



INTERNATIONAL ASSOCIATION OF
REHABILITATION PROFESSIONALS
WASHINGTON

WA IARP 2020 SPRING Newsletter



President's Column

Welcome to the Spring edition of our WA-IARP Newsletter! I truly hope you are in good health as March Madness has been re-defined for all of us. This has truly been a crazy start to Spring, filled with many unknowns. We are all experiencing multiple changes in the way we go about our days, living, working and attempting to maintain some sort of normalcy all while social distancing and staying at home to protect our health and the health of our communities. The way many of us work has changed altogether. Just as we entered the exciting new era of Worker Engagement, we have been challenged to further develop new ways to interact with workers, employers, physicians and co-workers to promote vocational recovery. This is a trying and challenging time for all. As professionals in the field of counseling and rehabilitation, I encourage you to embrace your knowledge and care for yourself so that you have the energy and ability to care for others!

Elections will soon be underway for the new 2020-2021 WA-IARP Board. You'll be receiving a Survey Monkey invitation to vote on the new board members. We'll announce the new WA-IARP Board via email blast to membership and post on the rehab-pro website. Stay tuned! Your new WA-IARP Board members will begin their volunteer journey with WA-IARP on May 1, 2020.

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We recently announced that registration is open for the 2020 WA-IARP Annual conference on May 28th and 29th at the Emerald Queen Casino Conference Center. Almost as soon as we announced the conference registration, we were instructed to social distance. The EQC then closed due to COVID-19 and, now, we are expected to shelter in place. Your Board is closely monitoring the COVID-19 developments and will hold a teleconference Board meeting on April 13th to consider our options for the 2020 conference. Our wonderful line up of speakers are scheduled to come from across the US and Canada as well as locally, further complicating the possibility of holding the conference this May. Many chapters have cancelled their conferences, even into the month of June. We'll announce the decision about the May conference as soon as possible via Facebook, email blast to membership, post on the rehab-pro website and in What's New on the L&I website. We are all volunteers and appreciate your understanding and patience!

For many years, your WA-IARP Board has worked to bring members in-person training opportunities. It is a wonderful opportunity to network and learn about resources and current trends in the vocational rehabilitation profession. We have taken pride in our in-person trainings and resolve to continue to bring you these learning opportunities. Several chapters have experienced lower attendance in conferences and have, instead, provided their members with remote learning opportunities such as webinars. There are several opportunities to earn CEUs through your IARP Membership and I'd encourage you to visit the IARP National Webpage, www.rehabpro.org to check out the Events and Education section to learn about upcoming trainings and webinars available to you.

Since this is my last article as the President, I want to wholeheartedly thank the professionals I've been able to work with on the WA-IARP Board. This year, we thoughtfully collaborated and truly worked as a team. We were recognized nationally as the outstanding chapter of the year. Thank you again to Sandra Holman, Katrina Taylor, Matt Nystul, Laurel Burditt Creek, Leslie Weaver, Leigh Haley, Irina Razvina, and Michelle Jensen for dedicating your time and energy to the Board!

Angie Westling, WA-IARP President





VR SUCCESS STORY

The VRR I received on 1/17, from a CM I work a lot with and was accompanied by the comment he was sending it much earlier than usual due to concerns it would go sideways real fast. JOI is Behavior Analyst Assistant Supervisor at The Center for Autism and Related Disorders. Mechanism of injury: punched in the face by a teenage client. Accepted Condition: Concussion without LOC. Education level: Master's in Early Childhood Ed.

When I received the referral, she'd just been referred for a MH evaluation. I met with her the day after the MH eval showed up in imaging; history of Bipolar Disorder, PTSD, Borderline Personality Disorder, Depression, Anxiety, and suicidal/self-mutilation behavior. A dx of Adjustment Disorder with Mixed Anxiety was provided. Chart notes from recent AP appointment revealed he was providing restrictions preventing her return to work, contended Occupation-related Stress Disorder, and suggested she quit her job. It looked like a recipe for disaster.

