



Oregon

Kate Brown, Governor

Department of Consumer and Business Services
Workers' Compensation Division
350 Winter St. NE
P.O. Box 14480
Salem, OR 97309-0405
1-800-452-0288, 503-947-7810
www.wcd.oregon.gov

Sept. 16, 2016

Proposed Changes to Workers' Compensation Rules

Proposed amendments to rules governing return-to-work incentive programs and vocational assistance

The Workers' Compensation Division proposes changes to OAR:

- [436-105, Employer-at-Injury Program](#)
- [436-110, Preferred Worker Program](#)
- [436-120, Vocational Assistance to Injured Workers](#)

Please review the attached documents for more information about proposed changes and possible fiscal impacts.

The department welcomes public comment on proposed changes and has scheduled a public hearing.

- When is the hearing?** Oct. 24, 2016, 2 p.m.
- Where is the hearing?** Labor & Industries Building
350 Winter Street NE, Room 260
Salem, Oregon 97301
- How can I make a comment?** Come to the hearing and speak, send written comments, or do both. Send written comments to:
Email – fred.h.bruyns@oregon.gov
Fred Bruyns, rules coordinator
Workers' Compensation Division
350 Winter Street NE (for courier or in-person delivery)
PO Box 14480, Salem, OR 97309-0405
Fax – 503-947-7514

The closing date for written comments is Oct. 28, 2016.

How can I get copies of the proposed rules and view testimony?

On the Workers' Compensation Division's website –
<http://wcd.oregon.gov/laws/Pages/proposed-rules.aspx>.

Or call 503-947-7717 to get free paper copies

Questions?

Contact Fred Bruyns, 503-947-7717.

Secretary of State
NOTICE OF PROPOSED RULEMAKING HEARING*
A Statement of Need and Fiscal Impact accompanies this form

FILED 9-15-16 10:36 AM ARCHIVES DIVISION SECRETARY OF STATE

Department of Consumer and Business Services, Workers' Compensation Division
Agency and Division

436
Administrative Rules Chapter Number

Fred Bruyns
Rules Coordinator

(503) 947-7717
Telephone

Department of Consumer and Business Services, Workers' Compensation Division, PO Box 14480, Salem, OR 97309-0405
Address

RULE CAPTION

Proposed amendments to rules governing return-to-work incentive programs and vocational assistance

Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.

Hearing Date	Time	Location	Hearings Officer
10-24-16	2:00 p.m.	Rm 260 Labor & Industries Bldg, 350 Winter St. NE, Salem, OR	Fred Bruyns

RULEMAKING ACTION

Secure approval of rule numbers with the Administrative Rules Unit prior to filing.

ADOPT:

AMEND:

436-105, 436-105-0003, 436-105-0005, 436-105-0006, 436-105-0008, 436-105-0500, 436-105-0510, 436-105-0511, 436-105-0512, 436-105-0520, 436-105-0530, 436-105-0540, 436-105-0550, 436-105-0560, 436-110, 436-110-0003, 436-110-0005, 436-110-0006, 436-110-0007, 436-110-0150, 436-110-0240, 436-110-0290, 436-110-0310, 436-110-0320, 436-110-0325, 436-110-0330, 436-110-0335, 436-110-0336, 436-110-0337, 436-110-0345, 436-110-0346, 436-110-0347, 436-110-0350, 436-110-0351, 436-110-0352, 436-110-0850, 436-110-0900, 436-120, 436-120-0003, 436-120-0005, 436-120-0008, 436-120-0012, 436-120-0115, 436-120-0145, 436-120-0165, 436-120-0175, 436-120-0185, 436-120-0410, 436-120-0443, 436-120-0445, 436-120-0500, 436-120-0510, 436-120-0520, 436-120-0530, 436-120-0700, 436-120-0710, 436-120-0720, 436-120-0755, 436-120-0800, 436-120-0810, 436-120-0820, 436-120-0840, 436-120-0900, 436-120-0915

REPEAL:

436-105, 436-105-0001, 436-105-0002, 436-110, 436-110-0001, 436-110-0002, 436-120, 436-120-0001, 436-120-0002, 436-120-0006, 436-120-0014, 436-120-0016, 436-120-0017, 436-120-0018, 436-120-0125, 436-120-0135, 436-120-0449, 436-120-0830

RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

AMEND AND RENUMBER: Secure approval of new rule numbers with the Administrative Rules Unit prior to filing.

From 436-120-0007 to 436-120-0147, From 436-120-0155 to 436-120-0117, From 436-120-0340 to 436-120-0157, From 436-120-0400 to 436-120-0177, From 436-120-0430 to 436-120-0197, From 436-120-0448 to 436-120-0523, From 436-120-0451 to 436-120-0527, From 436-120-0455 to 436-120-0187

Statutory Authority:

ORS 656.340, 656.622, 656.726(4)

Other Authority:

Statutes Implemented:

ORS 656.340, 656.622

RULE SUMMARY

The public may also listen to the hearing or testify by telephone:

Dial-in number is 1-213-787-0529; Access code is 9221262#.

The agency proposes to amend OAR 436-105, "Employer-at-Injury Program" (EAIP) to:

- Improve the clarity of the rules through improved organization, plain language, and definition of terms;
- Clarify the purpose of EAIP assistance;

- Clarify that monies in the Workers' Benefit Fund may not be used to provide concurrent benefits under the Employer-at-Injury Program and the Preferred Worker Program for the same worker for the same period of time, except for reimbursement of claims costs;
- Clarify how parties may request reconsideration if they are directly affected by a decision regarding the EAIP;
- Require that a medical release specify the worker's hourly restrictions if the release is for part-time work or fewer hours than the worker normally worked before the injury;
- Limit the effective period for a medical release to 30 days if the release does not specify an end date or follow-up date, no subsequent medical release is issued, and there is no indication that the worker followed up with the medical service provider;
- Require that all EAIP documentation be prepared and in the insurer's possession before reimbursement is requested from the division;
- More specifically describe what payroll records must include and require that they be compiled in accordance with generally accepted accounting procedures;
- Specify that EAIP eligibility ends when Preferred Worker Program benefits (except Claim Cost Reimbursement) begin;
- Clarify that the EAIP may be used only once per worker per claim opening or request for reopening;
- State that modifications and purchases must be ordered before the end of the EAIP;
- Expressly exclude reimbursement for extended warranties for worksite modifications and purchases that are in addition to the standard or manufacturer's warranty;
- Broaden the description of how an insurer must display receipt dates on documentation to accommodate non-physical date stamps and to be consistent with claim processing rules;
- State that if the director finds that procedures that led to disallowed reimbursements are still being used, the director may withhold further reimbursements until corrections satisfactory to the director are made, consistent with language in OAR 436-110; and
- Provide that if there is conflicting documentation regarding eligibility for reimbursement for EAIP services, the director will use a preponderance-of-evidence standard to make its decision, and if there is no clear preponderance, reimbursement will be denied.

The agency proposes to amend OAR 436-110, "Preferred Worker Program" (PWP) to:

- Improve the clarity of the rules through improved organization, plain language, and definition of terms;
- Clarify that monies in the Workers' Benefit Fund may not be used to provide concurrent benefits under the Preferred Worker Program and the Employer-at-Injury Program for the same worker for the same period of time, except for reimbursement of claims costs;
- Clarify how parties may request reconsideration if they are directly affected by a decision of the Workers' Compensation Division regarding the PWP;
- Specify that if a claim disposition agreement is approved before the claim has been closed under ORS 656.268, the insurer must obtain medical information to determine the worker's permanent restrictions for purposes of the PWP;
- Explain that work experience program participants, apprentices, and trainees covered under ORS 656.033, 656.046, 656.135, or 656.138, are eligible for the PWP if they otherwise meet the eligibility requirements in the rules, and that the job for which the individual was being trained is regular work;
- Revise the requirements for premium exemption, requiring the employer to notify the division instead of the insurer;
- Require that requests for claim cost reimbursement must be submitted within 15 months of the date on which payment was made;
- More specifically describe what payroll records in support of reimbursement requests must include;
- Place a dollar maximum on wage subsidy for a worker and remove the limit on the number of times wage subsidy may be used unless the worker has an exceptional disability - if so the worker may use wage subsidy twice with no maximum total reimbursement;
- Provide that a worker may use a second wage subsidy with the same employer for a new job if the majority of job duties have changed and at least one year has passed from the end of the first wage subsidy period;
- Increase maximum allowed payments for several categories of employment purchases: tuition, books, and fees; lodging, meals, and mileage; tools and equipment; clothing; occupational certification, licenses, and related testing costs, drug screen testing, physical examinations, or membership fees required for the job; and worksite creation;
- Remove the limits on the number of uses for several categories of employment purchases: tuition, books, and fees; tools and equipment; and clothing;
- Add a new type of employment purchase - transportation-related purchases that enable a worker to commute to a job (does not include vehicles or vehicle maintenance);
- Describe placement services and provide that payment will be made up to a dollar maximum, regardless of whether the worker finds employment, but provide for additional payments if the worker is employed as a result of the services and again if the worker remains in that position for at least 30 days;
- Require that requests for payment for placement services be submitted within one year of the end date of the placement assistance agreement;
- Increase the dollar maximums allowed for worksite modification services and set a per-use cap;
- Increase the dollar maximums allowed for modifications to prevent further injury, rental of worksite modification items, and consultative services;
- For worker-activated worksite modification assistance, remove the limit on the number of times a worker may use the assistance, but limit use to once per employer, unless the job is a new job; and
- Provide that a worker can use a second worksite modification with the same employer for a new job if the majority of the job duties have changed.

The agency proposes to amend OAR 436-120, "Vocational Assistance to Injured Workers" to:

- Improve the clarity of the rules through improved organization, plain language, definition of terms, and removal of obsolete provisions;
- Provide that if the worker returns to work with the employer at injury, the division may verify whether the employment is suitable;
- Clarify procedural requirements for administrative review and resolution of disputes;
- State that all notices and warnings must be copied to the division;
- State that a notice is not effective until it is mailed to all required parties including the worker's legal representative;
- Repeal the rule addressing notification of employment and reinstatement rights and responsibilities, because these statutory provisions are sufficiently described in ORS 656.262, 656.340, and ORS chapter 659A;
- Repeal rules allowing postponement of a worker's vocational eligibility evaluation, and allow deferral in specified circumstances when the employer at injury has activated Preferred Worker Program benefits;
- Remove the definition of "likely eligible" and clarify when an eligibility evaluation is required;
- Clarify that if a worker requests vocational assistance when the insurer is not required to do an eligibility evaluation, the insurer may not deny eligibility;
- Clarify the timeframe for completing an eligibility evaluation, including notifying the worker of the results;
- Allow the counselor to extend the time to complete the eligibility evaluation if the counselor is unable to obtain needed information;
- Include specified circumstances in which the worker does not need to be available in Oregon;
- Explain that work experience program participants, apprentices, and trainees covered under ORS 656.033, 656.046, 656.135, or 656.138, are eligible for vocational assistance if they otherwise meet the eligibility criteria; and define employer at injury, regular employment, and suitable wage for those individuals;
- Clarify the circumstances under which the insurer may end vocational assistance after a worker has been employed in suitable employment due to an employer-at-injury use of the PWP;
- Specify that the insurer and worker must agree on a counselor rather than a vocational assistance provider;
- Require that if the worker and insurer do not agree on a counselor or on a change of counselor, the insurer must notify the division within five days;
- List the responsibilities of the worker and counselor in training and direct employment plans;
- Remove outdated language regarding vocational evaluations;
- Redefine "exceptional loss of earning capacity" to include the potential for the worker's income to increase with time as a result of training;
- Require that the insurer provide further training to a worker when the initial plan will not be or was not successful to prepare the worker for suitable employment;
- Increase the allowable time (months) for basic education, occupational skills training, and formal training;
- Require the training plan to notify the worker if temporary disability benefits may end before training ends;
- Require the insurer to approve or disapprove a training plan within 14 days;
- Require the insurer to issue a written warning before ending an academic program for specified reasons;
- Require the insurer to pay for approved direct worker purchases within 30 days after the insurer receives the worker's request or proof of payment, whichever is later;
- Remove as factors the insurer may consider in determining the necessity of direct worker purchases: pre-injury net income compared with post-injury net income; family income; and evidence of financial hardship;
- Reduce the time within which an insurer must pay vocational assistance providers' bills for services from 60 to 30 days from receipt; and
- Allow continuing education credits for counselors who teach a class or provide a formal presentation to a group on a topic relating to vocational rehabilitation.

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

10-28-2016 Close of Business	Fred Bruyns	fred.h.bruyns@oregon.gov
Last Day (m/d/yyyy) and Time for public comment	Rules Coordinator Name	Email Address

*The Oregon Bulletin is published on the 1st of each month and updates the rule text found in the Oregon Administrative Rules Compilation.

Secretary of State
STATEMENT OF NEED AND FISCAL IMPACT
A Notice of Proposed Rulemaking Hearing accompanies this form.

FILED
9-15-16 10:36 AM
ARCHIVES DIVISION
SECRETARY OF STATE

Department of Consumer and Business Services, Workers' Compensation Division
Agency and Division

436
Administrative Rules Chapter Number

Proposed amendments to rules governing return-to-work incentive programs and vocational assistance

Rule Caption (Not more than 15 words that reasonably identifies the subject matter of the agency's intended action.)

In the Matter of:

Amendment of:

OAR 436-105, Employer-at-Injury Program (EAIP)

OAR 436-110, Preferred Worker Program (PWP)

OAR 436-120, Vocational Assistance to Injured Workers

Statutory Authority:

ORS 656.340, 656.622, 656.726(4)

Other Authority:

Statutes Implemented:

ORS 656.340, 656.622

Need for the Rule(s):

These rule changes are needed to improve the effectiveness of rules that carry out ORS 656.340 and 656.622. Plain language, better organization, and definition of terms should promote understanding of requirements and better compliance. Clear requirements for record-keeping and reimbursement requests should expedite payments and improve audit findings. Enhanced return-to-work incentives should assist more workers in overcoming obstacles to employment.

Documents Relied Upon, and where they are available:

Advisory committee meeting records and written advice. These documents are available for public inspection upon request to the Workers' Compensation Division, 350 Winter Street NE, Salem, Oregon 97301-3879. Please contact Fred Bruyns, rules coordinator, 503-947-7717, fred.h.bruyns@oregon.gov.

Fiscal and Economic Impact:

Proposed changes to PWP incentives and placement assistance will increase outflow from the Workers' Benefit Fund (WBF). Agency staff should be able to absorb the slightly increased workload, and the agency estimates that the WBF has sufficient funds to meet the increased use of re-employment incentives. We do not know how many workers will use wage subsidy or employment purchases more often than is currently allowed or how often employment purchases or worksite modifications will exceed current maximums. However, the agency projects that reserves in the Workers' Benefit Fund are sufficient to support any reasonably likely increased use of the PWP.

Other proposed rule changes should have no effect on the agency or the WBF.

Possible economic effects on other state agencies, units of local government, and the public are described below under "Statement of Cost of Compliance."

Statement of Cost of Compliance:

1. Impact on state agencies, units of local government and the public (ORS 183.335(2)(b)(E)):

- a. State agencies: The agency estimates that proposed rule changes will have some fiscal impacts on state agencies in their capacities as employers. See additional information under "The public" below.
- b. Units of local government: The agency projects proposed rule changes will have some fiscal impacts on units of local government in their capacities as employers. See additional information under "The public" below.
- c. The public: References to insurers below includes self-insured employers. The agency estimates that proposed rule changes will have the following impacts on the public:
 - Requiring (for EAIP services) that a medical release must specify the worker's hourly restrictions if the release is for part-time work or fewer hours than the worker normally worked before the injury may slightly increase costs for some insurers and employers for the time needed to follow up with the medical provider. However, we think that most releases to part-time work already specify the hourly limitation,

and the effect of this change should be very small.

- Clarifying the requirement that, if a claim disposition agreement is approved before the claim has been closed under ORS 656.268, the insurer must obtain medical information regarding the worker's permanent restrictions for purposes of the PWP, will increase costs for insurers that do not already obtain this information. However, insurers should already be obtaining this information under the statute.
- Addressing PWP and vocational services for work experience program participants, apprentices, and trainees covered under ORS 656.033, 656.046, 656.135, or 656.138 may increase costs for insurers that provide workers' compensation coverage for program participants, but only to the extent these statutorily required services have not been provided in the past. However, injuries under these programs are uncommon and the overall effect is expected to be quite small.
- Increased availability of PWP incentives and placement assistance will:
 - Promote employment and associated income for affected workers, and also benefit employers due to the program payments and the advantages of returning workers to the workplace.
 - Better compensate counselors for their services; and
 - Provide a gross dollar benefit to workers, employers, and counselors that is equivalent to the additional outflow from the Workers' Benefit Fund, for additional employment purchases and worksite modifications.
- Clarifying the circumstances under which vocational eligibility evaluations must be done may increase the number of evaluations performed by some insurers, with related costs for additional evaluations and for vocational services for more workers who may be determined eligible.
- Disallowing postponements of workers' vocational eligibility evaluations may increase insurers' costs for evaluations, though these costs may be offset or exceeded by the benefits of earlier delivery of vocational services.
- Allowing vocational assistance in limited circumstances when workers are not available in Oregon will benefit affected workers at a corresponding cost to insurers; the fiscal impact is expected to be quite small because very few workers will meet the eligibility requirements for out-of-state services.
- Increasing the allowable time for basic education, occupational skills training, and formal training may raise associated training costs, benefiting workers at a corresponding cost to insurers; the fiscal impact is expected to be small because few claims should be affected.
- Requiring that the insurer provide further training to a worker when the initial plan will not be or was not successful to prepare the worker for suitable employment may provide a benefit to the affected worker at a corresponding cost to the insurer. There is no data available to estimate how often this may occur, but the overall effect is projected to be small.
- Additional rule changes will have minor effects on workers, employers, and insurers, sometimes producing a small benefit overall to one group with a corresponding cost to another. But, overall, the net effect should be slightly positive due to some likely improvements in the timeliness and effectiveness of service delivery and payment.

2. Cost of compliance effect on small business (ORS 183.336):

a. Estimate the number of small business and types of businesses and industries with small businesses subject to the rule:

Small businesses affected by these proposed rule changes are primarily Oregon employers and registered vocational assistance providers.

- Of the approximately 112,000 Oregon employers that are covered by workers' compensation insurance, at least 90 percent are small businesses as defined by ORS 183.310(10), with 50 or fewer employees.
- Of the 51 registered vocational assistance providers, approximately 45 are small businesses. Proposed rule changes should have neutral or positive impacts on these providers, so there are no projected cost-of-compliance effects.

b. Projected reporting, recordkeeping and other administrative activities required for compliance, including costs of professional services:

- Requiring (for EAIP services) that a medical release must specify the worker's hourly restrictions if the release is for part-time work or fewer hours than the worker normally worked before the injury may slightly increase administrative activities for some employers due to the time needed to follow up with the medical provider. However, we think that most releases to part-time work already specify the hourly limitation, and the cost impact of this change should be very small.
- Requiring payroll records that support reimbursement for return-to-work purchases and services be compiled in accordance with generally accepted accounting procedures may increase record-keeping costs for some employers whose records do not meet this standard. However, we think most payroll records already comply with this requirement and the overall effect should be very small.

c. Equipment, supplies, labor and increased administration required for compliance:

The agency projects that proposed rule changes will not increase costs for equipment, supplies, labor (beyond the effects described in 2.b.) or increased administration required for compliance.

How were small businesses involved in the development of this rule?

Representatives of small businesses participated on the advisory committee.

Administrative Rule Advisory Committee consulted?: Yes

If not, why?:

10-28-2016 Close of Business

Fred Bruyns

fred.h.bruyns@oregon.gov

Last Day (m/d/yyyy) and Time
for public comment

Printed Name

Email Address

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION



**Employer-at-Injury Program
Oregon Administrative Rules
Chapter 436, Division 105**

Proposed {Jan. 1, 2017}

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NOTE: Revisions are marked as follows:

Deleted text has a "strike-through" style, as in ~~Deleted~~

Added text is underlined, as in Added

Historical rules: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf

**OREGON ADMINISTRATIVE RULES
CHAPTER 436, DIVISION 105**

436-105-0001 Authority for Rules [Repeal]

~~The director has adopted OAR Chapter 436, Division 105 under the authority of ORS 656.622 and 656.726.~~

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Adopted 8/14/01 as WCD Admin. Order 01-057, eff. 10/1/01

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf

436-105-0002 Purpose of Rules [Repeal – See rule 0003]

~~(1) The Employer at Injury Program encourages the early return to work of injured workers by providing incentives to employers.~~

~~(2) The Employer at Injury Program is activated by the employer and administered by the insurer.~~

~~(3) The program consists of Wage Subsidy, Worksite Modification, and Employer at Injury Program Purchases.~~

~~(4) These rules explain:~~

~~(a) The assistance and reimbursements available from the Employer at Injury Program;~~

~~(b) Who is qualified for the assistance and reimbursement; and~~

~~(c) How to receive assistance and reimbursements.~~

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 11/1/07 as WCD Admin. Order 07-065, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf

436-105-0003 General Provisions ~~Applicability of Rules~~

(1) Purpose.

(a) The rules in OAR 436-105 explain who qualifies for and how to request assistance and reimbursements from the Employer-at-Injury Program.

(b) The Employer-at-Injury Program encourages the early return to work of injured workers by providing incentives from the Workers' Benefit Fund to employers.

(c) The Employer-at-Injury Program is activated by the employer and administered by the insurer.

(d) The purpose of Employer-at-Injury Program assistance is to:

(A) Enable the worker to perform transitional work within the worker's limitations that resulted in the worker's eligibility for the Employer-at-Injury Program;

(B) Prevent a worsening of the worker's compensable injury or occupational disease;
or

ORDER NO. 16-XXX

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION
***Proposed* EMPLOYER-AT-INJURY PROGRAM**

(C) If the claim has not been accepted or denied, prevent a worsening of the claimed workers' compensation injury or occupational disease.

(42) Applicability.

These rules apply to:

- (a) All individual Employer-at-Injury programs started on or after the effective date of these rules, unless otherwise provided in subsections (b) or (c) of this section;
- (b) All wage subsidy reimbursement requests when the wage subsidy period began on or after the effective date of these rules; and
- (c) All reimbursement requests received by the division on or after the effective date of these rules for worksite modification or program purchases, regardless of when the purchase was made.

(3) Submitting documents or information, calculating time.

(a) Documents or information required under these rules to be submitted to the division may be submitted in any of the following ways:

(A) Mailed to the division's mailing address with sufficient postage and placed in the custody of the U.S. Postal Service;

(B) Physical delivery to the division's Salem office;

(C) Faxed, if the document transmitted indicates it has been delivered by fax, is sent to the correct fax number, and indicates the date it was sent; or

(D) Any other method authorized by the director.

(b) Timeliness under these rules is determined as follows:

(A) If a document is mailed, it will be considered submitted on the date it is postmarked.

(B) If a document is delivered, it must be delivered during regular business hours and marked as received to be considered submitted on that date.

(C) If a document is faxed, it must be received by 11:59 p.m. Pacific Time to be considered submitted on that date.

(c) Time periods allowed under these rules are calculated in calendar days. The first day is not included. The last day is included unless it is a Saturday, Sunday, or legal holiday. In that case, the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday. Legal holidays are those listed in ORS 187.010 and 187.020.

(42) Director's discretion.

The director may waive procedural rules as justice requires, unless otherwise obligated by statute.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 4/12/13 as Admin. Order 13-054, eff. 7/1/13

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION
***Proposed* EMPLOYER-AT-INJURY PROGRAM**

436-105-0005 Definitions

For the purpose of these rules, unless the context requires otherwise:

~~(1) "Administrator" means the Administrator of the Workers' Compensation Division, or the administrator's delegate for the matter.~~

~~(12) "Client" means a person to whom workers are provided under contract and for a fee on a temporary or leased basis.~~

(2) "Department" means the Department of Consumer and Business Services.

~~(3) "Consumables" means purchases required to support the functioning of tools or equipment utilized during transitional work.~~

~~(34) "Director" means the Director of the Department of Consumer and Business Services, or the director's delegate for the matter.~~

~~(45) "Division" means the Workers' Compensation Division of the Department of Consumer and Business Services.~~

~~(56) "Employer-at-injury" means the organization that employed the worker when the worker:~~

- ~~(a) Sustained the injury or occupational disease;~~
- ~~(b) Made the claim for aggravation; or~~
- ~~(c) Requested an Own Motion opening under ORS 656.278.~~

~~(7) "Fund" means the Workers' Benefit Fund.~~

~~(68) "Insurer" means the insurance company or self-insured employer responsible for the workers' compensation claim.~~

~~(79) "Premium" means the monies paid to an insurer for the purpose of purchasing workers' compensation insurance.~~

~~(840) "Regular work employment" means the job employment the worker held at the time of:~~

- ~~(a) Injury;~~
- ~~(b) The claim for aggravation; or~~
- ~~(c) Own Motion opening under ORS 656.278.~~

~~(11) "Reimbursable wages" means the worker's gross wages for the Wage Subsidy period.~~

~~(942) "Skills building" means a class or course of instruction taken by the worker for the purpose of enhancing an existing skill or developing a new skill. When skills building is the transitional work, the worker must agree in writing to take the class or course of instruction.~~

~~(1043) "Transitional Work" means temporary work with the employer-at-injury that which is not the worker's full-duty regular work and is assigned because the worker cannot perform full-duty regular work. Transitional work must be within the worker's injury-caused limitations and may be created through modification of the worker's regular work, job restructuring, assistive devices, worksite modification(s), reduced hours, or reassignment to~~

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION
Proposed EMPLOYER-AT-INJURY PROGRAM

another job. Transitional work must be within the employer's course and scope of trade or profession, unless the work is "skills building."

~~(14) "Worker Leasing Company" means the person which provides workers, by contract and for a fee, as prescribed in ORS 656.850.~~

~~(15) "Work site" means a primary work area available for a worker to use to perform the required job duties. The work site may be the employer's, client's, or worker's premises, property, and equipment used to conduct business under the employer's or client's direction and control. A work site may include a worker's personal property or vehicle if required to perform the job.~~

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 12-1-2009 as WCD Admin. Order 09-059, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0006 **Workers' Benefit Fund Administration of Rules**

~~(1) Orders issued by the division to enforce ORS 656.622 or these rules are orders of the director.~~

~~(12) The department maintains the financial integrity of the Workers' Benefit Fund under ORS 656.605 and all reimbursement is subject to the availability of funds. If the funds are too low for all reimbursements, the director has the final authority to determine how the funds will be disbursed.~~

~~(2) Monies in the Workers' Benefit Fund may not be used to provide concurrent benefits under the Employer-at-Injury Program and the Preferred Worker Program under OAR 436-110 for the same worker for the same period of time, with the exception of claims costs reimbursed under OAR 436-110-0330.~~

~~(33) The director may use monies from the Workers' Benefit Fund for activities to provide information about and encourage the re-employment of injured workers. A maximum of \$250,000 may be used in a fiscal year, July 1 to June 30. The director must approve all expenditures. Activities include, but are not limited to:~~

~~(a) Advertisements and promotion of re-employment assistance programs and associated production costs; and~~

~~(b) Public re-employment assistance program conferences and workshops.~~

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Adopted 8/14/01 as WCD Admin. Order 01-057, eff. 10/1/01

436-105-0008 **Denial of Reimbursement, Reconsideration, Appeal to the Director's Review**

(1) Denial of reimbursement.

The ~~director~~ division will deny any reimbursement for Employer-at-Injury Program assistance it finds violates ~~in violation of~~ these rules. The ~~director~~ division has the discretion to deny any reimbursement of Employer-at-Injury Program assistance it determines is not reasonable, practical, or feasible, or considers an abuse of the program.

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(2) Reconsideration.

(a) Parties directly affected by an ~~an~~ ~~division~~ Employer-at-Injury Program decision may request a reconsideration by ~~submitting~~ ~~sending~~ a written request for reconsideration to the ~~division~~ administrator no later than 60 days after the date the decision ~~was~~ issued. Facsimiles that are legible and complete are acceptable and will be processed the same as originals. Reconsideration must precede a director's review.

(~~b~~3) The request for reconsideration must specify the reasons why the decision is appealed and may include additional documentation. ~~No reconsideration will be granted unless the request meets the requirements of this rule.~~

(~~c~~4) The ~~director~~ ~~division~~ will reconsider the decision and will notify all directly affected parties of its decision upon reconsideration ~~in writing~~.

(d) Reconsideration must precede a director's review under section (3) of this rule.

(3) Director's review.

(~~a~~) ~~The affected p~~ Parties affected by the reconsideration may request a director's review by ~~submitting~~ ~~sending~~ a written request to the division no later than 60 days after the date the reconsideration was issued. The request must specify the reasons why the decision is appealed and may include additional documentation.

(~~b~~5) The director may require any affected party to provide information or to participate in the director's review. If the party requesting the director's review fails to participate without reasonable cause as determined by the director, the director may dismiss the review.

(~~c~~6) The director's review decision will be issued in writing ~~and all directly affected parties will be notified~~. The director's review decision is final and not subject to further review by any court or other administrative body.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 11/1/07 as WCD Admin. Order 07-065, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0500 Insurer Participation in the Employer-At-Injury Program**(1) Insurer participation.**

An insurer must be an active participant in providing re_employment assistance under the Employer-at-Injury Program with the employer's consent. Participation includes issuing notices of the available assistance and administering the Employer-at-Injury Program as specified in these rules.

(2) Notice of assistance available.

The insurer must ~~will~~ notify the worker and employer-at ~~_~~injury in writing of the assistance available from the Employer-at-Injury Program. A notice must be issued:

(a) Upon acceptance or reopening of a claim; and

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(b) Within five days of a worker's first release for work after claim opening unless the release is for regular work.

