

Approved AW Douville 2-15-88
Date

MINUTES OF THE House COMMITTEE ON Labor and Industry

The meeting was called to order by Representative Arthur Douville at
Chairperson

9:07 a.m./~~p.m.~~ on January 27, 1988 in room 526-S of the Capitol.

All members were present except:

Representatives Bideau - Excused
Dillon - Excused
R.D. Miller - Excused

Committee staff present:

Jerry Ann Donaldson, Kansas Department of Legislative Research
Juel Bennewitz, Secretary to the Committee

Conferees appearing before the committee:

John Rathmel - Department of Human Resources, Director of Worker's Compensation
Bill Morrissey - DHR, Assistant Director of Worker's Compensation
Dick Thomas - DHR, Administrator Vocational Rehabilitation

Director Rathmel indicated an increase in all services provided by the division of worker's compensation. There were 619 more accidents reported on the job in 1987 marking the fourth consecutive year of increase but there are indications it is leveling off. However, the baseline for accidents for the hearing file also increases - approximately 6% of all applications reported over the last 3-4 years have ended in litigation. Administrative law judges produced 874 awards in 1987, an increase of 18% over 1986 (738 awards). Mr. Rathmel reviewed the workload and production of the average administrative law judge, attachment #1.

Mr. Rathmel explained that reviews at the director's level are being handled in a less detailed manner in the interest of expediting the process. Any case involving a question of law will be addressed. Any case involving a factual question - the record will be searched for any evidence to support the judge's decision. Citing the converse problem of the claimant's attorney promising to pursue a lengthy hearing process if the insurance company does not accept a settlement, the chairman asked if the director knew of a resolution. Mr. Rathmel responded that beginning temporary compensation or compensation paid immediately upon the award by the administrative law judge might be one solution however, that is not without potential problems either.

Bill Morrissey testified that of 80% of the cases require a review at the director's level amounting to 600+ cases.

Regarding legislation that was enacted during the 1987 session, Mr. Morrissey related that principally issues have dealt with rehabilitation. Other changes have not yet been processed through the system such as those relating to carpal tunnel syndrome so it is not yet known how they will be impacted.

A series of rules have been implemented to effect that portion of the law stating the director will certify the capabilities of those persons providing rehabilitation services. The rules may be found in the July 1, 1987, "Kansas Workers Compensation Law & Rules", pp. 113-116, on file in the Department of Human Resources, Division of Workers Compensation. Also a worksheet has been devised for a claimant's attorney to complete. It reflects the basis for the fee charged and is made part of the record so the administrative law judge can make a surface determination if the fee is reasonable. To some degree this has increased the amount of work involved in the settlement. Early indications are that more clerical staff may be necessary to process the paper work involved, primarily with rehabilitation, in the implementation of the legislation.

CONTINUATION SHEET

MINUTES OF THE House COMMITTEE ON Labor and Industry

room 526-S, Statehouse, at 9:07 a.m./~~p.m.~~ on January 27, 1988

Dick Thomas listed the basic changes in the law regarding vocational rehabilitation, attachment #2, noting a major difference after July 1, 1987, is that the employer may choose the rehabilitation vendor. Attachment #3 pages a-j, are forms that have been devised to accompany the rehabilitation portion of the implemented legislation. When the computerization of the office is completed, it is anticipated that tracking a case will be much easier.

In response to a question from the chairman, Mr. Thomas responded that the state rehabilitation program becomes a part in that it has chosen to become a vendor.

The chairman asked if all referrals went to the state agency. Mr. Thomas responded that the change in the law dictated a choice of vendor if the referral is made in the first 90 days.

Representative Hensley asked if the statute allowed enough flexibility in determining the quality of vendors. Mr. Thomas responded that there are a few changes in the rules and regulations that could be broadened, possibly an oversight, regarding a few disciplines that were not included. Qualifications for the vendors are well defined but qualifications for counselors, particularly evaluators, may need refinement.

To date 27 vendors and 9 individuals have been qualified. Attachment #4 is a list of qualified vendors. Attachment #5 defines major sections of vocational rehabilitation. Attachment #6 is a table of workers compensation benefits.

Mr. Thomas cited a problem with no comparable wage requirement as a threshold for getting vocational rehabilitation. It was recognized that was not the intent of the legislation but it is in fact how it is being interpreted by employers. Concern was expressed by the committee as it was felt great care was taken in the construction of the legislation to avoid such circumstances.

