ Erich Hahn, Management Analyst ❖ Wayne Shatto, RTW Partnerships Data Manager
<ul style="list-style-type: none"> ❖ Absentees: Sandra Holman, Strategic Consulting; 	

Welcome

Safety topic: This meetings safety topic revolved around pets and the holiday candy. Reminding to think about things that could be poisonous for pets. Ice chips, certain flowers, artificial sweetener, candles (fire hazard), decorations can be dangerous for pets and, as always, chocolate is toxic to dogs (especially dark).

Announcements

VTSG has added a new VTSG Member, Rolando Rodriguez. Rolando brings over 20 years of experience as a VRC. Assisting a lot of injured workers in the Latino community promoting a worker centered model.

Ryan Guppy introduced new Administrative Assistant, Brianna Peterson. Brianna Peterson comes from 3 years in state service with Department of Social and Health Services. Brianna has updated the Travel Reimbursement procedure. Please contact her for any forms or questions (Brianna.Peterson@L&I.wa.gov, 360-902-6741).

IARP updates by Leslie Weaver - Angela Westling (IARP President Elect) /Sandra Holman (IARP President) could not be in attendance.

- IARP Conference dates have been released, conference is scheduled for May 16 and 17.
- Open Board positions are available. Please contact Sandra Holman for application process.

RTW Partnerships, Amanda Fisher announces new hires for all regions filling all the Occupational Nurse Consultant positions in our regions. Will be posting for an Outreach position to service the Bellevue/Seattle/Everett area, soon.

- Jenny Moberg, ONC – Region 1
- Rebecca Rainwater, OT in Bellevue
- Elizabeth(Lizzie) Bennet, ONC – Region 3
- Shawn Apperson, ONC – Region 4
- Sophia Quang, ONC – Region 2

Kristine Ostler (VSS Supervisor) welcomes Bailey Ramsdell a VSS2 on January 1. Bailey comes with a CDMS certification and previously worked at Department of Enterprise Services (DES) as their return to work coordinator.

Free Text Announcement- Approximately 5-6 years ago, the Ability to Work Assessment (AWA) Lean team worked to shorten the duration of AWA referrals. This effort led to the identification of VRC standard work which demonstrated a reduction in AWA duration. VRCs have done a good job following these standards. However due to Early AWA efforts, we have identified a need to use the “free text” space on a vocational referral for messages more pertinent to our current

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efforts. Additionally, we continue to align services to a worker centric work disability prevention approach. Therefore a change has been made with the deletion of VRC standard work guidelines from the referral text. Claim managers can now enter free text/nonstandard language, starting on January 8.

Attendance Announcement- VTSG is now meeting quarterly vs. every other month. L&I reminded VTSG Board members that being in attendance and participating in meetings is very important – especially as we have moved to four meetings per year. The department requested input from VTSG board members to outline some responsibilities for when a member is unable to attend a meeting. The following concepts were discussed:

- Allowing regular audience members to sit in for absentee members as an alternate,
- Sending a note taker to bring back important information to the VTSG board member,
- Sending someone in the same firm who can represent similar ideas as the member
- At a minimum, sending an alternate who is a VRC.

The discussion led the group to agree on the following for when an alternate is needed:

- Alternate must be a VRC
- Board member is responsible for identifying an alternate VRC
- The alternate must participate in the meeting
- If an alternate cannot be identified, the VTSG board member must reach out to L&I (Erin Moncada) for selecting a replacement
- An alternate cannot be used more than two times per calendar year
- If an individual is unable to attend two (2) or more meetings, without a “pass” (inclement weather, sickness, or delays, etc.) steps will be taken to replace the member.

If steps are taken to replace the member, L&I will use previous applicants, regular public attendees, and previous members to select a new VTSG Board member.

Future VTSG Agenda Planning

The Department would like to encourage board members to participate in planning future meetings. Participation in planning will require a 1-hour pre-meeting which can be attended by VTSG members in person, by phone, or via skype.

VTSG board members Ken Smith, Rolando Rodriguez, and Laurel Creek, have agreed to assist with planning the April 2019 VTSG meeting.

VRC Success Stories (Board Member Agenda Item)

Facilitated by April Poier

April shared a story on an IW and their attorney, who was very supportive of VOC services, and during the conversations they were having with the individual and attorney April noticed something was off with the worker. Mental health counseling and PGAP were explained and she was able to get the IW behavior health services almost immediately.

*Some concerns were expressed about the delay in the physicians release for PGAP. That may need to be addressed. Ryan and the Team meet regularly to discuss the ways of reducing unnecessary delays in the process. They will bring it up at their next meeting.

April then asked the other VTSG board members and audience VRCs to share any of their recent success stories.

Rolando Rodriguez expressed appreciation for the latitude he now has to have more conversations with workers. He shared this experience working with undocumented injured workers and the challenges he runs into with WorkSource. However, using this latitude to apply a worker-centric approach has allowed him to identify other needs of his workers and he has been able to get them enrolled in other services such as PGAP, and move them forward in other VOC services. Using a worker-centered model has enabled him to assist his clients and get them documented and enrolled in ESL classes much earlier in the process as well

Kaethe Long and Ken Smith shared their use of other L&I tools like WorkSource for an employee who was no longer able to do their original job. This employee was able to get a promotion to a job that they were capable of doing. Eventually this employee was able to leave the position and use the Preferred Worker benefit at their new employer. Having individualized and engaged meetings with clients, instead of a single meeting and some phone conversations, has made the job more enjoyable and gratifying.

