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| Department of Labor and Industries Claims  PO Box 44291  Olympia WA 98504-4291 |  | **PLAN APPROVAL**  **REQUEST REPORT AND PLAN CERTIFICATION**  **Do not use a cover or routing sheet** |

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| Worker Name | |  | | Claim # | |  |
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| DOI | Worker Age | | | | Job of Injury |  |
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| **The VRC preparing the plan with the worker signs the retraining plan. This VRC will be the contact person for the VSS reviewing the retraining plan.** | | | | | |  | |
| Vocational Firm | Provider # & Branch # | | | | Report Date |  | |
|  |  | |
| VRC Name *(typed/printed)* | | |  | | VRC Provider number |  | |
|  | | |  | |  |  | |
| VRC Signature | | | | | VRC Phone # & Ext. | | |

**The quality assurance (QA) representative’s signature below (required for State Fund claims) certifies this retraining plan meets all requirements in accordance with** [**WAC 296-19A-100**](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-100)**. The VRC has taken appropriate steps to confirm the worker has all knowledge, skills, abilities, equipment, and funding to participate in this retraining plan.**

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| QA Representative’s Name *(typed/printed)* |  | Phone # & Ext |
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| QA Representative’s Signature | | |

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| Recommended Outcome Code Narrative  **Request Plan Approval - Plan Attached** | Recommended OutcomeCode  **PLN1** |

**Please do not copy and paste case notes, progress reports, occupational resource information, or entire medical reports in sections 1-5. Submit full reports related to the plan as attachments.**

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| **1. PROPOSED PLAN** |

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| 1A. **Plan Information** | | | | |
| RTW Goal | Worker’s Physical Capacity Level | | Worker’s Educational Level | |
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| DOT Title | DOT Code | | O\*Net Code | |
| Position demand level per ESD: In demand Balanced Not in demand Unknown | | | | |
| Training Site(s) | | | | |
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| Total Retraining Costs (Do not include Room and Board or Transportation) | | Start Date | | End Date |
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| |  | | --- | | **Is this an Additional Vocational Assistance (AVA) plan request?**  Yes  No  If Yes, Explain: | | |
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| **2. ENCUMBRANCE FORMS**  *When submitting vocational plans, use the following definitions to check the correct box:*   * *Original - A new vocational plan.* * *Revised – Additional information to a temporarily denied vocational plan.* |

**Encumbrance Forms** – must be completed separately and submitted as attachments. Be sure these forms aren’t the first page(s) of the Plan Approval Request Report and Plan Certification document. If they are, the plan could be imaged incorrectly and not processed timely.

2A. Provide an explanation of the costs and time requested on the encumbrance forms including how and why equipment (including computers and internet) or “other” costs are needed.

**Note:** Submit [Vocational Training Plan Ownership Agreement for Tools and Equipment](https://lni.wa.gov/forms-publications/F245-351-000.pdf) (F245-351-000) **with the plan**.

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| **3. MEDICAL INFORMATION**  *Address the medical information supporting the worker’s ability to participate in the plan including all medical barriers to employment, whether or not they are accepted as part of the claim. A complete medical history is not required in this section.* |

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| Identify the worker’s physical capacities, citing source(s) and dates. Provide the name and specialty of provider(s) who approved the job analysis for the plan goal. Discuss how any conflicting opinions were resolved in 3A.  3A. Physical Capacities: approved job analysis should be in alignment with the previously established physical capacities. | |
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| Date JA Approved | Provider Specialty |
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| 3B. Accepted mental health or cognitive conditions. Explain impacts of any mental health or cognitive conditions accepted on this claim. |
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| Identify if the following conditions exist and if there are any impacts on the worker’s job goal or training program. Explain impacts of any **physical/mental limitations/work restrictions** attributable to each condition.  3C. Pre-existing |
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| 3D. Denied |
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| 3E. Post-injury | |
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| 3F. Are any pre-job accommodations needed?  Yes  No  If yes, explain how these modifications will be accommodated during training and/or how they will be commonly and currently available in the labor market when the worker returns to work. | |
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3G. Did the attending provider verify the requested items are medically necessary for the accepted condition/s of the claim?  Yes  No  N/A No pre-job accommodation is needed.

