

ALASKA LEGISLATURE SPECIAL COMMITTEE / SUBJECT FILES 8672

1124 SCOMM 33 : WORKERS COMPENSATION, 1979-1982 1124

TABLE 12. DEATH BENEFITS FOR SURVIVING SPOUSES AND CHILDREN PROVIDED BY WORKERS' COMPENSATION STATUTES IN THE U.S. (cont.)

SAWW - State's Average Weekly Wage

Jurisdiction	Percentage of employee's wage		Payments Per Week			Maximum Period 1/	Notes
	Spouse Only	Spouse & Children	Minimum	Maximum	Percentage of SAWW		
Pennsylvania.	51	66 2/3	\$121 - 50% of SAWW.	\$242.00	100	Widow/Widowerhood; children until 18.	Two-yr. lump sum payable to widows upon remarriage. Children receive benefits beyond 18 if disabled, or until 23 yrs. of age if full-time students.
Puerto Rico..	50	85	\$12.50	\$31.25	N/A	Widow/Widowerhood; children until 18.	Children receive benefits beyond 18 if disabled. As an advance, widows receive a sum of \$500; comp. to child until 25 yrs. of age if full-time student.
Rhode Island..	66 2/3	80	-----	\$199.00 plus \$6 for each dependent.	100	Widow/Widowerhood; children until 18.	Benefits are payable to widowers only if actually dependent. Child receives benefits beyond 18 if disabled, or until 23 yrs. of age if full-time student.
South Carolina	66 2/3	66 2/3	\$25.	\$197.00	100	500 weeks	Two-yr. lump sum payable upon remarriage of spouse; children receive benefits beyond 18 yrs. of age if disabled, or until 23 if full-time students.

TABLE 12. DEATH BENEFITS FOR SURVIVING SPOUSES AND CHILDREN PROVIDED BY WORKERS' COMPENSATION STATUTES IN THE U.S. (cont.)

SAWW - State's Average Weekly Wage

Jurisdiction	Percentage of employee's wage		Payments Per Week			Maximum Period 1/	Notes
	Spouse Only	Spouse & Children	Minimum	Maximum	Percentage of SAWW		
South Dakota..	66 2/3	66 2/3	\$88.00 - 1/2 of max. wkly. comp. or AWW if less.	\$175.00 plus \$50 per month for each child.	100	Widow/Widowerhood; children until 18.	Two-yr. lump sum payable upon remarriage; children receive benefits beyond 18 if disabled, or until 22 if full-time students.
Tennessee.....	50	66 2/3	\$15	\$119.00	N/A	Widow/Widowerhood; children until 18.	Children receive benefits beyond 18 if disabled or until 22 yrs. if full-time students. Total max. amt. payable is \$47,600. A lump sum of \$10,000 will be paid to decedent's estate when there are no dependents.
Texas.....	66 2/3	66 2/3	\$23	\$119.00	See notes	Widow/Widowerhood children until 18.	Children receive benefits beyond 18 if disabled, or until 25 yrs. of age if full time students. Each cumulative \$10 increase in the AWW for manufacturing production workers will increase the max. wkly. benefit by \$7 per week, and the min. by \$1 per wk.
Utah.....	66 2/3	66 2/3	\$45 to \$70 according to no. of dependents.	\$196.00	85	312 weeks	52-week lump sum payable upon remarriage or remainder or award, whichever is less. After first 6 yrs., WC benefits to wholly dependent spouses become subject to Social Security benefit offsets.

TABLE 12. DEATH BENEFITS FOR SURVIVING SPOUSES AND CHILDREN PROVIDED BY WORKERS' COMPENSATION STATUTES IN THE U.S. (cont.)

SAWW - State's Average Weekly Wage

Jurisdiction	Percentage of employee's wage		Payments Per Week		Percentage of SAWW	Maximum Period 1/	Notes
	Spouse Only	Spouse & Children	Minimum	Maximum			
Vermont.....	66 2/3	76 2/3	\$104 - 50% of SAWW.	\$208.00	100	Widow/Widowerhood until age 62; children until 18.	Children receive benefits beyond 18 if disabled, or regardless of age if full-time students.
Virginia.....	66 2/3	66 2/3	\$58.40 - 25% of SAWW, or actual wage if less.	\$213.00	100	Widow/Widowerhood; children until 18.	Children receive benefits beyond 18 if disabled, or until 23 yrs. of age if full-time students. WC benefits subject to Social Security offsets.
Washington...	60	70	\$46.25 to \$147.81 according to no. of dependents.	\$221.72	75% of State's <u>monthly</u> wage.	Widow/Widowerhood; children until 18.	Children receive benefits beyond 18 if disabled, or until 23 yrs. if full-time students. A lump sum of \$800 becomes payable at time of death.
West Virginia	70	70	\$79 - 33 1/3 of SAWW.	\$237.00	100	Widow/Widowerhood; children until 18.	Children receive benefits beyond 18 if disabled, or until 25 yrs. of age if full-time students.
Wisconsin....	66 2/3	See notes	\$20.	\$233.00	100	300 weeks.	Additional comp. payable from the Children's Fund to parent of child under 16 yrs. of age (10% of widow's bene. is the allowance made for each child), if child is over 18 and disabled benefits may continue.

TABLE 12. DEATH BENEFITS FOR SURVIVING SPOUSES AND CHILDREN PROVIDED BY WORKERS' COMPENSATION STATUTES IN THE U.S. (cont.)

SAWW - State's Average Weekly Wage

Jurisdiction	Percentage of employee's wage		Payments Per Week		Percentage of SAWW	Maximum Period 1/	Notes
	Spouse Only	Spouse & Children	Minimum	Maximum			
Wyoming.....	-----	-----	No min.	\$194.91	66 2/3% of <u>monthly</u> wage.	Widow/Widowerhood; children until 19.	Lump sum of \$500 is payable upon remarriage from balance of award. Total max. payable is \$25,000; thereafter, payments may continue at a max. rate of \$97.45 wkly. Children receive benefits beyond 19 if disabled, but not to exceed the age of 21.
*United States: FECA.....	50	75	\$78.15 to \$117.23 according to no. of dependents.	\$722.78	See notes	Widow/Widowerhood; children until 18.	Benefits are based on 75% of the pay of specified grade levels in the Federal civil service. Children receive bene. beyond 18 if disabled, or until 23 yrs. of age if full-time students.
LHWCA.....	50	66 2/3	\$106.60 - 50% of Nat'l. AWW, or actual wage if less.	None	N/A	Widow/Widowerhood; children until 18.	Children's benefits same as as FECA.

*FECA means Federal Employees' Compensation Act. LHWCA means Longshoremen's and Harbor Workers' Compensation Act.

U.S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs
Division of State Workers' Compensation
Standards
July 1, 1980

TABLE 13. MAXIMUM BURIAL ALLOWANCE 1/

Jurisdiction	Maximum Amount	Jurisdiction	Maximum Amount
Alabama.....	\$1,000	Nevada <u>8/</u>	\$2,500
Alaska.....	1,000	New Hampshire.....	1,200
Arizona.....	1,000	New Jersey.....	2,000
Arkansas.....	750	New Mexico.....	1,500
California <u>2/</u>	1,500	New York.....	1,250
Colorado.....	1,000	North Carolina.....	500
Connecticut.....	1,500	North Dakota.....	1,000
Delaware <u>3/</u>	700	Ohio.....	1,200
District of Columbia...	1,000	Oklahoma.....	(<u>9/</u>)
Florida.....	1,000	Oregon.....	1,000
Georgia.....	750	Pennsylvania <u>10/</u>	1,500
Hawaii <u>4/</u>	1,500	Puerto Rico.....	300
Idaho <u>5/</u>	1,500	Rhode Island.....	1,800
Illinois.....	1,750	South Carolina.....	400
Indiana.....	1,500	South Dakota.....	2,000
Iowa.....	1,000	Tennessee.....	1,250
Kansas.....	2,000	Texas.....	1,250
Kentucky <u>6/</u>	1,500	Utah.....	1,000
Louisiana.....	1,500	Vermont.....	1,000
Maine <u>7/</u>	1,000	Virginia <u>11/</u>	1,000
Maryland <u>3/</u>	1,200	Washington.....	1,000
Massachusetts.....	2,000	West Virginia.....	1,500
Michigan.....	1,500	Wisconsin.....	1,000
Minnesota.....	1,000	Wyoming <u>12/</u>	1,100
Mississippi.....	1,000	*United States:	
Missouri.....	2,000	FECA <u>13/</u>	800
Montana.....	1,100	LHWCA.....	1,000
Nebraska.....	1,000		

*FECA means Federal Employees' Compensation Act. LHWCA means Longshoremen's and Harbor Workers' Compensation Act.

TABLE 13. MAXIMUM BURIAL ALLOWANCES 1/

- 1/ In some cases these provisions do not apply to death from occupational diseases.
- 2/ California: Except for disaster services workers and civilian workers, maximum is \$700.
- 3/ Burial expenses in excess of maximum are payable if approved by the Industrial Accident Board in Delaware, and if there are no dependents, by the Workmen's Compensation Commission in Maryland.
- 4/ Hawaii: \$1,000 funeral, \$500 cemetery--payable directly to mortician and cemetery.
- 5/ Idaho: In addition, actual expenses of transportation of employee's body to his place of residence within the United States or Canada.
- 6/ Kentucky: In addition, reasonable transportation expenses to place of residence for the deceased, within the Commonwealth of Kentucky.
- 7/ Maine: In addition, \$1,000 to next of kin as incidental compensation.
- 8/ Nevada: In addition, transportation may be paid for the deceased and the accompanying person, within the continental limits of the United States.
- 9/ Oklahoma: \$1,000 may be paid to decedent's estate in no-dependency cases.
- 10/ Pennsylvania: Burial expenses shall be paid directly to the undertaker without any deductions.
- 11/ Virginia: In addition, reasonable transportation expenses for deceased, not exceeding \$300.
- 12/ Wyoming: Unless other arrangements exist between employer and employee under agreement.
- 13/ FECA: Provision is also made for embalming, a hermetically sealed casket, and transportation costs of the return of the deceased who has died away from home or home office.

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs
Division of State Workers Compensation
Standards
July 1, 1980

TABLE 14. WAITING PERIOD

Waiting Period	Jurisdiction	Compensation retroactive if disability continues for period indicated from date of injury
2 days.....	Hawaii (temporary total disability only)	More than 5 days.
3 days.....	Alabama (temporary total disability only)	21 days.
	Alaska	More than 28 days.
	California (temporary total disability only).....	More than 21 days. (However in case of hospitalization, benefits are payable from the first day of hospitalization or the first day the employee leaves work.)
	Colorado.....	More than 2 weeks.
	Connecticut.....	7 days.
	Delaware (no waiting period in case of amputation of a member of the body, or a part thereof, or when the injury results in hospitalization of the employee).....	7 days, including date of injury.
	District of Columbia.....	More than 14 days.
	Illinois (temporary total disability only)	14 days or more.
	Iowa (temporary and permanent total disability).....	If period of incapacity extends beyond 14th day, compensation due during 3rd week shall be increased by adding an amount equal to 3 days of compensation.
	Maine.....	More than 14 days.
	Maryland.....	More than 14 days.
	Minnesota (temporary total disability)....	10 days.
	Missouri.....	14 days.
	New Hampshire.....	7 days.
	Oklahoma.....	More than 5 days.

TABLE 14. WAITING PERIOD - Continued

Waiting Period	Jurisdiction	Compensation retroactive if disability continues for period indicated from date of injury
3 days (cont.)	Oregon (temporary total disability only)..	14 days.
	Rhode Island (total disability only).....	More than 2 weeks.
	Utah (temporary total disability only)....	More than 14 days.
	Vermont (total disability only).....	7 days.
	Washington (temporary total disability)...	14 days.
	West Virginia.....	14 days.
	Wisconsin.....	More than 7 days.
	Wyoming (temporary total disability only)	More than 8 days.
	*United States:	
	FECA (temporary disability only).....	More than 14 days
5 days.....	LHWCA.....	More than 14 days.
	Idaho.....	More than 2 weeks.
	Massachusetts.....	6 days.
	Mississippi.....	14 days.
	Montana.....	1 week
	Nevada.....	5 days.
	North Dakota.....	5 days.
7 days.....	Arizona.....	More than 2 weeks.
	Arkansas.....	2 weeks.
	Florida.....	More than 14 days.
	Georgia.....	28 days.
	Indiana (temporary disability only).....	More than 21 days.
	Kansas (temporary total and permanent partial disability).....	3 consecutive weeks.
	Kentucky.....	More than 2 weeks.
	Louisiana.....	6 weeks.
	Michigan.....	2 weeks (also retroactive from day of injury if death result)

*FECA means Federal Employees' Compensation Act. LHWCA means Longshoremen's and Harbor Workers' Compensation Act.