I met her on 1/29 and she disagreed with the AP, stating she loved her job and was just stressed because she's been out of work and their treatment plans will get behind without her there. She also said he went off on some rant about autism being over diagnosed and that she shouldn't work there. She admitted to experiencing a high level of anxiety being restricted from work and depressive symptoms. Due to privacy concerns at EOR, I interviewed her for the JA during intake then she obtained additional pictures

to include. She enjoyed doing this and enlisted the assistance of the young man who hit her to take pictures. I contacted the AP's office and reviewed the mental health report with them, expressed concern for her continued restriction from work, and suggested her appointment, today, be turned into a team conference.

Here we are on 2/7, she's returning to work tomorrow with a full release. She said the doctor acted substantially different with me in the room, which wasn't really a surprise, and is absolutely ecstatic. The employer was appalled at the doctor's comments and was thrilled to have me at the appointment. The CM's agreed for me to stay on a couple more weeks to make sure the return goes smoothly; otherwise, done!

Robyn S. Caynak, BS, CDMS, PGAP



Skill Levels of Jobs as they apply to the Transferability of Work Skills:

The Social Security Administration (SSA) classifies work as *skilled*, *semiskilled*, and *unskilled* as outlined by the Dictionary of Occupational Titles (DOT) and the Selected Characteristics of Occupations Defined in the Dictionary of Occupational Titles (SCODDOT) published by the US Department of Labor.

A skill is knowledge of a work activity that requires the exercise of significant judgment beyond the carrying out of simple job duties. Skills are practical and familiar knowledge of the principles and processes of an art, science, or trade, combined with the ability to apply them in practice in a proper and approved manner. This includes activities like making precise measurements, reading blueprints, and

setting up and operating complex machinery. A skill gives a person a special advantage over unskilled workers in the labor market. Skills are generally acquired through the performance of an occupation which is above the unskilled level.

Under SSA's rules, **a claimant cannot gain skills from performing unskilled work.** We distinguish "skills" from worker "traits." Traits are inherent qualities that a worker brings to the job, such as good eyesight or good eye-hand coordination. When an Administrative Law Judge asks a Vocational Expert (VE) whether a claimant has a "skill," **you must be careful not to confuse the two terms.** For example, the traits of coordination and dexterity may be contrasted with a skill in the use of the hands or feet for the rapid performance of repetitive work tasks. It is the acquired capacity to perform the work activities with facility that gives rise to potentially transferable skills.

VE's must be prepared to classify a claimant's past relevant work and any jobs that the VE identifies in response to hypothetical questions as "skilled," "semiskilled," or "unskilled," as defined in SSA regulations and rules. These descriptions of the skill levels are based on the DOT's specific vocational preparation (SVP) ratings for each described occupation.

Unskilled work corresponds to an SVP of 1-2; semiskilled work to an SVP of 3-4; and skilled work to an SVP of 5-9. In general, SSA uses the following definitions:

Unskilled Work (SVP 1-2 occupations): Unskilled work is work which needs little or no judgment to do simple duties that can be learned on the job in a short period of time, usually 30 days or less. For example, unskilled occupations include work where the primary work duties are handling, feeding, and off-bearing, or machine tending in which a person can usually learn to do the job in 30 days or less, and little specific vocational preparation and judgment are needed. **A person does not gain work skills by doing unskilled jobs.** SSA rules also provide for the possibility that a claimant may have gained skills from education that provides for direct entry into skilled work, although this is rare in SSA cases.

Semiskilled Work (SVP 3-4 occupations): Semiskilled occupations are more complex than unskilled ones and simpler than the more highly skilled types of occupations. They contain more variables and require more judgment than unskilled occupations. Even though semiskilled occupations typically require more than 30 days to learn, the content of work activities in some semiskilled occupations may be little more than unskilled. Therefore, close attention must be paid to the actual complexities of the job in dealing with data, people, or objects and to the judgments required to do the work. Semiskilled occupations may require alertness and close attention to machine processes; inspecting, testing or looking for irregularities; tending or guarding equipment, property, materials, or persons against loss, damage or injury; or other types of activities that are similarly less complex than skilled work, but more complex than unskilled work. An occupation may be classified as semiskilled when coordination and dexterity are necessary, as when hands or feet must be moved quickly to do repetitive tasks.