(3) **Required notice language.** ~~The notices of Employer-at-Injury Program assistance must contain the following language:~~

(a) The notice to the worker required by section (2) of this rule must ~~be~~ appear in bold type and contain the following language as follows:

The Employer-at-Injury ~~Reemployment Assistance~~ Program provides Oregon's qualified injured workers help with staying on the job or getting back to work. Because of your injury, your employer may be eligible for assistance to return you to transitional work through this ~~the Employer-at-Injury P~~rogram while your claim is open. Your employer may contact [insurer name and phone number].

(b) The notice to the employer ~~-at -injury~~ required by section (2) of this rule must ~~be~~ appear in bold type and contain the following language as follows:

Because of your worker's injury, you may be eligible for assistance through the Employer-at-Injury Program to return the worker to transitional work while the worker's claim is open. To learn more about the assistance available from the program, please call [insurer name and phone number].

(4) **Insurer administration of program.**

The insurer ~~must~~ will administer the Employer-at-Injury Program according to these rules. The insurer must assist an employer to:

(a) Obtain from the medical service provider a ~~qualifying~~ medical release; that meets the requirements of ~~pursuant to section (5) of this rule, from the medical service provider;~~

(b) Identify a transitional work position:

(A) The transitional work position must be within the worker's injury-caused limitations and may be created through modification of the worker's regular work, job restructuring, assistive devices, worksite modification, reduced hours, or reassignment to another job;

(B) Unless the transitional work is skills building, the position must be within the employer's course and scope of trade or profession; and

(C) When skills building is the transitional work, the worker must agree in writing to take the class or course of instruction;

(c) Process employer wage subsidy requests as specified in OAR 436-105-0520(~~2~~);

(d) Make worksite modification purchases as specified in OAR 436-105-0520(~~3~~);

(e) Make Employer-at-Injury Program purchases as specified in OAR 436-105-0520(~~4~~); and

(f) Request Employer-at-Injury Program reimbursement from the division as specified in OAR 436-105-0540.

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(5) Medical releases.

(a) Medical releases are required for For purposes of the Employer-at-Injury Program, ~~medical releases must meet the following criteria:~~

~~(a) All medical releases must be dated~~

(b) A medical release must be and related to the compensable injury or occupational disease or, if the claim has not been accepted or denied, the claimed workers' compensation injury or occupational disease. ~~The date the medical release is issued by the worker's medical service provider is considered the effective date if an effective date is not otherwise specified.~~

(c) A medical release must Two types of medical release qualify under these rules:

(A) A ~~medical release that s~~ States the worker's specific current or projected restrictions; or

(B) A ~~statement by the medical service provider that i~~ Indicates the worker is not released to regular work employment and be accompanied by an approval of a job description that which includes the job duties and physical demands required for the transitional work.

(d) A medical release that releases the worker to part-time work or fewer hours than the worker normally worked before the injury must specify the worker's hourly restrictions.

(e) A medical release must be dated and cover any period of time for which benefits are requested.

(A) The date a medical release is issued is considered the effective date if an effective date is not otherwise specified.

~~(6) For the purposes of the Employer-at-Injury Program, a~~ (B) A medical release, and any restrictions it contains, remains in effect until another medical release is issued ~~by the worker's medical service provider.~~

(C) If a medical release does not specify an end date or follow-up date and no subsequent medical release is issued, and there is no indication that the worker followed up with the medical service provider, the medical release is effective for no more than 30 days.

(f) An employer or insurer may get clarification about a medical release from the medical service provider who issued the release any time before prior to submitting the reimbursement request.

(6) Required documentation.

The insurer must maintain all records and documentation of the Employer-at-Injury Program for a period of three years from the date of the last Employer-at-Injury Program reimbursement request. All documentation must be prepared before reimbursement is

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requested from the division. The insurer must will maintain the following information at anthe authorized claim processing location(s):

- (a) The worker's claim file;
- (b) Documentation from the worker's medical service provider that the worker is unable to perform regular workemployment due to the injury and dated copies of all work releases from the worker's medical service provider;

(c) Documentation of the transitional work that includes the start date, wage and hours, and a description of the job duties;

(de) A legible copy of the worker's payroll records, compiled in accordance with generally accepted accounting procedures, for the wage subsidy period, as follows:

(A) Payroll records must includestate:

- (i) The date of payment;
- (ii) The dates of work covered by the payment;
- (iii) The rate or rates of pay;
- (iv) Gross wages;
- (v) Whether the worker is paid by the hour, shift, day, or week or on a salary, piece, or commission basis;
- (vi) The regular hourly rate or rates of pay, the number of regular hours worked, and pay for those hours;
- (vii) The number of overtime hours worked, if any, and pay for those hours; and
- (viii) The overtime rate or rates of paythe payroll period, wage rate(s), and the worker's gross wages for the wage subsidy period. The payroll record must also include the dates and hours worked each day if the worker has hourly restrictions;

(B) ~~Insurers and employers~~ Payroll records may be supplemented payroll records with documentation of how the worker's earnings were calculated for the wage subsidy. Supplemental documentation may be used to determine a worker's work schedule, wages earned on a particular day, dates of paid leave, or to clarify any other necessary information not fully explained by the payroll record;

~~(C) If neither the payroll record(s) nor supplemental documentation show the amount of wages earned by the worker for reimbursable partial payroll periods, the allowable reimbursement amount may be calculated as follows:~~

- ~~(i) Divide the gross wages by the number of days in the payroll period for the daily rate; and~~
- ~~(ii) Multiply the daily rate by the number of eligible days; and~~

~~(eD)~~ Documentation of the time of the appointment and hours and wages of transitional work for any days for which If a partial day's reimbursement is requested after thea worker is released for transitional work, or beforeprior to returning from a medical

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appointment with a regular work release, ~~documentation of the time of the medical appointment and hours and wages of transitional work must be provided for those days;~~

(~~f~~) A legible copy of proof of purchase, providing proof the item was ordered during the Employer-at-Injury Program period and proof of payment of the item(s) for worksite modification purchases and Employer-at-Injury Program purchases;

(~~g~~) ~~Written~~ Documentation of the insurer's decision to approve of worksite modifications;

(~~f~~) ~~Documentation of the transitional work, which must include the start date, wage and hours, and a description of the job duties;~~

(~~h~~) Documentation that payments for a home care worker were made to the Oregon Department of Human Services or Oregon Health Authority, if applicable;

(~~h~~) ~~The w~~ Written acceptance by the worker when skills building is the transitional work; and

(~~j~~) Documentation, including course title and curriculum for a class or course of instruction, when Employer-at Injury Program purchases are requested.

Statutory authority: ORS ~~656.340~~, 656.622, 656.726(4)

Statutes implemented: ORS ~~656.340~~, 656.622

Hist: Amended 1/29/15 as Admin. Order 15-054, eff. 3/1/15

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0510 Employer Eligibility

To be eligible for the Employer-at-Injury Program, an employer must:

- (1) ~~The employer must m~~ Maintain Oregon workers' compensation insurance coverage;
- (2) ~~The employer must b~~ Be the employer at injury as defined in OAR ~~436-105-0005~~; and
- (3) ~~The employer must be e~~ Employing an eligible worker.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 10-3-2012 as Admin. Order 12-057, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0511 Worker Eligibility

To be eligible for the Employer-at-Injury Program, a worker must:

- (1) ~~The worker must h~~ Have an Oregon workers' compensation injury or occupational disease claim at the time of the Employer-at-Injury Program; and
- (2) ~~The worker must n~~ Not be covered as an ~~injured inmate~~ inmate under ORS 655.505 to 655.555 ~~Law~~ and OAR 125-160.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended and renumbered from OAR 436-105-0510 11/1/07 as WCD Admin. Order 07-065, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

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436-105-0512 End of Eligibility

The Employer-at-Injury Program eligibility will end:

- (1) When the worker or employer no longer meets the eligibility provisions stated in OAR 436-105-0510 and ~~OAR~~ 436-105-0511;
- (2) When the worker's claim is closed or denied;
- (3) When sanctions issued under OAR 436-105-0560 preclude eligibility;
- ~~(4) When the insurer ends the Employer-at-Injury Program at any time while the worker's claim is open; or~~
- ~~(4)~~ (5) Two years after the original date of acceptance of a non-disabling claim; or
- (5) Except for claims costs reimbursed under OAR 436-110-0330, when benefits under the Preferred Worker Program under OAR 436-110 begin.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 10-3-2012 as Admin. Order 12-057, eff. 11-1-2012

See also the Index to Rule History: http://wed.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0520 Assistance Available from the Employer-at-Injury Program**(1) General provisions.**

(a) The Employer-at-Injury Program may be used only once per worker per claim opening or request for reopening ~~for a nondisabling claim or a disabling claim~~. If a nondisabling claim becomes a disabling claim after one year from the date of acceptance, the disabling claim is considered a new opening and the Employer-at-Injury Program may be used again.

(b) Assistance available includes wage subsidy, worksite modification, and purchases.

(c) Any modification and other purchases must be ordered before the end of the Employer-at-Injury Program.

(2) Wage subsidy.

Wage subsidy, which provides ~~45 percent~~ reimbursement of 45 percent of the worker's gross wages for the wage subsidy period. Wage subsidy benefits are subject to the following conditions:

(a) A wage subsidy may not exceed 66 workdays and must be completed within a ~~24-~~ consecutive month period;

(b) A wage subsidy may not start or end with paid leave;

(c) If the worker has hourly restrictions, reimbursable paid leave ~~cannot exceed~~ must be limited up to the maximum number of hours of the worker's hourly restrictions. Paid leave exceeding the worker's hourly restrictions ~~will not be~~ is not subject to reimbursement; and

(d) Any day during which the worker exceeds his or her injury-caused limitations will not be reimbursed. If, however, an employer uses a time clock, a reasonable time ~~of up~~ not to

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~~exceed~~ 30 minutes per day will be allowed for the worker to get to and from the time clock and the worksite without exceeding the worker's hourly restrictions.

(32) Worksite modification.

(a) Worksite modification ~~is~~ means altering a worksite by renting, purchasing, modifying, or supplementing equipment to:

(A) Enable a worker to perform the transitional work within the worker's limitations that resulted in the worker's Employer-at-Injury Program EAIIP eligibility;

(B) Prevent a worsening of the worker's compensable injury or occupational disease; or

(C) If the claim has not been accepted or denied, to prevent a worsening of the claimed workers' compensation injury or occupational disease.

(b) For purposes of the Employer-at-Injury Program, a "worksite" is a primary work area available for a worker to use to perform the required job duties. The worksite may be the employer's, client's, or worker's premises, property, or equipment used to conduct business under the employer's or client's direction and control. A worksite may include a worker's personal property or vehicle if required to perform the job.

~~(c)~~ Worksite modification assistance is subject to the following conditions:

(A) The insurer must determines the appropriate worksite modifications for the worker;

(B) The insurer must documents its reasons for approving the modifications; and

~~(C) The worksite modifications must be ordered during the Employer-at-Injury Program; and~~

~~(C)~~ Worksite modification items become the employer's property at upon the end of the Employer-at-Injury Program.

(43) Employer-at-Injury Program purchases.

Employer-at-Injury Program purchases, ~~which~~ are limited to:

~~(a) Tuition, books, fees, and materials required for a class or course of instruction to enhance an existing skill or develop a new skill when skills building is used as transitional work or when required to meet the requirements of the transitional work position. Maximum expenditure is \$1,000. Tuition, books, fees, and required materials will be provided under the following conditions:~~

(A) The insurer must determines the class or course of instruction will help the worker enhance an existing skill or develop a new skill, and must documents its decision; and

(B) The worker must begins participation in the class or course of instruction while eligible for the Employer-at-Injury Program;

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(b) Clothing required for the job, except clothing the employer normally provides. Clothing becomes the worker's property. Maximum expenditure is \$400; and

~~(c4) Employer-at-Injury Program purchases of tools and equipment, including consumables, must be required for the worker to perform transitional work, including consumables required to support the functioning of the tools or equipment.~~ These purchases will become the employer's property.

(5) Other conditions for worksite modifications and purchases.

(a) Worksite modification and purchases of tools and equipment are limited to a combined maximum reimbursement of \$5,000.

(b) Extended warranties that are in addition to the standard or manufacturer's warranty are not reimbursable under the Employer-at-Injury Program.

~~(c6)~~ All modifications and purchases made by the employer in good faith are reimbursable, even if the worker refuses to return to work, or if the worker agreed to take part in training and then later refused to attend training.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 1/29/15 as Admin. Order 15-054, eff. 3/1/15

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0530 Employer-at-Injury Program Procedures for Concurrent Injuries

(1) A worker is eligible for only one Employer-at-Injury Program at a time.

(2) When a worker in an Employer-at-Injury Program incurs a new compensable injury, transitional work for the first Employer-at-Injury Program is considered regular work for purposes of the second Employer-at-Injury Program.

(3) If the new injury makes the first Employer-at-Injury Program unsuitable, the worker may be eligible for a second Employer-at-Injury Program under the new injury.

(4) When the worker is no longer eligible for the second Employer-at-Injury Program, the first Employer-at-Injury Program may be resumed if the employer and worker still meet eligibility criteria under that claim.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 5/16/03 as WCD Admin. Order 03-057 eff. 6/8/03

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0540 Employer-at-Injury Program Reimbursement Procedures

The following provisions apply when the insurer requests reimbursement from the division under the Employer-at-Injury Program:

(1) Reimbursable benefits.

Reimbursements may include wage subsidy, Employer-at-Injury Program purchases, and worksite modification.

(2) Program administrative costs.

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The insurer is entitled to a program administrative cost of \$120-00 for the first approved reimbursement request ~~for~~ of an Employer-at-Injury Program. ~~As~~ Subsequent requests for reimbursement, including amended requests, for the same Employer-at-Injury Program ~~are~~ is not entitled to ~~an~~ additional program administrative costs.

(3) Minimum reimbursement request.

The first reimbursement request for an Employer-at-Injury Program must be for a minimum of \$100. Subsequent requests, including amended requests, may be for less than \$100.

(4) Required documentation.

The insurer must ~~have~~ receive all ~~required~~ documentation required for reimbursement in its possession at the time reimbursement is requested ~~within one year from the end of the Employer at Injury Program in order to qualify for reimbursement.~~ The insurer must ~~date stamp~~ or display evidence of the initial date of receipt on each document as required under OAR 436-060-0017(2) ~~each reimbursement request document with the receipt date.~~

(5) Timeframe for submitting request form.

The insurer must submit Form 2360, "Employer-at-Injury Program (EAIP) Reimbursement Request Form," ~~the request for reimbursement (Form 2360)~~ to the division within one year and 30 days from the end of the Employer-at-Injury Program. The form is published with Bulletin 260, both of which are available on the division's website at wcd.oregon.gov.

~~(5) The employer-at-injury reimbursement request must be a minimum of \$100. The associated administrative costs will also be eligible for reimbursement.~~

~~(6) Subsequent requests less than \$100 will be eligible for reimbursement. However, the requests will not be eligible for reimbursement of a subsequent administrative cost.~~

~~(7) If the original request was less than \$100, but the amended request is at least \$100, the request and the associated administrative costs will be eligible for reimbursement.~~

(6) Corrected request forms.

~~If the~~ When the division finds the insurer has submitted an Employer at Injury Program reimbursement request form that is incomplete or contains an error, the division may return the form to the insurer for correction. The insurer has 60 days from the date it the insurer receives the returned reimbursement request form from the division, or one year and 30 days from the end of Employer-at-Injury Program eligibility, whichever is later greater, to make the corrections and return the corrected form to the division.

(7) Amended requests.

(a) Amended reimbursement requests must be submitted to the division within one year and 30 days from the end of the Employer-at-Injury Program eligibility except as otherwise permitted in this rule.

(b) An amended reimbursement request must clearly state that it is an amendment and clearly state the corrected information.

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(89) Denied claims.

(a) The insurer may send an Employer-at-Injury Program reimbursement request ~~reimbursement to the division~~ when a claim ~~that~~ was initially denied and ~~was is~~ subsequently accepted after the Employer-at-Injury Program eligibility ended and more than one year and 30 days have passed. In that case, the insurer must ~~submit~~ send a completed Form 2360, "Employer-at-Injury Program (EAIP) Reimbursement Request Form," (published with Bulletin 260, available on the division's website at wcd.oregon.gov) to the division within 60 days of the first litigation order or stipulation and order accepting the claim. A copy of the order ~~accepting the claim~~, or stipulation and order ~~accepting the claim~~ must be attached to the reimbursement request form.

(~~b10~~) The insurer may request reimbursement for a qualifying Employer-at-Injury Program that took place ~~before~~ prior to a claim denial even if the claim is denied at the time the insurer submits the reimbursement request is sent to the division.

(11) ~~Amended reimbursement requests must be sent to the division within one year and 30 days from the end of the Employer-at-Injury Program eligibility except as provided in section (6) of this rule. The insurer may not request additional administrative cost reimbursement for filing an amended reimbursement request.~~

(12) ~~An amended reimbursement request must clearly state that it is an amendment and cite the corrected information.~~

(913) Effect on rates, dividends, premiums, or assessments.

The insurer ~~may~~ will not use Employer-at-Injury Program costs subject to reimbursement for rate making, individual employer rating, dividend calculations, or in any manner that would affect the employer's insurance premiums or premium assessments under ORS 656.612 and OAR 436-085 with the present or a future insurer. The insurer must be able to document that Employer-at-Injury Program costs do not affect the employer's rates or dividend.

(1014) Claim costs.

If a preferred worker employed by an eligible employer with active premium exemption under OAR 436-110-0325 incurs a new injury, the claim is subject to claim costs reimbursement under OAR 436-110-0330. If the worker subsequently ~~begins~~ enters an Employer-at-Injury Program, program costs ~~must~~ are to be separated from claim costs and will not be reimbursed as claim costs.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 10-3-2012 as Admin. Order 12-057, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0550 Audits

(1) Insurers and employers are subject to periodic program and fiscal audits by the ~~director~~ division. All reimbursements are subject to subsequent audits, and may be disallowed on any of the grounds set forth in these rules. Disallowed reimbursements ~~may~~ must be recovered repaid to by the ~~director~~ department directly or from future reimbursements by way of offset. If the director finds upon audit that procedures that led to disallowed

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reimbursements are still being used, the director may withhold further reimbursements until corrections satisfactory to the director are made.

(2) ~~An~~The audit may include but not be limited to a review of the records required in OAR 436-105-0500(67).

(3) When there is conflicting documentation ~~exists~~, the director~~division~~ will use~~utilize~~ a preponderance of evidence standard to decide eligibility for reimbursement. ~~and if~~ If there is no clear preponderance, reimbursement will be denied~~allowed~~.

(4) The director~~division~~ reserves the right to visit the work-site to determine compliance with these rules.

Statutory authority: ORS 656.455, 656.622, 656.726(4), 731.475
Statutes implemented: ORS 656.455, 656.622, 731.475
Hist: Amended 12-1-2009 as WCD Admin. Order 09-059, eff. 1-1-2010
See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-105-0560 Sanctions

(1) Penalties for false statement or report or misrepresentation.

Any person who knowingly makes a false statement or misrepresentation to the director or an employee of the director for the purpose of obtaining any benefits or reimbursement from the Employer-at-Injury Program, or who knowingly misrepresents the amount of a payroll, or knowingly submits a false payroll report, is subject to penalties under ORS 656.990.

(2) Reasons for sanction.

Reasons for the director to sanction an insurer, self-insured employer, employer, or their representative include, but are not limited to:

- (a) Misrepresenting information in order to receive Employer-at-Injury Program assistance;
- (b) Making a serious error or omission ~~that~~ which resulted in the director~~division~~ approving reimbursement in error;
- (c) Failing to respond to employer requests for assistance or failing to administer Employer-at-Injury Program assistance; ~~or~~
- (d) ~~Failing~~ ingure to comply with any condition in~~of~~ these rules.

(3) Possible sanctions.

The director may order one or more of the following sanctions. ~~Sanctions by the director may include one or more of the following:~~

- (a) Ordering the person to take corrective action within a specific period of time;
- (b) Ordering the person being sanctioned to repay the department all, or part, of the monies reimbursed, with or without interest at a rate set by the department. The order may include the department's legal costs;
- (c) Ending the employer's eligibility to use the Employer-at-Injury Program for a specific period of time; ~~or~~

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(d) Pursuing civil penalties under ORS 656.745 or criminal action against the party.

Statutory authority: ORS 656.622, 656.726(4)

Stat. Implemented: ORS 656.622, 656.745, 656.990

Hist: Adopted 8/14/01 as WCD Admin. Order 01-057, eff. 10/1/01

DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION



**Preferred Worker Program
Oregon Administrative Rules
Chapter 436, Division 110**

Proposed {Jan. 1, 2017}

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NOTE: Revisions are marked as follows:

Deleted text has a "strike-through" style, as in ~~Deleted~~

Added text is underlined, as in Added

Historical rules: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf

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**OREGON ADMINISTRATIVE RULES
CHAPTER 436, DIVISION 110**

436-110-0001 Authority for Rules [Repeal]

~~The director has adopted OAR Chapter 436, Division 110 under authority of ORS 656.622 and 656.726.~~

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 8/14/01 as WCD Admin. Order 01-056, eff. 10/1/01

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0002 Purpose of Rules [Repeal – See rule 0003]

~~(1) These rules explain what assistance and reimbursements are available from the Preferred Worker Program, who is qualified, and how to receive assistance and reimbursements.~~

~~(2) The Preferred Worker Program encourages the reemployment of workers whose on-the-job injuries result in disability which may be a substantial obstacle to employment by providing assistance from the Workers' Benefit Fund to eligible injured workers and to the employers who employ them.~~

~~(3) The Preferred Worker Program is a worker and employer at injury activated program.~~

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 12/5/05 as WCD Admin. Order 05-079, eff. 1/1/06

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0003 Purpose and Applicability of These Rules**(1) Purpose.**

(a) The rules in OAR 436-110 explain who qualifies for and how to request assistance and reimbursements from the Preferred Worker Program.

(b) The Preferred Worker Program encourages the re-employment of workers whose on-the-job injuries result in disability that may be a substantial obstacle to employment by providing assistance from the Workers' Benefit Fund to eligible injured workers and to the employers who employ them.

(c) The Preferred Worker Program is activated by the worker or by the employer at injury.

(2) Applicability.

These rules apply to all requests for Preferred Worker Program re_employment assistance received by the division on or after the effective date of these rules.

(3) Submitting documents or information, calculating time.

(a) Documents or information required under these rules to be submitted to the division may be submitted in any of the following ways:

(A) Mailed to the division's mailing address with sufficient postage and placed in the custody of the U.S. Postal Service;

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(B) Physical delivery to the division's Salem office;

(C) Faxed, if the document transmitted indicates it has been delivered by fax, is sent to the correct fax number, and indicates the date it was sent; or

(D) Any other method authorized by the director.

(b) Timeliness under these rules is determined as follows:

(A) If a document is mailed, it will be considered submitted on the date it is postmarked.

(B) If a document is delivered, it must be delivered during regular business hours and marked as received to be considered submitted on that date.

(C) If a document is faxed, it must be received by 11:59 p.m. Pacific Time to be considered submitted on that date.

(c) Time periods allowed under these rules are calculated in calendar days. The first day is not included. The last day is included unless it is a Saturday, Sunday, or legal holiday. In that case, the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday. Legal holidays are those listed in ORS 187.010 and 187.020.

(4) Availability of forms.

The bulletins and forms referenced in these rules are available on the division's website at wcd.oregon.gov.

(5) Director's discretion.

The director may waive procedural rules as justice requires, unless otherwise obligated by statute.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 10-3-2012 as Admin. Order 12-058, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0005 Definitions

For the purpose of these rules, unless the context requires otherwise:

~~(1) "Administrator" means the Administrator of the Workers' Compensation Division, or the administrator's delegate for the matter.~~

~~(2) "Client" means a person to whom workers are provided under contract and for a fee on a temporary or leased basis.~~

~~(3) "Date of eligibility" means the date the director ~~division~~ determines a worker is a preferred worker.~~

~~(4) "Date of hire" means the date the worker starts work as a preferred worker.~~

(4) "Department" means the Department of Consumer and Business Services.

~~(5) "Director" means the ~~D~~director of the Department of Consumer and Business Services, or the director's delegate for the matter.~~

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(6) "Disability" means a permanent physical or mental restriction(s) or limitation(s) caused by an accepted disabling Oregon workers' compensation claim that limits the worker from performing one or more of the worker's regular job duties.

(7) "Division" means the Workers' Compensation Division of the Department of Consumer and Business Services.

~~(8) "Division approval" means a preferred worker agreement signed by an authorized division representative.~~

~~(89)~~ "Employer at injury" means the organization ~~that in whose~~ employed the worker ~~when the worker~~ sustained the injury or occupational disease.

~~(94)~~ "Exceptional disability" means a disability equal to or greater than the complete loss, or loss of use, of both legs ~~or. Exceptional disability also includes a brain injury that results in impairment equal to or greater than a Class 3III as defined in under OAR 436-035-0390(10).~~ The ~~director~~ division will determine whether a worker has an exceptional disability based upon the combined effects of all of the worker's Oregon compensable injuries resulting in permanent disability.

~~(104)~~ "Fund" means the Workers' Benefit Fund under ORS 656.605.

~~(112)~~ "Insurer" means the insurance company or self-insured employer responsible for the workers' compensation claim.

~~(123)~~ "Premium" means the monies paid to an insurer for the purpose of purchasing workers' compensation insurance.

(13) "Premium assessment" means monies due the director under ORS 656.612 and 656.614.

(14) "Regular workemployment" means the job the worker held at the time of the injury, claim for aggravation, or ~~own m~~ Motion opening under ORS 656.278.

~~(15) "Reimbursable wages" means the worker's gross wages for the wage subsidy period.~~

~~(16) "Worksite" means a primary work area that is in Oregon, already constructed and available for a worker to use to perform the required job duties. The worksite may be the employer's, worker's, or worker leasing company's client's premises, property, and equipment used to conduct business under the employer's or client's direction and control. A worksite may include a worker's personal property or vehicle if required to perform the job. If the "worksite" is mobile, it must be available in Oregon for inspection and modification.~~

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 10-3-2012 as Admin. Order 12-058, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0006 Workers' Benefit Fund Administration of Rules

~~(1) Orders issued by the division to enforce ORS 656.622 or these rules are orders of the director.~~

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(1~~2~~) The department maintains the financial integrity of the fund and all reimbursement is subject to the availability of funds. If the funds are too low for all reimbursements, the director has final authority to determine how the funds will be disbursed.

(2) Monies in the Workers' Benefit Fund may not be used to provide concurrent benefits under the Preferred Worker Program and the Employer-at-Injury Program under OAR 436-105 for the same worker for the same period of time, with the exception of claims costs reimbursed under OAR 436-110-0330.

(3) The director may use monies~~moneys~~ from the fund for activities to provide information about and encourage re_employment of injured workers. A maximum of \$250,000 may be used in a fiscal year, July 1 to June 30. The director must approve all expenditures. Activities include, but are not limited to:

- (a) Advertisements and promotion of re_employment assistance programs and associated production costs; and
- (b) Public re_employment assistance program conferences and workshops.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 8/14/01 as WCD Admin. Order 01-056, eff. 10/1/01

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0007 Denial of Requests, Reconsideration, ~~Appeal to the Director's Review~~

(1) Denial of requests for assistance.

The director~~division~~ will deny any request for Preferred Worker Program assistance it finds violates~~is in violation of~~ these rules. The director~~division~~ has the discretion to deny a request it determines is not reasonable, practical, or feasible, or considers an abuse of the program.

(2) Reconsideration.

(a) Parties directly affected by a ~~division~~ Preferred Worker Program ~~reemployment assistance~~ decision of the director may request a reconsideration by submitting~~sending~~ a written request for reconsideration to the division~~administrator~~ no later than 60 days after the date the decision was~~is~~ issued. ~~Facsimiles that are legible and complete are acceptable and will be processed the same as originals. Reconsideration must precede a director's review.~~

(b~~3~~) The request for reconsideration must specify the reasons why the decision is appealed and may include additional documentation. ~~No reconsideration will be granted unless the request meets the requirements of this subsection.~~

(c~~4~~) The director~~division~~ will reconsider the decision ~~prior to a director's review~~ and will notify all directly affected parties of its decision upon reconsideration.

(d) Reconsideration must precede a director's review under section (3) of this rule.

(3) Director's review.

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(a) If, upon reconsideration, the ~~director~~ division upholds the original decision, ~~it~~ the will be referred for director's review ~~will begin~~. A party does not need to request director's review.

(b) The director may require any affected party to provide information or to participate in the director's review. If the party requesting the director's review fails to participate without reasonable cause as determined by the director, the director may dismiss the review.

(c) The director's review decision will be issued in writing. The director's review decision is final and not subject to further review by any court or other administrative body.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 11/1/07 as WCD Admin. Order 07-066, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0150 Pilot Projects

(1) The director may develop one or more pilot projects to test alternatives to the current system of re-employing preferred workers.

(2) Notwithstanding any other provision of these rules, the director and others participating in pilot projects are bound by the terms of the pilot project.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Adopted 6/5/13 as WCD Admin. Order 13-055, eff. 6/7/13

436-110-0240 Insurer Participation in the Preferred Worker Program

(1) **Insurer participation.**

The insurer of the employer at injury must be an active participant in providing re-employment assistance under the Preferred Worker Program. ~~Participation includes issuing notices of the assistance available from the preferred worker program.~~

(2) **Notice of assistance available.**

The insurer must notify the worker and employer at injury in writing of the ~~reemployment~~ assistance available from the Preferred Worker Program fund. A notice must be issued:

(a) Within ~~5~~ five days of a worker's release for work after the worker ~~being~~ has been declared medically stationary ~~by the attending physician~~;

(b) Upon determination of the worker's eligibility or ineligibility ~~of the worker~~ for vocational assistance under ORS 656.340 and OAR 436-120; and

(c) Upon approval of a claim disposition agreement.

(3) **Required notice language.**

(a) The notice to the worker required by Pursuant to section (2) of this rule, ~~the notice to the worker~~ must ~~be~~ appear in bold type and contain the following language:

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The **pPreferred wWorker pProgram** helps Oregon's injured workers get back to work. To find out whether you qualify, contact the **pPreferred wWorker pProgram** at one of the telephone numbers, fax numbers, mailing addresses, or e-mail address listed below.