TABLE 14. WAITING PERIOD - Continued

Waiting Period	Jurisdiction	Compensation retroactive if disability continues for period indicated from date of injury
7 days (cont.)	Nebraska.....	6 weeks.
	New Jersey.....	7 days.
	New Mexico.....	30 days.
	New York.....	More than 14 days.
	North Carolina.....	More than 28 days.
	Ohio.....	2 weeks (payment for waiting period applies only in cases of total disability).
	Pennsylvania (no waiting period for schedule of injury).....	14 days or more.
	South Carolina.....	More than 14 days.
	South Dakota.....	7 days.
	Tennessee.....	14 days.
	Texas.....	4 weeks.
	Virginia.....	More than 3 weeks.

U. S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation Programs
Division of State Workers' Compensation Standards
July 1, 1980

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Alabama 1/	Secs. 25-5-57(a)(4)(i) and 25-5-77. Employer shall pay the cost of physical and vocational rehabilitation, crutches, artificial members and other apparatus. Refusal of the employee to accept rehabilitation may result in suspension of compensation during the period of refusal. Permanent total disability benefits shall terminate if as a result of rehabilitation the injured employee obtains gainful employment which pays an amount at least equal to the employee's average weekly wage (AWW) at the time of injury. If during the first 200 weeks of employment or 300 weeks from the date of injury (whichever is longer) the employee's wage falls below his/her AWW at the time of injury, benefits will be resumed at 66 2/3 percent of the difference between the AWW and the new wage.	Sec. 25-5-77(c). Employer is liable for the cost of vocational rehabilitation including expenses of board, lodging and travel when rehabilitation requires residence away from the employee's customary residence.
Alaska	Sec. 23.30.095. Employer shall furnish medical services, crutches and apparatus. Refusal to accept medical treatment may result in suspension of compensation during the period of refusal.	Sec. 23.30.040. The Workmen's Compensation Board may direct and provide vocational training and rehabilitation for permanently disabled employees. The total maximum cost paid by the Second Injury Fund for compensation, treatment, instruction and transportation is \$5,000. A maximum of \$100 per month is available for maintenance. Additional benefits are available to employees who have exhausted temporary total or partial disability compensation and are undergoing vocational rehabilitation.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Arizona <u>1/</u>	Secs. 23-1026 and 23-1062. Employer shall pay the costs of medical treatment, crutches, artificial members and apparatus. Refusal to submit to medical treatment may result in reduction or suspension of the employee's compensation.	No specific provisions in the Workmen's Compensation law. However, employees will be awarded additional compensation from the Special Fund to benefit from State or Federal rehabilitation laws.
Arkansas	Sec. 81-1311. Employer shall provide medical services, crutches, artificial limbs and apparatus. Refusal by the employee to accept medical treatment may result in suspension of compensation during the period of refusal.	Secs. 81-1310(f) and 81-1314(b)(5) In addition to permanent disability compensation employees will receive benefits to cover travel and maintenance expenses associated with a vocational rehabilitation program. The employer is responsible for vocational rehabilitation benefits for a maximum period of 60 weeks. The Workers' Compensation Commission decides if a vocational rehabilitation program is reasonable for the employee. No employee shall be required to enter a vocational rehabilitation program against his/her will. The employer is liable for a maximum of \$400 per employee for vocational training and travel expenses for employees with non-disabling silicosis or asbestosis.
California <u>2/</u>	Sec. 3209.5. Employer shall furnish medical services, crutches, apparatus and artificial members. See footnote 2.	See footnote 2.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Colorado	Secs. 8-49-101 and 8-51-110. Employer shall provide medical services, crutches and apparatus. Refusal by the employee to accept rehabilitation may result in reduction or suspension of compensation.	Sec. 8-49-101. Employer pays tuition fees, transportation and weekly maintenance equivalent to (but not in addition to) temporary total disability benefits. Vocational rehabilitation services are limited to 26 weeks with a 26 week extension. The employer pays a maximum of \$20,000 in total medical, and rehabilitation expenses during vocational rehabilitation. The Major Medical Insurance Fund defrays expenses in excess of \$20,000. The Director of the Division of Labor may order vocational rehabilitation services. An employee eligible for vocational rehabilitation may not have his/her degree of permanent partial disability determined until the program is completed.
Connecticut 1/	Sec. 31-294. Employer shall furnish medical services. Refusal by the employee to accept medical services may result in suspension of compensation during the period of refusal.	Secs. 31-283(A-C) and 31-313. During vocational rehabilitation the employer pays the compensation for temporary disability and a maximum of \$40 per week for treatment. The Workers' Compensation Commission provides rehabilitation programs throughout the State and charges a fee for the programs.
Delaware	Sec. 2353. Employer is liable for the cost of medical and vocational rehabilitation as directed by the Industrial Accident Board, including board, lodging and travel. Refusal to accept rehabilitation shall result in loss of compensation for each week of refusal and forfeiture of compensation for any injury or increase in incapacity resulting from such refusal.	

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Dist. of Col.	Secs. 7(a)-(d). Employer is liable for costs of medical services, crutches and apparatus. The Secretary of Labor actively supervises the medical care rendered. Refusal by the employee to submit to medical treatment may result in suspension of compensation during the period of refusal.	Secs. 39(2) and 8(g). The Secretary of Labor shall direct and arrange vocational rehabilitation. When necessary the Secretary will cover the costs of rehabilitation and prosthetic appliances from a special fund. Employee may receive additional compensation not to exceed \$25 per week for maintenance during vocational rehabilitation paid from the special fund.
Florida	Sec. 440.13. Employer shall furnish medical services, crutches, artificial members and other apparatus.	Sec. 440.49. Employer or carrier is liable for the cost of vocational rehabilitation including reasonable board, lodging and travel for a period of 26 weeks, with one 26 week extension. If vocational rehabilitation services are not voluntarily offered or accepted the Division of Workers' Compensation may order such services. Refusal to accept rehabilitation results in a 50 percent reduction in compensation for each week of refusal. Temporary disability benefits are payable during rehabilitation.
Georgia	Sec. 114-501. The State Board of Workers' Compensation makes the final decision on both the type and length of physical and vocational rehabilitation. Expenditures for rehabilitation shall not exceed \$5,000 without Board approval. An employee's refusal to accept physical or vocational rehabilitation may result in suspension, reduction or limitation of compensation. Sec. 114-501. Employer shall furnish medical services, artificial members and prosthetic devices.	Sec. 114-501. Employer is liable for vocational rehabilitation and reasonable costs of board, lodging and travel for a maximum period of 52 weeks, which may be extended by the Board.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Guam	Sec. 37007(a). Employer shall furnish medical services, crutches and apparatus. Refusal to accept medical treatment may result in suspension of compensation during the period of refusal.	Secs. 37008.22(g) and 37039(c). Vocational rehabilitation is directed by the Workmen's Compensation Commission. The Commission is authorized to furnish prosthetic appliances. Through a special State fund employees may receive additional compensation not to exceed \$10 per week for maintenance during vocational rehabilitation.
Hawaii	Sec. 386-26. The Rehabilitation Unit within the Department of Labor and Industrial Relations decides the need for physical and vocational rehabilitation. Federal or State funds cover the cost of rehabilitation services and expenses such as travel, tuition, books and \$35 per week in living expenses. The maximum amount spent on physical and vocational rehabilitation is \$5,000 per employee. During rehabilitation the employee continues to receive the benefits he/she had before entering the program. Enrollment in a rehabilitation program shall not be mandatory for an employee. Sec. 36-24. Employer is obligated to furnish medical services, aids, apparatus and supplies required for the employee's greatest possible medical rehabilitation.	
Idaho 1/	Sec. 72-501A. The Rehabilitation Division within the Industrial Commission provides physical and vocational rehabilitation services with monies from a special fund. Secs. 72-432 and 74-433. Employer shall furnish crutches, appliances and prostheses. If an employee is an outpatient in a physical rehabilitation facility, he/she may receive a daily sustenance from the employer for board, lodging and travel.	Secs. 72-433 and 72-450. Employer covers transportation costs associated with vocational rehabilitation. The Industrial Commission may order retraining. During retraining the employee may collect temporary total or temporary partial disability benefits. Retraining is limited to 52 weeks with a maximum extension of 52 weeks.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Illinois 1/	Secs. 138.8 and 138.19. Employer pays for medical services, physical and mental rehabilitation and incidental maintenance expenses, artificial limbs and braces. Refusal to accept medical treatment may result in reduction or suspension of compensation.	Sec. 138.8. Employer is liable for costs of vocational rehabilitation including incidental maintenance expenses.
Indiana 1/	Sec. 22-3-3-4. Employer covers the costs of medical services, artificial members, proper braces, and travel, food and lodging associated with treatment. The Industrial Board may order specific services. Refusal to accept services bars the employee from compensation during the period of refusal. No compensation shall be paid for the portion of impairment resulting from refusal to accept treatment.	No specific provision in workmen's compensation law.
Iowa	Sec. 85.27. The employer shall furnish medical services, physical rehabilitation, crutches, artificial members and appliances.	Sec. 85.70. Upon approval by the Industrial Commission the employee shall receive \$20 a week in addition to other compensation payments while he is participating in a recognized vocational rehabilitation program. The employer is liable for all benefit payments for a period of 13 weeks, with a maximum extension of 13 weeks.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
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Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Kansas <u>1/</u>	Sec. 44:510. The Director of Workers' Compensation rules on the necessity of physical and vocational rehabilitation. Refusal to participate in rehabilitation will result in suspension and eventual cancellation of compensation. Sec. 44:510. Employer is liable for all costs of medical treatment including crutches, apparatus and transportation.	Sec. 44:510. The cost of the vocational rehabilitation program, board, lodging and travel is generally paid with Federal and State funds. In the absence of these funds, the employer's liability is limited to 26 weeks of rehabilitation with a 26 week extension and board, lodging and travel not to exceed \$2,000 for any 26 week period. During vocational rehabilitation the employee is entitled to temporary total disability benefits, payable by the employer.
Kentucky	Sec. 342.710. The Workers' Compensation Board may order physical and vocational rehabilitation. The employer is liable for costs of physical and vocational rehabilitation plus board, lodging and travel if rehabilitation services are away from the employee's residence. Employee's refusal to accept rehabilitation may result in a 50 percent loss of compensation during the period of refusal. During rehabilitation employees are eligible to receive disability payments. Sec. 342.020. Employer is liable for costs of medical services, artificial members and appliances.	Sec. 324.710. The maximum length of vocational rehabilitation shall be 52 weeks unless extended by the Workers' Compensation Board.
Louisiana	Sec. 23:1203. Employer is liable for medical services, travel expenses and prothetic devices.	No specific provisions in workmen's compensation law.

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RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Maine <u>1/</u>	Sec. 65. Refusal to accept physical or vocational rehabilitation provided for under the Workmen's Compensation Act may result in suspension of compensation during period of refusal. Sec. 52. Employer is liable for costs of medical services, artificial limbs, hearing aids, orthopedic devices and other physical aids.	Secs. 52 and 54. The Workers' Compensation Commission must approve or may order vocational or educational rehabilitation (includes post-secondary and university instruction). During rehabilitation the employer pays the employee's compensation and a maximum of \$35 per week for sustenance and travel for a period not to exceed 52 weeks.
Maryland	Sec. 37. Employer shall provide medical services, crutches, apparatus, artificial limbs and prosthetic appliances as required by the Workmen's Compensation Commission.	Sec. 36(9). The employee is eligible for a maximum of 24 months of vocational rehabilitation during which he/she receives temporary total disability compensation and up to \$40 per week in maintenance benefits. The employer is liable for all costs of rehabilitation and compensation. The Workmen's Compensation Commission decides the vocational rehabilitation needs of all employees. Refusal to accept vocational rehabilitation can result in suspension of compensation during the period of refusal.
Massachusetts <u>1/</u>	Secs. 30A and 30B. Employer is liable for costs of medical and vocational rehabilitation services and room, board and travel expenses associated with rehabilitation. The Industrial Accident Rehabilitation Board is authorized to order rehabilitation.	

