

Return to Work Incentives



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L&I's mission is to keep Washington safe and working



TOPICS

- Create a return-to-work policy for your company
- The Stay at Work Program
- The 5 steps to reimbursement
- Return-to-work resources
- The Preferred Worker Program
- The 5 steps to Hiring a Preferred Worker
- How to Take Advantage of Preferred Worker Benefits

Create a return-to-work policy for your company



What is a “return-to-work” program?

- Helps your employee get back to work as soon as medically appropriate after a workplace injury
- The employee progressively returns to their original job duties
- Options may include
 - Working shorter hours
 - Modified job duties
 - Temporary reassignment to an alternate position



What happens when an employee doesn't return to work after a workplace injury?

The Employer

- You lose the skills and of an experienced employee
- You may need to recruit, onboard, and train a new employee
- Your company's future workers' comp insurance premium will increase

The Employee

- The employee loses 30-40% of their income
- The employee may experience emotional isolation and depression
- The longer the employee is away from work, the harder it is to return

Adopt a return-to-work (RTW) culture



Best practices

- ✓ Develop a written policy
- ✓ Communicate it to employees
- ✓ Get commitment from owners
- ✓ Designate a RTW coordinator
- ✓ Identify light-duty opportunities
- ✓ Create a packet for the Attending Provider

Working together for return to work success



STAY AT WORK Program



What's your experience with the
Stay at Work Program?



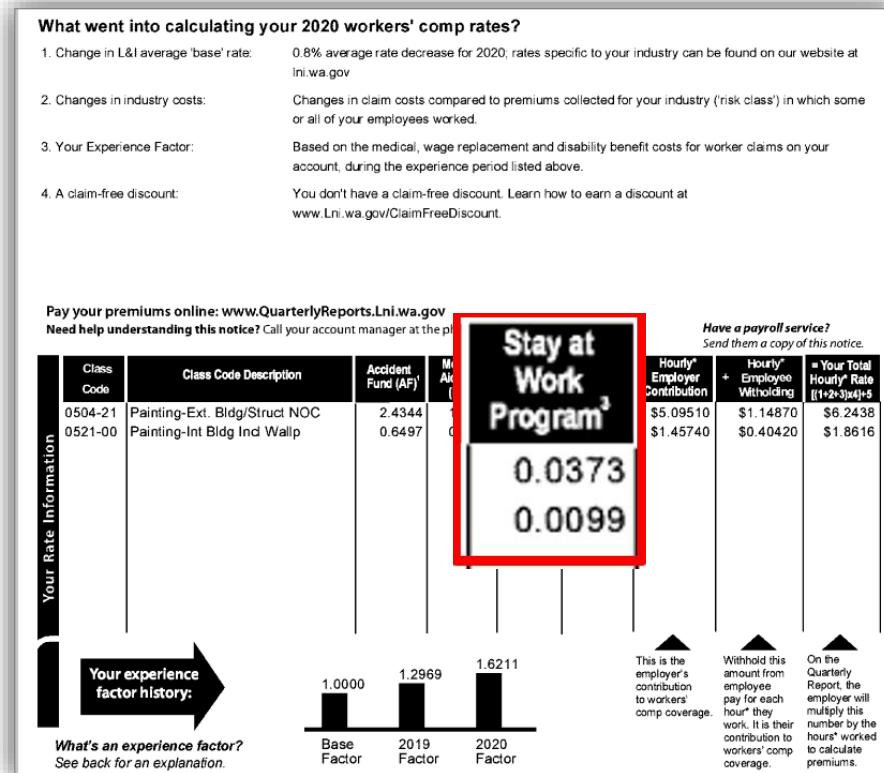
The Stay at Work Program

- A financial incentive for State Fund employers to bring injured workers back to work quickly and safely
- Eligible employers can be reimbursed by L&I for light duty wages and/or expenses
- RCW 51.32.090 and WAC 296-16A



How is the Stay at Work Program funded?

- All L&I employers contribute to the Stay at Work Fund
- Stay at Work reimbursements don't impact your experience factor
- Don't leave money on the table!



STAY AT WORK Program



Reimbursement categories

- Wages
- Tools and equipment
- Training
- Clothing

Wage Reimbursement

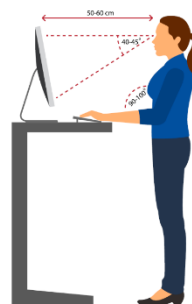
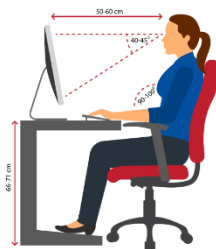
- 50% of the base wages for up to 66 days (max \$10,000)
- Base wages
 - May include overtime or shift differential
 - Do not include tips, commissions, bonuses, or room and board
- Reimbursement only for actual days worked
 - Not for holiday pay, vacation pay, sick leave, Kept on Salary (KOS), etc.
 - The 66 days do not have to be consecutive



Expense reimbursement - equipment

Tools and equipment – up to \$2,500 per claim

- Must be necessary for the worker to perform the light duty work
- Not for items you normally provide to your employees



Expense reimbursement - training

Training – up to \$1,000 per claim

- Must be necessary for the worker to perform the light-duty job
- Includes tuition, books, supplies
- For example, online training or community college courses

Examples:

- Safety certifications (blood borne pathogen, HAZWOPER/HazMat, Flagger)
- Language courses
- Technical training
- Computer skills training

Expense reimbursement - clothing

Clothing – up to \$400 per claim

- Clothing that is needed for the worker to perform the light duty
- Not for clothing you normally provide to your employees



Examples: Steel-toe boots, office clothing, or outdoor clothing

Required documentation

- ☐ A light-duty job description approved by the Attending Provider

- ☐ Stay at Work **wage** reimbursement form
- ✓ Payroll records and daily timecards

- ☐ Stay at Work **expense** reimbursement form
- ✓ Dated and itemized receipts



Steps to Stay at Work reimbursement

- Comply with restrictions on the Activity Prescription Form (APF)
- Complete a written job description
- Get the Attending Provider's approval
- Offer the light-duty job to the worker
- Apply for wage and expense reimbursements



Comply with the Activity Prescription Form (APF)

Work status

Work Restrictions

Treatment Plans

State Fund Claim:
Department of Labor and Industries PO
Box 44291 Olympia WA 98504-4291
Fax to claim file: 360-902-4567

Self-Insured Claims: Contact the Self Insured Employer (SIE)/Third Party Administrator (TPA).
For a list of SIE/TPAs, go to www.Lni.wa.gov/SelfInsured

Activity Prescription Form (APF)
Billing Code: 1073M (Guidance on back)

Reminder: Send chart notes and reports to L&I or SIE/TPA as required. Complete this form only when there are changes in medical status or capacities, or change in release for work status.