~~For the Salem office e~~Call: 503-947-7588, or 1-800-445-3948 (toll-free)

Fax, or FAX: 503-947-7581.

~~For the Medford office call: 541-776-6032, 1-800-696-7161, or FAX 541-776-6022.~~

Or write the **pPreferred wWorker pProgram** at: ~~350 Winter St NE, P.O. Box 14480, Salem, Oregon 97309-0405~~ or. Or write to the preferred worker program at: pwp.oregon@oregon.govstate.or.us

(b4) The notice to the employer at injury required by Under section (2) of this rule, the notice to the employer must be appear in bold type and contain the following language:

As the employer of an injured worker, you may be eligible for valuable **pPreferred wWorker pProgram** incentives if the worker cannot return to regular work and has permanent limitations caused by the injury.

If the worker's **pPreferred wWorker pProgram** eligibility has not been determined, you may contact the Workers' Compensation Division for an eligibility review.

To be eligible for exemption from paying workers' compensation premiums for this worker for three years, you must:

- Bring back your preferred worker to a new or modified job; and
- Notify the Workers' Compensation Division ~~us~~ within 90 days of the date the worker is determined eligible or within 90 days of the date you bring the worker back to work, whichever is later.

To request all other **pPreferred wWorker pProgram** benefits, you must contact the Workers' Compensation Division within 180 days of the worker's claim closure date.

To find out more about the **pPreferred wWorker pProgram**, contact the program at one of the telephone numbers, fax numbers, or addresses listed below.

~~For the Salem office e~~Call: 503-947-7588, or 1-800-445-3948 (toll-free)

Fax, or FAX: 503-947-7581.

~~For the Medford office call: 541-776-6032, 1-800-696-7161, or FAX 541-776-6022.~~

Or write the **pPreferred wWorker pProgram** at: ~~350 Winter St NE, P.O. Box 14480, Salem, Oregon 97309-0405~~ or.

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~~Or write to the preferred worker program at:~~
pwp.oregon@oregon.gov~~state.or.us~~

(45) Reporting information to the division.

The insurer must provide the division with preferred worker information ~~in the form and format the director prescribes in OAR 436-030,~~ upon the following:

- (a) Claim closure according to ORS 656.268, by submitting Form 1503, "Insurer Notice of Closure Summary," as prescribed by OAR 436-030-0015(1);
- (b) Within 30 calendar days of an~~from the insurer's receipt of the earliest~~ order on reconsideration, opinion and order of an administrative law judge, ~~order on reconsideration,~~ order on review by the board, decision of the Court of Appeals or Supreme Court, or stipulation between the parties that grants initial permanent disability after the latest opening of the worker's claim; and
- (c) Approval of a claim disposition agreement ~~according to ORS 656.236, if and~~ documented medical evidence indicates permanent restrictions~~disability~~ exists as a result of the injury or disease, and the worker is unable to return to regular work~~employment.~~ If the claim disposition agreement is approved before the claim has been closed under ORS 656.268, the insurer must obtain medical information to determine the worker's permanent restrictions for purposes of the Preferred Worker Program.

Statutory authority: ORS ~~656.340, 656.622, 656.726(4)~~

Statutes implemented: ORS ~~656.340(1), (2), (3); 656.622; 656.726(4)~~

Hist: Amended 10-3-2012 as Admin. Order 12-058, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0290 Employer at Injury Use of the Preferred Worker Program

The conditions for the employer at injury to activate the ~~p~~Preferred ~~w~~Worker ~~p~~Program are~~include:~~

~~(1) To be eligible for premium exemption the employer at injury must:~~

- ~~(a) Bring back its preferred worker to a new or modified job;~~
- ~~(b) Contact the Workers' Compensation Division for a preferred worker eligibility review if the worker's eligibility has not been determined; and~~
- ~~(c) Notify its insurer within 90 days from the date of eligibility or the date of hire, whichever is later.~~

(12) Time frame.

~~(a) For all other p~~Preferred ~~w~~Worker ~~p~~Program assistance other than premium exemption, benefits the employer at injury must request ~~p~~Preferred ~~w~~Worker ~~p~~Program assistance from the division within 180 days of the worker's claim closure date, ~~with the following exception as provided in subsection (1)(c).~~

(b) Conditions for employer at injury activated premium exemption are provided in OAR 436-110-0325.

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~~÷(c)~~ When worksite modifications are provided, and the modifications are completed and verified by the ~~director~~ division more than 150 days after the worker's claim closure date, the employer at injury will have 30 calendar days from the verification date to request other assistance.

~~(3) In calculating the 180-day period under this rule, the claim closure date will not be included, and if the 180th day falls on a Saturday, Sunday, or legal holiday, the next business day will be considered the end of the 180-day period.~~

(24) Job offer.

The worker must agree to accept the new or modified regular job with the employer at injury in writing. Form 4903, "Preferred Worker Job Offer Letter," is a sample job offer letter. The job offer must include:

- (a) The start date, which is the date the worker begins receiving payment for the new or modified job. If the job starts after the modifications are in place, so note;
- (b) Wage and hours;
- (c) Job site location; and
- (d) Description of job duties that includes physical requirements.

(35) Additional modifications.

If the employer at injury uses worksite modification assistance and the employer or worker later requests additional modifications for the same job, the employer at injury's worksite modification benefit will be exhausted before using the worker's worksite modification benefits.

~~(6) All other provisions under OAR 436-110 apply unless otherwise indicated.~~

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist.: Amended 9-15-10 as WCD Admin. Order 10-055, eff. 10-12-10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0310 Eligibility and End of Eligibility for the Preferred Worker Program

(1) Employer eligibility.

The eligibility requirements for the Preferred Worker Program for an employer, including the employer at injury, except as provided in OAR 436-110-0345(1) for ~~E~~employment ~~P~~purchases, are:

- (a) The employer has and maintains Oregon workers' compensation insurance coverage;
- (b) The employer complies with the Oregon ~~W~~workers' ~~C~~ompensation ~~L~~aw;
- (c) The employer must offer or provide employment to an eligible ~~P~~preferred ~~W~~worker who is a subject Oregon worker according to ORS 656.027;
- (d) If the employer is a worker leasing company, it must be licensed with the director ~~division~~ under ORS 656.850; and

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(e) The employer is not currently ineligible for ~~P~~preferred ~~W~~worker benefits under OAR 436-110-0900.

(2) Worker eligibility.

The eligibility requirements for a worker [for the Preferred Worker Program](#) are:

(a) The worker has an accepted disabling Oregon compensable injury or occupational disease. Injuries [to inmates](#) covered [under ORS 655.505 to 655.555 and OAR 125-160](#) by the ~~Injured Inmate Law~~ do not qualify;

(b) ~~Medical evidence indicates that, because of injury caused limitations, t~~The worker will not be able to return to regular [work, as indicated by medical evidence and due to injury-caused limitations, under any claim opening](#) employment as defined in ~~OAR 436-110-0005 under the most recent disabling claim or claim opening. If the worker is not eligible under the most recent disabling claim or claim opening, eligibility may be based on the most recent disabling claim closure where injury caused permanent restrictions prevented the worker from return to regular employment;~~

(c) Medical documentation indicates permanent [restrictions](#) disability exists as a result of the injury or disease, whether or not an order has been issued awarding permanent disability; ~~and~~

(d) The worker is authorized to work in the United States; ~~and~~

(e) [The worker complies with the Oregon workers' compensation law.](#)

(3) Work experience program participants, apprentices, and trainees.

(a) [Individuals covered under ORS 656.033, 656.046, 656.135, or 656.138, are eligible for the Preferred Worker Program if they otherwise meet the eligibility requirements in section \(2\) of this rule.](#)

(b) [For purposes of the Preferred Worker Program, for individuals covered under ORS 656.033, 656.046, 656.135, or 656.138, the job for which the individual was being trained is considered regular work.](#)

(4) Self-employment.

A worker may not use ~~P~~preferred ~~W~~worker benefits for self-employment unless the injury that gave rise to the worker's eligibility for the Preferred Worker Program occurred in the course and scope of self-employment. In that case, the worker may use the benefits to return to the same self-employment or for employment other than self-employment.

(5) Ending eligibility.

Reasons for ending Preferred Worker Program eligibility include, but are not limited to, the following:

(a) Misrepresentation or omission of information by a worker or employer to obtain assistance;

(b) Failure of a worker or employer to provide requested information or cooperate;

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- (c) Falsification or alteration of a ~~P~~preferred ~~W~~worker card or a ~~Preferred Worker Program Agreement~~Preferred Worker Program agreement;
- (d) Conviction of fraud in obtaining workers' compensation benefits;
- (e) The worker no longer meets the eligibility requirements under section (2) of this rule;
or
(f) The employer no longer meets the eligibility requirements under section (1) of this rule.
- ~~(f) The worker or employer is sanctioned from receiving reemployment assistance in accordance with OAR 436-110-0900;~~
- ~~(g) The employer does not maintain Oregon workers' compensation insurance coverage, except as provided in OAR 436-110-0345(1) for Employment Purchases;~~

(65) Reinstatement of eligibility.

The ~~director~~division retains the right to reinstate Preferred Worker Program eligibility if eligibility was ended prematurely or in error, or if the employer has reinstated or obtained workers' compensation insurance coverage.

(76) Redetermination of eligibility.

A worker found ineligible because the worker~~he/she~~ was not authorized to work in the United States may request a redetermination of eligibility after providing the division with documentation that the worker~~he/she~~ is authorized to work in the United States.

Statutory authority: ORS 656.622, 656.726(4)

Statutes implemented: ORS 656.622

Hist: Amended 12-1-2009 as WCD Admin. Order 09-060, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0320 Preferred Worker Identification Card

- (1) The division will issues a ~~P~~preferred ~~W~~worker ~~Identification~~ card to eligible workers. The card identifies the worker as being eligible to offer an employer Preferred Worker Program assistance. ~~If a Preferred Worker loses the card, the division will issue a replacement card.~~
- (2) The division will issues a preferred worker~~this card as follows~~:
- (a) Automatically at the time of claim closure based upon insurer submission of ~~P~~preferred ~~W~~worker information as specified in OAR 436-110-0240~~(45)~~(a); or
- (b) When the division determines ~~worker or their representative request a card, and the worker is eligible~~ for the Preferred Worker Program; ~~or~~
- ~~(c) Any other time the division finds a worker eligible.~~
- (3) The division may inactivate a ~~P~~preferred ~~W~~worker card if:
- (a) The ~~Preferred Worker~~ card was issued in error; or
- (b) Any reason for ending Preferred Worker Program eligibility as specified in OAR 436-110-0310~~(54)~~ applies.

Statutory authority: ORS 656.622, 656.726(4)

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Statutes implemented: ORS 656.622

Hist: Amended 6/12/08 as WCD Admin. Order 08-058, eff. 7/1/08

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0325 ~~Premium Exemption General Provisions~~

(1) General provisions.

(a) The purpose of premium exemption is to provide an incentive ~~for~~ employers to hire and retain preferred workers.

(b) Premium exemption releases an employer from paying workers' compensation insurance premiums and premium assessments on a preferred worker for three years from the date premium exemption started. ~~When~~ While using premium exemption is in place, the employer does not report, and the insurer ~~may~~ can not use, the preferred worker's payroll for the calculation of insurance premiums or premium assessments. However, the employer must report and pay the Workers' Benefit Fund ~~workers' compensation~~ employer assessments and withhold employee contributions as required by ORS 656.506 and OAR 436-070. The employer must start paying insurance premiums and premium assessments when premium exemption ends.

(2) Employer eligibility.

To be eligible for premium exemption the employer must:

(a) Hire a preferred worker or, for the employer at injury or aggravation, bring back its preferred worker to a new or modified job; and

(b) Notify the division within 90 days from the date of eligibility or the date of hire, whichever is later.

(3) Exclusion.

Premium exemption ~~may~~ cannot be used if the worker has permanent restrictions but returns to ~~for regular work~~ employment unless the job is modified to accommodate the worker's injury-caused limitations.

(4) Division notification.

(a) ~~To qualify for premium exemption~~ The employer at injury or aggravation must bring back its preferred worker to a new or modified job and notify the division ~~its insurer~~ within 90 days from the date of eligibility or the date of hire, whichever is later.

(b) If the director approves premium exemption, the division will notify the employer and insurer of the premium exemption period.

(c) If the director does not approve premium exemption, the division will notify the employer.

(5) Premium exemption period.

(a) For the employer at injury or aggravation, ~~P~~ premium exemption starts on the date of hire or the date of eligibility, whichever is later.

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~~(5) If a worker's preferred worker eligibility has not been determined as of the date of hire, the worker or the employer at injury or aggravation may request a preferred worker eligibility review. If the worker is eligible, the Workers' Compensation Division will issue a Preferred Worker Identification Card to the worker. The employer must notify its insurer of the worker's preferred worker status within 90 days of the eligibility date on the preferred worker identification card. Premium exemption starts on the date of hire or the date of eligibility, whichever is later.~~

~~(b6) If the employer is not the employer-at-injury or aggravation, the worker discloses preferred worker status to that employer, and the employer notifies the divisioninsurer within 90 days from the date of hire that it hasthey have hired a preferred worker, premium exemption starts on the date of hire.~~

~~(7) If a worker covered under premium exemption incurs a compensable injury or occupational disease during the premium exemption period, the employer must notify its insurer of the injury and the worker's preferred worker status. The claim costs for the injury are reimbursed under OAR 436-110-0330.~~

~~(c8) The three-year premium exemption period may not be extended, even if the preferred worker's job duties change or the employer's ownership or legal status changes. If a business changes its name, is sold, merged, or otherwise changes its ownership during a premium exemption period, the premium exemption period is three years from the date the exemption was initiated by the original business. There will not be an additional three-year premium exemption period allowed due to the change(s) in the business.~~

~~(9) If an employer changes the job duties of a preferred worker during the premium exemption period, there is no change in the three-year premium exemption period. There will not be an additional three-year premium exemption period allowed due to changes in the preferred worker's job duties with the same employer.~~

(6) Claims costs.

If a worker covered under premium exemption incurs a compensable injury or occupational disease during the premium exemption period, the employer must notify its insurer of the injury and the worker's preferred worker status. The claim costs for the injury are reimbursed under OAR 436-110-0330.

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist.: Amended 10-3-2012 as Admin. Order 12-058, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0330 Claim Cost Reimbursement

(1) General provisions.

Claim Cost Reimbursement provides reimbursement to the insurer for claim costs when a Preferred Worker files a claim for injury or occupational disease while employed under Premium Exemption as follows:

(a) Reimbursements will be made for the life of the claim;

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(b) Reimbursable claim costs include disability benefits, medical benefits, vocational costs ~~under in accordance with~~ OAR 436-120-0720, ~~C~~claim ~~D~~isposition ~~A~~greements ~~under in accordance with~~ ORS 656.236, ~~D~~isputed ~~C~~claim ~~S~~ettlements ~~under in accordance with~~ ORS 656.289, stipulations, as well as attorney fees awarded the worker or the worker's beneficiaries, and administrative costs;

(c) Reimbursable claim costs for denied claims include costs incurred up to the date of denial, but are limited to benefits the insurer is obligated to pay under ORS [chapter 656](#) and diagnostic tests, including independent medical examinations necessary to determine compensability of the claim;

(d) The administrative cost factor ~~that will to be~~ [apply](#) applied to claim costs ~~is will be as published in~~ ~~Bulletin 316~~ [Bulletin 316](#); and

(e) The claim ~~may~~ [must](#) not be used for ratemaking, individual employer rating, dividend calculations, or in any manner that would affect the employer's insurance premiums or premium assessments with the present or a future insurer. The insurer must be able to [prove within its loss reports that the preferred worker document that claim data is not used to determine](#) ~~will not affect~~ the employer's rates or dividend.

(2) [Reimbursement request process.](#)

The insurer must request ~~C~~claim ~~C~~ost ~~R~~eimbursement as follows:

(a) ~~A R~~requests for reimbursement must be [submitted made to the division](#) within [15 months](#) ~~one year~~ of the [date](#) ~~end of the quarter within~~ [on](#) which payment was made;

~~(b) The insurer must use~~ [Quarterly reimbursement requests must be Form 3014, "Preferred Worker Program Quarterly Cost Reimbursement Request"](#) ~~in the format the director prescribes by bulletin; and~~

(c) Reimbursement documentation must include, but is not limited to:

(A) Net amounts paid. "Net amounts" means the total compensation paid less any recoveries, including, but not limited to, third-party recovery or reimbursement from the Retroactive Program, Reopened Claims Program, or the fund; [and](#)

(B) ~~Payment certification statement; and~~

~~(C) Any other information~~ [required by](#) the [director](#) ~~division deems necessary.~~

(3) [Costs not reimbursable.](#)

Requests for reimbursement ~~may~~ [must](#) not include:

(a) Claim costs for any injury that did not occur while the worker was employed with ~~P~~remium ~~E~~xemption;

(b) Costs incurred for conditions completely unrelated to the compensable claim;

(c) Costs incurred due to inaccurate, untimely, unreasonable, or improper processing of the claim;

(d) Penalties, fines, or filing fees;

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- (e) Disposition amounts in accordance with ORS 656.236 (~~CDA~~) or and 656.289 (~~DCS~~) not previously approved by the director~~division~~;
- (f) Costs reimbursed or outstanding requests for reimbursement from the Reopened Claims Program, Retroactive Program, or the fund; or
- (g) Reimbursable Employer-at-Injury Program costs.

(4) Audit, disallowed amounts.

Periodically, the director~~division~~ will audit the insurer's~~physical file of the insurer~~ to validate the amount reimbursed. Reimbursed amounts must be refunded to the division and, as applicable, future reimbursements will be denied if, upon audit, any of the following is found to apply:

- (a) Reimbursement has been made for any of the items specified in section (3) of this rule;
- (b) If claim acceptance as a new injury rather than an aggravation is questionable and the rationale for acceptance has not been reasonably documented;
- (c) The separate payments of compensation have not been documented;
- (d) The insurer included claim costs in any dividend or retrospective rating or experience rating calculations; or
- (e) The insurer is unable to provide applicable records relating to experience rating, retrospective rating, or dividend calculations at the time of audit or within 14 working days thereafter.

(5) Reinstatement of reimbursement.

If the conditions described in subsections (4)(a) through (e) of this rule are corrected and all other criteria of the rules are met, eligibility for reimbursement may be reinstated. If reimbursement eligibility is reinstated, any monies~~moneys~~ previously reimbursed and then recovered will be reimbursed again according to these rules.

(6) Reimbursement of settlement amounts.

A ~~C~~claim ~~D~~division ~~A~~agreement under~~according to~~ ORS 656.236, a ~~D~~disputed ~~C~~claim ~~S~~settlement under~~according to~~ ORS 656.289, or any stipulation or agreement of a claim subject to claim cost reimbursement from the fund must meet the following requirements for reimbursement:

- (a) The insurer must obtain prior written approval of the agreement~~disposition~~ from the director~~division~~. The proposed agreement~~disposition~~ must be submitted to the division before~~prior to being~~ submitted~~ing the disposition~~ to the Workers' Compensation Board or administrative law judge for approval;
- (b) A claim's future liability and the proposed contribution from the fund must be a reasonable projection, as determined by the director~~division~~, in order to be approved for reimbursement from the fund; and
- (c) A request for approval of the proposed agreement~~disposition~~ must include:

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- (A) ~~A copy of the original proposed agreement disposition, containing appropriate signatures and appropriate signature lines for director division and Workers' Compensation Board or administrative law judge approval, that specifies the proposed assistance from the fund;~~
- (B) A written explanation of how the calculations for the amount of assistance from the fund were made; and
- (C) Other information as required by the ~~director division.~~

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist.: Amended 12-1-2009 as WCD Admin. Order 09-060, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0335 Wage Subsidy General Provisions

Wage subsidy provides an employer with partial reimbursement of a worker's gross wages for a specified period. Wage subsidy benefits are subject to the following conditions:

(1) Wage subsidy agreement form.

A completed Form 2190, "Preferred Worker Wage Subsidy Agreement," must be submitted to the division. Signature and time frame requirements for employer at injury activated wage subsidy are in OAR 436-110-0336(2) and in OAR 436-110-0337(1) for worker-activated wage subsidy.

(2) Effective date.

The effective date of ~~the wage subsidy agreement~~ *Wage Subsidy Agreement* is mutually agreed to by the ~~director division~~, employer, and worker if applicable.;

(3) Time limits, reimbursement rate.

A wage subsidy is limited to a duration of 183 calendar days and a ~~monthly~~ reimbursement rate of 50 percent for the approved period, ~~except for a worker with an exceptional disability as defined in OAR 436-110-0005. For a worker with an exceptional disability, the wage subsidy duration is limited to 365 calendar days and a monthly reimbursement rate of 75 percent for the approved period.~~;

(4) Interruption and extension of agreement.

A ~~wage subsidy agreement~~ *Wage Subsidy Agreement* may be interrupted once for reasonable cause and extended to complete the ~~agreement~~ *Wage Subsidy Agreement* on a whole workday basis. Reasonable cause includes, but is not limited to, personal or family illness, death in the worker's family, pregnancy of the worker or worker's spouse, a compensable injury to the worker, participation in an ~~e~~Employer-at-Injury ~~p~~Program, or layoff. A layoff must be a minimum of 10 consecutive work days. A period of time during which the employer is without workers' compensation insurance coverage is not "reasonable cause," and no extension will be granted.;

(5) Pay structure.

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A preferred worker's pay structure must be the same as the pay structure for other workers employed in similar jobs by the employer.;

(6) Prevailing wage.

Wages subject to reimbursement must be within the prevailing wage range for that occupation. The prevailing wage range is determined as follows by the following method:

- (a) ~~First, e~~Examine the wages paid by the employer for other workers doing the same job;
- (b) If no other workers are doing the same job, a labor market survey of the local labor market may be conducted; and
- (c) If the labor market survey does not support the wage rate requested, the director~~division~~ will determine the wage subject to reimbursement.;

(7) May not be combined with vocational training.

Preferred ~~w~~Worker ~~p~~Program wage subsidies may not be combined with a wage reimbursement~~subsidy~~ for a training plan under OAR 436-120, "Vocational Assistance to Injured Workers.";

~~(7) A worker activated and employer at injury activated wage subsidy can not be used for the same job with the employer at injury;~~

(8) Changes in employer.

If the worker's employer changes during the wage subsidy agreement~~Wage Subsidy Agreement~~ period due to a sale of the business, incorporation, or merger, the agreement can be transferred to the new employer by an addendum to the agreement approved by the director~~division~~ as long as the worker's job remains the same and the new employer is eligible under OAR 436-110-0310(1).;

(9) Reimbursement requests.

(a) A completed and signed Form 2968, "Preferred Worker Program Wage Subsidy Reimbursement Request,"~~Wage Subsidy Reimbursement Request form~~ must be submitted to the division with a legible copy of the worker's payroll records.

(b) Payroll records must be compiled in accordance with generally accepted accounting procedures and must include:

- (A) The date of payment;
- (B) The dates of work covered by the payment;
- (C) The rate or rates of pay;
- (D) Gross wages;
- (E) The regular hourly rate or rates of pay, the number of regular hours worked, and pay for those hours;
- (F) The number of overtime hours worked, if any, and pay for those hours; and

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~~(G) The overtime rate or rates of pay. The payroll record must state the dates (daily or weekly), hours, wage rate, and the worker's gross wage. Payroll records must be a legible copy and compiled in accordance with generally accepted accounting procedures; and~~

~~(c10) All requests for reimbursement must be made within one year of the wage subsidy agreement *Wage Subsidy Agreement* end date.~~

(104) May not be used for regular work.

Wage subsidy ~~may~~ not be used if the worker has permanent restrictions but returns to regular work for "regular employment" as defined in OAR 436-110-0005 unless the job has been modified to overcome the worker's injury caused permanent restrictions.

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist: Amended 9-15-10 as WCD Admin. Order 10-055, eff. 10-12-10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0336 Wage Subsidy – Employer at Injury Activated

Wage subsidy may be activated by the employer at injury as follows:

(1) The job must be within the worker's injury-caused restrictions. If a worksite modification is necessary to meet this requirement, wage subsidy will be deferred until:

(a) The worksite modification is complete; or

(b) The employer accommodates the worker's injury-caused restrictions while waiting for the worksite modification to be complete.

(2) The employer must complete and sign a Form 2190, "Preferred Worker Wage Subsidy Agreement," and submit send it to the division in the time frames allowed in OAR 436-110-0290(1).

(3) The completed and signed job offer ~~must accompany the request as required in OAR 436-110-0290(24)~~ must accompany the request for wage subsidy benefits, unless it was already submitted with another request.

(4) The employer at injury may use wage subsidy once during an eligibility period.

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist: Amended 10-3-2012 as Admin. Order 12-058, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0337 Wage Subsidy – Worker Activated

A ~~W~~wage ~~S~~subsidy may be requested by a worker as follows:

(1) The worker and employer must complete and sign a Form 2190, "Preferred Worker Wage Subsidy Agreement," ~~Wage Subsidy Agreement~~ and submit it the agreement to the division within three years of the date of hire.

(2) A ~~P~~preferred ~~W~~worker may use ~~W~~wage ~~S~~subsidy as many times as needed, up to a maximum total reimbursement of \$40,000 twice, ~~once each for two different jobs. A worker with an exceptional disability may use wage subsidy twice with no maximum total~~

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reimbursement rate. The maximum total reimbursement number of allowable uses will be restored if there is a subsequent claim closure, and the worker is unable to return to regular work employment.

(3) If the employer at injury uses Wage Subsidy for a job, the worker may ~~can~~ not use Wage Subsidy for the same job.

(4) A worker can use a second wage subsidy with the same employer for a new job if:

(a) The majority of job duties have changed; and

(b) At least one year has passed from the end of the first wage subsidy period.

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist: Amended 12-1-2009 as WCD Admin. Order 09-060, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0345 Employment Purchases and Placement Services — ~~General Provisions~~

(1) General provisions.

An employment purchase is assistance necessary for a worker to find, accept, or retain employment in Oregon. ~~These p~~Purchases may be provided for a job with a non-subject employer in Oregon, as long as that employer complies with the appropriate workers' compensation law. Employment purchases may ~~cannot~~ be used if the worker has permanent restrictions but returns to for "regular work employment" as defined in OAR 436-110-0005 ~~unless the job has been modified to overcome the worker's injury caused permanent restrictions~~. Except as provided in subsection (2)(~~h~~) of this rule, all purchases become the worker's property.

(2) Types of purchases.

Employment purchases are limited to:

(a) **Tuition, books, and fees** for instruction provided by an educational entity accredited or licensed by an appropriate body in order to update existing skills or to meet the requirements of an obtained job. This category can be used as often as necessary up to a ~~M~~maximum expenditure per use is of \$2,000, with each use limited to \$1,000;

(b) Temporary **lodging, meals, and mileage** to attend instruction when overnight travel is required. Reimbursable costs must be incurred within a 30-day period of time. The cost of meals, lodging, public transportation, and use of a personal vehicle will be reimbursed at the rate of reimbursement for State of Oregon classified employees as published in ~~Bulletin 112~~Bulletin 112. ~~Lodging, meals, and mileage are limited to a combined period of one month, and the total~~ This category can be used as often as necessary up to a ~~M~~maximum expenditure per use is of \$1,000500;

(c) **Tools and equipment** mandatory for employment. Purchases must not include items the worker possesses, duplicate Worksite Modification items, vehicles, or items needed for worksite creation. This category can be used as often as necessary up to a ~~M~~maximum of expenditure per use is \$5,000, with each use limited to \$2,500;

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(d) **Clothing** required for the job. This category can be used as often as necessary up to a maximum of \$1,000, with each use limited to~~Maximum expenditure per use is \$500~~400;

(e) **Transportation-related purchases, not including vehicles or vehicle maintenance, that enable the worker to commute to a job such as, but not limited to, bus fare, gasoline, or repairs to an existing vehicle.** This category can be used as often as necessary up to a maximum of \$1,000, requested within 90 days of hire;

(f) **Moving expenses** for a job if the new worksite is in Oregon and 50 or more~~than 50~~ miles from the worker's primary residence. When the worker's permanent disability from the injury precludes the worker from commuting the required distance, moving expenses may be provided to move within 50 miles of the worker's primary residence or within the distance the worker commuted for work at claim opening. The worker must complete, sign, and submit Form 3293, "Preferred Worker Moving Assistance Agreement." Moving expenses are limited to one use. Expenditure is limited to:

(A) The cost of moving household goods weighing not more than 10,000 pounds and reasonable costs of meals and lodging for the worker. The cost of meals, lodging, public transportation, and use of a personal vehicle will be paid at the rate of reimbursement for State of Oregon classified employees as published in Bulletin 112~~Bulletin 112~~. Lodging and meals are limited to a maximum period of two weeks. Mileage for one personal vehicle is limited to a single one-way trip; and

(B) Rental allowance for the worker's primary residence limited to first month's rent as specified in the rental agreement, non-refundable deposit in an amount not to exceed the first month's rent, and a required credit check for that residence;

(g) ~~f~~ Initiation fees, or back dues and one month's current dues, required by a **labor union**. This category can be used as often as necessary up to a maximum of \$1,000;

(h) **Occupational certification, licenses, and related testing costs, drug screen testing, physical examinations, or membership fees** required for the job. This category can be used as often as necessary up to a M~~maximum expenditure is~~ of \$1,000, with each use limited to \$500;

(i) **Worksite creation** costs that are limited to equipment, furnishings, or other things the employer needs to create a new job for the worker. A completed and signed Form 4122, "Preferred Worker Worksite Creation Agreement," must be submitted to the division. All items purchased are the property of the employer. This category can be used as often as necessary up to a M~~maximum expenditure per use is~~ of \$10,000, with each use limited to \$5,000; and

(j) **Placement assistance** requested by a preferred worker and provided by a certified vocational counselor or any public or private agency that provides placement services, that resulted in employment that the preferred worker retained for at least 90 days. ~~This category can be used as often as necessary up to a maximum expenditure of \$2000. Placement assistance may not be combined with vocational assistance under OAR 436-120; and~~

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(j) **Miscellaneous** purchases that do not fit into subsections (a) through (i) of this section, subject to approval by the director. This category does not include a vehicle purchase. This category can be used as often as necessary up to a maximum of \$2,500.