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
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Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Michigan <u>1/</u>	Sec. 418:319. Employer is liable for costs of medical and vocational rehabilitation. The Director of the Bureau of Workmen's Compensation is authorized to order rehabilitation services. Refusal to accept rehabilitation can result in a reduction of compensation during the period of refusal. Sec. 418:315. Employer covers the costs of medical services, crutches, artificial limbs, hearing apparatus and appliances.	Sec. 418:319. Employee may receive additional payments for travel and other necessary expenses of vocational rehabilitation. Vocational rehabilitation is limited to 52 weeks with one 52 week extension.
Minnesota	Sec. 176.135. Employer shall furnish medical treatment including physical rehabilitation, crutches, apparatus and artificial members.	Sec. 176.102. Employer is required to offer a vocational rehabilitation plan to the Commissioner of Labor for approval within 30 days of notice that the employee cannot return to his/her pre-injury occupation. The employer is liable for the costs of vocational rehabilitation services, tuition, books, travel, board and lodging when the employee must reside away from his customary residence. The employer covers the cost of compensation equal to 125% of the employee's temporary total rate for a maximum period of 156 weeks. Refusal to accept rehabilitation may result in reduction or suspension of compensation.
Mississippi	Sec. 71-3-15. Employer is liable for costs of medical services, crutches, artificial members and other apparatus. Refusal to submit to medical treatment may result in suspension of compensation during the time of refusal.	Sec. 71-3-19. The Workmen's Compensation Commission may authorize vocational rehabilitation. During vocational rehabilitation an employee is entitled to a maximum of \$10 per week for 52 weeks for maintenance in addition to disability compensation.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Missouri <u>1/</u>	Sec. 287.141.1. The Director of the Division of Workmen's Compensation must approve and is authorized to order physical rehabilitation. Physical rehabilitation is to last a maximum of 20 weeks, with extensions available. The employer is liable for the cost of physical rehabilitation and in some instances transportation. During physical rehabilitation the employee is entitled to \$40 per week, paid by the second injury fund.	Vocational rehabilitation is not addressed by the State workmen's compensation law.
Montana	Sec. 39-71-704. Employer is liable for costs of medical services.	Secs. 39-71-101 through 39-71-100.5 While enrolled in vocational rehabilitation, employees may receive benefits to cover expenses of living not to exceed \$50 per week, plus travel, tuition and books. Costs of vocational rehabilitation and benefits to employees are covered by State accounts. The Division of Workers' Compensation may order vocational rehabilitation. Refusal to accept rehabilitation may result in termination of workers' compensation benefits.
Nebraska	Secs. 48-121 and 48-162.01. The State court may order physical or vocational rehabilitation. During rehabilitation employees are entitled to temporary disability compensation, paid by the employer. Refusal to accept rehabilitation may result in suspended, limited or reduced compensation. Secs. 48-120, 48-161.01. Employer is liable for costs of a physical rehabilitation program including board, lodging and travel. Employer pays for plastic or reconstructive surgery, appliances and prosthetic devices.	Sec. 48-162.01. Costs of a vocational rehabilitation program including board, lodging and travel are paid by the Vocational Rehabilitation Fund.

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Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Nevada <u>1/ 3/</u>	See footnote 3.	See footnote 3.
New Hampshire <u>1/</u>	Sec. 281:21. Employer is liable for costs of medical services, artificial limbs, orthopedic appliances and physical aids.	Sec. 281:21-b. Employer is liable for the cost of vocational rehabilitation services, books, tools, board, lodging and travel for a maximum of one year, unless extended by the Labor Commissioner. The Commissioner may order rehabilitation services. Refusal to accept vocational rehabilitation may result in compensation loss for each week of refusal. During rehabilitation the employee continues to receive his compensation benefits.
New Jersey <u>1/</u>	Sec. 34:15-12(b). Permanent total disability payments will cease after 450 weeks unless the employee submits to physical or educational rehabilitation. The Rehabilitation Commission may order rehabilitation. Sec. 34:15-15. Employer is liable for costs of medical services and artificial limbs or other appliances.	
New Mexico	Sec. 59-10-19.1. Employer shall furnish medical and physical rehabilitation services and artificial members, including teeth and eyes.	Secs. 59-10-19.2 and 59-11-15.2. During the period of vocational rehabilitation an employee may receive additional compensation not to exceed \$1,000, for board, lodging, travel and maintenance of the family. The employer is liable for compensation, maintenance and other expenses associated with rehabilitation. The court determines if an employee needs vocational rehabilitation. Refusal of vocational services does not result in forfeiture or diminution of compensation.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
New York <u>1/</u>	Sec. 13. Employer is liable for costs of medical services, crutches, artificial eyes, apparatus, artificial members of the body and appliances.	Sec. 1(9). Employees receive vocational rehabilitation under the direction of the State Education Department. During vocational rehabilitation, employees may receive additional compensation for maintenance up to a maximum of \$30 per week. The additional compensation and expenses of rehabilitation are paid by the State Vocational Rehabilitation Fund.
North Carolina <u>1/ 4/</u>	See footnote 4.	See footnote 4.
North Dakota	Secs. 65-05.1-01 through 65-05.1-06. The State Workmen's Compensation Bureau pays for services and allowances associated with physical and vocational rehabilitation. The Bureau determines employees' rehabilitation needs. In lieu of compensation payments, the employee is entitled to a rehabilitation allowance not to exceed 125% of the weekly compensation and dependent benefits. The employee may receive additional awards not to exceed \$5,000 for relocation and remodeling of living or business facilities. Refusal to accept rehabilitation may result in loss of all compensation.	
Ohio <u>5/</u>	Sec. 4123.66. The State Insurance Fund pays the cost of medical services. See footnote 5.	See footnote 5.
Oklahoma	Secs. 15. The Workers' Compensation Court may order physical and vocational rehabilitation services. Employer is liable for costs of physical and vocational rehabilitation, weekly compensation benefits, board, lodging, travel, tuition and books. Refusal to accept rehabilitation services will not diminish benefits allowable to an employee. Sec. 14 and 15. Employer is liable for costs of medical services, crutches, apparatus and prosthetic devices.	Sec. 16(c). Vocational rehabilitation shall last for a maximum of 52 weeks, with a possible 52 week extension.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Oregon	Secs. 656.245 and 656.325. Employer is liable for costs of medical services, crutches, prosthetic appliances, braces and physical restorative services. Refusal to accept medical services may result in suspension of compensation during the period of refusal	Secs. 656.268 and 656.728. Employee is entitled to temporary disability benefits during enrollment in a vocational rehabilitation program. The Director of the Workers' Compensation Department provides and determines employees' needs for vocational rehabilitation. The Rehabilitation Reserve Fund covers the costs of rehabilitation services and disability benefits.
Pennsylvania	Sec. 306(f). Employer covers the cost of medical services, orthopedic appliances, artificial limbs and prostheses. If the employee refuses treatment he forfeits compensation for any injury or increase in incapacity resulting from refusal.	No specific provisions in the Workmen's Compensation Law. The State Board of Vocational Rehabilitation may provide vocational rehabilitation for industrially injured employees (No. 476, Laws of 1961 Sec. 7.1).
Puerto Rico	Sec. 3.1. The State Fund covers the cost of medical services.	Sec. 3.2. The Manager of the State Insurance Fund may refer employees for vocational rehabilitation. During rehabilitation the employee shall receive temporary disability payments for a maximum of 26 weeks.
Rhode Island 1/	Secs. 28-38-1 through 28-38-5. Employers contribute to the State fund supporting the Donley Rehabilitation Center, which provides physical therapy, psychotherapy and occupational therapy. Secs. 28-33-5 and 28-33-6. The employer pays the cost of medical services, crutches, braces and supports, artificial limbs and similar appliances. Refusal to accept medical services may result in suspension of compensation during the period of refusal.	

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
South Carolina	Sec. 42-15-60. Employer covers the cost of medical services. Refusal to accept medical treatment may result in suspension of compensation until refusal ceases.	Sec. 42-1-80. The Director of the Industrial Commission refers all injured employees to the State Vocational Rehabilitation Department for vocational rehabilitation.
South Dakota <u>1/ 6/</u>	Sec. 62-4-1. Employer pays for medical rehabilitation services, artificial members and body aids. See footnote 6.	No specific provisions in the workers' compensation law. See footnote 6.
Tennessee <u>1/</u>	Sec. 50-1004. Employer is liable for all medical and surgical treatment including artificial members. Refusal to accept medical services may result in suspension of compensation during the period of refusal.	Sec. 50-1028. The Division of Workers' Compensation refers all cases for vocational rehabilitation to the Department of Education.
Texas	Part 1 Sec. 7, 7e(a) and Part 2 Sec. 4. The Texas Employers' Insurance Association or the employer is liable for costs of physical rehabilitation, fitting and training in use of prosthetic appliances and artificial appliances. Refusal to cooperate with physical rehabilitation will result in a suspension of compensation during the period of refusal.	Part 1 Sec. 7. The Industrial Accident Board determines the need for vocational rehabilitation. The Texas Rehabilitation Commission provides vocational rehabilitation.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Utah	Sec. 35-1-81. Employer covers the cost of medical and hospital services. Employer's liability for an artificial limb, eye or appliance is limited to \$1,000 for each appliance.	Sec. 35-1-67. It is mandatory that the Industrial Commission refer all permanently and totally disabled employees to the State Board of Education for rehabilitation. The State Special Fund is liable for the costs of vocational rehabilitation, not to exceed \$1,000 per employee. Employees must cooperate with the rehabilitation program in order to receive disability payments from the State's Special Fund after the employer's liability terminates.
Vermont <u>1/</u>	Sec. 640. Employer is liable for costs of medical services.	Sec. 641. The Commissioner of Labor and Industry may order vocational rehabilitation. The employer is liable for the costs of vocational rehabilitation for a maximum period of one year, unless extended by the Commissioner. The employer covers the costs of books, tools, and board, lodging and travel associated with a change of residence for rehabilitation. Refusal to accept vocational rehabilitation may result in loss of compensation for each week of refusal.
Virginia <u>1/</u>	Sec. 65.1-88. The Industrial Commission may order a change in medical services or vocational rehabilitation. Refusal to accept medical services or vocational rehabilitation may result in suspension of the employee's compensation during the period of refusal. Sec. 65.1-88. Employer is liable for costs of medical services, prosthetic appliances including fitting and training in their use, and artificial limbs.	Sec. 65.1-88. Employer furnishes vocational rehabilitation under the direction of the Industrial Commission.

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Washington 1/	Sec. 51.36.010. The self-insurer or State Fund covers the costs of medical services, artificial limbs, eyes, teeth, mechanical appliances, and transportation.	Secs. 51.32.095 and 51.36.050. During vocational rehabilitation the self-insurer or State Fund covers the costs of books, tuition, fees, supplies, equipment and transportation not to exceed \$1,500 and temporary total disability payments for a maximum period of 52 weeks, with one 52 week extension. The self-insurer or State Fund pays board and lodging if rehabilitation requires residing away from the employee's customary residence. The Department of Labor and Industries may operate a rehabilitation center and may contract with self-insurers for use of the facility.
West Virginia 1/	Sec. 23-4-9. The State Workmen's Compensation Commissioner must authorize physical and vocational rehabilitation. Employees are entitled to temporary total disability benefits if they are totally disabled during their period of rehabilitation. Sec. 23-4-3. The self-insurer or State Fund covers the costs of medical services, crutches, artificial limbs and approved mechanical appliances.	Sec. 23-4-9. The self-insurer or State Fund covers the cost of vocational rehabilitation. Expenditures for vocational rehabilitation shall not exceed \$10,000.
Wisconsin	Secs. 102.43 and 102.61. Employer covers the cost of temporary total disability benefits, maintenance and travel expenses while the employee is undergoing training in the use of artificial members and appliances or vocational rehabilitation for a period of 40 weeks. Extensions are available. Sec. 102.42. Employer is liable for costs of medical treatment, crutches, artificial members and appliances.	