Skilled Work (SVP 5-9 occupations): Skilled occupations are more complex and varied than unskilled and semiskilled occupations. They require more training time and often a higher educational attainment. Abstract thinking in specialized fields may be required. For example, skilled work may require judgment to determine the machine and manual operations to be performed in order to obtain the proper form, quality or quantity of material to be produced; laying out work, estimating quality, determining the suitability and necessary quantities of materials, making precise measurements, reading blueprints or other specifications, or making necessary computations or mechanical adjustments to control or regulate the work; or dealing with people, facts, figures, or abstract ideas at a high level of complexity.



Washington State Department of
Labor & Industries

Complete vital steps before transitioning to an Ability-to-Work Assessment

Vocational recovery referrals represent one of the only formal worker-centric work disability prevention interventions, delivered by vocational rehabilitation counselors (VRCs), in the nation. New rules, guidelines, and manuals are available and are designed to support VRCs as they proactively engage their clients to uncover worker

motivations, concerns, expectations, and goals. Furthermore, VRCs are developing vocational recovery plans with workers to help motivate them towards their vocational recovery using goal attainment and goal re-setting strategies.

Before transitioning from a vocational recovery referral to an ability-to-work assessment, three steps generally have to be completed first. [WAC 296-19A-065](#) spells them out:

- The vocational provider has applied the services outlined in WAC [296-19A-050](#) and RCW [51.32.095](#), and the applicable return-to-work priorities have been ruled out.
- The services did not result in a return to work or a valid job offer or offers.
- The vocational provider has documented such efforts.

When a referral does transition to an ability-to-work assessment, VRCs need to make sure they continue to engage and activate workers. This also means VRCs need to be mindful of the four principles of work disability prevention:

1. Preventing needless delays.
2. Preventing a confusing process and roles.
3. Preventing needless duration (as in time away from work).

4. Preventing unclear return to work expectations and/or plans.

The issue, according to L&I's Chief of Return to Work Partnerships Ryan Guppy, is jumping to an AWA bypasses a number of other steps spelled out in law and in rule that are intended to help the injured worker return to work. The steps in a vocational recovery referral must be followed, completed, and documented before an ability-to-work assessment can be considered.

Making vocational referrals earlier in the life of claims, over the last five years, has helped keep 900 injured workers from moving into long-term disability. In financial terms, the effort has enabled L&I to reduce its long-term disability costs by \$2.3 billion.

“The bottom line is we have to remember why we’re here,” Guppy said. “We have to utilize all the tools available and within the control of the VRC to assist workers in their vocational recovery.

“If that effort requires a shift from a vocational recovery referral to an ability-to-work assessment, the WACs and policies clearly spell out what needs to happen and when.”



From What's New for Vocational Counselors
<http://lni.wa.gov/ClaimsIns/Voc/WhatsNew/Default.asp>

Canceled: Vocational Technical Stakeholders Group (VTSG) meeting April 7, 2020 The Vocational Technical Stakeholders Group meeting scheduled for April 7 in Tumwater is canceled as we continue to take steps to minimize potential exposure of our staff, partners, and customers to COVID-19.

We apologize for any inconvenience this may cause and we look forward to seeing all of you soon.

Moratorium on new State Fund vocational firms extended

We are extending the moratorium on accepting applications for new vocational firms to receive State Fund referrals.

First put in place in September 2019, the moratorium will now extend through mid-September 2020. The extension will be re-evaluated at that time.

The temporary halt on new firms is driven by the need for a stable population of vocational firms as we continue to develop, test, and evaluate our methodology to support firm-based vocational referrals. Right now, firm-based referrals are being tested with about half the claims units.

Additionally, later in March, we'll have our first test data of quality assurance elements from a representative group of vocational firms.

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These efforts are part of the ongoing implementation of rule changes to support vocational recovery services that were effective Jan. 1, 2020. The moratorium does not apply to new vocational firms that perform services for self-insured employers or other organizations.

Please send any questions or concerns to VocRecoveryProject@lni.wa.gov.

VocLink Connect Update

L&I launched a new version of VocLink Connect. The new version works with all modern browsers and doesn't require you to have Java.

If you normally access VocLink Connect directly, you can start using the new version now. Log in to My L&I at <https://secure.lni.wa.gov> and then go to the following link: <https://secure.lni.wa.gov/vlchod>.

