



WSI

North Dakota Workforce
Safety & Insurance

This Out-of-State Case Managers (OOS CM) Resource Module was developed as a partnership to provide OOS CMs with some resources and tools that can be used as you work to manage your caseload of WSI claims that you have been assigned.

Click Here To Enter

For more information, please go to www.workforcesafety.com.



Introduction



Action Plans



Billings/Payments



Capability
Assessment Form



Closure
Reports



Communication



Complex
Cases



Emailing/
Texting



Employer
Contacts



Extension of
Hours Request



Faxed
Communication



Functional
Capacity Eval



Independent
Medical Eval



OOS Reference
Packet



MCM Initial
Evaluation



Pharmacy
Process



Referral
Process



Transfer of Claims
Assignment



UR Approval
Process



Vocational
Rehabilitation

OOS-CM Resource

MODULE



INTRODUCTION

Workforce Safety & Insurance (WSI) welcomes you as we partner to provide Medical Case Management Services to injured workers who have been injured while working in the state of North Dakota.



Introduction

This resource module has been developed to provide out-of-state case managers (OOS CM) with some resources and tools that can be used as you work to manage your caseload of WSI claims that you have been assigned. It is intended to complement information that you already received from your specific medical case management business entity.

At WSI, our business is based on some basic principles that guide our organization. Our vision is to provide a safe, secure and healthy North Dakota workforce. Our purpose is to care for injured workers. Our business is to provide Worker's Compensation and Safety Services to the employers and employees of North Dakota and our core values are defined as being loyal, forthright and caring. We have strategic anchors that provide added stability to our organization; they are exceptional people, exceptional service and financial stability. Please embrace these principles as you work with our injured workers, employers, medical providers and staff.

Our organization functions under the auspices of the Governor of the state of North Dakota; as a state run agency with an 11 member board of directors and one agency director. We function under the North Dakota Worker's Compensation rules and regulations that are defined by the state legislature. Agency specific guidelines are then written in accordance with what is contained in the state rules and regulations. In most instances, our claims are reimbursed based on the North Dakota fee schedule available at www.workforcesafety.com.

Your role as an OOS CM is critically important in helping injured workers get to the point where they can return to work. Each claim you are assigned does have a Claims Adjuster who is "the owner" and oversees the benefit portion of the claim. WSI utilizes registered nurses for our Medical Case Management Program. A WSI case manager (CM) is assigned to each out-of-state claim to oversee the medical portion of the claim and to be a resource for you, if necessary. The expectation is once you are assigned to the claim you will manage the claim based on the standards set forth by the Commission for Case Management Certification and the WSI Return to Work Medical Case Management Guidelines. This resource module will provide you with information and will highlight areas that focus on our guidelines. The primary goal is to heighten our efficiency and effectiveness of medical case management services for all as we work to serve our injured workers.

For more information, please go to www.workforcesafety.com. This web site will provide you with a wealth of information relative to our processes, programs and forms you may encounter or need access to as you work your WSI claims.

We welcome you into this partnership and thank you for helping to provide medical case management services for our injured workers.

ACTION PLANS



Action Plans

- OOS CMs will complete the WSI 60 day action plan on all full out-of-state case management claims.
- The initial 60 day action plan is due 60 days (calculated using the date forecaster wheel) from the date of the Medical Case Management Initial Evaluation report.
- Action plans are expected to be submitted to WSI on a timely basis by the OOS CM in accordance with the WSI standards for action plans.
- Action plan dates are not to be adjusted by the OOS CM.
- Action plan reports should include the following information:
 - Action plan period: action plan period should not be altered based on early or late completion.
 - Status/ODG: are there any concerns with the documented ICD-9 code. Current surgical status, complicating factors and co-morbidities.
 - Current treatment recommendations/status: capture the treatment plan from the last medical appointment and indicate date of next appointment. Include status of OT/OT/IEP/work conditioning, FCE, speech, cognitive behavioral therapy, diagnostic testing-i.e.-rays, MRIs, CT Scans, etc.
 - Return to work status/physical capabilities: current level of release, availability of modified or transitional work, was transitional work offer written, is there progression of capabilities if the IW is working, need for workability if appropriate, no employer to return to, educational level, job analysis, ergonomic assessment and return to work date, if applicable.
 - Plan/recommendations: Outline the planning, coordination and outcomes expected within the next 60 days.
 - Recommendations are to be action oriented, define the plan, address identified problems and lead to measurable outcomes.
 - WSI does realize some of your employers require you to complete action plans every 30 days. In that case, WSI will combine your two 30 day action plans to encompass the 60 day timeframe period.

