Georgia State Board of Workers' Compensation

REHABILITATION & MANAGED CARE PROCEDURE MANUAL

This Procedure Manual is to be used as a reference tool in conjunction with and as an adjunct to Title 34, Chapter 9 of the Official Code of Georgia Annotated and the Rules and Regulations of the State Board of Workers' Compensation. The Procedure Manual is updated annually to reflect any changes in the workers' compensation law or rules. Copies of the Procedure Manual may be obtained on line at the Board's web site at www.sbwc.georgia.gov.

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PROCEDURE MANUAL

Table of Contents

REHABILITATION & MANAGED CARE

Introduction

This Chapter is to be used in conjunction with and as an adjunct to O.C.G.A. §34-9-200.1 and §34-9-208 and accompanying Board Rules 200.1 and 208. These laws and rules are subject to change on July 1 of every year. It is every rehabilitation supplier's, case manager's, and certified Managed Care Organization's responsibility to maintain knowledge of changing laws and rules regarding rehabilitation and certified MCOs. To order copies of the *Georgia Workers' Compensation Laws, Rules, and Regulations Annotated*, call Lexis Law Publishing at 1-800-542-0957 or contact them on the web at www.lexis.com. This Procedure Manual is also revised yearly. The most recent version is available at the Board's web site, www.sbwc.georgia.gov.

A. Rehabilitation and Case Management

Rehabilitation suppliers assess, plan, implement, coordinate, monitor and evaluate options and services to meet an injured employee's health care needs. They deliver and coordinate services under an individualized plan; provide counseling; vocational exploration; psychological and vocational assessment; evaluation of social, medical, vocational and psychiatric information; job analysis, modification, development and placement; in addition to other services through communication with the injured employee and others and available resources to promote quality cost-effective outcomes that lead to return to work. Rehabilitation suppliers shall provide these services independently in a manner consistent with their education and experience and refer to other professionals as appropriate. Rehabilitation suppliers shall serve as an advocate for the injured employee within the confines of the Workers' Compensation Act. Individuals performing any of these functions must be registered with the Managed Care and Rehabilitation Division of the State Board of Workers' Compensation as a rehabilitation supplier.

The goal of these services is to restore the injured employee to suitable employment. If this is not possible, then the injured employee should be restored to the highest possible level of physical functioning and to a level of independence similar to that possessed by the employee prior to his or her injury.

Only Board registered rehabilitation suppliers shall perform the activities outlined herein. However, direct employees of insurers, third party administrators and employers may perform a portion of these activities in the administration of their workers' compensation claims. Other rehabilitation suppliers not registered with the Board, or any person performing any of the activities described in Rule 200.1(a)(1)(i), (ii) who are not direct employees of insurers, third party administrators or employers, or any person who violates the provisions of Board Rule 200.1 shall be subject to civil penalties in accordance with O.C.G.A. §34-9-18. Complaints must be received in writing to the Division Director of Managed Care and Rehabilitation at the Board. An investigation of the complaint will be conducted to determine if a hearing should be scheduled.

O.C.G.A. §34-9-200.1 requires the employer/insurer to provide rehabilitation services that are reasonable and necessary to catastrophically injured employees. For cases with dates of injury on or after July 1, 1992, catastrophic injury is defined in O.C.G.A. §34-9-200.1(g) as follows:

1. Spinal cord injury involving severe paralysis of an arm, a leg, or the trunk;

2. Amputation of an arm, hand, foot, or leg involving the effective loss of use of that appendage;

3. Severe brain or closed head injury as evidenced by:
   a. Severe sensory or motor disturbances
   b. Severe communication disturbances
   c. Severe complex integrated disturbances of cerebral function
   d. Severe disturbances of consciousness
   e. Severe episodic neurological disorders;
   f. Other conditions at least as severe in nature as any condition provided in subparagraphs (a) through (e) preceding this paragraph

4. Second or third degree burns over 25 per cent of the body as a whole, or third degree burns to 5 per cent or more of the face or hands

5. Total or industrial blindness

6. (A) Any other injury of a nature and severity that prevents the employee from being able to perform his or her prior work and any work available in substantial numbers within the national economy for which such employee is otherwise qualified; provided, however, if the injury has not already been accepted as a catastrophic injury the employer and the authorized treating physician has released the employee to return to work with restrictions, there shall be a rebuttable presumption during a period not to exceed 130 weeks from the date of the injury, that the injury is not a catastrophic injury. During such period, in determining whether an injury is catastrophic, the Board shall give consideration to all relevant factors including, but not limited to, the number of hours for which an employee has been released. A decision granting or denying disability income benefits under Title II or supplemental security income benefits under Title XVI of the Social Security Act shall be admissible in evidence and the Board shall give the evidence the consideration and deference due under the circumstances regarding the issue of whether the injury is a catastrophic injury.

   (B) Once an employee who is designated as having a catastrophic injury under this subsection has reached the age of eligibility for retirement benefits as defined in 42 U.S.C. Section 416(l), as amended March 2, 2004, there shall arise a rebuttable presumption that the injury is no longer a catastrophic injury; provided, however, that this presumption shall not arise upon reaching early retirement age as defined in 42 U.S.C. Section 416(1), as amended March 2, 2004. When using this presumption, a determination that the injury is no longer catastrophic can only be made by the board after it has conducted an evidentiary hearing.

   Please see the Appendix, ***Information Required to Process Requests for Catastrophic Designation,*** at the end of this Chapter for the procedure to follow when filing a request for

catastrophic determination of a claim. All requests for catastrophic determination shall be submitted to the Division of Managed Care and Rehabilitation.

B. Appointment of a Board Registered Catastrophic Rehabilitation Supplier

1. In any catastrophic injury case, the employer/insurer shall designate a Board registered catastrophic rehabilitation supplier within 48 hours of accepting the injury as compensable, or notification of a final determination of compensability, by filing a Form WC-R1 (Request for Rehabilitation) with the Board. This may occur simultaneously with the filing of the Employer's First Report of Injury (Form WC-1) or within 20 days of notification that rehabilitation is required. If the employer/insurer does not file the Form WC-R1, or catastrophic designation is being requested by the employee or the employee's attorney, the employee shall file a Form WC-R1CATEE to request catastrophic designation and the appointment of a catastrophic supplier. The requesting party shall send copies of the Form WC-R1CATEE to all parties and the supplier and complete the certificate of service on the Form WC-R1CATEE. The requesting party shall also attach all documentation required for the review process to determine catastrophic designation. Please see the Appendix at the end of this Chapter, ***Information Needed to Process Requests for Catastrophic Designation,*** for a list of information needed by the Board to process requests for catastrophic designation. The employer/insurer are given 20 days to file an objection by filing an online Form MC-NFN-12 Rehab Objection, or any party may file a WC-14 Hearing Request within 20 days. If the employer/insurer does not appoint a designated catastrophic supplier timely, and the Board determines rehabilitation is necessary, the Board may appoint a catastrophic supplier and notify all parties and the involved supplier. Subsequent to either an employer's designating an employee's injury as catastrophic or a board determination as to the catastrophic or noncatastrophic nature of an employee's injury, either party may request a new determination, based on reasonable grounds, as to the catastrophic or noncatastrophic nature of the employee's injury.

2. For cases with dates of injury prior to July 1, 1992, unless excused by the Board, any case party shall file a Form WC-R1 with the Board at any time for the designation of a rehabilitation supplier. For all dates of injury, the Board recognizes the following as case parties: employee, employer, insurer, servicing agent or third party administrator if there is one on the case, counsel for employee, counsel for employer/insurer, Subsequent Injury Trust Fund if there is a reimbursement agreement or order, and counsel for the Subsequent Injury Trust Fund if counsel has been assigned. ***Rehabilitation suppliers and case managers are not considered to be case parties.*** The Forms WC-R1 and WC-R1CATEE are used to request initial appointment. The Form WC-R1 is also used to reopen rehabilitation. The request shall include pertinent medical information available concerning the injured employee, as well as a statement supporting the need for rehabilitation services. The requesting party shall complete and send copies of the Form WC-R1 or WC-R1CATEE to all parties and the supplier and complete the certificate of service on the Form WC-R1 or WC-R1CATEE. If the Board deems a rehabilitation supplier is needed and no party has requested appointment, the Board may appoint a supplier and will notify all parties and the involved supplier.

3. For claims with dates of injury prior to July 1, 1992, the injured employee may be eligible for rehabilitation services if, in the judgment of the Board, those services are likely to return the employee to suitable employment consistent with the employee's prior occupational level and/or will restore the employee to optimal physical functioning.

4. Reporting to the Board on rehabilitation cases is required only if the injury or case is designated as catastrophic or if the injury occurred prior to July 1, 1992. Reporting to the Board on voluntary rehabilitation/case management cases is allowed, but not required.

5. For suppliers who meet additional education and experience criteria, the Board may assign a catastrophic designation. Only rehabilitation suppliers who are registered with the Board as catastrophic rehabilitation suppliers shall be assigned as rehabilitation suppliers to the cases of injured employees whose injuries have been designated as catastrophic. If a supplier who does not hold the catastrophic designation is assigned to work with an injured employee, and then discovers that the employee's injuries are catastrophic in nature, it is the supplier's responsibility to notify the Board and all case parties of the situation and to close their file.

6. In the event rehabilitation services are being voluntarily provided by agreement of the parties, and the case is subsequently determined to be catastrophic secondary to the provisions of O.C.G.A §34-9-200.1(g) (6), the employer/insurer shall file a Form WC-R1 to designate a catastrophic supplier.

C. Rehabilitation Supplier Duties in Catastrophic Cases: Plans; Non-Catastrophic Medical Care Coordination of Pre-July 1, 1992 Cases; Non-Catastrophic Medical Care Coordination for Dates of Injury On or After July 1, l992 (Voluntary Cases)

1. Rehabilitation Supplier Duties

The Board registered rehabilitation supplier shall have sole responsibility for each individual case. The rehabilitation supplier shall complete, with the injured employee, the initial rehabilitation evaluation within 30 days of appointment to the case. The catastrophic rehabilitation supplier shall also complete, in person with the employee, an appropriate plan of services on Form WC-R2A within 90 days of appointment to the case. The case may be closed after the initial rehabilitation assessment, when appropriate.

Initial evaluation means a personal interview between the employee and approved catastrophic rehabilitation supplier. The rehabilitation supplier reviews the medical and other records to determine if the employee is in need of rehabilitation services and the feasibility of providing rehabilitation services. The written evaluation report shall provide the supplier's conclusion as to why the employee would or would not benefit from rehabilitation services, and provide an indication of what further services are needed.

A Board-registered rehabilitation supplier may obtain specific services from another qualified individual, facility, or agency for direct services outside the scope of expertise of the supplier upon Board approval of a plan that specifies such services.

The registered rehabilitation supplier shall complete, sign and file all rehabilitation reports with the Board as required by the rules, and send copies of those reports, as well as any available medical reports, simultaneously to all case parties, as soon as the supplier creates or receives such reports. All correspondence and reports should include the supplier's registration number and Board claim number. The employee's attorney may accept service of the employee's copy.

The written initial rehabilitation report shall include at least the following information, whether the report is written by a counselor or a nurse, and shall always be submitted along with the first Form WC-R2 (transmittal report) or Form WC-R2A (proposed rehabilitation plan) submitted to the Board, within 90 days of the supplier's appointment to the case:

a. Summary of current medical status, secondary conditions affecting recovery, treatment, prognosis and estimate of time frames, if possible;
b. Employer contact (specify name and title) regarding return to work possibilities, including same job, modified job, different job, graduated return to work, or termination;
c. Social history;
d. Educational background;
e. Employment history;
f. Average weekly wage at the time of injury;
g. Transportation availability;
h. Summary of positive and negative indicators for return to work; and
i. Statement of supplier's conclusion regarding the employee's need for rehabilitation services and the likelihood of whether the employee will benefit from further rehabilitation services.

2. Plan Submission; Objections; Approval

In all catastrophic injury cases, for as long as rehabilitation services are necessary, the registered rehabilitation supplier shall submit a proposed Individualized Rehabilitation Plan (Form WC-R2A) to the Board, copied to all parties. The initial proposed plan is due within 90 calendar days of the supplier’s appointment. The proposed plan shall include goals, justification for goals, objectives to achieve goals, dates for completion of objectives, delineation of responsibilities of the parties involved, and estimated rehabilitation costs of the supplier’s services to complete the plan. The objectives shall be stated in measurable terms and shall be related to the established goal. The proposed plan will include documentation of the participation of the employee in person in the development of the rehabilitation plan including comments, if any, regarding opposition to the plan, and will be signed by the employee or his/her attorney. If the employee or his/her attorney fails to, or refuses to, sign the plan within 20 days of submission, despite the rehabilitation supplier’s attempts to obtain same, the rehabilitation supplier shall file the plan with the Board with it marked “unsigned” across the top of the form. In addition, the rehabilitation supplier shall

write the date the plan was submitted to the employee and his/her attorney on the employee's signature line.

See Board Rule 200.1(b) (3) and (c) for procedures regarding approvals and objections.

Unless excused by the Board, for catastrophic injury cases, after the initial plan is approved, the supplier shall submit progress reports, with updated medical reports and supporting documentation, every 90 days under cover of a Form WC-R2. ***Catastrophic-injury cases are to be covered by a current plan at all times; a new proposed plan is due to the Board 30 days prior to the expiration of the preceding plan.*** Medical care coordination and independent living plans, (which are not allowed in non-catastrophic injury cases with dates of injury prior to July 1, 1992) as well as extended evaluation, return to work, training, and/or self employment plans may be written for catastrophically-injured employees. The first proposed rehabilitation plan is due to the Board within 90 days of the rehabilitation supplier's appointment.

See Board Rule 200.1(a) (5) for types and descriptions of plans.

Extended evaluation plans (written for no more than one year) are for the purpose of ascertaining if vocational rehabilitation is feasible, and if so, to identify specific job goals. Often labor market surveys, vocational evaluations, and functional capacity evaluations are services proposed in this type of plan.

All return to work situations, whether to the employer of injury or to a new employer, are to be covered by a return-to-work plan submitted by the assigned rehabilitation supplier. Such plans should clearly document the expectations and requirements of both the employee and the employer. The plan should be accompanied by a current release to return to work from the authorized treating physician(s) and an approved job description or analysis of the job to which the employee is returning. Return-to-work plans are written in the following order (the "return-to-work hierarchy"):

a. return to work with the same employer;
b. return to different job with same employer;
c. return to work with new employer;
d. short-term training;
e. long-term training;
f. self-employment.

In some catastrophic injury cases, parties may agree that training is the most efficient way to return an employee to work, and the employee may be able to begin training while recovering from his or her injury. In most cases, however, the feasibility of direct placement must be considered first, and then ruled out, before a training plan can be written. Likewise, short-term training must be considered before a plan for long-term training. The rehabilitation supplier shall document the reason a specific type of plan is proposed, and why another type of plan, earlier in the hierarchy, is not feasible. The return-to-work plan shall be in place for no longer than a one-year period.

All job search plans (written for no more than one year) should be accompanied by documentation of labor market surveys or other information which documents a reasonable possibility of suitable employment in the job objectives listed on the plan. The plan must be submitted along with a current release to return to work from the authorized treating physician(s). Employment goals should be reasonably consistent with the employee's prior vocational status, including average weekly wage, as well as within the employee's current physical abilities. All treating physicians must concur that the employee is released to return to work.

Training plans (written for no more than one year) should be submitted only when direct placement (placement with the employer of injury or with another employer) is not possible or feasible, unless all parties agree to training. If this is the case, it should be clearly documented on the proposed training plan. All training plans shall be submitted with complete documentation of the proposed training program, including its length and total cost, and should include a provision that the employee must maintain at least passing grades for the plan to continue. Training plans are in place for no more than one year.

Self-employment plans (written for no more than one year) are submitted only when direct placement and training plans are documented as not possible or feasible. The self-employment plan must further document that the proposed type of self-employment is likely to be successful. An extended evaluation may assist in determining success in self-employment.

Medical Care Coordination plans (written for no more than one year) are to be submitted only in cases of catastrophic injury. These plans must address the employee's comprehensive medical needs.

Independent Living plans (written for no more than one year) are to be submitted only in cases of catastrophic injury. These plans must address the employee's comprehensive rehabilitation needs, including suitable housing and transportation. If a plan incorporates any of these issues, it should be designated Independent Living, even if other aspects of services are incorporated as well.

The rehabilitation supplier shall always submit whatever type of rehabilitation plan the supplier believes, in his or her independent professional judgment, is most appropriate at the time, irrespective of any case party's opinion on the matter. Any party may object by filing an online Form MC-NFN-12 Rehab Objection once the plan is submitted to the Board, and the Board will issue a decision on the matter and/or hold a conference to discuss it.

3. Non-catastrophic Medical Care Coordination – Pre July 1, 1992

For cases with dates of injury prior to July 1, 1992, when a rehabilitation plan is not appropriate because the employee is not yet medically stable enough to proceed to vocational planning or services, the registered rehabilitation supplier shall submit a report of

proposed medical care coordination services for non-catastrophic cases by filing Form WC-R2 with the Board copied to all parties with a certificate of service within 90 days of appointment to the case. The report shall include the initial evaluation report, recent medical reports, and an outline of services that the rehabilitation supplier will provide to resolve existing and potential problems that interfere with the physical recovery.

In such cases, the registered rehabilitation supplier shall submit progress reports with Form WC-R2 if the status changes, at the request of the Board, or at least every 26 weeks, as long as the rehabilitation supplier is providing only medical care coordination services. The rehabilitation supplier shall prepare and submit a proposed plan of vocational rehabilitation services when the physician has recommended vocational rehabilitation activities; the injured worker is medically stable and ready to begin the return to work process; the physician has provided physical guidelines and/or a release to return to work; and there appears to be a reasonable chance vocational services will enable the injured worker to return to suitable employment.