General Info

Worker's Name: _____ Patient ID: _____ Visit Date: _____ Claim Number: _____

Healthcare Provider's Name (please print): _____ Date of Injury: _____ Diagnosis: _____

Required: Work status

☐ Worker is released to the job of injury (JOI) without restrictions (related to the work injury) as of (date): ____/____/____
(If selected, skip to "Plans" section below)

☐ Worker may perform modified duty, if available, from (date): ____/____/____ to ____/____/____ (*estimated date)

☐ If released to modified duty, may work more than normal schedule

☐ Worker may work limited hours: ____ hours/day from (date): ____/____/____ to ____/____/____ (*estimated date)

☐ Worker is working modified duty or limited hours

☐ Worker not released to any work from (date): ____/____/____ to ____/____/____ (*estimated date)

☐ Poor prognosis for return to work at the job of injury at any date

Required: Measurable Objective Finding(s)
(e.g., positive x-ray, swelling, muscle atrophy, decreased range of motion)

How long do the worker's current capacities apply (estimate)?
☐ 1-10 days ☐ 11-20 days ☐ 21-30 days ☐ 30+ days ☐ permanent

Required: Estimate what the worker can do at work and at home unless released to JOI

Worker can: (Related to work injury) A blank space = Not restricted	Never	Seldom 1-10% 0-1 hour	Occasional 11-33% 1-3 hours	Frequent 34-66% 3-6 hours	Constant 67-100% (Not restricted)
Sit					
Stand / Walk					
Perform work from ladder					
Climb ladder					
Climb stairs					
Twist					
Bend / Stoop					
Squat / Kneel					
Crawl					
Reach Left, Right, Both					
Work above shoulders L, R, B					
Keyboard L, R, B					
Wrist (flexion/extension) L, R, B					
Grasp (forceful) L, R, B					
Fine manipulation L, R, B					
Operate foot controls L, R, B					
Vibratory tasks; high impact L, R, B					
Vibratory tasks; low impact L, R, B					

Lifting / Pushing

	Never	Seldom	Occas.	Frequent	Constant
Example 50 lbs	50 lbs	20 lbs	10 lbs	0 lbs	0 lbs
Lift L, R, B	lbs	lbs	lbs	lbs	lbs
Carry L, R, B	lbs	lbs	lbs	lbs	lbs
Push/Pull L, R, B	lbs	lbs	lbs	lbs	lbs

Required: Plans

Worker progress: ☐ As expected / better than expected ☐ Slower than expected (address in chart notes)

Current rehab: ☐ PT ☐ OT ☐ Home exercise ☐ Other (e.g., Activity Coaching) _____

Surgery: ☐ Not Indicated ☐ Possible ☐ Planned Date: ____/____/____ ☐ Completed Date: ____/____/____

☐ Next scheduled visit in: ____ days ____ weeks or Date: ____/____/____

☐ Treatment concluded, Max. Medical Improvement (MMI)

☐ Any permanent partial impairment? ☐ Yes ☐ No ☐ Possibly

If you are qualified, please rate impairment for your patient

☐ Will rate ☐ Will refer ☐ Request IME

☐ Care transferred to: _____

☐ Consultation needed with: _____

☐ Study pending: _____

Required: Sign

☐ Copy of APF given to worker ☐ Discussed three key messages on back of form with patient

Signature: _____ Date: ____/____/____ () _____ Phone: _____

☐ Doctor ☐ ARNP ☐ PA-C

Other Restrictions / Instructions:

Employer Notified of Capacities? ☐ Yes ☐ No

Modified duty available? ☐ Yes ☐ No

Date of contact: ____/____/____

Name of contact: _____

Notes: _____

Note to Claim Manager:

☐ May need assistance returning to work

New diagnosis: _____

Opioids prescribed for: ☐ Acute pain or ☐ Chronic pain

Help ?

Claim & Account Center Home

[-] Claim information

- ☐ Claim Search
- ☐ Claim overview
- ☐ Report of accident
- ☐ What is covered under this claim?
- ☐ Vocational information
- ☒ **Claim imaged documents**

[+] Send information to L&I

[+] Claim payments

[-] Electronic Payments

[+] Employer accounts



[+] Retro group administrator



[+] Self-insured information

[-] Vocational Profile

« Back to previous page

Claim imaged documents: Search

Enter Claim # <input type="text"/> <input type="button" value="Get Claim"/>	Claim number		Injury date	5/16/2019
	Worker name			
	Employer name			
	Attending doctor			
	Claim Manager	MELISSA BANYAS 360-902-6061 		
	Claim Manager fax	360-902-4567 		

Payment Method Authorization forms are not viewable in the Claim & Account Center. Please contact the Electronic Benefit Payment Services Unit at 360-902-4675  or 1-844-728-5208  (toll-free).

To view all available document records for this claim, click on "Get Documents" or refine your selection criteria by using any of the options below.

