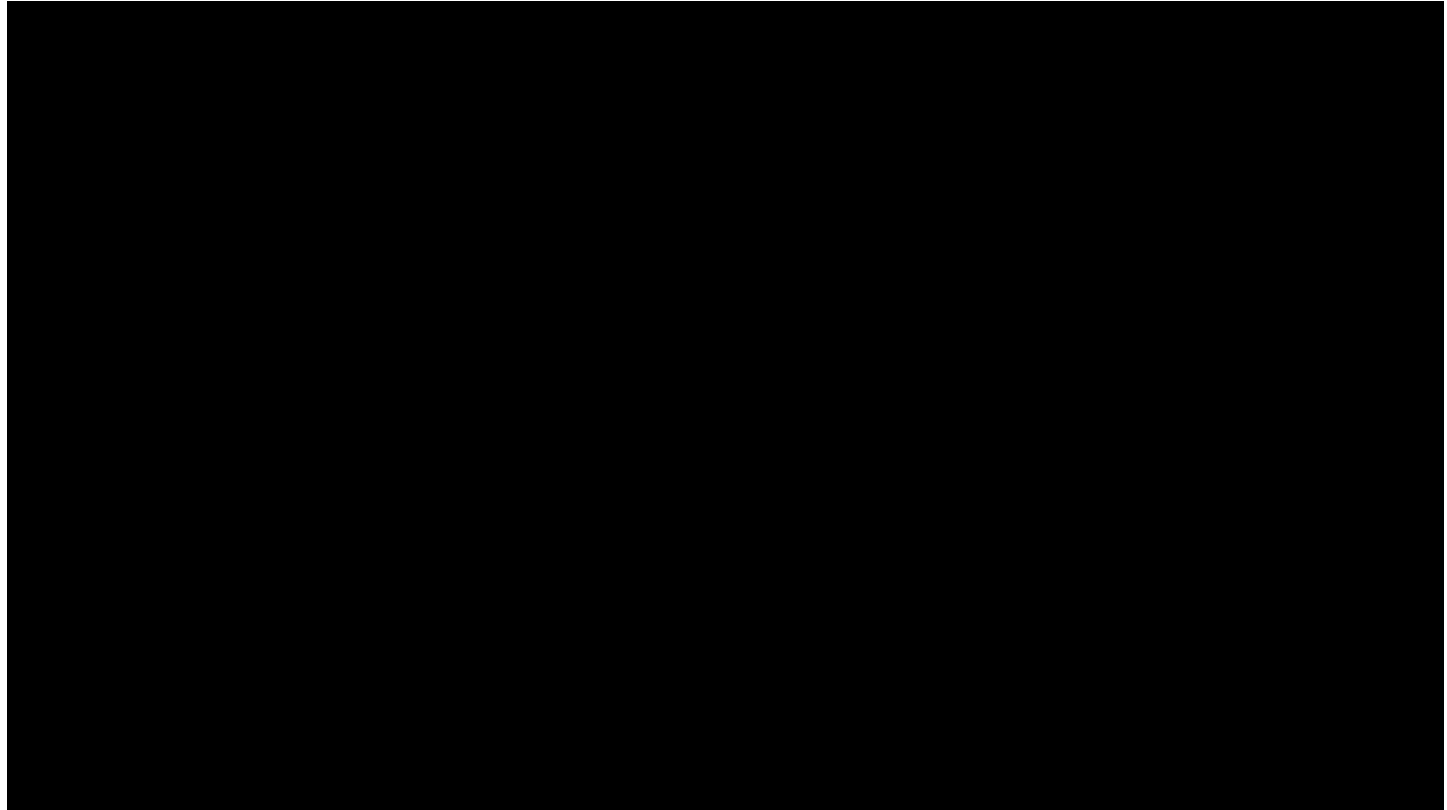


# Update 2023

## *Self-Insurance*



# Safety Message



# Agenda

- Significant Decisions and Court of Appeals Updates – Knowrasa Patrick
- Work Hardening and Work Conditioning – Sarah Martin & Morgan Young
- Legislative Updates – Starla Treznoski & Knowrasa Patrick
- SHB 1068 Updates and Information - LaNae Lien
- WAC Changes – Brad Gunderson
- Requirements for SIEs, TPAs, and Certified Administrators – Brad Gunderson & Scott Bishopp

# 2022 BIA Sig Decisions 2022 Appellate Decisions

*Knowrasa Patrick,*



## Amy Elsey, BIIA Dec. 19 25936

- The worker worked at Hanford for a total of 5 years between 1986 and 1993. The worker had limited exposure to radiation, approximately the amount of an x-ray. However, she worked “in proximity to chemicals”.
- To overcome the radiological hazardous waste facility exposure presumption, DOE must demonstrate with clear and convincing evidence that the worker’s condition was not proximately caused or aggravated by their employment.

