



Washington State Department of
Labor & Industries

Self-Insurance Update 2024



Update 2024

Self-Insurance

Safety Message



AUTUMN RAKING: SAFETY TIPS

As the weather cools down, you might have some extra chores around the yard. Be sure to consider these tips before you start raking.



WARM UP

Warming up with a few gentle stretching exercises and a short walk around the block could save you pain tomorrow. This will also help you enjoy the beautiful autumn scenery!



USE PROPER TOOLS

Before you buy gardening equipment, test it out in the store. Find tools that are the appropriate height and weight. This will prevent you from hunching over and injuring your lower back.



MAKE IT A WORK OUT

Don't make your back do all of the work! Instead, bend your knees and lift with your legs. Stand as straight as you can with your knees bent and your feet hip-width apart. Avoid twisting to prevent back injury.



SWITCH IT UP

People tend to favor one hand or side of their body when they're raking. To avoid using the same muscles, try switching sides every few minutes to avoid muscle fatigue.



PACE YOURSELF

Ease into autumn clean up and take regular breaks every 15-20 minutes. Frequent breaks give you time to relax, rejuvenate and enjoy the autumn weather.

MORE RAKING TIPS & FACTS!



People who exercise year round are less likely to injure themselves while doing outdoor chores.



Blisters are common from leaf raking, so wear gloves to avoid this uncomfortable injury.¹



28,000 people are medically treated each year for back, neck and shoulder injuries directly related to disposing of leaves.²



According to My Fitness Pal, you can burn as many as 272 calories while raking autumn leaves for one hour.³



You might not notice how hard your body is working as you rake. Make sure you have a full water bottle on hand and hydrate every 15 minutes.

¹ "Oh my raking back, dangers of leaf raking." Jackie Johnson. Wisconsin Radio Network. 11 October 2013. Web. 9 September 2014.

² "Avoid Leaf Raking Injuries." West Hartford Chiropractic. n.d. Web. 9 September 2014.

³ "Calories Burned from Raking Lawn." My Fitness Pal. n.d. Web. 9 September 2014.

Agenda

- Significant Decisions and Court of Appeals Updates – Knowrasa Patrick
- Med Updates – Dr. Ian Zhao, PhD
- Good Faith and Fair Dealing – Rachael McMeel
- SIEDRS non-compliance and penalties – Alex Gannon
- Long COVID – Dr. Ji Young Nam
- Master Level Therapists and Behavior Health Intervention – Chris Plummer
- Trainee Success – Nichole Fazzino
- SHB 2127 – Kirsta Glenn
- Odds and Ends – LaNae Lien



Washington State Department of
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Self-Insurance Update 2024



2023 BIIA Sig Decisions 2023 Appellate Decisions

Knowrasa Patrick

Bryan Wickstrom, BIIA Dec., 21 11055

- FCE performed June 2020
- Due to conflicting opinions, second FCE requested January 2021
- **Worker:** Department abused discretion because the FCE did not comply with RCW 51.36.3070
- **Department:** RCW 51.36.070 is not applicable and did not abuse discretion under RCW 51.32.095
- **Board:**
 - The Department was correct to not apply RCW 51.36.070 to the analysis.
 - The Department had authority under RCW 51.32.095 and WAC 296-20-01002 to issue an order approving the FCE.
 - The standard of review was abuse of discretion and although the second FCE was likely not “absolutely necessary” it was not “arbitrary or lacking factual support”.

Shannon Bean, BIIA Dec., 21 18503

- January 22, 2021, flight attendant worked a flight
- January 29, 2021, informed a passenger in her area tested positive for Covid. Shortly after she tested positive. Ms. Bean had severe symptoms, some of which lasted for a year.
- She filed a claim. Department allowed. SIE appealed.
- To get Covid claim allowed, must show “distinctive conditions of employment that exposed her to the virus in particular ways that differ from daily life or other work environments”.
- Ms. Bean’s work exposure met the criteria because “in order to fulfill her duties as a flight attendant, she was required to work inside airplanes with numerous passengers. She was confined to an airplane cabin, sharing air with everyone in the cabin. The dry air of the airplane, unlike an office building or outdoors, provided a hospitable environment for the Covid virus”. The work conditions “put her directly in greater contact with the virus”.

Michael Kilpatrick, BIIA Dec., 21 13384

- To determine whether benefits should be suspended due to vocational plan interruption, perform 4 step inquiry:
 - Was there an interruption per 51.32.096(5)(a)
 - Was the interruption beyond the worker's control per 51.32.096(5)(b)
 - Was the interruption the result of the worker's action per 51.32.096(5)(c)
 - Did the worker demonstrate good cause for the interruption per 51.32.096(5)(c) and 51.32.110
- Plan is interrupted if the "employability goal is no longer attainable"
- Beyond workers control if: (a) closure of the institution; (b) death in immediate family; (c) accepted medical conditions change and prevent further participation
- Due to worker's action if fail to: (a) meet attendance expectations; (b) achieve passing grades; (c) participate due to unrelated conditions; (d) abide by accountability agreement
- Noncooperation: "behavior that obstructs or delays the administration of the claim. The behavior is deliberate and calculated to obstruct".

Brinson-Wagner v. Kennewick School District and Dept of Labor & Indus., 28 Wash.App.2d 708

- WAC 296-20-055: "The department or self-insurer will not pay for treatment of an unrelated condition when it no longer exerts any influence upon the accepted industrial condition."
- Compensable consequences doctrine applies to "complications or aggravations resulting from treatment of the 'industrial injury'"

Colasurdo v. Esterline Technologies Corp., 25 Wash.App.2d 154 (2023)

- Injury on 2/4/14 – Claim filed 8/5/15 – Order allowing claim 6/2/16
- Employer appealed 6/13/19 – Order correcting and rejecting claim 8/7/19
- RCW 51.28.050 – claim must be filed within one year after the date of injury
- RCW 51.52.050 – Department order becomes final 60 days after communication
- Subject Matter Jurisdiction – “is the authority to adjudicate the type of controversy” not authority to act “in a particular case”
- “Department allowance orders – even those containing errors of law – become final and binding 60 days after [communication]”.

DeYoung v. City of Mt Vernon & Dept. of Labor and Indus., 28 Wash.App.2d 355 (2023)

- “A statute is presumed to operate prospectively unless the legislature indicates that it is to operate retroactively” This presumption is rebutted if, (a) “the Legislature explicitly provides for retroactivity; (b) “the amendment is ‘curative’”; (c) “the statute is remedial”
- Even if an Act is remedial in nature, that does not mean “all amendments to it are remedial for purposes of this retroactivity analysis”
- The rights of an injured worker are “controlled by the law in force at the time of the person’s injury, rather than by a law which become effective subsequently.”
- There is no case law that states “the law applied to a claim under the Act was the law in effect at the time that the claim is made rather than when it accrued.”

Questions?



SITrainerQuestions@lni.wa.gov



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Coverage Decision Updates

Labor & Industries

Ian Zhao, Ph.D.

Coverage Decisions

- Implemented through the Health Technology Clinical Committee (HTCC) and L&I
 - L&I is required by statute to implement HTCC coverage decisions (**RCW 70.14.120**)
- Implementation does not indicate coverage
 - L&I does not cover continuous glucose monitoring (CGM), or whole exome sequencing.
- Coverage decision list can be found on the L&I Website:
<https://lni.wa.gov/patient-care/treating-patients/conditions-and-treatments/>



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Coverage Decisions— 2023 - 2024

Title	Type	implementation and effective date
Acupuncture for chronic migraine and chronic tension-type headache	<u>HTCC</u>	9/1/2024
Acupuncture for lumbar conditions -Update	<u>LNI</u>	Last reviewed and updated: 9/1/2024
Stereotactic body radiation therapy (SBRT) - Update	<u>HTCC</u>	Last reviewed and updated: 7/1/2024
Hyaluronic acid/viscosupplementation (Re-review)	<u>HTCC</u>	3/1/2024
Autologous blood/platelet-rich plasma injections-Update	<u>HTCC</u>	Last reviewed and updated: 3/1/2024
Transcranial magnetic stimulation (TMS)	<u>HTCC</u>	10/1/2023



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Acupuncture for chronic migraine and chronic tension-type headache

- A HTCC coverage determination
- Main points:
 - Acupuncture is a covered benefit with conditions for chronic migraine when chronic migraine is an accepted condition on their workers' compensation claim.
 - Acupuncture is not covered for chronic tension-type headache or chronic daily headache.
 - Other headache and migraine types are out of scope
- Effective date: 09/01/2024
- [Webpage of the decision](#)



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Stereotactic body radiation therapy (SBRT) - Update

- Updates of the HTCC coverage determination (stereotactic radiation surgery (SRS) and stereotactic body radiation therapy (SBRT))
- Main points
 - In July 2023, the HTCC reviewed new evidence on SBRT and expanded the coverage significantly to include prostate cancer, small cell lung cancer, pancreatic adenocarcinoma, oligometastatic disease, hepatocellular carcinoma and cholangiocarcinoma as covered conditions.
 - Renal cancer was added In 2024.
 - SBRT is not a covered benefit for treatment of primary bone, head and neck, adrenal, melanoma, Merkel cell, breast, ovarian, and cervical cancers.
- [Webpage of the decision](#)



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Hyaluronic acid / viscosupplementation (Re-review)

- A HTCC coverage determination
- Main points:
 - Hyaluronic acid/viscosupplementation is not a covered benefit for treatment of **knee and hip** osteoarthritis
 - This non-coverage decision supersedes the previous coverage decision on hyaluronic acid/viscosupplementation, covered with conditions for the treatment of pain associated with osteoarthritis of the **knee**.
- Effective date: 03/01/2024
- [Webpage of the decision](#)



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Transcranial magnetic stimulation (TMS)

- A HTCC coverage determination – re-review
- Main points:
 - TMS for treatment resistant major depressive disorder (MDD) in adults is a covered benefit with conditions.
 - TMS is not covered for: smoking cessation; obsessive-compulsive disorder (OCD); generalized anxiety disorder (GAD); post-traumatic stress disorder (PTSD); and substance use disorder (SUD).
 - This coverage decision supersedes the TMS portion of a previous coverage decision (Non-pharmacologic treatments for treatment-resistant depression).
- Effective date: 10/01/2023
- [Webpage of the decision](#)



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Good Faith and Fair Dealing

Rachael McMeel

Resources

- [RCW 51.14.080](#)
- [RCW 51.14.180](#)
- [WAC 296-15-260](#)
- [WAC 296-15-266](#)
- [WAC 296-15-268](#)
- [WAC 296-15-270](#)
- [WAC 296-15-272](#)

New RCWs

- 51.14.180 - *Duty of good faith-Rules-Violations*
- 51.14.181 - *Duty of good faith-No private cause of action*

Amended RCWs

- 51.48.080 - *Violation of rules*
- 51.48.017 - *Self-insurer delaying or refusing to pay benefits.*
- 51.14.080 - *Withdrawal of certification-Grounds-Delay*

New WACs

- 296-15-270 - *Violation of the duty of good faith and fair dealing*
- 296-15-272 - *When intentional behavior is deemed a violation of the duty of good faith and fair dealing*
- 296-15-268 - *Self-insurance penalty calculations*
- 296-15-257 – *When a self-insured employer is subject to corrective action or withdrawal of certification as instituted by the director*

Amended WACs

- 296-15-260 - *Corrective action or withdrawal of certification*
- 296-15-266 - *Penalties*
- 296-15-121 - *Surety of self-insurance program*
- 296-15-125 - *Default by a self-insurer*

RCW 51.14.180

- The duty of good faith requires **fair dealing and equal consideration for the worker's interests.**
- Good Faith and Fair Dealing Violations:
 - If an employer coerces a worker to accept less than entitled.
 - SIE fails to act in good faith regarding its obligations.

RCW 51.14.180 Continued

- The department will adopt criteria for determining appropriate penalties for violations.
- The department shall investigate each alleged violation.
 - SIE/TPA must respond in writing within **10 working days** from request from the department.
- The department will issue an order within 30 calendar days.

Which SIEs Does This Effect

- Municipal employers
 - Counties, cities, towns, port districts, water-sewer districts, school districts, metropolitan park districts, fire districts, public hospital districts, regional fire protection service authorities, education service districts, or such other units of local government.

Which SIEs Does This Effect

- Private sector firefighter employers
 - Over 50 firefighters, including supervisors, on a full-time, fully compensated basis as a firefighter of the employer's fire department, only with respect to their firefighters

RCW 51.14.181

- “Nothing in chapter 293, Laws of 2023 shall be interpreted as allowing a private cause of action outside of the original jurisdiction of the department to assess penalties and rights to appeal as provided in this title.”

What is a Violation?

- There are two categories of violations:
 - Repeat
 - Intentional

WAC 296-15-270

- Duty of Good Faith and Fair Dealing Violations:
 - Management of the claim in a way that shows a greater concern for the employer's interests over the worker's interests.
 - Additionally, violations repeated often enough to indicate a general business practice.

WAC 296-15-272

- Violations with intent.
 - Deliberately impeding a worker from filing a claim.
 - Not forward a application to reopen a claim within 5 working days.
 - Not forwarding a protest or appeal within 5 working days.
- Coercing a worker to accept less than due.
- Inadvertent or minor actions are not a violation.

RCW 51.48.080 (Amended)

- Violations of any rule under Title 51 are subject to penalty not to exceed \$1,000.
 - \$1,161 due to inflation.
- Penalties considered under Good Faith and Fair Dealing may receive a multiplier no greater than three times.
 - $\$1,161 \times 3 = \$3,483$.

WAC 296-15-268 (1)

- Considerations the department will make when calculating all penalties:
 - Amount of delayed payment/underpayment.
 - Length of delay.
 - History of past practice.
 - Unaddressed action to department order or requests
 - Required adjustments to the amount of the payment.
 - Efforts to communicate with the worker

WAC 296-15-268 (1)(a)

- Amount of delayed payment/underpayment.
 - Was the amount of money delayed relatively low?
 - A COLA was not paid for a couple months, a minimum penalty may be considered.
 - Was the amount of money delay high?
 - 2 years of retroactive pay, a penalty may be increased.

WAC 296-15-268 (1)(b)

- Length of delay.
 - Benefits requested without supporting medical. 6 months later medical received, the benefit is now due. It takes a month for the payment to be made – this is a one month delay.
 - Worker's new attorney notices 5 years ago there was a 6 month period the worker did not receive TL, but it was also not requested until now. It takes 6 months to process the request – this is a 6 month delay.

WAC 296-15-268 (1)(c)

- History of past practice.
 - How many violations has the SIE/TPA had within the last 3 years?
 - The more violations, the higher the penalty calculation.