Get documents received and processed within:

- ☒ Last 30 days
 ☐ Last 60 days
 ☐ Last 90 days
 ☐ Last 180 Days
 ☐ All dates
- ☐ Date range
 Start Date 
 End Date 

Select one or more of these document types to refine your selection:

☐ All

- | | |
|---|---|
| <input type="checkbox"/> Board Documents | <input type="checkbox"/> Other Documents |
| <input type="checkbox"/> Case Reserves | <input type="checkbox"/> Pension |
| <input type="checkbox"/> Collection | <input type="checkbox"/> Re-Open Application |
| <input type="checkbox"/> Employer / Employer Rep | <input type="checkbox"/> Report of Accident |
| <input type="checkbox"/> History Documents | <input type="checkbox"/> Social Security Offset |
| <input type="checkbox"/> Injured Worker / Legal Rep | <input type="checkbox"/> Structured Settlement |
| <input type="checkbox"/> Internal Communication | <input type="checkbox"/> Third Party Documents |
| <input type="checkbox"/> Legislative Inquiry | <input type="checkbox"/> Voc Rehab Provider |
| <input type="checkbox"/> Liens | <input type="checkbox"/> Vocational |
| <input checked="" type="checkbox"/> Medical Provider Documents | <input type="checkbox"/> Wage |
| <input checked="" type="checkbox"/> Activity Prescription Form | |
| <input type="checkbox"/> Customer Requested IME | |
| <input type="checkbox"/> Foreign Medical | |
| <input type="checkbox"/> Health Services COHE | |

Complete the Job Description form


- Form available at www.lni.wa.gov/StayAtWork
- Include the tasks and physical requirements of the work

Department of Labor and Industries

Physician billing codes for Review of Job Analysis and Job Description:

1038M – Limit one per day

1028M – Each additional review, up to 5 per worker per day.



Employer's Job Description Form

☐ Job of Injury
☐ Permanent Modified
☐ Light Duty/Transitional

Worker Name: _____

Company Name: _____

Phone Number: _____

Hours per day: _____

Stam Number: _____

Job Title: _____

Fax Number: _____

Days per Week: _____

Essential Job Duties:

Machinery, Tools, Equipment, and Personal Protective Equipment: _____

Frequency Guidelines:

N: Never (not at all) S: Seldom (1 – 10% of the time) O: Occasional (11 – 33% of the time)

F: Frequent (34 – 66% of the time) C: Constant (67 – 100% of the time)

Physical Demands:	Frequency:	Description of Task:
Sitting		
Standing		
Walking		
Heights/Ladders/Stairs		
Twisting at the Waist		
Bending/Stooping		
Squatting/Kneeling		
Crawling		
Reaching Out		
Talking/Hearing/Seeing		
Working Above Shoulders		
Handling/Grasping		
Fine Finger Manipulation		
Foot Controls		
Driving		
Repetitive Motion		
Vibratory Tasks		
Lifting () lbs.		
Carrying () lbs.		
Pushing/Pulling () lbs.		
Comments/Other:		

Employer Name (Please Print) _____

Employer Signature _____

Title _____

Date _____

For Healthcare Providers' Use Only

Approval ☐ Yes ☐ No ☐ Approved with Modifications

If no, please list the objective medical finding: _____

If approved with modifications, describe the modifications needed: _____

Healthcare Provider Printed Name _____

Healthcare Provider's Signature _____

Hours per Day: _____ Days per Week: _____ Effective Date: _____

Date _____

F252-040-000 Employer's Job Description Form 05-2016

Get the Attending Provider's approval

- Send the light-duty job description to the Attending Provider as soon as possible
- You must receive written approval to be eligible for Stay at Work reimbursement



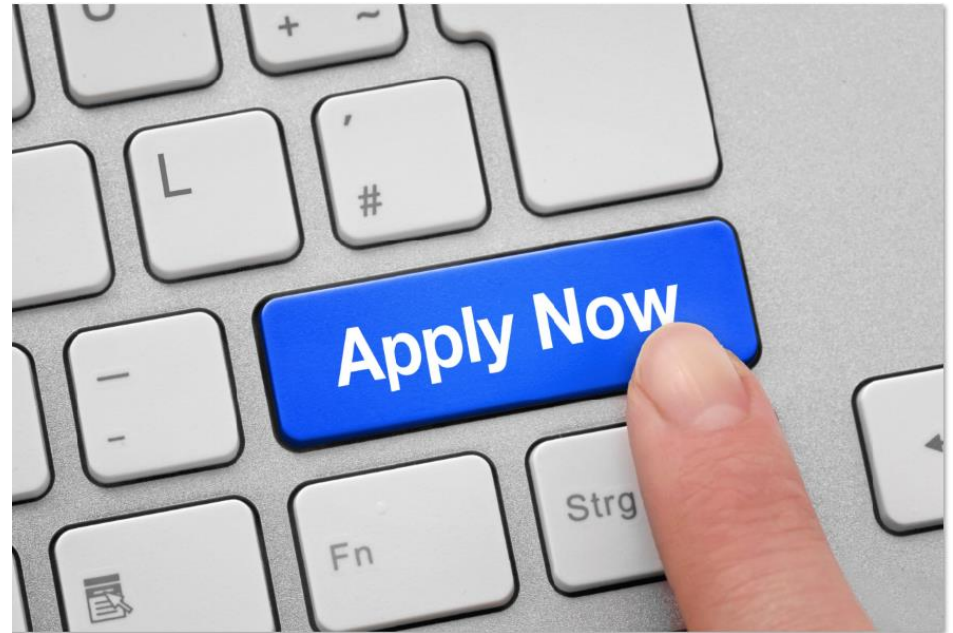
Offer the light-duty job to the worker

- Document the date of the verbal or written job offer
- If the worker accepts, ensure they stay within medical restrictions
- If the worker declines, contact the Claim Manager