## Pedro Ceja, BIIA Dec., 20 20398

- The claim was filed as an occupational disease, but the allowance order stated industrial injury. The allowance order was not appealed.
- On appeal of a closing order with segregation of osteoarthritis, the worker argued his osteoarthritis was related to distinctive conditions of employment.
- Per *Marley*, even if the allowance order is wrong, it is final and the claim is allowed as an injury. The sole issue is whether the condition is related to the injury. He cannot argue that the claim should be allowed as an occupational disease in this appeal.

## Pedro Ceja, BIIA Dec., 20 20398 (Dissent)

- In re Robert Drury: “It was never intended that, when a workman’s right to the benefits of the workmen’s compensation act on one basis or another is clear, he should have to make a binding election between the possible causes of his condition”
- “There is nothing in allowance orders that explain that the granting of one benefit means the loss of another by failure to appeal the order. Until the department either issues allowance orders that allow a generic claim without the injury/disease distinction, or it explains the distinction in detail so the claimant can make an informed decision whether to appeal, I would follow *Drury* for every allowance”

## Keri Mauney, BIIA Dec., 19 20581

- The appropriate way for a SIE to seek an overpayment order is through RCW 51.32.240 which has specific requirements for assessing and collecting an overpayment, not through a cross appeal of a closing order.
- The closing order did not address an overpayment, therefore, overpayment is not within the Board's subject matter jurisdiction.



## Michael Reed, BIIA Dec., 21 17153

- Injured worker had a low back sprain from a slip and fall. One expert testified that he had pre-existing radiculopathy, and another expert testified that he did not have radiculopathy at all. He was given epidural injections while the claim was open.
- On appeal he argued that his radiculopathy was aggravated by his injury. In the alternative, the department accepted responsibility for his radiculopathy when they provided epidural injections.
- The Board found authorization of diagnostic procedures under an already accepted condition does not trigger *Maphet* acceptance

## Antonio Flores, Dec'd, BIIA Dec., 20 28637

- At the time of his passing, the worker's claim was open and he was early in vocational plan development. He had already been found to not be able to work without retraining.
- A worker's burden of proof on appeal does not include proving they would not be employable even if retrained; i.e. the Department's "occupation prognosis" is not a factor in determining whether a worker is TPD when the claim is closed.

## Carlos Ortiz Martinez, BIIA Dec., 20 10952

- The employer made a job offer on 10/23/19, but there were problems with the offer.
- Adjustments were made to the job offer, and another offer was made on 12/12/19. There were problems with the offer.
- A final offer, with all issues resolved, was made on 1/30/20 with a start date of 2/13/20
- The employer argued time loss should have been discontinued after 10/23/19.
- The Board found that by adjusting the job offer, the employer effectively withdrew the prior offers.

## Robert Lake Jr., BIIA Dec., 19 19796

- If a worker is in plan development or participating in an approved vocational plan, time loss is payable because inability to work is assumed.
- Time loss paid under 51.32.090 does not have the same assumptions.
- If an employer appeals time loss payments paid under 51.32.095, while in vocational services, then the standard on appeal is abuse of discretion.

# Langhorst v. Wash State Dept. of Labor & Indus. 25 Wash.App. 2d 1

- Approximately 184 days after the request for reconsideration and 255 days from the application to reopen, the department affirmed an order denying a reopening application.
- The worker argued his application should be “deemed granted”
- There is no time limit for the department to rule on a request for reconsideration and no remedy for exceeding a certain time.
- Further, there is no “deemed granted” language in 51.52.060.

# Barreto Garcia v. Growers

## 24 Wash.App 2d 885

- The worker had a heart condition accepted under the claim. His treating provider was providing “support treatment” through medications and determined that his physical limitations would not improve with time. Without the medications, the worker could possibly have a pulmonary edema which requires hospitalization.
- If a fundamental or marked change in a worker’s condition can be expected with or without treatment, then the worker is not fixed and stable per WAC 296-20-01002.
- If medications prevent hospitalization, then the medications are necessary and proper per WAC 296-20-01002.

# Cordova v. Dept. of Retirement Systems

## 22 Wash.App.2d 784

- The worker was a police officer leading an investigation of an officer involved shooting incident. Ten days into the investigation, he died of a stroke while at home, but on-standby.
- For a stroke caused by unusual stressful exertion to be an industrial injury, the worker must experience a single event that gives rise to the unusual stressful exertion.
- Medical testimony must establish that the single event characterized as an unusual stressful exertion caused the stroke.
- Stress without a single, identifiable event is not sufficient to support an industrial injury.