BILLING/PAYMENTS

- WSI reimburses providers on the North Dakota fee schedule which is located on the WSI website: www.workforcesafety.com.
- There may be specific instances where a fee schedule may be negotiated that is outside of the North Dakota fee schedule. This requires special permission and cannot be done without prior authorization from WSI.
- Requests for provider payment must be submitted to WSI electronically in accordance with our billing process as stated on www.workforcesafety.com or to the attention of the claims adjuster at WSI, 1600 East Century Ave, Suite 1, Bismarck, ND 58506-5585.
- Providers wishing to bill WSI for medical case management attendance at an appointment requires the use of the WSI specific code W0300 in their billing.
- Specific provider billing and payment questions can be answered by contacting our Customer Service Department at 1-800-777-5033.



Billings/Payments

CAPABILITY ASSESSMENT FORM (C-3 FORM)

- A C3 form is the physical Capability Assessment form that outlines the treating provider's physical capabilities to be followed until the next scheduled appointment occurs. This outlining of restrictions provides a detailed physical restriction limit to be followed at work and at home.
- The restrictions on the C3 should only be completed on the accepted body parts affected during the work related injury. Those left blank will be considered as unrestricted.
- The C3 should be completed by the physician or by the primary treating provider (MD, PA, and FNP) after the initial medical treatment and after all ongoing medical treatment.
- OOS CMs should have a clear understanding of the form, its' use, and have a copy available for the provider when attending every medical appointment.
- The form is not considered a substitute for chart notes.
- A copy of the C3 should be provided to the injured worker and employer. The original needs to be faxed immediately to WSI at 1-888-786-8695 or emailed to wsioosmcm@nd.gov following each medical appointment. Be sure to include the injured worker's name and claim number on each form.
- C3 forms can be printed from the website at www.workforcesafety.com under the medical providers section to be found in the forms/resources.



**Capability
Assessment Form**

[C-3 Form](#)

CLOSURE REPORTS

- When full OOS CM services are no longer required and the WSI CM is able to manage and coordinate the services, the WSI CM will instruct the OOS CM to close and submit their closure report.
- An email will be sent to the attention of the OOS CM informing them to close on the claim.
- The OOS CM is responsible for notifying the injured worker and the employer they are closing on the claim and advise the injured worker to contact their claims adjuster for any other questions or concerns regarding their claim.
- Closure reports are to be completed by the OOS CM within 14 days from date of closure and faxed to WSI at 1-888-786-8695 or emailed to wsioosmcm@nd.gov.
- There may be instances when the WSI CM will close on the claim and the WSI vocational case manager (VCM) will remain open to address the functional capacity evaluation (FCE), job goals and return to work. In these instances, communication needs to flow between the OOS CM and the VCM. The WSI VCM will advise the OOS CM when he/she is to close on the claim.
- In these instances WSI MCM will send an email to the OOS CM informing them that WSI MCM will close and OOS CM and vocational case manager will remain open.



