

Approved Monday, February 29, 1988
Date

MINUTES OF THE SENATE COMMITTEE ON LABOR, INDUSTRY AND SMALL BUSINESS

The meeting was called to order by Senator David Kerr, Vice Chairman at
Chairperson

1:30 ~~am~~ p.m. on Monday, February 22, 1988 in room 527-S of the Capitol.

All members were present except:

Senator Dan Thiessen, Chairman - Excused
Senator Jack Steineger - Excused
Committee staff present:
Marion Anzek, Committee Secretary
Gordon Self, Revisor's Office

Conferees appearing before the committee:

Richard Thomas, Administrator-Div. Workers Comp-Dept. of Human Resources

Senator David Kerr, Vice Chairman called the meeting to order at 1:30 p.m. calling upon Richard Thomas, Administrator, Workers Comp. to brief the committee members on the status of the Departments activities in relation to workers compensation rehabilitation legislation passed by this committee during the 1987 session.

Richard Thomas, Vocational Rehabilitation Administrator said the department has been working to improve the workers compensation rehabilitation and would review with the committee some of what has been done already by the department and he had some statistics on pre July 1, 1987 and July 1, 1987, HB2573. Mr. Thomas said the primary purpose used to be to restore the injured employee to substantial and gainful employment and the goal now is to restore to the injured employee the ability 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 accomodations, with same employer; (C) Other work with or without accomodations, for the same employer; (D) Same work for another employer; (E) Other work for another employer; (F) Provide vocational rehabilitation re-education or training. (See Attachment 1)

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. (See Attachment 2) Mr. Thomas explained to the committee the uses of the new forms, including Insurance Carrier Status Report, Vendor Referral Report, Vocational Evaluation/Plan Rationale, Vocational Rehabilitation Plan, Plan Amendment, Plan Review and Approval Form, Vocational Rehabilitation Progress Report and Closure Report. These are forms that are used by the insurance companies for reporting to us.

Vendor qualifications are on page 113, 51-24-4 of Attachment 3), we currently have 28 vendors that qualify and since July 1, 1987 we have qualified 125 counselors, they also, have very strict guidelines. page 113, 51-24-5.

The threshold for rehab 44-510g(d) (Attachment 4) The primary purpose is - to return a worker to enter the labor market and to earn comparable wage of the wage market. Some people interpret that to say if they had a job that paid \$10.00 per hour and we will give them \$3. or \$4. an hour, then that is not - an issue. Last week we hired additional personnel and now have the capability of tracking cases and letting us know we are in compliance. My main purpose will be out educating about the new law with unions and employers.

Another area I would like to have you aware of is the evaluation process. We need to assess if there is a need for rehabilitation services. Counselors do the assessment of the job we are doing, and 20% of the people need in depth evaluation to see if they can move into another position within that company and see if it is comparable. A full evaluation takes about two weeks.

CONTINUATION SHEET

MINUTES OF THE SENATE COMMITTEE ON LABOR, INDUSTRY AND SMALL BUSINESS,
room 527-S, Statehouse, at 1:30 ~~xxx~~ p.m. on Monday, February 22, 1988

Senator Feleciano asked Mr. Thomas what the case load is and who determines the case?

Mr. Thomas said his job was to approve the cases.

Senator Gordon asked Mr. Thomas how the cases are going for the administrative law judges? Mr. Thomas said the administrative law judges take about 60 days and were trying to speed it, but they still have a backlog and we have not had an appeal case yet, because it is too new.

The Vice Chairman asked Mr. Thomas about the threshold rehabilitation that people are questioning, if people can work for \$4.00 an hour babysitting and they were making \$11.00 an hour as a machinist, does this mean they can work as babysitter at \$4.00 hour, then there is no need for rehabilitation from a \$11.00 an hour job? I did not think there was any doubt that the goal for the legislation was to get them in a position to earn comparable wages, and if that is the goal do you think that should be clarified with additional legislation or is this something that should be handled by case law?

Mr. Thomas said, I think the change to open labor market and to earn comparable wage would make it very clear.

Senator Kerr asked how many are currently in rehabilitation, that have gone through the steps of this program, and are now in rehabilitation?

Mr. Thomas said maybe around 30 have come in and have been approved.

The Vice Chairman thanked Mr. Thomas and turned attention of the members to the minutes of February 16, 1988 and asked if there was a motion on the minutes.

Senator Feleciano moved to approve the minutes of Tuesday, February 16, 1988 seconded by Senator Gordon. The motion to approve carried.

Vice Chairman Kerr adjourned the meeting at 2:12 p.m.