TABLE 15: STATUTORY PROVISIONS IN WORKERS' COMPENSATION LAWS
RELATING TO REHABILITATION BENEFITS FOR INJURED WORKERS (con't)

Jurisdiction	Physical Rehabilitation	Vocational Rehabilitation
Wyoming <u>1/</u>	Secs. 27-335 and 27-340. The State Fund covers costs of medical services and travel. The State Fund is liable for costs of prosthetic appliances not to exceed \$1,500 plus \$350 for traveling and maintenance expenses associated with purchase, fitting or adjustment of the prostheses. The amount may be increased through a court order.	No specific provisions under the State's workers' compensation law.
*United States: FECA	Sec. 8103. The costs of medical services, appliances and transportation will be paid by the Employees' Compensation Fund.	Secs. 8104, 8111, 8113. The Secretary of Labor may order vocational rehabilitation. The costs of the services will be covered by the Employees' Compensation Fund. In addition to total disability compensation the employee may receive a maximum of \$200 a month for maintenance. Refusal to participate in vocational rehabilitation may result in decreased compensation.
LHWCA	Secs. 7(a)-(d). Employer is liable for costs of medical services, crutches and apparatus. The Secretary of Labor actively supervises the medical care rendered. Refusal to submit to medical treatment may result in suspension of compensation during the period of refusal.	Secs. 39(2) and 8(q). The Secretary of Labor shall direct and arrange vocational rehabilitation. When necessary the Secretary will cover the costs of rehabilitation and prosthetic appliances from a special fund. Employee may receive additional compensation not to exceed \$25 per week for maintenance during vocational rehabilitation paid from the special fund.

*FECA means Federal Employees' Compensation Act. LHWCA means Longshoremen's and Harbor Workers' Compensation Act.

FOOTNOTES

- 1/ By separate enactment, the State accepts the benefits and provisions of the Federal Vocational Rehabilitation Act.
- 2/ The California law refers to rehabilitation but does not specify physical or vocational in Sections 139.5 and 6200-6208. A Rehabilitation Unit is established within the Division of Industrial Accidents. The employer is required to inform the employee of availability of rehabilitative services when disability continues beyond 27 days. It is not compulsory for the employer or employee to accept a rehabilitation program. After an employee accepts a rehabilitation program, refusal to cooperate may result in suspension of benefits during the period of refusal. The employee is entitled to rehabilitation benefits in addition to disability compensation. The employer will pay for the rehabilitation program and temporary disability benefits.
- 3/ The Nevada law refers to rehabilitation but does not specify physical or vocational in Sections 616.222-223. The Industrial Commission or the self-insured employer may order rehabilitation. The penalty for refusing rehabilitation may result in termination of benefits. The Vocational Rehabilitation Fund in the Department of Human Resources covers the costs of medical and psychological treatment, prosthetic appliances and allowances for living expenses during rehabilitation.
- 4/ The North Carolina law refers to rehabilitation but does not specify physical or vocational in Section 97-25. The employer is liable for costs of rehabilitation services. Refusal to accept rehabilitation ordered by the Industrial Commission may result in forfeiture of compensation until refusal ceases.
- 5/ The Ohio law refers to rehabilitation but does not specify physical or vocational in Sections 4121:61, 4121:63 and 4123.57. The Industrial Commission holds the final authority regarding rehabilitation. The State Surplus Fund covers the costs of rehabilitation services, artificial appliances and maintenance payments. Employees are entitled to maintenance payments not to exceed temporary total disability compensation but not less than 50% of the SNW for a maximum period of 6 months, with Commission approved extensions available.
- 6/ The South Dakota law refers to rehabilitation but does not specify physical or vocational in Section 62-4-5.1. While engaged in a rehabilitation program an employee is entitled to temporary total disability benefits, paid by the employer.

U. S. DEPARTMENT OF LABOR
Employment Standards Administration
Office of Workers' Compensation
Programs
Division of State Workers'
Compensation Standards
July 1, 1980

TABLE 16. STATE WORKERS' COMPENSATION METHOD OF PAYMENT

<u>State</u>	<u>Direct Payment</u>	<u>Agreement</u>
Alabama	X	
Alaska	X	
Arizona	X	
Arkansas	X	
California	X	
Colorado	X	
Connecticut		X
Delaware	X	
Dist. of Col.	X	
Florida	X	
Georgia	X	
Hawaii	X	
Idaho	X	
Illinois	X	
Indiana		X
Iowa		X
Kansas	X	
Kentucky	X	
Louisiana	X	
Maine		X
Maryland	X	
Massachusetts		X
Michigan	X	
Minnesota	X	
Mississippi		X
Missouri	X	
Montana	X	
Nebraska	X	
Nevada	X	
New Hampshire	X	

TABLE 16. STATE WORKERS' COMPENSATION METHOD OF PAYMENT

<u>State</u>	<u>Direct Payment</u>	<u>Agreement</u>
New Jersey	X	
New Mexico	X	
New York	X	
North Carolina		X
North Dakota	X	
Ohio	X	
Oklahoma	X	
Oregon	X	
Pennsylvania	X	
Puerto Rico	X	
Rhode Island		X
South Carolina		X
South Dakota	X	
Tennessee	X	
Texas	X	
Utah	X	
Vermont		X
Virginia		X
Washington	X	
West Virginia	X	
Wisconsin	X	
Wyoming	X	
*United States:		
FECA	X	
LHWCA	X	

*FECA means Federal Employees' Compensation Act. LHWCA means Longshoremen's and Harbor Workers' Compensation Act.

LIST OF BENEFIT TABLES AS OF JULY 1980

- Table 1. Type of Law and Insurance Requirements for Private Employment
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EXECUTIVE SECRETARY'S OFFICE

NATIONAL ASSOCIATION OF INSURANCE COMMISSIONERS

633 W. WISCONSIN AVENUE SUITE 1015 MILWAUKEE, WISCONSIN 53203 414-271-4464

NAIC REPORT ON PROFITABILITY

BY LINE AND BY STATE

FOR THE YEAR

1978

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WISCONSIN

Worker's Compensation Insurance Rates A Four-State Comparison September, 1979

Wisconsin Worker's Compensation Insurance Saves You Money

Worker's Compensation Insurance is only one of many costs that an employer must consider in determining the location of a new manufacturing operation. It is also one that can vary considerably from state to state. A Wisconsin location can represent significant savings on your worker's compensation premiums. Depending upon the type of labor skills you employ, savings from five to ten per cent of your total payroll are not unusual.

While it saves you money, your worker's compensation insurance premium in Wisconsin buys you more. How can lower premiums provide better coverage? There are two simple reasons.

First, Wisconsin maintains a good industrial safety record. Second, Wisconsin was a pioneer in the development of worker's compensation programs. As a result, the Wisconsin Worker's Compensation Act is comprehensive, and above all, well administered. The result is a relatively low level of litigation in comparison with other states. In Wisconsin only 1.3 per cent of reported cases result in formal hearings, whereas the incidence of litigation in Michigan is 25 per cent, and in Illinois 40 per cent. Fewer contested cases means that a significantly higher portion of the insurance premium is paid out in direct benefits to an employee, rather than expended in the cost of litigation.

The test of a good compensation law is that it actually carries to the injured worker, promptly, certainly, and with a minimum of waste, the maximum benefits in proportion to the cost to industry. By this criterion, probably no state comes as near as Wisconsin does to meeting the standard for a model program.

Worker's compensation insurance coverage is compulsory for employers in Wisconsin. A self-insurance program is available to qualifying employers. Employers permitted to carry their own risk are usually large firms with a big risk factor and adequate financial and administrative resources. During the history of this program, no self-insured company has ever defaulted in meeting its worker's compensation obligation.

Recognizing that low insurance premiums can be a factor in attracting industry and encouraging expansion in the state, Wisconsin strives to provide adequate benefits to employees at a cost that industry can reasonably afford. Compare for yourself.



Additional information on the Wisconsin Worker's Compensation program is available from the Department of Industry, Labor and Human Relations, Worker's Compensation Division, P. O. Box 7901, Madison, WI 53707.

RATE COMPARISONS

—Rates represent actual cost per \$100 of payroll—

CODE	DESCRIPTION	WISCONSIN	MICHIGAN	MINNESOTA	ILLINOIS
	(date effective)	7/79	8/79	4/78	7/79
2111	Canneries	\$ 3.07	\$ 8.66	\$ 5.36	\$ 5.03
2710	Sawmills	7.28	17.88	22.96	20.92
2883	Furniture Mfg.-Wood	4.08	9.27	8.01	6.24
3066	Sheet Metal Work-Shop	3.02	9.58	7.04	5.74
3076	Fireproof Equip. Mfg.	3.13	6.17	4.54	5.33
3081	Foundry-Iron	4.85	20.89	19.86	9.94
3082	Foundry-Steel Castings	5.03	16.01	10.13	6.77
3085	Foundry-Nonferrous Metals	4.08	16.24	9.48	5.50
3114	Tool Mfg.-Machining & Finishing	1.71	6.26	2.46	3.37
3179	Electrical Apparatus Mfg.	.65	5.80	4.32	3.64
3400	Metal Goods Mfg.	3.77	17.29	7.94	6.28
3507	Agricultural, Mining & Construction Equip. Mfg.	2.49	5.31	7.98	5.87
3612	Pump & Engine Mfg.	2.20	4.66	2.64	2.79
3632	Machine Shops	1.65	9.10	4.98	5.10
3643	Electrical Power or Transmission Equip. Mfg.	1.25	5.80	4.32	2.73
3685	Instrument Mfg.	1.30	2.18	1.37	1.61
3808	Automobile Mfg. or Assembly	1.65	8.37	8.26	5.34
4239	Paper Mfg.	1.68	8.79	6.36	7.20
4244	Corrugated Container Mfg.	1.68	13.75	7.71	5.51
4299	Printing	1.32	3.60	2.62	2.00

The above rates were selected to represent a broad spectrum of industrial occupations. The figures were provided by the Wisconsin Compensation Rating Bureau, 733 N. Van Buren, Milwaukee, Wisconsin, 53202, telephone (414) 276-5476. If you would like to know the Wisconsin worker's compensation rate for your industry, the Rating Bureau or the Department of Business Development would be pleased to provide this information.

WISCONSIN—WE'RE READY FOR BUSINESS

DIRECT BENEFITS TO WISCONSIN BUSINESS

Substantial property tax reductions: exempts manufacturing machinery and equipment.

Inventory tax credit increased: exemption (forgiveness) increased to 90 percent in 1979.

Real property tax relief: \$411 million for 1975-77, about one-third to business.

Fuel and electricity: sales tax paid credited against corporate income tax.

Pollution equipment: exempt from sales tax, property tax under certain conditions. Company may elect to write off such equipment in the year purchased.

Multi-state companies: double-weighting of sales (destination) factor in apportionment favors Wisconsin location.

Helps low year: corporation income tax allows for a five-year net loss carry forward.

Low debt: state and local debt per capita about two-thirds national average.

SKILLED LABOR FORCE

Responsible labor: a consistently low work-stoppage rate.

Low-cost workers' compensation: employer's contributions substantially lower than many neighboring states, for similar disability benefits.

Technical training programs: our vocational-training programs are the oldest (1911) in the nation and rank among the finest.

Manufacturing jobs: averaged 553,400 per month in 1978. Total labor force averaged 2,290,900.

HOW WE HELP INDUSTRY

Municipal industrial bonds: cities, villages and towns may issue. Over \$291 million issued between April, 1973 and December, 1978 to finance over 300 projects.

Local support: about 280 communities (more than in other states) have Industrial Development Corporations to aid industry.

Local encouragement: state statutes authorize cities, villages and towns to purchase land for industrial use. Make improvements such as roads, water, sewer.

Space inventory: record of vacant buildings suitable for industrial use kept by state.

Industrial parks and sites: more than 300 tracts designed for controlled land use and dispersed throughout state.



WISCONSIN

DEPARTMENT OF BUSINESS DEVELOPMENT
**DIVISION OF BUSINESS
DEVELOPMENT SERVICES**

123 W. Washington Ave., Madison, WI 53702

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The Report of
The Comprehensive Study of
Vocational Rehabilitation in
The Alaska Workers'
Compensation Program



JUNEAU, ALASKA
March 12, 1982

SCOMM

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Following generally accepted management practices, this is an exception report. The report highlights those items that are in need of improvement because they are being performed inefficiently, ineffectively or uneconomically, or are entirely out of control, redundant or no longer need to be performed in line with providing citizens of the State needed and essential services. For obvious, practical reasons this report does not highlight all of the positive things the agency has done or is doing but focuses its attention on the needed improvements.

Readers of this report can obtain an understanding of the scope of the audit by reading Section I entitled "Scope and Objectives"; printed on yellow paper.

Major audit recommendations and conclusions reached by the auditor may be obtained with a minimum of reading by turning to Section II "Summary" also printed on yellow paper.

Appendix I "Summary of Recommendations" includes in one place all of the changes recommended by the auditor and is found on the green pages.