# Spohn v. Dept of Labor & Industries 20 Wash.App. 2d 373

- “Testimony about symptoms is not a substitute for a doctor’s testimony that symptoms are evidence establishing a particular health condition that qualifies for the presumption”
- Medical records are inadmissible as substantive evidence
- The worker was not competent to identify and diagnose a heart problem.







OCCUPATIONAL HEALTH **BEST PRACTICES**

---

**WORKING TOGETHER TO KEEP PEOPLE WORKING**

# Work Rehabilitation Program Implementation

October 2023

# Why are we making changes?



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING



## Why?

- Integrating the Work Rehabilitation Guideline
- Improving outcomes for workers
- Preventing work disability
- Promoting evidence-based practice



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Work Rehabilitation Guideline

- Published October 2021
- Provides recommendations based on latest evidence and best practices
- Sponsored by our medical advisory groups

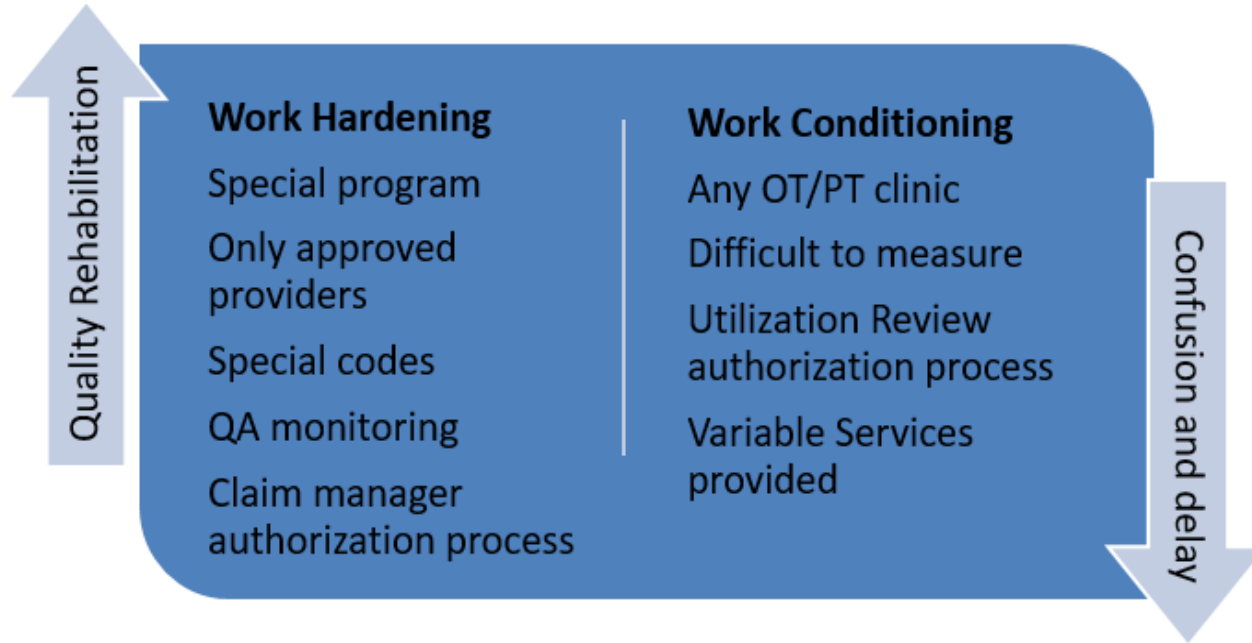


OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Work Rehabilitation (WR)

Combines Work Conditioning and Work Hardening under one “special program” policy umbrella



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Work Rehabilitation Program Implementation **January 1, 2024**



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# What's Changing?



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING



# What's changing overview

- Combining work hardening and work conditioning programs into one specialized Work Rehabilitation Program
- Updated standards and criteria
- Who will be paid to do this service. Only covered when performed by approved WR clinics
- Training requirements for clinicians who treat under Work Rehabilitation



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Work Rehabilitation

Two program intensities based on patient need. Provider will choose the right intensity at the beginning.