4. Non-Catastrophic Medical Care Coordination – Voluntary Cases

For employees injured on or after July 1, 1992, whose injuries are not catastrophic in nature, rehabilitation services may be provided on a voluntary basis if all parties agree, for so long as such agreement continues. The rehabilitation supplier must obtain written permission from the employee or his/her attorney prior to the provision of any services. All suppliers providing rehabilitation services in such cases are required to register with the Managed Care & Rehabilitation Division of the Board. Refer to Board Rule 200.1(h), regarding documentation of agreement for voluntary rehabilitation and case management, withdrawal of agreement, and supplier responsibilities and services allowed after withdrawal of agreement.

Rehabilitation suppliers shall avoid initiating or continuing consulting or counseling relationships with an injured employee when the injured employee can no longer reasonably be expected to benefit from further services or is unwilling to accept further services. The rehabilitation supplier should complete an initial evaluation of the injured employee as soon as possible after the voluntary agreement has been completed. The rehabilitation supplier should propose and review an appropriate plan of services so that all parties will be aware of the services to be rendered. Except the reporting requirements to the Board, voluntary rehabilitation suppliers must adhere to O.C.G.A. § 34-9-200.1 and Rule 200.1.

Rehabilitation suppliers shall function within the limitations of their role, training, and technical competency. In the event the needs of the injured employee exceed the rehabilitation supplier's role or competence, the injured employee shall be referred to a specialist as the needs of the injured employee dictate.

A rehabilitation supplier may contract with an employer/insurer or attorney to review files, give recommendations regarding case management, safety and rehabilitation issues, and perform job analyses of employment positions. All recommendations and reviews must be submitted directly to the employer/insurer or its agent requesting rehabilitation services.

Rehabilitation suppliers retained for these purposes are considered to be consultants and shall not communicate, in person or in writing, with the injured employee, the employee's attorney, or the employee's authorized treating physician(s) without prior written consent of the injured employee. The supplier shall clearly define to all parties the limits of his or her relationship as a consultant and shall provide unbiased, objective opinions.

Rehabilitation suppliers registered with the Board and providing services in voluntary cases may contact the Board's Rehabilitation Coordinators for technical assistance at any time during their case work.

D. Communications in All Rehabilitation Cases

A rehabilitation supplier shall provide copies of all correspondences simultaneously to all parties and their attorneys. A rehabilitation supplier shall provide adequate information to all parties and providers regarding the medical treatment and condition of the injured employee. Rehabilitation suppliers recognize the employee's attorney as the employee's representative.

The rehabilitation supplier shall provide professional identification and shall explain his or her role to the physician at the initial contact with the physician. In all cases, the rehabilitation supplier shall advise the injured employee that he or she has the right to a private examination by the medical provider outside the presence of the rehabilitation supplier.

The rehabilitation supplier shall not obtain medical information regarding an injured employee in a private conference with the physician, unless the rehabilitation supplier has reserved with the physician sufficient appointment time for the conference and the injured employee and his or her attorney were given prior reasonable notice of their option to attend the conference. If the injured employee or the physician does not consent to a joint conference, or if in the physician's opinion it is medically contraindicated for the injured employee to participate in the conference, the rehabilitation supplier shall note this in his or her report and may in those specific instances communicate directly with the physician. The rehabilitation supplier shall report to all parties and the employee's attorney the substance of the communication between him or her and the physician. Exceptions to the notice requirement may be made in cases of medical necessity or with the consent of the injured employee or his or her attorney. The rehabilitation supplier shall simultaneously send copies to all parties of all written communications to medical care providers.

Please see Board Rule 200.1(a) (6) (i)-(viii) for a more detailed explanation of suppliers' responsibilities and communications.

E. Rehabilitation Case Closure

The registered rehabilitation supplier shall submit Form WC-R3, Request for Rehabilitation Closure, with certificate of service completed as indicated on the form, when:

1. The supplier believes that rehabilitation is no longer needed or feasible;
2. The employee has successfully returned to full-time work for at least 60 days and is no longer in need of the supplier's services;
3. A stipulated settlement which does not include further rehabilitation services has been approved; or
4. The Board has issued a decision closing rehabilitation.

In catastrophic-injury cases, rehabilitation may remain open after the employee has returned to work for 60 days, if the employee would benefit from further medical care coordination by the supplier. On all Form WC-R3s submitted for closure, the supplier is required to complete Section V and attach a closure report.

Regardless of any case party's opinion, the rehabilitation supplier is responsible for requesting closure of rehabilitation whenever his or her professional opinion is that rehabilitation is no longer needed or feasible. If the supplier is unsure if a case should be closed, he or she may write to the Board's Rehabilitation Coordinator and request an opinion on the issue. An objection to closure may be filed within 20 days of the certificate of service on the WC-R3 by filing an online Form MC-NFN-12 Rehab Objection. The Board's Rehabilitation Coordinator will issue an administrative decision on all requests.

Upon review of the file at any time, the Board may determine that closure is appropriate and may issue an administrative decision to close rehabilitation.

A case party may also file WC-R3 requesting the Board close rehabilitation with the certificate of service completed as indicated on the form. The closure request must include an attached statement with specific reasons for closure. Any case party may file a written objection to closure. As above, whether or not an objection is filed, the Board's Rehabilitation Coordinator will make a determination and issue an administrative decision.

F. Change of Registered Rehabilitation Supplier

On any mandatory rehabilitation case, changes in rehabilitation suppliers may be requested only by parties to the case and shall only be made by approval of the Board. The party shall file Form WC-R1 requesting a change in supplier to include the name and address of both suppliers and the specific reasons the change is requested. The requesting party shall send copies of the Form WC-R1 to all parties and both suppliers and complete the certificate of service on the Form WC-R1. WC-R1 forms which do not comply will be returned to the party making the request. Any case party may file a written objection to the request for change by filing an online Form MC-NFN-12 Rehab Objection. [**NOTE: by statute, objections to change requests must be filed within 15 days of the certificate of service on the WC-R1 request (not 20).]** If the Board determines that a rehabilitation supplier should be removed from a case and the Board determines that rehabilitation is still needed, the Board may direct a change of supplier and will notify all parties and involved rehabilitation suppliers of this decision. The replaced supplier shall file a completed Form WC-R3.

In the event of a request for a change of registered rehabilitation supplier, the Board designated rehabilitation supplier shall maintain responsibility for providing necessary rehabilitation services, unless excused by the Board, until all appeals have been exhausted.

G. Approval and Objections

For all properly filed Form WC-R1 initial requests for rehabilitation, absent written objections to the Board, copied to all parties and involved rehabilitation suppliers, within 20 days of the date of the certificate of service on the Form WC-R1, the request for rehabilitation assessment or services will automatically be approved and the Board's Rehabilitation Coordinator will issue an administrative decision.

Whether or not objections are received, the Board will evaluate and issue decisions on all Requests for Catastrophic Designation on a Form WC-R1CATEE.

A rehabilitation supplier is *not* officially designated as the catastrophic rehabilitation supplier on a claim until the Board's Rehabilitation Coordinator issues an Administrative Decision assigning the supplier to the claim.

On July 1, 2004, Rule 200.1(g) (3) was rewritten to allow the parties to bypass the Managed Care & Rehabilitation Division and take the issue of catastrophic designation directly to a hearing: In the alternative to filing an objection, after a WC-RICATEE is filed, within 20 days, either party may file a WC-14 request for hearing to have an Administrative Law Judge determine the catastrophic designation issue.

Refer to Board Rule 200.1(b) (3) and (c) for specific information regarding objections and the appeals process.

H. Employee Failure to Cooperate

An employer/insurer's application to suspend or reduce an employee's income benefits for failure to cooperate with mandatory rehabilitation shall be filed with the Board on Form WC-102D, outlining its contentions and requesting an order on that issue. The employer/insurer may suspend or reduce weekly benefits for refusal of the employee to accept rehabilitation as awarded by the Board only by order of the Board.

A case party may wish to request a rehabilitation conference prior to filing a motion to request suspension of income benefits.

I. Failure of a Party or Counsel to Cooperate

A party or attorney may be subject to civil penalty or to fee suspension or reduction for failure to cooperate with rehabilitation services. Failure to cooperate may include, but is not limited to, the following:

1. Interference with the services outlined in a Board-approved rehabilitation plan;
2. Failure to permit an interview between the employee and supplier within 10 days of a request by the supplier or other obstruction of the interview process without reasonable grounds;
3. Interference with any party's attempts to obtain updated medical information for purposes of rehabilitation planning;
4. Failure to return the proposed rehabilitation plan signed or file written objections to the plan within 20 days of receipt; or
5. Failure to attend a rehabilitation conference without good cause.

J. Board Conferences/ Supplier Role in Settlement Mediations

1. Board Conferences

An Administrative Law Judge or Rehabilitation Coordinator may schedule mediation or administrative rehabilitation conference to resolve problems interfering with the rehabilitation process as needed. In addition, a case party, or rehabilitation supplier, may file a completed Form WC-R5 Request for Rehabilitation Conference with certificate of service as indicated on the form, if it is felt that there is a need for a conference. The Board's Rehabilitation Coordinator, in his/her discretion, may schedule the administrative rehabilitation conference. The parties should make all efforts to resolve the problem before requesting a conference. The Rehabilitation Coordinator may try to resolve the problem in other ways before scheduling a conference. All parties and the supplier are required to attend, or be represented by someone with full authority, at Board conferences. Express permission may be sought *in advance* of the conference to be present by phone or absent from the conference. If required and a party fails to attend or to send a representative, then the conference may be held or canceled at the discretion of the Rehabilitation Coordinator. Rehabilitation conferences differ from mediation in that the Rehabilitation Coordinator may issue an administrative decision or recommendation memorandum after a conference, even if no agreement is reached. These documents are sent to all case parties and involved rehabilitation suppliers and become part of the Board file.

See Board Rule 200.1(e) (3) for responsibilities of rehabilitation suppliers and case parties to attend rehabilitation conferences, and possible penalties for failing to do so. Rehabilitation conferences can succeed only if all parties are either present or represented by individuals who have full authority to decide all disputed rehabilitation issues.

2. Rehabilitation Suppliers' Role in Settlement Mediations

When the Board approves a settlement agreement in a catastrophic injury claim, the rehabilitation needs of the injured worker must be considered. When the ADR Unit of the Board schedules a settlement mediation conference, all aspects of an injured worker's claim will be addressed. As the future rehabilitation needs of the injured worker are one of the issues that must be addressed, input from the rehabilitation supplier is often valuable. As such, the Board's preference is for the supplier to attend the settlement mediation if possible.

Usually, the mediator will excuse the supplier after the supplier gives his/her input. The supplier may give a number where the supplier can be reached if questions arise after the supplier's departure. The employer/insurer or self-insurer shall be responsible for paying reasonable costs for the supplier to attend settlement mediations on catastrophic injury cases.

However, the role of a rehabilitation supplier should be limited solely to the rehabilitation aspects of the case. When asked by the mediator, the rehabilitation supplier should give input on the employee's future medical and rehabilitation needs, including costs of future medications, projected surgeries, orthotics, prosthetics, training programs, attendant care, and other rehabilitation and medical expenses. A rehabilitation supplier should never become involved in negotiations regarding how much an injured worker's case should settle for, or whether or not the injured worker should settle. If the injured worker queries the supplier, the supplier should refer the worker to his or her attorney or to the Board if the worker is not represented.

K. Code of Ethics

Each rehabilitation supplier and case manager shall comply with the professional standards and code of ethics as set forth by his or her certification or licensure board. Rehabilitation suppliers shall not provide rehabilitation services until registered with the Board. Case managers operating under a certified managed care organization pursuant to O.C.G.A. §34-9-208 and Board Rule 208 are not subject to Board Rule 200.1 if the case manager is providing services for an employer with a posted WC-P3 W/C MCO panel (§34-9-201(b)(3)) unless the claim is designated catastrophic. Problems or questions concerning ethics should be addressed to the rehabilitation supplier's licensure board. Violations of Board Rule 200.1 or 208 shall be addressed to the Division Director of the Managed Care and Rehabilitation Division of the State Board of Workers' Compensation, unless the information is protected by law, through the complaint process.

L. Appropriate Services/Disputed Charges/Rehabilitation Peer Review

Rehabilitation suppliers shall provide appropriate services as needed to return the injured worker to suitable employment consistent with prior occupational levels or to restore the injured worker to optimal physical functioning. Rehabilitation expenses shall be limited to the usual, customary and reasonable charges prevailing in the State of Georgia. In non-catastrophic cases, the Georgia Rehabilitation Fee Schedule guide applies. In catastrophic cases, other than the hourly rate, the supplier's billing for services is *not* limited to this fee schedule. The charges shall be paid within 30 days from the date of receipt of the charges. When the payor disputes the charges, the payor shall file a request for peer review, within 30 days of receipt of the charges, with the rehabilitation peer review organization. Thereafter, the payor may request a mediation conference by filing a Form WC-14 with the Board. Peer review is outlined in the Rehabilitation Fee Schedule Foreword.

M. Rehabilitation Supplier, Case Manager Qualifications and Registration

Rehabilitation suppliers must be certified or licensed as one of the following: Certified Rehabilitation Counselor (CRC), Certified Disability Management Specialist (CDMS), Work Adjustment and Vocational Evaluation Specialist (WAVES), Certified Rehabilitation Registered Nurse (CRRN), Licensed Professional Counselor (LPC), Certified Case Manager (CCM), Certified Occupational Health Nurse (COHN or COHN-S). Case managers providing services pursuant to O.C.G.A. §34-9-208, 34-9-201(b) (3), and Board Rule 208 are exempt from this registration requirement, as they are approved through the certification process of the managed care organization. Any individual, who holds one of the certifications or licenses listed above, regardless of residence, may become registered as a Georgia Workers' Compensation rehabilitation supplier.

Only Board registered suppliers shall be designated as rehabilitation suppliers. Any rehabilitation counselor or nurse who is not registered with the Board as a rehabilitation supplier pursuant to Rule 200.1 will not be eligible to serve as the registered rehabilitation supplier for any Georgia Workers' Compensation rehabilitation case.

If an injured employee does not live in Georgia or a state adjoining Georgia, the assigned rehabilitation supplier or case manager may associate a counselor or nurse who lives near the employee to assist with rehabilitation. However, the Board registered assigned supplier in mandatory cases maintains sole responsibility for the case, all rehabilitation services, reporting to the Board on the case, and must perform personally the initial interview and plan development interviews. The assigned supplier may submit the associated counselor or nurse's reports along with his or her own reports and required forms.

N. Catastrophic Rehabilitation Supplier Qualifications; Procedure for Applying to Become a Catastrophic Rehabilitation Supplier

The State Board of Workers' Compensation encourages rehabilitation suppliers to complete the requirements to become registered as catastrophic rehabilitation suppliers. These requirements are intended to ensure that all registered catastrophic rehabilitation suppliers have a standard knowledge base, are familiar with the documents which control their provision of rehabilitation services to injured employees, and work according to their licensing and/or certifying bodies' Standards of Practice and Codes of Ethics.

Applying to become a registered catastrophic rehabilitation supplier is an ongoing, proactive process. Rehabilitation suppliers who wish to apply for catastrophic registration must notify the Board's Managed Care and Rehabilitation Division of their intent to do so, *before beginning to accrue the required training and experience*. After initial notification to the Board, the applicant will then submit proposals to and receive feedback from the Catastrophic Certification Committee, on an ongoing basis. This committee consists of a group of peers (registered catastrophic rehabilitation suppliers). The Committee reviews all catastrophic supplier applications and application components to ensure that all applicants' experience and education

are of the highest quality and relevant to providing effective rehabilitation services for catastrophically injured employees.

Before Applying:
Before **beginning** to accrue the required training and experience to become a registered catastrophic rehabilitation supplier, an applicant shall have been registered with the State Board of Workers' Compensation as a Georgia rehabilitation supplier for a minimum of two years immediately prior to the beginning of the catastrophic application process. The applicant shall notify the Board at the time he or she decides to begin the process of applying to become a catastrophic rehabilitation supplier.

How to Notify the Board of Intent to Apply for Catastrophic Registration:
A rehabilitation supplier who wishes to begin the process to apply for catastrophic registration shall complete a form, ***Notification of Intent to Apply to Become a Registered Catastrophic Rehabilitation Supplier*, found as an Appendix to Chapter 7** of the Board's Procedure Manual. The form may also be obtained by contacting the Board's Managed Care and Rehabilitation Division at (404) 656-0849. The applicant shall submit the completed form to this Division. She/he shall certify that he or she has been registered with the Board as a rehabilitation supplier for at least two years immediately preceding this notification, as well as specifying which license(s) or certification(s) s/he holds.

The supplier shall also be required to state on the form

- that s/he has read and has access to a copy of the Standards of Practice and Codes of Ethics of all of his/her licensing or certifying bodies
- that s/he will abide by those Codes of Ethics and Standards of Practice
- that s/he has read and has access to O.C.G.A. § 34-9-200.1, Board Rule 200.1, and the Board's Managed Care & Rehabilitation Procedure Manual
- that s/he realizes that O.C.G.A. §34-9-200.1, Rule 200.1, and the Board's Procedure Manual may change yearly, and that it is his/her responsibility to stay abreast of those changes.

Once notified, the supplier may begin the required training and experience as outlined below. However, prior to each component of required training or experience, the applicant should submit a separate completed proposal on the form, ***Catastrophic Supplier Applicant's Proposal Form for Observation/Experience Component*** for each disability area of proposed experience. Each proposal should be submitted through the Board's Managed Care & Rehabilitation Division, Hours obtained will not count unless the proposal is approved. The proposal will be approved, rejected, or modified within 60 days of submission and the applicant will be notified in writing.

A total of 190 hours is required for the designation and registration as a catastrophic rehabilitation supplier, divided as explained below:

REQUIRED TRAINING AND EXPERIENCE (190 HOURS TOTAL)

a. Experience: (150 hours total, 50 hours each in three different disability areas)

Each applicant for catastrophic rehabilitation supplier registration shall document at least 50 hours of experience or observation, which may be either paid or volunteer, in ***each*** of **three** of the following disability areas: spinal cord injury, amputation, catastrophic brain injury, burns, and blindness. The experience does not have to be in Georgia Workers' Compensation cases. It is the responsibility of each applicant to find and develop his/her own observation/experience opportunities.

For each disability area chosen, the catastrophic applicant shall choose an inpatient or outpatient facility, program, or professional health care provider specializing in provision of services to individuals with that disability. The applicant shall obtain written consent to observe and/or provide services at that facility or with that health care professional.