Section III "Findings-Analysis-Recommendations" provides detailed data regarding the auditor's findings and provides the rationale that lead to the auditor's conclusions and recommendations; printed on white paper.

Appendix II "Proposed Legislation" contains the auditor's proposals regarding the need for new or revised legislation printed on yellow paper.

Appendix III "Fiscal Impact" of the report recommendations printed on the pink pages.

Additional appendices are included as necessary to provide a more in-depth look at subject matters discussed in the report.

The last appendix of the report contains agency comments on the audit report.

For the reader's convenience, a "Table of Contents" can be found on the pages immediately following this "Foreword".

A glossary of unusual words or terms used in this report can be found in the Appendix.

This report has been compiled based on a systematic and objective appraisal by the auditor of the management practices of the Buckner Rehabilitation Center. A detailed examination and analysis was made of the three basic management functions essential to the faithful, efficient and effective performance of all operating entities, i.e., the management planning function, the actual everyday operations functions, and management's review of how well the operations' function is performing in accordance with its planned performance.

The audit findings are the result of data obtained by means of (1) various budget requests and operating reports; (2) numerous documents, reports and studies in the field of rehabilitation; (3) interviews with personnel of the Buckner Rehabilitation Center, Department of Labor and Industries; (4) staff visits to the Buckner Rehabilitation Center, Department of Labor and Industries; and (5) staff visits to five public and private rehabilitation centers.

This report to the Washington State Legislature has been reviewed and approved by the Legislative Budget Committee after it had heard testimony from the Legislative Auditor and his staff, reviewed written comments submitted by interested agencies regarding the audit and listened to oral testimony both pro and con presented by all parties wishing to be heard on this subject during the public meetings held for that purpose.

All personnel contacted were most helpful and cooperative in furnishing the auditor information needed for the development and completion of this report. The Department of Labor and Industries Medical Consultant, A. Dean Johnson, M.D., was particularly helpful in providing medical advice to the auditor. Their assistance contributed greatly to the preparation of the program review and is gratefully acknowledged.

This audit was conducted by Richard Mueller, Senior Management Auditor on the staff of the Legislative Budget Committee.

THOMAS R. HAZZARD
Legislative Auditor

Approved by Legislative Budget
Committee January 22, 1979

REPRESENTATIVE FRANK J. WARNE
Chairman
Legislative Budget Committee

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SECTION I

SCOPE AND OBJECTIVES

SCOPE:

The scope of this audit will encompass a review of functions being conducted by the Buckner Rehabilitation Center. This audit did not evaluate the Field Vocational Rehabilitation Staff Services provided by the Vocational Rehabilitation counselors in offices throughout the State.

OBJECTIVES:

The purpose of this audit is to determine how faithfully, efficiently and effectively programs of the Buckner Rehabilitation Center, Department of Labor and Industries, are being administered. The following major audit objectives have been established:

1. To determine to what degree the Buckner Rehabilitation Center's goals, objectives and programs are in compliance with legislative intent.
2. To determine if the Buckner Rehabilitation Center's programs are operating in an efficient and economical manner that provide optimum performance in its day-to-day conduct of business.
3. To determine how effectively the Buckner Rehabilitation Center is providing the basic services it has been chartered to provide.
4. To determine if the Buckner Rehabilitation Center is providing a needed service that is relevant to the requirements of responsible and efficient State government.
5. To identify problem areas, program deficiencies and redundancy; make recommendations for improving performance and recommend changes or additions to existing statutory authority.
6. To identify potential dollar savings that can be achieved by improvement in the Center's policies, programs and goals.
7. To determine to what degree the Buckner Rehabilitation Center has progressed toward achievement of the 1977-79 biennium goals.

SECTION II

SUMMARY

A. BACKGROUND

During the 1957 legislative session \$1,000,000 was appropriated from the Medical Aid Fund for purchase or construction of a Department of Labor and Industries rehabilitation center, for industrially injured workers. This appropriation caused the purchase of an 8-1/2 acre site at 32nd Avenue, South and Alaska Street - Seattle, and the construction of a rehabilitation facility of 38,000 square feet with the capacity of 150 patients per day. The facility was opened on January 5, 1959.

During the 1959 legislative session \$425,000 was appropriated from the Medical Aid Fund to construct and equip a rehabilitation center dormitory. This appropriation caused the construction of a 98 bed residence hall with occupancy beginning in October 1961.

Overview

Buckner Rehabilitation Center (Agency Estimates)

<u>Fiscal Year</u>	<u>Actual Expenditures</u>	<u>Estimated Expenditures</u>	<u>Allotted FTE's</u>	<u>Patients Discharged</u>
1978	\$2,113,000		110*	449**
1979		\$2,406,000	110	
1980		2,449,000	110	
1981		2,469,000	110	

B. MAJOR CONCLUSIONS AND RECOMMENDATIONS

The Buckner Rehabilitation Center management and staff are doing an adequate job of administering the Department of Labor and Industries' rehabilitation programs.

The real problems of Washington's industrially injured workers' rehabilitation are outside of Buckner's management responsibility.

2. There are not enough patients to utilize the Buckner facility and patient referrals to Buckner are 100% controlled by industrial insurance management in Olympia.

* The actual FTE's used during Fiscal Year 1978 were 100.8

** It is not known how many of the patients discharged were returned to "gainful employment".

13. The majority of the patients referred to Buckner (by industrial insurance management in Olympia) are not motivated to be rehabilitated. The only reason many of the patients are agreeing to participate in a rehabilitation program may be because they will lose their compensation benefit check if they do not.

1. Specific areas of weakness not within Buckner's Management Responsibility are --

The Buckner Rehabilitation Center operational reporting system is confusing to someone who is not familiar with Buckner's activities.

Owing to the infinitely wide variety of services in rehabilitation activities, it is impossible to set down concisely the details of the kind of reporting system which the Assistant Director of Industrial Insurance should have put before him if he is to keep in touch with what is going on. The most effective method may be to prepare a summary of what seems of interest and importance, and for the Assistant Director then to make his choice, adding and omitting items which he personally feels he wants to know.

Buckner does have a few key figures which in themselves reflect the overall efficiency with remarkable exactness. For example:

- percentage of Buckner patient capacity per day used and room capacity per day occupied, gives a good index of the utilization of the facility.
- the following checks on labor utilization may be found to be of value -
 - o ratio of direct labor, to patients discharged;
 - o ratio of direct, to indirect labor; and
 - o ratio of clerical labor, to patients discharged.
- the following checks of program effectiveness may also be found to be of value -
 - o ratio of patients returned to gainful employment, to patients discharged;
 - o ratio of patients no longer receiving time loss compensation benefits, to patients discharged; and
 - o ratio of patients active in the job market, to patients discharged.

The "key figure" of the Buckner Rehabilitation Center may already be known or it may have to be discovered by investigation. In either case, when this figure is ascertained, the results should be recorded regularly.

(1.) The Buckner Rehabilitation Center facility program is only available to industrially injured workers, even though the facility is only 29 percent utilized.

*This audit recommends that the Center programs be made available to any disabled person in the State, on a cost reimbursement basis.

It costs less to provide rehabilitative services at private and other public rehabilitation centers.

Generally the same services offered at Buckner are available at a lower cost in private and/or other publicly run rehabilitation centers and these centers do have open capacity to handle Buckner's patient load.

The effectiveness and utilization of Buckner's programs is so low that the Auditor questions the need for the services being provided and the need for the facility itself.

The audit recommends that the Office of Financial Management determine if the present use of the Department of Labor and Industries' Buckner Rehabilitation Center is in the best interest of the State, and if not, how can the State better use the Buckner facilities.

The majority of Buckner's patients may not be motivated.

Although complex and difficult to assess, the auditor believes motivation is an important component of rehabilitation and subsequent employment.

The applicants for disability insurance or compensation benefits find themselves in a dilemma. On the one hand, the applicant undergoes various examinations and evaluation for the purpose of obtaining disability benefits. His orientation over a period of time is in the direction of emphasis upon limitations, and his major concern is in presenting these limitations in a way that maximizes his chances for obtaining the benefits. On the other hand, the applicant is asked to consider his capacities and assets and to mobilize them for the sake of rehabilitation. As one observer put it in connection with workmen's compensation:

"... Something is wrong with a system that produces conflicts of interest on the part of an injured worker whose future depends upon maximum restoration of health, but whose immediate attention is focused upon financial recovery."

* The Legislative Budget Committee rescinded this recommendation.

2. Some of the areas within Buckner's management responsibility that need review are ---

Buckner work orientation programs are redundant, expensive and their effectiveness appears low.

The audit recommends that Buckner's management closely review these programs, exploring the alternatives of using work orientation programs delivered on a contractual basis by outside public and private organizations and other State agencies, before expanding their present work orientation programs.

The Buckner Rehabilitation Center staffing level is excessive when compared to the patient load.

The audit recommends that Buckner's management review the present staffing, reducing it where appropriate, so that it is equal to their 1962 ratio of staff to patients discharged.

3. A few options available which may, or may not, improve State rehabilitation service and costs are ---

OPTION A

Continue operating Buckner with the Department of Labor and Industries management; update interagency agreements with the Department of Social and Health Services and the Department of Employment Security; reduce staffing to a more cost effective level and open the use of Buckner's programs to all disabled people in the State, on a cost reimbursement basis.

Most Likely Outcome

This approach has been tried off and on for the past 20 years. There probably will be very little change in facility utilization, as DSHS, informally, has expressed dissatisfaction with the way the rehabilitation programs have been operating and would not likely refer many clients. (An alternative to this option may be to write legislation which would require DSHS to use Buckner.) Service cost per patient discharged would reduce, but would later creep back up unless strict controls and definitions on ratios of staffing level to patients discharged were implemented and enforced.

OPTION B

Continue operating Buckner with the Department of Labor and Industries management; implement a "Buckner Rehabilitation Facility Familiarization/Sales Program" addressed to physicians, Olympia industrial insurance management, and claims adjudicators; implement

more sophisticated patient referral and scheduling techniques.

Most Likely Outcome

This approach has been tried off and on for the past 20 years with little success. There probably will be very little change in cost and utilization of the facility.

OPTION C

Transfer management responsibility of Buckner to the Department of Vocational Rehabilitation, DSHS and implement interagency agreements between DSHS and the Department of Labor and Industries.

Most Likely Outcome

The probability that utilization of Buckner would increase is fair and therefore, cost per patient discharged may decrease as the Division of Vocational Rehabilitation appears to have enough clients in need of such a facility. Most likely the number of Department of Labor and Industries' patients will reduce to the number who are motivated and who really need a specific program being offered at the Center. There may be a slight increase in the Department of Labor and Industries' patients going to "outside" rehabilitation centers, but this would be more than offset by a decrease in Division of Vocational Rehabilitation patients going to "outside" rehabilitation centers.

There is some question of whether Buckner can ever consistently meet the rehabilitation costs per patient of "outside" centers. In any event, the Department of Labor and Industries rehabilitation budget would reduce substantially, but there may be an equal increase in the DSHS rehabilitation budget.

OPTION D

Sell the Center, or use it, for something other than rehabilitation.

Most Likely Outcome

This is probably the most cost effective option for the State and would be consistent with the activities of 45 out of 50 states. Our State does have enough private/public rehabilitation centers to handle the small number of Department of Labor and Industries' patients serviced at Buckner. (There is some doubt whether the majority of the Buckner patients really need the rehabilitation services they are presently receiving - 90% of them may never be referred to an "outside" facility.)

SECTION III

FINDINGS-ANALYSIS-RECOMMENDATIONS

A. BACKGROUND

Vocational rehabilitation is among the oldest of all Federal grant-in-aid programs. Originating in 1920, the National Civilian Vocational Rehabilitation Act was designed to serve World War I crippled veterans but was soon expanded to include workers injured in industrial accidents. In fact, the first Washington State Vocational Rehabilitation Program, instituted in 1933, was funded with \$5,000 to retrain the injured workmen.

From 1933 to 1948, industrially injured workers in need of rehabilitation were referred to the Division of Rehabilitation, now within the Department of Social and Health Services.

In June 1948, on an experimental basis, the Department of Labor and Industries rented a facility in downtown Seattle to be used as their own rehabilitation center.

During the 1957 legislative session \$1,000,000 was appropriated from the Medical Aid Fund for purchase or construction of a rehabilitation center, including equipment and land. This appropriation caused the purchase of an 8-1/2*acre site at 32nd Avenue, South and Alaska Street - Seattle and the construction of a rehabilitation facility of 38,000 square feet with the capacity of 150 patients per day. The facility was opened on January 5, 1959.

