

Requirements to Become a Catastrophic Rehabilitation Supplier, Effective 7/1/01

The Board has implemented new requirements for individuals to become registered catastrophic rehabilitation suppliers, effective July 1, 2001. The changes were made for two reasons: first, to ensure a *standardized knowledge base of specific medical disabilities*, and two, to allow *equal opportunity for all registered rehabilitation suppliers* who wish to do so *to become registered catastrophic rehabilitation suppliers*.

Detailed requirements and forms and any subsequent minor changes are included in Chapter 7 of each edition of the Board's Procedure Manual, which suppliers are required to review each year. It is available to be downloaded from our web page at www.sbcw.georgia.gov. They are also available from the Board's Licensure and Quality Assurance Division (**phone number 404-656-3559**). However, highlights of the requirements are listed below.

The essence of the program is as follows:

An applicant must have been a Georgia registered rehabilitation supplier for at least two years before *beginning* to accrue training and experience toward eventual catastrophic registration. The required observation/experience does not have to be obtained in Workers' Compensation cases, but must be in specific catastrophic disabilities. The applicant must notify the Board's Managed Care & Rehabilitation Division in writing of his or her desire to begin work toward catastrophic registration, and will receive feedback throughout the process. (See Notice of Intent) This form may also be obtained by contacting the Division at (404) 656-0849. The remainder of the application packet will be forwarded upon receipt of the Notice of Intent. There is no time limit for completing the requirements.

REQUIREMENTS:

1. Experience/Observation (150 total hours required, 50 each in 3 different disability areas: 40 per Experience/Observation; 10 per Documentation submissions)

- . Experience/observation components must be **pre-approved** by the Catastrophic Certification Committee.
- . Experience/observation must be in at least *three of the five specific catastrophic disability areas: spinal cord injury, amputation, brain injury, burns, blindness*.
- . An *applicant may design each component of his or her own training/observation experiences at or with any facility, inpatient or outpatient program, or health care professional specializing in one of the disability areas noted above*. The applicant shall submit a proposal on the proper form for each required component to the Catastrophic Certification Committee, via the Board's Managed Care & Rehabilitation Division, before beginning the experience/observation. (See Proposal Form For Obs and Exp)

□ For each experience/observation component, the applicant **must arrange for an Onsite Supervisor**. The Onsite Supervisor shall work at the location where the experience/observation is being completed. The Onsite Supervisor will monitor and verify the document of the times, dates, and hours, which the applicant spent at the facility or program.

□ For each experience/observation component, the applicant **must also choose a Rehabilitation Mentor**. The Board will provide to each applicant a list of Rehabilitation Mentors. A Rehabilitation Mentor is a catastrophic rehabilitation supplier who has been registered as a catastrophic supplier for at least two years, and who has agreed to serve as a **telephonic consultant** to the catastrophic applicant. The applicant shall staff his/her experience with the Mentor at least weekly. Documentation of mentor contacts will be required. The applicant may have a different Mentor for each different disability.

□ For each of the required three experience/observation components, the applicant will be required to choose an individual with the disability being observed, and develop a **proposed rehabilitation plan (R2a) and initial rehabilitation report, written as though the individual were a Workers' Compensation injured employee**. No actual personal information will be included on this documentation. The applicant will submit the plan and other required documentation to the Catastrophic Certification Committee, via the Board's Managed Care & Rehabilitation Division. (See Doc of Experience) The **Committee will either approve the initial documentation or provide detailed feedback to the applicant, which will require revision** of the required documentation before giving final approval for each experience/observation component. Only one revision will be allowed per documentation submission.

Training (40 hours required):

In addition to the 150 hours of experience/observation as outlined above, each catastrophic registration applicant shall be required to complete **40 hours of training related to catastrophic disabilities**.