For each disability area, the applicant shall observe services (paid or volunteer) for at least 40 hours. Required paperwork will count for the other ten required hours. The applicant may observe several individuals with the disability, and all of the observation/service provision hours may be counted (once the proposed experience component has been approved). The applicant shall choose one individual with the disability for whom the required initial rehabilitation report, and proposed rehabilitation plan shall be submitted, as though that person were a workers' compensation client, even if he or she is not.

For each experience component, the applicant shall have both an onsite supervisor who shall verify the hours the applicant has spent in observation/experience, and a Rehabilitation Mentor.

Before any experience can count toward catastrophic registration, the applicant must submit a proposal which shall outline

- where the applicant plans to obtain training and/or experience
- which disability is being studied
- what onsite supervisor will monitor and verify the times, dates, and hours which the applicant spent at the facility or program
- an on-site supervisor may only serve in that capacity for a maximum of two of the observation/experiences
- who his/her Catastrophic Rehabilitation Mentor shall be for each experience
- a Catastrophic Rehabilitation Mentor may serve in that capacity for all three observation/experiences

A Catastrophic Rehabilitation Mentor is an individual who has been a Board-registered catastrophic rehabilitation supplier for at least two years, and who has agreed to serve as a telephonic mentor/consultant to the applicant mentoring an experience the applicant is using toward catastrophic registration. The applicant may, but is not required to, have a different Rehabilitation Mentor for each experience component. The Board will send the applicant, upon receipt of the form, *Notification of Intent to Apply for Catastrophic Rehabilitation Supplier Registration,* a list of all

catastrophic suppliers who have agreed to serve as Mentors. It is the responsibility of the applicant to find his or her own Mentor(s) from this list; or have a qualified certified catastrophic rehabilitation supplier contact the Board's Managed Care & Rehabilitation Division to have their name added to the list. A Rehabilitation Mentor may accept or refuse to mentor any observation/experience component, at the Mentor's discretion. The applicant and Mentor shall staff each experience at least weekly by telephone. The applicant and Rehabilitation Mentor shall also staff the case of the client for whom the applicant will submit the required reports and proposed rehabilitation plan, on at least a weekly basis.

After receiving approval from the Catastrophic Certification Committee, the applicant shall begin his/her proposed experience/observation. S/he shall staff the case at least weekly by telephone with his/her Mentor. During or after each experience/observation, the applicant shall complete the following documentation on the client the applicant has chosen for required paperwork. The applicant shall not use the client's real name or social security number on the submitted forms and reports:

- An initial report*****
- A proposed rehabilitation plan on official board form WC-R2A*

***All written as though the affected individual were an injured employee.**

- A brief record of all consultations with his or her Mentor, including the dates and topics of discussion; and a brief signed statement from the mentor attesting that this is an accurate summary.
- A statement signed by the on-site supervisor named in the applicant's original proposal, documenting the times, dates, and hours that the applicant spent in the program.

After completion of the experience required for each separate disability, the applicant shall submit the completed form, ***Documentation of Completion of Observation/Experience Component by Catastrophic Rehabilitation Supplier Applicant*** along with all of the required documentation for that component, through the Board's Managed Care and Rehabilitation Division, to the Catastrophic Certification Committee. This committee meets quarterly (**refer to the Division's web page on the Board's web site,** www.sbwc.georgia.gov **, for specific meeting dates).** To be considered at a meeting, the documentation must be submitted at least thirty (30) days prior to the scheduled meeting date. The Catastrophic Certification Committee will review the documentation at the meeting and will respond to the applicant usually within sixty (60) days. The Catastrophic Certification Committee may require revision of an applicant's initial report, narrative, and proposed rehabilitation plan before awarding final credit for each component. Once this component is approved by the Catastrophic Certification Committee, it will count toward the applicant's eventual catastrophic supplier registration.

b. Training (40 hours required)

In addition to the observation/work/volunteer experiences noted above, the

catastrophic applicant shall document completion of 40 training hours relevant to catastrophic rehabilitation.

All training must be relevant to catastrophic injury medical issues, and/or catastrophic rehabilitation and case management. Topics may include spinal cord injuries, amputations, catastrophic brain injuries, burns, blindness, accessible housing and workplace design, and/or suitable transportation for individuals with catastrophic disabilities. The 40-hour internship 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. Once the applicant has completed the RSWIR internship, s/he shall send to the Board's Managed Care and Rehabilitation Division a copy of the completed form signed by the RWSIR professionals certifying his/her attendance at all of the sessions as well as the completed Board Form, ***Documentation of Completion of Observation/Experience Component by Catastrophic Rehabilitation Supplier Applicant***.

An applicant may obtain pre-approval for other proposed training by submitting the Board form, ***Catastrophic Supplier Applicant's Proposal Form for Training*** to the Catastrophic Certification Committee, via the Board's Managed Care and Rehabilitation Division, for review. Preference will be given to in-depth training of at least one day's duration. The Catastrophic Certification Committee will respond to an applicant's request for pre-approval for a training component within 30 days of receipt of the proposal.
If an applicant has an opportunity for **relevant** training before there is time to obtain pre-approval from the Committee, the applicant may elect to attend the training without pre-approval; however, the applicant understands that s/he is **taking the risk** that the training may not be approved. No more than two training days (a maximum of sixteen (16) hours) of non pre-approved training may be submitted. The applicant shall submit the training for approval on the Board Form, ***Documentation of Completion of Observation/Experience Component by Catastrophic Rehabilitation Supplier Applicant*** as soon as possible.

ADDITIONAL REQUIREMENTS
When the candidate has successfully completed the 190 hours outlined above, the candidate will be registered as a catastrophic rehabilitation supplier. This status is considered probationary; however, the individual may begin to practice and bill as a catastrophic rehabilitation supplier.

Following registration, the catastrophic rehabilitation supplier will then be monitored and mentored for one probation year. This year of monitoring/mentoring begins when the first Form WC-R1 assigning a catastrophic case to the catastrophic rehabilitation supplier is filed with the State Board of Workers' Compensation resulting in an Administrative Decision designating the supplier as the Board approved catastrophic rehabilitation supplier*. All documents required by the State Board shall also be reviewed by the Catastrophic Certification Committee. The purpose of this additional review process is to provide feedback and guidance from a

catastrophic supplier perspective as needed, to help the catastrophic rehabilitation supplier acclimate to all levels of the demands of this new position. If necessary, the Catastrophic Certification Committee may request a conference with the catastrophic rehabilitation supplier for in-person feedback.

At the end of the one-year probation period, should the unlikely circumstances warrant it, the Division Director of Managed Care & Rehabilitation may pursue revocation of the catastrophic rehabilitation supplier registration pursuant to Rule 200.1(f)(5).

*Note: As long as there are no appeals and the individual can actually work the case.

See the following appendices to this Chapter, related to this section:

Flow Chart for Applying to Become a Registered Catastrophic Rehabilitation Supplier

Notification of Intent to Apply to Become a Catastrophic Rehabilitation Supplier

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

Documentation of Completion of Observation/Experience Component by Catastrophic Rehabilitation Supplier Applicant

Catastrophic Supplier Applicant's Proposal Form for Training

Documentation of Training Attended by Catastrophic Supplier Applicant

O. Application, Registration, Renewal, Denial of Applications, Revocation

See Board Rule 200.1(f) (1) for information regarding application, registration, renewal, and appeal process, disciplinary actions against a supplier, and revocation or suspension of registration.

To register as a rehabilitation supplier or rehabilitation resident, an applicant shall submit a completed, notarized, application form, a copy of his or her applicable licenses and/or certifications (CRC, CDMS, CRRN, CWAVES, LPC, CCM, COHN, COHNS), and a registration fee of one hundred dollars ($100.00) to the Board's Managed Care & Rehabilitation Division.

The registration shall be renewed annually. An applicant shall submit a completed renewal application form, a renewal fee of fifty dollars ($50.00), and documentation of current certification. Rehabilitation suppliers registered prior to July 1, 1985, who are not certified by CRC, CDMS, WAVES, LPC, CCM, COHN, COHNS or CRRN shall continue to renew registration annually. The renewal application for uncertified rehabilitation suppliers shall be accompanied by evidence of at least 30 contact hours of continuing education units that

have been approved by one of the certifying Boards. Not later than the 30th day of November, the certified and uncertified rehabilitation supplier shall submit an application for renewal.

To maintain registration as a catastrophic supplier, the supplier must maintain his or her status as a Board registered rehabilitation supplier by obtaining annual registration renewal by November 30th of each year.

P. Managed Care Organizations

The Division of Managed Care and Rehabilitation at the Board provides materials to aid in application and certification of Managed Care Organizations. Included in the materials is a comprehensive checklist that should be followed closely by any organization when submitting documentation for application and certification. Organizations should review O.C.G.A. §34-9-208 and Board Rule 208, thoroughly, prior to submitting documents to the Division for consideration of certification.

1. Geographic Service Area (GSA) Coverage for a particular area of Georgia may be provided by individual county or a service area that includes several counties. Except for some counties that have been declared exempt, each county requested for certification must have at a minimum, two (2) providers from the 'Medical' category as defined in Rule 208(a)(1)(E)(1). Network listings submitted to the Board for certification should only list the required providers referenced in Rule 208(a) (1) (E) (1)-(10). A map demonstrating coverage area, a grid or matrix demonstrating total number of required providers per county or counties in service area, and an individual provider list that matches the matrix are required documents. All sample contracts between the MCO and providers and facilities that will be used must also be submitted. GSAs may be customized for MCO clients. Customized GSAs must demonstrate sufficient choice for the employee and be approved by the Division of Managed Care and Rehabilitation at the Board prior to implementation.

2. Employee Access to Medical Care Certified MCOs must demonstrate that injured employees will have access to any of the providers listed in Rule 208(a) (1) (E) (1)-(10) for their geographic service area. Restricting the employee to only certain categories of providers is not contemplated by the statute and rule. Employees should be able to look at a network listing to make their choice. In order to access the chosen provider, the employee calls the certified MCO's toll free number listed on the posted WC-P3 panel card. Supervisors or managers may call on behalf of the employee only when the employee is incapacitated or unable to get to a phone. For emergencies, care should immediately be sought from the nearest emergency facility or by calling 911. Employee follow-up with the certified Managed Care Organization is completed as soon as possible. An employee is allowed a one-time change of provider within the network without proceeding through the dispute resolution process by notifying the case manager of his or her new choice of authorized treating physician.

3. Dispute Resolution All certified MCOs must provide a Dispute Resolution Process. The procedure and any forms necessary for Dispute Resolution must be provided to providers, employers and employees prior to the need for Dispute Resolution. Any issues related to the certified MCO's administration, medical treatment, or additional changes of authorized treating physician are appropriate for the dispute resolution process. A peer review group may be utilized to review any medical treatment issues. The certified MCO must complete the dispute resolution process within 30 days of written notice of the dispute. After 30 days, the disputing party may request Board intervention if the issue has not been resolved.

4. Utilization Review Utilization Review for certified MCOs encompasses pre-certification, concurrent, and retrospective reviews of treatment provided to injured employees to determine medical necessity and cost effectiveness. Applying and certified MCOs are referred to O.C.G.A. §34-9-205 and Board Rule 205 regarding the Board's definition of medical necessity. The certified MCO is required to detail, in the application, and to customers of the MCO, how reviews are accomplished and by whom, the time required to process a review, and appeal procedures for reviews. All final decisions are to be in writing to the employee, employer, insurer, authorized treating physician, and any facility involved.

5. Peer Review and Quality Assurance All certified MCOs are to provide a Peer Review system in which an individual provider's practice is compared to the provider's peers or against an acceptable standard. The Peer Review is performed by a majority of providers of the same or similar specialty, and is done as often as is necessary to ensure appropriate delivery of services. Results of the Peer Review are returned to the providers in the network for information and as an informal educational tool. Quality Assurance in certified MCOs is usually represented by a committee of both providers and administrators. The committee reviews the quality of care (results of Peer and Utilization Review) and other services (Case Management and Customer Service) and determines where improvements in the delivery of services can be made. Improvement efforts are documented and reportable to the Board.

6. Educational Materials Certified MCOs must provide information and education on the services they offer insurers/employers. An information card must be given to each employee defining access to medical services when injured. Brochures or handbooks further outlining the procedures and services within the MCO are given to all employees. Network listings of providers in the GSA are made available to the employees. Once the employees have been given information, the employer/insurer may post the WC-P3 panel card notice to employees that they are covered by a Board Certified Managed Care Organization. The date the WC-P3 panel card is posted is the effective date for coverage by the certified MCO.

7. Case Management The medical case manager in a certified MCO acts as a patient advocate for the injured employee while coordinating appropriate medical care and return to work with the employer of injury. The primary purposes of this medical care coordination are to ensure high quality care, reduce recovery time, and minimize the

effects of the injury. The medical case manager updates medical treatment information with all involved parties, facilitating the appropriate return to work of injured employees. The medical case manager assesses cases from the first notice of injury when the injured employee calls the certified MCO's toll free number. After initial contact with the authorized treating physician selected by the injured employee, the medical case manager ensures an understanding among all parties on a treatment plan and time frame appropriate to the diagnosis. There is ongoing assessment of the injured employee's recovery. Treatment and anticipated recovery period are modified as indicated. Case management in a certified MCO is primarily accomplished telephonically with limited use of on-site case management services. MCOs must identify when on-site case management is likely to be utilized. In catastrophic injury cases a registered catastrophic rehabilitation supplier must be assigned.

All case managers in the certified MCO must have at least one year of workers' compensation case management experience. They must have one of the following certifications: Certified Case Manager (CCM), Certified Rehabilitation Registered Nurse (CRRN), Certified Occupational Health Nurse (COHN, COHN-S), Certified Disability Management Specialist (CDMS), Certified Rehabilitation Counselor (CRC), Work Adjustment/Vocational Evaluation Specialist (WAVE), or Licensed Professional Counselor (LPC). Per Rule 208(h) (3) all parties to the claim and their representatives shall cooperate with medical case management services provided by a certified Managed Care Organization who has posted a WC-P3 panel card at an employer's site.

8. Monitoring Records The Board's Division of Managed Care and Rehabilitation shall monitor the records and activities of the certified MCOs. Quarterly reporting of statistics is required. Annual re-certification may include an on-site visit by the Division's Managed Care Coordinator, Board questionnaires to all recipients of the organization's services, and will require an update from the certified MCO of information on administrative personnel, case managers and provider lists.

9. For further information or to request application materials, please contact the Board's Division of Managed Care and Rehabilitation, 270 Peachtree St., NW, Atlanta, GA 30303-1299, (404) 656-0849.

Appendices to Procedure Manual

1. Information Required to Process Requests for Catastrophic Designation
2. Flow Chart for Applying to Become a Registered Catastrophic Rehabilitation Supplier
3. Notification of Intent to Apply to Become a Registered Catastrophic Rehabilitation Supplier
4. Catastrophic Supplier Applicant's Proposal Form for Observation/Experience Component
5. Documentation of Completion of Observation/Experience Component by Catastrophic Rehabilitation Supplier Applicant
6. Catastrophic Supplier Applicant's Proposal Form for Training
7. Documentation of Training Attended by Catastrophic Supplier Applicant
8. Housing Checklist – Considerations for Catastrophic Rehabilitation Suppliers
9. Transportation Checklist – Considerations for Everyone Involved
10. Mobility & Assistive Devices Guide - Considerations for Everyone Involved

INFORMATION REQUIRED TO PROCESS REQUESTS FOR CATASTROPHIC DESIGNATION:

- Completed Form WC-R1CATEE (current version can be obtained by calling the Board's mailroom at 404-656-3870) with appropriate box checked at top (when requesting a specific rehabilitation supplier, the supplier must be registered with the Board as a catastrophic rehabilitation supplier)

AND

IF FILING IS BASED ON O.C.G.A. §34-9-200.1(G) (1)-(5) (SPECIFIC MEDICAL DIAGNOSES):

- Current medical diagnoses
- Current (within the past year) medical records from the employee's authorized treating physician(s)
- Hospitalization admission and discharge summaries, if available
- For head injuries, a copy of neuropsychological evaluation, if one has been completed
- For multiple digit amputations, diagrams showing sites of amputations
- For burn injuries, percentage of body burned and what type of burns (first, second, third); whether or not five per cent or more of face or hands incurred third degree burns
- For industrial blindness, documentation of employee's current vision

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IF FILING IS BASED ON O.C.G.A. §34-9-200.1(G)(6) (EMPLOYEE IS RECEIVING SSDI AND/OR IS UNABLE TO WORK DUE TO INJURY):

If the employee IS receiving Social Security disability (SSDI) benefits or Supplemental Security Income (SSI) benefits:

- A copy of the Social Security Administration's findings and award of Social Security Disability (SSDI) or Supplemental Security Income (SSI) benefits

OR

- If a judicial decision or rationale was not issued, documentation from the Social Security Administration listing the diagnoses based on which the employee was found to be disabled, as well as notification that he was approved for SSDI or SSI

OR

- If such documentation is unavailable, an affidavit detailing the disability(ies) on which the Social Security award was based, and information about whether or not each of the disabling conditions was related to the employee's work injury

AND ALSO

- The employee's current medical diagnoses (may be included in SSA award)
- Work history for the past 15 years, including physical requirements of each job (may be included in SSA award)
- Education level (may be included in SSA award)
- Current (within the past year and preferably the last six months) opinion from the employee's authorized treating physician(s) regarding whether or not the employee is released to return to work and if so, with what restrictions (may be included in SSA award)
- Information regarding whether or not the Workers' Compensation injury and its residuals were the sole factor or a contributing factor to the disability used as the basis for the Social Security Administration's award of benefits

If the employee IS NOT receiving Social Security disability benefits:

- The employee's current medical diagnoses
- Work history for the past 15 years, including physical requirements of each job
- Education level
- Current (within the past year and preferably the last six months) opinion from the employee's authorized treating physician(s) regarding whether or not the employee is released to return to work and if so, with what restrictions
- Relevant medical records

• FLOW CHART

For

APPLYING TO BECOME A REGISTERED CATASTROPHIC REHABILITATION SUPPLIER

1. Rehabilitation supplier (who must have been a registered rehabilitation supplier for at least two years) sends the form, ***Notification of Intent to Apply for Catastrophic Rehabilitation Supplier Registration,*** to the Board's Managed Care and Rehabilitation Division. Address is Managed Care and Rehabilitation Division; State Board of Workers' Compensation; 270 Peachtree Street; Atlanta, GA. 30303. The form is an appendix to Chapter 7 of the Board's Procedure Manual, and can be obtained by calling the Managed Care and Rehabilitation Division at 404-656-0849.
2. The Board's Managed Care and Rehabilitation Division reviews the ***Notification of Intent*** form. If the supplier is eligible to begin the process of applying to become a registered catastrophic rehabilitation supplier, s/he is sent a list of Rehabilitation Mentors. The applicant is also sent a proposal form (which can be copied) to use to submit proposals for each experience/observation and training component.
3. The applicant contacts a facility, program, or health care professional specializing in one of the disability areas (spinal cord injury, amputation, brain injury, burns, or blindness). The applicant obtains written permission to observe and/or work (paid or volunteer) at that facility or with that health care professional for at least 40 hours in that disability area. The applicant finds a professional at the facility to serve as an on-site supervisor who agrees to document the dates and hours the applicant spends at/with the program. The applicant contacts a Rehabilitation Mentor (from the list provided by the Board's Managed Care and Rehabilitation Division) who agrees to serve as the applicant's Mentor for the experience/observation component.
4. The applicant submits to the Board's Managed Care and Rehabilitation Division a proposal for obtaining the observation/experience component chosen as described in number 3, above. The Catastrophic Certification Committee reviews the proposal, and responds to the applicant within 60 days. The Committee may approve the proposal as written, may approve it with modifications, or may deny it with a written rationale for the denial.
5. Once the proposal is approved, the applicant begins the observation/experience.
6. The applicant documents and has the on-site supervisor sign the documentation of his/her hours of observation/experience.
7. The applicant consults with his/her Rehabilitation Mentor at least once a week, and documents those consultations.
8. The applicant chooses one individual with the chosen disability, and writes an initial rehabilitation report, proposed rehabilitation plan (on Board Form WC-R2A), and narrative justification for the plan, ***as though the individual were an injured employee. No real identification of the person (name, Social Security number) shall be included on the documentation.*** The applicant reviews the proposed documentation with his/her Rehabilitation Mentor.
9. The applicant submits the following required documentation to the Catastrophic Certification Committee by mailing it to the Board's Managed Care and Rehabilitation Division:
    A. Documentation of hours and dates of observation/experience, signed by the on-site supervisor.
    B. Written summary of weekly consultations with the applicant's Rehabilitation Mentor.