**Note:** Submit [Pre-Job Accommodation Assistance Application](https://lni.wa.gov/forms-publications/f245-350-000.docx) (F245-350-000) forms **separately** (for State Fund claims only).

3H. Are the physical demands of the approved JA and current medical information consistent with the labor market survey?  Yes  No Explain reason if any discrepancies exist.

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| **4. VOCATIONAL INFORMATION**  *Address vocational information impacting the worker’s ability to participate in and complete the plan.* |

4A. Confirm the following employability options ([RCW 51.32.095(2)](https://app.leg.wa.gov/RCW/default.aspx?cite=51.32.095)) were ruled out:

JOI  Yes  No

Light duty with the employer  Yes  No

All work history and transferrable skills jobs  Yes  No

4B. Did the worker previously participate in training on this claim?  Yes  No

4C. Did the worker previously participate in training on a different claim?  Yes  No

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If yes, provide previous claim number

4D. Did the worker previously select Option 2 on this or another claim?  Yes  No

**If the answer to 4B, 4C or 4D is yes, explain this in Section 5 Rationale. Note the time and costs previously expended (include Option 2 time and costs) and state whether or not these can be credited—in addition to whether Option 2 was selected.**

4E. Does the worker have a language barrier that could impact the plan?  Yes  No

If the answer in 4E is “Yes,” identify native language and literacy (reading/writing) level. Address projected training needed to ensure worker can successfully participate in the retraining program and any required tests/certifications. If the worker’s preferred language is other than English, document the use of an interpreter to ensure understanding of the retraining plan and responsibilities.

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4F. If the program is limited entry, has the worker been accepted?  Yes  No  N/A

4G. Was on-the-job training (OJT) considered?  Yes  No

4H. If the answer to 4F or 4G is “No,” explain.

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4I. Education

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| Last Grade Completed | Year Graduated from High School | GED Completed?  Yes  No | Year GED Completed |

4J. Other school or vocational training: (college, business school, military, OJT, etc.)

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| --- | --- | --- | --- | --- |
| Dates Attended  From/To | Name/Type/Location | Completed? | Certificate or Degree Issued  Major/Subjects | Transcripts obtained? |
|  |  | Yes  No |  | Yes  No |
|  |  | Yes  No |  | Yes  No |

4K. Licenses, certificate and registrations (food handler permit, forklift operator, certified nurse’s aid)

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| Type | Required: Number and Expiration Date |
| Driver’s License |  |
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4L. Summarize how demonstrated aptitudes, previous GPA, or vocational analysis support the job goal.

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| Date | Name of Test/Inventory | Results/Academic Placement |
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4M. Describe any concerns, issues, or barriers to the proposed training plan.

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4N. Summarize school placement evaluation results.

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4O. List the sequential training schedule, date range, course number, and title. Identify prerequisites with an asterisk. Submit the program outline and course descriptions as an attachment including the number of credits per quarter/semester and total number of program credits.

**Note:** Submit the [Vocational Plan On-the-Job Training Agreement](https://lni.wa.gov/forms-publications/F280-039-000.pdf) (F270-039-000) **with the plan** (for OJT plans only).

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4P. List the essential skills/abilities/qualifications required per the LMS and outline how the skills will be provided.

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| Skills/abilities required per LMS | Identify courses/experience that will provide the required skills |
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| 4Q. For private schools, outline the discussion with the training provider and identify planned benchmarks for skills attainment. |

4R. Describe any other vocational concerns, issues, or barriers to retraining. List available resources and the proposed resolution. Some examples are transportation, ESL, lack of GED/ABE or criminal history. Don’t submit the official criminal record, just summarize and cite the source.