Representative Whiteman asked if the director or assistant director had any evidence of claimants being required to "run all over the country" to obtain depositions from rehabilitation specialists. The response was that there was no evidence of such and no complaints have been made to the director. However, with the construction of the law, several levels of opinions are going to be required to determine medical functional impairment and vocational evaluation and job placement.

The target for providing information about the rehabilitation law at this time has been the providers. Full public dissemination has not been reached at this time.

The meeting was adjourned at 9:45 a.m. The next meeting will be January 28, 1988, 9:00 a.m. in Room 526-S.

HOUSE COMMITTEE ON
LABOR AND INDUSTRY

Guest List

Date January 27, 1988

Name	City	Representing
Peg Spencer	Rehabilitation Services/SRS	
Bill Morrissey	Topeka	DHR/WC
John Rathbun	"	"
Jack Snelson	"	"
Don Thomas	"	"
Bob Longton	"	KRCC
B. Mariani	"	Dept of Adm
Tom Caches	WICHITA	Boeing
Bob Czubek	topeka	MTWA
Rob Hodges	Topeka	KCCI
Bill Curtis	Topeka	Ks. Assoc. School Bds.
Frank J. Marney	Topeka	Mech. Cont. Assn. of Ks
Harold D. Nelson	Wichita	IA AFL-CIO
Walter Wilson	ICTA	Topeka

WORKLOAD AND PRODUCTION
OF THE
AVERAGE ADMINISTRATIVE LAW JUDGE

	<u>FY75</u>	<u>FY87</u>	<u>% INCREASE</u>
Pending Claims	223	810	263
Applications For Hearing	287	612	113
Applications For Preliminary Hearing	45	176	291
Preliminary Orders	22	126	573
Awards	75	123	64
Motions To Implead	26	151	481

HOUSE LABOR AND INDUSTRY
Attachment #1
1/27/88

**WORKERS COMPENSATION
REHABILITATION**

PRE JULY 1, 1987

PRIMARY PURPOSE 44-510g

A primary purpose of the Workers Compensation Act shall be to restore the injured employee to substantial and gainful employment.

THRESHOLD FOR REHAB

By order of the Director's Office (ALJ) if employee is unable to perform work for which he/she has previous training, education qualifications or experience or when unable to perform other substantial and gainful employment.

REHABILITATION PROVIDER

Referrals to state VR agency

**JULY 1, 1987
(HOUSE BILL 2573)**

PRIMARY PURPOSE 44-510g

A primary purpose of the Workers Compensation Act shall be to restore to the injured employee the ability to perform work in the open labor market and to earn comparable wages.

THRESHOLD FOR REHAB

Assessment of need for rehabilitation mandating if worker is off work 90 days and: Is unable to perform work for the same employer with or without accommodations or which such employee has previous training, education qualifications or experience.

REHABILITATION PROVIDER

Employer has choice of rehabilitation vendor from a list of vendors qualified by the Division of Workers Compensation. Counselors, evaluators and job placement specialist must also be qualified by the Division. Directors Rules & Regulations 51-24-3, 51-24-4, 51-24-5

HOUSE LABOR AND INDUSTRY
Attachment #2
1/27/88

PRE JULY 1, 1987

TEMPORARY TOTAL DURING EVALUATION OF NEED FOR REHABILITATION SERVICES.

Entitled under 44-510g. Usually has to be ordered by Director's Office. Requires a hearing and only paid during actual evaluation.

REHABILITATION GOALS

Services deemed necessary to restore the employee to some type of substantial and gainful employment.

Priority of goals not addressed.

JULY 1, 1987 (H.B. 2573)

TEMPORARY TOTAL DURING EVALUATION OF NEED FOR REHABILITATION SERVICES.

Entitled if threshold for rehabilitation is met. Restricted to 70 days with a possible additional 30 day ordered by the Director (hearing). A plan must be submitted to the Division of Workers Comp within 50 days of referral for assessment of need for rehabilitation services.

REHABILITATION GOALS

Services necessary and appropriate to render such employee, able to perform work in the open labor market and to earn comparable wages.