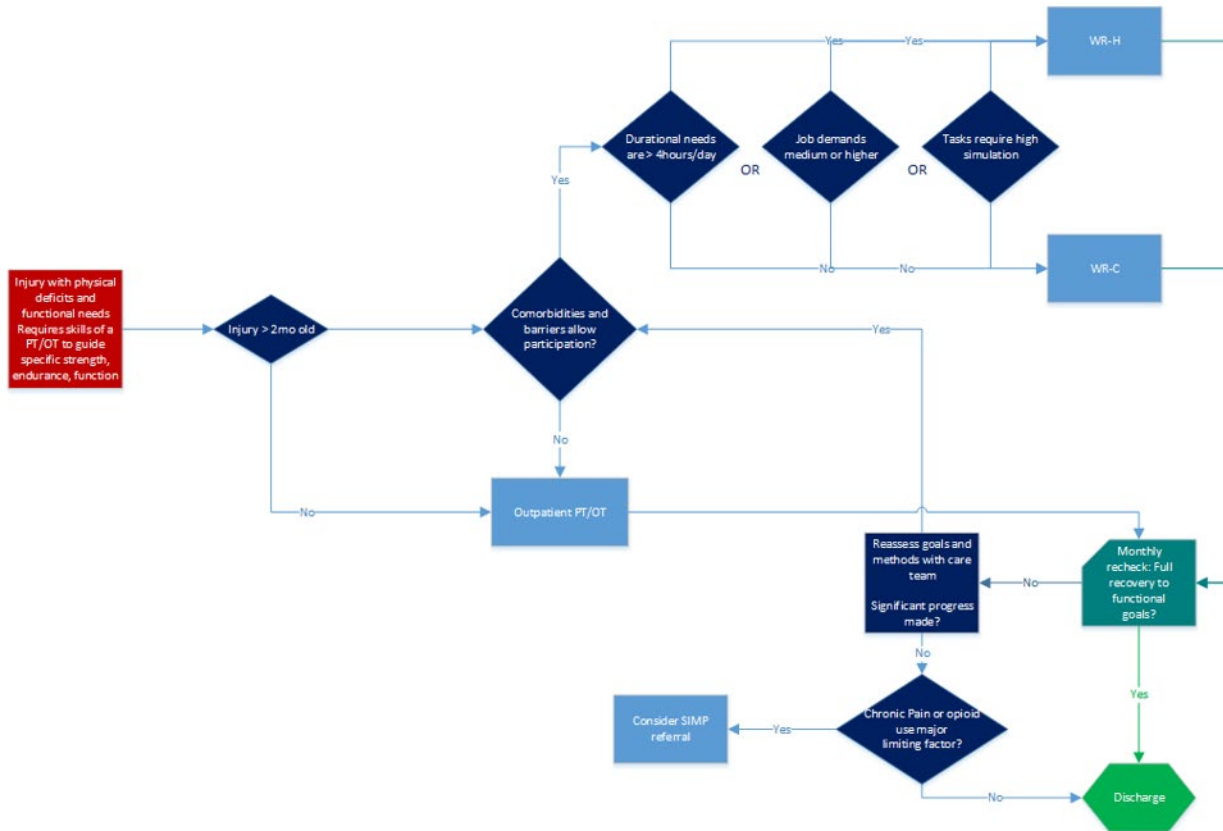
## Work Rehab – Conditioning

- Durational demands 2-4 hours per day, 3 to 5 days per week
- Low to medium job demands
- Task performance requires low job simulation

## Work Rehab – Hardening

- Durational demands 2-8 hours/day, 3 to 5 days per week
- Medium to high job demands
- Task performance requires high job simulation
- Clients with significant generalized pain or psychosocial barriers





# Work Rehabilitation Standards

- Newly published
- Based on Work Rehabilitation Guideline

## Work Rehabilitation Standards

*L&I Guidelines for Providers*



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Authorization

WR Admission Criteria includes:

- Attending provider referral required
- Requires identified job goal (JD/JA)
- 2 months post injury

Initial evaluation and plan of care will not require prior authorization

WR treatment requires prior authorization



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Admission Criteria

A request may be appropriate for:	If the patient has:	AND the diagnosis is supported by these clinical findings:	AND this has been done:
Program Continuation	Condition or Diagnosis	Objective	Non-operative care
Work Rehabilitation			
Conditioning	Musculoskeletal condition(s)  Other conditions impacting ability to return to work	Admission criteria remain true.  AND  Timeframe proposed is realistic to allow for progress to meet stated goals.  AND  Progress made in program to date is on pace to achieve stated goals.	Documentation of examination including at least a gap in strength/motion/function between current task performance and job goals  Worker has demonstrated participation and engagement in prior trial of care  AND  Defined goal with documentation and an assigned Vocational Recovery Counselor  AND  Consideration of other concurrent services such as Activity Coaching/BHI
Hardening		AND  Durational needs exceed 4+ hours/day  OR  Job demand med or higher  OR  Off work and/or no full time modified duty	IF  Task performance requires greater level of simulation  OR  Targeted interventions in place for psychosocial or generalized pain  IF  No RTW/modified duty available
			Workers should continue in their program when adequate progress is made.  Lack of progress in one program does not warrant consideration of admission to the other program.  Only workers with additional criteria for Work Hardening should switch programs from WC to WH.



