A bill to be entitled An act relating to reemployment services; amending s. 440.491, F.S.; revising the definition of the terms "qualified rehabilitation provider" and "reemployment assessment"; revising intent; revising and providing certain carrier reporting requirements; revising rehabilitation provider reporting requirements; revising provisions relating to medical care coordination and reemployment services; revising procedures for the approval of certain formal training and education programs; repealing authorization to use Workers Compensation Trust Funds for certain purposes; repealing rehabilitation provider qualifications; eliminating certain responsibilities of the Department of Education with respect to monitoring rehabilitation providers and services; providing an effective date.

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Be It Enacted by the Legislature of the State of Florida:

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Section 1. Section 440.491, Florida Statutes, is amended to read:

440.491 Reemployment of injured workers; rehabilitation.-

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Carrier" means group self-insurance funds or individual self-insureds authorized under this chapter and commercial funds or insurance entities authorized to write workers' compensation insurance under chapter 624.
 - (b) "Department" means the Department of Education.

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(c) "Medical care coordination" includes, but is not limited to, coordinating physical rehabilitation services such as medical, psychiatric, or therapeutic treatment for the injured employee, providing health training to the employee and family, and monitoring the employee's recovery. The purposes of medical care coordination are to minimize the disability and recovery period without jeopardizing medical stability, to assure that proper medical treatment and other restorative services are timely provided in a logical sequence, and to contain medical costs.

- (d) "Qualified Rehabilitation provider" means a rehabilitation nurse, rehabilitation counselor, or vocational evaluator providing, rehabilitation facility, or agency approved by the Department of Education as qualified to provide reemployment assessments, medical care coordination, reemployment services, or vocational evaluations under this section, possessing one or more of the following nationally recognized rehabilitation provider credentials:
- 1. Certified Rehabilitation Registered Nurse, C.R.R.N., certified by the Association of Rehab Professionals.
- 2. Certified Rehabilitation Counselor, C.R.C., certified by the Commission of Rehabilitation Counselor Certifications.
- 3. Certified Case Manager, C.C.M., certified by the Commission for Case Management Certification.
- 4. Certified Disability Management Specialist, C.D.M.S., certified by the Certified Disability Management Specialist Commission.
 - 5. Certified Vocational Evaluator, C.V.E., certified by

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the Commission of Rehabilitation Counselor Certification.

- 6. Certified Occupational Health Nurse, C.O.H.N., certified by the American Board of Occupational Health Nurses chapter.
- (e) "Reemployment assessment" means a written assessment performed by a qualified rehabilitation provider which provides a comprehensive review of the medical diagnosis, treatment, and prognosis; includes conferences with the employer, physician, and claimant; and recommends a cost-effective physical and vocational rehabilitation plan to assist the employee in returning to suitable gainful employment.
- (f) "Reemployment services" means services that include, but are not limited to, vocational counseling, job-seeking skills training, ergonomic job analysis, transferable skills analysis, selective job placement, labor market surveys, and arranging other services such as education or training, vocational and on-the-job, which may be needed by the employee to secure suitable gainful employment.
- (g) "Reemployment status review" means a review to determine whether an injured employee is at risk of not returning to work.
- (h) "Suitable gainful employment" means employment or self-employment that is reasonably attainable in light of the employee's age, education, work history, transferable skills, previous occupation, and injury, and which offers an opportunity to restore the individual as soon as practicable and as nearly as possible to his or her average weekly earnings at the time of injury.

(i) "Vocational evaluation" means a review of the employee's physical and intellectual capabilities, his or her aptitudes and achievements, and his or her work-related behaviors to identify the most cost-effective means toward the employee's return to suitable gainful employment.

