

Rule 6A-22.010 is amended to read:

6A-22.010 Reporting Services and Costs: Qualified Rehabilitation Provider and Employer or Carrier Responsibilities.

(1) A qualified rehabilitation provider providing employer or carrier sponsored reemployment services shall:

(a) Submit a properly completed individualized written rehabilitation program to the employer or carrier for approval within thirty (30) days of referral which specifies the recommended services and associated costs necessary to return the injured employee to suitable gainful employment, using terminology consistent with Department service code descriptions ~~to the employer or carrier for approval~~ when recommending:

1. Reemployment services as a result of a reemployment assessment, or
2. Three or more counseling sessions, or
3. A vocational evaluation, or
4. A work evaluation, or
5. Training and education, including on-the-job training, or
6. Placement services, or
7. Changes to the initial individualized written rehabilitation program.

(b) Maintain a copy of the properly completed individualized written rehabilitation program in the injured employee's file.

(2) A certified vocational evaluator providing Department sponsored vocational evaluations shall:

(a) Ensure any test site used for Department sponsored vocational evaluations meets the definition of "test site" set forth in subsection 6A-22.001(13), F.A.C.; and

(b) Be responsible for the administration, scoring and interpretation of all testing instruments and work samples used as part of the vocational evaluation process; and

(c) Remove or cure conditions that invalidate test results; and

(d) Provide adaptive evaluation tools or techniques to accommodate any physical or functional disability or language barrier; and

(e) Conduct an initial interview with the injured employee.

(f) Submit to the Department, within thirty (30) calendar days of Department approval of services, a written report which shall:

1. Include an interpretation of testing instruments and work samples used, specifying the form and level of tests, percentile scores, norm groups, grade levels, standard scores and stanine scores as applicable to the test instrument; and

2. Identify the injured employee's physical and intellectual capabilities, aptitudes, achievements, work related behaviors, and interests. The interests of the injured employee alone cannot be the only basis for the vocational evaluator's recommendation; and

3. Identify residual or transferable skills; and

4. Identify the most appropriate vocational objectives; and

5. Identify which reemployment service(s) are necessary for the injured employee to return to suitable gainful employment; and

6. Discuss how the provision of the recommended service(s) will facilitate reemployment; and

7. When a retraining program is recommended, include the rationale for the recommended program, the entrance, enrollment and exit requirements of the program, the anticipated program costs and the proximity of the program to the injured employee's customary residence; and

8. Include an individualized labor market survey which supports the injured employee's ability to compete for employment in the identified vocational goal(s) and shall include information documenting:

a. The potential wage earning capacity,

b. The physical demands of the identified vocational goal as identified by potential employers,

c. The minimum educational requirements and work experience required by potential employers, and

d. Each potential employer's job openings for the six (6) months prior to the survey and projected openings for the upcoming six (6) months.

(g)(f) Conduct an exit interview with the injured employee.

(h) Submit to the Department, within ten (10) days of submission of the written report, the original receipt statement signed by the injured employee and the vocational evaluator.

(3) Any qualified rehabilitation provider providing any employer or carrier ~~or Department~~ sponsored reemployment services, reemployment assessments or medical care coordination shall submit with each DWC-21, which is incorporated by reference in Rule 6A-22.011, FAC. ~~into this rule,~~ a written report which reports services provided and expected outcomes, covering the following points:

(a) Summary by date of contacts with the injured employee and other pertinent parties; and

(b) Problems or issues adversely affecting the reemployment process and the corrective actions taken in that process; and

(c) Continuing feasibility of the reemployment plan; and

(d) Vocational activities planned for the subsequent month; and

(e) Justification for change or modification of current plan.

(4) through (5) No change.

(6) A qualified rehabilitation provider providing either employer or carrier or ~~Department~~ sponsored reemployment services, reemployment assessments, medical care coordination ~~and vocational evaluations~~, shall:

(a) Report on electronic form DWC-21 only those services provided by or through the authorized qualified rehabilitation provider. Services not rendered by or through the qualified rehabilitation provider may not be billed or reimbursed.

(b) Submit a properly completed electronic form DWC-21 listing the specific service(s) provided, utilizing only valid service codes and descriptors for those direct services rendered to the injured employee. Direct services are those services provided or required by an individualized written rehabilitation program. Other services are to be billed in the manner agreed upon by the employer or carrier and the qualified rehabilitation provider.

1. The initial electronic form DWC-21 shall be submitted to the Department within thirty (30) days of the contract approval date for Department sponsored services or to the employer or carrier within thirty (30) days of the date of the referral for employer or carrier sponsored services.

2. An interim electronic form DWC-21 shall be submitted at thirty (30) day intervals thereafter during which the authorized services are provided. The DWC-21 should not be filed if services are not provided within any thirty (30) day period.

3. A final electronic form DWC-21 shall be submitted within thirty (30) days of the date of the last service provided or according to the terms of a contract with the Department for vocational evaluation services.

(c) Close a file and submit a final electronic form DWC-21 when attorney involvement interferes with the provision of direct services.

(7) through (8) No change.

(9) The employer or carrier shall:

(a) Ensure that the information required in this rule is provided on the form DWC-21 prior to payment and filing of the electronic form DWC-21 with the Department, and

(b) Approve or deny the provision of services recommended as part of an individualized written rehabilitation program within fifteen (15) calendar days of receipt of the same; and pay or deny form DWC-21 bills within forty-five (45) calendar days after receipt of a bill for services provided to an injured employee, and

(c) Complete items 20, 21 and 23 on every electronic form DWC-21 filed with the Department. In item 20 it is necessary to ~~legibly~~ enter the date the form DWC-21 was received. In item 21 it is necessary to ~~legibly~~ enter the date the form DWC-21 was reimbursed. In item 23 it is necessary to enter the amount reimbursed only if it is different from the amount billed by the qualified rehabilitation provider or facility, and

(d) File electronic form DWC-21 with the Department of Education ~~at its~~ on the Department's website at [https://wc-returntowork-vr.doe.state.fl.us/rehabforms/office-in Tallahassee, Florida](https://wc-returntowork-vr.doe.state.fl.us/rehabforms/office-in-Tallahassee-Florida), within thirty (30) days after the full or partial payment of form DWC-21 (~~A DWC-21 filed with the Department shall have a date stamp in the upper right hand corner indicating the date the DWC-21 is sent to the Department~~), and

(e) Be responsible for the legibility, accuracy and completeness of the social security number, date of accident, the employer or carrier's and servicing company/TPA's Department of Insurance, Division of Workers' Compensation's assigned four digit carrier code number and

Federal Employer Identification Number (FEIN), and those areas that the employer or carrier completes on form DWC-21.

(10) No change.

(11) An electronic form DWC-21 filed with the Department which is not completed according to these rules will be returned by the Department to the employer or carrier. Upon receipt of the returned form, the employer or carrier shall properly complete and re-file the form with the Department within fifteen (15) days.

(12) Form DWC-21 ~~is incorporated by reference in Rule 6A-22.011, F.A.C.,~~ shall comply with the File Layout for Electronic Submission, Revision C Record Length: 1200 Header Record Layout for DWC-21 as incorporated by reference in Rule 6A-22.011, FAC.

(13) Electronic submission of Form DWC-21 shall be required beginning eighteen (18) months after the effective date of this rule.

Specific Authority 440.491(5), (6), (7) FS. Law Implemented 440.491 FS. History—New 7-1-96, Amended 6-26-01, Formerly 38F-55.013, Amended 5-5-04,\_\_\_\_\_.