# Continued Services Criteria

A request may be appropriate for:	If the patient has:	AND the diagnosis is supported by these clinical findings:	AND this has been done:	
Program Admission	Condition or Diagnosis	Objective	Non-operative care	
Work Rehabilitation				
Conditioning	<p>Musculoskeletal condition(s)</p> <p>Other conditions impacting ability to return to work</p> <p>AND</p> <p>Requires skilled guidance for specific strength, endurance, function (e.g. needs frequent monitoring to progress activities)</p>	<p>Can participate 2-4 hrs per day</p> <p>AND</p> <p>Can participate 3-5 days per week</p> <p>AND</p> <p>Conditions allow full participation, including:</p> <ul style="list-style-type: none"> <li>• Medical comorbidities</li> <li>• Adequate tissue recovery</li> <li>• Psychosocial</li> <li>• Psychological</li> </ul>	<p>Documentation of examination including at least gap in strength/motion/function between current task performance and job goals</p> <p>Two months of conservative care</p> <p>AND</p> <p>Defined goal with documentation and an assigned Vocational Recovery Counselor</p> <p>AND</p> <p>Consideration of:</p> <p>Other concurrent services such as Activity Coaching/BHI</p>	<p>Conservative care is defined as:</p> <p>At least two months of conservative therapy, which may include multiple components of:</p> <ul style="list-style-type: none"> <li>• Manual therapy</li> <li>• Manipulation</li> <li>• Neuromobilization</li> <li>• Flexion/distraction</li> <li>• General fitness</li> <li>• Strengthening</li> <li>• Cognitive Behavioral Therapy/Self-management</li> </ul>
		<p>IF</p> <p>Durational needs exceed 4+ hours/day</p> <p>OR</p> <p>Job demands medium or higher</p>	<p>IF</p> <p>Task performance requires greater level of simulation</p> <p>OR</p> <p>Generalized pain or psychosocial barriers are significant concern</p>	<p>IF</p> <p>No RTW/modified duty</p> <p>OR</p> <p>Off work and/or employer does not have full time modified duty</p>
Hardening				



# Forms and Templates Used by WR providers

- Initial Evaluation template
- Care Conference template
- Progress Report template
- Capacity Summary form



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING



# Strengthening Collaboration of the Care Team

- Improving worker outcomes
- Increasing collaboration with Vocational Rehabilitation Counselors
- Helping make return to work decisions easier for the Attending Provider



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Impacts to Self-Insured Community?

- Only approved providers will be able to offer WR-Conditioning. List will be available L&I website
- More collaboration between the care team
  - VRC involvement/Care Conferences
- More flexibility in determining program length to meet RTW goals
- Improved understanding of Workers' Comp
- New local codes for WR-Conditioning
- Measureable services



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING



Additional feedback or questions?  
Email: [Therapy@lni.wa.gov](mailto:Therapy@lni.wa.gov)



OCCUPATIONAL HEALTH **BEST PRACTICES**

WORKING TOGETHER TO KEEP PEOPLE WORKING

# Morning Break!



# Legislative Updates

*Knowrasa Patrick & Starla Treznoski*



# HB 1197

- Defines attending provider.
- Clarifies other provider functions for workers' compensation claims.
- Adds psychologists as attending providers for mental health only claims.

# HB 1197

## **RCW 51.04.050** – *amended effective 7/1/2025*

- Strikes “physician or licensed advanced registered nurse practitioner”.
- Adds the term “health services provider”.

# HB1197

## **RCW 51.08.200** – *added effective 7/1/2025*

- Defines “Attending Provider”.
- Includes psychology “in the case of claims solely for mental health condition, psychology, chapter 18.83 RCW”.



# HB 1197

## **RCW 51.28.010** - *amended effective 7/1/2025*

- New language is added to include chiropractor, naturopath, podiatrist, optometrist, dentist, licensed advanced registered nurse practitioner, physician assistant, or psychologist in claims solely for mental health conditions.
- Notice of accident.

# HB 1197

## **RCW 51.28.020** – *amended effective 7/1/2025*

- Adds podiatrist, optometrist, dentist, chiropractor, naturopath, physician assistant or psychologist in claims solely for mental health conditions to the list of providers who can file a claim for an injured worker.

# HB 1197

## **RCW 51.28.030** – amended effective 7/1/2025

- Physician or licensed ARNP is replaced with attending provider for who may aid beneficiaries in application for compensation in the event of a worker's work-related death.

# HB 1197

## **RCW 51.32.055** – *amended effective 7/1/2025*

- changes “physician or licensed ARNP submits” and replaces it with “medical report submitted”.
- Strikes “or treating physician or licensed ARNP” and substitutes “attending” provider.

# HB 1197

## **RCW 51.32.090** – *amended effective 7/1/2025*

- References to “physician or licensed ARNP” are replaced with “attending provider”.

# HB 1197

## **RCW 51.32.095** – amended effective 7/1/2025

- Changes “attending physician or licensed advanced registered nurse practitioner” to “attending provider”.