**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

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 dis-
ability 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 Admin-
istrator 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 agree-
ing to the plan.**

TRAINING & RE-EDUCATION

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

**Temporary total dis-
ability 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 rehabilitation
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.**

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.

Attachment 2
Senate Labor, Industry & Small
Business February 22, 1988

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

**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:

<u>SERVICES:</u>	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 _____

KANSAS WORKERS COMPENSATION LAW & RULES

JULY 1, 1987

ATTACHMENT 3
SENATE LABOR, INDUSTRY AND
SMALL BUSINESS
February 22, 1988

**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**

COMPLIMENTARY

01379

immediately in order to gain the rehabilitation administrator's aid in the coordination of essential services. Priority shall be given to the determination of the specialized facility for the injured employee and, in this consideration, a determination shall be made as to which specialized facility would best provide the medical treatment and physical rehabilitation for the injured worker. Medical and other follow-up reports on the condition of severely injured workers shall be furnished to the rehabilitation administrator immediately. Such follow-up reports shall include reports of progress in any physical therapy, speech therapy, occupational therapy, psychotherapy, and prosthesis fitting and training, as well as the medical reports from the attending physicians. (Authorized by K.S.A. 44-573; implementing K.S.A. 44-510, 44-510g; effective May 1, 1976; amended Feb. 15, 1977; amended May 1, 1983.)

51-24-3. Definitions. As used in K.A.R. 51-24-1, *et seq.*:

(a) "Vendor" means a vocational rehabilitation facility, institution, agency or employer program provided for by K.S.A. 44-510g, as amended by 1987 HB 2573, Sec. 1.

(b) "Vocational rehabilitation counselor" or "counselor" means a person who has provided the director with the necessary proof of eligibility for qualification under K.A.R. 51-24-5(a) and who has received a certification of qualification from the director.

(c) "Vocational rehabilitation evaluator" or "evaluator" means a person who has provided the director with the necessary proof of eligibility for qualification under K.A.R. 51-24-5(b) and who has received a certification of qualification from the director.

(d) "Job placement specialist" means a person who has provided the director with the necessary proof of eligibility for qualification under K.A.R. 51-24-5(c) and who has received a certification of qualification from the director.

(e) "Training facility" means a private agency, facility or employer rehabilitation service program which has filed with the director the necessary evidence for the director to deem that agency, facility or employer rehabilitation service program qualified to perform rehabilitation education or training.

(f) "Director" means the director of the Kansas division of workers' compensation. (Authorized by K.S.A. 44-573; implementing K.S.A. 44-510g, as amended by 1987 HB 2573, Sec. 1; effective, T-88-20, July 1, 1987.)

51-24-4. Qualifications and duties of vendor. Any person, firm, or corporation proposing to qualify as a vendor in vocational rehabilitation cases under the Kansas workers compensation act, shall file an application with the director. The application shall be updated as changes occur which may affect the standing of the applicant to become or remain qualified and shall include:

(a) a statement that the person, firm or corporation will maintain an office in the state of Kansas or in the metropolitan Kansas

City area, staffed with personnel capable of responding to written or telephone inquiries relating to cases referred to that vendor;

(b) the addresses and telephone numbers of the offices within and without the state of Kansas from which vocational rehabilitation services will be performed for cases under the Kansas workers compensation act;

(c) a listing of each person employed to perform services as a medical manager, counselor, evaluator or job placement specialist for cases referred to that vendor and an indication of each person's discipline;

(d) a statement that the person, firm or corporation will employ or contract with persons qualified to perform work as medical manager, counselor, evaluator or job placement specialist as necessary to carry out the purpose of the referral;

(e) a statement that the person, firm or corporation will be responsible for the appropriateness and timeliness of the delivery of service by each medical manager, counselor, evaluator and job placement specialist employed or under contract to carry out the purpose of the referral;

(f) a statement indicating whether the person, firm or corporation wants to be included in the list of vendors qualified and requesting to receive referrals from employers or the director;

(g) a statement that the person, firm or corporation will report to the vocational rehabilitation administrator each referral received from an employer or insurance carrier and the date of the referral;

(h) a statement that the person, firm or corporation will report the status of each evaluation 30 days after the referral and will report the status of each evaluation and plan on each occasion changes occur which affect the status of the evaluation or plan. The report shall be in a form prescribed by the director. (Authorized by K.S.A. 44-573; implementing K.S.A. 44-510g, as amended by 1987 HB 2573, Sec. 1; effective, T-88-20, July 1, 1987.)