During the 1959 legislative session \$425,000 was appropriated from the Medical Aid Fund to construct and equip a rehabilitation center dormitory. This appropriation caused the construction of a 98 bed residence hall with occupancy beginning in October 1961.

Rehabilitation Center programs now include:

* Approximately 1 acre was later sold to the Commission for the Blind, where a small office building was built.

PHYSICAL SERVICES

Physical Restoration

Offers therapeutic modalities and a series of light to heavy exercises and activities to increase strength, ranges of motion and endurance. Can include TENS training. Requires 6 hours a day, 5 days a week for an average of 5 to 6 weeks based on progress.

Amputee Services

The AMPUTEE PROGRAM is designed to offer the amputee the necessary services in three different categories:

1. Treatment-management, training and care of the amputee, and of the problems related to the injury.
2. Evaluation-assessment of the client's needs and prosthetic skills, and the prosthetic Check-Out.
3. Clinic-orthopedic, medical, and psychiatric evaluation of amputees to assist the attending physician with case management, prosthetic prescription, and checkout.

Body Mechanics

Body mechanics offers information and instruction about correct body movements in daily life/work/play activities. Emphasis on understanding, the skeletal structure, posture, and efficient performance of tasks enables the client to function without undue physical strain.

Physical Capacity Evaluation

The PHYSICAL CAPACITY EVALUATION PROGRAM is designed to document the injured worker's current physical abilities. The Referral Source will be provided with objective information which can be related to the demands of a job, and supply information helpful in determining a rehabilitation plan.

PSYCHOLOGICAL SERVICES

Orientation

Pain Orientation

Discussion of pain problems with suggestions for coping with pain. ¼ hour daily for 5 days.

Industrial Insurance Information

Covering rights and responsibilities under the industrial insurance laws. Requires ¼ hour daily for 5 days.

Psychological Intervention

Includes psychological evaluation and counseling for injured workers seen at the Center. The consulting psychologist may recommend to Olympia's Medical authorizers that extended psychotherapy should be approved. Frequently referral is made to community agencies when the problem is not one which can be covered by industrial insurance.

Recreation

This program utilizes leisure skill activities to promote self-worth, growth and development of the individual, or to provide purposive intervention in an emotional or social behavior to bring about a desired change. In addition, emphasis is placed on informing the claimant on how to obtain satisfying leisure skill activities in their home community.

PSYCHOLOGICAL SERVICES (con't)

Pain Management

Teaches the injured worker with chronic pain to function in a more normal manner by reducing as much as possible the effects of pain upon behavior. Includes physical therapy, occupational therapy, relaxation training, recreational program and psychological counseling if needed. Whenever commuting distances make it possible the injured worker's family is directly involved in the program. There are classes held twice weekly covering topics relating to anatomy and physiology, pain and stress management as well as others which relate to pain management.

VOCATIONAL SERVICES

Vocational Testing

The TESTING PROGRAM is designed to provide services to administer and score a wide variety of standardized tests to assist the Referral Source in determining a rehabilitation plan.

Work Evaluation

Assists injured workers to make decisions about vocational direction based on an understanding of interests, needs, assets, limitations and potential. Requires 6 hours daily for 15 days.

Career Life Planning

Career/Life Planning is a group educational effort for the injured worker who finds it necessary to change occupations. It emphasizes the need of the worker to make his/her own decisions after exploring and analyzing his/her skills, interests, values and goals.

VOCATIONAL SERVICE (con't)

Work Confidence

Provides realistic and meaningful work activities to increase tolerance, self worth and physical function. Requires 1½ to 7 hours daily for 5 to 10 days.

Counseling

Identifying reemployment barriers with the injured worker.

Establishing a rehabilitation plan of action through exploration of vocational options.

Giving encouragement and support for change and growth.

Job Development

Placing in the hands of injured workers labor market information, job seeking strategies.

Soliciting job opportunities for the more seriously disabled.

Negotiating with former and new employers for job openings.

Career Preparation

Strengthening, building individual capabilities and assets.

Nurturing, encouraging personal self-development and change.

The entire program is financed by the Medical Aid Fund. Premium rates for payments to the Medical Aid Fund are based upon the medical aid expenditures of each industry class or subclass. Each firm pays the rate assigned to the class to which it belongs. The cost of the medical aid premium is paid one-half by the worker and one-half by the employer.

The table below shows the growth of rehabilitation operating expenditures for benchmark years:

	<u>Center Rehabilitation Expenditures</u>	<u>Field Vocational Rehabilitation Expenditures</u>	<u>Total Center and Field Expenditures</u>	<u>Center Patients Discharged</u>
<u>Calendar Year</u>				
1925	\$ 19,201	---	---	N/A
1948*	78,907	---	---	160
1959**	284,531	---	---	680
<u>Fiscal Year</u>				
1962	377,101	---	---	736
1977	923,804	\$ 16,732	\$ 940,536	727
197	981,700	168,477	1,150,177	727
197	1,039,598	479,177	1,518,773	553
197	1,097,492	451,761	1,549,253	609
197	1,155,388	643,470	1,798,858	525
1977	1,213,284	837,176	2,050,460	447
1978	1,271,180***	841,820***	2,113,000	449
1979	1,467,660 (est.)	938,340	2,406,000 (est.)	N/A
1980	N/A	N/A	2,449,000 (est.)	N/A
1981	N/A	N/A	2,469,000 (est.)	N/A

The number of patients which were actually rehabilitated, as a result of these expenditures, is not available.

The types of injuries for which patients are being referred for rehabilitation are as follows:

* A rehabilitation facility is rented.

** The Buckner Rehabilitation Center is opened.

***Buckner management estimates

Exhibit 1

Types of Injuries For Which Patients Are
Being Referred For Rehabilitation

Type of Injury	1954		1978	
	Number	Percent	Number	Percent
<u>Back and Neck</u>	131	<u>34%</u>	1,603	<u>63%</u>
Upper Extremity			274	11
Injury to Arm	42	11		
Injury to Hand	34	9		
Amputation of Arm	7	1		
Partial Amputation of Hand	15	4		
Lower Extremity			284	11
Injury to Leg	86	23		
Injury to Foot	16	4		
Amputation of Leg	9	3		
Partial Amputation of Foot	1	--		
Other; Head and Trunk Injuries			122	5
Injury to Skull or Cranium	4	1		
Injury to Thorax and/or Should Girdle	23	6		
Injury to Pelvis	12	3		
Multiple			263	10
TOTALS	384*	100%	2,546**	100%

* Includes 55 patients referred for center treatment but treatment not feasible.

** Most of these patients did not receive center treatment, since only 449 patients were discharged in Fiscal 1978.

B. PLANNING FUNCTION

1. Introduction

The planning function is the foundation upon which good management relies to assure that expenditures of resources will be made in an efficient and economical manner while contributing to the effective achievement of legislative intent and the goals and objectives of the system.

The system level planning function should consist of three major activities: (1) development of time-phased quantified objectives established for the purpose of assuring that the system's programs are directed toward realization of established goals; (2) development and documentation of a plan including a system of controls that will provide an efficient and effective means by which achievement of the established objectives may be realized; and (3) development of a set of performance standards that will provide a basis for measuring the degree of success achieved through implementation of the plan.

Examination of the planning function as it relates to the Buckner Rehabilitation Center includes a review of plans that have or should have been developed as a means of achieving economical, efficient and effective utilization of resources.

Of specific concern to the auditor was evidence of the following: (1) compliance with legislative intent; (2) evidence of existing goals and objectives; (3) documented program plans; (4) existence of performance standards; and (5) existence of a reporting system that permits comparison of planned with actual performance.

2. Legislative Intent

a. Findings

There is a statute that deals specifically with the rehabilitation center:

51.36.050 Rehabilitation center--Contracts with self-insurers. *The department may operate and control a rehabilitation center and may contract with self-insurers for use of any such center on such terms as the director deems reasonable.*

The 1972 National Commission on State Workmen's Compensation has made the following recommendations regarding rehabilitation services:

Is The
Rehabilitation
Center In
Compliance

- | | | |
|-------|---|-----------------------------|
| R 4.2 | We recommend there be no statutory limits of time or dollar amount for medical care or physical rehabilitation services for any work-related impairment. | Yes |
| R 4.3 | We recommend that the workmen's compensation agency have discretion to determine the appropriate medical and rehabilitation services in each case. There should be no arbitrary limits by regulation or statute on the types of medical service of licensed health care facilities which can be authorized by the agency. | Yes |
| R 4.4 | We recommend that the right to medical and physical rehabilitation benefits not terminate by the mere passage of time. | Yes |
| R 4.5 | We recommend that each workmen's compensation agency establish a medical-rehabilitation division, with authority to effectively supervise medical care and rehabilitation services. | Intent has been carried out |
| R 4.6 | We recommend that every employer or carrier acting as employer's agent be required to cooperate with the medical-rehabilitation division in every instance when an employee may need rehabilitation services. | Yes |
| R 4.7 | We recommend that the medical-rehabilitation division be given the specific responsibility of assuring that every worker who could benefit from vocational rehabilitation services be offered those services. | Yes |
| R 4.8 | We also recommend that the employer pay all costs of vocational rehabilitation necessary to return a worker to suitable employment and authorized by the workmen's compensation agency. | No |
| R 4.9 | We recommend that the workmen's compensation agency be authorized to provide special maintenance benefits for a worker during the period of this rehabilitation. The maintenance benefits would be in addition to the worker's other benefits. | Intent has been carried out |

b. Evaluation and Conclusions

The Buckner Rehabilitation Center service is not a legislated activity. The intent of the Legislature is that the Department of Labor and Industries may operate and control a rehabilitation center if money is appropriated for this purpose.

3. There Are a Limited Number of Objectives and No Program Plans

a. Findings

Five goals and four objectives were documented in the 1977-79 agency budget request (Appendix V).

Monthly goals for new referrals to the rehabilitation center and clients completing rehabilitation service in the physical, emotional and economic programs are itemized.

There does not appear to be any program plans on how these objectives are going to be achieved, and the auditor's discussions with various rehabilitation staff indicate that there is confusion over what their objectives really are.

AUDITOR'S NOTE:

The 1979-81 biennium goals and objectives are an improvement over the previous biennium.

A letter dated October 20, 1978 to Buckner's Superintendent from the Assistant Director of the Industrial Insurance Division addresses Buckner's goals, objectives and programs plans quite well.

b. Evaluation and Conclusions

In the auditor's judgment there are a limited number of objectives compared to the number of rehabilitation programs being offered.

Only one of the four objectives in the 1977-79 biennium budget request, contain a measurable achievement within a given schedule; however, the monthly objectives are measurable for a specific time period.

The auditor concludes that an attempt has been made to establish objectives consistent with executive policy and legislative intent, but improvements can still be made in two areas:

- 1) clearly defined, measurable, and scheduled objectives that contribute toward attainment of the goals;
- 2) objectives should be developed for each rehabilitation program being offered.

Specific and measurable goals and objectives for rehabilitation are increasingly important. They should be used as important criteria in assessing the efficiency and effectiveness of the rehabilitation facility, programs, staff and contribute to the emphasis upon selectivity of the type of programs to be offered.

4. More Performance Standards Are Needed

a. Findings

In all fairness, the agencies "monthly goals" for the rehabilitation center's physical programs, emotional programs and economic programs are performance indicators which are explicitly stated to permit direct measurement. However, there are no standards established to measure the degree of effectiveness toward achievement of the organization's (1977-79 biennial budget request) objectives or the other services the rehabilitation center offers.

There are also no performance standards which could provide a means of measuring efficiency of an individual and/or group performance.

In addition, it does not appear that there is any documented criteria to determine whether workmen's compensation claimants really need physical and/or vocational rehabilitation services.

b. Evaluation and Conclusions

The auditor is aware of the problems of uses of performance measures in rehabilitation programs and the arguments and counter arguments against various interpretation of the measures; yet some type of effectiveness measures are essential if judgment is to be rendered in the degree of achievement realized toward meeting the original objective.

Performance measures, along with other modes of monitoring and evaluation, can be used in rehabilitation programs to address the issues of: who is served, how well, and with what final results (that are attributable to the program).

There are three major roles that performance measures can potentially play in a rehabilitation program:

- 1) providing information for program improvement (the traditional role);

- 2) providing information for outside justification and "program defense"; and
- 3) helping to raise new issues, educate participants, and constructively channel conflicts.