# HB 1197

Minor changes effective 7/1/2025 also to:

- RCW 51.36.010
- RCW 51.36.022
- RCW 51.36.060
- RCW 51.36.070

# HB 1197

- All sections take effect 7/1/2025.
- Project team will make necessary changes.



# SB 5084

Creating a separate fund for purposes of self-insured pensions and assessments.

- Department requested legislation.
- Creates a new Self-insurance reserve fund.

# SB 5084

**RCW 51.44.155** – *added effective 7/1/2025*

*There shall be, in the office of the state treasurer, a fund to be known and designated as the "self-insurance reserve fund".*

# SB 5084

- 2 phases.
- Allows investment income to be earned.
- Makes financial statements more transparent.

# 2SSB 5454

- Creates a rebuttable presumption that PTSD is an occupational disease for direct care registered nurses.
- Effective 1/1/2024.

# 2SSB 5454

## **RCW 51.08.142** – *amended effective 1/1/2024*

- Adds direct care registered nurses RNs to the exclusion for PTSD.

## 2SSB 5454

**RCW 51.32.395** – *added effective 1/1/2024*

Direct care registered nurses—Presumption of occupational disease for posttraumatic stress disorder.

# 2SSB 5454

## RCW 51.32.395

### **Direct care registered nurses—Presumption of occupational disease for posttraumatic stress disorder. (Effective January 1, 2024.)**

(1) In the case of direct care registered nurses covered under this title who are employed on a fully compensated basis, there exists a prima facie presumption that posttraumatic stress disorder is an occupational disease under RCW 51.08.140. This section applies only to a direct care registered nurse who has posttraumatic stress disorder that develops or manifests itself after the individual has been employed on a fully compensated basis as a direct care registered nurse in Washington state for at least 90 consecutive days.

(2) The presumption may be rebutted by a preponderance of the evidence.

(3) The presumption extends to a claimant following termination of employment for a period of three calendar months for each year the claimant was a direct care registered nurse employed on a fully compensated basis, but may not extend more than 60 months following the last date of employment.

(4)(a) When a determination involving the presumption established under this section is appealed to the board of industrial insurance appeals and the final decision allows the claim for benefits, the board of industrial insurance appeals shall order that all reasonable costs of the appeal, including attorneys' fees and witness fees, be paid to the claimant or his or her beneficiary by the opposing party.

(b) When determination involving the presumption established under this section is appealed to any court and the final decision allows the claim for benefits, the court shall order that all reasonable costs of the appeal, including attorneys' fees and witness fees, be paid to the claimant or his or her beneficiary by the opposing party.

(c) When reasonable costs of the appeal must be paid by the department under this section in a state fund case, the costs shall be paid from the accident fund and charged to the costs of the claim.

(5) For purposes of this section, "direct care registered nurse" means an individual licensed as a nurse under chapter 18.79 RCW who provides direct care to patients.

# 2SSB 5454

- Update to WAC 296-14-300
- CR-102 filed
- Public hearing 10/17/2023
- Intended adoption date 12/19/2023



# SHB 1521

- Establishes self-insured municipal employers and self-insured private sector employers with 50 or more firefighters, and their third-party administrators (TPAs) have a duty of good faith and fair dealing.
- Establishes penalties calculations of a 3x multiplier for unreasonable delay or rule violations
- Establishes a penalty of up to 52x average weekly wage for violation of good faith and fair dealing.

# Questions?



# SHB 1068: Updates and Information

*LaNae Lien, SI Claims Operations Manager*



# Substitute House Bill 1068

- Adopted into law effective July 23, 2023.
- Amends RCW 51.36.070
  - Gives workers the right to record independent medical examinations (IMEs) ordered under RCW 51.36.070, RCW 51.32.110 or by the Board of Industrial Insurance Appeals.

# Overview of the changes

- Notice of intent to record must be given no less than 7 calendar days prior to the exam.
- Worker pays costs associated with recording.
- Self-Insured Employer and/or L&I can request a copy of the recording from the worker.
- The recording equipment cannot interfere with the examination.
- The worker may not materially alter the recording.
- The worker may not hold the recording equipment.
- Recordings are confidential.
- The worker may not post recordings to social media.

# Adjustment to Observer/Companion

The worker has the right to have one person, who is at least the age of majority (18+) of the worker's choosing, to be present to observe ***all*** examinations ordered.

- The observer must be unobtrusive and not interfere with the examination.
- The observer may not be the worker's legal representative, or an employee of the legal representative.
- The observer may not be the worker's attending provider, or an employee of the attending provider.

# Updated Publications

- Your Independent Medical Exam: For Employees of Self-Insured Businesses (F207-202-000 – English and F207-202-999 – Spanish)
- Self-Insurance IME Assignment Letter (F207-238-000).