The old version will be disabled on Feb. 4. Please update any saved links and report any problems you might encounter to Web Customer Support at WebSupport@LNI.WA.GOV.

Updated Vocational Provider Application is now available

We have updated the [Vocational Provider Application](#) (F252-088-000). The changes are based on suggestions from our customers and vocational providers participating in the Vocational Recovery Project. We hope the updated form, with its simplified instructions and improved formatting, makes it easier for you to do business with us.

Please discontinue use of older versions. Be sure to use the 01-2020 version of the [Vocational Provider Application](#).

Travel mileage reimbursement rate effective Jan. 1, 2020

The 2020 reimbursement rate for personal vehicle mileage is \$0.58 per mile. There is no change from the 2019 reimbursement rate which was also \$0.58 per mile.

COVID-19

The American Red Cross continues to closely monitor the coronavirus disease 2019 (COVID-19) pandemic and follow the latest guidance from the Centers for Disease Control and Prevention. We understand this is a stressful time and people want to know what they can do now to protect themselves and their families. Below are some everyday steps that people in the U.S. can take now. In addition, stay informed about what's happening in your community and always follow the directions of state and local authorities.

HELP SLOW THE SPREAD OF COVID-19

Follow these steps to help keep you and others safe:

- **Stay home** if you can and avoid any non-essential travel. Avoid social gatherings of more than 10 people.
 - **Practice social distancing** by keeping at least 6 feet — about two arm lengths — away from others if you must go out in public. Stay connected with loved ones through video and phone calls, texts and social media. Avoid close contact with people who are sick.
 - **Wash your hands often** with soap and water for at least 20 seconds, especially after being in a public place, or after blowing your nose, coughing or sneezing. If soap and water are not readily available, use a hand sanitizer with at least 60% alcohol.
 - **Avoid touching your eyes, nose and mouth** with unwashed hands.
 - **Clean and disinfect household surfaces** daily and high-touch surfaces frequently throughout the day. High-touch surfaces include phones, remote controls, counters, tabletops, doorknobs, bathroom fixtures, toilets, keyboards, tablets and bedside tables. Follow [CDC guidance](#).
 - **Cover your coughs and sneezes**. Use a tissue to cover your nose and mouth and throw used tissues in a lined trash can. If a tissue isn't available, cough or sneeze into your elbow — not your hands. Wash your hands immediately.
-
- CDC: [Coronavirus Disease 2019 \(COVID-19\)](#)
 - DOH: [2019 Novel Coronavirus Outbreak \(COVID-19\)](#)

***WE WILL SOON BE PROVIDING AN UPDATE REGARDING
OUR ANNUAL CONFERENCE IN MAY***



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CONSIDER ADVERTISING IN THE NEXT IARP-WA NEWSLETTER

Guidelines for advertising through IARP WA

The IARP-WA newsletter is distributed electronically to approximately 200 members quarterly. If you are interested in advertising in this newsletter, please note the following are guidelines:

We accept ads from vendors who provide ancillary services to injured workers to reduce the physical, mental, social and financial impact of disability. We do not accept ads for job postings. Job postings may be placed through the national IARP website. (www.rehabpro.org)

IARP-WA is scheduled to publish four newsletters per year; spring, summer, fall and winter.

E-mail the ad as an attachment to Leslie Weaver at lweaver@washingtondmc.com. Please provide the phone number and email address of a contact person(s) who can make decisions regarding the ad. Please

be sure the ads look exactly as you wish them to appear. IARP-WA is not able to provide ad development or editing services. Ads should be submitted in one of the following formats:

MS Word (DOC or DOCX), or as a TIF, GIF, JPG or another universal graphics file. Please do not submit ads in PDF format. Ads may be in color, grey tones or black and white. Ads may appear in the following sizes: cost:

- Full Page: 9 inches high by 5 7/8 inches wide. \$200
- Half Page: 4 ½ inches high by 5 7/8 inches wide \$125
- Quarter Page: 4 ½ inches high by 3 3/8 inches wide \$75

Prior to submission, please “preview” your ad with the final print size in mind, to make sure that fonts are large enough to be read. Please proof-read ad for accurate spelling, phone numbers, and other important information as IARP-WA is not responsible for proof reading.