Apply for wage and expense reimbursements

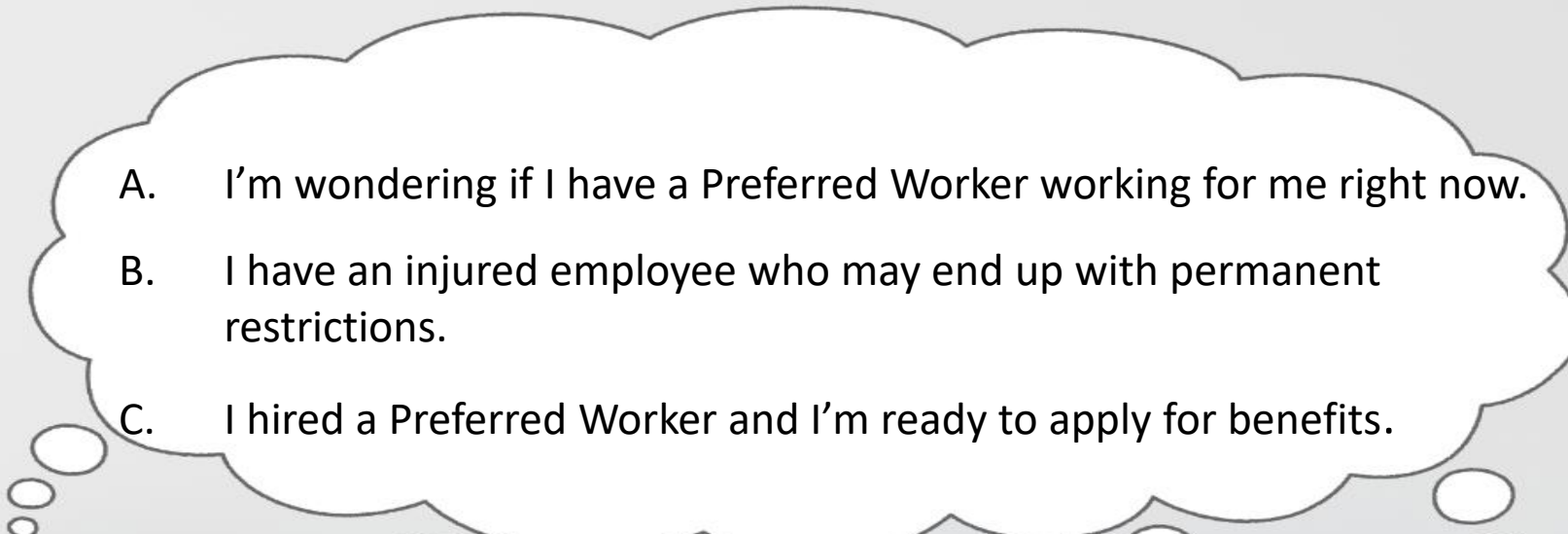
- Apply online via L&I Claim and Account Center **or**
- Find forms at Lni.wa.gov/StayAtWork
 - Stay at Work wage reimbursement form
 - Stay at Work expense reimbursement form



Preferred Worker Program



Which best describes your company?

- 
- A. I'm wondering if I have a Preferred Worker working for me right now.
 - B. I have an injured employee who may end up with permanent restrictions.
 - C. I hired a Preferred Worker and I'm ready to apply for benefits.



What is the Preferred Worker Program?

- A financial incentive program that assists workers with permanent medical restrictions to obtain long-term jobs
- State Fund and Self-Insured employers are eligible
- WAC 296-16



Who can be certified as a Preferred Worker?

An individual with a:

State Fund claim – resulting in a permanent medical restriction preventing a return to the job-of-injury.



Part A application

Request Preferred Worker status for injured worker



Preferred Worker Request

Mail or fax completed forms to:

PO Box 44291
Olympia WA 98504-4291

Or fax to: 360-902-4567

Worker's Name [Redacted]	Claim Number [Redacted]
Job of Injury Title [Redacted]	

A. Request preferred worker status for injured worker

(Vocational providers often complete this section. Not a voc provider and need help? Call your VRC or 800-845-2634).

Requirements injured worker must meet for preferred worker* status. (State Fund workers only)

1. The worker's health care provider has permanently restricted the worker from returning to the work they were doing at the time of the injury.

Attach **one** of the following required documents:

- ☐ A completed and signed [Job Analysis](#) or [Employer's Job Description](#) for the job of injury showing the worker's health care provider's **permanent** disapproval.
- ☐ Medical information in the claim file clearly indicating that the worker is **permanently** restricted from performing the job of injury and specifying which duties the worker is unable to do.

2. The work restrictions given by the health care provider are supported by medical findings related to the accepted condition.

Attach this required document:

- ☐ Chart note or Independent Medical Exam (IME) containing medical findings related to accepted medical condition in claim (Large volumes of information are unnecessary.)

3. Further recovery is not expected, due to the worker's permanent loss of physical or mental function related to the accepted condition.

Attach this required document:

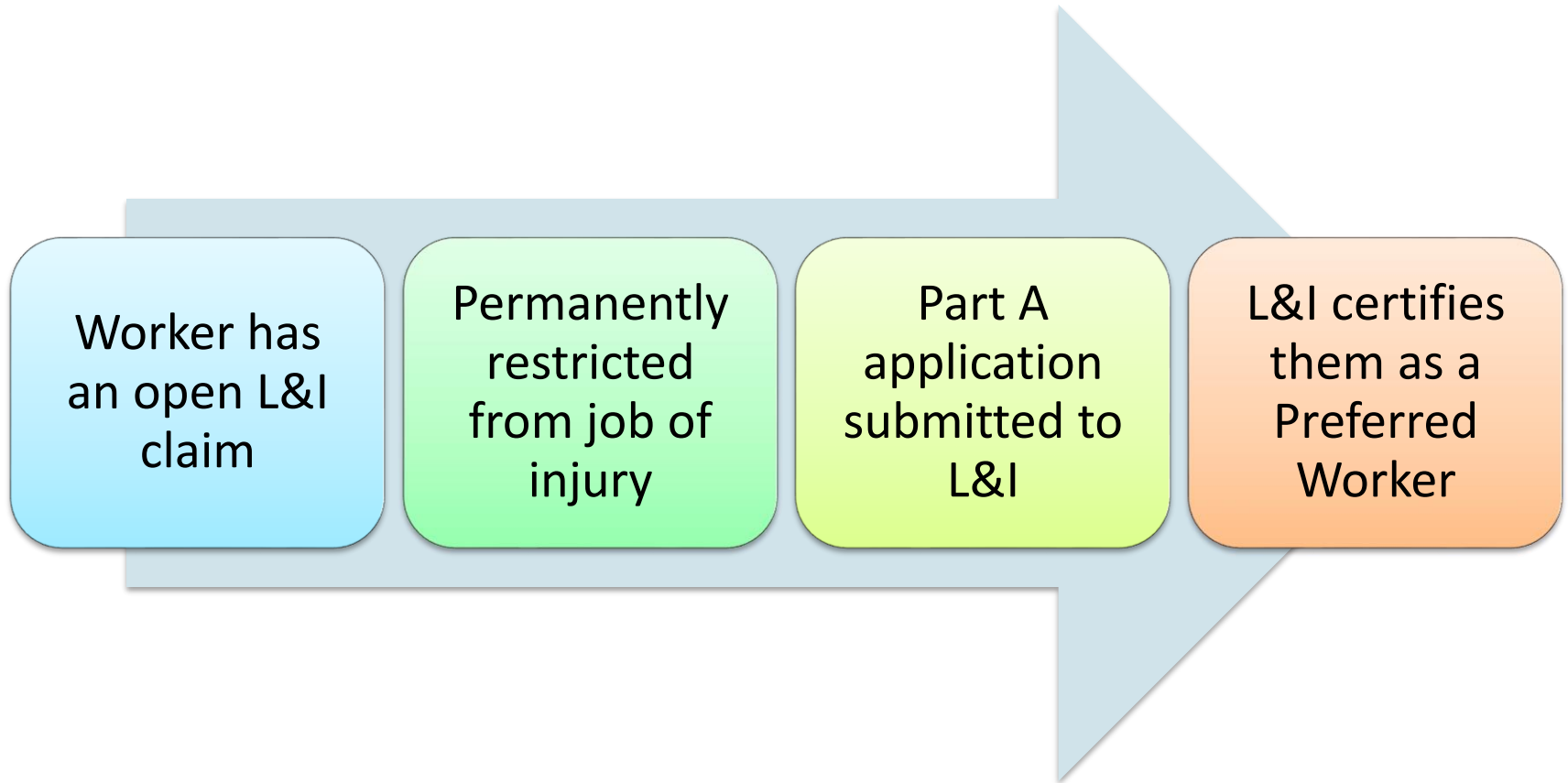
- ☐ Chart note, Activity Prescription Form (APF), or IME indicating the worker has either:
 - Completed treatment
 - OR
 - Is at or near maximum medical improvement.

Submitted by

[Redacted] _____ Print name of person submitted packet	[Redacted] _____ If not worker, print job title and business or firm name
[Redacted] _____ VRC provider number (if applicable)	[Redacted] _____ Phone number
[Redacted] _____ VRC ID number (if applicable)	[Redacted] _____ VRC firm provider number (if applicable)
[Redacted] _____ Submitter's Signature (required)	[Redacted] _____ Date (required)

F280-060-000 Preferred Worker Request

The Preferred Worker certification process



The benefits of hiring a Preferred Worker

- Claim protection
- Premium discount
- Reimbursements
- Continuous Employment Incentive



BENEFITS

How long are the benefits available?

A Preferred Worker's certification lasts for up to thirty six (36) consecutive months

- Benefits begin the first day after L&I receives the required documentation
- Ends no later than five (5) years after claim closure



The Preferred Worker certification period



Preferred Worker Program



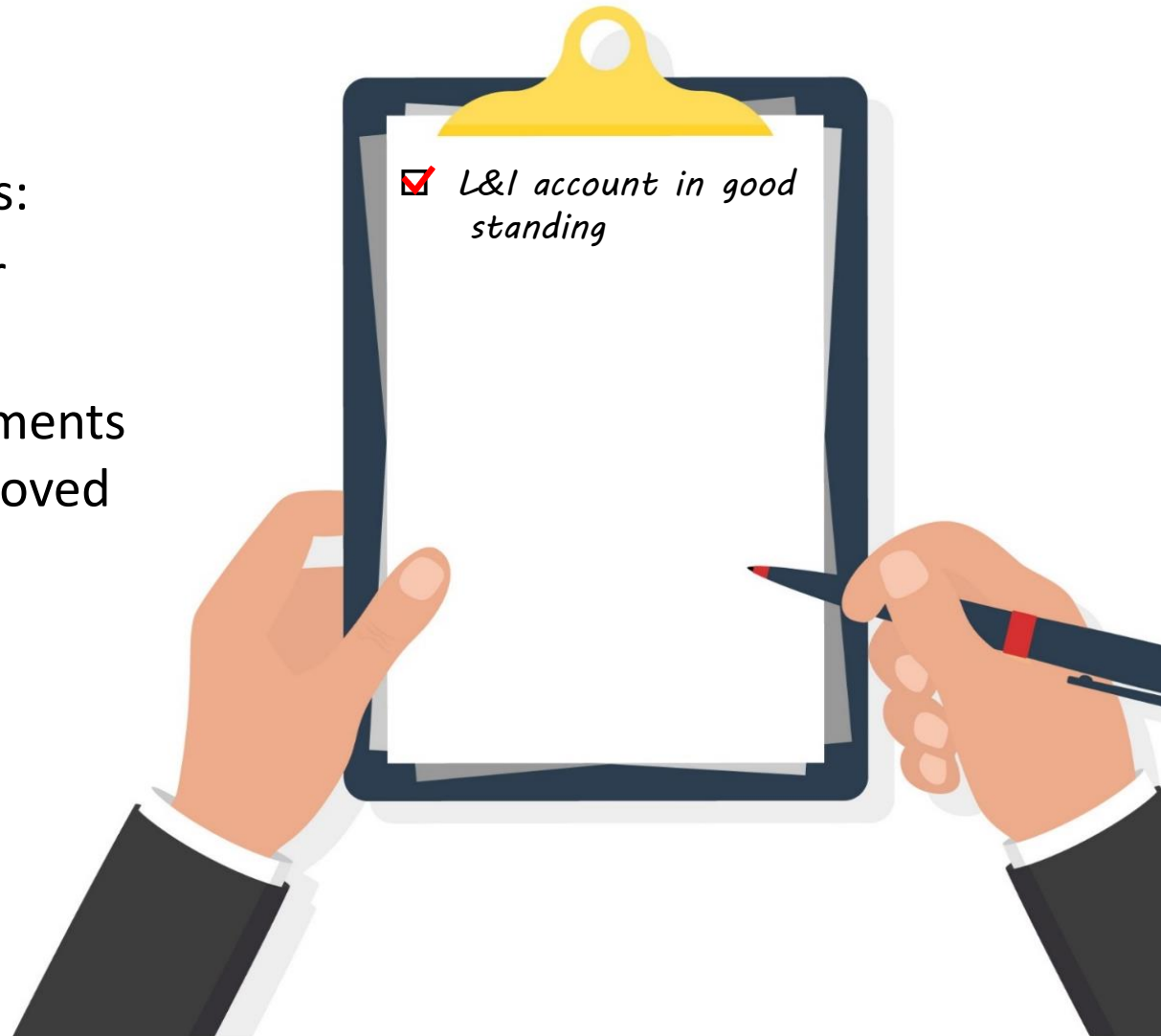
The 5 steps to hiring a Preferred Worker