VRCs have also expressed some delays in completing job analysis and get modification approval. Moving to a worker-centric model, VRCs can go with IWs and meet with APs to get the process to move forward and approvals signed.

*Following this discussion, the group agreed to identify more success stories and effective ways to disseminate them. **The group also agreed that VRC success stories will remain a standing item on the VTSG agenda.***

How to navigate Behavioral Health Services and Progressive Goal Attainment Program tools

This agenda item, led by the VSS Supervisors, was related to a 12/18/18 “What’s New” posting titled “Help identify and address psychosocial barriers”. The purpose of this discussion was to determine the level of clarity provided by the “What’s New” article, the documents linked to the article, and to gather additional input for continued messaging on this important topic.

The discussion uncovered some confusion found in the linked document “Removing psychosocial barriers to recovery – how VRCs can help”. VRCs indicated they would like additional information on behavioral health services, PGAP Providers, PGAP Interventions and how they should communicate with APs on the differences between behavioral health interventions vs. mental health evaluations.

VTSG board members and VRC audience members indicated they would like L&I to continue to distribute this kind of information repeatedly using refreshed language, scenarios, and shorter bursts of information, to be added to the “What’s New” section AND by sending emails to the firms. VTSG board members reported this would also be a good topic to include in IARP town hall meetings. L&I will continue to find new ways to keep this information in the forefront, shortened, and with reminders.

VTSG board members also said “how to” guidance for use of these psychosocial interventions would be helpful. Success stories from VRCs was indicated to be the best option to share how to effectively use the interventions. The idea arose of possibly having private sector VRCs present success stories at the L&I Spring VOC Conference as to how to effectively use psychosocial intervention tools.

Functional Capacities Evaluations Update

Sarah Martin presented updates on the FCE project from 2016 and led a discussion/exercise on how to more effectively request and use FCEs (Functional Capacities Evaluations). Of note, RTW is moving towards a more worker-centric model, which uses other tools to help workers return to work, and can change the utility of the FCE in some cases. For some, an FCE may help improve the confidence of an individual. FCEs are seen as a resource intensive option and are often used to assist attending providers and inform others with answering several questions related to returning to work, staying at work, retraining and employability. In 2017, L&I paid for about 2800 FCEs and 2500 have been covered so far in 2018. These numbers only reflect state funded evaluations and self-insured do a large quantity of them as well.

The FCE improvements have continued to reduce process delays by 15 days on average.

Other improvements implemented in 2016:

- Post FCE questionnaire for VRCs
- Standard Summary form
- Clarified roles of FCE providers and VRCs to include communication between FCE provider and VRC (JA prior to evaluation)

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- Timeline expectations
- FCE provider's ability to extend FCE evaluations time frame
- FCE Criteria for CMs
- Approval letter to worker

Provided a heads up regarding the Physical Medicine Project, a component of the Healthy Worker 20/20 project, which is seeking to improve patient engagement, outcomes, and to create a standardized form for PTs and OTs. In the near future, we will be seeking feedback from the vocational community. HW2020 can also be seen on the upcoming IMAC and ACHIEV agendas.

Break-out Group to discuss aspects of FCE

<p><u>Group 1-What challenges do you still experience with FCEs?</u></p> <ul style="list-style-type: none"> • Restrictions are not connected to accept conditions • Would like to see cervical flexion/extension addressed • Issues with typing • Providers still lacking consistency or validity testing • Still seen as a stand-alone medical opinion • FCE providers are giving opinions regarding JA content, addressing items outside of their role • Workers are get injured in evaluation • Can be polarizing • Confusion around risk, capacity and tolerance • Expensive and still may not help the claim move forward • AP may hold all decisions until FCE performed • Want to see more ERGO recommendations 	<p><u>Group 2-What gaps do you see? What is missing?</u></p> <ul style="list-style-type: none"> • Challenges with inconclusive tests. What to do next? • AP does not use the FCE results • AP asks for FCEs routinely • Unclear about sequencing FCE with PGAP/Behavioral Health Interventions • Decreased FCE Provider communication or not willing to talk to VRC • FCE Providers not using claim and account center • FCE Providers call claim manager instead of VRC for JA. Unclear process/role • Used as a process tool instead of engaging with IW • Increase quantitative and qualitative QA of FCE providers • Conversations with AP and worker by VRC about FCE to improve buy in
<p><u>Group 3-Common questions VRCS need answers to</u></p> <ul style="list-style-type: none"> • What are and where to find FCE Billing codes? • Will CM pay for travel for IW to attend FCE? • How long is the FCE report valid? • Guidelines for FCE provider to send report to VRC? • How do we find FCE specialists? (hand therapist) • Can FCE provider recommend treatment they offer? 	<p><u>Group 4- How can L&I support you and your firm</u></p> <ul style="list-style-type: none"> • Increase awareness and consideration of job modifications • Providing guidance when FCE is/is not indicated • Address FCE providers who give same recommendations no matter the client • Clarify the VRCs role when issues arise regarding discrepancies, inconsistent treatment recommendations, concerns with conclusions, lack of contact, disagreements • Consider offering an L&I brown bag on FCEs. Invite VRCs and FCE providers. Include brown bag about IMEs too

Extended FCEs: A standard FCE duration is 3-6 hours. The claim manager can authorize up to an additional 6 hours of evaluation time given certain circumstances related to medical conditions and job demands. The 3-6 hours can be broken up and used to best meet the worker's needs or to follow up to test additional job demand tasks