The 40-hour training program at the Roosevelt Warm Springs Institute for Rehabilitation (RWSIR) is pre-approved. The applicant should call Warm Springs directly at 706-655-5233 to make arrangements to attend. Documentation of a completed log will be required attached to the form documenting training. (See Documentation of Training)

All other training requires approval by the Catastrophic Certification Committee on the appropriate form. (See Proposal Form for Training) Topics must be relevant to catastrophic injury medical issues, and/or catastrophic rehabilitation and case management and may include any of the disability areas, accessible housing and workplace design, suitable transportation for individuals with catastrophic disabilities, etc. Applicants may attend up to 16 hours of training without pre-approval from the Committee, chancing that the **training attended will count toward catastrophic registration**. The remaining 24 hours of training **must** be pre-approved. Documentation of training will be required. (See Documentation of Training)

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
MANAGED CARE & REHABILITATION DIVISION
CATASTROPHIC CERTIFICATION COMMITTEE
270 PEACHTREE STREET, NW
ATLANTA, GA 30303-1299
(404) 656-0849**

NOTIFICATION OF INTENT TO APPLY FOR CATASTROPHIC DESIGNATION

Name: _____

Business Address: _____

Telephone: _____ **FAX:** _____

Email Address: _____

Home Address: _____

Georgia Rehabilitation Supplier Registration Number: _____

Are you currently and have you been a registered rehabilitation supplier with the Georgia State Board of Workers' Compensation consecutively for the last twenty-four months? _____

List all certifications you hold, including expiration dates:

By signing this application, I am verifying that I have read and will abide by the Standards of Practice/Code of Ethics of my specific certifications. I understand that it is my responsibility to meet requirements as outlined in the current O.C.G.A. 34-9-200.1, Rule 200.1 and Chapter 7 of the Procedure Manual, which I have read as part of this application. In addition, I realize that changes occur in the rules and the procedures each year and that it is my responsibility to be aware of these changes.

Signature of Applicant

Date

**Catastrophic Supplier Applicant's Proposal Form
Observation/Experience Component**

Applicant must submit a separate proposal for each of the three required disability experiences/observations. Proposals should be submitted prior to completing each component. This form must be legible and complete.

1. This is my **FIRST SECOND FINAL** experience/observation (*circle one*).

2. Applicant's Name: _____ Date Submitted: _____

3. Address: _____

4. Supplier#: _____ Fax#: _____ Telephone: _____

5. E-Mail Address: _____ Cell Phone: _____

6. Catastrophic Disability to be observed (spinal cord, amputation, brain injury, burns, or blindness): _____

7. Site Location or Health Care Professional to be Observed (list name, address, and telephone number): _____

8. On Site Supervisor's Name: _____ Title: _____

9. Catastrophic Rehabilitation Mentor: _____

10. Number of years Cat Mentor has been Catastrophic Supplier? _____

11. Cat Mentor's Supplier Number: _____ Telephone #: _____

12. Describe Proposed Experience:-

13. Applicant's Signature: _____ Date: _____

On Site Supervisor's Signature: _____ Date: _____

Catastrophic Mentor's Signature: _____ Date: _____

NOTE: PLEASE REFERENCE MENTOR, SUPERVISOR AND SELF BY NAME ONLY ONCE WHERE REQUESTED AT THE BEGINNING OF SUBMISSIONS AS THE REVIEW PROCESS IS ANONYMOUS AND NAMES MUST BE EDITED OUT EACH ADDITIONAL TIME THEY APPEAR.

Effective July 1, 2003, the Site Supervisor and the Catastrophic Mentor must be different persons.

Return Completed form to:
State Board of Workers' Compensation
Managed Care & Rehabilitation Division
Catastrophic Certification Committee
270 Peachtree Street
Atlanta, GA 30303-1299
Telephone: (404) 656-0849

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

**DOCUMENTATION OF COMPLETION OF OBSERVATION/EXPERIENCE
COMPONENT OF CATASTROPHIC TRAINING**

The required documentation may count for up to 10 of the required 50 hours for each specific disability submitted. If additional space is needed, please attach.

APPLICANT INFORMATION

Applicant Name: _____ **Supplier #** _____

Address: _____

City/State/Zip: _____

Telephone: _____ **Fax:** _____

DIRECTIONS FOR COMPLETION

Client Identification: Confidentiality must be maintained: submit only information that clarifies disability (do not use the individual's real name, Social Security number, address or phone number when submitting data requested).

Document information as though the client were an injured worker (as specified in Chapter 7 of the Procedure Manual, Georgia State Board of Workers' Compensation).