WAC 296-15-268 (1)(d),(g) and (e)

- Adjustments and unaddressed action to department order and/or request from any party.
 - If there was evidence to support payment of the benefit prior to department intervention, there should be consideration of an increase.
 - If any party, including the department, had to file numerous requests to get a response from the SIE/TPA, there should be an increase.

WAC 296-15-268 (1)(f)

- Efforts by the SIE/TPA to communicate with the worker.
 - If the SIE/TPA has numerous requests for supporting/clarifying information to the worker, without a response, there should not be an increase
 - If the SIE/TPA has made no effort to properly adjudicate the issue, there should be an increase

WAC 296-15-268 (2)

- Additional consideration the department will make when calculating penalties that are subject to a 3x multiplier:
 - Number of similar violations in the past year.
 - Harm or financial impact due to denial or delay.
 - If the undisputed amount of benefits was paid.
 - Timeliness of action to department order and/or request from any party.

WAC 296-15-268 (2)(a)

- Number of prior violations in the past year of the same nature.
 - The more prior violations the higher the multiplier.

WAC 296-15-268 (2)(b)

- Harm or financial impact done due to the denial or delay of benefits.
 - The delayed benefit was a retroactive amount and the worker has been working, there is likely no harm.
 - Benefits due continually delayed unreasonably and the worker lost their home.
 - Worker had leg weakness due to the condition, with surgery unreasonably delayed had a significant fall causing another injury.

WAC 296-15-268 (2)(c)

- Whether the SIE/TPA paid the undisputed amount of benefits.
 - If the SIE/TPA contends the worker is owed \$10,000 and the worker contends they are owed \$15,000. The SIE/TPA pays the \$10,000, a multiplier may not be considered.
 - If the TPA/SIE does not pay any amount, a multiplier may be appropriate.

WAC 296-15-268 (2)(d)

- The SIE/TPA's timeliness or delay in responses to request from any party.
 - The department or worker has had to make numerous requests to get a response from the SIE/TPA, there may be consideration of adding a multiplier.

WAC 296-15-268 (3)

- Additional consideration the department will make when calculating penalties up to 52x the average weekly wage:
 - Prior violations of good faith and fair dealing.
 - Harm or financial impact due to denial or delay.
 - Amount of concurrent penalties.
 - Involvement in investigation by SIE/TPA.
 - Violation of WAC 296-15-270 or WAC 296-15-272.

WAC 296-15-268 (3)(a) and (b)

- Prior violations of good faith and fair dealing.
 - Follow subsection 5 (based on average weekly wage)
- Harm or financial impact due to denial or delay.
 - Follow subsection 2 (based on a possible 3x multiplier)

WAC 296-15-268 (3)(c)

- Amount or number of penalties
 - One intentional act may not have much of an increase.
 - The more types of violations, the higher the multiplier.
 - Repeated actions and numerous acts:
There is a history on a claim and others of delayed time loss, delayed requesting allowance on this claim, and repeated failure to use the forms and templates.

WAC 296-15-268 (3)(d)

- The SIE/TPA's participation in the investigation.
 - Ignored numerous requests and/or failed to otherwise assist in the department's investigation of the allegations, the higher the penalty.
 - Participating and acknowledging shortcomings, the multiplier may not be increased.

WAC 296-15-268 (3)(e)

- Whether the violation was based on repeat or intentional behavior.
 - If it is repeated behavior without much harm, the lower the multiplier.
 - If it is one-time, intentional behavior that could be claim/benefit suppression, an increase in the multiplier may be considered.

WAC 296-15-268 (4)

- These factors could reduce the penalty amount:
 - Efforts to correct the actions.
 - Efforts to communicate and educate employees and adjudicators of relevant policies and procedures.
 - Worker's failure to provide necessary documentation to complete a review or investigation.
 - Investigation attempts made before benefits denied.
 - SIE/TPA's participation in the department's investigation and timeliness of responses.

WAC 296-15-268 (5)

- Minimum penalties for violations of Good Faith and Fair Dealing are determined by the number violations within a 5 year period.
 - 1 violation = 1x Average Weekly Wage
 - 2 violations = 15x Average Weekly Wage
 - 3 violations = 25x Average Weekly Wage
 - 4+ violations = 40x Average Weekly Wage

WAC 296-15-266 (Amended)

- Language added to encompass that penalty referral may be made on the departments own motion.
- Gives the SIE/TPA 10 working day to respond to a penalty referral.

WAC 296-15-257

- Lists several situations that require the director to take corrective action.
 - Intentionally or repeatedly inducing an employee to accept less than owed or preventing employees from filing claims.
 - Habitually failing to comply with rules and regulations.
 - Includes violations of Good Faith and Fair Dealing 2 times in a 3 year period.

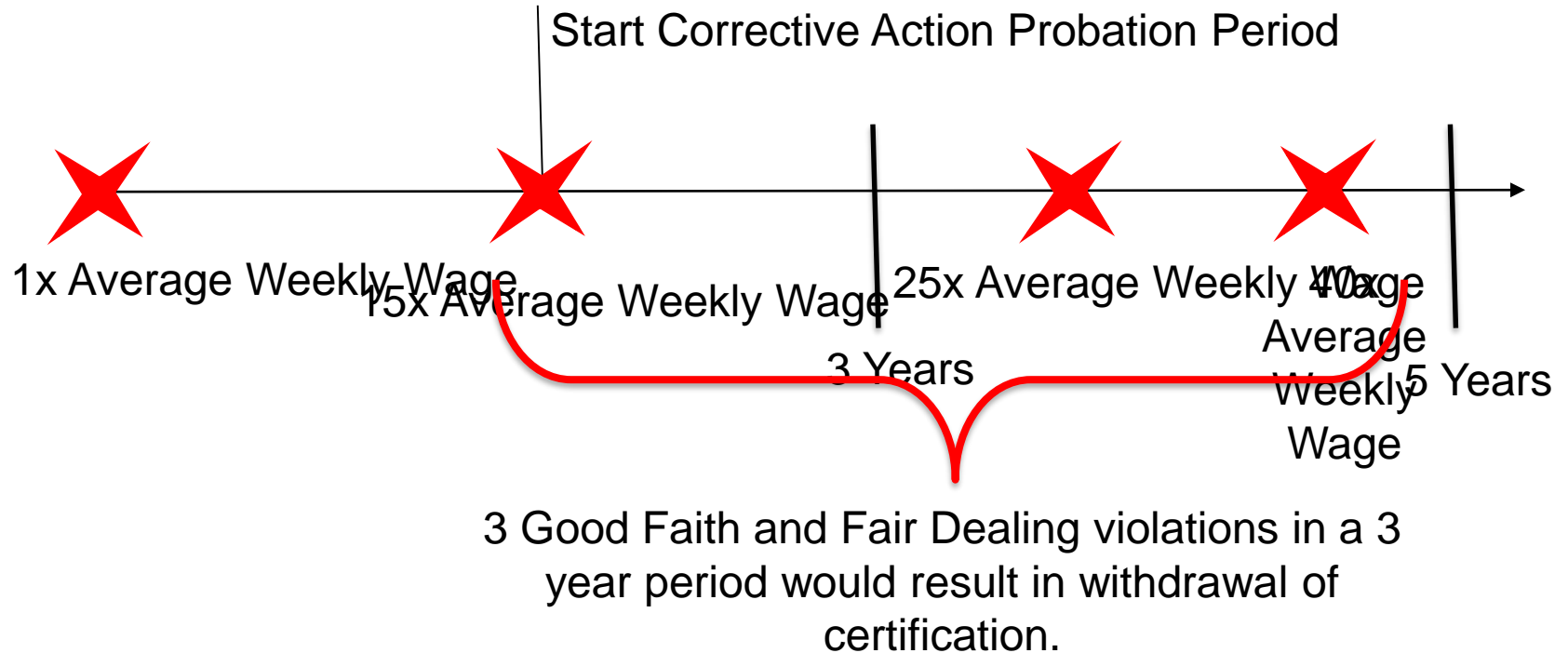
WAC 296-15-260 (Amended)

- Corrective action will be by order and notice.
- Will result in:
 - Probationary status not to exceed one year.
 - Mandatory training.
 - Monitoring activities of the SIE.
- Outcomes may include an extension of probation or decertification.

RCW 51.14.080 (Amended)

- Withdrawal of certification shall be taken if the following are identified:
 - 3 Good Faith and Fair Dealing violations in a 3 year period.
- Withdrawal may be delayed while an SIE has an enforceable contract with a licensed TPA that may not be legally terminated.

Timeline



Resources

- [RCW 51.14.080](#)
- [RCW 51.14.180](#)
- [WAC 296-15-260](#)
- [WAC 296-15-266](#)
- [WAC 296-15-268](#)
- [WAC 296-15-270](#)
- [WAC 296-15-272](#)



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Self-Insurance Update 2024



Morning Break!



SIEDRS non-compliance and Penalties

Alex Gannon

RCW 51.14.110

- L&I established electronic reporting systems for efficient and effective monitoring
- Electronic submittal of specified claims data is required to maintain self-insurance certification
- Penalties for noncompliance can include up to the withdrawal of self-insurance certification.

Electronic Reporting Systems

- Self-Insured Employers are required to report data using two separate electronic systems.
 - Self-Insurance Electronic Data Reporting System (SIEDRS) for claims data.
 - Medical Bill Electronic Data Interchange (EDI) for medical bill data.
- May use your own systems to submit this data or contract this service to a third party. Ultimately, the SIE is responsible for ensuring compliance with these requirements.

Why SIEDRS?

- Claims are established in L&I's system faster.
- Fewer errors between systems.
- Assists in catching errors sooner

Enrollment

- To participate in SIEDRS, complete and submit a [SIEDRS Enrollment Form](#).
- SIEDRS format requirements are outlined in the [SIEDRS Enrollment Package](#).
- Questions about SIEDRS can be submitted to SIEDRS@Lni.wa.gov.

WAC 296-15-231 – Reporting to SIEDRS

- All claims opened during a calendar month, as well as any updates made during that month, must be reported to SIEDRS by the tenth calendar day of the following month.
- Newly certified self-insurers must begin submitting data by the tenth calendar day of the month following certification.
- Error corrections must be submitted to SIEDRS within ten calendar days of notification

Penalties

- The department will consider penalties when a self-insurer:
 - Refuses or fails to send data files to SIEDRS.
 - Repeatedly reports late.
 - Repeatedly fails to correct errors on time.
 - Demonstrates repeated and uncorrected inaccuracies in reporting format.
- Repeated failure to comply with SIEDRS requirements may result in increased sanctions, up to and including withdrawal of self-insurance certification.

Penalty Assessments

- Any occurrences within a twelve-month period and need not be consecutive
- Attributes to an individual file regardless of the number of claims it contains
- Penalties are cumulative.
- Consider withdrawal of certification
- Occurrences may be waived

WAC 296-15-232 – SI Medical Bill EDI

- Qualifying claims include:
 - The date of injury (DOI) was on or after January 1, 2020.
 - The claim was initiated during a time that the employer was self-insured, and the liability for that claim remains with the employer.

WAC 296-15-232 – SI Medical Bill EDI

- SIE must submit complete and accurate reports based on standards set forth by the IAIABC.
 - L&I will systematically monitor report data for quality and timeliness, and establish objective performance standards based on the overall reporting of data.
 - L&I has a maximum threshold percentage for errors or untimely submittals.
 - L&I will notify submitters if performance measures are below the set standard.

Benefits of Medical Bill EDI

- Policy discussions informed by medical billing data historically could only include information about State Fund claims due to data availability. Medical Bill EDI allows visibility to the self-insured community.
- Medical Bill EDI can inform audit risk analytics for issues related to medical billing and payment.

EDI Timely Reporting

- All medical bills for claims with date of injury on or after January 1, 2020 must be reported within 30 days of bill payment.
- Submitters will have thirty days from the date of notification to make corrections to errors and resubmit, or request an extension in writing to the department.

Penalties

- Non-compliance with EDI reporting under WAC 296-15-232 will be considered a Rule Violation under RCW 51.48.080
- Errors uncorrected after 30 days may result in:
 - Training
 - Audits
 - Corrective action process

Medical Bill EDI

- Medical Bill EDI uses the IAIABC Medical Bill Standard version 2.0.
- To participate in Medical Bill EDI, an EDI trading partner must register your firm in the EDI system. This requires an FEIN for your firm that is in L&I's records.
- Medical Bill EDI requirements are outlined in the L&I's EDI website: <https://walniedi.info/>
- Questions about Medical Bill EDI can be submitted to WALNIEDI@Lni.wa.gov.

EDI Exemptions

- Must have had one or fewer claims filed in the last three years, and must have fewer than five employees in the state.
- L&I may deny any request for exemption.
- Authority to grant or deny exemptions belongs to the supervisor of industrial insurance.
- If granted, the exemption expires after three years. May apply for another exemption at that time.

Questions?



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Long COVID and Workers' Compensation

Ji Young Nam, MD, MPH
Associate Medical Director
Washington State Department of Labor and
Industries
October, 2024

Topics

- Long COVID update
- Definition and diagnostic criteria
- Causation Analysis
 - Reinfections
 - Pre-existing conditions
 - Causal relationship \neq Association
- Treatment
- Prognosis
- Return to Work



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Long COVID Update



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What's New?

New Report Underscores the Seriousness of Long Covid

The National Academies said the condition could involve up to 200 symptoms, make it difficult for people to work and last for months or years.

The New York Times
(June 5th, 2024)

About 400 Million People Worldwide Have Had Long Covid, Researchers Say

The condition has put significant strain on patients and society — at a global economic cost of about \$1 trillion a year, a new report estimates.

The New York Times
(August 9th, 2024)



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What's New? (Cont.)

- About 6% of adults globally have had long Covid.
- Many people have not fully recovered.
 - Only 7-10% of long Covid patients fully recovered two years after developing long Covid.
- Treatment remains one of the biggest challenges.
- “Long Covid drastically affects patients’ well-being and sense of self, as well as their ability to work, socialize, care for others, manage chores and engage in community activities – which also affects patients’ families, caregivers and their communities.”

What's Known?

Prevalence of long COVID for all adults

6.9%
of all adults

10%

Females were more likely to report ever having long COVID than males.

8.6%
of all females

10%

5.1%
of all males

10%

20%

Young adults and older adults were less likely to report ever having long COVID than midlife adults.