C. Initial rehabilitation evaluation report, written ***as though*** the individual with the disability being studied were a Workers' Compensation client.
D. Proposed rehabilitation plan for appropriate services for this person, as if the person were a catastrophically injured employee being provided mandatory rehabilitation in the Georgia Workers' Compensation system.
E. Written narrative rationale/progress report justifying the services proposed in the plan.

10. The Committee reviews the documentation outlined above, and will respond to the applicant.
    If the applicant is required to revise part or all of the submitted documentation, specific information will be provided as to the reasons why. The Committee will review the revised documentation and respond to the applicant.
    The applicant shall repeat the steps noted above (3 through 10) for each of the three disability areas chosen.
11. The applicant shall submit 40 hours of relevant training.
12. When an applicant has successfully completed all of the requirements to become a registered catastrophic rehabilitation supplier, the Board will issue a card documenting the supplier's status as a catastrophic rehabilitation supplier.

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

(Revised 5-05)

For each of the three required disability experiences/ **CATASTROPHIC SUPPLIER APPLICANT'S PROPOSAL FORM**

Observation/Experience Component

Applicant must submit a separate proposal observations. Proposals should be submitted prior to completing each component. <u>This form must be legible and complete.</u>

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' Signature:_____Date:_____**

On Site Supervisor's Signature:_____Date:_____

Catastrophic Mentor's Signature:_____Date:_____

<u>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.</u>

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

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

Revised 4/05

(Rev. 7/10)

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

DOCUMENTATON 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.**

Rev. 7/09)

- **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:

Page Three

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

Revised 4/05

(Rev. 7/10)

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.

Rev. 7/09)

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

Rev. 7/09)

Managed Care & Rehabilitation Division
Catastrophic Certification Committee
270 Peachtree St., NW
Atlanta, GA 30303-1299

Documentation of Training Attended
By Catastrophic Supplier Applicant

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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

Rev. 7/09)

HOUSING CHECKLIST – CONSIDERATIONS FOR CATASTROPHIC REHABILITATION SUPPLIERS

The purpose of rehabilitation in Georgia Workers' Compensation is to restore the employee as nearly as possible to his pre-injury situation. The role of the catastrophic rehabilitation supplier is to guide this process.

Although ***payment*** for suitable housing is a claims issue in catastrophic injury cases, ***suitable housing*** itself is a rehabilitation issue. ***Every catastrophic rehabilitation supplier is responsible for researching and coordinating appropriate housing for catastrophically injured employees whose injuries necessitate special housing accommodations.***
Immediately upon assignment to the case, a catastrophic supplier should begin researching housing needs for any catastrophically injured employee who will need modified or wheelchair accessible housing

Always remember that the employee's residence is the center of his life. The employee should be actively involved in making decisions regarding his home. Honor his housing preferences whenever possible.

All phases of the housing process should be covered under specific rehabilitation plans. All plans should designate responsibilities with timeframes. The rehabilitation supplier should share information with all parties as soon as it is obtained.

The following is a checklist to help suppliers ensure that suitable housing is made available to injured workers as expeditiously and effectively as possible.

REHABILITATION SUPPLIER RESPONSIBILITIES FOR ALL CASES:

Ascertain from treating professionals what the employee's current and projected housing needs are and will be.

- The type of injury and its impact on the overall living situation (i.e., individuals with acquired brain injury may need a quiet environment, those with spinal cord injury may need additional space).
- Projected length of stay in the rehabilitation facility or hospital.
- Will permanent suitable housing be available at the time of discharge?
- If not, what arrangements can be made for temporary suitable housing for the employee and family?
- Will the employee be able to live independently?
- What is the family situation?
    - Is there a spouse or significant other?
    - If so, does the spouse work outside the home?
    - Who is responsible for household budgeting?
    - Who is responsible for household maintenance and upkeep?
    - Will this change post injury?
    - Will the employee need training/re-training in these areas?
    - Are there children at home and what are their ages?

- Who is the major caretaker for dependent children?
- Do the children share bedrooms?
    - Is there any possibility that children may be leaving home?
    - How has the employee's injury impacted the family's structure and pre-injury plans and routines?
- What are the family relationships and dynamics?
- Is the marriage stable? .
- Are there other family members living with employee?
- What are the hobbies of the employee and family members?
- Do those hobbies require a special space and/or tools?
- Are there pets at home and are they indoor or outdoor pets?
- Assistance animal for employee?
- Who is responsible for the care of the pets?
- Are there supportive neighbors?
- Other local support systems?
- Will attendant care be prescribed?
- Will it be temporary or permanent?
- How many hours per day?
- Who will provide the attendant care?
- Will there be a live- in attendant?

Visit the employee's current residence as soon as possible after your assignment to the case.

- Does the employee live in a house or apartment?
- Does the employee own or rent?
- Where is the residence?
- Can the employee safely and quickly exit the residence in the event of fire or other emergency?
- Local fire department has jurisdiction and will conduct a free on-site investigation

Determine the employee's pre-injury and current income.

Address potential income sources (e.g. SSDI, DFCS, etc.)

What is the employee currently paying for housing?

- If the employee is a home-owner:
    - What are the yearly taxes?
    - What is the average cost of utilities, including telephone?
    - Who provides water, sewerage, and garbage collection? What are monthly costs?
    - Is there a mortgage? A second mortgage?
    - What are the terms of the mortgage(s)?
    - How much equity does the employee have in the house?
    - Who has title to the house?
- If the employee rents:
    - What is his monthly rent?
    - Is the rental payment current?
    - What are the terms of his lease?
    - What is the average cost of utilities, including telephone?

- Who provides water, sewerage, and garbage collection? Monthly costs?

GENERAL CONSIDERATIONS

- What is the current medical condition of the employee?
- Can the employee's medical prognosis be predicted at this time?
- Will modifications to the home be temporary or permanent?
- If the employee's condition is progressive, will additional modifications be required in the future?
- Responsibility for present and future maintenance of employee's residence must be decided.
- Will specific accommodations be required for vehicle?
- Kitchen and bathroom accessibility?
    - Does the employee need permanent or temporary modifications?
    - What were the employee's pre-injury hobbies and/or house duties?
    - Will he be able to continue these post injury?
    - Will additional space be needed for storage of supplies and adaptive equipment?
    - Will an exercise room be required?
    - Will/does the employee use a wheelchair and/or scooter? What type(s)?
    - Do these require special space/storage needs?
    - ***Arrange for an occupational or physical therapist to evaluate current residence for feasibility of modification and to recommend appropriate modifications.***
    - What adaptive equipment is also needed?
- The catastrophic rehabilitation supplier shall provide all parties and the Board with drawings and/or photographs clearly outlining room dimensions and appliance and furniture placement in the employee's current residence.
- Coordinate an inspection of electrical and plumbing systems and structural soundness, by a home inspector.
- After review of the home evaluation, discuss with all parties feasibility of modifying current residence.
- Whether the employee remains in his current residence or moves, after the home evaluation, select several experienced contractors to review the home assessment, suggest any additional or alternative modifications, and estimate costs.
    - Check references and credentials to ensure contractor has experience in modification.
    - Work closely with attorneys and case parties to choose the contractor.
    - Have parties agree on at least three contractors if possible, then have employee interview and choose.
    - Are there any judgments or liens pending against the contractor?
    - Contractor is to provide a "lien letter", which shall be specified in contract.
    - Does the contractor hold all required county, state, and city licenses?
    - The contractor should be bonded and insured.
    - and agree upon qualified home inspectors (not the rehabilitation supplier) to Ensure that the contractor obtains all necessary building permits.

- Identify assess construction quality and quantity prior to each draw after the initial draw.
- Who will determine and monitor the draw (payment) schedule for the contractor?
    - Who will hold the money?
    - Retention funds should be sufficient to assure contractor's completion of the punch list (contract items not completed at the end of construction) and to pay for any cost overruns (10-20 % reserve for overruns is common)
    - Provision should be made in contract for return of unused funds to payor.
- Who is responsible for developing and reviewing a contract?
- How will construction changes be handled?
    - What changes are allowed in contract without price increase?
    - What changes would initiate a price increase?
    - Who will pay for each change?
    - Full set of modified blueprints must be provided to contractor and all subcontractors every time a change is made
    - Who will pay for these extra blueprints?
- ***Resolve all issues of ownership and maintenance prior to any contract or construction.***
- Can the employee safely and quickly exit the residence in the event of fire or other emergency?
    - Some local fire departments will conduct a free on-site inspection.
    - Local government officials and state vocational rehabilitation personnel may also be available to conduct onsite inspections.
- What support services are available in the surrounding community?
- Are they accessible to the employee?

Based on these considerations, the catastrophic rehabilitation supplier shall prepare a cost-benefit analysis of all housing options, and shall provide it to all case parties.

FOR EMPLOYEE WHO WILL REMAIN IN CURRENT RENTAL RESIDENCE

- Discuss with the landlord the possibility of modifications.
    - If landlord agrees to modifications, obtain a written agreement:
    - What the landlord will allow
    - What the landlord is willing to modify.
    - What would have to be restored or removed if the employee moves
    - Obtain the defense attorney's assistance with securing agreement.

- If the employee lives in an apartment
    - Can current apartment be modified to meet post-injury needs?
    - Is the area a safe environment for the employee?
    - Are there any totally accessible units within the complex?

- If so, is one available now or within a reasonable time period?
- Does the employee need to move into a larger unit?
- Is there access to suitable transportation?
- Are common areas within the complex safe and accessible?

- If the employee lives in a rented house
  - Can it be modified to meet post-injury needs?
    - Are exterior modifications feasible?
    - Is it possible to add an emergency exit from employee's bedroom?
    - Are there paved walkways?
    - Would walkways provide a safe emergency exit route?
    - Is there covered access from automobile or van to home?
  - Is the area a safe environment for the employee?
  - Is there access to suitable transportation?
  - Who is responsible for the interior and exterior maintenance of the house?

FOR THE EMPLOYEE WHO OWNS HIS HOME AND WISHES TO STAY THERE:

- Determine if the title is in the employee's name before modifications are discussed.
  - How old is the house?
  - Is it feasible to modify based on structural and environmental factors?
    - Are exterior modifications feasible?
    - Is it possible to add an emergency exit from employee's bedroom?
    - Are there paved walkways?
    - Would walkways provide a safe emergency exit route?
    - Is there covered access from automobile or van to home?
    - Is there access to suitable transportation?
- Who is responsible for the interior and exterior maintenance of the house?

FOR THE EMPLOYEE WHO MUST MOVE:

If the current residence cannot be suitably modified or is rented and the landlord will not allow modifications, research all possible alternatives:

- Renting an accessible residence (apartment or house) (see next section),
- Buying a house which could be suitably modified (consider the assistance of a realtor who is familiar with modified housing),
- Building a house.
- Include all costs and other factors for each option:
  - Land/lot
  - Topography surrounding the property
  - Utilities, sewerage and water
  - Feasibility of each option
  - Factors affecting medical treatment (e.g. access to suitable transportation, hospitals, doctors, emergency treatment, pharmacies, etc.).
  - Factors influencing potential employment
  - Transportation options

If the employee is currently renting, research any possible rental houses or apartments which may be appropriate and visit them in person.

- Obtain all costs and conditions:
  - Monthly rental fee and what it includes
  - Lease requirements
  - Who will sign rental/lease agreement?
  - Employee's credit history?
  - What utilities included in rent?
  - Cost of utilities not included in rent?
  - Laundry area – are there washer dryer connections in the residence and if so, are they accessible to the employee?
  - Recreational facilities?
  - Parking facilities and accessibility
  - How many occupants are allowed in a rental unit?
  - If landlord agrees to modifications, obtain a written agreement specifying the following:
    - What the landlord will allow
    - What the landlord is willing to modify.
    - What would have to be restored or removed if the employee moves
- Obtain the defense attorney's assistance with securing agreement.

If the employee now owns his home, but it cannot be made suitably accessible, and a decision has been made to buy or build an accessible home

- What equity does the employee have in the house?
- Will he be required to sell the house and apply the proceeds to a new, accessible house?
- How much will the insurer contribute to the cost of the new house?
- Who will hold title to the house?
- Who will be responsible for completing a title search?
- What happens if the employee moves? (This and other issues may be covered in a one-time partial stipulation for housing.)
- What provisions will be made if the employee moves into a nursing or personal care home?
- What will happen if the employee dies?

Develop a written cost comparison of the employee's pre-injury living situation, income, and housing costs versus his current financial situation.

- Is the employee's financial situation likely to change?
- Discuss with the employee and all other case parties all possible alternatives and their costs and feasibility.
- Write a comprehensive report outlining your research findings.
- If possible, negotiate a housing agreement with all parties.
- Even if parties cannot agree, develop a specific rehabilitation plan proposing the options that are most suitable, feasible and cost effective based on your research.
- **Do not wait for parties to agree.**

- If a party objects to the plan, the State Board's Rehabilitation Coordinator will hold a conference with all parties to resolve the issue by agreement or administrative decision.
- The catastrophic rehabilitation supplier's promptness in researching options and developing and distributing a proposed housing plan can eliminate months and years of delay for injured workers.

Once a decision is made regarding where employee and family will live, spell out in rehabilitation plans all related decisions:

What type of housing has been selected?

- Is residence large enough to accommodate special equipment and supplies and turning radius of employee's wheelchair?
- If there is a lease, who will sign it?
- Who will have responsibility for monthly house or rental payments?
- Who will be responsible for deposits (if required) or down payment?
- Who will be responsible for moving expenses?
- Who will pay for utilities and phone?
- If a new home is the option selected, whether purchased or built, address the following:
  - Have attorneys and/or realtor review with employee the mortgage(s) on the existing dwelling (rehabilitation suppliers shall not explain terms of financial agreements).
  - How much equity is available and who will make the down payment on the new house?
  - Will the employee's old house be sold or leased?
  - If to be sold, have parties agree on at least three realtors, then have employee interview and choose.
  - How will new dwelling be handled while home is being sold?
  - ***Again, all of these provisions are to be spelled out in a rehabilitation plan with time frames.***
  - If the new home is titled in the employee's name, who will pay taxes and insurance?
  - Who will retain ownership of the home?
  - If a pre-existing house is bought –
  - Refer to General Considerations
    - Who will provide modifications?
    - Is there a written plan?
    - Periodic inspections should be arranged
    - Who will complete them, on what schedule?
    - Who will provide the final inspection prior to the final draw? The inspection must assure that all of the building and modifications meet state, local, and city codes.
  - Certificate of occupancy must be provided prior to employee's moving in to new residence
- **Note:** Even if parties agree to a one-time stipulation to settle housing for the life of the claim, housing needs must still be addressed in rehabilitation plans.

Payment issues should be addressed in rehabilitation plans: who pays for what, and when? (The case parties noted in parentheses should be consulted for the issues noted; the employee should always be involved.)