Priority rehabilitation goals for returning the injured worker to competitive employment as follows:

- a. Return to work with same employer;**
- b. Same work, with accommodations, with same employer;**
- c. Other work with or without accommodations, for the same employer.**
- d. Same work for another employer;**
- e. Other work for another employer;**
- f. Provide vocational rehabilitation re-education or training.**

PRE JULY 1, 1987

PLAN APPROVAL

Ordered by the Administrative Law Judge (ALJ).

TRAINING & RE-EDUCATION

**26 weeks with additional
26 weeks by special order.**

Temporary total disability paid during training and for total plan if state or federal vocational rehabilitation dollars involved.

SCHEDULED INJURIES

Same as general body injuries.

REFUSAL TO COOPERATE WITH REHABILITATION

Compensation can be suspended or cancelled if refusal continues for 90 days.

JULY 1, 1987 (H.B. 2573)

PLAN APPROVAL

Rehabilitation Administrator ensures plan is objective and reasonably obtainable.

Recommendations and revisions sent to Director within 20 days of receipt of plan.

Special hearing can be requested within 10 days by any party not agreeing to the plan.

TRAINING & RE-EDUCATION

**36 weeks with additional
36 weeks under unusual cases.**

Temporary total disability paid during training and for total plan if state or federal vocational rehabilitation dollars involved.

SCHEDULED INJURIES

A maximum of 26 weeks of temporary total paid under a training plan is not deductible from the maximum number of weeks allowed under the approved schedule.

REFUSAL TO COOPERATE WITH REHABILITATION

Compensation can be suspended or reduced to the functional impairment rating. If refusal persist for 90 days.

PRE JULY 1, 1987

**WORK DISABILITY (GENERAL
BODY INJURIES)**

**The percentage of pre-
injury job that such
employee can not do
after such employee
has reached maximum
medical stability.**

FORM 88 (JOB PLACEMENT)

**Served as knowledge of
a pre-existing medical
condition.**

JULY 1, 1987

**WORK DISABILITY (GENERAL
BODY INJURIES)**

**The extent of permanent
general disability shall
be the extent, expressed
as a percentage, to which
the ability of the em-
ployee to perform work
in the open labor market
and to earn comparable
wages has been reduced.**

FORM 88 (JOB PLACEMENT)

**Establishes the existance
of a reservation in the
mind of the employer when
deciding whether to hire
or retain the employee.**

HOUSE LABOR AND INDUSTRY
Attachment #2
1/27/88

WORKERS COMPENSATION VOCATIONAL REHABILITATION GUIDELINES

The legislature set out in K.S.A. 1987 Supp. 44-510g(a), the policy of the State of Kansas with respect to compensating persons injured in industrial accidents that occur after July 1, 1987.

"A primary purpose of the workers compensation act shall be to restore to the injured employee the ability to perform work in the open labor market and earn comparable wages..."

Administering the process of rehabilitating injured workers is the function of the Vocational Rehabilitation Administrator in the Division of Workers Compensation.

To this end, the Division has developed some working definitions, forms, and guidelines to assist employers, insurance carriers and rehabilitation providers in the delivery of workers compensation rehabilitation services to the injured worker.

WORKING DEFINITIONS:

MEDICAL MANAGEMENT: Any service provided by a vendor to an injured worker designed to coordinate and effect appropriate medical care until medical stability is achieved.

VOCATIONAL REHABILITATION: Services, vocational in nature, furnished to an injured worker which are designed to restore to the worker the ability to perform work in the open labor market.

VOCATIONAL EVALUATION: The administering, scoring and interpreting of psychometric tests to assess physical and mental capabilities by a person qualified, by the Director, as a vocational evaluator.

FORMS:

R87-1. To be used at one or more stages of the rehabilitation process by Employers/Insurance Carriers to report:

- a. Workers who will not return to work within 90 days.
- b. Workers who probably will need vocational rehabilitation services to return to the same or different employment.
- c. Workers who will need vocational rehabilitation and are medically stable enough to be referred to a vendor for evaluation.

R87-2. To be used by a vendor to notify the Division of the receipt of a referral.

R87-3a. To be used by a counselor to report the vocational evaluation results or plan rational. The form would be used by a counselor to report the results of an assessment of transferable skills or the results of a formal evaluation which has been performed by an evaluator.

R87-3b. To be used by a counselor to explain a proposed vocational rehabilitation plan. It must be accompanied by a Form R87-3a.