**Closure
Reports**

COMMUNICATION



Communication

- Assignments are initiated from WSI via WSI Administrative Assistants.
- Primary communication should be with the WSI CM.
- OOS CMs are to contact or attempt to contact the IW within 2 working days of assignment.
- The WSI CM will respond to the OOS CM no later than the following work day. If the WSI CM is not available due to vacation or illness, or for urgent or emergent issues, please call WSI Customer Service at 1-800-777-5033 and ask to speak with a MCM Supervisor for further assistance.
- If necessary, or upon request, the WSI VCM and the claims adjuster names will be provided; however, the OOS CM's main line of communication is with the WSI CM.
- The following occurrences require prompt telephone contact to the WSI CM:
 - Injured worker return to work
 - Death
 - Cannot locate the injured worker
 - Non-compliance (i.e.: failure to attend appointments)
 - Approval for certain actions (i.e.: testing involving additional monies or authorizations or action not previously recommended)
 - Injured worker is incarcerated or under conviction/sentence
 - Information obtained is not consistent with the claim file.

COMPLEX CASES

Many cases assigned are complex in nature. Should you have issues or questions relating to the complexity of the claim, telephonic contact with the WSI CM is highly encouraged.



**Complex
Cases**

EMAILING AND TEXTING

- Emails are permissible between the WSI CM and the OOS CM.
- Any email sent must include in the subject line the first and last name of the injured worker (IW) and the claim file number.
- No documents or billings are to be attached to emails sent directly to WSI CM; all documents need to be faxed to 1-888-786-8695 or emailed directly to wsioosmcm@nd.gov with the IW's full name and claim number visible.
- When WSI CMs have a planned absence from the office, their email will respond with an out-of-office message noting when they will be returning to the office. For urgent concerns, contact the WSI Customer Service at 1-800-777-5033.
- All emails are part of the injured worker's record and there should be no personal communication included in the email messages.
- Texting is not encouraged. Texting is not billable.
- Any communication sent or received via text must be submitted via fax at 1- 888-786-8695 or emailed to wsioosmcm@nd.gov.



**Emailing/
Texting**

EMPLOYER CONTACTS

Employer contacts must be made within 2 working days after medical appointments. If there is a change in physical capabilities, communications will include:

- Whether or not the injured worker is working transitional duty in a modified or alternate capacity
- Whether or not the IW is working in a full time or part time capacity
- Whether or not the employer is able to provide transitional work? If yes, at what physical capacity?
- If the employer is able to provide transitional work, is the work offered verbally or in writing
- Does the employer have physical job descriptions for the pre-injury and transitional work positions
- After a medical appointment and when there has been a change in physical capabilities the OOS CM will complete the SFN 58887 (C97b) and fax the form to WSI @ 1-888-786-8695 or email to wsioosmcm@nd.gov. Information should be completed and employer contacts should be made within two (2) working days of the appointment.



**Employer
Contacts**

[C97b Form](#)

EXTENSION OF HOURS REQUEST

- At the time the claim is assigned OOS CMs are granted 90 hours of medical case management service time.
- All case managers need to be responsible for tracking the number of hours spent providing medical case management services to injured workers.
- When the OOS CM is close to using the initial 90 hours, a WSI MCM Request Form should be completed and submitted to WSI for approval.
- For subsequent requests following the initial 90 hours, request additional hours in no more than 45 hour increments.
- Upon completion of the form, the form must be faxed to WSI at 1-888-786-8695 or emailed to wsioosmcm@nd.gov
- Upon receipt and review of the request the WSI CM will e-mail a response with a caption of OOS MCM Extension Request indicating approval or denial of the request.
- Any questions regarding invoices or extension of hours should be addressed with the contract manager.



**Extension of
Hours Request**

**Medical
Case
Management
Extension
Request
Form**

FAXED COMMUNICATION

- WSI accepts faxes for multiple purposes
- Examples of information that is appropriate to be faxed include the following, but are not limited to:
 1. Capability Assessment Form (C3)
 2. Clinical documentation
 3. Workability
 4. Prescriptions for treatment
 5. Action plans
 6. WSI MCM Extension Request Form
 7. Clinical updates
 8. Job descriptions
 9. FCE reports
 10. MCM Initial Evaluations
 11. Return to Work Status Progress (C97b)
- Documents faxed to WSI must include the injured worker's name and claim number
- Fax your information to WSI at 1-888-786-8695 or email to wsioosmcm@nd.gov.