1. Make sure your L&I account is in good standing

For State Fund employers:

- You are current on your premiums **or**
- You are current on payments required under an approved payment plan



2. Develop a job for the Preferred Worker

The proposed job must:

- Meet the worker's permanent restrictions
- Address a business need or provide economic value
- Continue to be available into the foreseeable future



3. Obtain medical approval for the job

- Send to worker's health care provider
- Indicate physical requirements of the proposed job
- Job Analysis **OR**
- Employer's Job Description (F252-040-000)




Employer's Job Description Form

Department of Labor and Industries

Physician billing codes for Review of Job Analysis and Job Description:

1038M – Limit one per day

1028M – Each additional review, up to 5 per worker per day.



Employer's Job Description Form

☐ Job of Injury
☒ Permanent Modified
☐ Light Duty/Transitional

☒ Permanent Modified

Worker Name:	Claim Number:
Company Name:	Job Title:
Phone Number:	Fax Number:
Hours per day:	Days per Week:

Essential Job Duties:

Machinery, Tools, Equipment, and Personal Protective Equipment:

Frequency Guidelines:

N: Never (not at all) S: Seldom (1 – 10% of the time) O: Occasional (11 – 33% of the time)

F: Frequent (34 – 66% of the time) C: Constant (67 – 100% of the time)

Physical Demands:	Frequency:	Description of Task:
Sitting		
Standing		
Walking		
Heights/Ladders/Stairs		
Twisting at the Waist		
Bending/Stooping		
Squatting/Kneeling		
Crawling		
Reaching Out		
Talking/Hearing/Seeing	L R B	
Working Above Shoulders		
Handling/Grasping		
Fine Finger Manipulation		
Foot Controls		
Driving		
Repetitive Motion		
Vibratory Tasks	H L	
Lifting () lbs.		
Carrying () lbs.		
Pushing/Pulling () lbs.		
Comments/Other:		

Employer Name (Please Print)

Title

Employer Signature

Date

For Healthcare Providers' Use Only

Approval: ☐ Yes ☐ No ☐ Approved with Modifications

Hours per Day: Days per Week: Effective Date:

If no, please list the objective medical finding:

If approved with modifications, describe the modifications needed:

F252-040-000 Employer's Job Description Form

4. Offer the job to the worker

- Offer the job in writing to the worker
- The worker signs it to indicate their acceptance



5. Submit Part B application to L&I

- Complete Part B of the Preferred Worker Request application
- Attach the approved Job Analysis **or** the Employer's Job Description form
- Attach the job offer signed by the worker



Part B application

- Request approval of Preferred Worker job
- Attach the approved job description and signed job offer

Preferred Worker Request		
Worker's Name		Claim Number

B. Request approval of preferred worker job
(Hiring employer completes this section. Need help? Call your VRC or the phone number below.)

Hiring employer's business name		L&I account number
Employer's mailing address		
City	State	Zip Code
Phone number	Fax number	
Worker's new job title	Date of hire / Start date	

- Does this worker currently have preferred worker status?
☐ Yes ☐ No (If 'No', apply on Part A of this form)
- Did the worker's health care provider approve the job and find it within the worker's documented medical restrictions?
☐ Yes ☐ No
- Are you (the employer) in good standing with L&I?
☐ Yes ☐ No (To check, go to: www.Lni.wa.gov/Verify)
- Are you (the employer) 'self-insured' for workers' compensation coverage in Washington?
☐ Yes ☐ No Not sure what self-insurance is? Go to www.Lni.wa.gov/Selfinsurance
If you answered 'yes' to the above question, was the worker certified as a preferred worker under a State Fund claim on or after January 1, 2016?
☐ Yes ☐ No

Required Attachments

- ☐ [Job Analysis](#) or [Employer's Job Description](#) — approved by the health care provider and consistent with work restrictions in the worker's L&I claim file.
- ☐ Formal job offer signed by the worker and employer.

Sign below to certify that the information on this form is true and accurate to the best of your knowledge.

_____ Printed name of employer	_____ Title
_____ Employer's signature (required of hiring employer)	_____ Date (required)
_____ Printed name of person submitting packet	_____ Print job title and business or firm name
_____ Submitter's signature (required)	_____ Date (required)
	_____ Phone number

F280-060-000 Preferred Worker Request

Preferred Worker Program



How to take advantage of Preferred Worker benefits



Claim protection

State Fund employers

- A new claim during the certification period will not affect your experience rating or premiums
- Indicate risk class 7204 on the Employer's Report of Accident

Self-Insured employers

- Ask L&I to reimburse the claim costs when the claim is ready for closure



Employer Report of Accident

Claim & Account Center

Employer report of accident

Enter Claim #

Claim number
Worker name
Employer name
Attending doctor
Claim Manager
Claim Manager fax

Injury date

Business Information

Business name

UBI

Account #

Address

Phone

	Main	Sub
Risk class	7204	00

Premium discount

State Fund employers

- The Preferred Worker's hours should be reported under risk class 7204
- Contact your L&I account manager if prior reports need to be amended

Self-Insured employers

- Deduct the amount of the claim cost reimbursements on the next self-insured quarterly report
- Supplemental pension and asbestos assessments need to be paid



Quarterly Report

WA UBI:

L&I Account ID:

Phone Number:

Account Manager:
Worker Reporting

Class Code	Nature of Work	Gross Payroll (nearest \$)	Worker Hours (or units)	Rate Per Hour	Amount Owed
6403-06	Stores: Convenience-No Gas			0.4218	
7204-00	Preferred Workers			0.1564	
				Total of Premiums	
				Grand Total	

Preparer's Information

Preparer:
DayTime Phone:
Email:

Payment Information

Method of Payment: eCheck
Bank account Type: Not Stored - Report Processed

Wage Reimbursement

- 50% of the base wages for up to 66 days (max \$10,000)
- Base wages
 - May include overtime or shift differential
 - Do not include tips, commissions, bonuses, or room and board
- Reimbursement only for actual days worked
 - Not for holiday pay, vacation pay, sick leave, Kept on Salary (KOS), etc.
 - The 66 days do not have to be consecutive



Expense reimbursement – tools & equipment (max \$2,500)

- Must be items necessary for the approved job
- Not for items the employer would normally provide
- Equipment becomes the property of the employer
- Apply within 1 year of purchase and provide copy of receipts



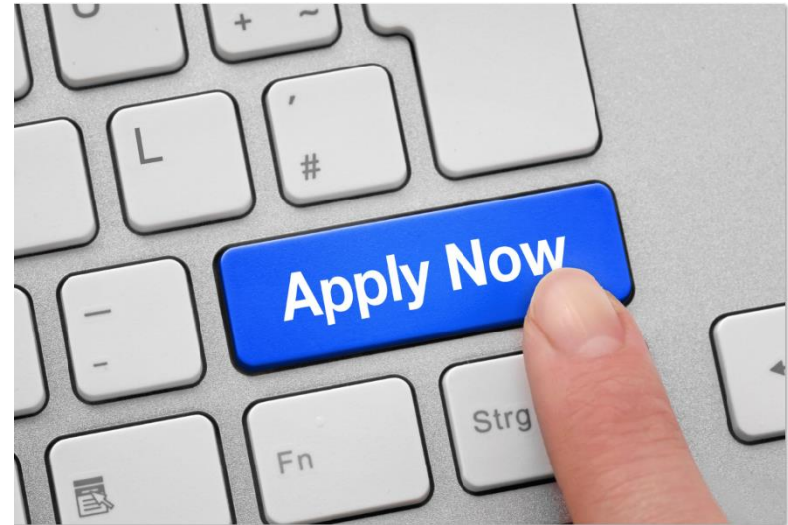
Expense reimbursement – clothing (max \$400)

- Must be necessary for the approved job
- Not available for uniforms or clothing that the employer would normally supply its workforce
- Clothing becomes the property of the Preferred Worker



Apply for wage and expense reimbursements

- Apply online via L&I Claim and Account Center **or**
- Find forms at Lni.wa.gov/PreferredWorker
 - Preferred Worker wage reimbursement form
 - Preferred Worker expense reimbursement form



Continuous Employment Incentive (CEI)

- After 12 months of continuous employment
- A one-time incentive payment of 10% of the wages (max \$10,000)
- Only available if the Preferred Worker maintained
 - The same work pattern as the medically-approved job
 - The same pay rate or higher



Continuous Employment Incentive (CEI)

- Monthly wages for the first 12 months
- Include bonuses and commissions
- Apply within one year from the 12 month mark
- Manual submission (see page 2 for details)



Insurance Services Administration
PO Box 44291
Olympia WA 98504-4291

Preferred Worker Continuous Employment Incentive Application for Employers

For workers granted preferred worker status on or after January 1, 2016.

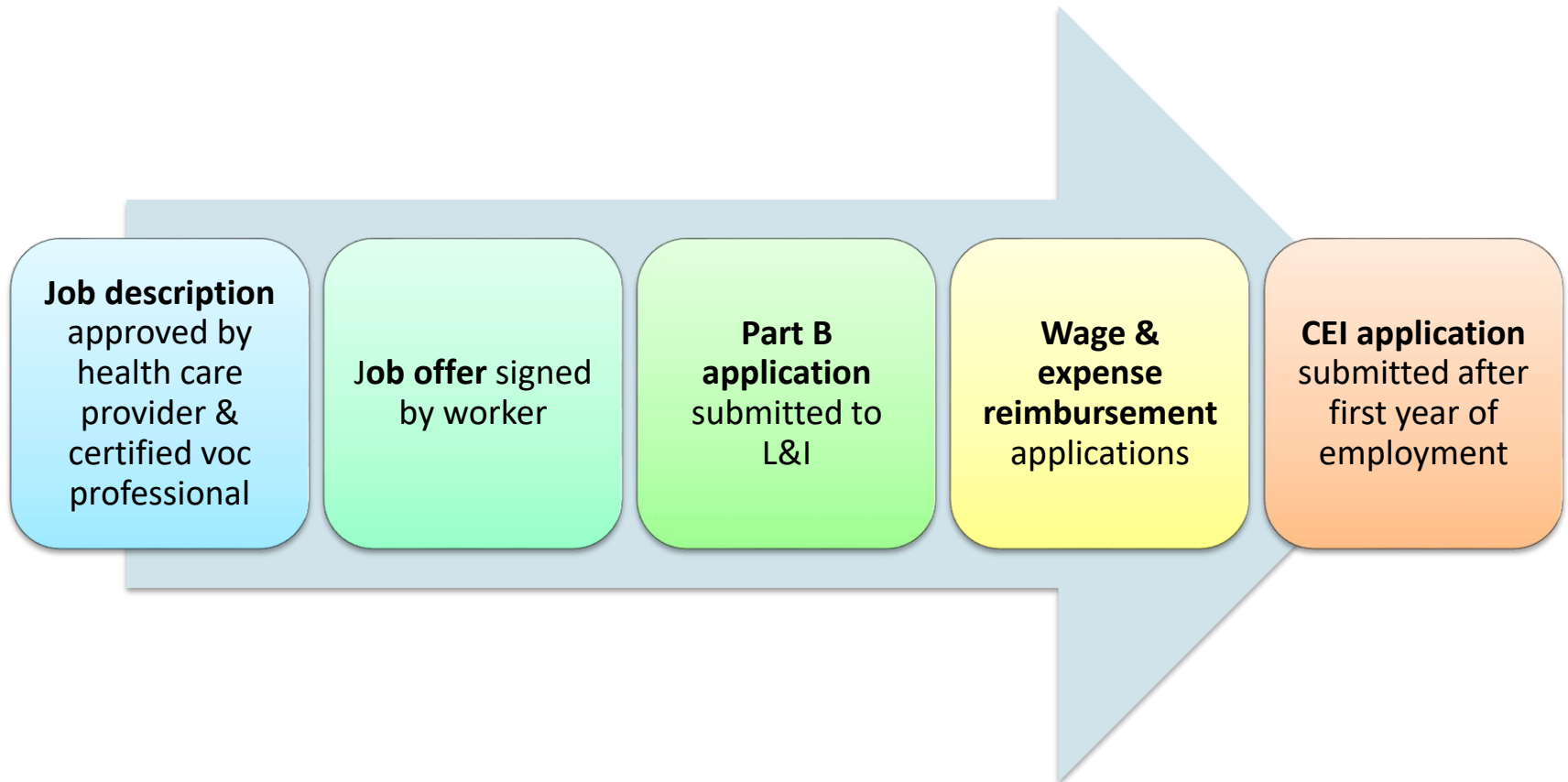
Use this application for the Preferred Worker Continuous Employment Incentive. See the instructions on the next page for information about how to complete the application and for more information about this incentive.