*You must use these versions for all IMEs scheduled on or after July 23, 2023.*

# Rulemaking

- The legislation instructed L&I to adopt rules to define the notification process when a worker intends to record an IME.
  - CR-101 filed June 20, 2023
  
- WAC 296-23-367, “May the worker videotape or audiotape the independent medical examination?” currently states video and audio recording isn’t allowed.
  - Expedited proposal to repeal filed June 6, 2023.



# FAQs of Interest

- Can a fee be charged and the examination be stopped if the worker begins to record the exam without proper notice and refuses to discontinue the recording?

**Yes**

- Can the examination be stopped if the recording is interfering with the exam? And what are the consequences if this happens?

**Yes**

***Remember the answer may not be a straight yes or no and is dependent upon the specific facts of each claim.***

# FAQs - Continued

- Does an interpreter providing services at an IME need to give consent to being recorded?

**Yes**

- How does a worker give notice that they intend to record the IME?

***Currently: call***

***Future: TBD***

# FAQs - Continued

- What if the worker doesn't give seven days-notice of their intention to record the IME?

*The examination may not be recorded.*

- Can IME providers record IMEs as well?

*If the worker consents.*



**SITrainerQuestions@lni.wa.gov**

# WAC Changes

*Brad Gunderson*



# WAC 296-14-310

**When does a presumption of occupational disease for certain members of firefighters' and law enforcement officers' retirement systems apply?**

Emergency medical technicians (EMTs), fire investigators, and law enforcement officers were added as covered under the occupational disease presumption. For each of these job classes, specific medical conditions are now covered under this presumption. Posttraumatic stress disorder was also added as a coverable condition for firefighters, EMTs, and law enforcement officers. **The update is effective 11-4-2022.**

# WAC 296-14-325

**When does the presumption apply to firefighters, emergency medical technicians (EMTs), fire investigators, and law enforcement officers who are former smokers with heart or lung conditions?**

EMTs, fire investigators, and law enforcement officers were added under the presumption. For law enforcement officers, the presumption for heart problems was also added if they were a former smoker and last smoked two years or more prior to the cardiac event. **The update is effective 11-4-2022.**

# WAC 296-14-330

**What tobacco use may exclude a firefighter, emergency medical technician (EMT), fire investigator, or law enforcement officer from a presumption of coverage?**

The updates include all covered occupations and accepted medical conditions currently specified in RCW 51.32.185. EMTs, fire investigators, and law enforcement officers were added as job classes where the presumption of coverage may not apply due to specific tobacco use. **The update is effective 11-4-2022.**



# WAC 296-14-340

**Frontline workers – Verification for contraction of an infectious or contagious disease that is subject of a public health emergency – RCW 51.32.181.**

This rule defines what is and is not verification for contraction for frontline workers due to an infectious or contagious disease that is the subject of a public health emergency. **The update is effective 3-31-2023.**

# WAC 296-14-341

**Health care workers – Verification for contraction or quarantine due to an infectious or contagious disease that is the subject of a public health emergency – RCW 51.32.390.**

This rule defines what is and is not verification for contraction or quarantine for health care workers due to an infectious or contagious disease that is the subject of a public health emergency. **The update is effective 3-31-2023.**

# WAC 296-14-8810

## **Pension tables, pension discount rate and mortality tables.**

The updated rule reduces the pension discount rate from 5.7% to 5.6% for self-insured pension claims. The pension discount rate is the interest rate used to account for the time value of money when evaluating the present value of future pension payments. The rule update is needed to rebuild the State Fund contingency reserve. **The update is effective 4-1-2023.**

# WAC 296-20-097

## Reopenings.

The form title of the formal reopening application has been updated. The word “necessary” has been changed to “preferred.” Additional changes to the rule were made because of legislation passed in 2022. The department or self-insured employer can consider setting the effective date from 60 days up to 120 days when the provider does not complete and file the application within 60 days of medical services, **and** the worker submits the application within 30 days of medical services without medical completion. The worker must prove the application was received by the department or self-insurer. **The update is effective 3-17-2023.**

# Questions?



# Requirements for SIEs, TPAs and Certified Claims Administrators

*Brad Gunderson and Scott Bishopp*



# TPA / SAE

- WAC 296-15-350 governs the handling of claims as a Self-Insurer or Third-Party Administrator (TPA).
- Certain criteria must be met in order to apply for TPA licensing to handle Washington State Self-Insurance workers compensation claims.

# TPA License Application Process

- Request an application by emailing Self-Insurance Training at: [SITrainerQuestions@LNI.WA.GOV](mailto:SITrainerQuestions@LNI.WA.GOV).
- Complete application is mailed if:
  - Organization has a WA State Certified Claims Administrator employed.
  - Anticipating managing WA State claims in the future.