- If the employee's old home is to be sold and/or a new home bought, determine if a realtor is needed. (Rehabilitation supplier, claims representative, plaintiff attorney)
- Consult attorneys to assure that sales/contracts/documents are legal.
- Who will pay for the employee's move? (Claims representative, employee, attorneys, rehabilitation supplier)
- How will the employee move? (Rehabilitation supplier, employee and claims representative)
- Insurance (Rehabilitation supplier, employee and defense attorney)
- House inspection if new construction or if buying pre-existing house (Rehabilitation supplier, employee, occupational therapist and defense attorney with realtor if appropriate)
- Taxes (Rehabilitation supplier, employee, claims representative and defense attorney)
- Termite letter (Rehabilitation supplier, employee, defense attorney and realtor if appropriate)
- Rehabilitation supplier should ensure that the defense attorney completes a title search.
- Valid sales contract completed with the cooperation of all parties. (Defense and plaintiff attorney)
- Down payment (Rehabilitation supplier, employee, both plaintiff and defense attorneys and claims representative)
- Mortgage payments – will taxes and insurance be escrowed or will they be paid separately (Rehabilitation supplier, employee, plaintiff and defense attorneys)?
- In whose name is title for the residence? (Rehabilitation supplier, employee, claims representative, plaintiff and defense attorneys)
- What happens if employee dies? (Employee, claims representative, plaintiff attorney, defense attorney and rehabilitation supplier)
- Maintenance of house and yard (how frequently and specifically what) (Rehabilitation supplier, employee, claims representative, plaintiff attorney and defense attorney)
- If new construction, what is the draw schedule and who is responsible for holding building funds during construction? (Claims representative, employee, rehabilitation supplier, plaintiff attorney and defense attorney)
- If renting, who pays for the rent or any portion of it, how often, when? (Claims representative, employee, attorneys)
- Who pays for utilities, including basic telephone and long-distance charges? (Claims representative, employee, attorneys, rehabilitation supplier)
- What emergency system will be used? (Rehabilitation supplier, employee, claims representative, plaintiff and defense attorneys.)
- How often are utility services compromised in the area and what is the impact of this? (Rehabilitation supplier)
- Are the driveway and road accessible to emergency vehicles? (Rehabilitation supplier)

- Is there plan for a back up generator if one is needed? (Rehabilitation supplier, employee, claims representative, plaintiff and defense attorneys)
- Responsibility for contacting electric and gas companies, telephone company, fire and police departments for emergency purposes. (Rehabilitation supplier)
- If transportation will be needed to medical, rehabilitation, and recreational appointments and events, is it available in the neighborhood of the chosen residence? (Rehabilitation supplier, employee)
- Resolution of long-term maintenance issues (attorneys, employee, claims representative, rehabilitation supplier)

Always remember that you are the advocate for the injured worker. A catastrophic injury causes major change in lifestyle, daily routine, home life, and employment. The employee must retain as much control over his life as possible. Your role is to assist the employee in the critical decision-making process regarding his home. It is your responsibility to advocate for the employee by assisting the claims representative and all case parties in understanding how your recommendations are both best for the employee and the most cost effective for the carrier.

Housing Resource Information is available for review at the Managed Care & Rehabilitation Division of the State Board of Workers' Compensation. Call 404-656-3784 to make an appointment to review this information on site.

TRANSPORTATION CHECKLIST

PURPOSE OF PAPER

The purpose of this paper is to help clarify the various transportation issues, which exist in catastrophic and non-catastrophic workers' compensation situations. The primary guideline for determining transportation is based on Georgia State Board of Compensation Rule 200.1, which states the understanding that the goal of Rehabilitation Services is to *"provide items and services that are reasonable and necessary for catastrophically injured employees to return to the least restrictive lifestyle possible."* All parties are charged with the fulfillment of this goal.

II. TRANSPORTATION

A. **General Considerations**

The Rehabilitation Supplier needs to identify transportation needs of the injured worker, taking into consideration appropriate options as discussed in this paper.

An injured worker who experiences cognitive and/or physical injuries which impact his ability to drive, will need to be involved in appropriate evaluations to determine cognitive and physical abilities, before being cleared to resume driving and to determine transportation needs. It is preferable for the injured worker to maintain driving independence. However, their previous driving record/history may impact decisions regarding transportation. Driving potential often cannot be determined right after initial injury, due to other medical complications or factors.

Research all positive/negative factors for providing what is medically necessary, as well as appropriate, for the individual's specific needs. Consider safety, reliability, extent of transportation needs, location of individual geographically, resources in the area and costs of each choice, short term and long term.

B. **Rehabilitation Supplier Responsibilities**

1. Identify transportation needs of the injured worker for
    a. Medical and rehabilitation appointments
    b. Personal business
    c. Social/ recreational/health maintenance
    d. Pre-vocational and vocational activities
    e. Avocational activities

2. Assess the need for an evaluation of the injured worker's physical and/or cognitive abilities as related to driving
    a. Physical functions affecting driving ability may include, but are not limited to: range of motion, muscle strength, reaction time, mobility status, transfer ability, sensation and visual skills. These may be associated with conditions such as, but are not limited to: Amputation, Neuropathy, Spinal Cord Injury, Complex Regional Pain Syndrome, Visual Impairments and Extremity Impairments.

Additional visual testing may be necessary to identify visual deficits that may affect driving.

b. Cognitive functions affecting driving ability may include, but are not limited to: processing speed, concentration, attention span, reaction time, visuospatial judgment and ability to generalize. These may be associated with conditions such as, but not limited to: Brain Injury, Stroke, psychological factors and medication issues as determined by the treating physician.

In brain injury/stroke cases, a neuropsychological evaluation will address deficits accurately and give data to help determine ability to drive, make judgments, learn new skills, etc.

The Rehabilitation Supplier must be aware that cognitive functioning is an ongoing, dynamic process, affected by aging, functional changes and technological advances.

3. Coordinate a driving evaluation with Certified Driver Rehabilitation Specialist (www.aded.org) (see section "C" for information re: driving evaluations)

4. Assess and recommend transportation options - consider short-term vs. long term intervention. Injured worker considerations include: age, conditioning, strength, weight, disease progression and overall medical status. Vendor considerations include knowledge, experience, reliability, availability for service and geographic location in relation to the client.

Using adaptive equipment modifiers registered with the National Highway Traffic Safety Administration (NHTSA) is recommended to ensure that Federal Motor Vehicle Safety Standards are met. (www.nhtsa.dot.gov/cars/rules/adaptive/Modifier/Index.csm)

a. Contract taxi or medical transport
    1) Type of transportation (ambulance, medical transport, auto) should be based on the injured worker's mobility needs; i.e. ambulatory or dependence on mobility devices.
    2) Dependability of service, cost, availability in area needed, etc. should be a consideration on an individual basis
    3) Injured worker's level of confidence, competence and safety issues need to be relayed to the transportation company

b. Public transit
    1) *May offer an alternative source for specific appointments an personal* activities
    2) Must consider convenience (travel time, route changes, stops in relation to destination), availability (route schedule), accessibility (does injured worker have mobility/cognitive skills to use system), and safety issues.

c. Rental
    1) Rental of handicapped, accessible vans for short-term transportation may be financially appropriate
    2) Some minimal adaptive equipment, such as hand controls, may be available through car rental agencies. Use of this type of equipment is not recommended prior to the injured worker receiving a driver's evaluation.
    3) Must consider who is to hold the vehicle insurance on the rented unit

d. Modification of vehicle
    1) Should be based on a dependent passenger or driving evaluation, type of mobility device and/or prescribed vehicle equipment needs
    2) Assess and determine cost effectiveness to modify employee's existing vehicle, considering the age of the vehicle, mileage and operating condition. A mechanical diagnostic evaluation may be necessary to determine condition of vehicle and projected life expectancy of vehicle. It is recommended to use an ASE Certified mechanic. In addition, it must be determined that any existing vehicle can be modified safely and within the context of Federal Motor Vehicle Safety Standards.
    3) Average replacement schedule for a new vehicle is approximately 7 – 10 years, depending on mileage and condition of vehicle.
    4) Adaptive Equipment ranges from spinner knobs and left footed accelerators to high tech hand controls and computerized joystick systems. Adaptive equipment training may require 5 to 40 additional hours. In special circumstances, this could be higher.
    5) Rarely are structural modifications (raised roof, lowered floor) performed on older vans. Additional weight could cause accelerated wear and tear and may be dangerous. Some equipment such as hand controls and foot pedals may be moved to another vehicle. Consider cost to move equipment from one vehicle to another.
    6) Financial considerations (see section J)

e. Auto vs. van vs. truck (See section D)

5. Educate all parties (claimant, adjuster, attorneys, etc.) concerning recommendations to be made in the rehabilitation plan. This can include options, costs analysis and medical necessity.

6. Develop and submit proposed Independent Living Rehabilitation Plan (per Rule 200.1 (a)(5)(ii)) incorporating proposed transportation needs. This must be substantiated by documentation, including, but not limited to: driving evaluation, functional evaluations, seating/mobility evaluations, cost projections and physician orders.
    a. A plan should always be in place that allows the injured worker to be transported safely as a passenger, even if he is the primary driver.
        1) A secure lock down should be in place for the wheelchair, even if unoccupied.
        2) An able bodied driver should be able to operate the vehicle, if necessary

3) If the injured worker's vehicle is not modified so that he/she can be transported as a passenger, an alternative transportation service needs to be provided.
4) Likewise, if the modified vehicle is inoperable, alternative transportation needs to be provided.

C. **Driving Evaluation**

1. General Considerations

A driving evaluation will assess physical, visual, perceptual and cognitive skills, as well as identifying safe/unsafe-driving techniques. It will also help identify adaptive equipment needs. Referral for a driving evaluation with a Certified Driver Rehabilitation Specialist (CDRS) is strongly recommended and should be performed by a provider that has both clinical and on-the-road evaluation capabilities available. Specific adaptive equipment should be listed as a result of the evaluation, in order to obtain physician orders and clear and cost effective bids as needed.

a. According to Georgia Law (Code Section 40-5-35) a driver must be seizure free for 6 months.
b. A driver's license or learner's permit is required unless otherwise specified by the Certified Driver Rehabilitation Specialist (CDRS)
c. Both a car and a van may need to be available for assessment. The injured worker should test all equipment being recommended during the "on the road" evaluation
d. The optimal time for referral varies based on physical recovery, ability to learn new tasks/techniques, and the effect of medications on the central nervous system and cognitive function.
e. Information needed includes physician prescription and a brief medical summary (current report addressing functional abilities impacted by disability and medications).
f. If the injured worker does not pass the evaluation, re-evaluation in 6-12 months may be an option. A driver's training/rehabilitation program may assist the injured worker in passing the evaluation.

2. Specific Considerations

a. Physical

If the injured worker uses a mobility device (power or manual wheelchair, scooter) or functional/adaptive aids, this equipment needs to be available for the driving evaluation.

b. Cognitive

A driver's evaluation may not be appropriate for 3-9 months post injury, unless it was a light stroke or minor head/brain injury with few residual deficits. Consult the treating physician regarding the timing of this evaluation.

D. **Vehicle Types/Equipment Needs**

The injured worker's capability to transfer himself/herself, with or without assistance, and ability to load/unload his/her mobility device, must be considered in all aspects of vehicle purchase and modifications (See Decision Tree).

1. Automobile
   Automotive design recommendations will depend upon the physical size and limitations of the injured worker, type and size of mobility device to be utilized and the need for accommodation in driving controls to safely drive vehicle. Many of these questions will likely be addressed as part of the driving evaluation.

   The injured worker should test his/her ability to load and unload the mobility device into the automobile being considered for purchase.

   a. Accommodations may include accelerator and/or brake modifications, hand controls and a power driver's seat. Consideration should be given to automatic windows, door locks and side mirrors.
   b. Assess need for two-door or four-door design to facilitate loading/unloading of mobility device.
   c. Seat height should accommodate both transfers and visibility.
   d. Distance between the steering wheel and injured worker must allow for transfer of mobility device into vehicle. This may require a powered driver's seat.
   e. A bench seat may be more practical than bucket seat for making transfers
   f. Assess the vehicle's capability to bear the weight of adding a loader type lift.
   g. If transfers, loading/unloading and vehicle operation requires significant expenditure of energy from the injured worker, the appropriateness of an automobile versus a van should be reassessed. Future and premature damage to the injured worker's upper extremities should be considered.

   2. Truck
      If a truck is utilized, the structure, height of truck, need for extended cab (particularly for a lift) and a canopy to the truck bed need to be addressed. Lifts are available for putting a wheelchair/scooter into the bed of a truck and also for positioning the injured worker into the driver's seat.

   3. Mini-Van versus Full Size Van
      Structure, weight, tonnage, lift platform options, size of engine, wheelbase, lowered floor and/or raised roof, terrain, individual level of function and technology requirements are all factors that determine appropriate van purchase.

      a. A van has to be large enough to provide easy ingress and egress, as well as maneuverability of interior space.
      b. Family size, cargo capacity, vehicle handling, visibility, fuel economy, maintenance costs, tire replacement, ground clearance and garage access are considerations for any van.
      c. Full size vans, such as the Ford E-250 may be preferred due to the higher gross vehicle weight rating, heavy-duty systems, and overall durability. With modifications, this vehicle can accommodate clear unobstructed entry for individuals with a seated height of up to 60 inches or more. Recommendations

for lowered floors and raised roofs should be obtained through a driver's evaluation

E. **Handicapped Permit and License Plate**

The treating physician will determine whether the injured worker will qualify for a handicapped permit/plate. In the case of a long-term disability, an injured worker has the choice of either a portable handicapped permit or a handicapped license plate. Temporary permits are available for short-term use.

1. Handicapped Permit form is obtained from the local State Driver's License Office and must be completed by the treating physician. Some physicians have this form in their offices. The permit form must be notarized. The permit is portable and can be used in any vehicle in which the injured worker travels.

2. Handicapped license plates are obtained from the local county tag office. The physician must complete the handicapped permit form and it must be notarized. Fees for this license plate are the same as a regular plate. To obtain a handicapped license plate, the disabled person must have the vehicle title in his/her name. This license plate is not portable or transferable.

F. **Outside Carriers, Lifts and Ramps**

Safety, security, exposure to weather, handling and maneuverability of the vehicle, possible damage to mobility equipment, cargo space, injured worker's functioning level, vehicle modifications and cost are all factors to consider in determining the appropriate system.

1. External lifts/trailers
   The vehicle must be retrofitted with an approved hitch and platform. The size of engine and type of vehicle determines if this type carrier can be considered. The wheelchair/scooter is transported outside of the vehicle. This system allows for easy access to equipment and no cargo space is required.

   The injured worker must be able to position and lock down the scooter/wheelchair and be able to ambulate from the back of the vehicle, if no one is available to assist.

2. Inside lift
   An inside system allows the injured worker to transport mobility equipment inside the vehicle.

   a. An unoccupied hoist lift positions the wheelchair/scooter into the bed of a truck or through the rear door of the vehicle. The injured worker must be able to attach the wheelchair/scooter to the lift and be able to ambulate to get into the vehicle, if no one is available to assist.

   b. Fully automated lifts allow the injured worker to be lifted inside the vehicle while occupying his/her mobility device and can be operated independently or with assistance. The type of lift is determined by total combined weight of the injured

worker and the mobility device. This information should be provided through the driving or dependent passenger evaluation.

3. Ramps
   Generally, ramps are used on mini vans only, due to the safety concerns and degree of incline.

   a. Automated Ramp
      Allows injured worker to ingress/egress (enter/exit) while occupying a mobility device and can be operated independently or with assistance.

   b. Manual Ramp
      Manual ramps are available for occupied mobility devices if attached to a vehicle, assuming the ramp angle is safe and that the mobility device has adequate traction and power. Manual ramps require assistance.

G. **Portable Ramps**

Portable ramps are available for wheelchair /scooter users to carry in their vehicles to allow access to areas not handicapped accessible. These ramps are lightweight and available in varying lengths.

H. **Home Ramp System**

Refer to the housing paper regarding ramp specifications for covered areas.

I. **Accessible Covered Areas**

Mobility problems may restrict the speed at which an injured worker may *enter* (ingress) and *exit* (egress) from a vehicle. Exposure to the elements may be particularly hazardous to an injured worker's health and the preservation of the mobility device. In such cases, the Board will require a covered parking area. For example, people with spinal cord injuries have a hard time regulating their body temperature, so exposure to rain/cold, etc., could have medical consequences.

Where feasible, it is preferred that the covered parking area be attached to the home. Parking requirements will vary on a case-by-case basis. The parties should take a common sense approach as to what each injured worker will need, based upon his/her individual factors.

J. **Financial Considerations**

1. Consider purchase versus rental, pre and post injury insurance rates, and maintenance costs for vehicle. Case parties need to determine, prior to the actual purchase and modifications, their financial responsibility in the transportation process and who is paying for what. This must be documented in an Independent Living Rehabilitation Plan.

2. Traditionally, vehicles are considered an ongoing rehabilitation expense due to scheduled replacement of vehicle and ongoing maintenance and repairs related to prescribed adaptive equipment.

3. If a vehicle is purchased or modified and that vehicle is utilized in rehabilitation services, (such as medical appointments, pharmacy, rehabilitation/vocational services, etc), the injured worker is reimbursed for mileage, per the Georgia Worker's Compensation Fee Schedule, unless negotiated otherwise. This reimbursement compensates for gasoline and wear and tear on the vehicle.

4. Maintenance costs to the prescribed adaptive equipment are the responsibility of the employer/insurer.

5. Extended Warranties on the entire vehicle are strongly recommended to protect all parties, increasing the life of the vehicle and adaptive equipment and reducing replacement time.

6. General maintenance for the vehicle remains the responsibility of the injured worker, unless negotiated otherwise.

7. Insurance: generally, the injured worker is responsible for continuing payments of the vehicle insurance premiums, based on pre-injury vehicle insurance costs. The employer/insurer is responsible for additional insurance premium costs due to the increased value of the vehicle and modifications required, unless negotiated otherwise.

8. Cell phone service, as medically prescribed, is essential for persons with the potential to develop a medical or vehicle emergency while driving independently or being transported.

9. The injured worker is responsible for maintaining current tags/ad valorem tax, based on pre-injury vehicle costs, with the employer/insurer being responsible for additional cost due to increased value of the vehicle and modifications, unless negotiated otherwise.

10. Title determination must be addressed by case parties on an individual case basis. To obtain a Handicapped License Plate, the disabled person must have the vehicle title in his/her name.

K. Ethical Considerations

The concept of "normalization" is especially vital to individuals who require adaptive equipment for independent functions. Access to the community is an important aspect of normalization. Rehabilitation Suppliers have an ethical obligation in working with the catastrophically injured worker to ensure that transportation is available, not only for medical appointments and independent living activities, i.e.: shopping, but also for recreational activities.