15%

10%

5%

0%

Age 18-34

Age 35-49

Age 50-64

Age ≥65

Females

Males



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Fang et al., JAMA Data Brief, June
2024

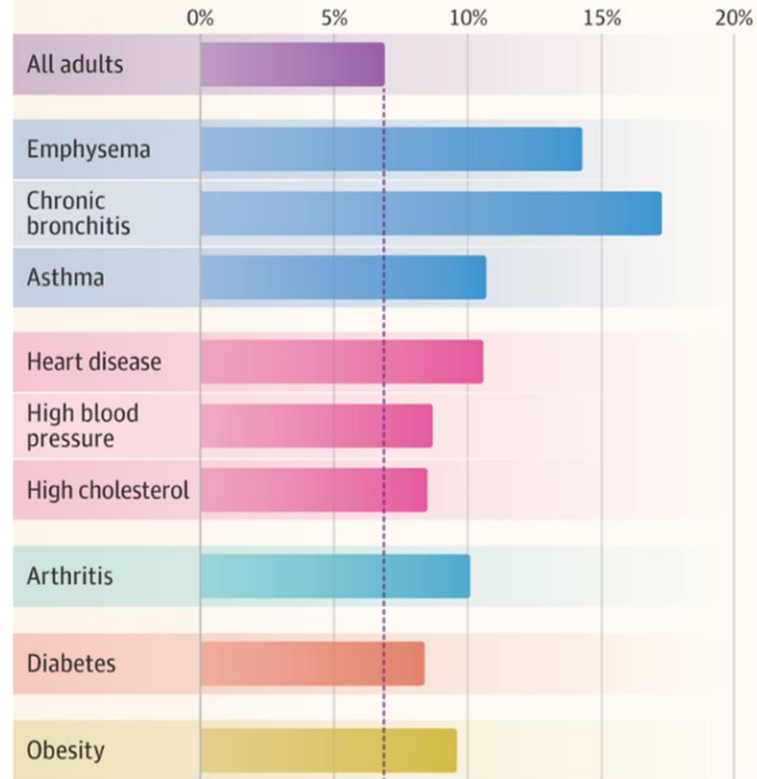


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What's Known? (Cont.)

Prevalence of long COVID by preexisting chronic conditions and obesity

Adults with certain comorbidities were more likely to report ever having long COVID than all adults.



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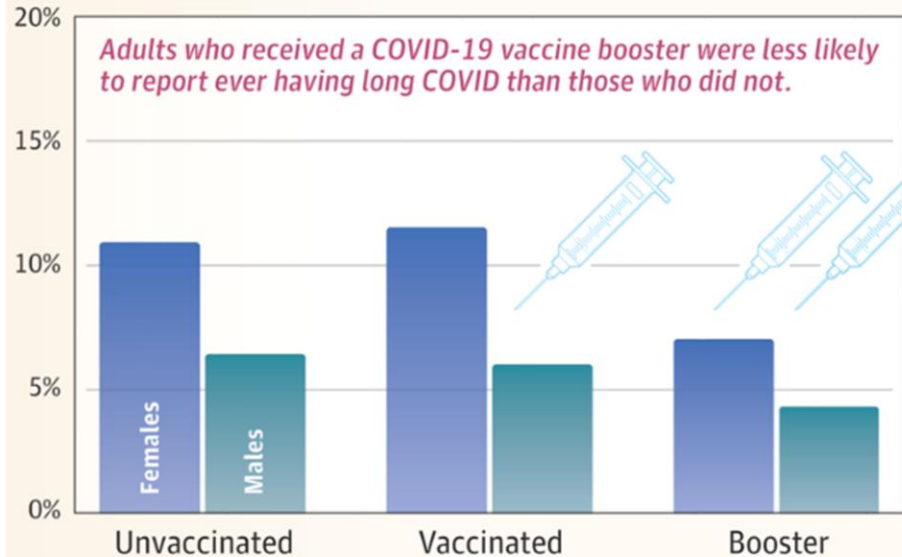
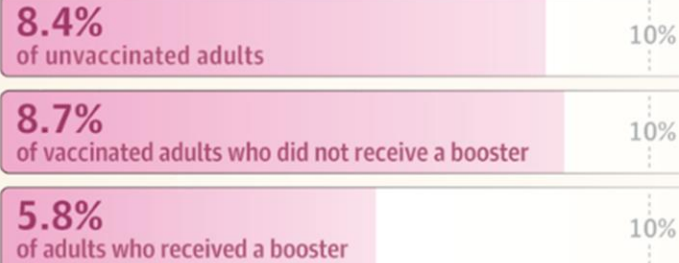
Fang et al., JAMA Data Brief, June 2024



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What's Known? (Cont.)

Prevalence of long COVID by vaccination status



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Fang et al., JAMA Data Brief, June
2024

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What's Unknown?

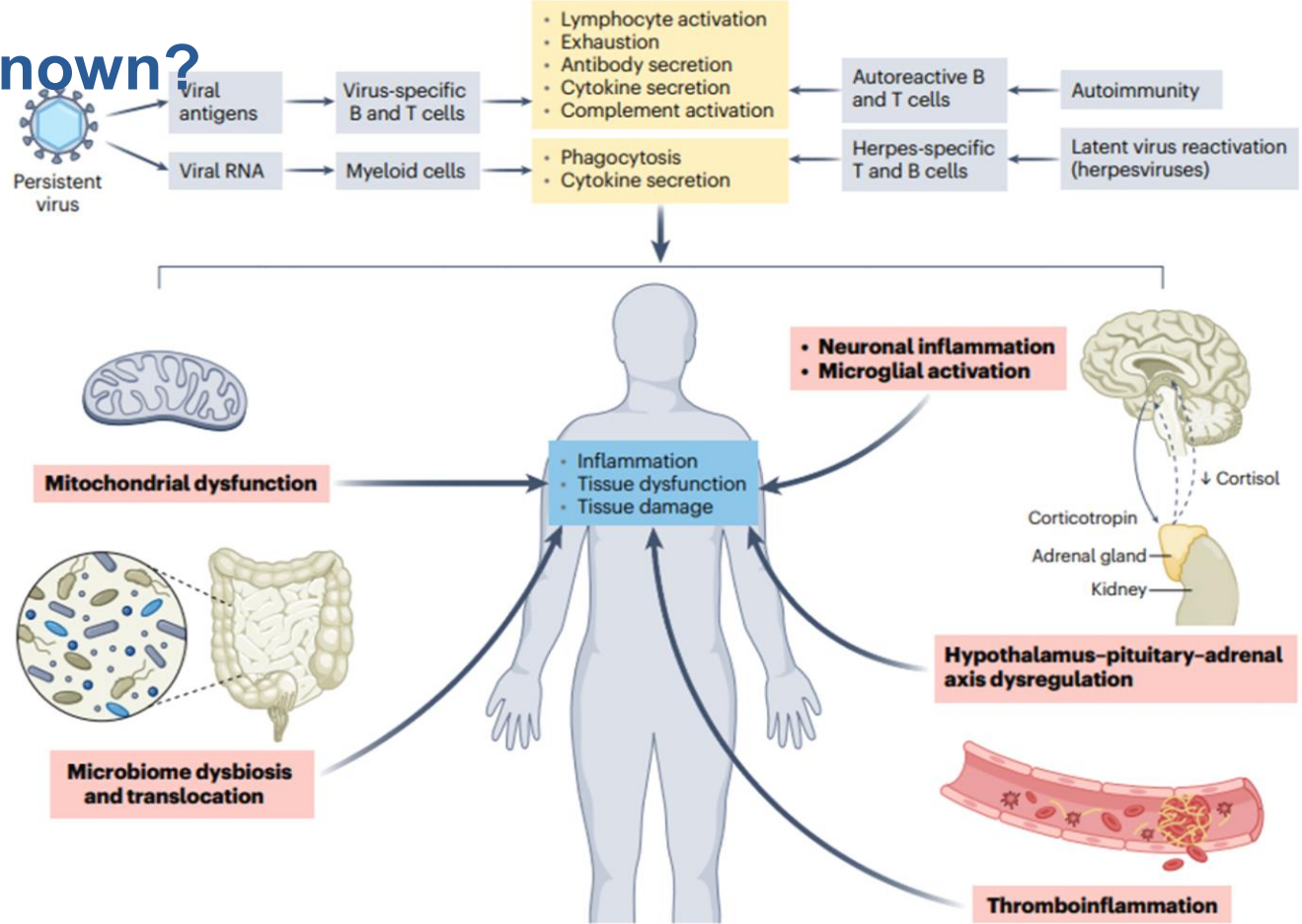
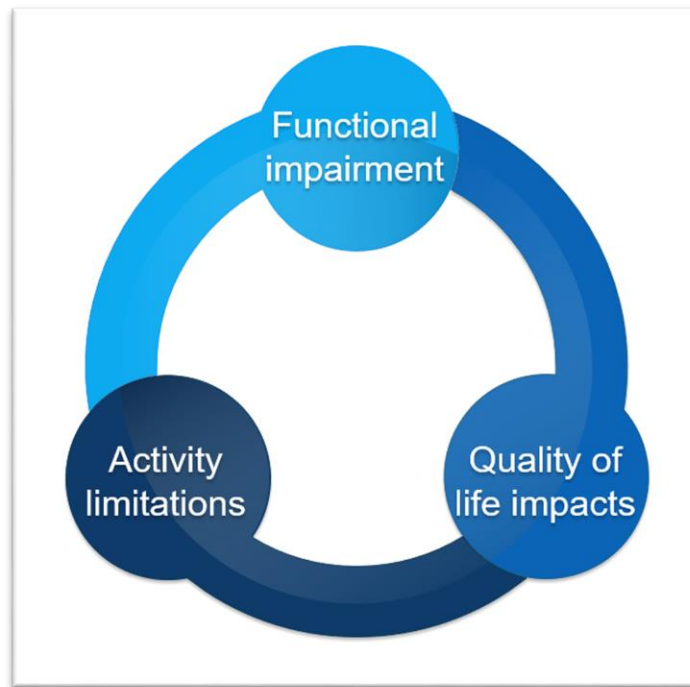


Fig.3 Mechanisms of long COVID (Al-Aly et al., nature medicine, August 2024)

Unique Challenges of Long COVID

- Absence of a clear-cut diagnostic biomarker or other definitive diagnostic criteria
 - Relying on symptoms to define long COVID and then using definition to indicate what symptoms are attributable to long COVID
- Associated with more than 200 symptoms impacting multiple organ systems
- Variable temporal pattern and duration of symptoms
- Severity of symptoms vary from mild to severe
- Presence and prevalence of co-morbid conditions
- Lack of definitive treatment tools and standardized care pathways
- Limitations in the evidence base



New or Ongoing Symptoms

- Dyspnea or increased respiratory effort
- Fatigue
- Post-exertional malaise* and/or poor endurance
- Cognitive impairment or "brain fog"
- Cough
- Chest pain
- Headache
- Palpitations and tachycardia
- Arthralgia
- Myalgia
- Paresthesia
- Abdominal pain
- Diarrhea
- Insomnia and other sleep difficulties
- Fever
- Lightheadedness
- Impaired daily function and mobility
- Pain
- Rash (e.g., urticaria)
- Mood changes
- Anosmia or dysgeusia
- Menstrual cycle irregularities
- Erectile dysfunction

* Post-exertional malaise (PEM) is the worsening of symptoms following even minor physical or mental exertion, with symptoms typically worsening 12 to 48 hours after activity and lasting for days or even weeks.



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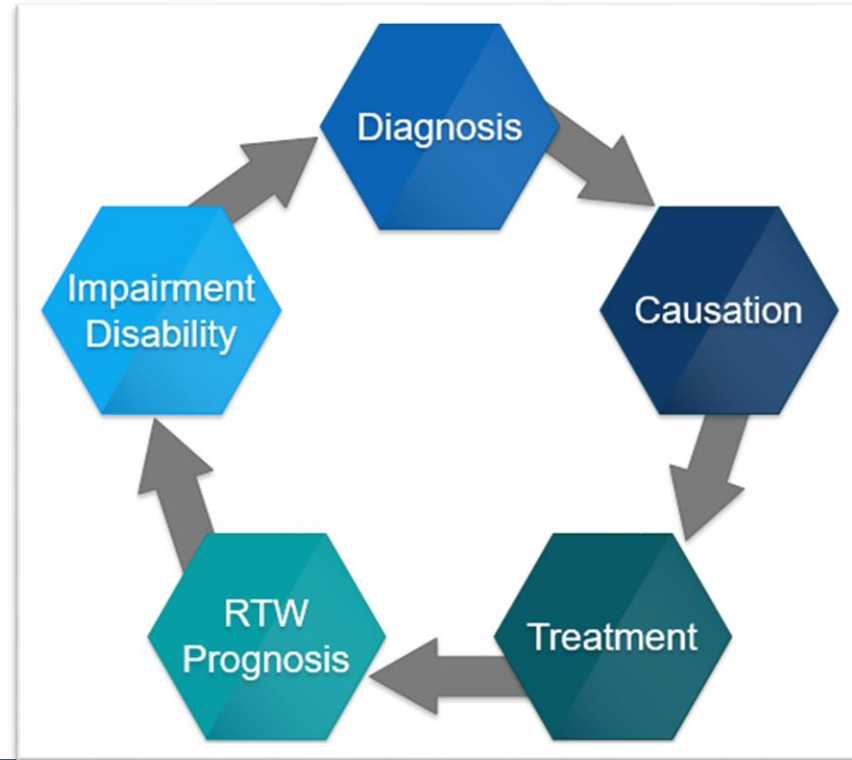
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CDC Clinical Overview of
Long COVID



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Unique Challenges (Cont.)



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Definition and Diagnostic Criteria of Long COVID

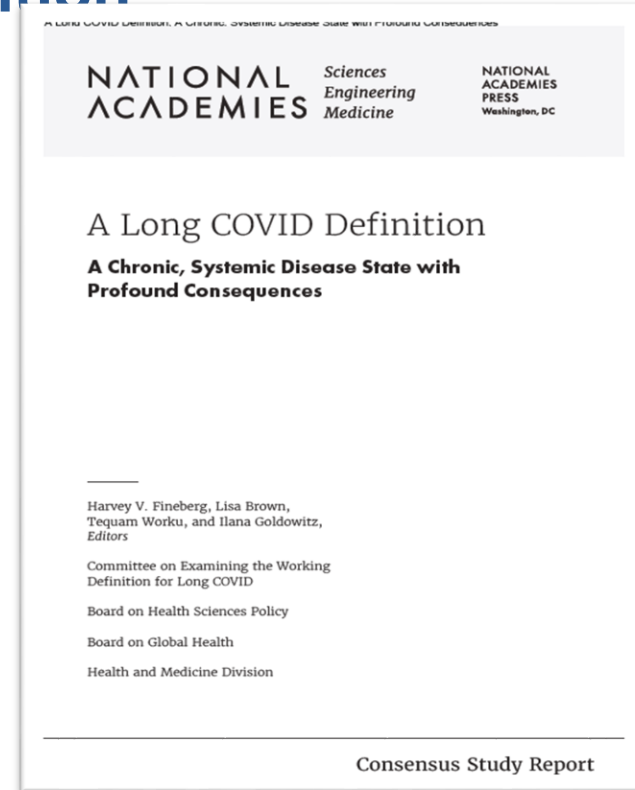


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2024 NASEM Long COVID Definition

- Long COVID is an infection-associated chronic condition that occurs after SARS-CoV-2 infection and is present for **at least 3 months** as a continuous, relapsing and remitting, or progressive disease state that affects one or more organ systems.