51-24-5. Qualifications for counselor, evaluator, and job placement specialist. (a) Each person seeking to qualify as a vocational rehabilitation counselor for cases under the Kansas workers compensation act shall:

(1) furnish proof to the director that the person has:

(A) a masters degree from a nationally accredited program in rehabilitation counselor education; or

(B) (i) a masters degree based on a curriculum and coursework designed to fully prepare a person to practice vocational rehabilitation counseling; and

(ii) one year of experience as a vocational rehabilitation counselor or completion of a nationally accredited rehabilitation counselor internship program from a college or university; or

(C) a masters degree with at least 32 postgraduate hours including all of the following courses:

- (i) medical aspects of disability
- (ii) counseling theories
- (iii) individual and group appraisal
- (iv) career information service
- (v) evaluation techniques in rehabilitation
- (vi) placement process in rehabilitation
- (vii) psychological aspects of disability
- (viii) case management in rehabilitation
- (ix) utilization of community resources
- (x) survey of rehabilitation
- (xi) supervised practicum in rehabilitation; or

(D) a bachelors degree in rehabilitation services and three years of experience as a vocational rehabilitation counselor; and

(2) furnish the director with the addresses and telephone numbers of that persons offices and the names of the vendors with whom that person is affiliated; and

(3) acknowledge that the person's qualification may be suspended or revoked if the person performs work in a rehabilitation discipline other than a discipline in which that person has been found to be qualified by the director.

(b) Each person seeking to qualify as a vocational rehabilitation evaluator shall:

(1) furnish proof to the director that the person has:

(A) a masters or doctoral degree in vocational evaluation, rehabilitation counseling, work adjustment, counseling and guidance, psychology or counselor education and one year of experience as a vocational evaluator; or

(B) a bachelors degree in vocational rehabilitation evaluation, psychology, special education or rehabilitation services and three years of experience as a vocational evaluator under the supervision of a masters degree vocational evaluator; and

(2) furnish the director with the addresses and telephone numbers of that person's offices and the names of the vendors with whom that person is affiliated; and

(3) acknowledge that the person's qualification may be suspended or revoked if the person performs work in a rehabilitation discipline other than a discipline in which that person has been found to be qualified by the director.

(c) Each person seeking to qualify as a vocational rehabilitation job placement specialist shall:

(1) furnish proof to the director that the person has:

(A) a bachelors degree in vocational rehabilitation, vocational counseling, sociology, psychology, rehabilitation services or social work, and one year of experience as a job placement specialist of disabled individuals; or

(B) at least two years of college level education and three years of experience as a job placement specialist of disabled individuals; and

(2) furnish the director with the addresses and telephone numbers of the person's offices and the names of the vendors with whom that person is affiliated; and

(3) acknowledge that the person's qualification may be suspended or revoked if the person performs work in a rehabilitation discipline other than a discipline in which that person has been found to be qualified by the director.

(d) Each person employed by or working under contract as a counselor, evaluator or job placement specialist for the Kansas department of rehabilitation services shall be considered qualified in that person's discipline while working for that agency. (Authorized by K.S.A. 44-573; implementing K.S.A. 44-510g, as amended by 1987 HB 2573, Sec. 1; effective, T-88-20, July 1, 1987.)

51-24-6. Qualification of private training facility. Before a private training facility begins providing vocational rehabilitation training or education to persons under the Kansas workers compensation act, the vendor formulating the training plan shall file with the vocational rehabilitation administrator a sufficient description of the course work and qualifications of the individuals performing the training or education to satisfy the vocational rehabilitation administrator that the training is adequate and appropriate to fulfill the goal of the plan. (Authorized by K.S.A. 44-573; implementing K.S.A. 44-510g, as amended by 1987 HB 2573, Sec. 1; effective, T-88-20, July 1, 1987.)

51-24-7. Qualification of medical or physical rehabilitation services. Each facility, institution, agency or employer program seeking to qualify to provide medical or physical rehabilitation to persons under the Kansas workers compensation act shall be supervised by a physician with a speciality or sub-specialty in the area of medicine which deals with the type of injury or disability it intends to treat. (Authorized by K.S.A. 44-573; implementing K.S.A. 44-510g, as amended by 1987 HB 2573, Sec. 1; effective, T-88-20, July 1, 1987.)

VOCATIONAL REHABILITATION

PRIMARY PURPOSE 44-510g(a)	WORK DISABILITY (GENERAL BODY INJURIES) 44-510e(a)	THRESHOLD FOR REHAB 44-510g(d)	VOCATIONAL REHABILITATION SERVICES 44-510g(d)
<p>A primary purpose of the Workers Compensation Act shall be to restore to the 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>Including re-training and job placement as may be reasonably necessary to restore to such employee the ability to <u>perform work in the open labor market and to earn comparable wages.</u></p>

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

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

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