The Rehabilitation Supplier has a vital role in the process of obtaining appropriate transportation, taking into consideration the injured worker's preferences and the cost

effectiveness for the insurer. Each injured worker has individual physical needs and life-style requirements. The independence offered by the appropriate vehicle and mobility equipment can be life changing.

L. **Disclaimer**

This transportation information is being provided as general information and to assist with giving appropriate solutions for various transportation issues that may arise while working with an injured worker during the rehabilitation process. It is not all-inclusive or specific to an individual injured worker's needs. It is to be used as a guide to explore transportation issues with all parties.

The Board's Managed Care and Rehabilitation Division wish to thank the following people for their valuable input and research in developing this document:

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ATTACHMENT TO TRANSPORTATION CHECKLIST

DECISION TREE
Car versus van

Can the person transfer independently and efficiently to a car? (If it takes too long or takes too much energy, it might not be worth the effort)

No Consider a van with a person driving from a wheelchair or transfer seat. Skip to #5

Yes Car is a possibility. (If the person owns a vehicle that is not a car, such as a pickup truck, SUV or van, make sure they can transfer into their personal vehicle, not just vehicle) Proceed to next question.

Does the person have a mobility device? (walker, crutches, canes, wheelchair, scooter)

No Car should be possible

Yes Proceed to next question

Can the person load and unload their mobility device independently?

No Proceed to next question.

Yes Car should be possible (If the person owns a vehicle that is not a car, such as a pick up, SUV or van, make sure they can load this device into their personal vehicle, not just any vehicle)

Can the person load and unload their mobility device using adaptive equipment such as a lift or topper? (NOT compatible with all wheelchairs and scooters or with all vehicles)

No Van should be considered

Yes Car can be considered.

Can the person transfer efficiently to a level or downhill surface?

No Consider a van for a wheelchair driver with a lowered floor in cargo and driver's areas and an automatic lockdown.

Yes Consider a van with a transfer seat. This may allow the person to avoid some structural modifications. (Keep in mind they may have to reposition their legs several times while moving into position under the wheel. Tall people or people with bad extensor spasms can have problems with the narrow space between seats)

Is their seated height more than 5'3'? (applies to dependent passengers also)

No Consider flat top or lowered floor minivan.

Yes Consider raised roof and doors.

Is their seated height more than 5'5"? (applies to dependent passengers also)

No Can consider either lowered floor minivan or full size van. See next question.

Yes Should only consider full size van.

Can the person push or drive up a minivan ramp

No Should only consider full size van

Yes Can consider either lowered floor minivan or full size van

The Board's Managed Care and Rehabilitation Division wish to thank the following people for their valuable input and research in developing this document:

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HOUSING PAPER (2009)

Table of Contents

Page

HOUSING PAPER (2009)

This housing information was prepared by a subcommittee appointed by the Board. It is being provided as general information and to assist with giving appropriate considerations for housing issues that may arise while working with an injured worker during the rehabilitation process. It is not all-inclusive or specific to an individual injured worker's needs. It is to be used as a guide to explore the housing issues with all parties.

PURPOSE OF PAPER

The purpose of this paper is to help clarify the various housing issues which exist in some catastrophic workers' compensation situations. The primary guideline for determining housing needs is based on Georgia State Board of Workers Compensation Rule 200.1, which states the understanding that part of the mandatory Rehabilitation Services is to "coordinate reasonable and necessary items and services to return the employee to the least restrictive lifestyle possible." When necessary, this specifically includes suitable housing. While the catastrophic rehabilitation supplier is required to be the point person to coordinate these services, all parties are charged with the fulfillment of this goal.

OVERVIEW

Rule 200.1 gives little guidance as to what constitutes "reasonable and necessary items and services" and only states that they may include "housing and transportation". Unfortunately, thus far, there has only been one case-law decision rendered on housing in the catastrophic claim setting, Pringle v. Mayor & Alderman of the City of Savannah, 223 Ga.App.751; 478 S.E.2d 139(1996). The essence of this Court of Appeals decision addressed whether the Board had the right to mandate the provision of payments towards housing costs by the employer/insurer. In the Court's analysis, housing accommodation needs could be addressed as a medical need if the authorized treating physician(s) prescribes them. (Id. @ 752). It also found that, pursuant to Rule 200.1 of the Workers' Compensation Act which clearly requires the employer/insurer to provide necessary modifications to the employee's home, it is also a rehabilitation need. While the solution reached in Pringle is specific to the facts of that case, the case highlighted the issue that appropriate accessible housing may require alternative solutions if the employee's prior living arrangement is incapable of being modified. (Id. @ 754). In addition, the Court further held that the Board was within its discretion to mandate the employer/insurer fund additional payment towards housing costs if they result from needs necessitated by the compensable on-the-job injury. Finally, this decision also established the proposition that the employee is expected to contribute towards his/her housing, as well.

There are many shades of grey in the interpretation of "least restrictive lifestyle". Each catastrophic claim, by its very nature, is different. It would be impossible to construct a law or rule on housing that would accommodate the varied needs of individual injuries. However, there is an evaluation process that should be implemented when addressing housing needs. To begin with, although ***payment*** for suitable housing is a claims issue in catastrophic injury cases, ***suitable housing*** itself is a rehabilitation issue. ***Every Catastrophic Rehabilitation Supplier ("Rehabilitation Supplier") is responsible for researching and coordinating appropriate housing for catastrophically injured employees whose injuries necessitate special housing accommodations.*** As such, it is imperative that the Board assigned Rehabilitation Supplier spearheads the implementation of this issue and is *always* kept in the loop. However, parties must recognize that the Catastrophic Rehabilitation Supplier is *not* the housing "expert". The Rehabilitation Supplier's role is the coordination of the consultation of experts and the gathering and

dissemination of information of the various options to all parties upon which housing decisions may be made.

This paper is intended to serve as a guideline to suppliers involved in developing proposed housing plans. ***All phases of the housing process should be covered under specific rehabilitation Independent Living Plans***. All the plans should designate responsibilities with timeframes. The Rehabilitation Supplier should share information with all parties as soon as it is obtained.

REHABILITATION SUPPLIER RESPONSIBILITIES

The two guiding principles that should remain in the forefront of the suitable housing evaluation are "safety" and "accessibility". This necessarily contemplates the employee's functional status. It may take several experts in varying fields to reach a reasonable conclusion.

The Rehabilitation Supplier should immediately commence activity to obtain information regarding the injured worker's housing situation and preliminary functional and medical information from the authorized treating physician and/or appropriate healthcare provider.

The Rehabilitation Supplier should identify medical and/or functional factors related to the injury, including but not limited to the following, as determined by the authorized treating physician and/or appropriate healthcare provider: **[Note: a formal evaluation of the employee's functional abilities and deficits may be required to obtain all of the necessary information listed below.]**

Working diagnosis(es)
Level of independence or dependence with activities of daily living (ADLs)
Fine and gross motor dexterity
Strength and endurance capacity
Cognitive function and any cognitive related deficits
Sensory deficits (auditory, tactile, visual)
Trunk and lower extremity function.
Gait and balance
Prognosis and timeframe for improvement
Co-morbid factors including any age-related factors
Projected discharge date
Projected home health care and/or nursing care upon discharge to home
Projected surgeries and/or rehabilitation treatment

At the initial appointment, the Rehabilitation Supplier should obtain information from the injured worker and/or the injured worker's family/friends as to the injured worker's housing arrangement, including but not limited to the following:

Address, including county and state
Type of dwelling (home, trailer, apartment, condominium, etc.)
Number of floors (ranch, 2 story, split-level, etc.)
Cost of rent or mortgage
Identify the people who reside in the dwelling
Age of dwelling
Number of bedrooms and number of bathrooms including half baths
Flat lot or uneven, hilly terrain
Location of exterior doors
Presence of interior/exterior steps or stairs and handrails
Type of vehicle injured worker drives and where it is parked at the dwelling

The next step for the Rehabilitation Supplier is to visit the residence to perform a preliminary assessment of needs.

If adaptations are necessary, and it appears that the dwelling can be modified:

The Rehabilitation Supplier will discuss with the authorized treating physician (ATP) to obtain a prescription for a home evaluation by a professional who is experienced in home accessibility issues (i.e. O.T., P.T. etc.).

The Rehabilitation Supplier should then proceed to coordinate and attend the home evaluation to determine:

If modifications can be completed to the dwelling.

Specifications of what modifications should be done.

If modifications will be suitable for long-term housing needs.

The Rehabilitation Supplier will then coordinate the acquisition of bids by licensed contractors and then present the bids to the parties.

The parties will determine if the modifications are economically feasible.

When a decision has been reached and if a contractor is selected (See Section VI), the modifications should be implemented.

If it appears that the dwelling cannot be modified for long-term accessibility, the Rehabilitation Supplier should then proceed with these additional steps:

Discuss with all parties preferences for suitable long-term (permanent) accessible housing options, taking into account all of the variable considerations (See Section V below).

If there is an agreement among the parties on a specific option, focus research and availability on that type of long-term (permanent) housing selected. Research should include costs for comparative purposes. Present research to all parties. If all parties agree on a selection, proceed to implementing the necessary steps to bring it to fruition.

If there is not an agreement among the parties as to which long-term (permanent) accessible housing option is appropriate, then the Rehabilitation Supplier must research all of the appropriate options, given the specific needs of the injured worker. Research should include costs.

If the parties do not agree on any aspect of long-term (permanent) housing, the Rehabilitation Supplier should immediately request a rehabilitation conference (WC-R5) to have the issues addressed by the Rehabilitation Coordinator overseeing the claim.

Prior to the rehabilitation conference, the documentation, reflecting the results of the research, should be distributed to all parties so informed discussions may be held and decisions made at the conference.

The Rehabilitation Supplier will develop an Independent Living Rehabilitation Plan (WC-R2a) which outlines the rehabilitation services, specifically focusing on the housing needs. This should include performing all of the research necessary to address the housing issue. This may require an addendum to an existing plan.

Regardless of the permanent housing decision, if the employee is ready to be discharged from in-patient care, if he/she cannot return to his/her prior living arrangements, and the permanent housing is not yet identified or ready, then temporary housing must be considered and addressed. Likewise, if an employee has already returned to his/her home and it is subsequently being modified, the employee may need to leave the premises during the construction. Temporary housing must be addressed. It is imperative for the Rehabilitation Supplier to identify this issue as early as possible to avoid decisions having to be made on an emergency basis.

The Rehabilitation Supplier will discuss with all parties the possible Temporary Housing options.

The Rehabilitation Supplier will discuss with the ATP to obtain a prescription for temporary housing while permanent housing is being established.

TEMPORARY HOUSING

All parties must be clear that the term "TEMPORARY HOUSING" is not to be confused with long-term (permanent) placement of the injured worker and family of the injured worker. It is considered a "stop-gap" while long-term (permanent) solutions are contemplated and implemented. It should ***never*** be used as an excuse to delay the provision of suitable permanent housing.

GENERAL CONSIDERATIONS

It is the Rehabilitation Division's expectation that a family unit, whenever possible, will stay together to include both family and pets. A motel room and/or rooms are not acceptable long term housing except while necessary home modifications are being completed or pending closing on permanent accessible housing.

Prior to exploring options for Temporary/Interim Housing, at *least* the following should be considered:

Disability Type
- What modifications are necessary?
- Will there be attendant care needs?

Family Composition
- Is there a spouse/significant other?
- Are there children living at home? If so, who provides childcare or is there a need for children to be kept in a specific geographical area to attend school?
- Who will care for the pets: i.e., will family/friends or is boarding the pets required?

Pre-Injury Housing
- Are temporary modifications possible?
- Should other accessible properties be considered?

Geographical Convenience
- Medical appointments.
- Community Services.

OPTIONS TO CONSIDER

Assisted Living

Assisted Living may be a consideration for individuals aged 50 and above, if minimum assistance with transfers and ADLs is required. Advantages are socialization and ongoing planned activities, as well as transportation for both medical and non-medical outings. Some also have onsite therapies, pools, hair salons, and physical therapy or gyms. The Rehabilitation Supplier will obtain a referral from the ATP for this option.

Corporate Rental Properties

Furnished apartments that are accessible are available with short-term lease options. These may be appropriate to consider while one's permanent housing needs are being addressed via home modifications or purchase of accessible housing.

Group Home

Group Home may be appropriate for temporary housing for individuals who need accessible housing as well as continuing Medical Services provided by a Specialty Facility outside of

the geographical area of permanent housing needs: i.e., for individuals w/dual diagnoses: spinal and traumatic brain injuries. The Rehabilitation Supplier will obtain a referral from the ATP for this option.

Independent Living

Another option for individuals aged 50 and above, with or without a spouse and without dependent is independent living. This option allows for the injured worker to reside in a private apartment and utilize the amenities that are available onsite: i.e., planned onsite and offsite daily activities, available scheduled transportation for outings for medical appointments, as well as leisure activities.

Long Term Stay Motels

Extended stay motels are available that include usually one bedroom, living area with sleep sofa, small kitchenette, and laundry facilities onsite. Accessible rooms are available with roll-in showers in many of these. Rentals can be weekly versus monthly or long-term contracts. The needs of not only the injured worker to include attendant care requirements but also the family unit and /or pets must be considered. This option may require the need for multiple rental units.

Skilled Nursing Facility

If the injured worker requires ongoing licensed nursing care, this type of restrictive facility may prove beneficial during the research for permanent placement. However, this option should truly be limited to individuals that are medically impaired and require that level of nursing care on a continuous basis. The Rehabilitation Supplier will obtain a referral from the ATP for this option.

LONG-TERM (PERMANENT) HOUSING

Permanent housing options must be thoroughly explored and considered with the goal of providing reasonable and necessary accommodations to return the injured worker to the least restrictive lifestyle possible.

GENERAL CONSIDERATIONS

Long-term/permanent housing is often the most difficult task the injured worker and the Rehabilitation Supplier will face as a team. There are numerous options to explore and evaluate. A rehabilitation Independent Living Plan needs to be drawn up and submitted to the State Board, even if all parties do not agree. The task of reaching a decision and finalizing the needs is often time consuming. The attending physician and various experts should be consulted for support and ideas on the choices for housing. These guidelines should enable the Rehabilitation Supplier to begin working with the client and family appropriately as soon as possible on permanent housing needs. Of course, in all cases, the insurer and attorneys need to be involved. The Independent Living Plan should include all steps to accomplish the chosen long-term (permanent) housing solution and should be amended, as needed.

Parties need to remember that housing needs are disability driven and based upon residual functional capacities. Present housing needs are *not* defined by an injured worker's prior living arrangements (e.g. value of home, size of home, number of rooms, etc.). Likewise, design and/or material upgrades, unrelated to safety, function, or accessibility, are not the responsibility of the employer/insurer. Parties are cautioned to anticipate potential changes in functional levels (See Section IX below), especially if resolving by partial settlement (See Section XII below).

OPTIONS TO CONSIDER

It is the responsibility of the Rehabilitation Supplier to investigate multiple options simultaneously to enable the parties to determine which is most appropriate.

Apartment Accommodations

Sometimes an apartment is the best long-term option for housing. The Fair Housing Amendments Act of 1998 prohibits discrimination in housing on the basis of disability. It also states that certain multi-family dwellings designed and constructed for first occupancy after March 13, 1991 must be built in a manner that makes them accessible to persons with disabilities. The Act established design and construction requirements to make these dwellings readily accessible and usable by persons with disabilities. On March 6, 1991, the department published final Fair Housing Accessibility Guidelines to provide builders and developers with technical guidance on how to comply with the Fair Housing Act. Rental offices and sales offices for residential housing are by their nature open to the public and are places of public accommodation. Individuals with disabilities may ask the housing provider to make a reasonable accommodation to a "no pets" policy. Tenants may be required to provide proof of disability and substantiate the need for the service animal. A tenant and the Rehabilitation Supplier should keep in mind the following when looking at an apartment:

Distance from parking.
Age of apartment (newer apartments may require less modification).
Accessibility features of the apartment amenities.
Design features.
Flooring.
Size of and maneuverability between rooms.
Two accessible exits/entrances that may be utilized for emergency or evacuation needs.
Lighting.
Storage.
Accessible bathroom location.
Washer/Dryer locations.
Access to public transportation.

Condominium

The apartment accommodation section gives valid information which is applicable to choosing a condominium. The Rehabilitation Supplier would obtain written verification that the modification can be made.

A condominium is a form of home ownership in which individual units of a larger complex are sold, not rented. These units may be renovated apartments, townhouses, or even commercial warehouses. Contrary to popular belief, the word "condominium" does not apply to the type of unit itself, but the legal ownership arrangement.

Those who purchase units in a condominium technically own everything from their walls inward. All of the individual homeowners have share rights to most common areas, such as the elevators, hallways, pools, and club houses. Maintenance of these areas becomes the responsibility of a condominium association. Every owner owns a share of interest in the

condominium association, plus an obligation to pay monthly dues or special assessment fees for larger maintenance problems.

A condominium arrangement is not the best option for every potential homeowner. There can be a noticeable lack of privacy in the common areas- the pool must be shared with every other condominium owner, for example. Those who would prefer to own all of their amenities and maintain their own lawn and garden may want to pursue single home ownership options instead of a condominium. It can also be more difficult to sell a condominium unit as opposed to a home with acreage. Condominium owners only own their units, not the ground beneath them.

Those who may benefit the most from condominium living are veteran apartment renters who don't mind having close neighbors. Others may not be capable of external maintenance or the responsibility of lawn care. The overall price of a condominium townhouse may be much lower that an equivalent single-unit home. Buying a condominium does allow equity to build, unlike paying monthly rent in an apartment complex.

One thing to be aware of, when living in a condominium setting, is the political reality of an owner's association. Decisions may be made in monthly meetings which will cost individual owners more money, but not necessarily deliver equal benefits for all. The potential increase for assessment of fees needs to be considered and agreed upon by the paying party. It can be nearly impossible to avoid being affected by at least one condominium board decision, so active participation in meetings and discussions may be more compulsory than you might expect. Condominium living may be more advantageous financially than apartment rentals, but it does require more active participation in community events.

