**Work Rehabilitation FAQs:**

1. [**Applying to be a Work Rehabilitation Provider**](https://lni.wa.gov/patient-care/provider-accounts/become-a-provider/become-a-work-rehabilitation-provider)**? Know which application to choose.**

* Currently approved L&I Work Hardening providers should complete the [Work Hardening Application for existing providers](https://lni.wa.gov/forms-publications/F280-075-000.pdf).
* Existing providers of Work Conditioning programs at current and/or new locations and clinics interested in starting a new Work Rehabilitation Program (Conditioning or Hardening) must complete the new [Work Rehabilitation Provider Application](https://lni.wa.gov/forms-publications/F280-076-000.pdf).

1. **What are the new training requirements for Work Rehab clinicians?**

A Work Rehabilitation program clinician needs two hours in each of four categories for a total of eight hours. See page 5 of our [Work Rehabilitation Standards](https://www.lni.wa.gov/forms-publications/F280-077-000.pdf) for more information.

| 1. L&I Workers’ Compensation Basics | 1. Pain Neuroscience Education | 1. Psych-Informed Practice | 1. Physical Medicine Best Practices |
| --- | --- | --- | --- |

1. **How do I find training? Does L&I provide it?**

L&I Worker’s Compensation Basics (category A) is provided by L&I andavailable [online](https://cdnapisec.kaltura.com/html5/html5lib/v2.101/mwEmbedFrame.php/p/4624573/uiconf_id/50116903/entry_id/1_a5blvevc?wid=_4624573&iframeembed=true&playerId=kaltura_player&entry_id=1_a5blvevc)**.**

Providers can take courses related to the other three categories through licensing and professional associations, CEU providers, via webinars, and by hosting professional in-services. L&I will count relevant courses taken within the last six years toward the requirement.

1. **How do I get access to the claim file?**

For state fund claims: After you receive the referral from the attending provider (AP), contact the L&I claim manager and ask for time-limited access of the claim file through the Claim & Account Center (CAC).

1. **Do we need to have a vocational rehabilitation counselor (VRC) involved?**

In most cases, yes. After you receive the referral from the AP, contact the claim manager.

1. **Why is a functional job description (JD) or job analysis (JA) required at the beginning of a Work Rehabilitation program?**

Work Rehabilitation programs are designed to help the individual return to work. Clinicians must understand the specific job demands, including weight, postures, reach, potential hazards, and repetition the worker performs. Knowing these physical demands is crucial for setting accurate functional goals. This means you need to be proactive in obtaining a JD or JA before you submit your treatment authorization request.

1. **I don’t have a JD or JA and a VRC is not assigned. Can I use other resources as my JD (a database, other job analyses or the Dictionary of Occupational Titles)?**

No. However, you can:

* Use a JD or JA from a previous client with the same employer and same job.
* Contact the claim manager to get access to the claim file, ask if they can send you a copy of a JD or JA, and if they will assign a VRC.
* Reach out to the employer or their third party administrator to request a worker-specific JD.
* Create a JD with the worker and employer to use specifically for the WR program.

1. **How can the treating therapist in the acute phase of care help prevent delays for clients who may need a work rehabilitation program?**

Contact the claim manager to request a JD or JA and ask them to consider assigning a VRC for the client based on anticipated rehabilitation needs.

1. **How will I know which intensity of program to select?**

Use the results of your initial evaluation and determine the intensity of program based on:

* Clinical findings
* Anticipated prognosis
* Amount of gap between the worker’s current abilities and the demands of their job goal
* Availability of modified duty work

Refer to the [Work Rehabilitation Standards Manual](https://www.lni.wa.gov/forms-publications/F280-077-000.pdf) (page 7) for more information. For example, if the individual has modified duty work available, choose a WR-Conditioning program level so they can participate in the available job **and** rehabilitation.

1. **Can a worker switch from WR Conditioning to WR Hardening halfway through the program?**

No. You have the flexibility to adjust your time based on the needs of the client and their program type.

1. **How do I determine the length of the program for the individual client?**

To determine duration, refer to L&I’s [Work Rehabilitation Guidelines](https://lni.wa.gov/patient-care/treating-patients/treatment-guidelines-and-resources/_docs/WorkRehabGuideline_Final2021.pdf) (page 33).

Consider:

* The current status of recovery of the worker
* The functional tolerances and fitness level of the worker
* The physical demand levels of the job goal
* Modified duty availability
* Plan for a 5-10 pound progression each week and a steady increase in positional and functional tolerances.

1. **Is prior authorization required for a WR Initial Evaluation?**

No. An initial evaluation does not require prior authorization as long as you:

* Have an AP referral
* Have a defined job goal
  + Are an approved WR clinic

1. **How do I ask for authorization after we complete the evaluation?**

Submit a request for authorization to Comagine Health, our utilization review vendor.

14. **What happens if we need an extension to the program (more than 40 visits)?**

For state fund claims, invite the L&I Work Rehab Coordinator to the next Care Conference to discuss the barriers and reasons for needing a longer plan of care to meet the job goal.

For self-insured claims, contact their claim representative.

1. **Why is a Care Conference required? Would our weekly staffing review count for this requirement?**

You are required to hold Care Conferences every two weeks. Clinics should invite the AP and VRC. They may not be able to attend but the communication is important. We anticipate that a conference will take 5-15 minutes. This is not the same as a clinic’s weekly staffing. It’s focused on the specific job goals and barriers of the worker with updates on the vocational return to work plan.

1. **Is the Care Conference billable?**

Yes, using the team conference procedure code 99368. Starting February 2, 2024, a PT and OT in a work rehab program are eligible to be paid for these in-person meetings. Updates will be made to Chapter 10 and will include documentation requirements.

1. **What if the AP and VRC are unable to attend? Can we still bill for our time?**

Yes, you can still bill for your time. As always, you must provide the appropriate communication and documentation. Send your documentation to the AP and connect with the VRC as soon as possible.

18. **How do we document the Care Conference?**

L&I has developed a [Care Conference template](https://lni.wa.gov/patient-care/_docs/WR_Care_Conference_Template.docx) to guide your discussions. You can use this form or your own similar version.

1. **Does the Care Conference replace a Progress report?**

No. Care Conferences are required every two weeks and focused multi-disciplinary communication, assessing the effectiveness of the therapeutic progression, incorporating input from the VRC, and considering AP recommendations based on recent collaboration and data. In contrast, Progress Reports are due every four weeks.

1. **Are there new forms we have to use?**

The only required form is the [Capacity Summary form](https://lni.wa.gov/forms-publications/f245-434-000.docx), used for your discharge summary. We are providing new templates for the WR Initial Evaluation, Care Conference summary, and Progress Report. Clinics can use these templates or use their own forms if the content is similar to the templates.