**Faxed
Communication**

FUNCTIONAL CAPACITY EVALUATION



Functional Capacity Eval

Functional Capacity Evaluation (FCE) is an objective, directly observed measurement / examination of an injured employee's physical capabilities. An FCE may be scheduled to expedite a return to work or assist a vocational case manager (VCM) in identifying job goals or retraining. Most often an FCE is scheduled once the injured worker's medical condition has stabilized or in other instances to obtain a baseline.

- A FCE, work conditioning, and/or work hardening programs all require a medical provider's order.
- Prepare for obtaining an order for an FCE by having physician respond to the following four (4) questions:

1. Would work conditioning/hardening program be recommended for Mr. _____ prior to participation in an FCE? Yes___ No___
2. What is the anticipated timeline that Mr. _____ may participate in a FCE to access his long term physical capabilities/work restrictions?
Date: ___/___/___
3. Are there any medical contraindications in regard to Mr. _____ participation in a FCE?
Yes___ No___
If yes, please explain with objective medical rationale.
4. May the occupational/physical therapist test Mr. _____ within the safe parameters of the FCE? Yes___ No___

[C59a Form](#)

[C59b Form](#)

- Work Conditioning/Work Hardening
 - Schedule with a provider that accepts the ND fee schedule. This provider would need to complete a C59b form and submit to our Utilization Review (UR) department (phone number on form) for number of sessions and time period.
- Functional Capacity Evaluation (FCE)
 - When OOS CM has orders to proceed with an FCE by a qualified/certified therapist, schedule the FCE at least two weeks in advance so a notice to attend can be sent by the WSI CM.
 - Information the WSI CM will need for the notice to attend: Name of OT/PT with credential, facility name, facility address, facility phone, date and time of appointment, job description.
 - WSI case manager communicates this info to the claims adjuster.
 - The FCE order, question responses and job description need to be shared with the assigned OT/PT.
 - Impairment ratings are completed by WSI
 - The therapist receives a letter of information
 - Schedule a follow up appointment with the treating provider for review of the FCE results. Please allow at least two weeks for results to be transcribed.
 - Obtain a valid copy of the FCE results from OT/PT and provide a copy to treating provider and fax to WSI 1-888-786-8695.
 - Either the VCM or WSI case manager will work with the OOS CM on what information is needed at the follow up appointment with the treating MD.
 - On the web: www.workforcesafety.com

INDEPENDENT MEDICAL EVALUATION (IME)

- OOS CM should not attend an IME appointment.
- WSI has the authority to require an IME for reasons that include:
 - establish or clarify a diagnosis
 - establish medical information on relatedness of a medical condition
 - to determine whether treatment is necessary if the injured worker appears to be making no progress in recuperation
 - to determine whether and to what extent a preexisting medical condition is aggravated by an occupational injury.
- WSI schedules the IME. The injured worker must be provided at least a 14 day notice to attend.
- The WSI CM may assist with the identification of the provider that would be best for the IME; the WSI CM can be called upon to assist in the development of questions used in the letter to the IME provider.
- Upon IME completion, the claims adjuster will send a letter and a copy of the IME report to the treating physician.
- WSI does not utilize IME's for determining permanent partial impairment (PPI) ratings.



**Independent
Medical Eval**

INFORMATION PACKET/ OOS CM REFERRAL PACKET

The WSI Administrative Assistant provides the contracted agency or contracted OOS CM with the out-of-state reference packet. OOS CM needs to become familiar with the contents of this information at the onset of claim assignment. Call the WSI CM for clarification as needed.