Modification of an Existing Home

The following is applicable to either the employee's current home or an existing home that will be purchased. Prior to determining if an existing home is a viable option, there are many variables that need to be considered:
Injured worker's desire to be in the home.
Condition of the home.
Size of the home (room sizes that will be utilized by the client).
Size of lot.
Slope of lot.
Levels of the home.
Need for public transportation.
Need for school district for children or jobs.
The building of an addition versus elaborate reconstruction.
The cost effectiveness of the modifications and/or additions. Proper analysis by the necessary experts is required for this determination. Remember, these steps need to be included in an Independent Living Plan.

New Home Construction

For the purpose of this housing paper, three building systems will be considered. These include Site-built, Modular, and Manufactured Homes. (See ADDENDUM: Comparative Chart).

Site-built (traditional stick-frame) Home

Homes are built to specifications on site by construction workers, carpenters, electricians, plumbers, etc., who are supervised by the building sub-contractor or general contractor. Homes are built to meet or exceed local/regional code regulations.

Modular Home (pre-fabricated)

Homes are built to the same building codes as Site-built homes, but are constructed off-site usually in a factory setting. Sections of the home are constructed in separate components or modules, which are later assembled on-site, on a foundation which would be similar to a site-built home. Because of the controlled environment during the construction of individual modules, there is a reduction in overall pricing for modular homes, as well as a reduction in the time required to complete the overall construction project.

Manufactured Home (aka mobile home)

The Federal Construction Safety Standards Act (HUD/CODE) requires manufactured homes to be constructed on a non-removable steel chassis. Manufactured homes are built in an assembly-line or factory environment. The building codes are not the same as the building codes for modular or site-built homes. The manufactured home would be transported on wheels, in a single or double-wide configuration, to the land on which it would be placed. Based on the HUD definition, a "mobile home" is a manufactured home which was built prior to the effective date that the Housing and Urban Development (HUD) code went into effect on June 15, 1976.

Facilities

The Rehabilitation Supplier should visit the facilities that are being considered for long-term living options, determine that the needs of the injured worker will be met, and coordinate with the family and the doctor. The following options for long-term housing may be appropriate or not appropriate based on individual needs. Another issue concerns family circumstances and pets. As indicated above, the Rehabilitation Supplier must obtain a referral from the ATP for these options to be considered.

Assisted Living/Nursing Homes

Assisted Living facilities have services available to the residents and a monthly fee is paid often with additional fees for services, such as, cooking, laundry, reminder to take medications, etc. For individuals, aged 50 and above, Assisted Living may be a consideration if the injured worker needs minimum assistance. A clear definition of any and all assistance needed will dictate whether the assisted living facility is appropriate or not. Advantages are socialization and ongoing planned activities, as well as transportation for both medical and non-medical outings. Some also have onsite activities, pools, hair salons, and physical therapy or gyms.

There are several resources available to assess the quality of skilled nursing facilities. MemberoftheFamily.net provides an annual survey rating system for actual potential for (resident) harm, violations, and repeat violations. The Georgia Nursing Home Association (www.gnha.org) offers a comprehensive checklist of what to observe (during a visit), questions to ask yourself and facility staff, and nursing home statistics. Finally, www.Medicare.gov/NHCompare has five-star rating system detailing information about the past performance of every Medicare and Medicaid certified nursing home in the country which can be researched at www.Medicare.gov by geography, proximity, and name. Medicare and Medicaid certified nursing homes are rated as to their last inspection in the Nursing Home Compare Section. The Rehabilitation Supplier should not rely on this report alone because minimum standards are reflected in the report and conditions change frequently. The Ombudsman in the area of the home may be contacted for the most current information. The Rehabilitation Supplier should perform a site visit prior to the recommendation of a specific facility. The Rehabilitation Supplier should consider that all nursing homes are not appropriate for patients, with tracheotomies, for example. Individualized assistance will need to be addressed and provided separately per

physician and physical or occupational therapist recommendations. For example, specific assistance with ADLs or transfers may be indicated. In addition, alternatives to nursing homes may be located at Elder Care Locator at 1-800-677-1166.

Board and Care Homes

Board and Care homes are designed for people who do not meet the needs of independent living but do not require nursing home services. Most provide assistance with some ADLS, for example, eating, walking, bathing, and toileting. Many of these facilities do not take Medicare and Medicaid and are not strictly monitored. The Rehabilitation Supplier would have to carefully research and monitor these facilities.

CCRCS (Continuing Care Retirement Community Services)

The Rehabilitation Supplier would need to use these facilities carefully and determine that the geographic requirements are met. CCRCS housing communities provide different levels of care based on the individual needs from independent apartment to skilled nursing. CCRCS are usually appropriate for ages 50 – 55 and over. The Rehabilitation Supplier would have to check the quality of the facility and nursing home. Most of these facilities require a large payment prior to admission and then no fees are charged. This would be a long-term arrangement and would need to be agreed upon by all parties and care would need to be taken in ensuring that the injured worker's best interest is served.

Specialized Facilities

Long-term specialized facilities would include those meeting the needs of injuries including brain injury, burns, spinal cord, etc. These exist locally and nationwide.

CHOOSING THE CONTRACTOR

There are a few guidelines to explore to avoid an unhappy experience with the contractor. The best way to avoid additional stress and to ensure a good outcome is to choose the correct contractor. The parties are responsible to perform a due diligence investigation of any contractors considered to participate in the housing project.

As a reminder, it is the Rehabilitation Supplier's responsibility to gather all information and documentation regarding the housing project, to include the parties, third party vendors, general contractors and all subcontractors. The Rehabilitation Supplier must distribute it all to the parties to the claim. This includes, but is not limited to , licensure, insurance, reports, bids, and designs.

CHECK LIST

All contractors must be licensed through the State of Georgia. It is suggested that the parties require the contractors to produce his/her verifiable license with the submission of any bid. The contractor should have experience building handicapped accessible homes. The parties should ensure that the contractor states in his/her contract that all of the subcontractors utilized will be licensed and insured. For more information you may contact the licensing board for residential and general contractors at their website, www.sos.state.ga.us/plb/contractors .

Check references; ask questions; try to see their work; get as much information as possible.

Did the contractor keep the schedule and contract terms?

Were they pleased with the work?

Did the contractor listen to requests and respect these?

Would they hire the contractor again?

Check the contractor out with the Better Business Bureau, Chamber of Commerce, the Consumer Fraud Unit and/or the District Attorney.

Secure two to three bids that specify the scope of their work so they may be comparable. The bids should specify the duration of their validity.

Obtain a copy of the selected contractor's General Liability Insurance and Workers' Compensation coverage, if required. Parties are advised to verify their validity.

For large scale housing modification or building projects, parties might want to consider including, as part of the contract, a "performance bond". A "performance bond" is additional insurance the general contractor may purchase to cover the cost of the project in the event the general contractor is unable to complete the project (due to illness, death, or bankruptcy). The general contractor must pass both a criminal background and credit evaluation in order to obtain this insurance bond. There is a fee for purchase of the "performance bond", based on value of the project, which may be shown as an option in itemized costs of proposed contract.

The contractor is responsible for knowledge and adherence to all pertinent City/County/State building and zoning codes. Likewise, he/she is also responsible for securing all required building permits and inspections. Parties should include this in the contract.

Make sure that the contract is specific and clear. Some particulars to look for are draw schedules, permits, inspections, and dates to start and complete the project. A "spec sheet" should be attached to the contract, which spells out the specifics of the building project in detail, including, but not limited to, materials to be used, type of faucets, door sizes, water heater, appliances, flooring, paint grade, etc.

The contract should specify requirements for a final payment, i.e., a lien clearance letter, certificate of occupancy, or other necessary documents.

RED FLAG CLUES CONCERNING CONTRACTOR

Cannot produce a valid address or phone number.
Uses undue pressure.
Does not give references.
Prices the project substantially lower compared to other bids.
Quotes a "special price" for anything.
References do not check out.
Unable to verify license and insurance coverage.
Asks for pay 100% up front or an unusual first advance.
If you are asked to sign a completion certificate before the job is done.

GENERAL ACCESSIBILITY

In terms of housing for the catastrophically injured worker, "accessibility" can be generally described as: The provision of specific modifications to the present or future home that will allow the injured worker to function safely within that environment, where possible, as closely to that which was enjoyed prior to the injury.

GENERAL CONSIDERATIONS

Board Rule 200.1 notes that housing is most appropriately addressed in an Independent Living Plan (WCR2-a). Board Rule 200.1 (5) (ii) states "An Independent Living Plan encompasses those items and services, including housing and transportation, which are reasonable and necessary, for a catastrophically injured employee to return to the least restrictive lifestyle possible."

Limitations associated with physical injuries are the most common, and usually the most obvious, issues to be addressed. Less obvious, however, are the limitations associated with cognitive or "unseen" injures and their residual impact on the injured worker and their ability to deal with their environment.

The *Americans with Disabilities Act of 1990 (ADA)*, as amended, was drafted primarily to address commercial and public buildings, employment and related issues. While not mandatory for private residences, this act does, however, provide important and basic guidelines for the design and construction of housing that is compatible with the needs of individuals experiencing physical and/or cognitive impairments. There are no ADA codes applicable to private residences. Primary issues of concern in the development of accessible housing of any type should include, but not be limited to:

General safety.

Fire safety: The ability to enter and exit home in a safe and efficient manner, preferably, the ability to exit the home from two (2) distinctly different areas.

The ability to access the various areas of the home to perform ADLs. These areas include, but are not limited to, the bathroom (including the commode, shower/bath and vanity), the kitchen (including cooking and storage areas), the bedroom (including dresser and closet areas), and the driveway (including a garage or carport).

The ability to communicate with others outside of the home should a problem develop (police, fire, family).

Consideration of the injured worker's lifestyle, hobbies, interests, and other avocational activities that were performed prior to the injury.

The need to relocate for easier access to support programs, medical treatment and/or suitable transportation.

Family makeup.

Financial responsibility.

The types and extent of any home modifications are dependent upon the type of injury, the functional limitations associated with the injury, aging factors, and the anticipated level of independent living which the injured worker will likely attain. As such, they are individualized to each case and require the input of multiple experts.

Modifications and issues common to all disability groups include:

Safety – Preferably two (2) accessible exits from the residence that lead to separate outdoor areas.

Structural and electrical wiring meeting acceptable building practices and state/local codes.

Maximized ability to access, use, and move about the residence freely without obstruction or hazard.

The need to develop creative approaches to individual problems uniquely associated with the injured worker and their functional limitations.

ARCHITECTURAL BARRIER REMOVAL AND OTHER PHYSICAL MODIFICATIONS

Modifications may be necessary to the physical environment for injured workers with mobility, cognitive, visual limitations, and/or other functional limitations. The goal of these modifications is to allow the injured worker to return to the home environment and function independently, as close to the pre-injury level as possible.

Modifications in this area include external ramps, lowered and/or raised countertops, widened doorways, modifications to the bath area to facilitate maximum access and use, in-home ramps and/or lifts, elevators, landscape design and grade, flooring material, etc.

Consideration should also be made for covered access and egress for injured workers who are mobility impaired. Additional consideration should be made regarding modifications to home

workshops and other avocational areas that will maximize the injured worker's return to a level of activity enjoyed prior to the injury.

HOUSING CONSIDERATIONS IN ATTAINING AN ACCESSIBLE AND/OR LEAST RESTRICTIVE ENVIRONMENT

Not all injured workers will require these items. Any home modifications should be individualized to that injured worker and the type and level of his/her residual functional limitations.

Ramps – Recommended run and rise should be no greater than 1:12 (one inch of rise for every one foot of run). If runs exceed 30 feet, a resting platform will be required with a 5' square platform. Ramps with a grade of 1:12 should have one handrail. Ramps with a grade of 1:10 should have two handrails. These handrails should be placed at 2'8" and a lower guardrail should be centered 7" to the inside of the ramp.

Doorways – Recommended 36" minimum clearance, especially for new construction, for injured workers requiring wheelchairs for mobility. (Width may vary with the type of wheelchair and size of the individual). Maximum 1/2" beveled threshold with 5' x 5' level platform in front of doors and at top of ramp are recommended. Lever type handles are recommended 36" to 38" from the floor.

Hallways – It is recommended that hallways be at least 36", and preferably 42" wide, allowing a mobility- impaired injured worker and a non-mobility impaired individual to be able to pass safely.

Countertops – Desirable height for countertops for mobility-impaired individuals is 34".

Cabinets – Recommended height for mobility-impaired individuals is 44".

Sinks – Top of sink is recommended to be at a height of 33". Faucet sets should be single lever, or, if separate hot/cold, use 2 ½" blade handle.

Flooring – Mobility-impaired injured workers utilizing wheelchairs are best accommodated by hardwood or similar type floors. Linoleum tends to wear excessively.

Lighting – Additional lighting will assist injured workers with low vision limitations in regard to their mobility. Mobility-impaired injured workers would best function with light switches mounted between 36" and 40" from the floor. Outlets should be no less that 18" to 20" from the floor.

Heating and Air Conditioning – For mobility-impaired injured workers, controls should be 36" to 44" from the floor, preferably with lever or push button controls.

Appliances – For mobility-impaired workers, appliances should have front mounted controls. Consider a countertop range and separate oven with side hinge door, and side-by-side refrigerator and freezer.

Bathrooms – Considerations include: Tub vs. shower, handheld shower, single lever mixing, roll in shower, and additional hose length for the handheld showerhead (must be tailored to the individual and the extent of injury and functional limitations). Step-in baths or lifts for entering the bathtub may need to be considered.

Toilets – Recommended toilet height for mobility-impaired individuals is 20" – 22". Toilet centered 18" from sidewall.

Fixtures – Recommendations include: 30" x 48" approach in front of all fixtures. Grab bars should be considered for the tub and shower. There should be knee space under the lavatory with lever type faucets.

Bedrooms – Attempt to insure a 5' turning radius in the bedroom, with furniture in place for mobility-impaired injured workers. Closet bar heights are recommended to be no higher that 54" from the floor, 52" preferred. Beds must be tailored to the individual and the type of injury. Chairs should be sturdy and stable.

HOUSING CONSIDERATIONS RELATED TO SENSORY DEFICITS

In addition to many of the modifications noted above, particular attention should also be paid to:

Visual cues for those individuals experiencing industrial deafness.

Blinking lights for the telephone, doorbell, etc.

Accommodations to appliances and other home devices that will allow the injured worker to "see" rather that hear alarms, etc.

Modifications to communication devices. This would include telephones, televisions, computers, etc.

Auditory cues for the injured worker experiencing industrial blindness, cognitive disorders, or other disorder affecting sight and/or attention and concentration.

"Talking" watches, appliances and other devices that allow the injured work to hear rather than see actions taking place with microwaves, and other kitchen appliances.

Creating a "lack of clutter" home space that will allow the injured worker the maximum freedom to fully utilize their home.

Tactile cues for injured workers who are visually and/or cognitively impaired.

Cueing for appliances and/or electronic devices via raised numerals, Braille patterning or similar configurations.

Ridges and/or other texture changes approaching doorways, halls, or other various areas.

HOUSING CONSIDERATIONS SPECIFIC TO BURN INJURIES

While considering many of the accommodations noted above, workers who have experienced severe burns will also often require:

Environmental control systems that maintain a constant temperature and humidity range.

Wheelchair access may need to be considered if the injured worker has mobility impairments. (See specifics above).

Inside laundry facilities are imperative to keep sheets and other materials clean. Infection can spread if laundry is taken outside the home.

The burn patient may also require a separate room if he/she has open wounds that are infected. The room must be large enough to accommodate specialty equipment, such as suctioning devices, Pegasus type beds, wheelchairs, etc.

Specialized wiring if custom computer equipment is required to communicate with the hospital, physicians, etc.

Consideration given to building a small, enclosed porch (based upon the need and severity of the burn) with windows so that the person could "be outside" but still not exposed to the sun or in a non-environmentally controlled area.

ASSISTIVE TECHNOLOGY

These are supplemental devices and/or equipment, not necessarily modifications, that allow maximum independent functioning to be reached by mobility, cognitively, visually and/or hearing impaired injured workers.

Computers, computer software, environmental controls, automatic dialers and other similar equipment.

Emergency services contact equipment.

Cell phones, pagers, and other equipment that allow communication during emergencies or medical crisis.
Power doorways and other technological aides to assist in maximizing independence.

MOVING & STORAGE

These issues should be reviewed with parties as part of the planning for accessible housing and included as part of the proposed independent living rehabilitation plan (WC-R2a), when appropriate:

STORAGE

The renovation of an existing living space or building of a new accessible living space may require that the injured worker's (and his/her family's) household goods be stored in a public facility. Resources include "you store it" facilities found in most communities. The moving company that is moving the contents of the household may offer storage as an added service. Storage costs are based upon size of the space needed. Most spaces can be leased on a monthly basis. A contract with the storage facility is usually required. The Rehabilitation Supplier will need to discuss the contract and arrangements for funding with the injured worker and insurance carrier prior to the signing of a contractual agreement.

MOVING

Local professional household moving contractors may be needed to move the injured worker's/family's household contents to a storage facility during renovation of living space, temporary housing arrangements, or during construction of a new accessible living space. When obtaining bids for moving the injured worker's household contents, the Rehabilitation Supplier needs to obtain proof of the moving company's vehicle and liability insurance. Parties should consider insuring the contents of the household against damage and loss. The Rehabilitation Supplier will need to discuss specifics of the moving contract (i.e., spacing arrangements, moving boxes purchase, storage, dates/times, and arrangements for payment of contract) with the parties and include the information in the plan.

LONG TERM FACTORS TO CONSIDER FOR AGING INJURED WORKER

As time passes, everyone is affected by the aging process. However, it has been shown that individuals experiencing various types of disabilities may, and often do, encounter these problems much earlier in life and with more dramatic impact upon their ability to function independently than would occur in the general population.

GENERAL CONSIDERATIONS

In general, it is expected that the aging population will include the presence, development and/or increase of the following:

Need for help with ADLs.
Fatigue.
Weakness.
Arthritis.
Decreased stamina.
Decreased brain function.
Psychological issues.