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Quantitative Scoring Framework for Long COVID

The Washington Post
Democracy Dies in Darkness

What is long covid? For the first time, a new study defines it.

The findings are expected to help standardize the definition of long covid and influence how the condition is diagnosed and studied



By [Amanda Morris](#)

May 25, 2023 at 11:00 a.m. EDT

Table 2. Model-Selected Symptoms That Define PASC and Their Corresponding Scores^a

Symptom	Log odds ratio	Score
Smell/taste	0.776	8
Postexertional malaise	0.674	7
Chronic cough	0.438	4
Brain fog ^b	0.325	3
Thirst	0.255	3
Palpitations	0.238	2
Chest pain ^b	0.233	2
Fatigue ^b	0.148	1
Sexual desire or capacity	0.126	1
Dizzines	0.121	1
Gastrointestinal	0.085	1
Abnormal movements	0.072	1
Hair loss	0.049	0

Abbreviation: PASC, postacute sequelae of SARS-CoV-2 infection.

Vignette 1.

- 40 y/o female certified nursing assistant with ongoing symptoms of fatigue, shortness of breath on exertion, coughing, worsening headache, poor mood and sleep, nausea, dizziness and joint pain after COVID infection in July 2020.
- Past medical history: obesity (BMI 35), migraine, mild intermittent asthma
- Exams
 - Physical exam: unremarkable
 - Oxygen saturation in room air: 100% (normal)
 - 6-minutes walk test: unable to do due to underlying chronic back pain
 - Chest x-ray: unremarkable
 - Pulmonary function test: unremarkable
- Claim was closed in late 2022, but reopening application was filed a year later for worsening shortness of breath with coughing and she was found to have unchanged exam findings.



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Criteria for Allowance of an Occupational Disease

- A physician must present an opinion that work conditions, on a more-probable-than-not basis, are a cause of the disease or have aggravated or “lit up” a preexisting condition; **AND**
- **Objective medical findings** support the diagnosis; **AND**
- The disease must arise “naturally and proximately” out of employment.
(RCW 51.08.140)

Medical Examiners'
Handbook (July 2024)



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Objective Medical Findings (OMFs)

- Objective physical or clinical findings are those findings on examination which are independent of voluntary action and **can be seen, felt, or consistently measured by examiners.**
- Subjective complaints or symptoms are those perceived only by the senses and feelings of the person being examined which **cannot be independently proved or established.**

WAC 296-
20-220



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Shortness of Breath (Example)

Things to Keep in Mind

- A functional assessment evaluating ADLs and recovery time after activity is helpful for triaging severity and creating a titrated return to individualized activity program ([Appendix B](#))
- Differentiate between dyspnea at rest (forgetting to breathe), dyspnea with movement (bending forward), dyspnea with exertion with or without hypoxemia, and post-exertional malaise (disproportionately long recovery time after exertion)
- Consider evaluation for pulmonary embolism (PE)²⁵ (Li P, 2021), coronary artery disease (CAD)²⁶ (Xie Y, 2022), interstitial lung disease and myocarditis²⁷ (Puntmann VO, 2020)²⁸ (Daniels CJ, 2021) if clinically indicated given higher rates after COVID-19
- Assess pregnancy/lactation status, review teratogenic medications

Evaluation

Labs to Consider

- Complete blood count (CBC)
- If on oral contraceptive pill (OCP) with relevant Wells or modified Geneva score, consider D-dimer to screen for pulmonary thrombosis
- Troponin if suspicious for myocarditis

Tests to Consider

- Assess oxygen saturation at rest and with exertion
- If lasting more than 8 weeks, consider:
 - 2-view chest x-ray (CXR)
 - Electrocardiogram (EKG)
 - Pulmonary function tests (PFT)

PACT Management to Consider

- ICD-10 Code: U09.9, Post-COVID-19 condition, unspecified
- Supplemental oxygen
- Pharmacologic therapies, including oral corticosteroids, inhaled bronchodilators, and inhaled corticosteroids, are not *routinely* recommended for breathing discomfort in the absence of a specific diagnosis such as asthma
- [Heart healthy diet](#)
- [Stress management](#)
- [Diaphragmatic Breathing](#)

Consults to Consider

- Pulmonary: Persistent hypoxia at 6 weeks or abnormal work-up; otherwise >12 weeks with persistent symptoms
- Cardiology: Abnormal EKG, stress test, or highly suspicious for cardiac etiology
- Pulmonary rehabilitation: After prerequisite clinical assessment for CAD, hypoxia, and participation (orthostatic hypotension) while excluding post-exertional malaise
- Ear, Nose, Throat (ENT) or Speech Language Pathology: concurrent dysphonia or dysphagia
- Physical Therapy: titrated return to individualized activity program ([Appendix B](#)) if no post-exertional malaise
- Occupational Therapy: regulated breathing during daily task engagement in home and the community
- Whole Health System approach: health coaching

Whole Health System
Approach to Long
COVID (VA Guidebook,
2022)

Shortness of Breath (In-office measures)

- 30-second sit-to-stand
- 2-minute step tests
- 6-minute walk test
 - Good index of physical function and therapeutic response
 - Total distance walked
 - Magnitude of desaturation (pulse oxygen saturation)
 - Timing of heart rate recovery



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Causation Analysis

Reinfections
Pre-existing conditions



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Long COVID Presentations

- Different onset patterns (emerge, evolve, persist, resolve, and reemerge over time following initial acute COVID-19 illness)
- Develop following asymptomatic disease or a period of acute symptom relief or remission
- Worsening pre-existing symptoms or conditions
- COVID-19 reinfections and risk of developing long COVID
- Chronic conditions similar to long COVID
 - ME/CFS (myalgic encephalomyelitis/chronic fatigue syndrome)
 - Fibromyalgia
 - POTS (postural orthostatic tachycardia syndrome)
 - MCAS (mast cell activation syndrome)

The Disease State of Long COVID

An Infection-Associated Chronic Condition (IACC)

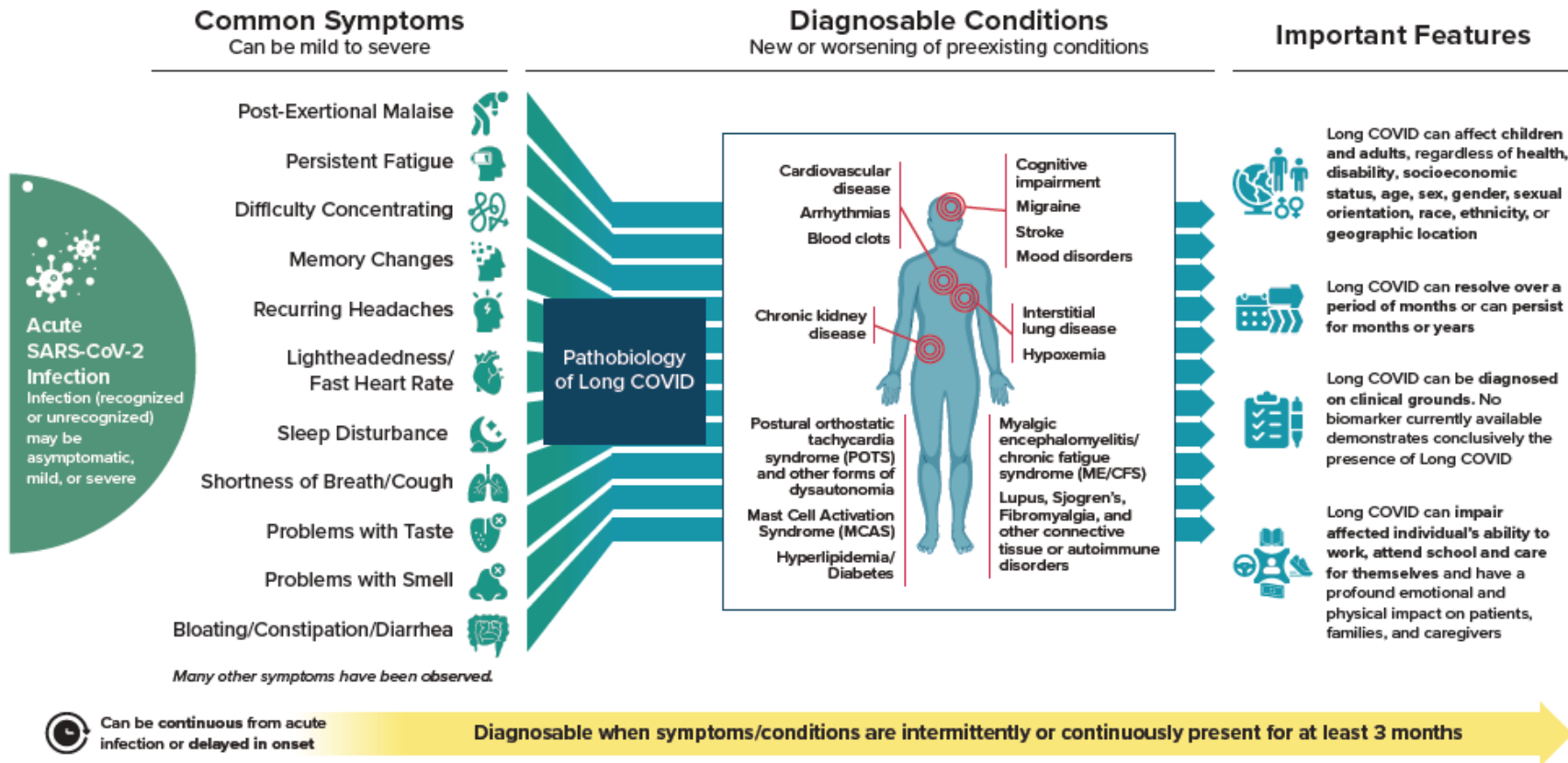


Figure S-1 Definition figure: 2024 NASEM Long COVID definition.

Vignette 2.

- 48 y/o male occupational therapist continues to have symptoms of brain fog, post-exertional malaise, intermittent chest pain with palpitations, imbalance, lack of energy and extreme fatigue after COVID infection (work-related) in November 2021. He had another COVID infection (not work-related) in May 2023.
- Past medical history: prediabetes (HbA1c 5.9 in 2018), allergic rhinitis, dyslipidemia, COPD, past smoker (30 PPD, quit in 2020)
- Family history: strong history of diabetes
- He was found to have diabetes (HbA1c 7.0) during a brief hospital stay from COVID infection and started on metformin. His inhaler use for COPD has increased and additional inhaler was added at the recent clinic visit.
- He wondered whether he developed diabetes and worsening COPD from the long COVID.

COVID-19 Reinfections and Long COVID

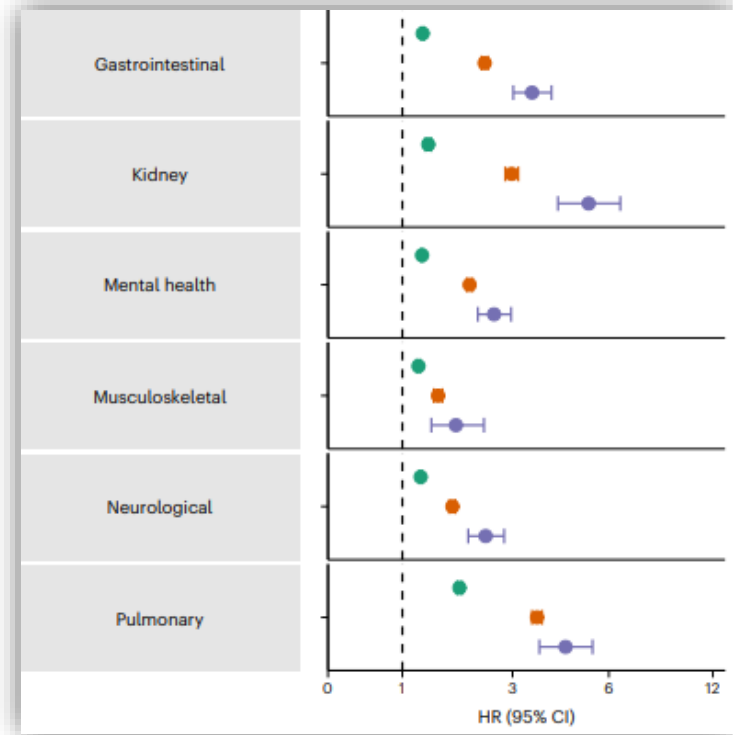
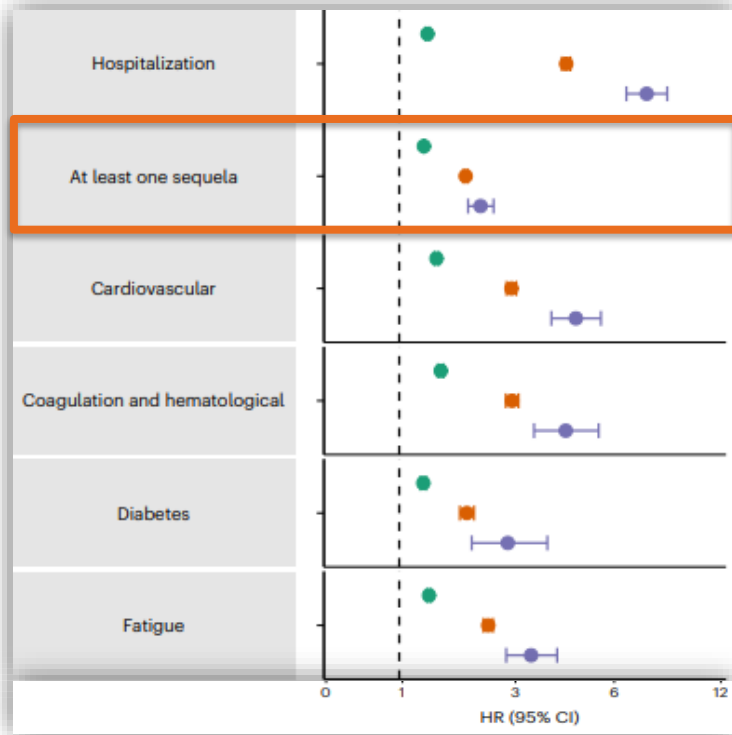
- **Acute and postacute sequelae associated with SARS-CoV-2 reinfection (Bowe et al., nature medicine 2022)**
- **Methods:** A cohort of individuals with one SARS-CoV-2 infection (n=443,588), reinfection (two or more infections, n=40,947) and noninfected control (n=5,334,729) from VA national healthcare database. → Inverse probability-weighted survival models to estimate risks and 6-month burdens of death, hospitalization and incident sequelae.
- **Conclusion**
 - Compared to no reinfection, **reinfection contributed additional risk** of death (HR 2.17), hospitalization (HR 3.32), **at least one sequela of COVID-19 infection (HR 2.10)** and sequelae including pulmonary, cardiovascular, hematological, diabetes, gastrointestinal, kidney, mental health, musculoskeletal and neurological disorders.
 - Compared to noninfected controls, cumulative risks and burdens of repeat infection increased according to **the number of infections**.