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- (2) INTENT.—It is the intent of this section to implement a systematic review by carriers of the factors that are predictive of longer-term disability and to encourage the provision of medical care coordination and reemployment services that are necessary to assist the employee in returning to work as soon as is medically feasible.
 - (3) REEMPLOYMENT STATUS REVIEWS AND REPORTS.-
- When an employee who has suffered an injury compensable under this chapter is unemployed 60 days after the date of injury and is receiving benefits for temporary total disability, temporary partial disability, or wage loss, and has not yet been provided medical care coordination and reemployment services voluntarily by the carrier, the carrier must determine whether the employee is likely to return to work and must report its determination to the department and the employee. The report shall include the identification of both the carrier and the employee, and the carrier claim number and any case number assigned by the Office of the Judges of Compensation Claims. The carrier must thereafter determine the reemployment status of the employee at 90-day intervals as long as the employee remains unemployed, is not receiving medical care coordination or reemployment services, and is receiving the benefits specified in this subsection.

(b) If medical care coordination or reemployment services are voluntarily undertaken within 60 days of the date of injury, such services may continue to be provided as agreed by the employee and the carrier.

(4) REEMPLOYMENT ASSESSMENTS.-

- (a) The carrier may require the employee to receive a reemployment assessment as it considers appropriate. However, the carrier is encouraged to obtain a reemployment assessment if:
- 1. The carrier determines that the employee is at risk of remaining unemployed.
 - 2. The case involves catastrophic or serious injury.
- (b) The carrier shall authorize only a qualified rehabilitation provider to provide the reemployment assessment. The rehabilitation provider shall conduct its assessment and issue a report to the carrier and, the employee, and the department within 30 days after the time such assessment is complete.
- (c) If the rehabilitation provider recommends that the employee receive medical care coordination or reemployment services, the carrier shall advise the employee of the recommendation and determine whether the employee wishes to receive such services. The employee shall have 15 days after the date of receipt of the recommendation in which to agree to accept such services. If the employee elects to receive services, the carrier may refer the employee to a rehabilitation provider for such coordination or services within 15 days of receipt of the assessment report or notice of the employee's

election, whichever is later.

- (5) MEDICAL CARE COORDINATION AND REEMPLOYMENT SERVICES.-
- (a) Once the carrier has assigned a case to a qualified rehabilitation provider for medical care coordination or reemployment services, the provider shall develop a reemployment plan and submit the plan to the carrier and the employee for approval.
- (b) If the rehabilitation provider concludes that training and education are necessary to return the employee to suitable gainful employment, or if the employee has not returned to suitable gainful employment within 180 days after referral for reemployment services or receives \$2,500 in reemployment services, whichever comes first, the carrier must discontinue reemployment services and refer the employee to the department for a vocational evaluation. Notwithstanding any provision of chapter 289 or chapter 627, the cost of a reemployment assessment and the first \$2,500 in reemployment services to an injured employee must not be treated as loss adjustment expense for workers' compensation ratemaking purposes.
- (c) A carrier may voluntarily provide medical care coordination or reemployment services to the employee at intervals more frequent than those required in this section. For the purpose of monitoring reemployment, the carrier or the rehabilitation provider shall report to the department, in the manner prescribed by the department, the date of reemployment and wages of the employee. The carrier shall report its voluntary service activity to the department as required by rule. Voluntary services offered by the carrier for any of the

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CODING: Words stricken are deletions; words underlined are additions.

following injuries must be considered benefits for purposes of ratemaking: traumatic brain injury; spinal cord injury; amputation, including loss of an eye or eyes; burns of 5 percent or greater of the total body surface.

- (d) If medical care coordination or reemployment services have not been undertaken as prescribed in paragraph (3)(b), a qualified rehabilitation service provider, facility, or agency that performs a reemployment assessment shall not provide medical care coordination or reemployment services for the employees it assesses.
 - (6) TRAINING AND EDUCATION. -

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Upon referral of an injured employee by the carrier, or upon the request of an injured employee, the department shall conduct a training and education screening to determine whether the employee is eligible for it should refer the employee for a vocational evaluation and, if appropriate, approve training and education or other vocational services provided by the department for the employee. At the time of such referral, the carrier shall provide the employee a copy of any reemployment assessment or reemployment plan provided to the carrier by a rehabilitation provider. The department may not approve formal training and education programs unless it determines, after consideration of the reemployment assessment, pertinent reemployment status reviews or reports, and such other relevant factors as it prescribes by rule, that the reemployment plan is likely to result in return to suitable gainful employment. The department is authorized to expend moneys from the Workers' Compensation Administration Trust Fund, established by s.