**OOS Reference
Packet**

This packet will include the following:

- Copy of Agent Status Memo with WSI
- Out-of-State Medical Case Management Standards: RTW Services Guideline 202
- MCM Initial Evaluation Form
- Independent Exercise Program (C59a), Work Hardening or Work Conditioning Program (C59b) request form
- Medical records, to include job description, First Report of Injury (FROI), all operative reports, office visit notes, and radiology studies from the last three months.
- Utilization review forms are located on the WSI website www.workforcesafety.com. Go to the Medical Provider tab, and refer to Forms and Resource.

MCM INITIAL EVALUATION

- Upon referral, if a Medical Case Management Initial Evaluation (MCMIE) has not already been completed, the OOS CM should complete the MCMIE with the injured worker within 30 days of assignment and fax to WSI at 1-888-786-8695 or email to wsioosmcm@nd.gov.
- The MCMIE can be completed telephonically or in person.
- The MCMIE is to be completed using the WSI MCMIE form.
- The MCMIE is to be completed in a typed format.
- All categories, boxes and blank spaces on the MCMIE form are to be completed. Any “yes” response requires further explanation.
- The injured worker will be sent a copy of the MCMIE. Should the injured worker identify any necessary changes, the WSI CM will contact the OOS CM to request the OOS CM to amend and refax the document.
- The WSI Administrative Assistant will send a copy of the final report to the injured worker.



**MCM Initial
Evaluation**

PHARMACY PROCESS



Pharmacy
Process

- Effective 8/1/2015 WSI has contracted with Envolve Pharmacy Solutions to provide a pharmacy benefit program to injured workers.
- The Envolve Pharmacy Solutions program approves medications based on those listed in the WSI formulary that do not require prior authorization.
- In order to dispense medications to North Dakota WSI injured workers, pharmacies must execute a Envolve Pharmacy Solutions agreement and credentialing application before the pharmacy is able to process scripts for reimbursement.
- Injured workers are sent a Envolve Pharmacy Solutions pharmacy ID card upon receipt of an open and active claim through eligibility. This card must be presented in order for the injured worker to fill their prescriptions. If the injured worker does not have their card the member's social security number is our primary system ID number.
- Replacement cards will be issued upon request by contacting Envolve Pharmacy Solutions (see below).
- Envolve Pharmacy Solutions BIN Number: 008019
Rx Group Number: 8001
ID Number: SSN or WSI Claim #
- Certain retail pharmacies such as Wal-Mart and other independent pharmacies have not contracted with Envolve Pharmacy Solutions.
- To locate a pharmacy near the injured worker's visit the Envolve Pharmacy Solutions pharmacy locator online: Pharmacy.envolvehealth.com/members and click on "Locate a Pharmacy.". In the Group # field enter 8001. This will provide you with access to pharmacies in proximity to where the injured worker lives that have contracted with Envolve Pharmacy Solutions.
- Medications above \$2,500 are blocked automatically and require prior authorization by the Pharmacy Department.
- WSI will not allow the use of long acting opioid medications for the treatment of acute pain within 90 days of the work injury.
- For additional reference material, questions, concerns or to request a replacement card contact the Envolve Pharmacy Solutions Help Desk: 844-895-0395
Contracting: Fax: 866-912-6293. Email: pharmacycontracts@envolvehealth.com
Phone: 559-244-3717 or 800-460-8988 and ask to be transferred to Pharmacy Networks Dept.
- WSI does have a pharmacist and a pharmacy technician on staff within our organization. For additional medication/pharmacy related questions contact our Customer Service Department @ 1-800-777-5033 and ask to be connected with the pharmacist or pharmacy tech.