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Fig.5 Cumulative risk of sequelae in people with one, two and three or more SARS-CoV-2 infections compared to noninfected controls. (Bowe et al., nature medicine 2022)



Risk Factors for developing Long COVID

- Middle age
- Higher body mass index
- Females ≥ 20 years
- Pre-existing conditions
 - Depression/Anxiety
 - Allergies
 - Obstructive lung disease
 - Untreated obstructive sleep apnea
 - Type 2 diabetes
 - Connective tissue disorders
- Severe acute COVID-19 illness



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UpToDate® 2024



Washington State Department of
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Aggravation

- Definition: A factors(s) that adversely alters the course or progression of the medical impairment. Worsening of a preexisting medical condition or impairment. (AMA Guides, 5th edition)
- Considerations
 - Natural progression of a pre-existing condition?
 - Any intervening factors? (e.g., intervening independent and sufficient cause for the disease)
- The court directed that aggravation can only be granted when the worker's medical evidence is based at least in part on **objective findings**. (Philips vs. Dept. of L&I)



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Causation Analysis

Association \neq Causal relationship



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The Washington Post
Democracy Dies in Darkness

‘Unusual’ cancers emerged after the pandemic. Doctors ask if covid is to blame.

It's not a new idea that viruses can cause or accelerate cancer. But it will probably be years before answers emerge about covid and cancer.



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Causal assessments

- Epidemiologic causal assessment: To evaluate whether a purported risk factor is truly a disease determinant than merely an associated factor.
- **Although epidemiologic studies can prove or disprove an association, they cannot prove causation.** (Hadler NM. Occupational Musculoskeletal Disorders 1999) → **Epidemiologic evidence by itself is insufficient to establish causality,** although it can provide powerful circumstantial evidence (association).
- Individual causal assessment: application of the aforementioned evaluation on an **individual basis**

NIOSH/ACOEM Six Steps for Causation

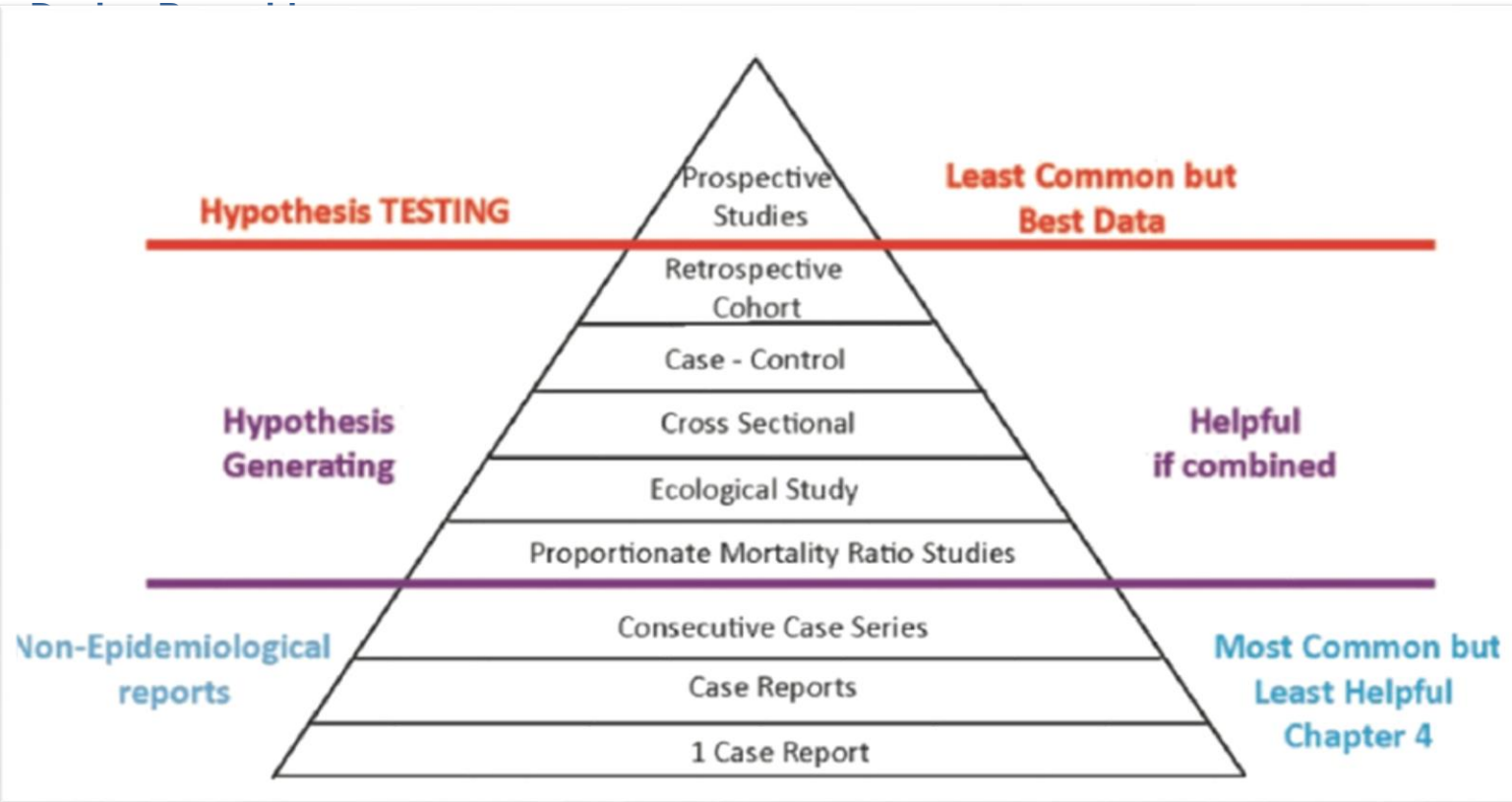
1. Identify **evidence of disease**
2. Review and assess the available **epidemiologic evidence** for a causal relationship
3. Obtain and assess the evidence of exposure
4. Consider **other relevant factors**
5. Judge the validity of testimony
6. Form conclusions about the work-relatedness of the disease in the person undergoing evaluation

1. Identify Evidence of Disease

- Establish a definite diagnosis.
 - What is the disease?
 - What certainty is there that the diagnosis is correct?
 - What evidence supports or fails to support that diagnosis?
 - Is the diagnosis supported using a generally accepted case criteria definition?

2. Assess the Available Epidemiologic Evidence

- Critical appraisal of the medical literature
 - Critical appraisal is the process of carefully and systematically examining research to judge its trustworthiness, and its value and relevance in a particular context (Burls, 2009).
- What is the epidemiologic evidence for that condition?
 - What study designs have been utilized?
 - Have biases and confounders been adequately addressed?
 - How well does the body of evidence support the causal criteria?
- Epidemiologic studies point up possible associations but do not prove cause-effect relationships. (A Guide to the Work-Relatedness of Disease, CDC NIOSH 1979)



Bradford Hill Criteria – Occupational

1. Temporal Relationship
2. Strength of Association (relative risk or odds ratio)
3. Dose-Response Relationship
4. Consistency
5. Plausibility
6. Consideration of Alternate Explanations
7. Experiment
8. Specificity
9. Coherence

Literature Review

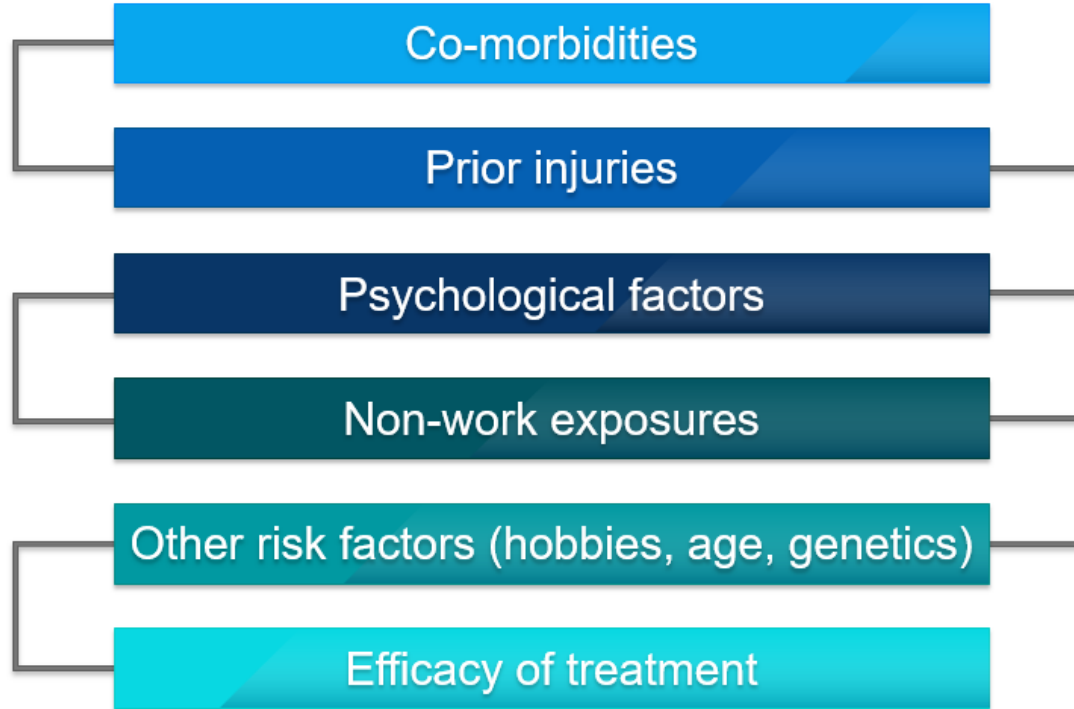
- “It is important to note that many studies evaluating the prevalence and severity of persistent post-COVID-19 symptoms have **significant methodologic limitations**, such as lack of a control population, selection and reporting bias, and lack of standardized assessment protocols. Thus, **data are highly variable and often depend upon the population studied.**” (Mikkelsen and Abramoff, “long COVID”, UpToDate® 2024)
- Conclusions about causal association
 - If there are some statistically positive studies on a disorder, few cohort studies, **some conflicting results**, and only a few criteria that are consistently addressed, it may be accurate to state that, although there is some evidence, a causal association cannot be concluded. (AMA Causation book 2nd edition)



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4. Consider Other Relevant Factors



NIOSH/ACOEM Six Steps for Causation

1. Identify evidence of disease
2. Review the available epidemiologic evidence for a causal relationship
3. Obtain and assess the evidence of exposure
4. Consider other relevant factors
5. Judge the validity of testimony
6. Form conclusions

Treatment

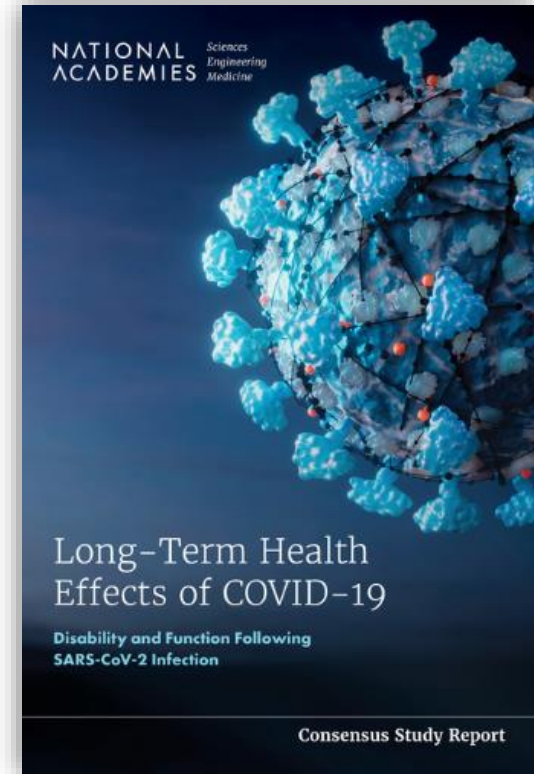


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Disease Management

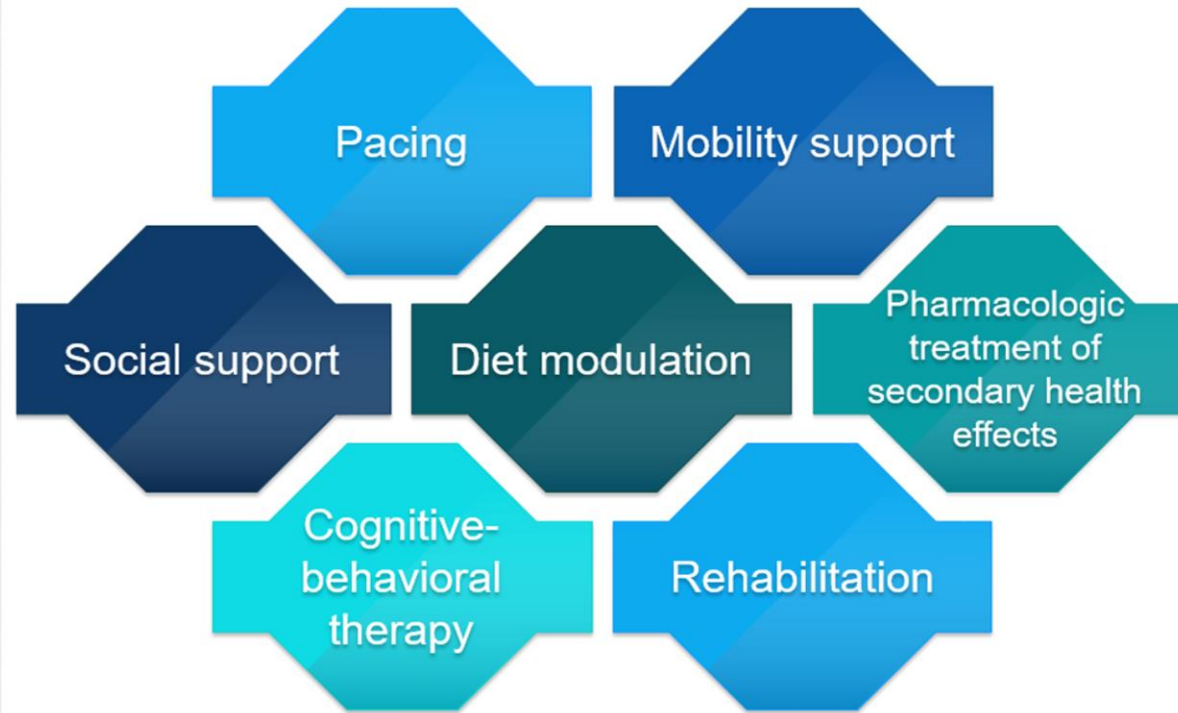
- “There currently is **no curative treatment** for Long COVID itself. Management of the condition is based on current knowledge about treating the associated health effects and other sequelae. As with other complex multisystem chronic conditions, treatment focuses on **symptom management** and **optimization of function and quality of life.**”



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Disease Management (cont) • Individualized Approach



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NASEM 2024

Report
Washington State Department of
Labor & Industries

Vignette 3.