This documentation is of my (please circle): **FIRST** **SECOND** **FINAL**
observation/experience. It is of (please circle):
SPINAL CORD **AMPUTATION** **BRAIN INJURY** **BURNS** **VISION**

The following information must be submitted to document completion of the experience/observation. (All information noted below must be submitted for the experience/observation to count toward the applicant's catastrophic supplier registration application):

- Log documenting contacts with the Catastrophic Mentor including dates, topic(s) discussed, Mentor's signature and date signed.
- Log documenting contacts with on-site supervisors and professionals, listing dates/hours of involvement. Log must show specific activities/observations, and must be signed by the involved professionals.
- Submission of WC-R2A(a proposed rehabilitation plan) outlining services as though the observed person were an injured worker.
- Submission of an initial rehabilitation report, outlining information as though the observed person were an injured worker.

Page Two

The initial rehabilitation report shall include the following information:

1. Current Medical Status
2. Medical needs and recommendations based on opinions of treating professionals
3. Current and potential levels of independence (include housing, transportation, mobility, attendant care, community re-entry and recreation)
4. Safety issues and recommendations to implement appropriate safety measures
5. Social History including assessment of support systems and knowledge of appropriate resource referrals
6. Prognosis based on assessments of cognitive, behavioral, emotional and physical functioning
7. Educational background including any schooling or educational courses completed since injury
8. Employment history including average weekly wage @ time of injury
9. Current employment status including job analysis, modified work availability, work readiness and restrictions
10. Vocational/Avocational objectives including justification of recommendations
11. Other information pertinent to recommendations in WC-R2A:

CLIENT INFORMATION
THE FOLLOWING INFORMATION MUST BE COMPLETE AND LEGIBLE

Specify diagnosis and related impairment(s): _____

Date of Onset: _____ Current Age: _____ Sex: _____ Rural or Urban: _____

Site Location and Address: _____

On-Site Supervisor: _____ Title: _____

On-Site Supervisor's Signature: _____ Telephone: _____

Rehabilitation Mentor: _____ Supplier Number: _____

Rehabilitation Mentor's Signature: _____

(By signature, the mentor affirms he/she has reviewed the documentation)

Rehabilitation Mentor Telephone: _____

Signature of Applicant

Date

**CATASTROPHIC SUPPLIER APPLICANT'S
PROPOSAL FORM FOR TRAINING (**)**
*YOU WILL BE PROMPTLY NOTIFIED OF THE DECISION OF THE CATASTROPHIC CERTIFICATION
COMMITTEE*

Date Submitted: _____ Supplier Number: _____

Applicant's Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

Applicant's Signature: _____

TRAINING PROGRAM

Name of Proposed Training: _____

Location: _____

Address: _____

Telephone: _____

Description of Proposed Training: _____

Hours of Training Proposed: _____

Please include a brochure, if available.

**Send completed form to:
State Board of Workers' Compensation
Managed Care & Rehabilitation
Catastrophic Certification Committee
270 Peachtree Street
Atlanta, GA 30303-1299**

() All training must be pre-approved except the 40-hour courses offered by RWSIR.
6-03**

**Documentation of Training Attended
By Catastrophic Supplier Applicant**

Submit this form when you have completed at least 40 hours of training related to catastrophic injuries. **Do NOT use this form to document the required experience/observation components.** If you attended the Roosevelt Warm Springs Institute for Training Catastrophic Internship, attach your completed log, verifying your attendance. No other training is required.

Date Submitted: _____ Supplier Number: _____

Applicant's Name: _____

Address: _____

Telephone: _____ Fax: _____

E-Mail Address: _____

I Certify that I attended the following training on the dates specified. If the training was pre-approved by the Catastrophic Certification Committee, I have noted that in the applicable space:

Training which was pre-approved by the Catastrophic Certification Committee:

Title of Training	Date(s) Attended

Training which was NOT pre-approved by the Catastrophic Certification Committee:

Title of Training (With Description and Brochure, if Available)	Dates and Hours Attended:

Submit Completed Form to:
State Board of Workers' Compensation
Managed Care & Rehabilitation Division
Catastrophic Certification Committee
270 Peachtree St., NW
Atlanta, GA 30303-1299