~~(3) The person or entity that purchased the item(s) may request reimbursement by submitting to the division a legible copy of an invoice or receipt showing payment has been made for the item(s) purchased. Reimbursement will be made for only those items and costs approved and paid.~~

(34) Payment and reimbursement.

(a) Costs of employment purchases will be paid by reimbursement, by an *Authorization for Payment*, or by other instrument of payment approved by the director.

~~(b5) The director division will provide payment but will not purchase directly or otherwise assume responsibility for employment purchases.~~

(c) The person or entity that purchased the items may request reimbursement by submitting to the division a legible copy of an invoice or receipt showing payment has been made for the items purchased. Reimbursement will be made for only those items and costs approved and paid.

(d) All requests for reimbursement must be made within one year of the end date on Form 2350, "Preferred Worker Employment Purchase Agreement."

~~(e6) Reimbursed costs may will not be charged by the insurer to the employer as claim costs or by any other means.~~

(4) Placement services.

(a) Placement assistance services provided to a preferred worker by a certified vocational counselor or any public or private agency that provides placement services are reimbursable as provided in this section.

(A) Placement assistance services provide the worker with skills to find employment, including, but not limited to, intake, resume writing, interview skills, resource development, online application development, job search skills, job coaching, and employer contacts.

(B) The counselor or agency representative and the worker must complete, sign, and submit to the division Form 4875, "Preferred Worker Placement Assistance Agreement," with an estimate of services to be provided.

(C) Placement assistance is limited to a maximum expenditure of \$1,000 for services described in paragraph (A). Payment for these services is based on a billable hourly rate of \$85 (or at one-half rate for travel) and may be made to the counselor or agency that provided placement services to enable the worker to find employment, regardless of whether the worker finds employment.

(D) Only one placement assistance agreement may be in approved status at any given time.

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(E) Placement assistance may not be combined with vocational assistance under OAR 436-120.

(F) If the worker finds employment as a result of the placement services, an employment placement payment of \$500 may be paid to the counselor. If the worker remains employed in that position for at least 30 days, an additional incentive payment of \$500 may be paid to the counselor or agency that provided the placement services.

(G) Employment placement payment and subsequent incentive payment is limited to a maximum of three employment placements.

(H) Placement and incentive payments are limited to one use each per employer.

(b) To request **payment for placement services** provided, a completed and signed Form [to be created], "Preferred Worker Program Placement Payment Request," must be submitted to the division along with a detailed invoice of services provided.

(c) All requests for reimbursement for placement services must be made within one year of the placement assistance agreement end date.

~~(7) All requests for reimbursement must be made within one year of the *Employment Purchase Agreement* end date.~~

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist.: Amended 9-15-10 as WCD Admin. Order 10-055, eff. 10-12-10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0346 Employment Purchases – Employer at Injury Activated

Conditions for use of ~~E~~employment ~~P~~purchases by the employer at injury are as follows:

(1) The employer must submit to the division a completed Form 2350, "Preferred Worker Employment Purchase Agreement," ~~*Employment Purchase Agreement*~~ listing item(s) that are required of the worker to perform the job for which the worker is employed; and

(2) The employer ~~at injury~~ may use each ~~E~~employment ~~P~~purchase category once per eligibility period.

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist.: Amended 11/1/07 as WCD Admin. Order 07-066, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0347 Employment Purchases – Worker Activated

(1) Conditions for use of employment purchases by a worker are as follows:

(a) Except for moving expenses, placement assistance, and miscellaneous purchases needed to find a job, the worker and employer must submit a completed employment purchase agreement listing item(s) that are required of the worker to obtain or perform the job; and

(b) If ~~E~~employment purchases may ~~are to~~ be used with a non-subject employer in Oregon; ~~Premium Exemption is not activated.~~ and

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~~(c3) Except as otherwise provided in these rules, a preferred worker may use each employment purchase category twice, once each for two different jobs. The [limits for each type of purchase](#) number of allowable uses will be restored if there is a subsequent claim closure, and the worker is unable to return to regular [work](#) employment.~~

(24) A preferred worker may request employment purchases as follows:

- (a) The worker must contact the division directly for assistance in receiving employment purchases. The worker may make the request ~~before~~ prior to employment, [as long as there is a job offer with a start date](#), but not more than three years after the date of hire; ~~and~~
- (b) [Form 2350, "Preferred Worker The eEmployment pPurchase aAgreement," form](#) must be completed and signed by the worker and employer and submitted to the division. [Only the worker's signature is required if](#) the request is for moving expenses, placement assistance, or the miscellaneous category, ~~only the worker's signature is required.~~

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist: Amended 10-3-2012 as Admin. Order 12-058, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0350 Worksite Modification – General Provisions

(1) [Worksite modification defined.](#)

~~(a) Worksite modification means altering a worksite in Oregon, or available for inspection and modification in Oregon, by purchasing, modifying, or supplementing equipment, or changing the work process, to enable a worker to work within the limitations [caused](#) imposed by a compensable injury~~ies~~ or occupational diseases.~~

[\(b\) For purposes of the Preferred Worker Program, "worksite" means a primary work area that is in Oregon, already constructed, and available for a worker to use to perform the required job duties. The worksite may be the employer's, client's, or worker's premises, property, or equipment used to conduct business under the employer's or client's direction and control. A worksite may include a worker's personal property or vehicle if required to perform the job. If the worksite is mobile, it must be available in Oregon for inspection and modification.](#)

~~Worksite modification may also include the means to protect modifications purchased by the preferred worker program in an amount not to exceed \$2,500.~~

(2) [Conditions for use.](#)

Conditions for the use of worksite modification assistance are as follows:

- (a) Modifications ~~must~~ will be provided to allow the worker to perform the job duties within the worker's injury-caused permanent limitations. In order to determine appropriate worksite modifications, the [division worksite modification reemployment assistance](#) consultants have discretion to use reports by a medical service provider specific to the worker, specific documented "best practices" described by a medical service provider or authority, and their own professional judgment and experience;

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(b) A job analysis that includes the duties and physical demands of the job before and after modification may be required to show how the modification will overcome the worker's limitations. The job analysis may be submitted to the attending physician for approval before the modification is performed;

(c) Except as provided in OAR 436-110-0351(2) for employer at injury activated modifications, Mmodifications can be used ~~are limited up~~ to a maximum of ~~\$25,000~~ 50,000 per eligibility period for one job, with each use limited to \$35,000. If the worker has an exceptional disability, a ~~A~~ modification more than ~~over~~ \$35,000 ~~25,000~~ may be ~~provided~~ provided if the worker has an exceptional disability as defined in OAR 436-110-0005;

(d) Modifications not to exceed ~~\$2,500~~ 1,000 may be provided that would reasonably be expected to prevent further injury or exacerbation of the compensable injury or occupational disease, including any disability resulting from the compensable injury or occupational disease. A division worksite modification ~~reemployment assistance~~ consultant will determine the appropriateness of this type of modification based upon his or her professional judgment and experience, reports by a medical service provider specific to the worker, or specific documented "best practices" described by a medical service provider or authority. Costs of the modification(s) are included in the calculation of the total worksite modification costs;

(e) Modifications are limited to \$2,500 for on-the-job training under OAR 436-120, "Vocational Assistance to Injured Workers," or other similar on-the-job training programs when the trainer is not the employer at injury. A modification will not be approved for any other type of training;

(f) Modifications up ~~limited~~ to \$2,500 may be provided to protect the items approved in the ~~W~~ worksite M ~~modification A~~ agreement from theft, or damage from the weather. Insurance policy premiums will not be paid;

(g) When a vehicle is being modified, the vehicle owner must provide proof of ownership and insurance coverage. The worker must have a valid driver license with any applicable classification or endorsement;

(h) Rented or leased vehicles and other equipment will not be modified;

(i) Modifications must be reasonable, practical, and feasible, as determined by the director ~~division~~;

(j) When the director ~~division~~ determines the appropriate form of modification and the worker or employer requests a form of modification equally appropriate but with a greater cost, upon director ~~division~~ approval, funds equal to the cost of the form of modification identified by the director ~~division~~ may be applied toward the cost of the modification desired by the worker or employer;

(k) A modification may include rental of tools, equipment, fixtures, or furnishings to determine the feasibility of a modification. It may also include consultative services necessary to determine the feasibility of a modification, or to recommend or design a worksite modification;

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(l) Rental of worksite modification items and consultative services require director~~division~~ approval and are limited to a cost of up to \$5,000~~3,500~~ each. The cost for rental of worksite modification items and consultative services does not apply toward the total cost of a worksite modification;

(m) Modification equipment will become the property of the employer, worker, or ~~worker leasing company's~~ client on the "end date" of ~~the~~ Worksite Modification Agreement, or when the worker's employment ends, whichever occurs first. The director~~division~~ will determine ownership of worksite modification equipment before~~prior to~~ approving an agreement and has the final authority to assign property;

(n) The director~~division~~ may request a physical capacities evaluation, work tolerance screening, or review of a job analysis to quantify the worker's injury-caused permanent restrictions~~limitations~~. The cost of temporary lodging, meals, public transportation, and use of a personal vehicle necessary for a worker to participate in one or more of these required activities will be reimbursed at the rate of ~~reimbursement for State of Oregon~~ classified employees as published in Bulletin 112. The cost of the services described in this subsection must be paid by the insurer~~does not apply toward the total cost of a worksite modification~~;

(o) If the property provided for the modification is damaged, in need of repair, or lost, the director~~division~~ will not repair or replace the property;

(p) The employer must not dispose of the property provided for the modification or reassign it to another worker while the worker is employed in work for which the modification is necessary or before~~prior to~~ the end of the agreement without director~~division~~ and worker approval. Failure to repair or replace the property, or inappropriate disposal or reassignment of the property, may result in sanctions under OAR 436-110-0900; and

(q) The worker must not dispose of the property provided for the modification while employed in work for which the modification is necessary or before~~prior to~~ the end of the agreement without director~~division~~ approval. Failure to repair or replace the property, or inappropriate disposal of the property, may result in sanctions under OAR 436-110-0900.

(3) Requests for assistance, payment, and reimbursement.

(a) A worker, employer, or their ~~worker's or employer's~~ representative, may request worksite modification assistance.

(b) A division worksite modification consultant will determine if competitive quotes are required.

(c) The director must create and approve a completed and signed worksite modification agreement before any reimbursement or payment.

(d) Costs of approved worksite modifications will be paid by reimbursement or other instrument of payment approved by the director.

(e) The director will provide payment but will not otherwise assume responsibility for worksite modifications.

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(f) The person or entity that purchased the item(s) may request reimbursement by submitting to the division proof of payment for the items purchased. Reimbursement will be made for only those items and costs approved and paid.

(g) All requests for reimbursement must be made within one year of the date the worksite modification agreement ends. No specific form is required.

(h) Reimbursed costs may not be charged by the insurer to the employer as claims costs or by any other means. (5) Costs of approved worksite modifications are paid by reimbursement, an Authorization for Payment, or by other instrument of payment approved by the director.

~~(6) The division will not purchase directly or otherwise assume responsibility for worksite modifications.~~

~~(7) Reimbursed costs will not be charged by the insurer to the employer as claims costs or by any other means.~~

~~(8) A division worksite modification consultant will determine if competitive quotes are required.~~

~~(9) All requests for reimbursement must be made within one year of the Worksite Modification Agreement end date.~~

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist: Amended 1/29/15 as Admin. Order 15-055, eff. 3/1/15

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0351 Worksite Modification – Employer at Injury Activated

Conditions for use of ~~W~~worksite ~~M~~modifications by the employer at injury are as follows:

(1) The employer at injury may use worksite modification assistance once for a job provided for ~~its~~their injured worker, or a second time if the worker changes to another job with the employer at injury within the timeframes allowed in OAR 436-110-0290(12);

(2) Modifications are limited to a maximum of \$~~35,000~~25,000 on the claim ~~that~~which qualified the worker for assistance. A modification ~~of more than~~over \$~~35,000~~25,000 may be provided if the worker has an exceptional disability ~~as defined in OAR 436-110-0005; and~~.

~~(3) The division must approve, by authorized signature, a completed and signed Worksite Modification Agreement prior to any reimbursement or Authorization for Payment.~~

(3) Modifications may be provided for requests received within 180 days from the worker's claim closure date. Additional modifications may be provided under an approved agreement by addendum for requests received within three years from the date the worker started work for the employer in employment for which the worksite modification request was made.

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist: Amended 9-15-10 as WCD Admin. Order 10-055, eff. 10-12-10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

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436-110-0352 Worksite Modification – Worker Activated

Conditions for use of worksite modification assistance by the worker are as follows:

~~(1) The division must approve, by authorized signature, a completed and signed *Worksite Modification Agreement* form, prior to any reimbursement or *Authorization for Payment*.~~

~~(1²)~~ Modifications may be provided for requests received within three years from the date of hire; -

~~(2³)~~ A worker may use worksite modification assistance as often as necessary but only once per employer, with each use is limited to \$35,000; and ~~once with one employer and once with a second employer, or twice with the same employer if there is a job change. The number of allowable uses will be restored if there is a subsequent claim closure, and the worker is unable to return to regular employment.~~

(3) A worker can use a second worksite modification with the same employer for a new job if the majority of the job duties have changed. ~~(4) Modifications after June 30, 1990, are limited to a maximum of \$25,000 on the claim which qualified the worker for assistance. A modification over \$25,000 may be provided for a worker with an exceptional disability as defined in OAR 436-110-0005. This maximum is not reduced by the use of worksite modifications by the employer at injury.~~

Statutory authority: ORS 656.726(4), 656.622

Statutes implemented: ORS 656.622

Hist: Amended 9-15-10 as WCD Admin. Order 10-055, eff. 10-12-10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0850 Audits

(1) Insurers and employers are subject to periodic program and fiscal audits by the director ~~division~~. All reimbursements are subject to subsequent audits, and may be disallowed on any of the grounds set forth in these rules. Disallowed reimbursements may be recovered by the director ~~division~~ directly or from future reimbursements by way of offset. If the director ~~division~~ finds upon audit that procedures that ~~which~~ led to disallowed reimbursements are still being used, the director ~~division~~ may withhold further reimbursements until corrections satisfactory to the director ~~division~~ are made.

(2) An insurer or employer must maintain claim records, notices, worker payroll records, reports, receipts, and documentation of payment supporting re-employment assistance costs for which reimbursement has been requested or expenditure by payment ~~Authorization for Payment~~ has been made. These records must be maintained for a period of three years after the last reimbursement request or expenditure by payment ~~Authorization for Payment~~.

(3) The director ~~division~~ reserves the right to visit the worksite to determine compliance with the agreement under which re-employment assistance has been provided.

Statutory authority: ORS 656.455, 656.622, 656.726(4), 731.475;

Statutes implemented: ORS 656.455, 656.622, 731.475

Hist: Amended 11/1/07 as WCD Admin. Order 07-066, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-110-0900 Sanctions

(1) Penalties for false statement or report or misrepresentation.

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Any person who knowingly makes any false statement or representation to the director or an employee of the director for the purpose of obtaining any benefit or payment from the Preferred Worker Program, or who knowingly misrepresents the amount of a payroll; or who knowingly submits a false payroll report, is subject to penalties under ORS 656.990.

(2) Reasons for sanction.

Reasons for the director to sanction an individual certified under OAR 436-120, a vocational assistance provider authorized under OAR 436-120, an agency of the State of Oregon, an insurer, an employer, or a Preferred Worker include, but are not limited to, the following:

- (a) Misrepresenting information in order to obtain re_employment assistance. ~~Two~~ Examples of misrepresentation include are:
 - (A) Changing a job description or job title in order to obtain benefits when ~~where~~ there are not corresponding job duty changes; and
 - (B) Obtaining a worker's signature on an incomplete, incorrect, or blank agreements or reimbursement requests;
- (b) Making a serious error or omission that resulted in the director ~~division~~ approving a Preferred Worker Program agreement ~~Preferred Worker Program Agreement~~, issuing a Preferred Worker card, or reimbursing claim costs in error;
- (c) Failing to abide by the terms and conditions of a Preferred Worker Program agreement ~~Preferred Worker Program Agreement~~;
- (d) Failing to abide by the provisions of these rules or ORS 656.990;
- (e) Failing to return required receipts or invoices;
- (f) Submitting false reimbursement requests or job analyses; or
- (g) Altering a payment or ~~an Authorization for Payment~~ form, or purchasing unauthorized items; ~~or~~

~~(h) Failing to return a Preferred Worker card if requested by the division.~~

(3) Possible sanctions.

The director may order one or more of the following sanctions ~~Sanctions by the director may include one or more of the following:~~

- (a) Ordering the person being sanctioned to repay the department for re_employment assistance costs incurred, including the department's legal costs;
- (b) Prohibiting the person being sanctioned from negotiating or arranging re_employment assistance for such period of time as the director deems appropriate;
- (c) Decertifying an individual or vocational assistance provider under the authority of OAR 436-120;
- (d) Ordering an employer or worker ineligible for re_employment assistance for a specific period of time; and
- (e) Pursuing civil or criminal action against the party.

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Statutory authority: ORS 656.622, 656.726(4);

Statutes implemented: ORS 656.622, [656.745](#), 656.990

Hist: Amended 12-1-2009 as WCD Admin. Order 09-060, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

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**Vocational Assistance to Injured Workers
Oregon Administrative Rules
Chapter 436, Division 120**

Proposed {Jan. 1, 2017}

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NOTE: Revisions are marked as follows:

Deleted text has a "strike-through" style, as in ~~Deleted~~

Added text is underlined, as in Added

Historical rules: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf

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Proposed VOCATIONAL ASSISTANCE TO INJURED WORKERS

**OREGON ADMINISTRATIVE RULES
CHAPTER 436, DIVISION 120**

436-120-0001 Authority for Rules [Repeal]

The director has adopted OAR 436-120 by the director's authority under ORS 656.340 and 656.726(4).

Statutory authority: ORS 656.340(9), 656.726(4)
Statutes implemented: ORS 656.262(6), 656.268, 656.313, 656.331(1)(b), 656.340, 656.447, 656.740, 656.745, and ORS Ch. 183
Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012
See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0002 Purpose of Rules [Repeal – See rule 0003]

The purpose of these rules is to prescribe uniform standards for determining eligibility, delivery and payment for vocational services to injured workers, procedures for resolving disputes, and to establish standards for the certification of vocational counselors and providers.

Statutory authority: ORS 656.340(9), 656.726(4)
Statutes implemented: ORS 656.012(2)(c), 656.258, 656.268(1), 656.340
Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012
See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf

436-120-0003 General Provisions ~~Applicability of Rules~~

(1) Purpose of these rules.

The purpose of the rules in OAR 436-120 is to:

- (a) Prescribe uniform standards for determining eligibility, delivery, and payment for vocational services to injured workers;
- (b) Prescribe procedures for resolving disputes; and
- (c) Establish standards for the certification of counselors and providers.

(2) Applicability of rules.

- (a) These rules govern vocational assistance under the workers' compensation law on or after the effective date of these rules except as OAR 436-120 otherwise provides.
- (b) The director's decisions under OAR 436-120-0008 regarding eligibility will be based on the rules in effect on the date the insurer issued the notice. The director's decisions regarding the nature and extent of assistance will be based on the rules in effect at the time the assistance was provided. If the director orders future assistance, such assistance must be provided in accordance with the rules in effect at the time assistance is provided.
- (c) Under these rules a claim for aggravation or reopening a claim to process a newly accepted condition ~~is~~ will be considered a new claim for purposes of vocational assistance eligibility and vocational assistance, except as otherwise provided in these rules.
- (4) Under ORS 656.206, when a worker receiving permanent total disability incurs a new compensable injury, the worker is not entitled to vocational assistance.

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(5) ~~The requirement for the director's advance approval of services eligible for claims cost reimbursement pursuant to OAR 436-120-0720(7) will apply to any actions taken after the effective date of these rules.~~

(3) Director's discretion.

(a) The director may waive procedural rules as justice requires, unless otherwise obligated by statute.

(b) If the worker has returned to work with the employer at injury, the director reserves the right to verify whether the employment is suitable.

(4) Submitting documents or information, calculating time.

(a) Documents or information required under these rules to be submitted to the division may be submitted in any of the following ways:

(A) Mailed to the division's mailing address with sufficient postage and placed in the custody of the U.S. Postal Service;

(B) Physical delivery to the division's Salem office;

(C) Faxed, if the document transmitted indicates it has been delivered by fax, is sent to the correct fax number, and indicates the date it was sent; or

(D) Any other method authorized by the director.

~~(b7)~~ Timeliness of any document required by these rules to be ~~filed or~~ submitted to the division is determined as follows:

~~(Aa)~~ If a document is mailed, it will be considered ~~submitted~~ filed on the date it is postmarked.

~~(Bb)~~ If a document is faxed ~~or e-mailed~~, it must be received by the division by 11:59 p.m. Pacific ~~€~~ Time to be considered ~~submitted~~ filed on that date.

~~(Ce)~~ If a document is delivered, it must be delivered during regular business hours and marked as received to be considered ~~submitted~~ filed on that date.

~~(c8)~~ Time periods allowed under these rules ~~for a filing or submission to the division~~ are calculated in calendar days. The first day is not included. The last day is included unless it is a Saturday, Sunday, or legal holiday. In that case, the period runs until the end of the next day that is not a Saturday, Sunday, or legal holiday. Legal holidays are those listed in ORS 187.010 and 187.020.

(5) Availability of forms.

The forms and bulletins referenced in these rules are available on the division's website at wcd.oregon.gov.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.206, 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

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436-120-0005 Definitions

For the purpose of these rules, unless ~~Except where the context requires otherwise, the construction of these rules is governed by the definitions given in the workers' compensation law and as follows:~~

(1) ~~“Administrative approval” means approval of the director.~~

(2) ~~“Authorized return to work plan” means a completed return to work plan form (Form 1081 for training or Form 1083 for direct employment), signed by the worker, the insurer, and the vocational counselor who developed the plan.~~

(13) ~~“Cost-of-living matrix” is a chart issued annually by the~~ division ~~director~~ in Bulletin 124 that publishes the conversion factors, effective July 1 of each year, used to adjust for changes in the cost-of-living rate from the date of injury to the date of calculation. The conversion factor is based on the annual percentage increase or decrease in the average weekly wage, as defined in ORS 656.211.

(2) “Counselor” means the vocational assistance counselor certified under these rules to provide vocational assistance to injured workers and activities for determining a worker’s eligibility for vocational assistance.

(4) ~~“Delivered” means physical delivery to the Workers’ Compensation Division during regular business hours.~~

(35) ~~“Director” means the director of the Department of Consumer and Business Services, or the director’s delegate for the matter.~~

(46) ~~“Division” refers to the Workers' Compensation Division of the Department of Consumer and Business Services.~~

(57) ~~“Employer at injury” means~~ the organization that ~~an employer in whose employe~~ ed the worker when the worker sustained the compensable injury or occupational disease.

(8) ~~“Filed” means mailed, faxed, e-mailed, delivered, or otherwise submitted to the division in a method allowable under these rules.~~

(69) ~~“Insurer” means the~~ insurance company or self-insured employer responsible for the workers’ compensation claim. ~~State Accident Insurance Fund, an insurer authorized under ORS chapter 731 to transact workers' compensation insurance in Oregon, or a self-insured employer. A vocational assistance provider acting as the insurer's delegate may provide notices and warnings required by OAR 436-120.~~

(10) ~~“Likely eligible” means the worker will be unable to return to regular or other suitable work with the employer at injury or aggravation or is unable to perform all of the duties of the regular or suitable work and it is reasonable to believe that the barriers are caused by the injury or aggravation.~~

(11) ~~“Mailed” means postmarked to the last known address.~~

(12) ~~“Permanent employment” is a job with no projected end date or a job that had no projected end date at time of hire. Permanent employment may be year-round or seasonal.~~

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~~(13) “Physical demand characteristics of work” strength rating: The physical demands strength rating reflects the estimated overall strength requirements of the job, which are considered to be important for average, successful work performance. The following definitions are used: “occasionally” is an activity or condition that exists up to 1/3 of the time; “frequently” is an activity or condition that exists from 1/3 to 2/3 of the time; “constantly” is an activity or condition that exists 2/3 or more of the time.~~

~~(a) Sedentary work (S): Exerting up to 10 pounds of force occasionally or a negligible amount of force frequently to lift, carry, push, pull, or otherwise move objects, including the human body. Sedentary work involves sitting most of the time, but may involve walking or standing for brief periods of time. Jobs are sedentary if walking and standing are required only occasionally and all other sedentary criteria are met.~~

~~(b) Light work (L): Exerting up to 20 pounds of force occasionally, or up to 10 pounds of force frequently, or a negligible amount of force constantly to move objects. Physical demand requirements are in excess of those for sedentary work. Even though the weight lifted may be only a negligible amount, a job should be rated light work: (1) when it requires walking or standing to a significant degree; (2) when it requires sitting most of the time but entails pushing or pulling of arm or leg controls; or (3) when the job requires working at a production rate pace entailing the constant pushing or pulling of materials even though the weight of those materials is negligible. NOTE: The constant stress and strain of maintaining a production rate pace, especially in an industrial setting, can be and is physically demanding of a worker even though the amount of force exerted is negligible.~~

~~(c) Medium work (M): Exerting 20 to 50 pounds of force occasionally, or 10 to 25 pounds of force frequently, or greater than negligible up to 10 pounds of force constantly to move objects. Physical demand requirements are in excess of those for light work.~~

~~(d) Heavy work (H): Exerting 50 to 100 pounds of force occasionally, or 25 to 50 pounds of force frequently, or 10 to 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for medium work.~~

~~(e) Very heavy (VH): Exerting in excess of 100 pounds of force occasionally, or in excess of 50 pounds of force frequently, or in excess of 20 pounds of force constantly to move objects. Physical demand requirements are in excess of those for heavy work.~~

(7) “Provider” means the vocational assistance provider that is an insurer or other public or private organization registered under these rules to provide vocational assistance to injured workers and activities for determining a worker’s eligibility for vocational assistance.

~~(814) “Reasonable cause” may include, but is not limited to, a medically documented limitation in a worker’s activities due to illness or medical condition of the worker or the worker’s family, financial hardship, incarceration for less than six months, or circumstances beyond the reasonable control of the worker. “Reasonable cause” for failure to provide information or participate in activities related to vocational assistance will be determined based upon individual circumstances of the case.~~

~~(915) “Reasonable labor market”:~~ for An occupation means it can be said to have reasonable employment opportunities if competitively qualified workers can expect to find equivalent

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jobs in the occupation within a reasonable period of time. A reasonable period of time, for workers in the majority of occupations, would be the six months that they could collect regular unemployment insurance benefits, if they were entitled to them.

(1016) “Regular employment” means the employment the worker held at the time of the injury or at the time of the claim for aggravation, whichever gave rise to the potential eligibility for vocational assistance; or, for a worker not employed at the time of aggravation, the employment the worker held on the last day of work ~~before~~ prior to the aggravation claim. If the basis for potential eligibility is a reopening to process a newly accepted condition, “regular employment” is the employment the worker held at the time of the injury; ~~and~~ When the condition arose after claim closure, “regular employment” is determined as if it were an aggravation claim.

(117) “Substantial handicap to employment,” ~~as determined under OAR 436-120-0340,~~ means the worker, because of the injury or aggravation, lacks the necessary physical capacities, knowledge, skills, and abilities to be employed in suitable employment. ~~“Knowledge,” “skills,” and “abilities” have meanings as follows:~~

- (a) “Knowledge” means an organized body of factual or procedural information derived from the worker's education, training, and experience.
- (b) “Skills” means the demonstrated mental and physical proficiency to apply knowledge.
- (c) “Abilities” means the cognitive, psychological, and physical capability to apply the worker's knowledge and skills.

(128)(a) “Suitable employment” or “suitable job” means employment or a job:

- (aA) For which the worker has the necessary physical capacities, knowledge, skills, and abilities;
- (bB) Located where the worker customarily worked, or within reasonable commuting distance of the worker's residence. A reasonable commuting distance is no more than 50 miles one-way modified by other factors including, but not limited to:
 - (A~~i~~) Wage of the job. ~~A low wage may justify a shorter commute;~~
 - (B~~ii~~) The pre-injury commute;
 - (C~~iii~~) The worker's physical capacities, if they restrict the worker's ability to sit or drive for 50 miles;
 - (D~~iv~~) Commuting practices of other workers who live in the same geographic area; and
 - (E~~v~~) The distance from the worker's residence to the nearest cities or towns that offer employment opportunities;
- (Ce) That pays a suitable wage or would average on a year-round basis a suitable wage ~~as defined in section (19) of this rule;~~

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(D) That is permanent. Temporary work is suitable if the worker's job at injury was temporary; and the worker has transferable skills to earn, on a year-round basis, a suitable wage as defined in section (19) of this rule; and

(E) For which a reasonable labor market as described under OAR 436-120-0340 157 is documented to exist; ~~and~~

(b) “Suitable employment” or “suitable job” may also be That is modified or new employment resulting from an employer -at- injury activated use of the Preferred Worker Program; under OAR 436-110, as described in OAR 436-120-0165(1)(c):

(A) ~~Nine months from the effective date of the premium exemption if there are no worksite modifications, or~~

(B) ~~Twelve months from the date the department determines the worksite modification is complete, or~~

(C) ~~If the worker is terminated for cause, or~~

(D) ~~If the worker voluntarily resigns for a reason unrelated to the work injury.~~

(13) “Suitable wage” means:

(a) For the purpose of determining eligibility for vocational assistance, a wage at least 80 percent of the adjusted weekly wage ~~as defined in OAR 436-120-0007.~~

(b) For the purpose of providing or ending vocational assistance, a wage as close as possible to 100 percent of the adjusted weekly wage, but no less than 80 percent of the adjusted weekly wage. ~~This wage may be considered suitable if less than 80 percent of the adjusted weekly wage, if the wage is as close as possible to the adjusted weekly wage.~~

(14) “Training” means a vocational rehabilitation service provided to a worker who is enrolled and actively engaged in an approved training plan as documented on Form 1081, ~~“Return-to-Work Plan; Training.” as documented on Form 1081.~~

(15) “Transferable skills” means the knowledge and skills demonstrated in past training or employment that make a worker employable in suitable new employment. More general characteristics such as aptitudes or interests do not, by themselves, constitute transferable skills.