- 55 y/o female home health aide developed brain fog, worsening migraine, severe fatigue, shortness of breath, chest heaviness, sleepiness, depressed mood, lightheadedness, intermittent nausea and diarrhea after COVID infection in March 2021.
- Her attending provider requested authorization for low-dose naltrexone and ivermectin (an anti-parasitic drug) for symptom relief, and home oxygen therapy for fatigue and migraine.



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WAC 296-20-02850 When may the department cover controversial, obsolete, investigational or experimental treatment?

(1) The department or self-insurer will not authorize nor pay for treatment measures of a controversial, obsolete, investigational or experimental nature. (See WAC 296-20-03002.) Under certain conditions, the director or the director's designee may determine that such treatment is appropriate. In making such a decision, the director or director's designee will consider factors including, but not limited to, the following:

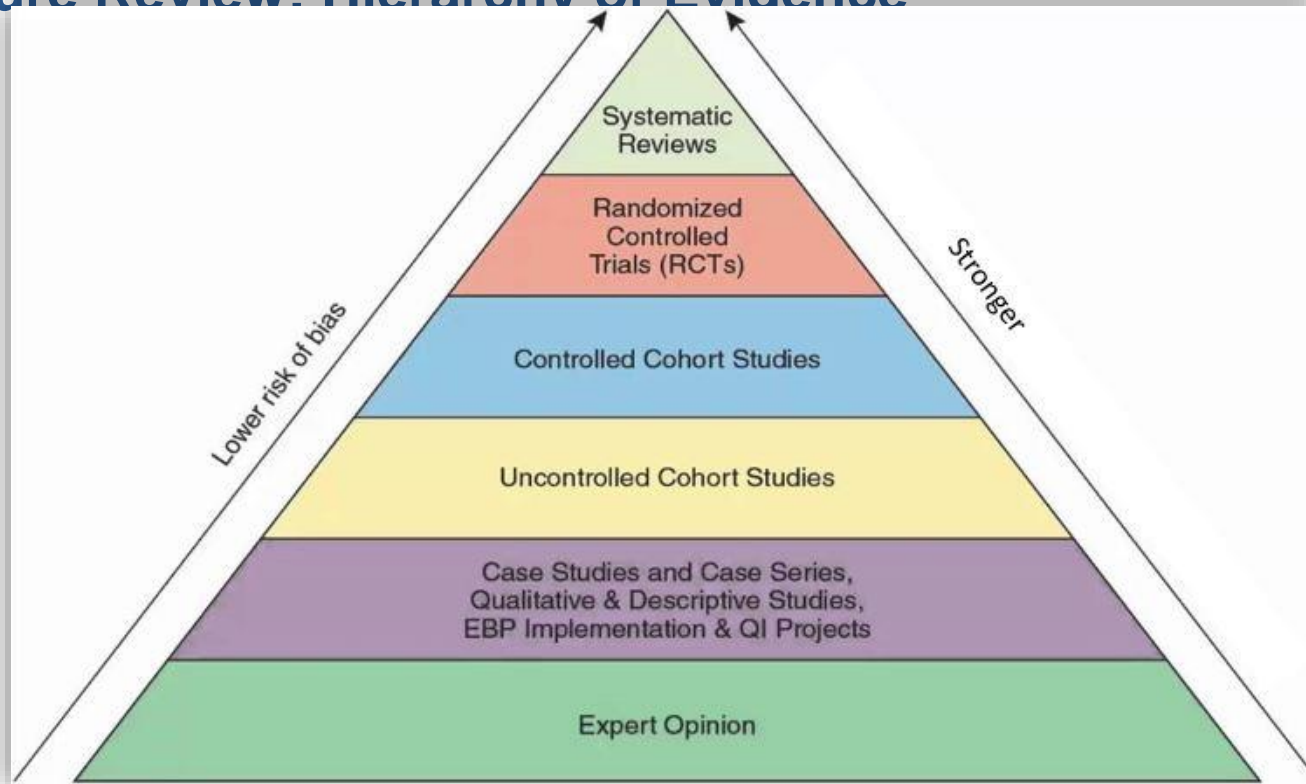
- (a) Scientific studies investigating the safety and efficacy of the treatment are incomplete, or if completed, have conflicting conclusions, and:
 - Preliminary data indicate the treatment or diagnostic procedure or device has **improved net health and functional outcomes**; and
 - **No alternative treatment** or diagnostic is available; or
- (b) The treatment or diagnostic procedure or device is prescribed as part of:
 - For drugs not yet cleared for marketing, the **clinical evaluation has been approved** in accordance with the federal Food and Drug Administration (**FDA**) regulations (21 C.F.R. Part 312 consistent with the purposes of this chapter, and as now or hereafter amended); or
- (c) The usually indicated procedure or diagnostic test would likely be harmful for the patient because of other unrelated conditions.



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Literature Review: Hierarchy of Evidence



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Evidence Based

Medicine  wasm.edu Washington State Department of Labor & Industries

Prognosis Return to Work



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Vignette 4.

- 62 y/o female nursing home caregiver developed fatigue, diffuse muscle/joint pain, cognitive impairment (forgetfulness, word-finding difficulty), anxiety, vertigo and tinnitus after COVID infection in April 2021.
- She underwent physical therapy, occupational therapy, speech and language pathology (SLP) about 48-60 sessions each and work rehabilitation program over past two years.
- Return to work was attempted several times, but it was not successful due to various symptoms and increased fall risk from vertigo.
- IME in October 2023 recommended another rounds of rehabilitation (PT, OT, SLP) before determining whether she is at maximum medical improvement (MMI).



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Maximum Medical Improvement (MMI)

- WAC 296-20-01002

Maximum medical improvement occurs **when no fundamental or marked change in an accepted condition can be expected, with or without treatment.**

Maximum medical improvement may be present though there may be fluctuations in levels of pain and function. A worker's condition may have reached maximum medical improvement though **it might be expected to improve or deteriorate with the passage of time.** Once a worker's condition has reached maximum medical improvement, treatment that results only in temporary or transient changes is not proper and necessary.

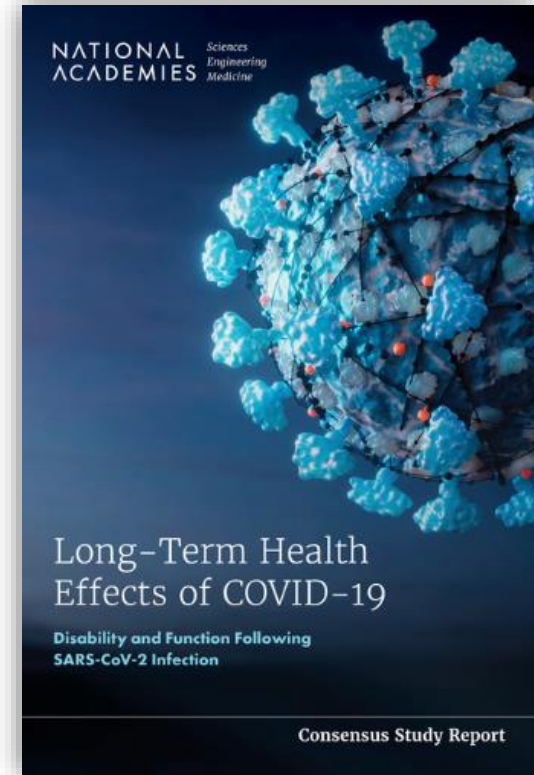


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Disease Prognosis

- “Recovery from Long COVID varies among individuals, and data on recovery trajectories are rapidly evolving. There is some evidence that many people with persistent Long COVID symptoms at 3 months following acute infection have **improved by 12 months**. Data for duration longer than 12 months are limited, but preliminary data suggest that **recovery may plateau or progress at a slower rate after 12 months**.”



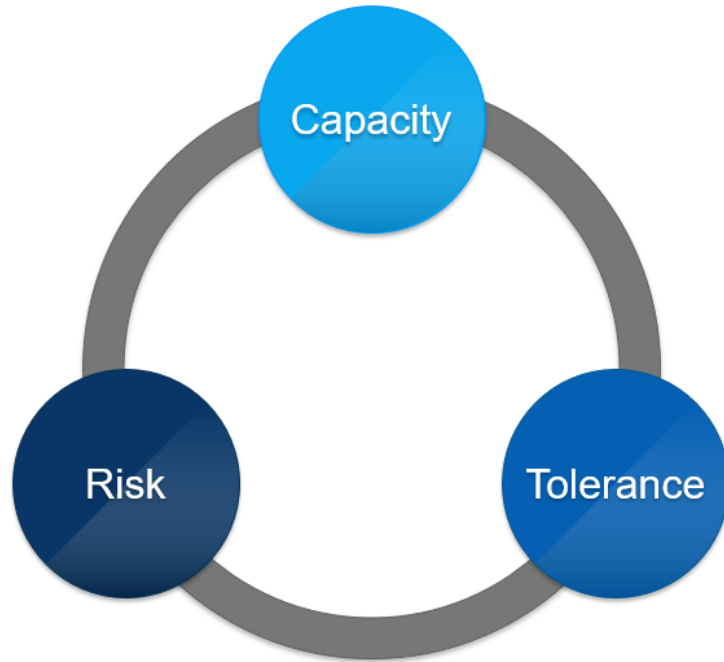
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Return to Work

- Common symptoms: Postexertional breathlessness, cognitive impairment (“brain fog”), headache, fatigue, dysautonomia, and gastrointestinal symptoms
- Challenges
 - Clinical factors: impairment
 - Nonclinical factors: lack of work accommodations, limited access to vocational rehabilitation, individual difficulty overcoming health challenges
 - Worker’s emotional state and other personal factors
- *Use of existing tools*
 - [PGAP® \(progressive goal attainment program\)](#)
 - [BHI \(behavioral health interventions\)](#): *focus on addressing psychosocial barriers*

Return to Work (cont.)



■ Recommendations

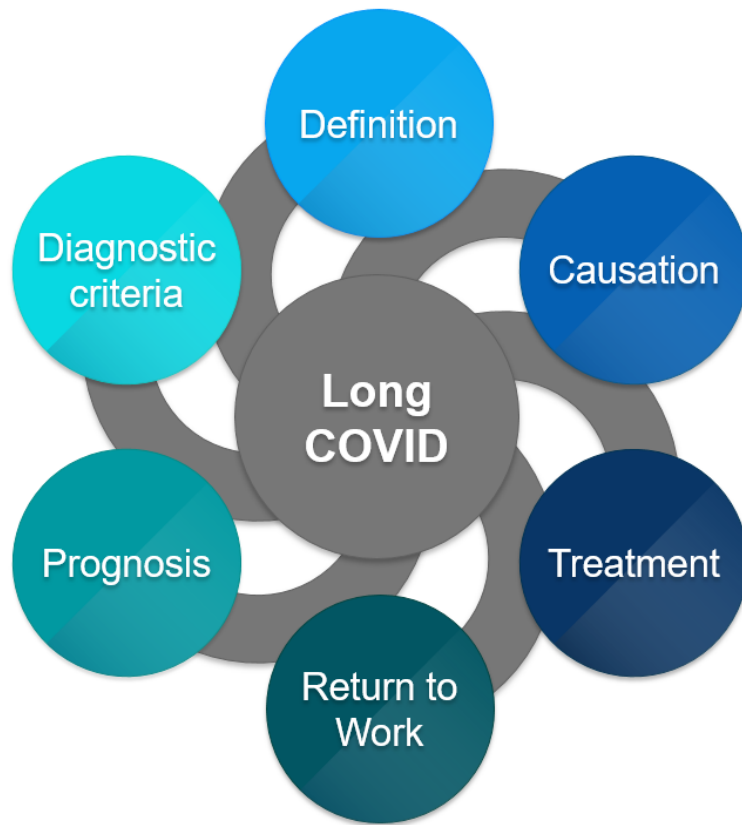
- Focus on functional-outcome measures
- **Gradual work titration**: no standard protocol
- Tailoring a work task prescription to a worker's job tasks
- Job accommodations
- **Collaboration between the worker, the employer, and the OM physician → frequent communication**
- **Work disability prevention**