For additional information go to www.workforcesafety.com/medical-providers/pharmacy

REFERRAL PROCESS

- When the WSI CM determines if out of state case management services are necessary. A request for services is completed on the Out-of-State Case Manager Request/ Appointment Attendance Sheet (R7). The WSI Administrative Assistant works with the organization's current contractors to assign the referral in the designated area.
- WSI Administrative Assistant will send out the information packet, medical records (last 3 months of pertinent medical information), job description and First Report of Injury (FROI) injury) with the completed R7 to the contractor.
- Medical records are forwarded by the WSI Administrative Assistant to the OOS-CM electronically from their company.
- The OOS CM is expected to familiarize themselves with the information packet, the injured worker's referral and medical documents prior to contacting the WSI CM.
- The OOS CM should contact the WSI CM and injured worker telephonically within two (2) working days of the referral being assigned.
- Catastrophic claims may require immediate intervention.
- When contacting the injured worker, three (3) attempts should be made by the OOS CM by phone. If the OOS CM has not received a response by phone within 72 hours, a letter should be sent by the OOS CM to the injured worker. If there is no response to the letter within 5-7 days, the OOS CM is to notify to the WSI CM for further direction on the claim.



**Referral
Process**

TRANSFER OF CLAIMS ASSIGNMENT

When an OOS CM is assigned to a medical claim and is unable to continue to manage the claim, the WSI CM requires immediate notification by phone or email prior to the transfer occurring with the following information:

- Specify the last date that the OOS CM is able to provide services.
- Notify the injured worker of the OOS CM change.
- Specify the name of the OOS CM assuming the claim and provide their contact information.
- The OOS CM ending an assignment is responsible for providing an updated medical report to the newly assigned OOS CM for continuity of care.
- When a claim is transferred to a new OOS CM approved MCM services hours remaining continue.
- All reporting timeframes should remain unchanged.



**Transfer of Claims
Assignment**

UR APPROVAL PROCESS



UR Approval Process

The Utilization Review (UR) Department is responsible for determining the medical necessity for services based upon an injured workers clinical condition. Our staff utilizes evidence-based clinical guidelines from national and state authorities to guide the utilization management involving prior authorization, concurrent review and retrospective review.

- On our website we have a UR Review Guide. This is located at www.workforcesafety.com. The guide includes a list of services requiring prior authorization.
- The UR-C is a combination form. Section A = (always needs to be completely filled out). Below section A, the provider only needs to complete the section for the specific type of services requested along with supporting documentation (generally this includes medical dictation/documentation). Upon completion, fax the form to WSI Utilization Review 1-866-356-6433.
- Only the medical provider who prescribes the medical treatment, equipment or supplies can complete the UR-C. This is not to be completed by the OOS CM.
- WSI has three (3) business days to complete the review and respond to the provider indicating approval or denial of the request.
- OOS CM is advised to carry a blank copy of the UR-C form to medical appointments to avoid a delay in requesting approval for medical services.
- WSI Utilization Review staff is available to assist you and answer any questions you may have 1-888-777-5871.

[Quick Tips for Physical and Occupational Therapists](#)

INTRODUCTION

Workforce Safety & Insurance (WSI) welcomes you as we partner to provide case management services to workers who have been injured while working in the state of North Dakota (ND).

This Vocational Rehabilitation resource has been developed to provide the out-of-state case manager (OOS CM) with information and tools that will assist you in gaining a better understanding of the vocational rehabilitation process and services offered to injured workers by WSI.

The Vocational Rehabilitation Program is part of the Return to Work Services Department at WSI. Vocational case manager (VCM) have specialized education and training to assist our injured workers in returning to work or to identify return-to-work options. WSI VCMs are assigned to in-state and out-of-state claims. In order for vocational rehabilitation services to be assigned, a request is generated by the claims adjuster. The VCM will contact the claims adjuster, injured worker, WSI medical case manager (MCM), employer and attorney (if one has been retained by the injured worker) within 2 working days of receipt of assignment. Please note there may be instances when the WSI MCM will close on the claim and the OOS CM will remain open. In these instances, the VCM will communicate directly with the OOS CM as necessary to move the claim forward.