R87-3c. To be used by a counselor to explain a proposed amendment to a plan.

R87-3d. To be used by the Division to approve or note other action to be taken on a plan.

R87-4. To be used by a vendor to report progress on cases referred to them.

R87-5. To be used by a vendor to report closure status on a referral.

GUIDELINES:

If an individual has been referred to a rehabilitation vendor for counseling or evaluation and is not medically entitled to temporary total compensation, the provisions of 44-510g(e)(F)(2)(B) would still entitle the claimant to temporary total compensation for 50 days or until the plan has been approved. The additional 50 days of temporary total compensation does not begin to run, even if claimant has been referred to a vendor, if claimant is medically entitled to temporary total compensation.

In developing a rehabilitation plan, the counselor will adhere to basic rehabilitation precepts such as pursuing reasonably obtainable employment and using measurable criteria. The counselor must assess the problems impeding the claimant's return to employment and indicate how the problems will be accommodated, reduced or removed by the planned services.

When a job placement is effected the vendor will maintain contact with the placement employer and the employee for at least 60 days to insure that the employment is suitable.

KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION

INSURANCE CARRIER STATUS REPORT

TO: Division of Workers Compensation
Rehabilitation Administrator
Landon State Office Bldg, 651-S
900 SW Jackson Street
Topeka, Kansas 66612

From (Insurance Carrier): _____
Address: _____
City, State: _____ ZIP: _____

Report date: _____ 198__ Ins Ca File No _____
Adjustor: _____ Phone(____) ____-_____

Re: Claimant: _____ SSN _____
Street: _____
City, State : _____ ZIP _____
Phone: (____) ____ - _____ Date of Birth _____
Employer: _____
Job description: _____

Accident date: _____

____ Claimant has lost _____ days as of _____ 198__ .

=====
We have referred claimant on _____ 198__
to _____ (vendor) to determine
whether vocational rehabilitation services are needed.
=====

We have not made a referral for evaluation because:
____ Claimant returned to work on _____ 198__ .
____ The claim is being denied as not compensable.
____ Claimant's medical condition has not stabilized.
____ Prognosis as to when condition will stabilize _____ 198__
____ Temporary total compensation (is) (is not) being paid. (Circle one)
____ Claimant will return to work for the same employer when released by
attending physician. Estimated return to work date _____ .
____ Other _____

KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION

VENDOR REFERRAL REPORT

Use this form to report information about persons referred to you for evaluation and development of a vocational rehabilitation plan.

DATE REFERRAL RECEIVED _____
REFERRED BY _____

VENDOR: _____ Vendor No. _____
Address: _____

City, State ZIP: _____
V R Counselor: _____
QRP No. : _____

INSURANCE CARRIER: _____
Address: _____

City, State ZIP: _____
Adjuster: _____
Ins Ca File No: _____
Phone: (____) ____ - _____

CLAIMANT: _____
Address: _____
City, State ZIP: _____
SSN: _____ Date of Birth _____
Phone: (____) ____ - _____
Date of Accident: _____

EMPLOYER: _____
Address: _____
City, State ZIP: _____
Contact Person: _____
Phone: (____) ____ - _____

PHYSICIAN: _____
Address: _____
City, State ZIP: _____
Phone: (____) ____ - _____

NATURE OF INJURY OR DISABILITY: _____

ATTACH A COPY OF THE ACCIDENT REPORT

KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION

VOCATIONAL EVALUATION / PLAN RATIONALE

VENDOR NAME _____ INS.CARRIER _____
VENDOR ID # _____ INS. CARRIER FILE # _____
VR COUNSELOR _____ ADJUSTOR _____
QRP# _____ PHONE _____
PHONE _____

CLAIMANT _____ SSN _____ D/A _____
ADDRESS _____ BIRTHDATE _____
PHONE _____ MALE _____ FEMALE _____
EMPLOYER AT D/A _____

CURRENT MEDICAL STATUS, INCLUDING PHYSICAL LIMITATIONS:

EDUCATIONAL & VOCATIONAL BACKGROUND: (PROVIDE DESCRIPTION OF USUAL OCCUPATION & THE PHYSICAL REQUIREMENTS)

RESULTS OF TRANSFERABLE JOB SKILLS ASSESSMENT:

RESULTS OF VOCATIONAL ASSESSMENT WHICH LED TO RECOMMENDATIONS:

DOCUMENTATION OF CLAIMANT'S ABILITIES TO PERFORM SELECTED VOCATIONAL OBJECTIVE:

AVAILABILITY OF SELECTED EMPLOYMENT AND ENTRY LEVEL WAGE:

OTHER PERTINENT CONSIDERATIONS: (USE SEPERATE SHEET IF NECESSARY)

VR COUNSELOR

DATE

HOUSE LABOR AND INDUSTRY
Attachment #3d
1/27/88

**ATTACH MEDICAL AND VOCATIONAL REPORTS
TO SUPPORT VOCATIONAL CHOICE**

KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION

VOCATIONAL REHABILITATION PLAN

VENDOR NAME _____ INS. CARRIER _____
VENDOR ID # _____ INS. CARRIER FILE # _____
VR COUNSELOR _____ ADJUSTOR _____
QRP # _____ PHONE _____
PHONE _____

CLAIMANT _____ SSN _____
ADDRESS _____ MALE _____ FEMALE _____
PHONE _____ DATE OF ACC _____ DATE OF BIRTH _____
WEEKLY EARNINGS AT D/A _____
ESTIMATED EARNING AT PLAN COMPLETION _____

IDENTIFY PLAN PRIORITY:

- _____ SAME WORK - SAME EMPLOYER
- _____ SAME WORK WITH ACCOMODATION - SAME EMPLOYER
- _____ OTHER WORK WITH OR WITHOUT ACCOMODATION - SAME EMPLOYER
- _____ SAME WORK - ANOTHER EMPLOYER
- _____ OTHER WORK - ANOTHER EMPLOYER
- _____ RE-EDUCATION AND TRAINING

ALTERNATE PRIORITIES CONSIDERED: REASONS PRECEEDING PRIORITIES REJECTED:

VOCATIONAL GOAL:

DOT CODE _____

JOB DESCRIPTION:

SERVICES:

BEGINNING

ENDING

1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

DURATION OF PLAN:

PLAN IMPLEMENTATION DATE _____

PLAN COMPLETION DATE _____

TOTAL NUMBER OF WEEKS FOR PLAN COMPLETION _____

IF JOB PLACEMENT EXCEEDS 120 DAYS A REPORT WILL BE SUBMITTED TO THE DIVISION TO JUSTIFY THE CONTINUED APPROPRIATENESS OF THE PLAN

RESPONSIBILITIES:

Claimant:

QRP:

CLAIMANT VIEWS:

CLAIMANT SIGNATURE _____ DATE _____

COUNSELOR SIGNATURE _____ DATE _____

**THIS FORM MUST BE ACCOMPANIED BY A FORM R87-3a
EVALUATION/PLAN RATIONALE**

KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION

PLAN AMENDMENT

AMENDMENT # _____

CLAIMANT _____
VENDOR NAME _____
VR COUNSELOR _____

SSN _____
VENDOR ID # _____
QRP # _____

REASON FOR PLAN AMENDMENT:

IDENTIFY ADDITIONAL OR DELETED SERVICES OF PLAN:

SERVICES	BEGINNING	ENDING
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

CLAIMANT VIEWS:

SIGNATURES:

CLAIMANT _____ DATE _____

COUNSELOR _____ DATE _____

**KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION**

PLAN REVIEW AND APPROVAL FORM

(To be completed by the Division)

CLAIMANT: _____ **SSN** _____

_____ **COMMENTS:**
_____ **RECOMMENDATION:**
_____ **MEDIATION:**
_____ **APPROVAL:**

Signature of Reviewer _____ **Date** _____

Copies to:

KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION

VOCATIONAL REHABILITATION PROGRESS REPORT

Report No. _____

Claimant _____ Date _____

Vendor _____

QRP Name _____ QRP NO. _____

TO: DIVISION OF WORKERS COMPENSATION

Summary of Vocational Progress:

(Report at end of first 30 days after referral and thereafter as events occur affecting the status of the rehabilitation process)