(16) “Vocational assistance” means any of the services, goods, allowances, and temporary disability compensation under these rules to assist an eligible worker return to work. This does not include activities for determining a worker's eligibility for vocational assistance.

(23) ~~“Vocational assistance provider” means an insurer or other public or private organization, registered under these rules to provide vocational assistance to injured workers.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 1/29/15 as WCD Admin. Order 15-056, eff. 3/1/15

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0006 Administration of Rules [Repeal]

(1) ~~At any time, the director may order the insurer to determine eligibility or provide specified~~

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~~vocational assistance to achieve compliance with ORS chapter 656 and these rules. The order may be appealed as provided by statute.~~

~~(2) Orders issued by the division in carrying out the director's authority to administer and to enforce ORS chapter 656 and these rules are considered orders of the director.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.313, 636.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

**436-120-0007 Establishing the Adjusted Weekly Wage to Determine Suitable Wage
[Renumbered to 120-0147]**

~~To determine a suitable wage as defined in OAR 436-120-0005 the insurer must first establish the adjusted weekly wage as described in this rule. The insurer must calculate the "adjusted weekly wage" whenever determining or redetermining a worker's eligibility.~~

~~(1) For the purposes of this rule, the following definitions apply:~~

~~(a) "Adjusted weekly wage" is the wage currently paid as calculated under this rule.~~

~~(b) "Cost-of-living adjustments" or "collective bargaining adjustments" are increases or decreases in the wages of all workers performing the same or similar jobs for a specific employer. These adjustments are not variations in wages based on skills, merit, seniority, length of employment, or number of hours worked.~~

~~(c) "Earned income" means gross wages, salary, tips, commissions, incentive pay, bonuses, and the reasonable value of other consideration (housing, utilities, food, etc.) received from all employers for services performed from all jobs held at the time of injury or aggravation. Earned income also means gross earnings from self-employment after deductions of business expenses excluding depreciation. Earned income does not include fringe benefits such as medical, life or disability insurance, employer contributions to pension plans, or reimbursement of the worker's employment expenses such as mileage or equipment rental.~~

~~(d) "Job at aggravation" means the job or jobs the worker held on the date of the aggravation claim; or, for a worker not employed at time of aggravation, the last job or concurrent jobs held prior to the aggravation. Volunteer work does not constitute a job for purposes of this subsection.~~

~~(e) "Job at injury" is the job on which the worker originally sustained the compensable injury. For an occupational disease, the job at injury is the job the worker held at the time there is medical verification that the worker is unable to work because of the disability caused by the occupational disease.~~

~~(f) "Permanent, year-round employment" is permanent employment in which the worker worked or was scheduled or projected to work in 48 or more calendar weeks a year. Paid leave is counted as work time. Permanent year-round employment includes trial service. It does not include employment with an annual salary set by contract or self-employment.~~

~~(g) "Temporary disability" means wage loss replacement for the job at injury.~~

~~(h) "Trial service" is employment designed to lead automatically to permanent, year-round employment subject only to the employee's satisfactory performance during the trial service~~

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period.

~~(2) The insurer must determine the nature of the job at injury or the job or jobs at aggravation by contacting the employer or employers to verify the worker's employment status. All figures used in determining a weekly wage by this method must be supported by verifiable documentation such as the worker's state or federal tax returns, payroll records, or reports of earnings or unemployment insurance payments from the Employment Department. The insurer must calculate the worker's adjusted weekly wage as described by this rule.~~

~~(3) When the job at injury or the job at aggravation was temporary or seasonal, calculate the worker's average weekly wage as follows, then convert to the adjusted weekly wage as described in section (6) of this rule:~~

~~(a) When the worker's regular employment is the job at injury and the worker did not hold more than one job at the time of injury, and did not receive unemployment insurance benefits during the 52 weeks prior to the injury, the worker's average weekly wage is the same as the wage upon which temporary disability is based.~~

~~(b) When the worker's regular employment is the job at aggravation and the worker did not hold more than one job at the time of aggravation, and did not receive unemployment insurance benefits during the 52 weeks prior to the aggravation, the worker's average weekly wage is calculated using the same methods used to calculate temporary disability as described in OAR 436-060-0025.~~

~~(c) If the worker held more than one job at the time of the injury or aggravation, and did not receive unemployment insurance payments during the 52 weeks prior to the date of the injury or aggravation, divide the worker's earned income by the number of weeks the worker worked during the 52 weeks prior to the date of injury or aggravation.~~

~~(d) If the worker held one or more jobs at the time of the injury or aggravation, and received unemployment insurance payments during the 52 weeks prior to the date of the injury or aggravation, combine the earned income with the unemployment insurance payments and divide the total by the number of weeks the worker worked and received unemployment insurance payments during the 52 weeks prior to the date of the injury or aggravation.~~

~~(4) When the job at injury was other than as described in section (3) of this rule, use the weekly wage upon which temporary disability was based, and then convert the weekly wage to the adjusted weekly wage as described in section (6) of this rule.~~

~~(5) When the job at aggravation was other than as described in section (3) of this rule, the worker's average weekly wage is calculated using the same methods used to calculate temporary disability as described in OAR 436-060-0025, and then converting to the adjusted weekly wage as described in section (6) of this rule.~~

~~(6) Adjusted weekly wage: After arriving at the weekly wage under this rule, establish the adjusted weekly wage by determining the percentage increase or decrease from the date of injury or aggravation, or last day worked prior to aggravation, to the date of calculation, as follows:~~

~~(a) Contact the employer at injury regarding any cost of living or collective bargaining adjustments for workers performing the same job. Adjust the worker's weekly wage by any percentage increase or decrease;~~

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~~(b) If the employer at injury is no longer in business and the worker's job was covered by a union contract, contact the applicable union for any cost of living or collective bargaining adjustments. Adjust the worker's weekly wage by the percentage increase or decrease;~~

~~(c) If the employer at injury is no longer in business or does not currently employ workers in the same job category, adjust the worker's weekly wage by the appropriate factor from the cost of living matrix; or~~

~~(d) If the worker's regular employment was the employment the worker held at the time of aggravation, adjust the worker's weekly wage by the appropriate factor from the cost of living matrix.~~

Statutory authority: ORS 656.340(9), ORS 656.726(4)

Statutes implemented: ORS 656.340(5) and (6)

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0008 Administrative Review and Hearings~~Contested Cases~~

(1) Administrative review of vocational assistance matters:

~~(a) Under ORS 656.340(16),~~ A worker wanting review of any vocational eligibility evaluation or vocational assistance matter must request apply to the director for administrative review by the director.

~~(b) Also, u~~ Under ORS 656.340(11) and OAR 436-120-0185(~~4~~) when the worker and insurer are unable to agree on a counselor~~vocational assistance provider~~, the insurer must request apply to the director for administrative review by the director.

~~(c) Because e~~ Effective vocational assistance is best realized in a nonadversarial environment, ~~†~~ The first objective of ~~the~~ administrative review is to bring the parties to resolution through alternative dispute resolution procedures, including mediation conferences, whenever possible and appropriate. When a dispute is not resolved through mutual agreement or dismissal, the director will close the record and issue a director's review and order as described in subsections (f) and (g) of this section. ~~A worker need not be represented to request or to participate in the administrative review process, which is as follows:~~

~~(d)~~ The worker's request for review must be submitted~~mailed or otherwise communicated~~ to the division~~department~~ no later than the 60th day after the date the worker received written notice of the insurer's action; ~~or, if the worker was represented at the time of the notice, within 60 days of the date the worker's representative received actual notice.~~

(e) Issues raised by the worker where written notice was not provided may be reviewed at the director's discretion.

(f) The worker, insurer, employer at injury, and ~~vocational assistance provider~~ must supply needed information, attend conferences and meetings, and participate in the administrative review process as required by the director.

(A) Upon the director's request, any party to the dispute must provide available information within 14 days of the request.

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- (B) The insurer must promptly schedule, pay for, and submit to the divisiondirector any medical or vocational tests, consultations, or reports required by the director.
- (C) The worker, insurer, employer at injury, or vocational assistance provider must simultaneously providesend copies of material to the other parties to the dispute when submittingsending material to the divisiondirector. If necessary, the director will assist an unrepresented worker in sending copies to the appropriate parties.
- (D) Failure to comply with this subsection may result in the directorfollowing:
- (A) ~~If the worker fails to comply without reasonable cause, the director may dismissing~~ the administrative review as described in subsection (d); or, the director may decide deciding the issue on the basis of available information when the worker, insurer, provider, or employer at injury fails to comply without reasonable cause.
- (B) ~~If the insurer, vocational assistance provider, or employer at injury fails to comply without reasonable cause, the director may decide the issue on the basis of available information.~~
- (e) ~~At the director's discretion, the director may issue an order of deferral to temporarily suspend administrative review. The order of deferral will specify the conditions under which the review will be resumed.~~
- (d) ~~The director may issue an order of dismissal under appropriate conditions.~~
- (g) The director maywill issue a letter of agreement when the parties resolve a dispute within the scope of these rules.
- (A) Any agreement may include an agreement on attorney fees, if any, to be paid to the worker's attorney.
- (B) The agreement will become effective on the 10th day after the letter of agreement is issued unless the agreement specifies otherwise. ~~Once the agreement becomes final, the director may reconsider approval of the agreement upon the director's own motion or upon a motion by a party.~~
- (C) The director may revise a letter ofthe agreement, or reinstate the review only under one or more of the following conditions:
- (A) One or both parties fail to honor the agreement;
- (B) The agreement was based on misrepresentation;
- (C) Implementation of the agreement is not feasible because of unforeseen circumstances; or
- (D) All parties request revision or reinstatement of the review.
- (h) ~~After the parties have had the opportunity to present evidence, and any meetings or conferences deemed necessary by the director have been held, the director will issue an order. The parties have 60 days from the date the director's review and order is issued to request a hearing under OAR 436-001-0019. An order is issued on the date it is mailed.~~

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(g) The director may on the director's own motion reconsider or withdraw any order that has not become final by operation of law.

(j) A party ~~also~~ may request reconsideration of an [director's review and administrative order](#) upon an allegation of error, omission, misapplication of law, incomplete record, or the discovery of new material evidence that could not reasonably have been discovered and produced during the review.

(A) The director may grant or deny a request for reconsideration at the director's sole discretion.

(B) A request for reconsideration must be [received by the division](#) ~~mailed~~ before the [director's review and administrative order](#) becomes final; or, if appealed, before the proposed and final order is issued.

~~(Ch) During any reconsideration of the administrative review order,~~ (C) The parties may submit new material evidence consistent with this rule and may respond to such evidence submitted by others.

~~(Di) Any party requesting reconsideration or responding to a reconsideration request~~ (D) [Parties](#) must simultaneously notify all other interested parties of their contentions and provide them with copies of all additional information presented.

~~(Ej)~~ A request for reconsideration does not stay the 60-day time period within which the parties may request a hearing.

(2) Attorney fees.

[Attorney fees](#) will be awarded as provided in ORS 656.385(1) and OAR 436-001-0400 to 436-001-0440.

(3) Hearings before an administrative law judge.

(a) Under ORS 656.340(16) and 656.704(2), any party that disagrees with an order issued under subsection (1)(~~c~~f) of this rule or a dismissal ~~issued under subsection (1)(d) of this rule~~ may request a hearing ~~by filing a request for hearing~~ as provided in OAR 436-001-0019 within 60 days of the mailing date of the order.

(b) Under ORS 656.704(2), any party that disagrees with an order of dismissal based on lack of jurisdiction ~~under subsection (1)(d) of this rule~~ or department denial of reimbursement for vocational assistance costs may request a hearing ~~by filing a request for hearing~~ as provided in OAR 436-001-0019 within 30 days after the party received the dismissal or written denial.

(c) Under ORS 656.704(2), an insurer sanctioned under OAR 436-120-0900, a ~~vocational assistance provider~~ or [counselor](#) ~~certified individual~~ sanctioned under ORS 656.340(9) and OAR 436-120-0915, a ~~vocational assistance provider~~ denied registration under ORS 656.340(9)(a) and OAR 436-120-0800, or an individual denied certification under ORS 656.340(9)(a) and OAR 436-120-0810, may request a hearing ~~by filing a request for hearing~~ as provided in OAR 436-001-0019 no later than 60 days after the party received notification of the action.

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~~(d) OAR 436-001 applies to the hearing.~~

(4) Contested case hearings of civil penalties.:

Under ORS 656.740 an insurer or an employer may appeal a proposed order or proposed assessment of civil penalty issued under ORS 656.745 and OAR 436-120-0900 as follows:

(a) The insurer or employer must submit ~~send~~ the request for hearing in writing to the ~~administrator of the Workers' Compensation Division~~ division. The request must specify the grounds upon which the proposed order or assessment is contested.

(b) The party must submit ~~file~~ the request to ~~with~~ the division within 60 days after the mailing date of the notice of the proposed order or assessment.

(c) The division will forward the request and other pertinent information to the Hearings Division of the Workers' Compensation Board.

(d) The Hearings Division will conduct the hearing under ~~in accordance with~~ ORS 656.740 and ORS chapter 183.

(5) Director's order.

At any time, the director may order the insurer to determine eligibility or provide specified vocational assistance to achieve compliance with ORS chapter 656 and these rules. The order may be appealed as provided by statute and these rules.

Statutory authority: ORS 656.704(2), 656.726(4)

Statutes implemented: ORS 656.704, 656.340, 656.447, 656.740, 656.745

Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0012 General Requirements ~~F~~for Notices and Warnings

(1) Insurer or provider may issue.

The insurer is responsible for mailing all notices and warnings required by these rules but may delegate that responsibility to the provider that is providing vocational assistance to the worker.

(2) Required content.

All notices and warnings to the worker issued under these rules ~~OAR 436-120~~ must:

(a) Use the applicable heading. If a notice is used for more than one purpose, it must include all the headings that apply.:-

(b) Be in writing, signed, and dated.:-

(c) State the basis for the decision.:-

(d) Include the effective date of each action in the heading.:-

(e) Cite the relevant rule(s).:-

(f) Include the worker's appeal rights. All notices and warnings except those notifying a worker of entitlement to training or deferral of vocational assistance eligibility must contain the worker's appeal rights in bold type, as follows:

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“If you disagree with this decision, you should contact ([insert the person's name and the insurer name]) within five days of receiving this letter to discuss your concerns. If you are still dissatisfied, you must contact the Workers' Compensation Division within 60 days of receiving this letter or you will lose your right to appeal this decision. A consultant with the division can talk with you about the disagreement and, if necessary, will review your appeal. The address and telephone number of the division are: Employment Services Team, Workers' Compensation Division, P.O. Box 14480, Salem, Oregon 97309-0405; 503-947-7816 or 1-800-452-0288-ext. 1719.”; and

(g) Include the telephone number of the Ombudsman for Injured Workers: 1-800-927-1271; and

(3) Mailing and copies.

All notices and warnings must:

- (a) Be mailed to the worker's last known address by both regular and certified mail; and
- (b) Be copied to the division and worker's attorney, if any, at the same time the notice or warning is mailed to the worker.

(4) Effective date.

A notice is not effective until it is sent to all required parties including the worker's attorney. ~~All copies of notices must be mailed to the worker's legal representative. Failure to send a copy to the worker's legal representative stays the appeal period until the worker's legal representative receives a copy of the notice.~~

~~(3) Unless otherwise indicated under OAR 436-120-0017, copies of all notices must be mailed to the division at the same time they are mailed to the worker.~~

(5) Requirements for warning letters.

- (a) A warning letter can be issued at any time during the vocational eligibility evaluation or vocational assistance process.
- (b) Warning letters do not require specific language in the headings but must include a heading clearly indicating the purpose of the warning.
- (c) A warning letter must state what the worker must do, and by when, to avoid ineligibility or the ending of eligibility or training.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0014 Notification of Employment and Reinstatement Rights and Responsibilities [Repeal]

~~(1) The insurer must inform a worker with a compensable injury of the employment reinstatement rights and responsibilities under ORS chapter 659A and this rule:~~

~~(a) When the claim is accepted under ORS 656.262(6);~~

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~~(b) When the insurer contacts the worker under OAR 436-120-0115 about the need for vocational assistance under ORS 656.340(2); and~~

~~(c) Within five days of receiving notification that the attending physician has released the worker to go back to work, under ORS 656.340(3).~~

~~(2) The insurer must inform the employer about the worker's reemployment rights within five days of receiving notification of the attending physician's release of the worker to return to work, under ORS 656.340(3).~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered from OAR 436-120-0004, 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0016 Warning Letters- [Repeal]

~~(1) A warning letter can be issued at any time during the vocational eligibility evaluation or vocational assistance process.~~

~~(2) Warning letters do not require specific language in the headings but must include a heading clearly indicating the purpose of the warning.~~

~~(3) A warning letter must state what the worker must do, and by when, to avoid ineligibility or the ending of eligibility or training.~~

~~(4) A warning letter must include the worker's appeal rights under OAR 436-120-0012(1)(e).~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0017 Types of Notices [Repeal]

~~When the insurer takes any of the actions listed below, it must issue the corresponding notices, using the headings listed in this rule. If a notice is used for more than one purpose, it must include all the headings that apply:~~

~~(1) The **NOTICE OF ELIGIBILITY** must:~~

~~(a) Include the date the worker became eligible.~~

~~(b) Inform the worker which category of vocational assistance the insurer will provide:~~

~~(A) **NOTICE OF ELIGIBILITY FOR VOCATIONAL ASSISTANCE** and **NOTICE OF ENTITLEMENT TO TRAINING**, or~~

~~(B) **NOTICE OF ELIGIBILITY FOR VOCATIONAL ASSISTANCE** and **NOTICE OF ENTITLEMENT TO DIRECT EMPLOYMENT SERVICES**.~~

~~(c) Include the worker's rights and responsibilities;~~

~~(d) Include the following statement in bold type:~~

~~**“You have the right to request a return-to-work plan conference if the insurer does not approve a return-to-work plan within 90 days of determining you entitled to a training plan, or within 45 days of determining you entitled to a direct employment plan. The**~~

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~~purpose of the conference will be to identify and remove all obstacles to return-to-work plan completion and approval. The insurer, the worker, the plan developer, and any other parties involved in the return-to-work process must attend the conference. The insurer or the worker may request a conference with the division if other delays in the vocational rehabilitation process occur. Your request for this conference should be directed to the Employment Services Team of the Workers' Compensation Division. The address and telephone number of the division are: Employment Services Team, Workers' Compensation Division, P.O. Box 14480, Salem, Oregon 97309-0405; 503-947-7816 or 1-800-452-0288 ext. 1719."~~

(e) ~~Include the current list of vocational assistance providers (published with Bulletin 151), and explain that the worker and the insurer must agree on the selection of a vocational assistance provider.~~

(f) ~~Include the following language in bold type:~~

~~**"If you have questions about the vocational counselor selection process, contact (use appropriate reference to the insurer). If you still have questions, call the Workers' Compensation Division at 1-800-452-0288 ext. 1719."**~~

(g) ~~Include information about the Preferred Worker Program.~~

(h) ~~Explain what the worker can do if he or she disagrees with something the insurer does.~~

(i) ~~Explain direct employment services and state the worker is not entitled to training, if the worker is entitled to direct employment services but not training.~~

(2) ~~The NOTICE OF INELIGIBILITY FOR VOCATIONAL ASSISTANCE must:~~

(a) ~~Include information about services which may be available at no cost from the Employment Department or the Office of Vocational Rehabilitation Services.~~

(b) ~~Include a brief description of the Preferred Worker Program benefits, and contact information. The information can be part of the notice, or a separate document attached to the notice.~~

(c) ~~Include a list of suitable occupations the worker can perform without being retrained, if the notice is based on a finding of "no substantial handicap."~~

(3) ~~The NOTICE OF DEFERRAL OF VOCATIONAL ASSISTANCE ELIGIBILITY DETERMINATION must:~~

(a) ~~Inform the worker the insurer deferred the vocational eligibility process because the employer at injury has activated preferred worker benefits.~~

(b) ~~Inform the worker that, if the job with the employer at injury does not begin on the hire date listed in the job offer letter, the worker can ask the insurer, within 30 days, to determine vocational eligibility.~~

(c) ~~Include the following language in bold type:~~

~~**"If you have questions about the deferral of the vocational eligibility process, contact (use appropriate reference to the insurer). If you still have questions contact the Workers'**~~

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Compensation Division's toll free number 1-800-452-0288 ext. 1719."

~~(4) The **NOTICE OF DENIAL OF VOCATIONAL ASSISTANCE BENEFITS** must:~~

~~(a) Identify what vocational assistance benefits the insurer denies and explain why. This notice is not to be used for finding a worker ineligible or ending a worker's eligibility for vocational assistance.~~

~~(b) Explain why the insurer denies the proposed return to work plan, if the notice is used for that purpose.~~

~~(5) The **NOTICE OF END OF TRAINING**:~~

~~(a) Must include the date the training plan ended. The effective date is the worker's last date of attendance.~~

~~(b) Must state whether the worker is entitled to further training.~~

~~(c) Does not have to be submitted to the division.~~

~~(6) The **NOTICE OF END OF ELIGIBILITY FOR VOCATIONAL ASSISTANCE**:~~

~~(a) Must include the date when eligibility ended. The effective date is the worker's last date of eligibility.~~

~~(b) Must include the reason the worker's eligibility for vocational assistance is ending. However, this notice is not required if the insurer is ending the worker's eligibility because the worker has given up his or her vocational assistance rights through a claims disposition agreement.~~

~~(c) Does not have to be submitted to the division.~~

~~(7) The **NOTICE OF SELECTION OF VOCATIONAL ASSISTANCE PROVIDER**, must be issued when a vocational assistance provider is agreed upon by the worker and the insurer.~~

~~(8) The **NOTICE OF CHANGE OF VOCATIONAL ASSISTANCE PROVIDER**, must be issued anytime there is a change in vocational assistance provider.~~

~~(9) The return to work plan and amendments must:~~

~~(a) Be reported using Form 1081, Return to Work Plan, Training, or Form 1083 Return to Work Plan, Direct Employment.~~

~~(b) Indicate what the changes are and why they are necessary, if the insurer amends the proposed plan.~~

~~(10) The Vocational Closure Report (Form 2800) must:~~

~~(a) Include the effective date for the end of eligibility.~~

~~(b) Include the reason for the end of eligibility.~~

~~(c) Include return to work and vocational assistance provider information.~~

~~(d) Be issued for each eligible worker within 30 days after eligibility ends.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

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436-120-0018 Postponement Notices [Repeal]

A letter informing the worker that the eligibility evaluation has been postponed does not require specific language in the headings but must include a heading clearly indicating the purpose of the letter and must:

- (1) Explain the reason the worker's eligibility evaluation is postponed.
- (2) Explain to the worker in writing what information is necessary if the insurer cannot complete the vocational eligibility process because it needs more information. In that case, the insurer must state when it expects to determine eligibility or make a decision.
- (3) Explain, if the worker has accepted a job offer from the employer at injury, that if the job does not begin on the hire date listed in the job offer letter, the worker can ask the insurer within 30 days to determine vocational eligibility.
- (4) Be mailed to the worker within 14 days of the insurer receiving notification that the worker is likely eligible for vocational assistance.
- (5) Include the following language in bold type:

~~"If you have questions about the postponement of the vocational eligibility process, contact (use appropriate reference to the insurer). If you still have questions contact the Workers' Compensation Division's toll free number 1-800-452-0288 ext. 1719."~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered from OAR 436-120-0004, 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0115 Conditions Requiring Completion of a Vocational Eligibility Evaluation

(1) Purpose of eligibility evaluation.

An eligibility evaluation is done to determine whether the worker is or is not eligible for vocational assistance.

(2) When an eligibility evaluation is not required.

An eligibility evaluation is not required if the worker's claim is reopened under Own Motion under ORS 656.278, the worker is receiving permanent total disability benefits, or the worker is deceased.

(3) When an eligibility evaluation is required.

~~If the worker has an accepted disabling claim,~~ Except as provided in OAR 436-120-0117, the insurer is required to begin an eligibility evaluation for workers with accepted disabling claims within five days of any of the following conditions:

- (a) The insurer receives information such as medical or investigative reports that indicates, before the worker is medically stationary, the worker is likely eligible for vocational assistance;
- (b) The worker is medically stationary, is not currently receiving vocational assistance, and:

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(A) Has not returned to or been released to regular employment; or

(B) Has not returned to other suitable employment with the employer at the time of injury or aggravation; or;

~~(e) The worker enters into a claim disposition agreement, retains vocational assistance rights, and is likely eligible for vocational assistance; or~~

~~(c)~~ (d) Eligibility was previously determined under the current opening of the claim and the insurer has accepted a new condition(s).

~~(2) Even if conditions in (1) are met, the insurer is not required to do an eligibility evaluation if the worker is deceased, the worker has a permanent total disability award, or the worker's claim is reopened under a board's own motion.~~

(43) Services may be provided at any time.

Nothing in these rules prevents an insurer from finding a worker eligible and providing vocational assistance at any time.

(54) Worker request for vocational assistance.

If the insurer receives a request for vocational assistance from the worker and the insurer is not required to do an ~~determine~~ eligibility evaluation, the insurer may not deny eligibility for assistance, but must notify the worker in writing, within 14 days of the request of. ~~The notice must include at least:~~

(a) The reason(s) an eligibility evaluation ~~determination~~ is not required;

(b) The circumstances that, ~~if present, would trigger a requirement~~ an to determine eligibility evaluation; and

(c) Instructions to contact the division at ~~503-947-7816 or 1-800-452-0288 ext. 1719~~ with questions about vocational assistance eligibility requirements and procedures.

~~(5) The insurer must determine eligibility if the worker's claim was initially denied and is later accepted as disabling and all appeals of the denial have been exhausted.~~

(6) The eligibility evaluation process.

(a) The eligibility evaluation must be done by a counselor.

(b) At the insurer's request, the worker must provide vocationally relevant information needed to determine eligibility within a reasonable time set by the insurer.

(c) The insurer must provide the counselor with all relevant vocational and medical information.

(d) The eligibility evaluation process, including notifying the worker of the results under section (9) of this rule, must be completed within 30 days of when the process began under section (3) of this rule, unless extended under section (7) of this rule.

(e) Either the insurer or the counselor may notify the worker of the results of the eligibility evaluation under section (9) of this rule.

(7) Extension of time.

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(a) The counselor may extend the time frame in section (6) of this rule for completing the eligibility evaluation if the counselor is unable to obtain needed information from the worker, employer, or medical provider.

(b) An extension of time may be for no more than 30 days.

(c) The counselor must notify the worker of the extension under section (8) of this rule, and submit a copy of the letter to the division.

(8) Notice of extension of time.

The letter informing the worker that the time frame for completing the eligibility evaluation process has been extended must:

(a) Clearly indicate the purpose of the letter;

(b) Explain the reason for the extension of time;

(c) Explain what information is necessary to complete the eligibility evaluation process;

(d) State when the eligibility evaluation process is expected to be completed;

(e) Be mailed to the worker within five days of the date the counselor determines an extension is needed under subsection (7)(a) of this rule; and

(f) Include the following language in bold type:

“If you have questions about the vocational assistance process, contact [use appropriate reference to the insurer]. If you still have questions contact the Workers' Compensation Division's toll free number 1-800-452-0288.”

(9) Results of the eligibility evaluation.

The results of the eligibility evaluation must be mailed to the worker following the requirements for the appropriate notice under subsection (a) or (b) of this section.

(a) The NOTICE OF ELIGIBILITY FOR VOCATIONAL ASSISTANCE must:

(A) Include the worker's responsibilities, as specified in OAR 436-120-0197(2) and 436-120-0520(1);

(B) Include the following statement in bold type:

“You have the right to request a return-to-work plan conference if the insurer does not approve a return-to-work plan within 90 days of determining you are entitled to a training plan, or within 45 days of determining you are entitled to a direct employment plan. The purpose of the conference will be to identify and remove all obstacles to return-to-work plan completion and approval. The insurer, the worker, the plan developer, and any other parties involved in the return-to-work process must attend the conference. The insurer or the worker may request a conference with the division if other delays in the vocational assistance process occur. Your request for this conference should be directed to the Employment Services Team of the Workers' Compensation Division. The address and telephone

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number of the division are: **Employment Services Team, Workers' Compensation Division, P.O. Box 14480, Salem, Oregon 97309-0405; 503-947-7816 or 1-800-452-0288.**”;

(C) Explain that the worker and the insurer must agree on the selection of a counselor, and:

(i) Provide instructions for the worker to access the list of providers on the division's website (wcd.oregon.gov/rtw/Pages/voc-assistance.aspx);

(ii) Include a phone number for the worker to call to request a paper copy of the list; and

(iii) Include the following language in bold type:

“If you have questions about the vocational counselor selection process, contact [use appropriate reference to the insurer]. If you still have questions, call the Workers' Compensation Division at 1-800-452-0288.”;

(D) Include information about the Preferred Worker Program;

(E) Explain what the worker can do if he or she disagrees with something the insurer does; and

(F) Explain direct employment services and state the worker is not entitled to training, if the worker is entitled to direct employment services but not training.

(b) The NOTICE OF INELIGIBILITY FOR VOCATIONAL ASSISTANCE must include:

(A) Information about services that may be available at no cost from the Oregon Employment Department or the Office of Vocational Rehabilitation Services;

(B) A brief description of the Preferred Worker Program benefits and contact information. The information can be part of the notice or a separate document attached to the notice; and

(C) A list of suitable occupations the worker can perform without being retrained, if the notice is based on a finding that the worker does not have a substantial handicap to employment.