For any additional vocational related questions you may have, please contact the assigned VCM.



**Vocational
Rehabilitation**

INITIAL REHABILITATION CONSULTATION

Once a vocational case manager (VCM) is assigned and initial contacts have been made, the Initial Rehabilitation Consultation (IRC) meeting is scheduled.

The VCM will schedule the IRC and meet with the injured worker face-to-face or telephonically, depending on their location.

The VCM will obtain information regarding:

- Injury and the mechanism of it
- Current release
- Employment history (including licenses/certificates)
- Military experience
- Transferable skills
- Education
- Psychosocial
- Other income sources
- Criminal history
- Reliable transportation/valid driver's license

Injured workers are asked to complete various assessments, either prior to or at the IRC meeting. These assessments include the Computer Skills Assessment Checklist; Job Readiness Skills Questionnaire; Skills-Personal, Transferable, and Job Related form; and the Career Assessment Inventory (CAI). The results of these assessments are used to determine an injured worker's computer skills, job readiness preparation, transferable skills, and interests. Injured workers are told they may be referred for vocational testing, which may include academic testing and computer proficiency testing.

The injured worker is provided with a copy of the North Dakota statute regarding vocational rehabilitation services. The initial report is completed within 30 days from the date of assignment. Action plans outline tasks to be completed in the next 60 days. The injured worker will receive a copy of the report.



**Vocational
Rehabilitation**

VOCATIONAL PROCESS



**Vocational
Rehabilitation**

Following completion of the Initial Rehabilitation Consultation (IRC), the vocational case manager (VCM) will proceed with the vocational process.

- Determines if an injured worker might benefit from academic skill upgrading, obtaining his/her GED, and whether or not computer skills upgrading might be useful.
- Injured workers should have, at minimum, a sedentary work release to participate in the vocational process.

To determine if academic skills upgrading is necessary, injured workers are referred for academic testing.

- Academic assessments such as the Test of Adult Basic Education (TABE) are usually taken at an Adult Learning Center (ALC) or Adult Basic Education (ABE) program.
- Injured workers whose second language is English, may be referred for Best Plus testing or Best Literacy testing.
- Based on these scores, injured workers may be referred for academic skill upgrading or English Language Learner (ELL) classes.
- Injured workers will participate until post-testing indicates their academic goals have been reached.
- Injured workers that have their high school diploma are referred for academic testing as they may become a retraining candidate as the vocational process continues.
- Not all injured workers are referred for academic testing as they may have a recent college degree and transcripts indicate academic skill upgrading is not necessary.

Injured workers that do not have their GED (or HiSet, in some states) are referred for academic testing and for attendance in GED preparation classes.

Injured workers who/whom complete academic skill upgrading may be referred for college placement testing as the vocational process continues. This testing is usually scheduled at a local community college.

To determine if computer skills upgrading is necessary, injured workers may be referred for computer proficiency testing.

- If injured workers self-report limited skills they may be referred directly for computer skill upgrading without proficiency testing.
- Injured workers may participate in computer skills upgrading on-line or by attending classes in person.

Although most injured workers will participate in some type of skill upgrading, not all injured workers will become retraining candidates

- An injured worker's eligibility for retraining depends on what vocational option is determined appropriate based on North Dakota statute. Even if an injured worker's treating physician recommends retraining they may not qualify.
- Retraining refers to participation in an education or technical program up to 104 weeks in length as determined appropriate based on an injured worker's work history, transferable skills, education, academic test scores, and physical capabilities.

VOCATIONAL PROCESS (cont.)