Signature _____ QRP # _____

KANSAS DEPARTMENT OF HUMAN RESOURCES
DIVISION OF WORKERS COMPENSATION

CLOSURE REPORT

DATE OF CLOSURE _____
VENDOR NAME _____
VR COUNSELOR _____ QRP # _____
CLAIMANT _____ SSN _____
ADDRESS _____

TOTAL COST FOR VOCATIONAL REHABILITATION SERVICES EXCLUSIVE OF WEEKLY
COMPENSATION AND MEDICAL COSTS: \$ _____

REASON FOR CASE CLOSURE

_____ 1. CLAIMANT HAS BEEN EMPLOYED SUCCESSFULLY FOR 60 DAYS

JOB TITLE _____ DOT CODE _____

Employer _____ Phone _____

Address _____

Date returned to work: _____ Current weekly wage _____

Job description:

_____ 2. PLAN TERMINATED PRIOR TO COMPLETION

REASON FOR TERMINATION:

COUNSELOR SIGNATURE _____ DATE _____

December 1, 1987

QUALIFIED VOCATIONAL REHABILITATION VENDORS

ASSOCIATED REHABILITATION CONSULTANTS
1536 North Rogers, Suite 1411
Olathe, Kansas 66062
913-764-8878

BEECH AIRCRAFT CORPORATION
9709 East Central
Wichita, Kansas 67201-0085
316-681-7111

BETHANY HEALTH and REHABILITATION SERVICES
155 S. 18th Street, Suite 185
Kansas City, Kansas 66102
913-281-8421

JOHN T. BOPP, P.C.
616 East 63rd Street, Suite 201
Kansas City, Missouri 64110
816-333-0606

CENTENNIAL REHABILITATION ASSOCIATES, INC.
7509 Nall Avenue
Prairie Village, Kansas 66208
913-648-8451

CONSERVCO
9800 Metcalf, Suite 455
Overland Park, Kansas 66212
913-967-4409

CRAWFORD & COMPANY
HEALTH AND REHABILITATION SERVICES
3406 Broadway
Kansas City, Missouri 64111
816-753-2863

HOUSE LABOR AND INDUSTRY
Attachment #4
1/27/88

GOODWILL INDUSTRIES
1817 Campbell Street
Kansas City, Missouri 64108
816-842-7425

HCA WESLEY MEDICAL CENTER
550 North Hillside
Wichita, Kansas 67214-2468
316-688-2468

IAM CARES
3830 South Meridian Street
Wichita, Kansas 67217
316-522-1591

INTRACORP/IRA
6701 West 64th Street, Suite 220
Shawnee Mission, Kansas 66202
913-722-2085

JEWISH VOCATIONAL SERVICES
1608 Baltimore
Kansas City, Missouri 64108
816-471-2808

KANSAS REHABILITATION AND CLINICAL CONSULTANTS
2909 Plass Court
Topeka, Kansas 66611
913-266-0210

KANSAS REHABILITATION SERVICES
2700 West 6th Street
2nd Floor, Biddle Building
Topeka, Kansas 66606
913-296-3911

KANSAS VOCATIONAL REHABILITATION CENTER
3140 Centennial Road
Salina, Kansas 67401
913-827-9356

LANGE & ASSOCIATES
PROFESSIONAL REHABILITATION
7407 East 79th Street
Kansas City, Missouri 64138
816-353-0351

McCLELLAN & ASSOCIATES
616 East 63rd Street, Suite 201
Kansas City, Missouri 64110
816-333-0606

MENNINGER RETURN TO WORK CENTER
700 Jackson, 9th Floor
Topeka, Kansas 66603
913-233-2051

PERC, INC.
6901 West 63rd Street
Building 2, Suite 406
Shawnee Mission, Kansas 66202
913-236-5300

PROFESSIONAL REHABILITATION CONSULTANTS, INC.
7070 West 107th street, Suite 160
Overland Park, Kansas 66212
913-381-0081

PROFESSIONAL REHABILITATION MANAGEMENT, INC.
PO Box 847
201 East Santa Fe
Olathe, Kansas 66061
913-782-6697

REHABILITATION INSTITUTE
3011 Baltimore
Kansas City, Missouri 64108
816-756-2250

REHABILITATION MANAGEMENT CONSULTANTS
148 South 7th Street, Suite K
Salina, Kansas 67401
913-823-3109

HOUSE LABOR & INDUSTRY
Attachment #4
1/27/88

WORK ASSESSMENT & REHABILITATION CENTER
3217 East Douglas
Wichita, Kansas 67208
316-685-9675