Summary



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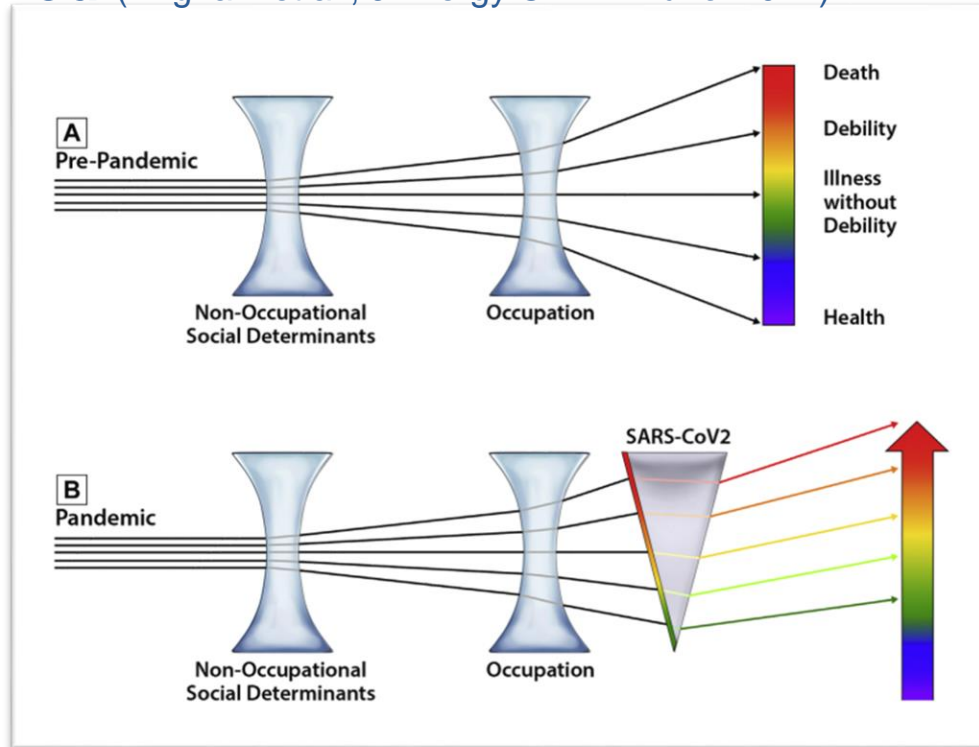


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Occupational health disparities: The pandemic as prism and prod

(Brigham et al., J Allergy Clin Immunol 2021)

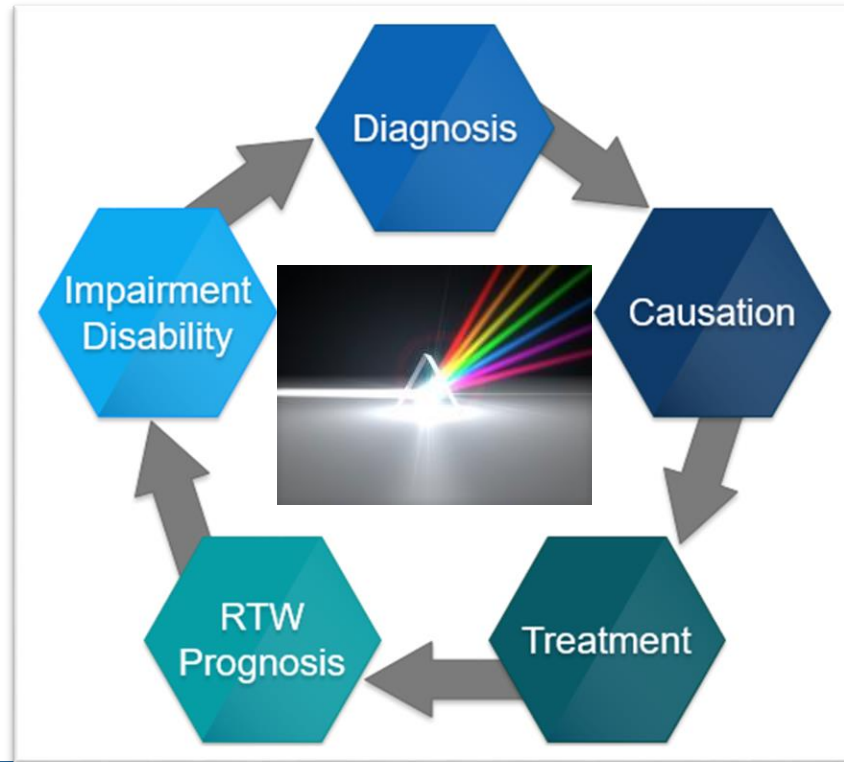


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Slide 130

Long COVID as a prism for Workers' Compensation System?



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Slide 131

Lessons I learned

- Uncertainty and unknowns
- Insufficient evidence
- Evolving knowledge and ongoing research
- Limitations in evidence base → Critical appraisal of the medical literature
- Use of pre-existing tools
- Fundamentals
 - Causation principles
 - Definitions and rules based on RCW and WAC
 - Management as with other complex multisystem chronic conditions
- **Ongoing learning process**



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Slide 132

Questions?



SITrainerQuestions@lni.wa.gov



Washington State Department of
Labor & Industries

Self-Insurance Update 2024



Master's Level Therapists and Behavioral Health Interventions

Chris Plummer

Why Master's Level Therapists?

- Shortage of mental health providers available to provide services to injured workers.
- Pilot program started in 2020 with the goal of expanding access to Behavioral Health Interventions and mental health care.
- Rulemaking amended WAC 296-21-270 to include MLT's in the list of providers able to deliver mental health services to injured workers.

What are Masters Level Therapists?

Change to WAC 296-21-270(3) adds to Mental Health Providers:

- LICSW: Licensed Independent Clinical Social Workers
 - WAC 246-809-300 through 340
- LMFT: Licensed Marriage and Family Therapists
 - WAC 246-809-100 through 140
- LMHC: Licensed Mental Health Counselors
 - WAC 246-809-200 through 240

Master's Level Therapists - What they *can't* do:

- Perform mental health evaluations
- Diagnose conditions
- Prescribe medications
- Be the Attending Provider

What services *can* MLTs provide?

They *CAN*:

- Provide Mental Health *Therapy* for accepted conditions
With authorization from the Self-Insured Employer
- Provide Behavioral Health Intervention (BHI) services

Mental Health Therapy

An MLT can provide Mental Health therapy so long as:

- There's a referral from the Attending Provider
- There's an existing diagnosis from a qualified MH provider
- Have prior authorization from the employer
- They document progress and functional improvement.

Behavioral Health Interventions (BHI)



What is a Behavioral Health Intervention?

- A brief course of care with a focus on the worker's ability to return to work
 - Addresses psychosocial barriers that impede recovery
 - Not to address diagnosed mental health conditions
 - Treatment is billed under the accepted diagnosed physical condition.

Why might Behavioral Health Interventions be needed?

- Psychosocial issues affect everyone to varying degrees.
- Some are recognized as being specific to work recovery
 - “**Psychosocial Determinants Influencing Recovery (PDIR)**”
 - PDIRs impact how people deal with perceived difficulties in recovery.
 - These are the **barriers** that BHI is meant to help the worker overcome.
 - They are NOT diagnosed mental health conditions

Common Barriers to recovery

- Can include
 - Catastrophic Thinking (“I’m never getting better”)
 - Deactivation (“I’ll never work again”)
 - Fear of Activity (“What if I get hurt during PT?”)
- Most workers recover without needing particular attention to these concerns.
- Barriers may be identified by any party involved in the claim, including claim managers.

Barriers vs. Newly Contended vs. Pre-existing

- BHI is not covered if a **diagnosed** mental health condition has been **accepted or denied by order**.
- Newly Contended mental health conditions
- Pre-Existing diagnosed mental health conditions could be considered for temporary treatment instead.

The provider reports that the worker is worried about returning to work, fearful of further injury, and so not participating in physical therapy for an accepted shoulder injury. The provider...

...notes a pre-existing depression diagnosis is prior related to the
...determines there is no diagnosable mental health condition,
injury and no aggravation from this injury, but the provider
and no evaluation for one is necessary.
condition of the claimant of it as an aid to recovery.

BHII would not be appropriate as a condition has been issued and
healing of mental health condition claim.

MLTs and Behavioral Health Interventions

MLTs may also perform Behavioral Health Interventions

- These do require an AP referral
- Address psychosocial barriers to recovery (PDIRs).
- Limited to 16 total visits per claim.
- Do not require prior authorization*
- BHI is *not* an option if there are any diagnosed and accepted mental health conditions on the claim.

BHI Billing

- For BHI provided by **psychologists** and **MLTs**
 - CPT codes 96156-96159
- For all other providers, bill BHI services as part of their evaluation and management services.
- No more than 1 billable hour on a single date of service or visit.

BHI options

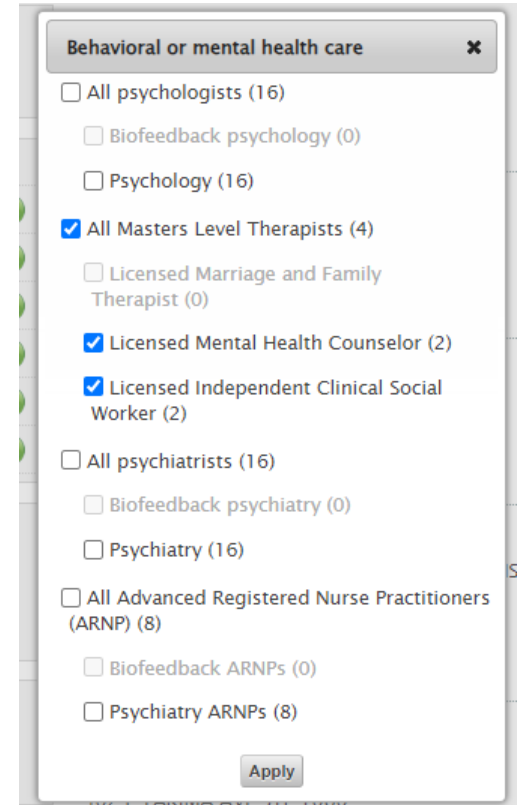
- BHI Telehealth:
 - Must be face to face and real time, with a two-way audio-visual connection.
- BHI Audio:
 - If no visual assessment available, can be audio only (telephone or internet phone)
 - Not allowed for group therapy
 - Additional documentation required

Types of Treatment

- Cognitive Behavioral Therapy (CBT)
- Problem Solving Therapy
- Motivational Interviewing

Locating An MLT

- Use the “Search for a Doctor or Provider” tool to search for ‘All Providers’ at <https://secure.lni.wa.gov/provdir/>
- On the result screen, filter by “Behavioral or Mental Health Care” as seen to the right.



The image shows a screenshot of a web application's filter menu. The menu is titled "Behavioral or mental health care" with a close button (X) in the top right corner. It contains a list of filter options, each with a checkbox and a count in parentheses. The options are: "All psychologists (16)" (unchecked), "Biofeedback psychology (0)" (unchecked), "Psychology (16)" (unchecked), "All Masters Level Therapists (4)" (checked), "Licensed Marriage and Family Therapist (0)" (unchecked), "Licensed Mental Health Counselor (2)" (checked), "Licensed Independent Clinical Social Worker (2)" (checked), "All psychiatrists (16)" (unchecked), "Biofeedback psychiatry (0)" (unchecked), "Psychiatry (16)" (unchecked), "All Advanced Registered Nurse Practitioners (ARNP) (8)" (unchecked), "Biofeedback ARNPs (0)" (unchecked), and "Psychiatry ARNPs (8)" (unchecked). An "Apply" button is located at the bottom right of the menu.

Filter Option	Count	Selected
All psychologists	16	No
Biofeedback psychology	0	No
Psychology	16	No
All Masters Level Therapists	4	Yes
Licensed Marriage and Family Therapist	0	No
Licensed Mental Health Counselor	2	Yes
Licensed Independent Clinical Social Worker	2	Yes
All psychiatrists	16	No
Biofeedback psychiatry	0	No
Psychiatry	16	No
All Advanced Registered Nurse Practitioners (ARNP)	8	No
Biofeedback ARNPs	0	No
Psychiatry ARNPs	8	No

Resources

- L&I Behavioral Health page:
<https://www.lni.wa.gov/patient-care/treating-patients/by-specialty/behavioral-health>
- “Reducing Disability: PDIRs”
https://www.lni.wa.gov/patient-care/advisory-committees/_docs/2019%20PDIR%20Resource_Final.pdf
- SI Colloquium : Occupational Health Best Practices, 11/19/2024 [Registration Link](#)

Questions?



SITrainerQuestions@lni.wa.gov



Trainee Success

Nichole Fazzino

SIE/TPA Responsibilities

- Demonstrate competent claims handling.
- Have a sufficient number of certified claims administrators to ensure uninterrupted administration of claims.
- Ensure claims management staff are informed of new developments in workers compensation due to changes in statute, case law, rule or department policy.

Claim Administrator Trainee

- Upon hire:
 - Must create a profile in SICATS.
 - Begin mentorship under a Washington certified claims administrator.
 - Within **6 months** begin working towards completion of a comprehensive goal-oriented curriculum.
 - Within **2 years** take and pass the certification test.

Claim Administrator Testing and Certification

SELF-INSURANCE

About Self-Insurance

Look Up Self-Insured Employers / TPAs

Self-Insurance Claims Management

Third-Party Administrator Licensing

Claim Administrator Testing and Certification

Claim Administrator Certification
Frequently Asked Questions

All claims administrators managing self-insured claims must be certified. To get an L&I approved claim administrator certification, you must take the following steps:

When a new claim administrator, who is not certified, is hired by a self-insured employer they must create a Claims Administrator Trainee profile in [SICATS](#). Claims Administrator Trainees have two years to complete the following requirements and become a certified claims administrator.

Required experience

They must work under the mentorship of a certified claims administrator, for a minimum of 1 year while obtaining experience in the administration or oversight of claims under [Title 51 RCW](#). The work experience must occur within the 5 years immediately prior to applying to take the test per [WAC 296-15-360](#).

Take required training

Within 6 months of hire, Trainees must begin taking the required training. They must complete an L&I approved 72 hour goal-oriented [core curriculum training course](#) resulting in a worker's compensation professional designation; or an approved training program within the department.

Test

Take and pass the Self-Insurance Claims Administrator Test - The test is offered remotely.

To register to test, log into your [SICATS](#) account. Our Trainers will respond with additional details when the testing is approved.

Mentorship

- Might include:
 - Work checking
 - Practice exercises
 - Quizzes/Knowledge checks
 - Assist with questions

Work Checking

- A process of a mentor reviewing the trainee's individual claim actions for accuracy, completeness and proficiency.
- Should cover a variety of topics.
- Review multiple actions on each topic.
- Once trainee completes a number of items/action they are released on that topic.

Work Checking Example

Work Checking Submittal Form

Trainee: Trainee 1	Date Submitted: 2/3/2025
Supervisor: Supervisor 1	Date Received: 2/3/2025
Action Taken Key: F – Dept. Form L – Dept. Letter R – File Review O – Other	

Work Check Claims			
Claim Number	Work Item Type	Action Taken	Comments
SI12354	Validity	F	Injury claim meets allowance criteria. Completed CAR. Will attach SIF-2 and SIF-5A (include calculation explanation letter to worker) and send to the Department.
SI12354	TL benefits	L	TL benefits are payable. Completed Start comp letter. Will send to worker and the Department.
SI12445	Tx decision	L	Reviewed additional PT request. Treatment meets department guidelines. Treatment decision completed. Will send to provider.
SI12445	TL benefits	L	Received updated APF indicating restrictions continue for 1 month. Worker set to begin light duty 1/5/2025. Completed Start/Stop comp letter to reflect change from TL to LEP. Will send to worker.