440.50, to secure appropriate training and education at a Florida public college or at a career center established under s. 1001.44, or to secure other vocational services when necessary to satisfy the recommendation of a vocational evaluator. As used in this paragraph, "appropriate training and education" includes securing a general education diploma (GED), if necessary. The department shall establish training and education standards pertaining to employee eligibility, course curricula and duration, and associated costs. For purposes of this subsection, training and education services may be secured from additional providers if:

- 1. The injured employee currently holds an associate degree and requests to earn a bachelor's degree not offered by a Florida public college located within 50 miles from his or her customary residence;
- 2. The injured employee's enrollment in an education or training program in a Florida public college or career center would be significantly delayed; or
- 3. The most appropriate training and education program is available only through a provider other than a Florida public college or career center or at a Florida public college or career center located more than 50 miles from the injured employee's customary residence.
- (b) When an employee who has attained maximum medical improvement is unable to earn at least 80 percent of the compensation rate and requires training and education to obtain suitable gainful employment, the employer or carrier shall pay the employee additional training and education temporary total

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compensation benefits while the employee receives such training and education for a period not to exceed 26 weeks, which period may be extended for an additional 26 weeks or less, if such extended period is determined to be necessary and proper by a judge of compensation claims. The benefits provided under this paragraph shall not be in addition to the 104 weeks as specified in s. 440.15(2). However, a carrier or employer is not precluded from voluntarily paying additional temporary total disability compensation beyond that period. If an employee requires temporary residence at or near a facility or an institution providing training and education which is located more than 50 miles away from the employee's customary residence, the reasonable cost of board, lodging, or travel must be borne by the department from the Workers' Compensation Administration Trust Fund established by s. 440.50. An employee who refuses to accept training and education that is recommended by the vocational evaluator and considered necessary by the department will forfeit any additional training and education benefits and any additional payment for lost wages under this chapter. The department shall adopt rules to implement this section, which shall include requirements placed upon the carrier shall to notify the injured employee of the availability of training and education benefits as specified in this chapter. The Department of Financial Services shall also include information regarding the eligibility for training and education benefits in informational materials specified in ss. 440.207 and 440.40. PROVIDER OUALIFICATIONS.-The department shall investigate and maintain a

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directory of each qualified public and private rehabilitation provider, facility, and agency, and shall establish by rule the minimum qualifications, credentials, and requirements that each rehabilitation service provider, facility, and agency must satisfy to be eligible for listing in the directory. These minimum qualifications and credentials must be based on those generally accepted within the service specialty for which the provider, facility, or agency is approved.

- (b) The department shall impose a biennial application fee of \$25 for each listing in the directory, and all such fees must be deposited in the Workers' Compensation Administration Trust Fund.
- c) The department shall monitor and evaluate each rehabilitation service provider, facility, and agency qualified under this subsection to ensure its compliance with the minimum qualifications and credentials established by the department. The failure of a qualified rehabilitation service provider, facility, or agency to provide the department with information requested or access necessary for the department to satisfy its responsibilities under this subsection is grounds for disqualifying the provider, facility, or agency from further referrals.
- (d) A qualified rehabilitation service provider, facility, or agency may not be authorized by an employer, a carrier, or the department to provide any services, including expert testimony, under this section in this state unless the provider, facility, or agency is listed or has been approved for listing in the directory. This restriction does not apply to services

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(e) The department, after consultation with representatives of employees, employers, carriers,

provided outside this state under this section.

rehabilitation providers, and qualified training and education providers, shall adopt rules governing professional practices

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- (8) CARRIER PRACTICES.—The department shall monitor the selection of providers and the provision of services by carriers under this section for consistency with legislative intent set forth in subsection (2).
- (7) (9) PERMANENT DISABILITY.—The judge of compensation claims may not adjudicate an injured employee as permanently and totally disabled until or unless the carrier is given the opportunity to provide a reemployment assessment.
 - Section 2. This act shall take effect July 1, 2011.