Wx WORK CAPACITIES, INC.
4761 Rainbow Blvd.
Westwood, Kansas 66205
913-722-4242

VOCATIONAL REHABILITATION

<p>PRIMARY PURPOSE 44-510g(a)</p>	<p>WORK DISABILITY (GENERAL BODY INJURIES) 44-510e(a)</p>	<p>THRESHOLD FOR REHAB 44-510g(d)</p>	<p>VOCATIONAL REHABILITATION SERVICES 44-510g(d)</p>
<p>A primary purpose of the Workers Compensation Act shall be to restore to an injured employee the <u>ability to perform work in the open labor market and to earn comparable wages.</u></p>	<p>The extent of <u>permanent general disability</u> shall be the extent, expressed as a percentage, to which the ability of the employee to <u>perform work in the open labor market and to earn comparable wages</u> has been reduced.</p>	<p>Employee is unable to perform work for the same employer with or without accommodation or for which such employee has previous training, education, qualification or experience.</p> <p><u>RECOMMENDATION</u></p> <ol style="list-style-type: none"> 1. Same employer at a <u>comparable wage.</u> 2. Previous training, education, qualification or experience to enter <u>open labor market and to earn comparable wage.</u> <p>HOUSE LABOR AND INDUSTRY Attachment #5 1/27/88</p>	<p>Including re-training and job placement as may be reasonably necessary to restore to such employee the <u>ability to perform work in the open labor market and to earn comparable wages.</u></p>

Effective July 1, 1987
TABLE OF MAXIMUM BENEFITS
 Kansas Workers Compensation Law

Medical and hospital allowances	No limit
Death benefit to dependents, spouse	\$200,000.00
Burial allowance	\$3,200.00
Permanent total disability	\$125,000.00
Temporary total disability	\$100,000.00
Partial disability	\$100,000.00
Maximum weekly benefits (7-1-81 to 6-30-82)	\$187.00
(7-1-82 to 6-30-83)	\$204.00
(7-1-83 to 6-30-84)	\$218.00
(7-1-84 to 6-30-85)	\$227.00
(7-1-85 to 6-30-86)	\$239.00
(7-1-86 to 6-30-87)	\$247.00
(7-1-87 to 6-30-88)	\$256.00
	Compensation
	Weeks Payable at \$256.00 weekly
Arm	210 \$53,760.00
Forearm	200 \$51,200.00
Hand	150 \$38,400.00
Leg	200 \$51,200.00
Lower Leg	190 \$48,640.00
Foot	125 \$32,000.00
Eye	120 \$30,720.00
Hearing, both ears	110 \$28,160.00
Hearing, one ear	30 \$7,680.00
Thumb	60 \$15,360.00
Finger 1st (index)	37 \$9,472.00
Finger 2nd (middle)	30 \$7,680.00
Finger 3rd (ring)	20 \$5,120.00
Finger 4th (little)	15 \$3,840.00
Great toe	30 \$7,680.00
Great toe, end joint	15 \$3,840.00
Each other toe	10 \$2,560.00
Each other toe, end joint only	5 \$1,280.00

Amputation through joint considered loss to next higher schedule.

Partial loss of a member is compensable on a pro-rata basis.

Allowance of 10% and not over 15 weeks for healing period.

STATE OF KANSAS

COVERAGE—All employments are covered that have an estimated payroll of \$10,000 or more in the current calendar year. Agricultural pursuits are exempt. The excepted employments can elect to be covered. Volunteers can be covered.

ENTITLEMENT—Workers in covered employment disabled by accidental injury or occupational disease.

NOTICE—Workers must give notice of accidental injury to their employers within 10 days, or 90 days if an occupational disease.

CLAIM—Workers suffering an accidental injury must serve written claim on employer in person or by registered or certified mail within 200 days. Workers suffering disability from occupational disease must serve claim in same manner within one year from date of disablement. Right to compensation may be forfeited if claim is not served in time.

TREATMENT—The employer must furnish medical treatment and the worker must accept treatment offered or appeal to the director for a change of doctor. Employee has the right to \$350 of unauthorized medical expense.

(See reverse side for total benefits)

For information write:
 Department of Human Resources
 Division of Workers Compensation
 Landon State Office Building
 900 S.W. Jackson, Room 651-S
 Topeka, Kansas 66612-1276
 (913) 296-3441

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HOUSE LABOR AND INDUSTRY
 Attachment #6
 1/27/88