Other services that may be provided to injured workers during the vocational process:

- Resume review and preparation
- Ongoing discussion of an injured worker's vocational goals
- Identification of barriers
- Job seeking skills workshops
- Registration with their local employment agency

On some occasions the vocational planning process may close due to:

- Non-compliance
- Medical issues that prevent vocational impact
- Incarceration
- Fraud



**Vocational
Rehabilitation**

FUNCTIONAL CAPACITY EVALUATION



Vocational Rehabilitation

Out of state case managers (OOS CM's) do not attend functional capacity evaluations (FCE's).

VCM's may provide a letter to the OOS CM to bring to the FCE follow up appointment with the treating provider, which will likely include review of the FCE and job goals. The OOS CM will ask the treating provider to review and sign off on the FCE and job goals. The response should be sent to WSI via fax at 888-786-8695.

Pre-injury position versus pre-injury occupation?

- VCM's will determine if an injured worker can return to their pre-injury position, which is the job they were performing at the time of the injury.
- If an injured worker is not able to return to their pre-injury position, the pre-injury occupation will be assessed based on Dictionary of Occupational Titles (DOT) physical requirements. It is possible that although an injured worker is not able to return to their pre-injury position, they may be released to their pre-injury occupation.

How are job goals identified?

- Job goals are identified based on an injured worker's work history, educational background, transferable skills and physical capabilities. An injured worker's interests are discussed with them and will be considered if they are appropriate goals.

What if the injured worker is not interested in the job goals?

- Although an injured worker may not be interested in all of the job goals that are identified; part of a VCM's role is to determine if an injured worker is capable of returning to gainful employment. An injured worker is able to obtain any employment that is within their physical capabilities.
- If an injured worker has concerns with the identified job goals they should be directed to discuss their concerns with their VCM.

What happens when the WSI medical case manager (MCM) closes?

- The OOS CM will be notified via email by the WSI MCM when they are closing and the OOS CM will be provided with the VCM's contact information.
- For things such as extension of hours, closure, and direction/communication will come from the VCM.

[For additional information on Functional Capacity Evaluation](#)

VOCATIONAL CASE MANAGER'S REPORT



Vocational Rehabilitation

What is a Vocational Case Manager's Report (VCR)?

- The VCR outlines the means to case resolution. This report reflects the professional opinion of the vocational case manager (VCM) regarding the injured worker's employability. It takes into consideration the injured worker's current functional capabilities, educational and employment history, income test, and transferable skills.

How is a VCR option determined?

- VCM's follow North Dakota (ND) statute with regard to return to work options. The first appropriate option among the following, calculated to return the injured worker to substantial gainful employment must be chosen for the injured worker:
 - a. Return to the same position.
 - b. Return to the same occupation, any employer.
 - c. Return to a modified position.
 - d. Return to a modified or alternative occupation, any employer.
 - e. Return to an occupation within the local job pool of the locale in which the claimant was living at the date of injury or of the employee's current address which is suited to the employee's education, experience, and marketable skills.
 - f. Return to an occupation in the statewide job pool which is suited to the employee's education, experience, and marketable skills.
 - g. Retraining of one hundred four weeks or less.
- If an injured worker has a question regarding their VCR or ND statute they should contact their VCM.

Can we guarantee the same wage as the pre-injury wage?

- An injured worker's wages are not guaranteed to be the same as their pre-injury wage. The VCM has to identify that an injured worker is able to return to gainful employment. An injured worker may qualify for an offset or partial benefits when there is a decrease in wages. The injured worker should address benefit related questions with their claims adjuster.

What if an injured worker returns to work?

- If an injured worker returns to work, contact your case manager immediately. You will receive further direction, as approval for the new position may be needed from the medical provider or a job description may be requested.

WSI WEBSITE

Workforce Safety & Insurance provides a website www.workforcesafety.com. Injured workers, employers, medical providers and OOS CMs will find the tools necessary to navigate to the desired information.



WSI Website

- Navigation icons are coded to direct the injured worker, employer and medical provider to related subject matter topics.
- For further assistance email ndwsi@nd.gov or call 1-800-777-5033.



**Forms &
Resources**