Performance standards are readily available for almost all the rehabilitation programs being offered by the center (copy included in Appendix V). These standards were developed by the Washington Association of Occupational Therapist and Washington Association of Physical Therapist, and are being used by all hospitals under the jurisdiction of the Washington State Hospital Commission.

The auditor concludes that these standards should also be used at Buckner to assist management in determining the proper staffing level.

Example of How Private Hospital Uses Performance Standards to Determine Staffing Levels for Occupational Therapist and Physical Therapist

Performance standards for:

° Physical Therapist

1 Physical Therapist averages 16 patients per day (16 treatment units)

° Occupational Therapist

1 Occupational Therapist averages 20 patients per day (20 treatment units)

Application of these standards at Buckner Rehabilitation Center:

Given the above standards and a 37 patient load per day for physical therapy and occupational therapy, then:

Physical Therapist (PT) Staffing

$$\frac{37 \text{ Treatment Units Needed}}{16 \text{ Treatment Unit Standard Per PT}} = 2.3 \text{ PT}$$

Conclusion:

Three Physical Therapists are needed. The present staffing to handle 37 patient load per day is 13 Physical Therapists.

Occupational Therapist (OT) Staffing

$$\frac{37 \text{ Treatment Units Needed}}{20 \text{ Treatment Unit Standard Per OT}} = 1.8 \text{ OT}$$

Conclusion:

Two Occupational Therapists are needed. The present staffing to handle 37 patient load per day is 11 Occupational Therapists.

5. Budget Appears to be too High

a. Findings

The rehabilitation center does follow instructions published by the Office of Financial Management regarding budget development, but workload indicators and standards are not used to develop and support each segment of the budget.

1977-79 Biennium Budget

Salaries	\$ 2,930,745*
Personal Services Contracts	126,126
Goods and Services	470,440
Travel	99,000
Equipment	32,271
Employee Benefits	450,708
	<u>\$ 4,109,290</u>

Employee cost is 82 percent of the entire budget.

The average number of patients using the dormitory each day was 22 (Fiscal Year 1978). During Fiscal Year 1978 the average number of patients that used the Buckner Rehabilitation Center each day was 44. To service these patients the center was staffed as follows:

* Salary increase adjustments are not part of the \$2,930,745.

Administration

Rehabilitation Center Supt.	1
Medical Consultant	3
Administrative Assistant	1
Clerical Supervisor I	1
Secretary I - Shorthand	1
Clerk Steno II	3
Clerk Typist III	2
Clerk Typist II	7*
Dictation Machine Trans.	4*
Clerk II	1
Clerk I	1
Medical Treatment Adj. II	2*
	<u>27</u>

Maintenance

Plant Manager	1
Custodian	1
General Repairman	1
House Keeper I	1
House Keeper II	3
House Keeper III	1
Caretaker	1
Laundry Worker I	1**
Laundry Worker II	1
	<u>11</u>

Total Overhead Labor 38

Buckner Rehabilitation Center Program

Psychologist III	1
Therapist Supervisor	1
Occupational Therapist I	9
Occupational Therapist II	1
Occupational Therapist III	1
Physical Therapist I	9
Physical Therapist II	2
Physical Therapist III	2
Manual Arts Therapist	1
Manual Arts Therapist Asst.	2
Industrial Therapist Asst.	3
Industrial Therapist Aid	1
Recreation Leader	1
Industrial Fitness Program/Man.	1
Supervisor Work Evaluator	1
Work Evaluator	1
Industrial Group Relation Spec.	1
Hospital Attendant	2
	<u>40</u>

Total Direct Labor

TOTAL REHABILITATION CENTER
DIRECT AND OVERHEAD FTE's 78

Vocational Rehabilitation Program,
Field FTE's

Vocational Rehab. Admin. II	1
Vocational Rehab. Asst. Supt.	1
Vocational Rehab. Supervisor	3
Vocational Rehab. Coun. III	8
Vocational Rehab. Coun. II	17
Vocational Rehab. Coun. I	1
Vocational Service Coord.	1
	<u>32</u>

During the Fiscal Year 1978 the average number of patients that used the center was 44 each day; this translates to a ratio of almost two staff for each patient. The ratio of maintenance staff to patients using the dormitory, is one staff for each two patients using the dormitory, and the ratio of administrative staff to average patients per day, using the services, is a one to 1.6 relationship.

* There are two Clerk Typist II's, two Dictation Machine Trans.'s, and Medical Treatment Adj. II's positions in Olympia. These six positions work in the Buckner Rehabilitation Center Referral unit.

** This position was not filled in Fiscal Year 1978, but the agency 1979-81 biennium budget request indicates that it was allotted and it is estimated to be filled in Fiscal Year 1979, 1980 and 1981.

The source of revenue for the rehabilitation of industrially disabled workers program is the Medical Aid Fund. This fund is financed one-half by the employer and one-half by the worker.

AUDITOR'S NOTE:

A letter dated October 20, 1978 to Buckner's Superintendent from the Assistant Director of the Industrial Insurance Division addresses Buckner's 1979-81 biennium budget requirements and suggests that they be again reviewed, however, the budget request has already been forwarded to the Office of Financial Management.

b. Evaluation and Conclusions

The rehabilitation center is attempting to develop their budget according to established procedures, however, it is quite weak and unclear in the workload/output section.

The auditor concludes that the budget of a facility staffed at 78 FTE's to service an average of 44 patients per day is excessive.

Overhead

Administration	27 FTE's	
Maintenance	11 FTE's	
		49%

Direct Labor

Buckner Center	40 FTE's	51%
	78 FTE's	100%

c. Recommendation

*RECOMMENDATION 1

It is recommended that the Department of Labor and Industries justify the Buckner Rehabilitation Center's 1979-81 biennium budget staff levels at the 46th Legislature's Budget hearings, by using a ratio of staff level to patient discharged, as a measure; it is further recommended that the 1979-81 biennium staffing level be adjusted to equal the Fiscal Year 1962 ratio of staff to patients discharged.

* Amended by LBC (see amended wording in Appendix I, Summary of Recommendations).

(The intent of this recommendation is to return Buckner to the same productivity that it demonstrated in 1962.)

6. Span of Management Control is Marginal

a. Findings

The rehabilitation center does have an organizational structure which identifies all personnel and establishes their authoritative relationships (see Appendix V).

The rehabilitation center overall management ratio to non supervisory personnel is 1 to 6.8, however, when the auditor reviewed in detail each position's span of management control, it revealed:

- ° Vocational Administration II - span of management control is one to three.
- ° Therapist Supervisor - span of management control is one to three.
- ° Administrative Assistant II - span of management control is one to two.

b. Evaluation and Conclusions

The overall span of management control is marginal at 1 to 6.8.

The second level of supervision, that is the Vocational Administrator II, Therapist Supervisor and Administrative Assistant II positions span of management control are not acceptable at one to three or one to two. If this second level supervision did not exist, the Superintendent would have eight first line supervisors reporting to him rather than the present three, second level supervisors. A span of management control of one to eight is acceptable.

7. Reporting System

a. Findings

The rehabilitation center is using a computerized Rehabilitation Activity Reporting System (RARS) that keeps track of claimants, enables management to evaluate workloads and provide a statistical overview of rehabilitation services.

The Rehabilitation Activity Reporting System has been in partial operation since May 1976 and it replaced an earlier hand counting system. The system objectives are:

- 1) Remove activity reports from MIST.
- 2) Provide reports to line staff.
- 3) Provide visibility for supervision.

- 4) Provide completions reports.
- 5) Provide statistics for management.
- 6) Provide an index to caseloads.
- 7) Maintain timeliness.
FUTURE EXPANSION (Requires an interface with Claims Master System)
- 8) Enhance referral process. (Automatic Referral)
- 9) Provide follow-up and feedback. (Automatic periodic follow-up report)

Objectives eight and nine appear to be the most important part of the entire system, however, neither has been achieved.

There is also a monthly rehabilitation services report which is developed from various statistics in RARS.

b. Evaluation and Conclusions

In the auditor's judgment the RARS and monthly rehabilitation service report is doing an adequate job, although they are a bit confusing. Certainly, improvements can be made and the current management team is well aware of the problem areas and is taking corrective actions.

The following changes in the monthly reporting system are suggested for the benefit of top management's overall visibility of the various Buckner programs being administered.

Divide the present monthly rehabilitation services report into four separate groups.

	<u>FTE's Used</u>	<u>Clients Discharged</u>	<u>Ratio Of FTE's Used To Clients Discharged</u>
<u>Group 1 Report</u>			
Rehabilitation Programs -			
Physical Restoration			
° Capacity Evaluation	_____	_____	_____
° Body Mechanics	_____	_____	_____
° Amputee	_____	_____	_____
Psychiatric Orientation -			
° Pain Management	_____	_____	_____
° Intervention	_____	_____	_____
Overall Totals	_____	_____	_____

Group 1 Report (continued)

Average Client Load Per Day	_____
Center Client Load Per Day Capacity	<u>150</u>
Present Slots Open for Clients	_____
Present Backlog of Clients	_____
Previous Month; Clients That Are -	
Off Time Loss	_____
Returned to Work	_____

<u>FTE's Used</u>	<u>Clients Discharged</u>	<u>Ratio Of FTE's Used To Clients Discharged</u>
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Group 2 Report

Work Evaluation Unit Programs -

Work Orientation			
° Work Evaluation Program	_____	_____	_____
° Career Life Planning Program	_____	_____	_____
° Job Seeking Skills Program	_____	_____	_____
° Job Readiness Program	_____	_____	_____
Overall Totals	_____	_____	_____

Present Slots Open for Clients	_____
Present Backlog of Clients	_____
Previous Month; Clients That Are -	
Off Time Loss	_____
Returned to Work	_____

	<u>FTE's Used</u>	<u>Clients Discharged</u>	<u>Ratio Of FTE's Used To Clients Discharged</u>
<u>Group 3 Report</u>			
Field Vocational Counselor Program -			
Activities You Wish to Measure			
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Overall Totals	_____	_____	_____
Present Slots Open for Clients		_____	
Present Backlog of Clients		_____	
Previous Month; Clients That Are -			
Off Time Loss		_____	
Returned To Work		_____	

	<u>FTE's Used</u>	<u>Clients Discharged</u>	<u>Ratio Of FTE's Used To Clients Discharged</u>
<u>Group 4 Report</u>			
Overhead Labor			
Administration Activities	_____	From Center _____	From Center _____
Maintenance Activities	_____	From Residence Hall _____	From Residence Hall _____
Average Clients Load Per Day Staying at Dormitory			_____
Residence Hall Capacity Per Day			<u>98</u>

C. OPERATIONS FUNCTION

1. The Buckner Rehabilitation Center Facilities and Programs Should Be Available to All Disabled People in the State

a. Findings

1) The Rehabilitation Center is Operating at 29 Percent of the Capacity it was Designed For

- a) The Rehabilitation Center was built to handle an average of 150 patients per day. During Fiscal Year 1978 the average patient load per day was 44.
- b) The rehabilitation center administration has liberally estimated their programs to be 40% utilized, given their present staff level. The auditor has converted their data, (patient hours) to "patient days" and has determined the utilization of each of the rehabilitation center programs during July, August and September 1978.

<u>Center Programs</u>	<u>Percent of Possible Patient Days Used First Quarter Fiscal 1979</u>
Physical Services	
Restoration Program	58%
Capacity Evaluation Program	20
Body Mechanics Program	20
Amputee Program	20
Psychological Services	
Orientation Program	60%
Pain Management Program	20
Intervention Program	14
Vocational Services	
Testing Program	25%
Work Evaluation Program	50
*Work Confidence Program	17
*Career Development Program	13
TOTALS	
Average patient days used each day in July, August and September 1978	36 patient days
Average patient days available each day at center	90 patient days
Overall center utilization	40%

* These programs were not operational on October 2, 1978; see pages 38, 39 and 40 concerning Buckner Work Orientation programs.

A review of all statistics made available to the auditor indicated that the center has never operated at near its capacity of 150 patients per day. Generally, it has averaged between 35 and 50 patients per day.

2) The Rehabilitation Dormitory is Operating at 22 Percent of the Capacity it was Designed For

- a) The average number of patients using the dormitory each day was 22 during Fiscal Year 1978. The facility was designed to handle 98 patients per day.