Preferred Worker Information			
Name			
L&I Claim Number		Worker's First Date of Employment (mm/dd/yy)	
Employer Information			
Business Name		L&I Account Number	
Mailing Address (Where notice of decisions regarding application and incentive payments will be sent)			
City		State	Zip Code
Throughout the 12 months: I paid the worker the same base wage (or greater) as the date of hire. <input type="checkbox"/> Yes <input type="checkbox"/> No I didn't change the worker's work pattern since the date of hire. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Enter the Wages You Paid the Preferred Worker for 12 Consecutive Months			
Note: The 12 months must be consecutive. Don't include tips, board, housing, fuel, health care benefits, etc. Include bonuses and commissions paid.	From (mm/dd/yy)	Through (mm/dd/yy)	Total Monthly Wage
	Signature		

I certify that the information provided in this request is true and accurate.

F280-065-000 Preferred Worker Continuous Employment Incentive Application for Employers

The Preferred Worker benefits process



How to find a Preferred Worker

- Employers can post jobs on [WorkSourceWA.com](https://www.WorkSourceWA.com)
- Advertise that your company is “Preferred Worker Friendly”



Preferred Worker Friendly
www.Lni.wa.gov/WorkingSolutions



Comparison of Job Modification, Stay at Work, and Preferred Worker Benefits

Question	Job Modification www.Lni.wa.gov/JobModification Per Job/Work Site	Stay at Work www.Lni.wa.gov/StayAtWork Per Claim	Preferred Worker www.Lni.wa.gov/PreferredWorker Per Certification Period
Benefit overview	\$5,000 for tools, equipment, training, and alterations to worksite.	<ul style="list-style-type: none"> ■ \$2,500 for tools and equipment. ■ \$1,000 for tuition, books, training materials. ■ \$400 for special clothing. ■ Up to \$10,000 for up to 66 days within one consecutive 24-month period. 	<ul style="list-style-type: none"> ■ \$2,500 for tools and equipment. ■ \$400 for special clothing. ■ Up to \$10,000 for up to 66 days within one consecutive 24-month period. ■ 10 percent of wages or \$10,000 after 12 months continuous employment, whichever is less. ■ Reduced worker premiums.
What types of jobs qualify?	Job of injury, modified-duty/transitional job, new job, employer of injury, new employer, self-employment.	Transitional or modified-duty job and only with the employer of injury.	Job with lasting employment that is significantly different than the job of injury. Self-employment not eligible.
Is pre-approval required?	Yes, using the <i>Job Modification Assistance Application</i> (F245-346-000): www.Lni.wa.gov/go/F245-346-000 .	No – Equipment must be purchased after the approved job is offered to the worker.	Yes – For the job. No – Equipment must be purchased after the approved job is offered to worker.
Is the cost of a private consultation covered?	Yes, for State Fund claims.	No	No
How are the eligibility criteria similar?	<ul style="list-style-type: none"> ■ Request is related to the accepted condition(s) on the claim. ■ Items needed are specific to the worker's restrictions. 		
Is the worker required to be off work to qualify?	Yes. The worker, at some point in the claim, is off work with time-loss and/or loss of earning power benefits paid or eligible to be off work and was kept on salary by employer.	No. Worker must be medically certified as unable to do the job of injury even if they have not actually missed any work.	No. Worker must be medically certified as unable to do the job of injury even if they have not actually missed any work.
Funding source?	Second Injury Fund	Stay at Work Fund	Second Injury Fund
Available to self-insured employers?	Yes, as a reimbursement.	No	Yes, if hiring a preferred worker certified under a State Fund claim.
Are competitive bids required?	Yes. One bid is needed. If the cost of a single item is over \$2,500, two bids are required.	No	No
How are tools and equipment purchased?	Either purchased from a company with an L&I provider number or worker/employer may seek reimbursement.	Purchased by the employer. Employer seeks reimbursement.	Purchased by the employer. Employer seeks reimbursement.
Is an ownership agreement form required?	Yes. The worker and employer agree who will be the owner of the equipment upon successful return to work.	No. The employer will own the equipment, tools, and training material. The worker owns the clothing.	No. The employer will own the equipment and tools. The worker owns the clothing.
Can all three benefits be accessed?	Yes		

Upon request, foreign language support and formats for persons with disabilities are available.
Call 1-800-547-8367. TDD users, call 711. L&I is an equal opportunity employer.

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Employer Incentives Outreach Team

Email:

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call: 800-845-2634

- Ask questions about L&I's incentive programs
- Get help filling out the reimbursement application
- Request an incentives consultation for your company

Sign up for a webinar:

www.lni.wa.gov/workshop



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