(10) Multiple claims.

Vocational assistance may only be provided for one claim at a time. If the worker is eligible for vocational assistance under two or more claims, the claim for the injury with the most severe vocational impact is the claim that gave rise to the need for vocational assistance. The parties may agree to provide services for more than one claim at a time, and extend time and fee limits beyond those allowable in these rules.

Statutory authority: ORS 656.340, ORS 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

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The eligibility evaluation may be deferred when all of the following circumstances exist:

(a) The employer at injury has activated Preferred Worker Program benefits under OAR 436-110;

(b) The employer has made a written job offer to the worker that includes the following information:

(A) The start date;

(B) Wage and hours;

(C) Job site location;

(D) Description of job duties that includes physical requirements; and

(E) A statement that the job does not begin until any modifications are in place;

(c) The worker has agreed in writing to accept the new or modified job; and

(d) If the new or modified job needs worksite modifications to enable the worker to perform the job duties within the worker's injury-caused limitations:

(A) The modifications are in progress but not yet complete and the worker is working in a temporary modified position with the employer at injury that accommodates the worker's restrictions; or

(B) The worksite modifications are in place and the worker is working in and receiving payment for the new or modified job.

(2) Notice of deferral.

(a) When the eligibility evaluation process is deferred under this rule, the insurer must mail the worker a NOTICE OF DEFERRAL OF VOCATIONAL ASSISTANCE ELIGIBILITY EVALUATION.

(b) The notice must be mailed within five days of the date the conditions in section (1) exist.

(c) The notice must:

(A) Inform the worker that the eligibility evaluation has been deferred because the employer at injury has activated preferred worker benefits;

(B) Inform the worker that, if the job with the employer at injury does not begin on the date stated in the job offer letter, the worker can ask the insurer to resume the eligibility evaluation process; and

(C) Include the following language in bold type:

“If you have questions about the deferral of the process for determining your eligibility for vocational assistance, contact [use appropriate reference to the

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[insurer\]. If you still have questions contact the Workers' Compensation Division's toll free number 1-800-452-0288."](#)

(3) Resumption of eligibility evaluation process.

[If the eligibility evaluation has been deferred under this rule, the insurer must resume the process within 14 days of:](#)

- [\(a\) A determination that preferred worker benefits will not be provided;](#)
- [\(b\) Termination of the Preferred Worker Program agreement;](#)
- [\(c\) Termination of the job offer; or](#)
- [\(d\) The temporary modified position ends and the worksite modifications are still in progress.](#)

[Statutory authority: ORS 656.340, ORS 656.726\(4\)](#)

[Statutes implemented: ORS 656.340](#)

[Hist: Amended and renumbered 12-1-2009 from OAR 436-120-0320 as WCD Admin. Order 09-061, eff. 1-1-2010](#)

[See also the Index to Rule History: \[http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf\]\(http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf\).](#)

436-120-0125 Conditions for Postponement of the Vocational Eligibility Evaluation
[Repeal]

~~(1) If the worker requested an eligibility evaluation but the insurer does not know the worker's permanent limitations, the insurer may postpone the evaluation until the worker's permanent restrictions are known or can be projected. In that case, within 14 days of receiving the worker's request the insurer must contact the attending physician to ask if permanent limitations are known or can be projected. The insurer must also notify the worker in writing that the determination will be postponed until permanent restrictions are known or can be projected.~~

~~(2) If the claim qualifies for closure under ORS 656.268(1)(b) or (c), the insurer may postpone the determination until the worker is medically stationary or until permanent restrictions are known or can be projected, whichever occurs first.~~

~~(3) If the insurer is unable to determine eligibility or make a decision regarding a particular vocational service because of insufficient data, the insurer must explain to the worker in writing what information is necessary and when it expects to determine eligibility or make a decision. This explanation must be mailed to the worker within 14 days of the insurer receiving notification that the worker is likely eligible for vocational assistance.~~

[Statutory authority: ORS 656.340, ORS 656.726\(4\)](#)

[Statutes implemented: ORS 656.340](#)

[Hist: Amended and renumbered 12-1-2009 from OAR 436-120-0320 as WCD Admin. Order 09-061, eff. 1-1-2010](#)

[See also the Index to Rule History: \[http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf\]\(http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf\).](#)

436-120-0135 General Requirements and Timeframes for Vocational Eligibility Evaluations
[Repeal]

~~(1) When an eligibility evaluation is required, the insurer must contact the worker to start the eligibility determination process within 5 days of the date the insurer received knowledge of likely eligibility.~~

~~(2) A certified vocational counselor must determine vocational eligibility and the insurer must provide the vocational counselor with all existing relevant medical information.~~

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~~(3) At the insurer's request, the worker must provide vocationally relevant information needed to determine eligibility within a reasonable time set by the insurer.~~

~~(4) The insurer must complete the eligibility determination within 30 days of the date the insurer initiated contact with the worker under subsection (1) of this rule, unless postponed under OAR 436-120-0125.~~

~~(5) If the eligibility determination is postponed, the eligibility evaluation must be completed within 30 days of the insurer's receipt of requested relevant information.~~

~~(6) Either the insurer or certified vocational counselor may issue the notice with the results of the eligibility evaluation to the worker.~~

~~(7) Vocational assistance will only be provided for one claim at a time, unless the parties agree otherwise. If the worker is eligible for vocational assistance under two or more claims, the claim for the injury with the most severe vocational impact is the claim that gave rise to the need for vocational assistance. The parties may agree to provide services for more than one claim at a time, and extend time and fee limits beyond those allowable in these rules.~~

Statutory authority: ORS 656.340, ORS 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered 12-1-2009 from OAR 436-120-0320 as WCD Admin. Order 09-061, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0145 Vocational Assistance Eligibility Criteria

(1) A worker whose permanent total disability benefits have been terminated by a final order is eligible for vocational assistance.

(2) A worker is eligible for vocational assistance if all of the following conditions are met:

(a) The worker is authorized to work in the United States;

(b) The worker is available for vocational assistance in Oregon or within commuting distance of Oregon, unless:

~~(A) If the worker is not available in Oregon or within commuting distance of Oregon, the insurer must consider the worker available in Oregon if t~~The worker states in writing that within 30 days of being determined eligible for vocational assistance the worker will move back to Oregon, or to within commuting distance of Oregon, at the worker's own expense;

~~(B) The requirement that the worker be available in Oregon or within commuting distance of Oregon for vocational assistance does not apply if t~~The Oregon subject worker did not work and live in Oregon at the time of the injury;

(C) The worker needs to live outside of Oregon due to financial hardship, family circumstances over which the worker has no control, or other similar situation; or

(D) The training program or supporting labor market for a specific vocational goal is only available outside of Oregon;

(c) As a result of the limitations caused by the injury or aggravation, the worker:

(A) Is not able to return to regular employment;

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(B) Is not able to return to suitable and available work with the employer at injury or aggravation; and

(C) Has a substantial handicap to employment and requires assistance to overcome that handicap;

(d) The worker was not employed in suitable employment for at least 60 days after the injury or aggravation;

(e) The worker did not refuse or fail to make a reasonable effort in available light-duty work intended to result in suitable employment. ~~Before~~Prior to finding the worker ineligible, the insurer must document the existence of one or more suitable jobs that would be available for the worker after completion of the light-duty work. If the employer at injury offers such employment to a worker who is not non-medically stationary worker, the offer must be made in accordance with OAR 436-060;

(f) The worker is available for vocational assistance. If the worker is not available, the insurer must determine if the reasons are for reasonable or unreasonable cause ~~before~~prior to ~~finding~~ending the worker's ~~ineligibility~~. If the reason was for incarceration, this reason must be ~~stated~~ited in the notice to the worker. Declining vocational assistance to accept modified or new employment that results from an employer at injury activated use of the Preferred Worker Program, under OAR 436-110, is reasonable cause; and

(g) The worker did not refuse or otherwise relinquish his or her rights to vocational assistance in writing.

(3) Individuals covered under ORS 656.033, 656.046, 656.135, or 656.138 (work experience program participants, apprentices, trainees), are eligible for vocational assistance if they otherwise meet the eligibility requirements in section (2) of this rule. For purposes of vocational assistance:

(a) The employer at injury is the district, college, or school conducting the program or project in which the individual was injured;

(b) Regular employment is the job for which the individual was being trained at the time of the injury; and

(c) The assumed wage upon which premium was based, but in no event less than minimum wage, should be used to determine suitable wage under OAR 436-120-0147.

~~(4)~~ The worker must participate in the vocational assistance process and must provide relevant information. If the worker does not participate, or fails to provide relevant information, the insurer must issue a written warning before finding the worker ineligible under this rule.

~~(5)~~ The worker must not misrepresent a matter material to evaluating eligibility.

Statutory authority: ORS 656.340, ORS 656.726(4)

Statutes implemented: ORS 656.206, 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

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- (a) To determine a suitable wage the insurer must first establish the adjusted weekly wage as described in this rule.
- (b) The insurer must calculate the adjusted weekly wage whenever determining or redetermining a worker's eligibility for vocational assistance.
- (c) All figures used in determining a weekly wage by this method must be supported by verifiable documentation such as the worker's state or federal tax returns, payroll records, or reports of earnings or unemployment insurance payments from the Oregon Employment Department.

(2) Definitions.

For the purposes of this rule, the following definitions apply:

- (a) "Adjusted weekly wage" is the wage currently paid as calculated under this rule.
- (b) "Cost-of-living adjustments" or "collective bargaining adjustments" are increases or decreases in the wages of all workers performing the same or similar jobs for a specific employer. These adjustments are not variations in wages based on skills, merit, seniority, length of employment, or number of hours worked.
- (c) "Earned income" means gross wages, salary, tips, commissions, incentive pay, bonuses, and the reasonable value of other consideration (such as housing, utilities, and food) received from all employers for services performed from all jobs held at the time of injury or aggravation. Earned income also means gross earnings from self-employment after deductions of business expenses excluding depreciation. Earned income does not include fringe benefits such as medical, life, or disability insurance, employer contributions to pension plans, or reimbursement of the worker's employment expenses such as mileage or equipment rental.
- (d) "Job at aggravation" means the job or jobs the worker held on the date of the aggravation claim or, for a worker not employed at the time of aggravation, the last job or concurrent jobs held before the aggravation. Volunteer work does not constitute a job for purposes of this subsection.
- (e) "Job at injury" is the job on which the worker originally sustained the compensable injury. For an occupational disease, the job at injury is the job the worker held at the time there is medical verification that the worker is unable to work because of the disability caused by the occupational disease.
- (f) "Permanent employment" is a job with no projected end date or a job that had no projected end date at the time of hire. Permanent employment may be year-round or seasonal.
- (g) "Permanent, year-round employment" is permanent employment in which the worker worked or was scheduled or projected to work in 48 or more calendar weeks a year. Paid

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leave is counted as work time. Permanent year-round employment includes trial service. It does not include employment with an annual salary set by contract or self-employment.

(h) "Temporary disability" means wage loss replacement for the job at injury.

(i) "Trial service" is employment designed to lead automatically to permanent, year-round employment subject only to the employee's satisfactory performance during the trial service period.

(3) Determining weekly wage.

The insurer must determine the nature of the job at injury or the job or jobs at aggravation by contacting the employer or employers to verify the worker's employment status.

(a) When the job at injury or the job at aggravation was **temporary or seasonal**, calculate the worker's average weekly wage as follows, then convert to the adjusted weekly wage as described in section (4) of this rule:

(A) When the worker's regular employment is the job at **injury** and the worker did not hold more than one job at the time of injury, and did not receive unemployment insurance benefits during the 52 weeks before the injury, the worker's average weekly wage is the same as the wage upon which temporary disability is based.

(B) When the worker's regular employment is the job at **aggravation** and the worker did not hold more than one job at the time of aggravation, and did not receive unemployment insurance benefits during the 52 weeks before the aggravation, the worker's average weekly wage is calculated using the same methods used to calculate temporary disability as described in OAR 436-060-0025.

(C) If the worker held **more than one job** at the time of the injury or aggravation, and did not receive unemployment insurance payments during the 52 weeks before the date of the injury or aggravation, divide the worker's earned income by the number of weeks the worker worked during the 52 weeks before the date of injury or aggravation.

(D) If the worker held **one or more jobs** at the time of the injury or aggravation, and received unemployment insurance payments during the 52 weeks before the date of the injury or aggravation, combine the earned income with the unemployment insurance payments and divide the total by the number of weeks the worker worked and received unemployment insurance payments during the 52 weeks before the date of the injury or aggravation.

(b) When the job at **injury** was **not seasonal or temporary**, use the weekly wage upon which temporary disability was based, and then convert the weekly wage to the adjusted weekly wage as described in section (4) of this rule.

(c) When the job at **aggravation** was **not seasonal or temporary**, the worker's average weekly wage is calculated using the same methods used to calculate temporary disability as described in OAR 436-060-0025, and then converting to the adjusted weekly wage as described in section (4) of this rule.

(4) Adjusted weekly wage.

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After arriving at the worker's weekly wage under section (3), establish the adjusted weekly wage by determining the percentage increase or decrease from the date of injury or aggravation, or last day worked before aggravation, to the date of calculation, as follows:

(a) Contact the employer at injury regarding any cost-of-living or collective bargaining adjustments for workers performing the same job. Adjust the weekly wage by any percentage increase or decrease;

(b) If the employer at injury is no longer in business and the worker's job was covered by a union contract, contact the applicable union for any cost-of-living or collective bargaining adjustments. Adjust the weekly wage by the percentage increase or decrease;

(c) If the employer at injury is no longer in business or does not currently employ workers in the same job category, adjust the weekly wage by the appropriate factor from the cost-of-living matrix in Bulletin 124; ~~or~~

(d) If the worker's regular employment was the employment the worker held at the time of aggravation, adjust the weekly wage by the appropriate factor from the cost-of-living matrix in Bulletin 124.

Statutory authority: ORS 656.340(9), ORS 656.726(4)

Statutes implemented: ORS 656.340(5) and (6)

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0155 Deferral and Completion of an Eligibility Evaluation When the Employer Activates Preferred Worker Program Benefits: [Renumbered to 120-0117]

~~(1) The insurer must defer the determination of vocational assistance eligibility when the employer at injury activates preferred worker benefits under OAR 436-110 and the worker agrees in writing to accept the new or modified regular job. All of the following conditions must exist:~~

~~(a) The employer must make a written job offer to the worker that includes the following information:~~

~~(A) The start date;~~

~~(B) Wage and hours;~~

~~(C) Job site location;~~

~~(D) Description of job duties; and~~

~~(E) A statement that the job does not begin until the modifications are in place.~~

~~(b) The insurer must send the worker a Notice of Deferral of Vocational Assistance Eligibility Determination within 14 days of the date the worker signed the job offer letter indicating acceptance of the job.~~

~~(2) The insurer must complete the eligibility evaluation within 30 days of a determination that preferred worker benefits will not be provided or if the agreement is terminated.~~

Statutory authority: ORS 656.340, ORS 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered 12-1-2009 from OAR 436-120-0320 as WCD Admin. Order 09-061, eff. 1-1-2010

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See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0157 Determining Substantial Handicap to Employment [Renumbered from 120-0340]

(1) A counselor must do a substantial handicap evaluation as part of the eligibility evaluation when applicable.

(2) To complete the substantial handicap evaluation the counselor must submit a report documenting the following information about the worker:

(a) Relevant work history for at least the preceding five years;

(b) Level of education, proficiency in spoken and written English or other languages, and achievement or aptitude test data if it exists;

(c) Adjusted weekly wage and suitable wage;

(d) Permanent limitations due to the injury;

(e) An analysis of the worker's transferable skills, if any;

(f) A list of physically suitable jobs for which the worker has the knowledge, skills, and abilities, that pay a suitable wage, and for which a reasonable labor market is documented to exist as described in subsection (g);

(g) An analysis of the worker's labor market using standard labor market reference materials, including but not limited to information provided by the Employment Department's Oregon Labor Market Information System (OLMIS) and Oregon Wage Information (OWI) (available on the Oregon Employment Department's website at www.qualityinfo.org/). When using OWI data, the presumed standard will be the 10th percentile unless there is sufficient evidence that a higher or lower wage is more appropriate; and

(h) Consideration of the vocational impact of any limitations that existed before the injury.

(3) When determining the worker's eligibility for vocational assistance, the insurer may consider any knowledge, skills, and abilities the worker gained after the date of injury or aggravation that resulted from training provided by the employer; however, the insurer may not include any knowledge, skills, or abilities the worker gained at his or her own expense after the date of injury or aggravation.

Statutory authority: ORS 656.726(4)

Statutes implemented: ORS 656.340(5) and (6)

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0165 End of Eligibility for Vocational Assistance

(1) Reasons for ending eligibility.

A worker's eligibility for vocational assistance ends when any of the following conditions apply:

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(a) Based on **new information** that did not exist or that could not have been obtained with reasonable effort at the time the insurer determined eligibility, the worker no longer meets the eligibility requirements:-

(b) The worker has been employed in **suitable employment** as described in OAR 436-120-0005(18) for at least 60 days after the date of injury or date of aggravation;

(c) The worker has been employed in suitable employment that is modified or new employment resulting from an employer-at-injury activated use of the Preferred Worker Program under OAR 436-110 and; and any necessary worksite modification is in place.

(A) If there are no worksite modifications, premium exemption has been effective for 12 months;

(B) If there is a worksite modification, 12 months have passed since the director determined it to be complete; or

(C) During the 12-month period in paragraph (A) or (B), the worker is terminated for cause or voluntarily resigns for a reason unrelated to the work injury;

(d) The worker, ~~before~~^{prior to} beginning an authorized return-to-work plan, **refused an offer of suitable employment**. If the employer-at-injury offers employment to a worker who is not ~~non-~~medically stationary ~~worker~~, the offer must be made in accordance with OAR 436-060:-

(e) The worker, ~~before~~^{prior to} beginning an authorized return-to-work plan, **left suitable employment** after the injury or aggravation for a reason unrelated to the limitations caused by the injury:-

(f) The worker, ~~before~~^{prior to} beginning an authorized return-to-work plan, **refused or failed to make a reasonable effort in available light-duty work** intended to result in suitable employment. ~~Before~~^{Prior to} ending eligibility, the insurer must document the existence of one or more suitable jobs that would be available for the worker after completion of the light-duty work. If the employer-at-injury offers such employment to a worker who is not ~~non-~~medically stationary ~~worker~~, the offer must be made in accordance with OAR 436-060:-

(g) The worker, after completing an authorized training plan, **refused an offer of suitable employment**:-

(h) The worker **declined or became unavailable** for vocational assistance.

(A) The insurer must determine if the reasons are for reasonable or unreasonable cause ~~before~~^{prior to} ending the worker's eligibility.

(B) If the reason was for incarceration, this reason must be ~~stated~~^{stated} in the notice to the worker.

(C) Declining vocational assistance to accept modified or new employment that results from an employer-at-injury activated use of the Preferred Worker Program, under OAR 436-110, is reasonable cause:-

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(i8) The worker **refused a suitable training site** after the vocational-counselor and worker have agreed in writing upon a return-to-work goal;:-

(j9) The worker **failed after written warning to participate in the development or implementation** of a return-to-work plan. No written warning is required if the worker fails to attend two consecutive training days and fails, without reasonable cause, to notify the vocational-counselor or the insurer by the close of the next business day;:-

(k40) The worker's lack of suitable employment **cannot be resolved by providing vocational assistance**. This includes circumstances in which the worker cannot benefit from, or participate in, vocational assistance because of medical conditions unrelated to the injury;:-

(l44) The worker **misrepresented information** relevant to providing vocational assistance;:-

(m42) The worker **refused after written warning to return property** provided by the insurer or reimburse the insurer as required. No vocational assistance will be provided under subsequent openings of the claim until the worker returns the property or reimburses the funds;:-

(n43) The worker **misused funds** provided for the purchase of property or services. No vocational assistance will be provided under subsequent openings of the claim until the worker reimburses the insurer for the misused funds;:-

(o44) After written warning the worker continues to **harass** any participant to the vocational process. This subsection does not apply if such behavior is the result of a documented medical or mental condition;:-

(p45) The worker entered into a **claim disposition agreement** and disposed of vocational rights. The parties may agree in writing to suspend vocational assistance services pending approval of the agreement by the Workers' Compensation Board. The insurer must end eligibility when the Worker's Compensation Board approves the claims disposition agreement that disposes of vocational assistance rights. No notice regarding the end of eligibility is required;:- or

(q46) The worker received **maximum direct employment services** and is not entitled to other categories of vocational assistance.

(2) Notice of end of eligibility.

When an insurer ends a worker's eligibility for vocational assistance, the insurer must mail to the worker a NOTICE OF END OF ELIGIBILITY FOR VOCATIONAL ASSISTANCE within five days of the end of eligibility date. The notice must include:

(a) The date when eligibility ended. The effective date is the worker's last date of eligibility; and

(b) The reason the worker's eligibility for vocational assistance is ending. However, notice is not required if the insurer is ending the worker's eligibility because the worker has given up his or her vocational assistance rights through a claim disposition agreement.

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(3) Report to director.

When an insurer ends a worker's eligibility for vocational assistance, the insurer must submit to the division Form 2800, "Vocational Closure Report," at the same time it mails the NOTICE OF END OF ELIGIBILITY FOR VOCATIONAL ASSISTANCE. The report must include:

- (a) The effective date for the end of eligibility;
- (b) The reason for the end of eligibility; and
- (c) Return-to-work and provider information.

Statutory authority: ORS 656.340, ORS 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0175 Redetermining Eligibility for Vocational Assistance

If a worker was previously determined ineligible for vocational assistance or the worker's eligibility for vocational assistance ended, the insurer must redetermine eligibility within 30~~5~~ days of notification of a change of any of these circumstances:

- (1) The worker, for reasonable cause, was unavailable for vocational assistance and is now available;:-
- (2) The worker's lack of suitable employment could not be resolved by providing vocational assistance. The insurer may require the worker to provide evidence that circumstances have changed;:-
- (3) The worker declined vocational assistance to accept modified or new employment that resulted from an employer -at -injury -activated use of preferred worker benefits under OAR 436-110. If the job was not suitable, the worker must request redetermination within 30 days of termination of the employment for which preferred worker benefits were provided;:-
- (4) The worker was not available for vocational assistance in Oregon or within commuting distance of Oregon. The worker must request redetermination within six months of receiving the insurer's notice that he or she was not eligible for this reason;:-
- (5) The worker, who was not authorized to work in the United States, is now authorized to work in the United States. Within six months of the date of the worker's receipt of the insurer's notice of ineligibility or end of eligibility, the worker must:
 - (a) Request redetermination; and
 - (b) Submit evidence to the insurer that the worker has applied for authorization to work in the United States and is awaiting a decision by the U.S. Citizenship and Immigration Services (USCIS). The worker must provide the insurer with a copy of any decision by the USCIS within 30 days of receipt. The insurer must redetermine eligibility upon receipt of documentation of the worker's authorization to work in the United States;:-

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(6) ~~The worker, who returned to work prior to becoming medically stationary, informs the insurer that he or she is likely eligible for vocational assistance and requests a determination within 60 days of the mailing date of the Notice of Closure.~~

(67) ~~Before~~ Prior to claim closure, ~~the~~ a worker's limitations due to the injury became more restrictive;:-

(78) ~~Before~~ Prior to claim closure, the insurer accepts a new condition that was not considered in the original determination of the worker's eligibility;:- or

(89) The worker's average weekly wage is redetermined and increased.

Statutory authority: ORS 656.340, ORS 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0177 Selection of Category of Vocational Assistance [Renumbered from 120-0400]

(1) The insurer must select one of the following categories of vocational assistance before referring a worker to a counselor:

(a) **Direct employment services**, if the worker has the necessary transferable skills to obtain suitable new employment.

(b) **Training**, if the worker needs training in order to return to employment that pays a wage significantly closer to 100 percent of the adjusted weekly wage. "Significantly closer" may vary depending on several factors, including, but not limited to: the worker's wage at injury, adaptability, skills, geographic location, limitations, and the potential for the worker's income to increase with time as the result of training.

(2) The insurer must notify the worker of the category selection and the reason for the selection in the NOTICE OF ELIGIBILITY FOR VOCATIONAL ASSISTANCE issued under OAR 436-120-0115(9).

(3) The insurer must reconsider the category of vocational assistance within 30 days of the insurer's knowledge of a change in circumstances including, but not limited to:

(a) A change in the worker's permanent limitations;

(b) A change in the labor market; or

(c) The category of vocational assistance proves to be inappropriate.

(4) The insurer must notify the worker within five days if the reconsideration under section (3) results in a change in the vocational assistance category.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340(7)

Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0185 Choosing a Vocational Assistance Provider Counselor

(1) **Choosing a counselor.**

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(a) Once the worker is found eligible, the insurer and worker must agree on a counselor vocational assistance provider. Within 1420 days of the worker being determined eligible for vocational assistance an eligibility finding, the insurer must notify the worker of the selection of vocational assistance provider.

(b) When the parties agree on a counselor, the insurer must mail the worker a NOTICE OF SELECTION OF VOCATIONAL COUNSELOR.

(c) If they parties are unable to do not agree on a counselor vocational assistance provider, the insurer or self-insured employer must notify the division director within five days, and the director will select a counselor provider.

(2) Changing counselors.

(a) If the worker or insurer requests a change in counselor vocational assistance provider, the insurer and worker must agree on a new counselor vocational assistance provider within 14 days of the request.

(b) If they parties do not are unable to agree on a new counselor, the insurer must refer the matter dispute to the division director within five days.

(c) Any time there is a change in counselor, the insurer must mail the worker a NOTICE OF CHANGE OF VOCATIONAL COUNSELOR.

Statutory authority: ORS 656.340, ORS 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered 12-1-2009 from OAR 436-120-0320 as WCD Admin. Order 09-061, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0187 Optional Services [Renumbered from 120-0455]

(1) Optional services are services provided to:

(a) A worker who is not eligible for vocational assistance; or

(b) A worker who is eligible for vocational assistance, in excess of the services described in these rules.

(2) Optional services are provided at the discretion of the insurer.

(3) The insurer may not use optional services to circumvent the intent of these rules.

Statutory authority: ORS 656.340, 656.704, 656.726

Statutes implemented: ORS 656

Hist: Amended 11/1/07 as WCD Admin. Order 07-067, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0197 Direct Employment [Renumbered from 120-0430]

(1) Direct employment services, generally.

(a) Direct employment services may include, but are not limited to:

(A) Employment counseling;

(B) Job search skills instruction, which teaches workers how to write resumes, research the job market, locate suitable new employment, complete employment

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applications, interview for employment, and develop other skills related to obtaining suitable new employment;

(C) Job development with related return-to-work activities, which helps the worker contact appropriate prospective employers; and

(D) Job analysis.

(b) If the insurer determines the worker is entitled to direct employment services, the insurer must provide the worker with at least four months of direct employment services.

(c) A direct employment plan must include a description of the worker's transferable skills that relate to the vocational goals and a discussion of why training will not bring the worker a wage significantly closer to 100 percent of the adjusted weekly wage at the time of injury.

(d) Direct employment services must be provided by a counselor.

(e) Direct employment services must begin on the date the insurer approves a direct employment plan, or on the completion date of an authorized training plan.

(f) If the insurer does not approve a direct employment plan within 45 days of determining the worker entitled to a direct employment plan, the insurer must contact the division within five days to schedule a conference.

(A) The purpose of the conference will be to identify and remove all obstacles to plan completion and approval.

(B) The insurer, the worker, the plan developer, and any other parties involved in the process must attend the conference.

(C) The conference may be postponed for a period of time agreed on by the parties.

(D) The insurer or the worker may request a conference if other delays in the process occur.

(g) The insurer must provide return-to-work follow-up for at least 60 days after the worker becomes employed to ensure the work is suitable and to provide any necessary assistance that enables the worker to continue the employment.

(2) Responsibilities in direct employment plan.

(a) The worker is responsible for the following in a direct employment services plan:

(A) Maintain regular contact with the counselor;

(B) Fully participate in plan services;

(C) Follow up on all job leads in a timely manner;

(D) Be an active participant in the job search;

(E) Accept suitable employment if it is offered and notify the counselor immediately;

(F) Promptly inform the counselor of any problems that might affect participation in the plan; and

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(G) Meet any responsibilities agreed to in the plan.

(b) The counselor is responsible for the following in a direct employment services plan:

(A) Provide instruction on job-search skills, as necessary;

(B) Provide job development, as necessary;

(C) Provide timely, accurate progress reports to the insurer; and

(D) Meet any responsibilities agreed to in the plan.

(3) Plan amendments.

(a) If the vocational goal is later changed, the insurer must amend the direct employment services plan. All amendments to the plan must be initialed by the insurer, counselor, and worker.

(b) If the insurer amends a proposed plan, the insurer must indicate what the changes are and why they are necessary.

(4) Reporting to the director.

The direct employment plan and any amendments must be submitted to the division within five days of plan approval using Form 1083, "Return-to-Work Plan; Direct Employment."