Work Checking Example

Work Checking Review Form

Trainee: Trainee 1		Date Submitted: 2/3/205		Supervisor: Supervisor 1	
Worker Checker: Mentor 1			Work Check Date: 2/4/2025		
Key: C – Correct I – Incorrect ? – Clarification needed					

Category	Claim #	Decision	Actions			Comments
			Form/template completeness	Timely	Sent to all appropriate parties	
Allowance <ul style="list-style-type: none"> Injury (CAR) 	SI12354	C	C	C	C	Send no later than 60 days from notice of claim. (xx-xx-xxxx)
Time-Loss <ul style="list-style-type: none"> Start Comp Benefits 	SI12354	C	C	C	C	Send no later than 5 days after check is issued. (xx-xx-xxxx)
Medical <ul style="list-style-type: none"> Treatment Decision 	SI12445	C	C	C	I	Treatment Decision template must be sent to the provider and worker.
Time-Loss/LEP <ul style="list-style-type: none"> Start/Stop Comp Benefits 	SI12445	C	C	C	C	Send within 5 days after the last TL payment issues. (xx-xx-xxxx)

Work Checking Example

Work Checking Report											
Report for:	Trainee 1					Class date:	1/2/2025				
Report Period:	From:	1/2/2025	To:	12/31/2027							
	Items needed	Correct Decisions				Correct Actions				Combined %	Release Date
Allowances	(10 Total)				%				%		
Injury	5	1	of	5	20.00%	3	of	15	20.00%	20.00%	
Occ. Disease	5	0	of	5	0.00%	0	of	15	0.00%	0.00%	
								Total		10.00%	
Interlocutories	(16 Total)										
No Med	3	0	of	3	0.00%	0	of	9	0.00%	0.00%	
Course of employment	3	0	of	3	0.00%	0	of	9	0.00%	0.00%	
Causation	3	0	of	3	0.00%	0	of	9	0.00%	0.00%	
Extensions	2	0	of	2	0.00%	0	of	6	0.00%	0.00%	
Determination	5	0	of	5	0.00%	0	of	15	0.00%	0.00%	
								Total		0.00%	
Denials	(13 Total)										
No Med	3	0	of	3	0.00%	0	of	9	0.00%	0.00%	
Course of employment	5	0	of	5	0.00%	0	of	15	0.00%	0.00%	
Causation	5	0	of	5	0.00%	0	of	15	0.00%	0.00%	
								Total		0.00%	
Time-Loss/LEP	(24 Total)										
Calculating TL	4	0	of	4	0.00%	0	of	12	0.00%	0.00%	
Calculating LEP	4	0	of	4	0.00%	0	of	12	0.00%	0.00%	
Starting	4	2	of	4	50.00%	6	of	12	50.00%	50.00%	
Ongoing	4	0	of	4	0.00%	0	of	12	0.00%	0.00%	
Stopping	4	1	of	4	25.00%	3	of	12	25.00%	25.00%	
Denying	3	0	of	3	0.00%	0	of	9	0.00%	0.00%	
Kept on Salary	1	0	of	1	0.00%	0	of	3	0.00%	0.00%	
								Total		10.71%	
Medical	(12 Total)										
Treatment Authorized	4	1	of	4	25.00%	2	of	12	16.67%	20.83%	
Treatment Denied	4	0	of	4	0.00%	0	of	12	0.00%	0.00%	
Newly Contended Condition	4	0	of	4	0.00%	0	of	12	0.00%	0.00%	
								Total		6.94%	
Underpayment/Overpayment	(12 Total)										
Notice of Underpayment	4	0	of	4	0.00%	0	of	12	0.00%	0.00%	
Assessment of Overpayment	4	0	of	4	0.00%	0	of	12	0.00%	0.00%	
Overpayment Request	4	0	of	4	0.00%	0	of	12	0.00%	0.00%	

Certified Claims Administrator

- Must earn a minimum of 45 continuing education credits every 3 years.
- Attend any mandatory trainings.
- Report any change in mailing address, work location, or name to the department within 30 days through SICATS per WAC 296-15-360(7).

Training Tab

- Provides information regarding
 - Continuing Education requirements.
 - Annual Update Training.
 - Other Trainings.
 - Submitting a course for approval.

Training Tab

Home > Insurance > SELF-INSURANCE > Training:

Continuing Education

SELF-INSURANCE

- About Self-Insurance
- Look Up Self-Insured Employers / TPAs
- Self-Insurance Claims Management
- Third-Party Administrator Licensing
- Claim Administrator Testing and Certification
- Training**
- Core Curriculum
- Continuing Education**
- Search Continuing Education Courses
- Submit Verification of Attendance
- Submit a Course Curriculum for Approval

Continuing education (CE) is a requirement for certified claims administrators. CE courses are designed to increase your knowledge or skill regarding the administration of workers' compensation claims under [Title 51 RCW](#).

Three-year cycle

Certified claims administrators must maintain certification through CE over a 3-year cycle that begins on the anniversary of their certification. You must earn 45 credits every 3 years. All CE credits earned within that 3-year period will apply to the current cycle ([WAC 296-15-360](#)).

CONTINUING EDUCATION | ANNUAL UPDATE TRAINING | MONTHLY TRAINING | QUARTERLY TRAINING

Continuing education criteria

Credits are earned in the following subject areas in accordance with [WAC 296-15-350](#):

- Workers' compensation subjects that help workers heal and return to work, and focus on areas of recovery.
- Existing or historical workers' compensation statutes, case law, rule, or L&I policy.
- New developments in workers' compensation, such as, but not limited to, changes in statute, case law, rules, or L&I policy.
- Injury prevention and safety. (This subject is limited to 5 of the 45 credits earned for each 3-year cycle).
- The 45 credits must include all trainings that we designate as mandatory.

The [Curriculum Advisory Committee \(CAC\)](#) advises L&I on the number of credits a course will be given. If you do not earn enough CE credits within the 3-year cycle, you will be required to retake the written test to maintain L&I certification.

Mandatory classes

Certain classes are designated by L&I as mandatory. In order to maintain certification through CE, you must attend all mandatory classes.

Classes given by L&I regarding important changes such as new statutes, rules or case law are likely to be designated as mandatory. Notifications of upcoming mandatory classes are provided through L&I's [email bulletin updates](#).

Training Tab

Home > Insurance > SELF-INSURANCE > Training

Continuing Education

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CONTINUING EDUCATION **ANNUAL UPDATE TRAINING** MONTHLY TRAINING QUARTERLY TRAINING

Update 2023 Presentation Materials

[Update 2023 Slide Presentation](#)

Resources for Update 2023

[SHB 1068 IMF Frequently Asked Questions](#)

[Your Independent Medical Exam: For Employees of Self-Insured Businesses F207-202-000](#)

[Self-Insurance IMF Assignment Letter F207-238-000](#)

Training Tab

Home > Insurance > SELF-INSURANCE > Training

Continuing Education

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CONTINUING EDUCATION ANNUAL UPDATE TRAINING **MONTHLY TRAINING** QUARTERLY TRAINING

January 2023
[Claim Validity Slides](#)

February 2023
[Forms and Templates Slides](#)
[Forms and Templates Recording](#)

March 2023
[Basic Wages Slides](#)
[Basic Wages Recording](#)

April 2023
[Reopenings Slides](#)
[Reopenings Recording](#)

May 2023
[Claim Denial/Interlocutory Slides](#)

June 2023
[Advanced Wages Slides](#)
[Advanced Wages Recording](#)

July 2023
[Time-Loss Slides](#)
[Time-Loss Transcript](#)

August 2023
[Basic Loss of Earning Power Slides](#)
[Basic Loss of Earning Power Recording](#)

GovDelivery

- Communication providing information about what is new in self-insurance.
- You can sign up to receive emails.
- They are also available on the self-insurance website.

Signing up for GovDelivery

Home > Insurance > SELF-INSURANCE > About Self-Insurance:

What's New in Self-Insurance

SELF-INSURANCE

About Self-Insurance ^

What's New in Self-Insurance

How Do I Contact Self-Insurance

Oversight

Rules

Forms & Publications: Self-Insurance

Keep up with what's new in self-insurance

Sign up for [our email bulletins](#) to receive updates on important issues for self-insured employers, third-party administrators, and workers.

Outgoing self-insurance communications by date:

- [Presumption for post-traumatic stress disorder in registered nurses goes into effect Jan. 1, 2024](#) (1/1/2024)
- [Rulemaking: Adoption \(CR-103\) – Presumptive Coverage of PTSD as an Occupational Disease for Direct Care Registered Nurses](#) (12/21/2023)
- [Master's Level Therapists as Providers](#) (12/13/2023)
- [Self-Insurance Training presents: 2024 Quarterly Training](#) (12/04/2023)
- [Self-Insurance Training presents: Closures](#) (11/17/2023)
- [Self-Insurance Training presents: Permanent Partial Disability](#) (10/24/2023)

Signing up for GovDelivery



Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

Email Address



Submit

Cancel

Your contact information is used to deliver requested updates or to access your subscriber preferences.

[Privacy Policy](#) | [Cookie Statement](#) | [Help](#)

New Trainee Checklist

- Set up a SICATS account within 30 days.
- Begin mentorship under a certified mentor.
- Begin goal orientated curriculum within 6 months.
- Sign up for GovDelivery.
- Take and pass the certification test within 2 yrs.

Take A Ways

- Failure to report
- Getting a trainee set up with the right resources is key to their success.
- There is a lot of helpful information on our external website so take a peek around.

Questions

- Continuing Education/Certification
 - SIContEDU@LNI.WA.GOV
- General Claims Handling
 - SITrainerquestions@LNI.WA.GOV

Questions?



SITrainerQuestions@lni.wa.gov



Self-Insurance Update 2024



SHB 2127

Kirsta Glenn



Skill Enhancement Training

**Introduction to
Substitute House
Bill 2127**

Skill Enhancement Training (SET) Overview



Agency-requested
legislation that received
widespread support



Funds pay for skill
development for
workers prior to Plan
Implementation



Intent is to help workers
return effectively to JOI,
find new jobs, or enter
into an interesting and
engaging Retraining
Plan

Workers can participate in Skill Enhancement Training (SET) during Vocational Recovery (State Fund), Ability to Work Assessment, or Plan Development.

SET can include:

- English language training
- Basic computer literacy
- General education development or high school equivalency training
- Technology or software needed to effectively participate in basic skills development
- Tutoring for approved basic skills training
- Other skills that prepare an injured worker for gainful employment

SET Key Features

- This is a voluntary opportunity for workers but not an entitlement
- Workers are not required to achieve specific outcomes
- SET cannot delay vocational or claim decisions
- The department will send a written decision to worker and employer
- Skills gained through SET cannot be considered as part of a transferrable skills outcome
- SET participation should not interfere with medical treatment

Available Funds and Payment of Services



- Self-insured employers must pay for the costs of SET for their injured workers
- SET costs cannot exceed 25% of max funding available for a vocational retraining plan (\$5,150.67 through June 30, 2025)
- Does not reduce any funds available for a subsequent vocational retraining plan
- Funds are paid directly to the training providers or to vendors (may not be paid directly to worker)
- SET funding is approved in 90-day or single-term increments




Goals for this new opportunity

Workers would:

- Have an engaging activity to participate in while recovering
- Build their labor market skills and progress in their careers
- Gain skills that increase overall wellbeing
- More frequently find new jobs
- Help address barriers that prevent success in Retraining Plans



Applying for SET

- 
- VRC will submit SET application form to SI employer
 - SI employer will submit SIVRF to the department
 - L&I SI VSS will make coverage decision

Initial Rollout

Initial rollout will focus on English language and high school equivalency training

Software/equipment necessary to successfully complete these courses





Thank you

A special thank you also to Knowrasa Patrick, LaNae Lien, and Cory Turner for participating in change management meetings in preparation for SET implementation.

Please send any questions that need immediate attention to VocRecoveryProject@lni.wa.gov

By January 1st:

- Web page updates
- VRC webinar
- VRC Guidelines

Questions?



SITrainerQuestions@lni.wa.gov



Self-Insurance Update 2024



**Potpourri: A little of this, a little
of that**

LaNae Lien

Light Duty Job Offer Complaint Resolution Office

- Created per the request of the legislature using proviso funding.
- Estimated project duration: September 2024 to June 2025.
- L&I must create a legislative report outlining findings and recommendations on light duty job offer resolutions and submit it by June 30, 2025.

Light Duty Complaint Resolution Office Project

Goals and Objectives:

- Create a process for workers to file light duty job offer disputes that provides them with a single point of contact.
- Create a mechanism for tracking light duty job offer complaints and outcomes.
- Create a process for SI adjudicators to forward referrals to the SI LDCRO.
- Create a legislative report.

Psychologists as Attending Providers

HB 1197 (2023) allows Psychologists to act as the attending provider on claims filed solely for mental health conditions effective July 1, 2025.

Goals and Objectives:

- Enroll Psychologists into the Medical Provider Network.
- Create training for Psychologists about the attending provider role, responsibilities, and department expectations.
- Update WACs to align with the new law.

Notice of Claim

- WAC 296-15-266 was updated July 1, 2024 to remove “notice of claim” definition.

Notice is when a worker notifies their employer by written communication that a work injury occurred or they believe they have an occupationally related illness and are seeking, or intend to seek, compensation benefits.

Examples of Notice of Claim include but are not limited to:

- A medical report provided by a medical professional indicating that they saw a worker and the worker reported the cause of the condition is work related,
- A completed SIF-2,
- A provider initial report (PIR),
- An employer incident report,
- A letter or other correspondence from a worker stating that they had an injury and want to apply for worker's compensation benefits.

Note: this is separate from duty when receiving a verbal notice (WAC 296-15-320)

Wage Calculation

Wage Matrix:

- Developed as part of the tiered audit project.
- Primarily used as an audit tool.
- Currently being updated by a combined audit/training/claims team.
- Goal: consistency between claims, audit and training on use of the matrix.
- Communication/implementation: late winter/early spring 2025

Wage Calculation

List of Accepted Documents:

- Goal: consistency between claims, audit and training on what records/documents are to be used to establish wage rate.
- Communication/training/implementation: late winter/early spring 2025

Questions?



SITrainerQuestions@lni.wa.gov

Thank You

SITrainerQuestions@lni.wa.gov

- Training Team:
 - Brad – Supervisor
 - Chris – Trainer
 - Nichole – Trainer
 - Rachael – Trainer
 - Alex – Trainer
 - Scott – Office Assistant
- Course ID: **004-0824-0325**