3) Only Five Percent of the Fiscal 1979, First Quarter Patients Have Been Returned to Gainful Employment

a) Rehabilitation Activity Reporting System (RARS)

Month	Total Patients Returned To Work	Total Patients Completing Rehabilitation Program	Percent Returned To Work
July 1978	4	125	3%
August 1978	7	66	11
September 1978	3	82	4
Total	14	273	5%

AUDITOR'S NOTE:

These statistics were not readily available and required quite a bit of interpretation of RARS. A later check (60 days later) of their accuracy was done by inquiring on the status of the August 1978 claims by the "on line" automated records management system, computer. This inquiry indicated that two of the August 1978 claims which were coded "return to work" were in fact still on time loss compensation. Of course, this could also mean that these claimants were working and collecting time loss compensation at the same time.

The point of this discussion is that the five percent figure is liberal and it may be more like three percent have really returned to work.

AUDITOR'S NOTE: (continued)

The "return to work" measure is not the only way to measure the effectiveness of Buckner, however, it is Buckner's primary goal for the biennium. Another measure of effectiveness may be "claimants active in the labor market" and/or "claimants off of time loss". Using the "active in the labor market" criteria, the effectiveness of Buckner was 14 percent for August 1978.

4) It is Costing Over \$30,000 to Rehabilitate a Patient to the Point Where He Can Be Gainfully Employed

- a) "The goal of rehabilitation services is to provide evaluation, treatment, vocational counseling, job placement, psychological services and extended vocational services as needed by injured workmen to accelerate their return to gainful employment as provided by the Industrial Insurance Act."

b)

Month	Rehabilitation Expenditures	15 Month Time Loss at \$578 Per Month	Total Patients Returned To Work	Average Cost Per Patient
July 1978	\$ 175,348			
August 1978	132,745			
September 1978	129,141			
Total	\$437,234	\$8,670	14	\$31,850

5) It is Costing Substantially Less to Provide Rehabilitation Services At Other Rehabilitation Centers

- a) It is Costing \$132 Per Day to Provide Rehabilitation Services to an Average Patient at Buckner

(1) Rehabilitation Center Actual Costs for Fiscal Year 1978

Program Operating Expenditure
Summary, Report No. 41

(Fiscal Year 1978)

Expenditure By Object	Center	Field Vocational Rehabilitation Program	Total Center and Field
Salaries and Wages	\$ 969,705	\$ 508,900	\$ 1,478,605
Per. Service Con. Contracts	51,454		51,454
Goods and Services	257,728		57,728
Travel	21,048*	21,049*	42,097
Equipment	36,565		36,565
Employee Benefits	177,648	93,230	270,878
TOTAL ALL OBJECTS	\$1,514,148**	\$ 623,179	\$ 2,137,327***

This may be converted to an average cost of \$5,801 per day to operate the center, ($\$1,514,148 \div 261$ days per year). During Fiscal Year 1978 there was an average of 44 patients being provided service each day; therefore; it costs an average of \$132 per day to provide these services ($\$5,801 \div 44$ patients). The average cost per patient discharged in Fiscal Year 1978 was \$3,372 ($\$1,514,148 \div 449$ patients discharged).

- (2) The kinds of service provided are "outpatient rehabilitation services" with 63 percent of the patients having back injuries (see Background section, Exhibit 1).
- (3) It is Costing Substantially Less to Provide Rehabilitation Services at Other Rehabilitation Centers

- (a) The auditor and the Department of Labor and Industries' medical consultant toured five different rehabilitation centers in the State. Although exact cost of rehabilitation services provided by these centers has not been audited by the Legislative Budget Committee staff, hospital statistics indicate that these services are costing:

* Estimated one-half to center and one-half to field by auditor.

** Buckner's management believe the total rehabilitation center expenditures are \$1,377,725, rather than \$1,514,148 noted in the management accounting system report No. 41. The average cost per day using their figure is \$120 per day, rather than the auditor's \$132 per day cost.

***It is not clear why this figure does not reconcile with the actual Fiscal Year 1978 expenditures of \$2,113,000 noted in the 1979-81 biennium budget request.

Private Hospital Example of three different rehabilitation patients -

<u>Length of Stay</u>			
35 day stay		\$3,150	
29 day stay		2,610	
19 day stay		1,710	
Total	83 days	\$7,470	\$89 per day

The \$89 per day includes physical therapy, occupational therapy, psychologist cost, speech therapy, doctor cost, social service cost and overhead.

Private Hospital Example of:

Outpatient:

Full program cost for physical therapy \$40-50 per day

Full program cost for occupational therapy \$20-30 per day

Inpatient:

Average total inpatient cost \$1,200-1,300 per week

- (4) The Division of Vocational Rehabilitation (DSHS) spent \$18,410,576 - Fiscal Year 1977 and served 32,147 patients for an average cost per patient of \$573 - compared to the Department of Labor and Industries' cost per client of \$3,372 (Fiscal Year 1978). Admittedly, the patient services may be different in many cases, however, the single most costly method of rehabilitating clients used by the Division of Vocational Rehabilitation is the sheltered workshop. There costs were as follows:

<u>Fiscal Year</u>	<u>Cost</u>	<u>Client Served</u>	<u>Cost Per Client</u>
1976	\$3,024,000	1,855	\$1,630
1977	3,044,000	1,801	1,690
1978	4,237,000	1,800 est.	2,354 est.

The primary purpose of the sheltered workshop is to provide on-the-job training evaluation, temporary remunerative employment and competitive placement for the handicapped or disadvantaged individual. A sheltered workshop provides employment full or part-time in an industrial setting within a sheltered environment; here the employee is trained, counseled, prepared for employment and placed in the competitive job market.

An added innovation to the sheltered workshop is extended sheltered employment (ESE). Extended sheltered employment is described as a service which provides remunerative employment for an indefinite period of time for disadvantaged or handicapped persons - regardless of age, color, creed or sex - who have not attained minimum work standards in comparison with the competitive labor market.

6) There Are Very Few Patients Waiting For Rehabilitation Services

- a) The "referral backlog" of 1,051 clients (as of November 1, 1978) is not the number of patients waiting to get into a program at the rehabilitation center. These 1,051 clients are waiting to see a field vocational counselor.

Since the patient waiting list is minimal, the scheduling of patients into the various center programs is quite informal and is usually done on a "request basis" from the program's first line supervisor.

- b) Agency budget requests have repeatedly led the Legislature to believe that the "need for rehabilitation service is equivalent to the number of injuries which extend more than 120 days beyond injury dated". Therefore, additional patients would soon be referred to the center.

Patient increases, however, have never materialized in spite of using a number of different rehabilitation program advertising and client referral techniques.

7) The average delay, from date of injury to patient evaluation for entry into a Buckner Rehabilitation program is 15 months.

<u>Average Delay For 1978</u>				
	<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>
Injury to Referral	13.5 months	14.1 months	11.1 months	14.3 months
Referral to Evaluation	1.5	1.8	2.2	2.5
	15.0 months	15.9 months	13.3 months	16.8 months
				<u>15.25 months</u>

8) An estimated 63 percent of the rehabilitation patients have some sort of "back strain" injury.

9) Industrially Injured Workers May Not Be Motivated To Return To Work

The majority of the rehabilitation patients may not be voluntary patients. They may be at the rehabilitation center because they have been told to attend; if they refuse to attend, their Time Loss compensation payments may be stopped.

The absentee rate is averaging 25 percent (Fiscal Year 1978) and the return to gainful employment is five percent. The absenteeism rate is so excessive during the Christmas holidays that Buckner shuts down during the week of Christmas.

Questionnaires sent to Washington State Physicians and former Buckner patients indicated:

Physician Questionnaire Conclusion: The major reason for long term disability in injured workers with minor injuries was psychological.

Patient Questionnaire Conclusion: The patients referred to Buckner by physicians and/or department adjudicators may be being sent there because they do not know what else to do with them and/or it is a last ditch effort to get the patient back to work before he is given a pension settlement.

Industrial Insurance Management say that the primary reasons why Olympia adjudicators refer patients to the center is for a "vocational evaluation" (what job or jobs can this person perform with his present disability).

10) It Appears That Approximately 8 Percent of Doctors in the State Are Referring Patients to the Center

Fiscal Year 1978 referral records indicate that 27 percent of the Center referral's came from M.D.s (368 physician referrals out of 1,359 total Center referrals) comparing the 368 referrals to the 4,500 licensed M.D.s in the State gives a ratio of one to 12; that is, one center referral per year to every 12 licensed M.D.s. Therefore, the auditor has concluded that only one out of 12 M.D.s are referring patients to the Center.

There is a tool available which can determine the need for rehabilitation services, but the Department of Labor and Industries is not making full use of it. A monthly reporting system, from the attending physician to the Department of Labor and Industries, was implemented in the Spring of 1978. This "case profile" report documents, among other things, rehabilitation services needed by the industrial injured worker. The weakness in the report is not all physicians are using it and the adjudicators do not have easy access to it.

11) There are a Number of Rehabilitation Centers in the State Which Can Provide Rehabilitation Services at a More Reasonable Cost

There are ten rehabilitation centers or pain clinics in the State:

- a) University of Washington Hospital, Seattle
- b) Harborview Medical Center, Seattle
- c) Good Samaritan Hospital, Puyallup
- d) Children's Orthopedic Hospital, Seattle
- e) Northwest Hospital, Seattle
- f) Providence Medical Center, Seattle
- g) Valley General Hospital, Renton
- h) Sacred Heart Medical Center, Spokane
- i) Saint Elizabeths, Yakima
- j) Swedish Hospital, Seattle (Pain Clinic)

Although specific statistics are not available from the Department of Labor and Industries, the auditor estimates that approximately 50 percent of the Department of Labor and Industries' rehabilitation business is already referred to these ten hospitals rather than to Buckner.

Five of the ten facilities were visited by the auditor and all indicated that they could accept more Department of Labor and Industries' patients without expanding their present facility. Three out of five centers are planning expansion, two are going to double their capacity.

One of the centers indicated they could handle 60 percent of the 675 Buckner patients served ($60 \text{ percent} \times 675 = 405 \text{ patients}$).

AUDITOR'S NOTE:

The Buckner 1979-81 biennium budget request indicates that 675 patients were served in Fiscal Year 1978. The auditor's review of other records indicated that 479 patients were discharged in Fiscal Year 1978. Why the patients discharged is 29 percent less than the patients served is not clear. In the auditor's judgment, the measure for Fiscal Year 1978 is 479 patients discharged.

12) There are Only Three Other States in the Country Which Have Rehabilitation Centers, Specifically for Industrially Injured Workers

- a) Nevada - has just recently (August 1978) opened up a rehabilitation center and Oregon has a rehabilitation center which they opened in 1976. Rhode Island has had a rehabilitation center for a number of years.

A report published on August 11, 1978 by the City Club of Portland has recommended that the Oregon center be closed. The study indicated that the facility duplicated treatment programs available elsewhere through other private and government agencies and in fact does a poor job in rehabilitation. They felt that continuing to operate this facility is a waste of State resources.

- b) There are five other states which own and operate rehabilitation centers, however, these states do not specifically limit the use of their rehabilitation services to just industrially injured workers. The five states are: Arkansas, Georgia, Pennsylvania, Virginia and West Virginia.

13) Mutilating Injuries, Head, and Spinal Cord Injuries, Drug Related Pain Patients and Wheel Chair Patients are Not Accepted at Buckner

The center does not have a nursing staff or nursing facilities; and they are not staffed properly for diagnosis or treatment of pain (operant pain) problems.

The two medical consultants do not have proper experience and/or credentials in physical medicine.

It is not clear why the center does not accept wheel chair patients.

14) Medical Professions Criticism of Rehabilitation Center

DEPARTMENT OF LABOR AND INDUSTRIES
INTEROFFICE COMMUNICATION

To:

Date: November 9, 1978

From: A. Dean Johnson, MD
Medical Consultant
Subject: Medical Profession Criticism of
Rehabilitation Center

Office: Medical Services
Phone:

1. Not on Medical Model.
2. Not timely (average delay -- 11 months?).
3. Mutilating injuries, head, and spinal cord injuries not accepted (No nursing facilities).
4. Not staffed properly for diagnosis or treatment of Pain Behavior (operant pain) problems.

Recommendations:

1. Change operation to Medical Model.
2. Explore the alternatives to Department operation of a Rehabilitation Center.

ADJ:hs

15) Interagency Agreements for Rehabilitation

The Department of Labor and Industries and the Department of Social and Health Services, Division of Vocational Rehabilitation have had inter-agency agreements in the past that have provided rehabilitation services for industrially injured, vocationally handicapped workers consistent with the Department of Labor and Industries and Department of Social and Health Services, Division of Vocational Rehabilitation policies, goals and objectives.