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340(7)

Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0340 Determining Substantial Handicap [Renumbered to 120-0157]

~~(1) A certified vocational counselor must perform a substantial handicap evaluation as part of the eligibility determination when applicable.~~

~~(2) To complete the substantial handicap evaluation the vocational counselor must submit a report documenting the following information:~~

~~(a) Relevant work history for at least the preceding five years;~~

~~(b) Level of education, proficiency in spoken and written English or other languages, where relevant, and achievement or aptitude test data if it exists;~~

~~(c) Adjusted weekly wage as determined under OAR 436-120-0007 and suitable wage as defined by OAR 436-120-0005;~~

~~(d) Permanent limitations due to the injury;~~

~~(e) An analysis of the worker's transferable skills, if any;~~

~~(f) A list of physically suitable jobs for which the worker has the knowledge, skills and abilities, that pay a suitable wage, and for which a reasonable labor market is documented to exist as described in subsection (g) below;~~

~~(g) An analysis of the worker's labor market using standard labor market reference materials, including but not limited to information provided by the Employment Department's Oregon Labor Market Information System (OLMIS) and Oregon Wage Information (OWI). When using~~

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~~OWI data, the presumed standard will be the 10th percentile unless there is sufficient evidence that a higher or lower wage is more appropriate; and~~

~~(h) Consideration of the vocational impact of any limitations that existed prior to the injury.~~

~~(3) When determining the worker's eligibility for vocational assistance, the insurer may include any knowledge, skills, and abilities the worker gained after the date of injury or aggravation that resulted from training provided by the employer; however, the insurer may not include any knowledge, skills, or abilities the worker gained at his or her own expense after the date of injury or aggravation.~~

Statutory authority: ORS 656.726(4)

Statutes implemented: ORS 656.340(5) and (6)

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0400 Selection of Category of Vocational Assistance [Renumbered to 120-0177]

~~(1) The insurer must select one of the following categories of vocational assistance before referring a worker to a vocational assistance provider:~~

~~(a) Direct employment services, if the worker has the necessary transferable skills to obtain suitable new employment.~~

~~(b) Training, if the worker needs training in order to return to employment which pays a wage significantly closer to 100 percent of the adjusted weekly wage. "Significantly closer" may vary depending on several factors, including, but not limited to, the worker's wage at injury, adaptability, skills, geographic location, limitations and the potential for the worker's income to increase with time as the result of training.~~

~~(2) The insurer must notify the worker of the category selection and the reason for the selection.~~

~~(3) The insurer must reconsider the category of vocational assistance within 30 days of the insurer's knowledge of a change in circumstances including, but not limited to:~~

~~(a) A change in the worker's permanent limitations;~~

~~(b) A change in the labor market; or~~

~~(c) The category of vocational assistance proves to be inappropriate.~~

~~(4) The insurer must notify the worker immediately if the reconsideration in section (3) results in a change in the vocational assistance category.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340(7)

Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0410 Determining a Vocational Goal ~~Vocational Evaluation~~

~~A certified vocational counselor must determine a suitable vocational goal for the worker using complete the vocational evaluation. Vocational evaluation may include one or more of the following:~~

~~(1) Vocational testing.~~

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Vocational testing must be administered by an individual certified to administer the test.

~~(2) A **work evaluation** must be performed by a Certified Vocational Evaluation Specialist (CVE), certified by the Commission on Certification of Work Adjustment and Vocational Evaluation Specialists.~~

(2) Job analysis.

A job analysis is a detailed description of the physical and other demands of a job based on direct observation of the job.

(3) On-the-job evaluations.

An on-the-job evaluation must evaluate a worker's work traits, aptitudes, limitations, potentials, and habits in an actual job environment.

(a) ~~First,~~ The vocational counselor must perform a job analysis to determine if the job is within the worker's capacities. The insurer must submit the job analysis to the attending physician if there is any question about the appropriateness of the job.

(b) The evaluation should normally be no less than five hours daily for four consecutive days and should normally last no longer than 30 days.

(c) The evaluation does not establish any employer-employee relationship.

(d) A written report must evaluate the worker's performance in the areas originally identified for assessment.

~~(4) **Situational assessment** is a procedure that evaluates a worker's aptitude or work behavior in a particular learning or work setting. It may focus on a worker's overall vocational functioning or answer specific questions about certain types of work behaviors.~~

~~(a) The situational assessment requires these steps: planning and scheduling observations; observing, describing and recording work behaviors; organizing, analyzing and interpreting data; and synthesizing data including behavioral data from other pertinent sources.~~

~~(b) The assessment should normally be no less than five hours daily for four consecutive days and should normally last no longer than 30 days.~~

~~(5) **Work adjustment** is work-related activities that assist workers in understanding the meaning, value, and demands of work. It may include the assistance of a job coach.~~

~~(6) **Job analysis** is a detailed description of the physical and other demands of a job based on direct observation of the job.~~

(47) Labor market search.

(a) A labor market search is obtained from direct contact with employers, other actual labor market information, or from other surveys completed within 90 days of the report date.

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(b) A labor market search is needed when standard labor market reference materials do not have adequate information upon which to base a decision, or there are questions about a worker's specific limitations, training, and skills; that must be addressed with employers to determine if a reasonable labor market exists.

(c) The person providing the information must have hiring responsibility or direct knowledge of the job's requirements; and the job must exist at the firm contacted.

(d) The labor market search report must include, but is not limited to:

(A) the date of contact;

(B) firm name, address, and telephone number;

(C) name and title of person contacted;

(D) the qualifications of persons recently hired;

(E) physical requirements;

(F) wages paid;

(G) condition of hire (full-time, part-time, seasonal, temporary);

(H) date and number of last hire(s); and

(I) available and anticipated openings.

(e) Specific openings found in the course of a labor market search are not, in themselves, proof a reasonable labor market exists.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340(7)

Hist: Amended 12-1-2009 as WCD Admin. Order 09-061, eff.1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0430 Direct Employment [Renumbered to 120-0197]

~~(1) If the insurer determines the worker is entitled to direct employment services, the insurer must provide an eligible worker with at least four months of direct employment services.~~

~~(2) Direct employment services must be provided by a certified vocational counselor.~~

~~(3) Direct employment services must begin on the date the insurer approves a direct employment plan, or on the completion date of an authorized training plan.~~

~~(4) Direct employment services may include, but are not limited to:~~

~~(a) Employment counseling.~~

~~(b) Job search skills instruction, which teaches workers how to write resumes, research the job market, locate suitable new employment, complete employment applications, interview for employment, and develop other skills related to obtaining suitable new employment.~~

~~(c) Job development with related return to work activities, which helps the worker contact appropriate prospective employers.~~

~~(d) Job analysis.~~

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~~(5) The insurer must provide return to work follow up for at least 60 days after the worker becomes employed to ensure the work is suitable and to provide any necessary assistance that enables the worker to continue the employment.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340(7)

Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf

http://www.cbs.state.or.us/wcd/policy/rules/436_history.pdf.

436-120-0443 Training - General

(1) Training services include but are not limited to plan development, training, monthly monitoring of training progress, and job placement services.

(2) The training plan must be developed and monitored by a ~~certified vocational counselor~~.

(3) The selection of plan objectives and the kind of training must attempt to minimize the length and cost of training necessary to prepare the worker for suitable employment.

(4) If there are any changes made to the original training plan, an addendum to Form 1081, – ~~“Return to Work Plan; Training.”~~ must be completed, signed by all parties, and submitted to the ~~division~~ director.

(5) Basic education may be offered, with or without other training components, to raise the worker's education to a level to enable the worker to obtain suitable employment.

(6) On-the-job training prepares the worker for permanent, suitable employment with the training employer and for employment in the labor market at large. On-the-job training must be considered first in developing a training plan.

(7) Occupational skills training is offered through a community college, based on a predetermined curriculum, at the training employer's location.

(8) Formal training may be offered through a vocational school licensed by an appropriate licensing body, community college, or other post-secondary educational facility that is part of a state system of higher education.

(9) Rehabilitation facilities training provides evaluation, training, and employment for severely disabled individuals.

(10) Notwithstanding OAR 436-120-0145(2)(b), the director may order the insurer, or the insurer may elect, to provide training outside Oregon if such training would be more timely, appropriate, or cost effective than other alternatives.

(11) Training status continues during the following breaks:

(a) A regularly scheduled break of not more than six weeks between fixed school terms;

(b) A break of not more than two weeks between the end of one kind of training and the start of another for which the starting date is flexible; or

(c) A period of illness or recuperation of the worker that does not prevent completion of the training by the planned date.

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(12) ~~A worker actively engaged in training.~~ The insurer must pay receive the worker temporary disability compensation, under ORS 656.268 and ~~ORS 656.340,~~ when the worker is actively engaged in an approved training plan and there is a Form 1081, "Return-to-Work Plan; Training" signed by the worker, the insurer, and the counselor who developed the plan.

(13) Temporary disability compensation is limited for each eligibility period to 16 months unless extended to 21 months by the insurer or ordered by the director when the ~~injured~~ worker provides good cause. Good cause may include but is not limited to the reasons given under section (14) of this rule. In no event ~~may~~ will temporary disability compensation during training be paid for more than 21 months.

(14) Training costs may be paid for periods longer than 21 months. Reasons for extending training may include but are not limited to:

(a) Reasons beyond the worker's control;

(b) The worker has an ~~An~~ "exceptional disability," which is defined as a disability equal to or greater than the complete loss, or loss of use, of both legs, or a ~~Exceptional disability also includes~~ brain injury that results in impairment equal or greater than Class ~~3-III~~ as defined in OAR 436-035; or

(c) The worker has an ~~An~~ "exceptional loss of earning capacity," which exists when no suitable training plan of ~~18-16~~ months or less will is likely to eliminate the worker's substantial handicap to employment. The extension must allow the worker to obtain an entry-level wage that is as close as possible to the worker's adjusted weekly wage and ~~at least 10 percent greater than could be expected with a shorter training program,~~ or potential for the worker's income to increase to 100 percent or more of the worker's adjusted weekly wage with time as a result of training.

(15) An eligible worker is entitled to four months of job placement assistance after completion of training.

(16) When the worker returns to work following training, the insurer must monitor the worker's progress for at least 60 days to assure the suitability of the employment before ending eligibility.

(17) If the worker chooses a training plan period of longer than he or she is entitled to receive under these rules, the worker may supplement training provided by the insurer by completing "self-sponsored" training or studies. For the purpose of this rule, "self-sponsored" means the worker is obligated to pay for the training.

(a) The first day of training provided by the insurer will be considered the "training start date" and the last day of training provided by the insurer will be the "training end date."

(b) All self-sponsored training must be completed before the training start date unless the parties otherwise agree.

(c) During self-sponsored training, the insurer may provide optional services under OAR 436-120-0~~187455~~, including but not limited to payment of expenses for tuition, fees, books, and supplies.

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(d) The ~~training~~ return-to-work plan support document must describe how the worker-sponsored training and the training provided by the insurer will combine to prepare the worker for suitable employment.

(18) The insurer must provide further training to a worker if the initial plan will not be or was not successful to prepare the worker for suitable employment.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 11/12/13 as Admin. Order 13-062, eff. 1/1/14

See also the Index to Rule History:

http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf http://www.cbs.state.or.us/wcd/policy/rules/436_history.pdf.

436-120-0445 Training Requirements

(1) Basic education.

Basic education is limited to ~~nine~~ six months unless extended by the insurer.

(2) On-the-job training.

(a) On-the-job ~~T~~ training time is limited to 12 months unless extended by the insurer.

(b) The insurer must reimburse the training employer for a portion of the worker's wages.

(c) The on-the-job training contract between the training employer, the insurer, and the worker must include, but is not limited to:

- (A) The worker's name;
- (B) The employer's legal business name;
- (C) The employer's current workers' compensation insurance policy number;
- (D) The name of the individual providing the training;
- (E) The training plan start and end dates;
- (F) The job title and duties;
- (G) The skills to be taught;
- (H) The base wage and the terms of wage reimbursement;
- (I) An agreement that the employer will pay all taxes normally paid on the entire wage and will maintain workers' compensation insurance for the trainee; and
- (J) An acknowledgement that the training may not prepare the worker for jobs elsewhere, if the training prepares a worker for a job unique to the training site.

(d) The insurer must pay temporary disability compensation as provided in ORS 656.268.

(e) Unless there is ~~absent~~ a need to accommodate the worker's documented medical condition or class schedule, the worker's schedule must be the same as for a regular full-time employee.

(3) Occupational skills training.

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(a) Occupational skills Training is limited to 15~~12~~ months unless extended by the insurer.

(b) The training is primarily for the worker's benefit. The worker may~~does~~ not receive wages.

(c) Training does not establish any employer-employee relationship with the training employer. The training employer makes no guarantee of employing the worker when the training is completed.

(d) The training employer has a sufficient number of employees to accomplish its regular work and the training of the worker, and the worker does not displace an employee.

(e) Unless there is~~Absent~~ a need to accommodate the worker's documented medical condition or class schedule, the worker's schedule must be the same as for a regular full-time employee.

(4) Formal training.

(a) Formal Training time is limited to 18~~16~~ months unless extended by the insurer.

(b) Course load must be consistent with the worker's abilities, and limitations, and the length of time since the worker last attended school.

(c) Courses must relate to the vocational goal.

(5) Training before eligibility determined.

If the worker begins or completes training between the date of injury and the date of the eligibility determination, and then the insurer finds the worker eligible for vocational assistance and finds the worker's training suitable, the insurer must reimburse the worker for costs required by that training and verified by the insurer or the director, including temporary disability as required under ORS 656.268 and ~~ORS~~-656.340.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0448 Reevaluating a Training Plan [Renumbered to 120-0523]

~~(1) A training plan must be re-evaluated when:~~

~~(a) A change occurs in the worker's limitations that may render the training inappropriate.~~

~~(b) In an academic program:~~

~~(A) The worker fails to maintain at least a 2.00 grade point average for two grading periods, or~~

~~(B) The worker fails to complete the minimum credit hours required under the training plan.~~

~~(2) In an academic program, the vocational counselor must notify the insurer, and the insurer must give the worker a written warning of the possible end of training, at the first indication that the worker may:~~

~~(a) Fail to maintain a 2.00 grade point average for two consecutive grading periods, or~~

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~~(b) Fail to complete the minimum credit hours in the training plan curriculum.~~

~~(3) In a non-academic program, the vocational counselor must notify the insurer, and the insurer must give the worker a written warning of the possible end of training, at the first indication that the worker's performance in training is unsatisfactory and may not result in employment in that field.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered from OAR 436-120-0447, 10-3-2012 as WCD Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0449 Ending and Reevaluating a Training Plan [\[Repeal\]](#)

~~(1) Training ends and must be re-evaluated when:~~

~~(a) In an academic program:~~

~~(A) The worker fails, after written warning, to maintain at least a 2.00 grade point average for two consecutive grading periods, or~~

~~(B) The worker fails, after written warning, to complete the minimum credit hours in the training plan curriculum for two consecutive grading periods.~~

~~(b) In a non-academic program, the worker's performance in training is unsatisfactory and further training is not likely to result in employment in that field. The insurer must give the worker a written warning prior to ending the worker's training under this rule.~~

~~(2) A training plan re-evaluation may include a conference with the division, under OAR 436-120-0500(2).~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered from OAR 436-120-0447, 10-3-2012 as WCD Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0451 Ending a Training Plan [\[Renumbered to 120-0527\]](#)

~~Training ends when:~~

~~(1) The worker has successfully completed training;~~

~~(2) The worker's eligibility has ended under OAR 436-120-0165; or~~

~~(3) The worker is not enrolled and actively engaged in the training; however, none of the reasons for ending training described in OAR 436-120-0443(11) will cause the worker's training status to end.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered from OAR 436-120-0447, 10-3-2012 as WCD Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0455 Optional Services [\[Renumbered to 120-0187\]](#)

~~(1) Optional services are services provided to an ineligible worker or services provided to an eligible worker in excess of those described in these rules. Such services are at the discretion of an insurer.~~

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(2) ~~The insurer must not use optional services to circumvent the intent of these rules.~~

Statutory authority: ORS 656.340, 656.704, 656.726

Statutes implemented: ORS 656

Hist: Amended 11/1/07 as WCD Admin. Order 07-067, eff. 12/1/07

See also the Index to Rule History: http://www.cbs.state.or.us/wcd/policy/rules/436_history.pdf.

436-120-0500 Training ~~Return to Work~~ Plans: Development and Implementation

(1) Collaborative effort.

A training ~~return to work~~ plan should be a collaborative effort between the ~~vocational~~ counselor and the ~~injured~~ worker, and should include all the rights and responsibilities of the worker, the insurer, and the ~~vocational~~ counselor.

(2) Review of the plan.

Before ~~Prior to~~ submitting the plan to the insurer, the ~~vocational~~ counselor must review the plan and plan support with the worker. ~~Certain information may be excluded, as allowed by OAR 436-010. The injured worker must~~ have be given the opportunity to review the plan with the worker's attorney, if any, representative ~~before~~ before prior to signing it. The ~~vocational~~ assistance provider counselor must confirm the worker's understanding of and agreement with the plan by obtaining the worker's signature.

(3) Copies of plan.

The counselor must submit copies of the plan, signed by the ~~vocational~~ counselor and the worker, to all parties.

(4) Plan approval or disapproval.

Within 14 days of receipt of the signed training plan, the insurer must approve or disapprove the plan and notify the parties.

(a) If the insurer does not have enough ~~lacks sufficient~~ information to approve or disapprove the training plan, ~~make a decision,~~ the insurer must advise the parties what information is needed and when the insurer ~~it~~ expects to make a decision.

(b) ~~2~~ If the insurer ~~does not approve~~ the training ~~a return to work~~ plan, the insurer must issue a NOTICE OF DISAPPROVAL OF TRAINING PLAN, which must explain why the plan is disapproved.

(5) Conference.

If the insurer does not approve a training plan within 90 days of determining the worker is entitled to a training plan, ~~or within 45 days of determining the worker is entitled to a direct employment plan,~~ the insurer must contact the division within five days to schedule a conference.

(a) The purpose of the conference will be to identify and remove all obstacles to ~~return to work~~ plan completion and approval.

(b) The insurer, the worker, the counselor ~~plan developer~~, and any other parties involved in the ~~return to work~~ process must attend the conference.

(c) The conference may be postponed for a period of time agreeable to the parties.

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(d) The insurer or the worker may request a conference ~~with the division~~ if other delays in the vocational rehabilitation process occur.

(6) Job offer during plan development.

If, during development of a ~~training~~ return-to-work plan, an employer offers the worker a job, the insurer must perform a job analysis, obtain approval from the attending physician, verify the suitability of the wage, and confirm the offer is for a bona fide, suitable job ~~as defined in OAR 436-120-0005~~. If the job is suitable, the insurer must help the worker return to work with the employer. The insurer must provide return-to-work follow-up during the first 60 days after the worker returns to work. If return to work with the employer is not ~~un~~feasible or, during the 60-day follow-up the job proves unsuitable, the insurer must immediately resume development of the return-to-work plan.

(7) Plan amendments.

(a) If the vocational goal ~~or category of assistance~~ is later changed, the insurer must amend the training plan. All amendments to the plan must be initialed by the insurer, ~~vocational assistance provider~~ counselor, and the worker.

(b) If the insurer amends a proposed plan, the insurer must indicate what the changes are and why they are necessary.

(8) Reporting to the director.

The training plan and any amendments must be submitted to the division using Form 1081, "Return-to-Work Plan; Training."

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340(9)

Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0510 Training ~~Return-to-Work~~ Plan Support

(1) Considerations in training plan.

The worker and ~~vocational~~ counselor must work together to develop an appropriate training ~~return to work~~ plan that ~~includes consideration of the~~ worker's following:

- (a) ~~The worker's t~~ Transferable skills;
- (b) ~~The worker's p~~ Physical and mental capacities and limitations;
- (c) ~~The worker's v~~ Vocational interests;
- (d) ~~The worker's e~~ Educational background and academic skill level;
- (e) ~~The worker's p~~ Pre-injury wage; and
- (f) ~~The worker's p~~ Place of residence and that labor market.

(2) Training plan documentation.

Training ~~Return-to-work~~ plan supporting documentation must contain, but is not limited to, the following:

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- (a) Specific vocational goal(s) and projected return-to-work wage(s);
- (b) A description of the worker's current medical condition, relating the worker's permanent limitations to the vocational goals;
- (c) A description of the worker's education and work history, including job durations, wages, Standard Occupational Classification (SOC) codes or other standardized job titles and codes, and specific job duties. The SOC codes can be found on the Oregon Employment Department OLMIS website [at www.qualityinfo.org](http://www.qualityinfo.org);
- (d) [An explanation of why direct employment services will not return the worker to suitable employment](#) ~~If a direct employment plan, a description of the worker's transferable skills that relate to the vocational goals and a discussion of why training will not bring the worker a wage significantly closer to 100 percent of the adjusted weekly wage at the time of injury.~~
- (e) ~~If a training plan, a discussion of why direct employment services will not return the worker to suitable employment.~~;
- (f) A summary of the results of any evaluations or testing. If the results do not support the goals, the [counselor](#) ~~vocational assistance provider~~ must explain why the goals are appropriate;
- (g) A summary of current labor market information that shows the labor market supports the vocational goals and documents that the worker has been informed of the condition of the labor market;
- (h) A labor market search as prescribed in 436-120-0410(47), if needed;
- (i) If the labor market information does not support the goals, the [counselor](#) ~~vocational assistance provider~~ must explain why the goals are appropriate. The worker and worker's representative, if any, must acknowledge in writing an awareness of the poor labor market conditions and a willingness to proceed with the plan in spite of these conditions. ~~In the case of a training plan, t~~ [This](#) acknowledgment must include an understanding the insurer will provide no additional training should the worker be unable to find suitable employment because of the labor market;
- (j) A job analysis prepared by the [counselor](#) ~~vocational assistance provider~~, signed by the worker and by the attending physician or a qualified facility designated by the attending physician, and based on a visit to a worksite comparable to what the worker could expect after completing training. If the attending physician is unable or unwilling to address the job analysis and does not designate a facility as described above, the insurer may submit the job analysis to a qualified facility of its choice. The insurer must submit the resulting information to the attending physician for concurrence. If the attending physician has not responded within 30 days of the date of request for concurrence, the plan may proceed;
- (k) A signed on-the-job training contract, if applicable;
- (l) A description of the curriculum, which must be term-by-term if the curriculum is for formal training;

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(l) Information about the payment of temporary disability compensation while the worker is in training. If the training plan is for a longer period of time than temporary disability benefits may be paid, the plan must notify the worker that temporary disability benefits may end before training ends; and

(m) If material related ~~pertinent~~ to a ~~return-to-work~~ plan is contained in a previous eligibility, the insurer may attach a copy of the evaluation to the plan.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0520 ~~Return-to-Work Plan: Responsibilities of the Eligible Worker and the Vocational Assistance~~ Counselor

Provider

(1) Worker responsibilities.

The worker is responsible for all of the following:

(a) Actively participate in all aspects of the plan;

(b) Maintain regular contact with the counselor throughout plan development and as required in the plan;

(c) Notify the counselor if problems develop and continue to attend training during attempts to resolve the issue;

(d) Inform the counselor immediately if anything threatens to interfere with successful completion of the program;

(e) Notify the counselor by the close of the next working day if the worker stops attending training for any reason;

(f) Maintain a 2.0 grade point average each grading period in formal training;

(g) Complete the courses outlined in the curriculum by the plan end date;

(h) Consult with the counselor before adding or dropping courses;

(i) Provide a written training report to the counselor by the fifth day of each month;

(j) Give the counselor a copy of each grade or progress report within 10 days of receipt; and

(k) Meet all responsibilities agreed to in the plan. ~~must participate and maintain contact with the vocational counselor throughout plan development and as required in the plan, and must inform the vocational counselor of anything which might affect the worker's participation in or successful completion of the plan. If the worker stops attending training for any reason, the worker must notify the vocational counselor by the close of the next working day.~~

(2) ~~Vocational e~~Counselors are responsibilities. ~~le for the following:~~

The counselor is responsible for all of the following in a training plan:

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- (a) During plan development, ~~the vocational counselor must provide resource materials about jobs, training programs (if appropriate), labor markets and other related pertinent information to help the worker select a vocational goal; direct information gathering; and otherwise help the worker analyze and evaluate options;~~
- (b) ~~The vocational counselor must help the worker plan the curriculum and help~~ Help the worker plan the curriculum and enroll. ~~The vocational assistance provider~~ counselor must contact the worker, trainers, and training facility counselors to the extent necessary to assure the worker's participation and progress;
- (c) Contact the worker on a regular basis;
- (d) Monitor and evaluate the plan at least monthly;
- (e) Contact the worker's trainers and training site counselors, as necessary to ensure the worker's participation and progress meet the requirements of the rules and are satisfactory to achieve the return-to-work objectives;
- (f) Report potential problems in the program to the insurer immediately including additional needs of the worker;
- (g) Advise the insurer within one business day of learning of any circumstance indicating a probable or actual interruption in the worker's entitlement to temporary disability benefits;
- (h) Provide job-search skills and job development as necessary; and
- (i) Meet any responsibilities agreed to in the plan.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 11/1/07 as WCD Admin. Order 07-067, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0523 Re-evaluating a Training Plan [Renumbered from 120-0448]

(1) Reasons to re-evaluate a plan.

The insurer must re-evaluate a training plan and modify or replace the plan when appropriate to ensure the worker's success, when:

- (a) A change occurs in the worker's limitations that may make the training inappropriate; or
- (b) In an academic program:
- (A) There is an indication the worker may not maintain at least a 2.0 grade point average for two grading periods; or
- (B) There is an indication the worker may not complete the minimum credit hours required under the training plan.

(2) Academic program.

In an academic program:

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(a) The counselor must notify the insurer, and the insurer may give the worker a written warning of the possible end of training, when the worker:

(A) Fails to maintain a 2.0 grade point average for two consecutive grading periods;
or

(B) Fails to complete the minimum credit hours in the training plan curriculum.

(b) If the insurer is going to end training for a reason listed in subsection (a), the worker must be given a written warning before training is ended.

(3) Non-academic program.

In a non-academic program, the counselor must notify the insurer, and the insurer may give the worker a written warning of the possible end of training, at the first indication that the worker's performance in training is unsatisfactory and may not result in employment in that field.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended and renumbered from OAR 436-120-0447, 10-3-2012 as WCD Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0527 Ending a Training Plan [Renumbered from 120-0451]

(1) Reasons to end training.

Training ends when:

(a) The worker has successfully completed training;

(b) The worker's eligibility for vocational assistance has ended under OAR 436-120-0165;

(c) The worker is not actively engaged in the training;

(d) The worker fails, after written warning, to maintain at least a 2.0 grade point average for two consecutive grading periods;

(e) The worker fails, after written warning, to complete the minimum credit hours in the training plan curriculum for two consecutive grading periods;

(f) In a non-academic program, the worker's performance in training is unsatisfactory and further training is not likely to result in employment in that field; or

(g) The training plan was not going to be successful due to reasons beyond the worker's control.

(2) Notice of end of training.

When training ends, the insurer must mail a NOTICE OF END OF TRAINING to the worker. The notice must:

(a) Include the date the training plan ended. The effective date is the worker's last date of attendance; and

(b) State whether the worker is entitled to more training.

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Statutory authority: [ORS 656.340\(9\), 656.726\(4\)](#)

Statutes implemented: [ORS 656.340](#)

Hist: Amended and renumbered from OAR 436-120-0447, 10-3-2012 as WCD Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0530 Director Review of Return-to-Work Plan Review

The director may review return-to-work plans and supporting information. If the director finds a return-to-work plan or its supporting information does not conform to these rules:

- (1) The director ~~will~~must notify the insurer and ~~vocational assistance~~ provider in writing of the preliminary finding of nonconformance. The notification ~~will~~must inform the insurer of changes or information required to bring the plan into conformance.
- (2) The insurer must, within 30 days of notification, make appropriate changes, supply additional information requested by the ~~director~~division, or explain why no change(s) should be made.
- (3) If the insurer does not respond timely or is unable to bring the plan into conformance, the director will return the plan to the parties with notification that the plan does not conform to OAR 436-120 and may order the insurer to develop a plan that conforms to the rules.

Statutory authority: [ORS 656.340\(9\), 656.726\(4\)](#)

Statutes implemented: [ORS 656.340](#)

Hist: Amended 11/1/07 as WCD Admin. Order 07-067, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0700 Direct Worker Purchases

(1) Purchases, generally.

(a) The insurer must provide the direct worker purchase categories listed in OAR 436-120-0710 as necessary for ~~the~~an eligible worker's participation in vocational assistance and to meet the requirements of a suitable job.

(b) ~~The~~A worker is no longer eligible for these purchases once eligibility ends unless the purchases are necessary to complete a plan.

(c) Direct worker purchases include partial purchase, lease, rental, and payment.

(2) Exclusions.

Direct worker purchases ~~do~~will not include:

(a) ~~p~~Purchases of real property;

(b) ~~p~~Payment of fines or other penalties; or

(c) ~~p~~Payment of additional driver's license costs, increased insurance costs, or any other costs attributable to problems with the worker's driving record.

(3) Alternative purchases.

In making its decision regarding a direct worker purchase, the insurer may choose the least expensive, adequate alternative. If the worker wants a direct worker purchase ~~that~~which is more expensive than that authorized by the insurer, the worker may select that alternative, and ~~the worker shall~~ pay the difference in cost.

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(4) Approval or denial.

Within 14 days of its receipt of a request for a direct worker purchase, the insurer must approve the purchase or notify the worker of its denial.

(5) Payment.

The insurer must pay for approved direct worker purchases in time to prevent delay in the provision of services, but in no event later than 30 days after the insurer receives the worker's request or proof of payment, whichever is later.

(6) Advancement of costs, worker reimbursement.

The worker may pay for mileage, child or senior care, or for purchases such as clothing, books, and supplies or the worker may request an advance of any of these costs based on documentation of need.

(a) The insurer must reimburse costs within ~~30~~²⁸ days of receiving ~~the~~ written request from the worker and any ~~required~~ supporting documentation.

(b) The insurer must return denied requests for reimbursement to the worker within ~~30~~²⁸ days of receiving the request ~~the insurer's receipt~~ with an explanation of the reason for nonpayment.

(7) Right and title to nonexpendable purchases.

The insurer must assign to the worker right and title to the nonexpendable direct worker purchases paid by the insurer, ~~as follows:~~

(a) The insurer must make such assignment no later than the 60th day of continuous employment unless the worker remains eligible and the suitability of the employment is in question.

(b) The insurer may repossess nonexpendable property if the worker no longer requires the property for training or employment.