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**5. RATIONALE**

***Briefly*** *describe the proposed plan and indicate why this retraining goal is recommended. Summarize how worker’s physical and psychological functioning, education, previous employment skills, vocational analysis such as college placement test, ESL level, demonstrated aptitudes, or testing report, motivation, participation, and specific requirements of the labor market support the worker’s ability to benefit from this plan. Include any previous training from this or other claims, including any need for additional vocational assistance. Ensure certification or licensing requirements are outlined. See Definition Key included after Section 6.*

*Refer to* [*WAC 296-19A-100(1)(a)*](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-100) *and* [*WAC 296-19A-070(4)(b)(ii)(D)*](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-070)

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| **6. ATTACHMENTS**  *Submit full reports cited in the plan as attachments. Submit only documents relevant to the plan.* |

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| [**Accountability Agreement**](https://lni.wa.gov/forms-publications/f280-016-000.pdf) (F280-016-000) signed by VRC and worker  NOTE: If worker previously selected Option 2 on this claim or another claim, only submit the signed Option 1 Accountability Agreement.  For workers with Spanish as their preferred language, use the Spanish[Accountability Agreement](https://lni.wa.gov/forms-publications/f280-016-999.pdf) (F280-016-999) | |
| **Curriculum and course descriptions**  Retraining plan curriculum and course descriptions  If private vocational school, include course catalog  Program acceptance document  Retraining Site’s Billing, Cancellation and Refund Policies  For OJT trainer signed responsibilities:   * Collaborate with the training provider and worker to complete the [Vocational Plan On-the-Job Training Agreement](https://lni.wa.gov/forms-publications/F280-039-000.pdf) (F280-039-000). * Ensure the form specifies the learning objectives and skills the worker will acquire. Be sure it contains all signatures. * Recommend the trainer submits bills in 2- to 3-month increments. Let trainers know they can bill only after the retraining starts. | |
| **Encumbrance Forms** (as applicable)  [Plan Time/Cost/Travel Encumbrance](https://lni.wa.gov/forms-publications/F245-454-000.pdf) (F245-454-000)  Costs for private schools should be broken down in increments, matching their cancellation and refund policies.  [Plan Room and Board Cost Encumbrance](https://lni.wa.gov/forms-publications/f245-372-000.doc) (F245-372-000) | If the worker needs a temporary second residence to participate:   * Worker must have a primary residence during the proposed retraining program. * We will consider food expenses only if the temporary relocation results in the worker residing in a different location than with the worker’s immediate family. * Reimbursement rates ([per diem](https://www.gsa.gov/travel/plan-book/per-diem-rates)) depend on the county or state where the retraining program is located. |

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| **Equipment** (if required)  Computer must meet but not exceed requirements of the entire program. Be specific in your explanation (see [WAC 296-19A-100(1)(e)](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-100)). Attach the computer bid. Only new or expanded internet services will be considered if required by the program and should be outlined in 2A.  Pre-job accommodation for the accepted condition(s) must be referenced in the retraining plan but send the [Pre-Job Accommodation Assistance Application](https://lni.wa.gov/forms-publications/f245-350-000.docx)(F245-350-000) **separately** (for State Fund claims only).  Tool List  Signed Ownership Agreement |
| **Job Analysis and Labor Market Survey**  JA: Medically approved and in alignment with the Retraining Plan goal and previously established restrictions  Labor Market Survey (submit the entire survey per [WAC 296-19A-140](https://app.leg.wa.gov/wac/default.aspx?cite=296-19A-140)) |
| **Miscellaneous (**if required**)**  Driving abstract  Proof of insurance  Immunization records  DOT physical |
| **Vocational Information**  GED results / High School education  ESL test results  Licenses, certificates, registrations  Vocational Evaluation/Testing results |

**Definition Key**

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| ABE | Adult Basic Education | JA | Job Analysis |
| AP | Attending Physician | JOI | Job At Time Of Injury |
| CAC | Claim and Account Center | IME | Independent Medical Examination |
| DOI | Date of Injury | OJT | On-the-job Training |
| DOT | Dictionary of Occupational Titles | O\*NET | Occupational Information Network |
| ESL | English as a Second Language | SOC | Standard Occupational Classification System |
| GED | General Education Development Test | SVP | Specific Vocational Preparation Time |
| GOE | Guide for Occupational Exploration | VRC | Vocational Rehabilitation Counselor |
| LMS | Labor Market Survey | WATCH | Washington Access to Criminal History |