# TPA Renewal

- License renewal is done annually.
  - Renewal window is from April 1<sup>st</sup> – June 30<sup>th</sup> each year.
  - License contacts will review all information pertaining to their organization and ensure that any updates are made in a timely and accurate manner prior to submitting the renewal application.

# Self Administered Employers (SAE)

- SAEs responsibilities
  - An email requesting review of the assigned Certified Claim Administrators and Trainees is sent out annually on April 1<sup>st</sup>.
  - If any discrepancies are discovered, the Self-Insurance Claims Administrator Training System (SICATS) profile contacts will need to ensure they are corrected and updated appropriately.

# Roles & Responsibilities

- Assist new Trainees in setting up their user accounts/profiles.
  - Establishing the trainee's start date within their organization.
  - Establishes trainee status expiration date.
- Ensure any Certified Claims Administrators are properly added or removed from organization profile in SICATS.

# Becoming a Certified Claims Administrator

- 1 year of administration/oversight of claims under Title 51 RCW, under the mentorship of a Washington State certified claims administrator.
- Complete a comprehensive goal-oriented curriculum approved by the department.
- Take and pass the department's "self-insurance claims administrator" test.

# Applying for the Certification Test

- Apply using the department's online database through SICATS.
  - The system automatically defaults to a test date 7 days after the application date.
  - Select the goal-oriented curriculum and annotate the date of course completion.

# What if I do not pass the test?

- You may immediately apply to retest for the next available testing week.
- Current certified claims administrators will have their certification terminated and cannot manage any claims until they have successfully passed their retest.

# Maintaining My Certification

- Must earn a minimum of 45 credits every 3 years in the area of claims management.
  - Including attending any mandatory trainings.
- If you do not meet the minimum requirements to renew via continuing education credits, you must retake the “self-insurance claims administrator” test.

# Submitting Courses in SICATS

- Upload approved courses taken in SICATS prior to sending in documentation to the department for verification.
- Send to [SIContEdu@LNI.WA.GOV](mailto:SIContEdu@LNI.WA.GOV):
  - Self-Insurance Continuing Education Report of Course Completion (F207-191-000).
  - Certificate for any department approved continuing education courses.



# Self-Insurance Continuing Education Report of Course Completion (F207-191-000)

MAIL, FAX or EMAIL TO:  
Department of Labor and Industries  
Self-Insurance Section  
PO Box 44890  
Olympia, WA 98504-4890  
FAX: 360-902-6977  
Email: SIContEDU@lmi.wa.gov



## Self-Insurance Continuing Education Report of Course Completion

I am a Certified Claims Administrator and have completed the following course that has been approved by the department for continuing education credits. I have updated my SI-CATS account with my report of completion.

Attendee Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP+4 \_\_\_\_\_  
Phone number \_\_\_\_\_ E-mail address \_\_\_\_\_  
Course Date(s) \_\_\_\_\_ Course ID# \_\_\_\_\_  
*(Must be pre-approved by L&I)*  
Course Title \_\_\_\_\_  
Sponsor's Name: \_\_\_\_\_ Instructor(s) Name \_\_\_\_\_  
*(Organization that sponsored the course)*  
Course Location \_\_\_\_\_  
*(Name and physical address of location)*

\_\_\_\_\_  
Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Either a copy of the signed certificate of completion must be attached **OR** the shaded area below must be completed by the sponsor/instructor.

### SPONSOR/INSTRUCTOR VERIFICATION OF COURSE COMPLETION

I certify that the class information provided above is true and correct and the applicant attended this course.

\_\_\_\_\_  
Signature of Sponsor/Instructor \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_  
Printed Name of Sponsor/Instructor \_\_\_\_\_ Contact Phone \_\_\_\_\_

# Certification Renewal

- Maintain all completed course documentation for the duration of the current certification period of 3 years.
  - False reporting of credits will result in revoking certification and could result in refusal of future applications to take the certification test (WAC 296-15-360 (6)(e)).
- Following your renewal, continuing education credits earned will reset back to zero.

# Changes in Contact Information

- Must notify the department within 30 calendar days of the effective date of any change in mailing address, work location, or name.
  - Must be reported/changed using SICATS.
- Highly recommended you use a personal email address and personal phone number for your contact information.

# Need Assistance?

- If you have any questions at all, please contact us.
  - Phone: (360) 902-6709
  - Continuing Education/Certification Renewal questions  
[SIContEdu@LNI.WA.GOV](mailto:SIContEdu@LNI.WA.GOV)
  - Self-Insurance Trainer questions  
[SITrainerQuestions@LNI.WA.GOV](mailto:SITrainerQuestions@LNI.WA.GOV)

# Questions?