(c) The insurer may require repayment of advancements or reimbursements if the worker misrepresented information material to the purchase decision or if the worker used the funds for something other than the approved purchase.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 11/1/07 as WCD Admin. Order 07-067, eff. 12/1/07

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0710 Direct Worker Purchases: Categories ~~Kinds~~

The insurer must provide the direct worker purchases ~~listed~~ described in this rule section if necessary for the worker to participate in vocational assistance or to meet the requirements of a suitable job. ~~s (1) through (12) of this rule without regard to the worker's pre- or post-injury income. The insurer may not require the worker to submit a financial statement in order to qualify for direct worker purchases listed in sections (1) through (12). In determining the necessity of direct worker purchases described in sections (13) through (18), the insurer must consider, among all factors, the worker's pre-injury net income as compared with the worker's~~

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~~post injury net income. Permanent partial disability award payments will not be considered as income. For the insurer to find the purchase necessary, the worker's pre injury net income, as adjusted by the cost of living matrix, must be greater than the worker's post injury net income, unless the worker can establish financial hardship. The insurer may require the worker to provide information about expenditures or family income when the worker claims a financial hardship.~~

(1) Tuition, fees, books, and supplies ~~for training or studies.~~

Payment [for tuition, fees, books, and supplies for training or studies](#) is limited to those items identified as mandatory by the instructional facility, trainer, or employer. The insurer must pay the cost in full, and ~~may~~ will not require the worker to apply for grants to pay for tuition, books, or other expenses associated with training.

(2) Wage reimbursement ~~for on-the-job training.~~

The amount [of wage reimbursement for on-the-job training](#) must be ~~agreed~~ stipulated ~~to~~ in a contract between the training employer and the insurer.

(3) Travel expenses.

[Travel expenses](#) for transportation, meals, and lodging ~~that are~~ required for participation in vocational assistance, [including but not limited to](#). ~~For the purposes of this section, "participation in vocational assistance" includes, but is not limited to job search, required meetings with the counselor, vocational assistance provider, and meetings with employers or at training sites as required by the plan or plan development. The conditions and rates for payment of travel expenses are as follows:~~

(a) ~~Transportation. Costs~~ will be paid at public transportation rates when public transportation is available; otherwise, mileage will be paid at the rate published in Bulletin 112. Costs incidental to mileage, such as parking fees, also will be paid. For workers receiving temporary total disability or equivalent income, private car mileage will be paid only for mileage in excess of the miles the worker traveled to and from work at the time of injury. Mileage payment in conjunction with moving expenses will be allowed only for one vehicle and for a single one-way trip. To receive reimbursement for private car mileage, the worker must provide the insurer with a copy of the driver's valid driver's license and proof of insurance coverage.

(b) ~~Meals and lodging, overnight travel.~~ For **overnight travel, meal and lodging expenses** will be reimbursed at the rate published in Bulletin 112.

(c) ~~Special travel costs.~~ Payment [for special travel costs](#) will be made in excess of the amounts specified in this section when special transportation or lodging is necessary because of the physical needs of the worker, or when the insurer finds prevailing costs in the travel area are substantially higher than average.

(4) Tools and equipment ~~for training or employment.~~

Payment [for tools and equipment for training or employment](#) is limited to items identified as mandatory for the training or initial employment, such as starter sets. Purchases ~~may~~ will not include what the trainer or employer ordinarily would provide to all employees or trainees in the training or employment, or what the worker [already owns](#) possesses.

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(5) Moving expenses.

Payment for moving expenses is limited to workers with employment or training outside reasonable commuting distance. In determining the necessity of paying moving expenses, the insurer may consider the availability of employment or training ~~that~~ which does not require moving, or ~~that~~ which requires less than the proposed moving distance. Payment is limited to moving household goods weighing not more than 10,000 pounds. If necessary, payment includes reasonable costs of meals and lodging for the worker's family and mileage under ~~pursuant to sub~~ section (3)(a) of this rule.

(6) Second residence allowance.

The purpose of the second residence allowance is to enable the worker to participate in training outside reasonable commuting distance. The allowance must equal the rental expense reasonably necessary, plus not more than \$200 a month toward all other expenses of the second residence, excluding refundable deposits. In order to qualify for second residence allowance, the worker must maintain a permanent residence.

(7) Primary residence allowance.

~~The~~ primary residence allowance applies ~~is applicable~~ when the worker must change residence for training or employment. Payment includes the first month's rent and the last month's rent only if required before ~~prior to~~ moving in.

(8) Medical examinations and psychological examinations.

Payment for medical examinations and psychological examinations must be for conditions not related to the compensable injury when necessary for determining the worker's ability to participate in vocational assistance.

(9) Physical or work capacities evaluations.

(10) Living expense allowance ~~during vocational evaluation.~~

Payment for living expenses is limited to workers involved in a vocational evaluation at least five hours daily for four or more consecutive days, and not receiving temporary disability payments. The worker will not be barred from receiving a living expense allowance if the worker is unable to participate five hours daily because of limitations caused by the injury. Payment must be based on the worker's temporary total disability rate if the worker's claim were reopened.

(11) Work adjustment, on-the-job evaluation, or situational assessment cost(s).

(12) Membership fees and occupational certifications, licenses, and related testing costs.

Payment for membership fees, occupational certifications and licenses, and related testing costs ~~under this category~~ is limited to \$500.

(13) Clothing.

Clothing purchases ~~required for participation in vocational assistance or for employment.~~ Allowable purchases may ~~do~~ not include items the trainer or employer would provide or the worker already possesses.

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(14) Child or disabled adult care services.

~~These~~ [Child or disabled adult care](#) services are payable when required to enable the worker to participate in vocational assistance at rates prescribed by the State of Oregon's Department of Human Services. For workers receiving temporary total disability compensation or equivalent income, these costs will be paid only when in excess of what the worker paid for such services at the time of injury, adjusted using the cost-of-living matrix [in Bulletin 124](#).

(15) Dental work, eyeglasses, hearing aids, and prosthetic devices.

[Payment for dental work, eyeglasses, hearing aids, and prosthetic devices is required even if](#) ~~These are~~ not related to the compensable injury [if they and will](#) enable the worker to obtain suitable employment or participate in training.

(16) ~~Union D~~ [Union D](#)ues and fees of a labor union.

Payment [for labor union dues and fees is](#) ~~will be~~ limited to initiation fees, or back dues and one month's current dues.

(17) Vehicle rental or lease.

[Payment for vehicle rental or lease is required when](#) ~~There is~~ no reasonable alternative enabling the worker to participate in vocational assistance or accept an available job. The worker must provide the insurer with proof of a valid driver's license and insurance coverage. Payment ~~under this category~~ is limited to \$1,000.

(18) ~~Any o~~ [Other direct worker purchases](#).

[Payment for other purchases](#) the insurer considers necessary for the worker's participation [in vocational assistance](#) ~~as described in the introductory paragraph of this rule. Payment under this category~~ is limited to \$1,000.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 10-3-2012 as Admin. Order 12-059, eff. 11-1-2012

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0720 ~~Fee Schedule and Conditions for Payment of Vocational Assistance Costs~~

(1) The director has established the ~~following~~ fee schedule [in section \(3\) of this rule](#) for professional costs and direct worker purchases. The schedule sets maximum spending limits per claim opening for each category; however, the insurer may spend more than the maximum limit ~~if the insurer determines the individual case so warrants~~. Spending limits ~~will~~ [are to](#) be adjusted annually, effective July 1. ~~The annual adjustment is based on the~~ conversion factor described in OAR 436-120-0005 and published with the cost-of-living matrix [in Bulletin 124](#).

(2) For workers [needing an extended training plan](#) ~~found to have an exceptional disability or exceptional loss of earning capacity under~~ as defined in OAR 436-120-0443, the fee schedule spending limits for the Training category and [Direct Employment/Training Combined](#) category listed below must be increased by 30 [percent](#)%.

(3) Amounts include professional costs, travel [and](#) ~~wait~~ [time](#), and other travel expenses:

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Categories of Vocational Assistance	Professional Spending Limits	Direct Worker Purchases Spending Limits
Eligibility determination without substantial handicap analysis	554.7%	Not applicable (NA)
Substantial handicap analysis	109.4%	NA
Direct Employment	736.4%	368.4%
Training	1840.4%	2429.3%
<u>Direct Employment</u> /Training Combined	2045.8%	NA
Dispute Resolution	61.3%	NA

NOTE: *Each limit is shown as a percentage of Oregon's state average weekly wage (SAWW), determined under ORS 656.211. Dollar amounts are published in Bulletin 124 and are adjusted annually, effective July 1, based on changes in the SAWW.

~~(4) Wage reimbursement for on-the-job training contracts are not covered by the fee schedule.~~

~~(5) Services and direct worker purchases provided after eligibility ends to complete a plan or employment is subject to the maximum amounts in effect at the time of closure.~~

~~(6) The insurer must pay, within 3060 days of receipt, the vocational assistance provider's billing for services provided under the insurer-vocational assistance-provider agreement. The insurer may must not deny payment on the grounds the worker was not eligible for the assistance if the vocational assistance-provider performed the services in good faith without knowledge of the ineligibility.~~

~~(7) An insurer entitled to claims cost reimbursement under OAR 436-110 for services provided under OAR 436-120 is subject to the following limitations:~~

~~(a) Optional services are not reimbursable.~~

~~(b) The insurer must obtain the director's approval in advance for any waiver of the provisions of OAR 436-120.~~

Statutory authority: ORS 656.340(9), 656.726(4)
 Statutes implemented: ORS 656.340, 656.258
 Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10
 See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0755 Reimbursement of Vocational Assistance Costs from the Workers' Benefit Fund

(1) Reimbursement.

The director will reimburse the insurer ~~or self-insured employer~~ for costs associated with providing vocational benefits when:

(a) The director issues an order overturning the insurer's ~~or self-insured employer's~~ denial of vocational benefits; and

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(b) The insurer's ~~or self-insured employer's~~ denial is later upheld by a final order.

(2) Required documentation.

To receive reimbursement from the Workers' Benefit Fund, the insurer ~~or self-insured employer~~ must provide the division with the following documentation, within one year from the date of the final order:

(a) ~~Injured w~~ Worker's name and Workers' Compensation Division's claim file number;

(b) Date and order number of the director's order appealed;

(c) Itemized listing with dates of service for all costs incurred after the date of the director's order that was reversed. All costs, in order to be reimbursed, must meet all conditions set forth in [these rules](#) ~~OAR 436-120~~, and reimbursement requests must:

(A) Use terms, "direct employment" or "training" to show the category of vocational assistance provided;

(B) List ~~vocational~~ provider costs by category of "professional services";

(C) List direct worker purchases by the categories in OAR 436-120-0710, [and](#) ~~to~~ include purchase dates and costs;

(D) Show temporary total disability paid between the start and end dates of the return to work plan; and

(E) List any other costs incurred in providing vocational benefits as a result of the order that was appealed.

(d) Signed ~~certified~~ statement [certifying](#) that the requested reimbursement amount was actually paid; and

(e) The insurer's ~~or self-insured employer's~~ name and address where reimbursement is to be sent.

~~(3) The director may require additional information to clarify and process a reimbursement request.~~

(34) Administrative costs not reimbursable.

No reimbursement is allowed for the insurer's administrative costs.

Statutory authority: 656.726(4)

Statutes implemented: Oregon Laws 2005, chapter 588, sections 4 & 5; ORS 656.313, 656.605

Hist: Filed 12/5/05 as WCD Admin. Order 05-080 eff. 01/01/06

[See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf](http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf)

436-120-0800 Registration of ~~Vocational Assistance~~ Providers

(1) A ~~vocational assistance~~ provider may not provide vocational assistance services unless they [provider is](#) first registered by the director under this rule.

(2) A ~~vocational assistance~~ provider must submit an application, [Form 2814, "Vocational Assistance Certification Program Registration of Vocational Assistance Provider,"](#) to the [division](#) that includes: a description of the specific vocational services to be provided and verification of staff certifications under these rules.;

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(3) The director may approve or deny registration based on the completed application and the department's registration and counselor certification records.

(a) The registration will specify the scope of authorized vocational services as determined by the vocational assistance provider's staff certifications.

(b) Vocational assistance providers whose registration is denied under this rule may appeal as described in OAR 436-120-0008.

(4) A registered vocational assistance provider must:

(a) Notify the division within 30 days of any changes in office address, telephone number, contact person, or staff; and

(b) Maintain ~~the worker's~~ vocational assistance files for four years after the end of vocational assistance with that vocational assistance provider, ~~or in a pre-1986 case, for five years after the end of vocational assistance with that provider.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 12-1-2009 as WCD Admin. Order 09-061, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0810 Certification and Classification of Provider Vocational Assistance Staff of Individuals

(1) Certification, generally.

(a) Individuals determining workers' eligibility and providing vocational assistance must be certified by the director and on the staff of a registered vocational assistance provider, insurer, or self-insured employer.

(b) An applicant for certification must submit [Form 1880, "Vocational Assistance Certification Program Individual Certification Under OAR 436-120,"](#) to the division ~~an~~ application, as prescribed by the director, demonstrating the qualifications for the specific classification of certification as described in OAR 436-120-0830.

(c) All degrees required for certification must be from an accredited institution and copies of transcripts must be submitted with the application.

~~(2) Department certification is not required to perform work evaluations, but the work evaluator must be certified by the professional organizations described in OAR 436-120-0410(2).~~

~~(3) The director may approve or disapprove an application for certification based on the individual's application.~~

(d) [If the director approves the application,](#) Certification will be granted for five years. A vocational counselor who is nationally certified as described in ~~OAR 436-120-0830(1)(a)~~ [subparagraph \(3\)\(a\)\(B\)\(i\)](#) will be granted an initial certification period to coincide with their [counselor's](#) national certification.

(e) Certified individuals must notify the division within 30 days of any changes in address or and telephone number.

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(fe) An individuals whose certification is denied under this rule may appeal as described in OAR 436-120-0008.

(2) Classification of provider staff.

Certified individuals will be classified as follows:

- (a) Vocational assistance counselor;
- (b) Vocational assistance intern; or
- (c) Return-to-work specialist.

(3) Certification requirements.

The requirements for certification as a counselor, intern, or specialist are as follows:

(a) Vocational assistance counselor.

(A) Certification as a counselor allows the individual to determine eligibility for vocational assistance and provide vocational assistance services.

(B) Counselor certification requires:

(i) Certification by one of the following national certifying organizations:

(I) The Commission on Rehabilitation Counselor Certification (CRCC);

(II) The Commission for Case Managers Certification (CCMC); or

(III) The Certification of Disability Management Specialists Commission (CDMSC);

(ii) A master's degree in vocational rehabilitation counseling and at least six months of direct experience;

(iii) A master's degree in psychology, counseling, or a field related to vocational rehabilitation, and 12 months of direct experience; or

(iv) A bachelor's or higher degree and 24 months of direct experience. Thirty-six months of direct experience may substitute for a bachelor's degree.

(C) To meet the direct experience requirements for a counselor, the individual must:

(i) Perform return-to-work plan development and implementation for the required number of months; or

(ii) Perform three or more of the qualifying job functions listed in sub-subparagraphs (I) through (X) for the required number of months, with at least six months of the experience in one or more of the functions listed in sub-subparagraphs (I) through (IV). The qualifying job functions are:

(I) Return-to-work plan development and implementation;

(II) Employment counseling;

(III) Job development;

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(IV) Early return-to-work assistance that includes working directly with workers and their employers;

(V) Vocational testing;

(VI) Job search skills instruction;

(VII) Job analysis;

(VIII) Transferable skills assessment or employability evaluations;

(IX) Return-to-work plan review and approval; or

(X) Employee recruitment and selection for a wide variety of occupations.

(b) Vocational assistance intern.

(A) Certification as a vocational assistance intern allows the individual to determine eligibility for vocational assistance and provide vocational assistance services under the direct supervision of a counselor. A counselor must co-sign and assume responsibility for all of the intern's actions.

(B) Intern certification requires:

(i) A master's degree in psychology, counseling, or a field related to vocational rehabilitation; or

(ii) A bachelor's degree and at least six hours of training on the Oregon vocational assistance and re-employment assistance rules. Thirty-six months of direct experience may substitute for a bachelor's degree.

(C) To meet the direct experience requirements for an intern, the individual must:

(i) Perform return-to-work plan development and implementation for the required number of months; or

(ii) Perform three or more of the qualifying job functions listed in subparagraph (3)(a)(C)(ii) of this rule for the required number of months.

(c) Return-to-work specialist.

(A) Certification as a return-to-work specialist allows the individual to provide job search skills instruction, job development, return-to-work follow-up, and labor market search, and to determine eligibility for vocational assistance except when the determination requires a judgment as to whether the worker has a substantial handicap to employment.

(B) Specialist certification requires 24 months of direct experience. Full-time (or the equivalent) additional college coursework in psychology, counseling, education, a field related to human services, or a field related to vocational rehabilitation may substitute for up to 18 months of direct experience, on a month-for-month basis.

(C) The direct experience requirements for a specialist are the same for an intern, as described in paragraph- (b)(C) of this section.

(d) To receive credit for the direct experience requirements, the individual must:

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(A) Perform one or more of the qualifying job functions listed in subparagraph (3)(a)(C)(ii) of this rule at least 50 percent of the work time for each month of direct experience credit. Qualifying job functions performed in a job that is less than full-time will be prorated. For purposes of this rule, full-time is 40 hours a week. An individual will not receive credit for any function performed less than 160 hours.

(B) Provide any documentation required by the director, including work samples. The director may also require verification by the individual's past or present employers.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 12-1-2009 as WCD Admin. Order 09-061, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0820 Renewal of Certification

(1) Required documentation.

A certified individual must renew ~~his or her~~^{their} certification every five years by submitting the following documentation to the ~~division~~^{director} no later than 30 days ~~before~~^{prior to} the end of their certification period:

- (a) Current certification by the Commission on Rehabilitation Counselor Certification (CRCC), ~~or~~ the Commission for Case Managers Certification (CCMC), ~~or~~ the Certification of Disability Management Specialists Commission (CDMSC) ~~and six hours of training on the Oregon vocational assistance and reemployment assistance rules;~~ or
- (b) Verification of a minimum of 60 hours of continuing education units under this rule within the five years ~~before~~^{prior to} renewal.

~~(A) At least eight hours must be for training in ethical practices in rehabilitation counseling.~~

~~(B) At least six hours of training must be on the Oregon vocational assistance and reemployment assistance rules. Individuals already certified on the effective date of these rules will have no less than one year to complete this requirement.~~

(2) Continuing education.

(a) The ~~director~~^{department} will accept continuing education units for:

(A) ~~†~~Training approved by the CRCC, CCMC, ~~or~~ the CDMSC;

(B) ~~e~~Courses in or related to psychology, sociology, counseling, ~~or~~ and vocational rehabilitation, if given by an accredited institution of higher learning;

(C) ~~†~~Training presented by the ~~division~~^{department} pertaining to OAR 436-120, 436-105, ~~or~~ and 436-110; ~~and~~

(D) Teaching a class or making a formal presentation to a group on a topic related to vocational rehabilitation; ~~and~~

(E) ~~a~~Any continuing education program certified by the ~~director~~^{department} for ~~vocational rehabilitation~~ providers. Sixty minutes of continuing education will count as one unit, except as noted in ~~subsection (b3)~~ of this ~~section~~^{rule}.

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~~(b3) In the case of college course work, the director department will grant credit only for grades of C or above and will multiply the number of credit hours by six to establish the number of continuing education units.~~

~~(4) Failure to meet the requirements of this section will cause an individual's certification to expire. Such an individual may reapply for certification upon completion of the required 60 hours of continuing education.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History:

http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf http://www.ebs.state.or.us/wcd/policy/rules/436_history.pdf.

436-120-0830 Classification of Vocational Assistance Staff [Repeal]

~~Individuals providing vocational assistance will be classified as follows:~~

~~(1) Vocational Rehabilitation Counselor certification allows the individual to determine eligibility and provide vocational assistance services. Vocational Rehabilitation Counselor certification requires:~~

~~(a) Certification by the following national certifying organizations: Commission on Rehabilitation Counselor Certification (CRCC), the Commission for Case Managers Certification (CCMC), or the Certification of Disability Management Specialists Commission (CDMSC);~~

~~(b) A master's degree in vocational rehabilitation counseling and at least six months of direct experience;~~

~~(c) A master's degree in psychology, counseling, or a field related to vocational rehabilitation, and 12 months of direct experience; or~~

~~(d) A bachelor's or higher degree and 24 months of direct experience. Thirty-six months of direct experience may substitute for a bachelor's degree.~~

~~(2) Vocational Rehabilitation Intern certification allows an individual who does not meet the requirements for certification as a Vocational Rehabilitation Counselor the opportunity to gain direct experience. Vocational Rehabilitation Intern certification requires a master's degree in psychology, counseling, or a field related to vocational rehabilitation; or a bachelor's degree and at least six hours of training on the Oregon vocational assistance and reemployment assistance rules. Thirty-six months of direct experience may substitute for a bachelor's degree. The Vocational Rehabilitation Intern certification is subject to the following conditions:~~

~~(a) The intern must be supervised by a certified Vocational Rehabilitation Counselor who must co-sign and assume responsibility for all the intern's eligibility determinations, return to work plans, vocational and billing reports.~~

~~(b) When the intern has met the experience requirements, the intern may apply for certification as a Vocational Rehabilitation Counselor.~~

~~(3) Return to Work Specialist certification allows the person to provide job search skills instruction, job development, return to work follow-up, labor market search, and to determine~~

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eligibility for vocational assistance, except where such determination requires a judgment as to whether the worker has a substantial handicap to employment. This certification requires 24 months of direct experience. Full-time (or the equivalent) additional college coursework in psychology, counseling, education, a human services related field, or a field related to vocational rehabilitation may substitute for up to 18 months of direct experience, on a month-for-month basis. To conduct only labor market research or job development does not require certification when conducted under the supervision of a certified vocational rehabilitation counselor.

~~(4) To meet the direct experience requirements for Vocational Rehabilitation Counselor, the individual must:~~

~~(a) Perform return to work plan development and implementation for the required number of months; or~~

~~(b) Perform three or more of the qualifying job functions listed in paragraphs (A) through (J) of this subsection for the required number of months, with at least six months of the experience in one or more of functions listed in paragraphs (A) through (D) of this subsection. The qualifying job functions are:~~

~~(A) Return to work plan development and implementation;~~

~~(B) Employment counseling;~~

~~(C) Job development;~~

~~(D) Early return to work assistance which must include working directly with workers and their employers;~~

~~(E) Vocational testing;~~

~~(F) Job search skills instruction;~~

~~(G) Job analysis;~~

~~(H) Transferable skills assessment or employability evaluations;~~

~~(I) Return to work plan review and approval; or~~

(J) Employee recruitment and selection for a wide variety of occupations.

~~(5) To meet the direct experience requirements for Vocational Rehabilitation Intern or Return to Work Specialist, the individual must:~~

~~(a) Perform return to work plan development and implementation for the required number of months; or~~

~~(b) Perform three or more of the qualifying job functions listed in paragraphs (4)(b)(A) through (J) of this rule for the required number of months.~~

~~(6) To receive credit for direct experience, the individual must:~~

~~(a) Perform one or more of the qualifying job functions listed in paragraphs (4)(b)(A) through (J) of this rule at least 50 percent of the work time for each month of direct experience credit. Qualifying job functions performed in a job that is less than full time will be prorated. For~~

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~~purposes of this rule, full time will be 40 hours a week. An individual will not receive credit for any function performed less than 160 hours.~~

~~(b) Provide any documentation required by the director, including work samples. The director may also require verification by the individual's past or present employers.~~

~~(7) All degrees must be from accredited institutions and documented by a copy of the transcript(s) with the application for certification.~~

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 9/15/10 as WCD Admin. Order 10-056, eff. 11/15/10

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0840 Professional Standards for Registered Vocational Assistance Providers and Counselors Certified Individuals

(1) ~~Registered vocational assistance p~~Providers and counselors ~~certified individuals~~ must:

(a) Determine eligibility and provide assistance in an objective manner not subject to any conditions other than those prescribed in these rules;

(b) Fully inform the worker of the categories and kinds of vocational assistance under OAR 436-120 and re_employment assistance under OAR 436-110;

(c) Document all case activities in legible file notes or reports;

(d) Provide only vocationally relevant information about workers in written and oral reports;

(e) Recommend workers only for suitable employment;

(f) Fully inform the worker of the purpose and results of all testing and evaluations; and

(g) Comply with generally accepted standards of conduct in the vocational rehabilitation profession.

(2) ~~Registered vocational assistance p~~Providers and counselors ~~certified individuals~~ may ~~must~~ not:

(a) Provide evaluations or assistance if there is a conflict of interest or prejudice concerning the worker;

(b) Enter into any relationship with the worker to promote personal gain; or the gain of a person or organization in which the ~~vocational assistance provider or~~ counselor ~~certified individual~~ has an interest;

(c) Engage in, or tolerate, sexual harassment of a worker. "Sexual harassment" means deliberate or repeated comments, gestures, or physical contact of a sexual nature;

(d) Violate any applicable state or federal civil rights law;

(e) Commit fraud, misrepresent, or make a serious error or omission; in connection with an application for registration or certification;

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(f) Commit fraud, misrepresent, or make a serious error or omission in connection with a report or return-to-work plan, or the vocational assistance activities or responsibilities of a vocational assistance provider under OAR chapter 436;

(g) Engage in collusion to withhold information, or submit false or misleading information relevant to the determination of eligibility or provision of vocational assistance;

(h) Engage in collusion to violate these rules or other rules of the department, or any policies, guidelines, or procedures issued by the director;

(i) Fail to comply with an order ~~of~~ by the director to provide specific vocational assistance, except as provided in ORS 656.313; or

(j) Instruct any individual to make decisions or engage in behavior that is contrary to the requirements of these rules.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.313, 656.340

Hist: Amended 12-1-2009 as WCD Admin. Order 09-061, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

436-120-0900 Audits, Penalties, and Sanctions

(1) Insurers and employers at injury must fully participate in any department audit, periodic program review, investigation, or review, and provide records and other information as requested.

(2) If the director finds the insurer or employer at injury failed to comply with OAR 436-120, the director may impose one or more of the following sanctions:

(a) Reprimand by the director; ~~:-~~

(b) Recovery of reimbursements; ~~:-~~

(c) Denial of reimbursement requests; ~~:-~~ or

(d) ~~An insurer or employer may be assessed a~~ A civil penalty under ORS 656.745 ~~for any violation of statutes, rules, or orders of the director.~~

(3) In determining the amount of a civil penalty to be assessed the director may consider:

(a) The degree of harm inflicted on the worker;

(b) Whether there have been previous violations or warnings; and

(c) Other matters as justice may require.

~~(4) Under ORS 656.447, the director may suspend or revoke an insurer's authority to issue worker's compensation insurance policies upon determination that the insurer has failed to comply with these rules.~~

Statutory authority: ORS 656.340, 656.726(4)

Statutes implemented: ORS 656.340, 656.447, 656.745(1) and (2)

Hist: Amended 12-1-2009 as WCD Admin. Order 09-061, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.

**DEPARTMENT OF CONSUMER AND BUSINESS SERVICES
WORKERS' COMPENSATION DIVISION**

Proposed VOCATIONAL ASSISTANCE TO INJURED WORKERS

436-120-0915 Sanctions of ~~Registered Vocational Assistance Providers and Counselors~~ Certified Individuals

(1) ~~Vocational assistance p~~Providers and counselors~~certified individuals~~ must fully participate in any department audit, periodic program review, investigation, or review, and provide records and other information as requested.

(2) If the director finds any ~~registered vocational assistance provider or~~ counselor~~certified individual~~ failed to comply with OAR 436-120, the director may impose one or more of the following sanctions:

(a) Reprimand by the director~~;~~

(b) Probation, in which the department systematically monitors the ~~vocational assistance provider's~~ or counselor's~~individual's~~ compliance with OAR 436-120 for a specified length of time. Probation may include the requirement a counselor~~individual~~ receive supervision, or successfully complete specified training, personal counseling, or drug or alcohol treatment~~;~~

(c) Suspension, which is the termination of registration or certification to determine eligibility and provide vocational assistance to Oregon injured workers for a specified period of time. The ~~vocational assistance provider or~~ counselor~~individual~~ may reapply for registration or certification at the end of the suspension period. If granted, the ~~vocational assistance provider or~~ counselor~~individual~~ will be placed on probation as described in subsection (2)(b) of this rule~~;~~ or

(d) Revocation, which is a permanent termination of registration or certification to determine eligibility and provide vocational assistance to Oregon injured workers.

(3) The director will investigate violations of OAR 436-120 and may impose a sanction under these rules. Before issuing a suspension or revocation, the director will send a notice of the proposed action and provide the opportunity for a show-cause hearing. ~~The process is as follows:~~

(a) The director will send by certified mail a written notice of intended suspension or revocation and the grounds for such action. The notice must advise of the right to participate in a show-cause hearing.

(b) The ~~vocational assistance provider or~~ counselor~~individual~~ has 10 days from the date of receipt of the notification of proposed action in which to request a show-cause hearing.

(c) If the ~~vocational assistance provider or~~ counselor~~individual~~ does not request a show-cause hearing, the proposed suspension or revocation will become final.

(d) If the ~~vocational assistance provider or~~ counselor~~individual~~ requests a show-cause hearing, the director will send a notification of the date, time, and place of the hearing.

(e) After the show-cause hearing, the director will issue a final order that~~which~~ may be appealed as described in OAR 436-120-0008(3).

(4) For the purposes of section (3) of this rule, "show-cause hearing" means an informal meeting with the director in which the ~~vocational assistance provider or~~ counselor~~certified~~

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~~individual~~ will be provided an opportunity to be heard and present evidence regarding any proposed actions by the director to suspend or revoke a ~~vocational assistance provider or counselor~~ certified individual's authority to provide vocational assistance services to injured workers.

(5) The director may bar a ~~vocational assistance provider or counselor~~ individual who has received a suspension or revocation under this rule from sponsoring or teaching continuing education programs.

Statutory authority: ORS 656.340(9), 656.726(4)

Statutes implemented: ORS 656.340

Hist: Amended 12-1-2009 as WCD Admin. Order 09-061, eff. 1-1-2010

See also the Index to Rule History: http://wcd.oregon.gov/laws/Documents/Rule_history/436_history.pdf.