Change in nutritional needs.
Development of Diabetes.
Increased orthopedic disorders.
Decreased mobility.
Hypertension.
Cardiovascular disease.
Urinary and/or bowel problems.
Skin changes.
Changes in need for and sensitivity to medications.
Increased reliance on assistive devices and personal care services.
Social isolation.
Increased potential for further injuries.

DISABILITY AND AGING

As stated above, individuals with disabilities tend to age faster.[1] A general principal of this concept is the "40/20" rule. This means that functional issues begin to emerge when a person reaches 40 years of age or has been disabled 20 years, whichever comes first. Additionally, a combination of this rule 50/10, 55/5, etc. also seems to carry forth the validity of this phenomenon.

Experts in the field of rehabilitation medicine indicate that individuals with a severe disability age faster.[2] Over the years, the organ system capacity declines gradually, over a 50 to 60 year period, until it reaches 20% to 40% of peak, at about age 75. In people with disabilities, this decline is accelerated from an average of 1% per year in the non-disabled person to between 1.5% and 5% per year depending upon the organ system. Adults who have a disability after maturity seem to age at a rate faster than normal from that point forward. Those who sustain a disability prior to maturity may never reach that peak capacity.[3]

SPECIFIC DISABILITIES

Each disability has increased areas that appear to be affected more during the aging process.

Spinal Cord Injuries

About 40% of persons with spinal cord injury under the age of 60 need some help with self care, but as they age, this need for assistance increases to 70% at age 75.[4]
Loss of lean muscle mass (sarcopenia).
Shoulder impingement (shoulders "wear out" after pushing a manual wheelchair for years).
Osteoporosis secondary to the inability to bear weight and/or exercise properly.
Earlier onset of arthritis.
Decreased stamina with the need to utilize power devices such as power wheelchairs.

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[1] Forman, Lawrence S., et al (2007) Aging and Life expectancy with a Disability.
[2] Kemp, B.J. (2005) What the rehabilitation professional and the Consumer need to know, *Physical Medicine Rehabilitation Clinics of North America*, 16:1
[3] Kemp, B.J. (2005) *Living with a Disability: A different way of aging*. UCI Medical Center, Irvine, CA.
[4] *Aging and SCI*, (February 1997). University of Washington, Rehabilitation Medicine, Northwest Regional Spinal Cord Injury System.

Long term care relationships often become strained and there is a need to change providers.
Psychological changes such as depression, isolation and/or avoidance of the public.
Change in nutritional needs secondary to lowered metabolic rate, changes in hormones, and less muscle mass.
Increased spasticity. Overuse injuries such as carpal tunnel, shoulder and elbow bursitis, potential fractures, kyphosis and scoliosis.
Hypertension. Hypertension is nearly twice as common in individuals with paraplegia as in able-bodied verified by controlled studies.
Cardiovascular disease. As much as 200% higher incident in individuals with spinal cord injuries.
Skin fragility. Aging decreases skin tone and thickness thus leading to an increase in decubitus ulcers and difficulty in healing.
Urinary tract infections. 400% higher rate of developing bladder cancer with a long term indwelling catheter.
Increased injury potential. Extremity fractures occur in approximately 40% of individuals with long term spinal cord injury.

Brain Injuries

Long term relationships often become strained and there is a need to change providers.
Fatigue and loss of stamina due to deconditioning and restricted mobility.
Sleep disturbances add to fatigue.
Late onset psychosis and possible post-traumatic epilepsy.
Decreased sense of smell and tastes cause changes in diet and nutrition.
Decreased physical activity can lead to the development of adult onset diabetes.
Impaired gait secondary to brain injury lead to back and hip problems requiring surgical and/or equipment intervention.
If seizures present, neurotoxic effects of long-term anti-convulsants must be considered.
Psychological stress and/or depression develop from the increasing dependency needs, feelings of powerlessness and isolation.
Social isolation secondary to the inability to participate in physical and social activities.
Increased risk of repeat traumatic brain injury.

Amputations

Fatigue occurs sooner with limb loss.
Weakness and loss of muscle mass due to improper fit of prosthesis.
High risk for increased arthritis.
May require equipment for mobility assistance.
Issues of overuse of unaffected limbs.
Personality and other psychological changes secondary to traumatic loss of limbs.
Nutritional changes.
Impaired gait stresses back and non-impaired leg.
Loss of muscle mass may necessitate frequent changes in the prosthesis itself.
Skin fragility in the amputation area leads to skin breakdown and decreased ability to heal.
Higher risks of frequent falls causing additional injuries.

Burns

There is a high incidence of cancer in burn patients. The scars cause an inflammatory reaction that can lead to malignant lesions. The scar tissue then becomes malignant.
The grafted skin also thins out over time and peels off. Hands are especially susceptible to open areas, tenderness and loss of fine motor function.

Facial and hand burns can be the most disabling over time. Burns of the feet also present long term problems due to pressure from shoes and scar breakdown.
Facial scars can become very tender over time especially if the person does not wear sun protection every day. Hair may stop growing over scarred areas even though it comes back right after the burn.
Nerves are trapped in the scars, and many people have chronic pain in some areas of grafting which may increase over time.
Scar tissue may change, become infected and/or inflamed and close monitoring of the burn area is required especially as the individual ages.

Vision

Traumatic vision loss increases in individual's potential to develop coronary artery disease by 2-3 times over non-traumatic vision loss subjects.[5]
Travel becomes more difficult secondary to cognitive changes associated with aging.
Co-morbid factors, osteoporosis, vascular disease, or other health problems may decrease the ability to perform ADLs previously performed with little or no difficulty.

ADDITIONAL THINGS TO CONSIDER AND DISCUSS

LOCATION OF ACCESSIBLE LIVING SPACE

Consideration should be given to the proximity of the living arrangements of the injured worker to medical care, community services, school districts (if there are children in the family), and access to public transportation. The safety of the proposed neighborhood should also be considered, especially when the injured worker's mobility has been compromised.

POWER GRID/GENERATOR

Consideration should be given to the injured worker's specific need for life sustaining electrical medical equipment, power wheelchair, and/or heating/cooling of the living space. When such conditions exist, serious consideration should be given to living in a location which has access to multiple sources of power or circuits (power grid). In addition, a backup generator for crisis situations should be considered.

WATER VS. SEPTIC TANK

Many areas within the State of Georgia do not have access to city or county sewer systems. Sewer systems may provide advantage of less upkeep in future, and may be consideration if choice is available. If septic tank is necessary, each county has specific requirements for "perk" tests for the land where building is proposed. Each county may require specific type of septic tank system to be used, how the "fill lines" will be placed, etc. The Rehabilitation Supplier must be sure that housing contractor who will be completing housing project is considering these needs as part of the overall bit/projected costs.

GARAGE VS. CARPORT

A carport gives protection from the weather, but presents exposure to the elements when going into the home. A large enough garage with a direct entry into the home eliminates this exposure. However, this issue may be creatively addressed on other ways (i.e. awning extended from garage).

NEED FOR FENCING

[5] *Archives of Physical Medicine and Rehabilitation* , Volume 86, Issue 5, May 2005.

The injured worker may have pets that will require fencing. Negotiation regarding funding of fencing needs to be undertaken during the planning phase of the accessible housing project.

UNIVERSAL DESIGN

More of a conceptual approach to accessible housing rather than specific criteria found in the General Accessibility subsection, the theory of universal design is the design of products and environments to be usable by all people, to the greatest extent possible, without adaptation or specialized equipment. It was developed by a group of design advocates at the North Carolina State University, College of Design, Center *for Universal Design*, in Raleigh, North Carolina and incorporates a number of principles:

Equitable Use – The design is useful and marketable to people with diverse abilities.

Flexibility in Use – The design accommodates a wide range of individual preferences and abilities.

Simple and Intuitive Use – Use of the design is easy to understand, regardless of the user's experience, knowledge, language skills, or current concentration level.

Perceptible Information – The design communicates necessary information effectively to the user, regardless of ambient conditions or the user's sensory abilities.

Tolerance for Error – The design minimizes hazards and the adverse consequences of accidental or unintended actions.

Low Physical Effort – The design can be used efficiently and comfortably and with a minimum of fatigue.

Size and Space for Approach and Use – Appropriate size and space is provided for approach, reach, manipulation, and use regardless of user's body size, posture, or mobility.

FINANCIAL CONSIDERATIONS

There is no singular solution as to how to address the funding dilemma surrounding the costs for accessible housing. There are as many potential solutions as there are ideas. The solutions are only limited by the creativity of, and negotiation by, the parties to the case. When addressing this aspect of housing, there should be careful attention in regard to the injured employee's present housing status as it is impacted by his/her functional needs and available resources. After the assessment of these needs and availabilities are completed, a course can then be charted to fully address funding for the eventual specific housing needs. Everyone is encouraged to brainstorm the issue and be prepared to compromise.

The employer/insurer must provide accessible, safe housing suitable for the injured worker's post-injury condition. However, there is no requirement anywhere that the employer/insurer must build or buy a house for an injured worker. The injured worker and the employer/insurer both have a responsibility to contribute to the injured worker's suitable housing (Pringle case; see General Considerations, pg. 1, for essence of that decision). An injured worker should not be placed in the position of having to declare bankruptcy because of their need for post-injury accessible housing.

The Rehabilitation Division believes that, under the principle of normalization, an injured worker (and his family members who live with him) should not have to pay more that 25 percent of his/their permanent income toward all housing costs (including utilities).

Household income should include **permanent** income of the injured worker and others who reside in the home.

Consideration should be given to additional housing costs beyond the basic rent or mortgage (e.g. taxes, insurance, homeowner association fees, upkeep of yard, maintenance of home, etc.).

Payment for specialists' evaluations required prior to permanent housing decision must be paid by the employer/insurer as part of the housing process.

If an injured worker has equity in a home which is no longer suitable for him, and the employer/insurer does not buy or build a suitable home form him, the injured worker generally contributes the value of the equity in the pre-injury home toward the new home.

Employer/insurer is responsible for costs of title search, moving expenses, inspections, and closing costs.

Responsibility for payment of fees for any required funding for storage of the injured worker's possessions/equipment is determined on a case by case basis.

Each case involving housing is different, and there is no "one size fits all" resolution. The Rehabilitation Division is available to hold rehabilitation conferences to help parties reach agreements and decisions regarding housing and the financial aspects of suitable housing for injured workers.

PARTIAL STIPULATED SETTLEMENTS FOR HOUSING

The State Board can never force parties to settle all or any part of an injured worker's case. A housing stipulated settlement is considered a partial settlement and resolves only the housing portion of an injured worker's workers' compensation case. It does not effect other benefits or resolve an injured worker's claim in its entirety. Anything parties agree to which is reasonable may be approved. Generally, insurers wish to end all responsibility for housing by agreeing to a stipulated settlement. The employee normally gets a suitable house which he/she could not otherwise afford, and the insurer relieves itself of any future responsibility for housing for the injured worker.

GENERAL CONSIDERATIONS

Because housing stipulated settlements usually, permanently resolve all issues relating to housing, the stipulation must spell out quite clearly, exactly what is and what is not covered by the stipulation, including, but not limited to, temporary housing, moving, storage, maintenance of the yard, maintenance of the house, and taxes/insurance.

The Rehabilitation /Managed Care Division does not feel that any injured worker should pay more than 25 percent of total family income toward total housing costs, including utilities, on a monthly basis. The Board's Rehabilitation Coordinators are available to hold conferences to discuss possibilities/ramifications of housing stipulations which are being considered by the parties. All proposed housing stipulated settlements should come to the Board's Rehabilitation/Managed Care Division for review prior to final approval. All housing stipulations must consider end of life issues, as well as what happens if later in the claim the injured worker is medically required to live in a nursing home, rehabilitation facility, or assisted living home as a result of residuals from his injury.

ISSUES TO CONSIDER

It is not true that anytime an injured worker settles the housing portion of his case, the employer/insurer pays in full for the building of a new home for the employee, although this may be the case if all parties agree, or an ALJ orders it.

If the injured worker has equity in a pre-injury home which is not suitable for his current medical condition, and parties agree that a new, suitable home will be bought or built, generally the injured worker is expected to contribute the value of the "old" home's equity toward the cost of the new home.

Who holds title to the house is a matter for parities to negotiate.

What happens to the house when the injured worker dies is also a matter of negotiation.

All standard real estate closing procedures must be followed even in cases of stipulated housing settlements.

If there is a probable need for future attendant care, then sufficient space for an attendant should be included in any long-term housing arrangement.

If modifications or building are considered, it is always better to plan for reasonable foreseeable long-range needs so that a one-time renovation or build will be sufficient for the injured worker's lifetime.

Will temporary housing be needed pending the modifications or building? If so, the stipulation should address this issue.

Housing must take into account the family configuration, including pets, children, grandchildren, and/or relatives who visit and stay with the injured worker.

The possibility of a divorce between the injured worker and his spouse, or other major family change, should be addressed in the stipulation. Normally the home is titled in the name of the injured worker, but if the employee and his/her spouse jointly owned a pre-injury home, that may not be the case.

Stipulated settlements for housing are not, as of this writing, subject to attorney fees.

ADVANTAGES TO THE EMPLOYER/INSURER

May be more cost-effective than providing a rent subsidy for the injured worker's life.

In most circumstances, ends the employer/insurer's responsibility for housing for the duration of the injured worker's workers' compensation case.

Helpful for planning housing costs for the duration of the case.

ADVANTAGES TO THE INJURED WORKER

Gives a much greater sense of independence and control.

Allows the injured worker to have suitable, accessible home which he/she might not otherwise have been able to afford.

HOUSING SETTLEMENT FORMAT

There are almost unlimited ways for a housing settlement to be developed. It must be agreed upon by the parties and is always specific to the circumstances of each individual case. The following is not an exhaustive list:

Parties may decide upon a one-time payment by the employer/insurer to the injured worker to cover all anticipated housing costs. The employer then uses the money to build a suitable house.

Parties may agree upon periodic payments, such as those from an annuity, to assist the injured worker with mortgage payments, if the injured worker holds a mortgage on the house. In those circumstances, the Board's Rehabilitation Division recommends that monthly housing cost, including utilities, not exceed more than 25 percent of a family's income.

Parties may agree that the employer/insurer will purchase a house and retain title to it, allowing the injured worker to live there for the rest of his/her life. If that route is chosen, the following questions must be answered:

- Will the employee pay rent?
- What will happen when the employee dies?
- Who will be responsible for maintenance, upkeep, insurance, etc., of the house? (In general, if parties "stip out" housing and the house is in the injured worker's name, the employee is responsible for maintenance, insurance, taxes, etc.).

Parties may agree that the employer/insurer will retain a lien of the house purchase, rather than holding title.

ETHICAL CONSIDERATIONS

Certain principles of ethics apply in all healthcare settings. Familiarity with Rule 200.1 (i), Professional Responsibilities of a Rehabilitation Supplier, and the Code of Ethics mandated by the varying underlying certifications required to be registered with the Board, can provide useful guidance in confronting the diverse ethical issues arising in accessible housing. During the process to obtain accessible housing, the Rehabilitation Supplier should be guided by principles of autonomy, beneficence, non-malfeasance, fairness, and veracity.

The Rehabilitation Suppliers have an ethical obligation in working with the catastrophically injured worker to ensure that accessible housing, when needed, is available. If fact, if it is an issue, the Board *requires* that Rehabilitation Suppliers develop an Independent Living Rehabilitation Plan that addresses the housing process. The injured worker's need for reasonable, appropriate accessible housing must be kept as the primary focus. Given the challenges and complexity of housing issues, the Rehabilitation Supplier should strive to do an excellent job as opposed to a merely acceptable one with requirements. The Rehabilitation Supplier's actions should reflect the role as advocate for the injured worker's safety, function, and accessibility.

Remember, the Rehabilitation Supplier is *not* the housing "expert". The Rehabilitation Supplier's role is the coordination of the consultation of experts and the gathering and dissemination of information of the various options to all parties upon which housing decisions may be made. All parties and the Rehabilitation Supplier have the responsibility to approach and implement the accessible housing process in an ethical manner.

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HOUSING GUIDELINES
ADDENDUM

Stick-Built (Traditional Home)		**Modular Home**	**Manufactured (Mobile) Home**
Foundation, Floors, Walls and Roofing	Concrete block, or poured concrete walls with floors, walls & roofing constructed to meet or exceed local and state building code requirements. Construction occurs on-site.	Same as stick-built with exception that construction includes modules delivered to site and construction is completed on-site, which may include use of crane for placement of modules.	Steel I-beam framing system with wood wall and sub-flooring, all of which is constructed in assembly line in manufacturing plant. Completed product is transported on wheel system to building site. Foundation system may be added but is not necessary.
Accessibility	Accessibility is available through customized construction of doorways, halls, bathrooms, kitchens, floor, etc., including special lighting, sound, and ramping systems.	Accessibility is reported to be available. Customized construction would alter assembly-line production of modules, which will increase costs. Customized construction may not be practical due to additional costs.	Accessibility may be available, but manufacturer will need to be contacted for specific customization needs. Typical manufactured housing is not accessible. Flooring may need to be upgraded.
Codes	Construction will meet local and state building code requirements.	Construction of modules and completion of construction on-site will meet local and state building code requirements.	Construction satisfies H.U.D. building code specifications, which are not equivalent to local or state building codes.
Appreciation and Depreciation	Homes appreciate through approximately 80 years. Depreciation typically begins at 80 years, sometimes earlier, dependent upon quality of construction and materials, as well as frequency of adequate maintenance.		Depreciation occurs more quickly, depending on quality of product. If placed on a masonry foundation, appreciation is possible for many years.
Maintenance	All homes require maintenance. The frequency and expense of maintenance will be dependant upon the original quality of the product and workmanship.		
Garage	Built on-site as part of house, or as a separate garage	Built on-site, either attached to house, or as a separate garage	Built on-site as a separate garage. The manufactured home is not built to withstand the load of an attached garage.
Safety	Built on fixed foundation with quality product	Built on fixed foundation with quality product	Homes may be “tied” to ground through tie-down system.
Longevity	Longevity has a direct relationship to the quality of the original product and associated maintenance over years.		
Cost	Accessibility accommodations will increase the cost of any building system. Researching costs for each specific accessibility modification situation will be necessary.		